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Multilevel and Multisectoral Processes of Implementing Nutritious Ideology and Programming in Ethiopia's Development Landscape

Andrea Marie Warren
University of South Carolina

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MULTILEVEL AND MULTISECTORAL PROCESSES OF IMPLEMENTING NUTRITION-
SENSITIVE IDEOLOGY AND PROGRAMMING IN ETHIOPIA'S DEVELOPMENT
LANDSCAPE

by

Andrea Marie Warren

Bachelor of Arts
University of Florida, 2010

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University of South Carolina

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Accepted by:

Edward A. Frongillo, Major Professor

Christine Blake, Committee Member

Edward Carr, Committee Member

Nancy Buchan, Committee Member

Cheryl L. Addy, Vice Provost and Dean of the Graduate School

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DEDICATION

To Mom, Dad, Mandy, and Gar. Love you always.

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I would like to thank my advisor, Ed Frongillo. For as little as I knew when I began this process five years ago, I was very lucky to find an advisor who truly knows what it is to be a mentor, and has been incredibly supportive as I found my way. Christine Blake, Ed Carr, and Nancy Buchan, thank you for your support and advice all along (and special thanks to Ed Carr for taking Daniel on as a student Fall 2013!). I would also like to thank Stuart Gillespie for giving me a chance, and for the invaluable lessons I have learned working with the Stories of Change team. My cohort-mates, Nick Younginer and Jason Craig: I probably wouldn't have seen the delightful absurdity in the graduate school experience without you, and I am enormously grateful to you both for bringing out the lighter side of this whole thing. Cheers to Adrian Cullis, who knows what it really takes to give a damn, and Danny in Soddo. Thank you Jeremy Waite, the most open heart and brilliant mind I know, and the teachers of Sandford who took me in. The non-sentient elements worth acknowledging: the thousands of kilometers in buses on bad roads, the stomach bugs and mysterious bites, the dancing, the lithics, the thrills, the catcalls, the bunna ba'kibe na cho, Drip, and the Whig. Thank you Joanna, Cecile, and Kelsey for your grace and champagne. Of course, my family, especially my gorgeous, chaotic little nephews. Finally, thank you Daniel. Your kindness, humor, love, and edits have been my cornerstone through all these draft proposals.

ABSTRACT

This research sought to understand the ways in which ideas and discourses in international development are adapted in a country context. Our particular focus was on how ideas at the international and national level become reality at the subnational and community levels. We primarily examined the sensitization of Ethiopia's Productive Safety Net Program to nutrition across sectors and down levels of government as a way to understand how the global momentum around nutrition, particularly multisectoral or nutrition-sensitive initiatives, can be translated into action.

The first manuscript delves further into the operational realities of implementing multisectoral nutrition-sensitive programming among the neglected lower levels of government, or what we term the mid-level actors and their operating environments. We used key informant interviews with sub-district government implementers and households in a vulnerable agrarian community. The second manuscript frames the current narrative around nutrition in development. We identify and describe the frameworks, ideologies, and operational realities that both influence the conceptualization of nutrition-sensitive efforts at a global level and constrain their realization within a country context. We collected and analyzed data from Ethiopian national strategic frameworks and key informant interviews, and situated it within literature from development studies, nutrition, anthropology, and geography. All data were collected between June 2014 and March 2016.

We intend this work to serve as a practical guide for future research and programming on multisectoral nutrition. Our identification and discussion of insidious, constraining patterns within nutrition research and practice, in combination with those within development at-large and the operational constraints at the country-level will ideally influence current discourses in such a way that possibilities for addressing the overarching (and underlying) structural factors that impact nutrition can be better imagined. This work will help to move nutrition in development beyond the single-factor, individual-level focus that we observed within international nutrition practice.

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CHAPTER 1: INTRODUCTION

1.1 Overview of research questions

The starting point for this dissertation is the question of how researchers and practitioners can balance the complexity of development work in the “real world” with the need for critical self-awareness about the ideas, practices, and models their work promulgates. We set out to examine the ways in which ideas about nutrition were adapted and implemented through government programming in Ethiopia using the “sensitization” of Ethiopia’s Productive Safety Net Program to nutrition as the focusing event—the point at which international and national ideas intersected with the country’s modes of operation. The research evolved over the two and a half years it took to complete it, but we ultimately returned to the original starting point above, armed with more specific questions: what are the dominant paradigms that influence how the idea of nutrition is adapted and acted upon in a country context, where do these paradigms come from, and what is missed by adherence to them. We addressed these considerations across several scales and levels, and in the two manuscripts in Chapter 4 of this document we attempted to retain much of the nuance and complexity of how these questions overlapped in the “real world” setting of Ethiopia. The manuscripts in Chapter 4 detail the applied operational aspects of nutrition service delivery in the context of an authoritarian system of governance as well as the macro-level critique: the theoretical, ideological, and ethical dimensions of nutrition at the intersection of science and development practice.

1.2 Framework

Images of undernourished children are some of the most powerful tools in development to garner attention and resources—think acutely malnourished children in famine conditions. But the context of acute malnourishment is crisis, often a disaster or refugee situation where there is no medium or long term planning involved. The more insidious and widespread forms of undernutrition occur over longer periods of time and not necessarily in emergency situations, resulting instead from chronic vulnerability leading to food insecurity, environmental risk factors, and lack of knowledge on infant and young child feeding (Ruel et al., 2013). These factors can lead to stunting in children, a largely irreversible condition associated with negative physical and cognitive effects throughout the lifetime.

Over the past decade, nutrition actors have successfully brought international attention to undernutrition and it is currently featured prominently in donor strategies, government agendas, and the Sustainable Development Goals (SDGs). The widely influential 2008 and 2013 Lancet series' on maternal and child nutrition identified undernutrition's causes and outcomes, quantified the economic impact, and provided two notable solutions: the scale up of proven interventions that impact the immediate causes of undernutrition (micronutrient deficiencies, etc) via “nutrition specific” programming, and addressing the underlying determinants of undernutrition (food insecurity, lack of resources for caregiving, environmental risk factors) via “nutrition sensitive” programming (Black et al., 2013; Bhutta et al., 2013; Ruel et al., 2013; Gillespie et al., 2013).

Nutrition actors acknowledge that blanketing a population with nutrition-specific interventions is unlikely to lead to significant improvements in nutrition outcomes at a population level. The introduction of the concept of nutrition sensitivity ostensibly points to an acknowledgment that nutrition programming should also be targeting aspects of the physical, economic, political, and cultural environment to address the underlying determinants. Despite the potential inherent in nutrition-sensitivity to broaden the scope of the conversation to seriously address the underlying determinants, nutrition-sensitive efforts to date have largely focused on single factors at the individual behavioral level, in alignment with the primary ways in which nutrition has operated throughout its history as a field (Kimura, 2013; McDonell, 2016; Subramanian, Mejia-Guevara, & Krishna, 2016). Nutrition actors must turn their attention to understanding why an ostensible shift in thinking has not translated into practice, which calls for a reflexive examination of the legacy paradigms within nutrition, and the processes at the interface of nutrition and development, that both dominate and constrain the realization of nutrition goals.

A body of critical work originating in anthropology sheds light on some of the more persistent features of nutrition research and practice that constrain the field, and provides a theoretical and ethical framework useful to all nutrition actors to navigate this new and complex multisectoral nutrition landscape. This body of work identified a perspective dubbed “nutritionism” as prevalent within the practice of nutrition. Nutritionism fosters the tendency to reduce complex relationships with food and eating, as well as the highly fraught endeavor of obtaining adequate and nutritious foods, to the simple provision and consumption of specific nutrients and caloric intake in the pursuit of health (Scrinis, 2008). The critique of nutritionism suggests that nutritionism yields

approaches that are largely technical, single-factor, individual-level, and serve to divorce the condition of malnutrition from the context in which it is which fostered (Guthman et al., 2014; Kimura et al., 2014; Biltekoff et al., 2014; Yates-Doerr, 2015). Nutritionism also muffles the political connotations of undernutrition by placing emphasis on the body and individual behaviors as opposed to the context. Nutritionism alone serves to limit the field of nutrition, but it also acts in tandem with broader neoliberal forces in development with which it intersects. The interaction of nutritionism with neoliberal rationality in a development landscape reinforces the depoliticizing tendencies of both (Kimura, 2013). In addition, the tendency within neoliberal development paradigms (particularly in global health) to favor measurable, technical approaches with an emphasis on personal responsibility over structural determinants limits the space for approaches that attempt systemic engagement and account for contextual complexity (Ayo, 2012). This effect further drives the focus away from the operational aspects of implementing ideas in nutrition—a recognized gap that nutrition actors have attempted to address over the past several decades (Berg, 1973; 1993; Kazarinoff and Habicht, 1991; Rogers, 1999; Pelto et al., 2003; Pelletier et al., 2011).

Lessons from critical nutrition studies and other health initiatives in development suggest that we as researchers should not devote the majority of our attention to questions of barriers and facilitators to clinical and behavioral approaches to addressing undernutrition. Also less important is the question of what could be accomplished by adopting an individual behavior change or nutrient-centric approach through encouraging breastfeeding, increasing fruit and vegetable consumption, the adoption of home gardens, staple food fortification, and so on. The question to be asking if we wish to address

underlying determinants of undernutrition—and achieve better and more equitable nutrition outcomes—is what is missed by the overwhelming emphasis on approaches that take individual bodies and decontextualized behavior as the starting point?

1.3 Specific aims

Manuscript 1 aims to draw attention to the operational realities of implementing nutrition sensitive programming by focusing on implementation processes among mid-level government actors and a target community. It is an applied operational study and was developed for a special issue of the journal Global Food Security. This paper was published with the other case studies from the Stories of Change in Nutrition project. The audience for this work is primarily development practitioners and applied nutrition researchers. It was intended to speak to the overarching goal of Stories of Change, which was to situate nutrition actions over the past decade in the context of current programming from which recommendations for moving nutrition efforts forward were derived. I focused on the operational aspects as part of this larger “story” being told because it was, and is, a largely neglected facet of nutrition work. Publication with this series offered an opportunity to draw attention to the necessity of operational research—through which engaging with the complexity of a program context becomes necessary—for a relatively wide readership.

Manuscript 2 aims to draw out the theoretical implications of nutrition in development through a closer examination of the expression and adaptation of the concept of nutrition sensitivity in Ethiopia’s national strategic frameworks and its social protection program. This paper links country-level processes around nutrition to two

relevant bodies of macro-level critique to offer a reflexive examination of the constraints to realizing nutrition goals in Ethiopia's development landscape.

In combination, these manuscripts are intended to demonstrate the necessity of engaging with country-level complexity for nutrition actors to achieve better service quality, coverage, and outcomes in nutrition programming as they have pledged to work towards. Although nutrition as a field is a small part of the development landscape in low- and middle-income countries, the charismatic and intersectional nature of undernutrition itself renders the field uniquely well-positioned to lead in developing ways to meaningfully engage with the social determinants of health so critical for achieving better human development outcomes for all.

1.4 Rationale for study aims

An important point of this research, which is partly critique and partly applied, is that there is, of course, a logic underpinning the choices that are made by researchers and practitioners with regard to prioritizing certain groups or types of interventions in both nutrition and development at large, and it largely boils down to this: systemic issues are not fixed by patches, but patches are measurable fixes. Engaging with national systems to work towards widespread, equitable, quality service delivery and the development of information platforms relevant to the needs of a country, not a donor, does not offer quick or measurable results, nor does it guarantee successful outcomes, and under leading development paradigms it is certainly not a cost-effective approach. Participatory development strategies (with communities or CSOs or government actors) are difficult to carry out and require significant flexibility on the part of the partner organization as well as the ability and willingness to dispense with pre-set ideas of a place, its people, and its

issues (Bezner-Kerr et al., 2013; Classen et al., 2015; Adams et al., 2015). Current ideas around accountability in research and practice do not necessarily facilitate this type of flexibility. The policy and programmatic landscape of nutrition in development in particular emphasizes “quick wins”—efforts that are typically technical, single-factor, measurable, and attributable (Fukuda-Parr and Orr, 2014). But this is where lessons from other development initiatives apply—quick wins do not often translate into systemic change, or lead to efforts that meaningfully address the conditions that underpin a given problem. When an explicit goal of nutrition is to address these underlying determinants, existing approaches must be reconsidered—and nutrition actors are actively engaged in doing so. Reflexive examination and incorporation of existing critique from outside of the field of nutrition are critical to the endeavors that those within the field have set for themselves, but appear to be lacking within the field itself.

The field of nutrition needs to be able to take some ownership of the theoretical, ideological, and operational implications that arise from nutrition’s current prominent position on development agendas, as well as leadership in ongoing discussions, including discussions of how to move forward in relation to the recently released Sustainable Development Goals (Fukuda-Parr, 2016). Taking part in this discussion goes beyond identifying barriers and facilitators to the implementation of single-factor interventions. Actors calling for ways to address the underlying determinants of nutrition and engage with operational realities within the field should also turn their attention to a reflexive examination of the legacy paradigms within nutrition, and the paradigms at the interface of nutrition and development, that both dominate and constrain research and practice. This research is intended to fill this gap by contextualizing current nutrition initiatives

within bodies of relevant critique and providing examples, across scales and levels, of that which is missed by current paradigms and modes of practice. In doing so, we offer a way for other nutrition actors to incorporate reflexivity into research and practice.

1.5 Document overview

Chapter 2 expands on the summary of the theoretical framework presented in this chapter, and provides expanded background on the historical, theoretical, and contextual processes relevant to this research. Chapter 3 provides detailed methods for the overarching study. Chapter 4 contains two original manuscripts. Chapter 5 concludes the document with an overview of the implications and future directions.

CHAPTER 2: BACKGROUND AND SIGNIFICANCE

2.1 Introduction: The history and current state of nutrition in development

Public health nutrition emerged as a field simultaneous with the modern economy in the period following World War II. Public health nutrition reflected the quantification discourses, and manifested as a new exercise in “scientization,” distillation, and reductivism. It was part of the overarching project among the post-colonial powers of organizing the world into knowable, measurable, and above all governable units (Yates-Doerr, 2015).

Public health nutrition has seemingly struggled with its identity since its formation. Critics forwarded the idea that one of the main factors in this struggle was nutrition’s somewhat intuitive association, at least in the western postwar context, with women and homemaking. Nutrition was considered to be an “appropriate” field for women to study. Nutrition was somewhat denigrated as a branch of the little-respected field of home economics and received neither the funding nor prestige of the male-dominated fields of biological and biomedical sciences (Kimura, 2013; Apple, 1997). Historians suggested that it was this struggle that fostered the now-familiar tendency within the field to focus on “charismatic” micro-and macro-nutrients, which was an area where nutrition could stake an authoritative claim (Apple, 1997). Individual nutrients and their functions began to be identified in the 1930’s, but when hunger began to take shape as an issue to be addressed through international food aid and agricultural development, the composition of food began to garner more interest and attention. The association of

hunger with evocative conditions, particularly children with kwashiorkor, prompted the focus on protein as a key nutrient throughout the 1960's and 1970's, until further research began to suggest that protein supplementation in the absence of sufficient energy intake did little to shift rates of malnutrition. The field of nutrition moved on to other nutrients, focusing on a series of charismatic micronutrients from the 1980's onward (Kimura, 2013). The discovery that Vitamin A supplementation could have dramatic effects on child mortality was notably influential (Sommer et al., 1986). That Vitamin A was also relatively cheap lent it a sort of “magic bullet” status, something that has pervaded nutrition research ever since.

Arguably the chain of events that catapulted nutrition to its current prominence on development agendas was the epidemiological demonstration that undernutrition directly causes a large portion of child deaths (Sommer et al., 1986; Jones et al., 2003; Black et al., 2003; Victora et al., 2003; Pelletier, Frongillo, & Habicht, 1993; Pelletier, Frongillo, Schroeder, & Habicht, 1995) and the explicit economic framing deployed in the World Bank (2006) repositioning statement on nutrition, the Copenhagen Consensus of economists in 2008 and afterwards, and the 2008 and 2013 Lancet series' on maternal and child nutrition (Bhutta et al., 2008; 2013; Black et al., 2008; 2013; Victora et al., 2008; Bryce et al., 2008; Ruel et al., 2013; Gillespie et al., 2013; Horton and Steckel, 2013). The enormous influence of both the 2008 and 2013 Lancet series' on international nutrition programming and policy in particular signaled a decisive turn in the decades-long struggle to draw attention to the causes and impacts of malnutrition. The introduction of the easily-digestible concepts of “nutrition-specific” and “nutrition-sensitive” interventions and their quick acceptance among governments and communities

of practice also signaled a willingness to address nutrition as a whole—to scale up the proven interventions to address the immediate causes of undernutrition as well as consider ways to address the more structural or “underlying” factors that foster undernutrition via nutrition-sensitive interventions, including in particular food insecurity, access to care, poverty, and environmental factors that affect sanitation and hygiene (Ruel et al., 2013). Nutrition-sensitive strategies seek to harness the resources and platforms within non-health sectors to address the underlying determinants. Nutrition-sensitivity is conceived of as a complement to nutrition-specific interventions, which address the immediate determinants of nutrition, including “adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases” (Ruel et al., 2013).

The nutrition-sensitive approach is a counterpoint to the single-nutrient “magic bullet” approaches that have characterized nutrition research and practice throughout most of its history. Nutrition sensitivity’s explicit acknowledgment of the need to address the underlying determinants reaffirms the frequently muffled political dimension of nutrition—that certain groups have poor nutrition outcomes because of systemic disadvantages. This is evident in the utilization of sectoral platforms used to address the needs of vulnerable groups, including social protection programs, agriculture livelihood programs, and rural health extension services, to also (ideally) deliver nutrition interventions in a targeted manner. In this way, nutrition sensitivity resonates with the social determinants of health perspective, which seeks to draw attention to the structural factors that foster poor health outcomes, as opposed to the narrower, outsized,

technocratic focus on the bodies and inadequate behaviors of individuals frequently deployed in global public health.

Nutrition-sensitive programming operates in a still largely uncharted space at the interface of nutrition as a biological science and a social science (Kazarinoff and Habicht, 1991; Pelto et al., 2003; Pelletier et al., 2013). Conceptually, nutrition sensitivity sits somewhere between food security (generally the domain of the agricultural sector) and health, an interesting clash with ethical implications for how the question of accountability is approached. The possibilities of nutrition sensitivity initially garnered a significant amount of attention from a range of actors in multiple sectors, but the issues of defining and operationalizing this amorphous concept have inhibited significant innovation. In Ethiopia, nutrition-sensitive programming has gained the most traction within agriculture, health, social protection, and education. Current popular iterations in agriculture (the intuitive melding of food production with consumption issues) include fortification, biofortification, and “miracle foods,” and it is also expressed through the growing popularity of value-chain approaches, particularly around animal source foods (Kimura, 2013; McDonnell, 2016; Hoddinott, Headey, & Dereje, 2015). These approaches, however, are still frequently focused on the delivery of nutrients to individuals, and do not necessarily represent a systemic response to the underlying causes of undernutrition. The other form that nutrition-sensitive efforts tend to adopt has more overlap with the health sector. This approach is to utilize agriculture and social-protection service-delivery platforms to deliver nutrition-specific programming, largely concerning behavioral interventions on topics such as antenatal care, sanitation and hygiene, homestead food production, and infant and young child feeding practices (with the goal

of getting people to adopt beneficial practices). In Ethiopia's national strategic framework for nutrition, these are primarily conceived of as Behavior Change Communication interventions targeted to women of reproductive age.

Nutrition sensitivity is intended to be a reflexive response to nutrition challenges. It originated with actors from within the field of nutrition as the latest iteration of a decades-long debate on how to better operationalize knowledge and advances in nutrition. There has been a longstanding push-and-pull regarding the appropriate conceptual and operational boundaries of the field itself, with periods of isolation and periods of resistance to that approach, which came with calls for nutrition actors to engage with the interdisciplinary nature of nutrition and its operationalization. For example, nutrition actors advocated for multisectoral nutrition planning in the 1970s (Berg, 1973). Over the course of the 1990's, key actors within the field of nutrition laid out a definition and an agenda for a new field, called public nutrition, which would ideally meet the unique operational, interdisciplinary, and multisectoral challenges of addressing undernutrition (Mason et al., 1996; Mason, 1999; Rogers, 1999; Berg, 1993). Public nutrition proponents went so far as to develop research and training agendas to fill the perceived knowledge gaps and grow the skillsets they identified as necessary to achieve better nutrition outcomes the world over. Public nutrition recognized the range of skills and perspectives needed to tackle something as complex and so utterly inextricable from its context as undernutrition, but failed to gain widespread traction among the nutrition community. Public nutrition's emphasis on and simultaneous devaluation of operational research was a curious approach—noting the low academic profile of such work perhaps served to diminish enthusiasm for the work from the outset. The threads of

this movement have reemerged recently through the formation of the Society for Implementation Science in Nutrition by a group of prominent global nutrition actors, once again calling attention to the ways in which nutrition can and should expand its capacities for operational research. There is also, of course, the global Scaling Up Nutrition (SUN) movement and network of countries who have subscribed to the mission, which is strongly rooted in the Lancet 2008 and 2013 series' and the UNICEF framework for nutrition and advocates engagement with other fields and the private sector to improve nutrition outcomes.

The early calls for multisectoral nutrition planning and calls for public nutrition did not manage to garner much traction. The Lancet series and the SUN movement are currently hugely influential in the field of nutrition and low and middle income countries, but it remains to be seen whether they can significantly shift the ideological paradigms within the field to meaningfully address the underlying determinants as they set out to do; despite acknowledgment of the need to address the complex causes of undernutrition, much of the efforts to date have been single-factor and focused on the immediate causes (Subramanian, Mejia-Guevara, & Krishna, 2016). In the context of the current SUN and Lancet discourse, nutrition actors have not been able to clearly articulate the reasons the previous movements have been unable to gain momentum or how the newer generation of nutrition strategies will overcome the issues of the past. We argue in section 4.2 that nutrition sensitivity will fail to achieve its aims—to widen the scope of action on nutrition to include the underlying causes—if it fails to recognize how ideologies both within the field—nutritionism—and within development at large— aspects of neoliberal rationality—constrain research and engagement with other sectors on multiple levels. We

therefore identified a need to contextualize current global nutrition strategy—to situate it within external critique and within the context of its engagement with other forces and sectors within the broader development landscape. This work is largely aimed at nutrition actors, and we intend for it to help reframe current modes of practice.

The shift in thinking in nutrition to encompass the underlying determinants of nutrition builds upon the past several decades of thought, but the question of operationalizing this shift is another and the nutrition movement has not yet really been able to grapple with it in a substantive way. We build upon recent work in critical nutrition studies that suggests that the depoliticized, technocratic framing of nutrition that currently dominates research and practice actively shuts out conversations on how to meaningfully address the underlying determinants of undernutrition. So, given the opportunity to shift the conversation that nutrition sensitivity presents, how do we move beyond these constraints? This dissertation aims to contribute to this conversation by contextualizing current nutrition-sensitive efforts within existing bodies of critique and identifying the ideological and operational factors that negatively impact the realization of nutrition-sensitive programming and, by extension, nutrition outcomes overall.

In this chapter, we begin with a review of neoliberalism and neoliberal theories of being in the context of global health programming, concepts that play out in nutritionism as well. We then outline nutritionism in section 2.3 and discuss more of the overlap between neoliberalism and nutritionism in section 2.4. In section 2.5 we shift to a review of the operational issues in nutrition. We conclude with further background on Ethiopia and its political economy in section 2.6.

2.2 Neoliberalism and trends in global health

As a concept, neoliberalism can be used as something of a boogeyman in development—assigned a causal role without adequate explanation or nuance (Bell, 2016). This is not to say that it should not or cannot be used to good effect. Schrecker (2016), Kimura (2013), Yates-Doerr (2015), Ayo (2012) among others cited in this review provide thoughtful applications of the concept to health policy and outcomes. We consider neoliberalism, as other have done in relation to health policy and outcomes, a type of rationality that promotes a certain set of values, which inform priorities in development, methods, and the forms of accountability associated with those priorities and methods (Ayo, 2012). Though there are multiple facets of neoliberal rationality, of particular relevance to the work presented here—global health and global public health—is the powerful personal responsibility narrative that pervades health-related development programming, and the depoliticizing effect this has on problem framings. That is, health-related issues in development are often scrubbed of their political connotations, which would call for solutions that speak to structural violence and foster inequities among particular groups of people that impact access to food, services, and safe environments, such as redistributive schemes and participatory modes of development (Guthman, 2014; Kimura, 2014; Biltekoff, 2014). A disproportionate focus is placed on the behaviors of individuals, manifesting in development practice as programming and policy that attempt to influence outcomes at the individual level without adequate consideration of context or structural factors that foster certain behaviors. Personal responsibility narratives pervade the fields of health promotion and global health. Scholars have identified these narratives in broad-stroke trends and ideologies—“healthism” in the field of health promotion (Ayo,

2012) and a move towards “biomedicalization” in global health and global public health. Healthism is entangled with states’ notions and theories of governance, and worked in the US context to shift responsibility for health outcomes from the state to the individual, regardless of the structural factors that disadvantage certain populations. Ayo noted that individuals take up the project of healthism by constructing moral, normative, and/or commodification narratives around the pursuit of health, and thereby perpetuate the self-blame and blame between individuals for poor health outcomes, again, irrespective of historical, sociopolitical, or economic context and their associated constraints on behavior. Health promotion issues, when inflected by the ideology of healthism, are often framed as technical issues suitable for intervention, particularly the single-factor, silver-bullet interventions that are measurable and focus on individuals largely divorced of their context. This is similar to biomedicalization as a trend in global health—more particularly, global public health. Biomedicalization is the move by non-clinical fields to adopt clinical best practices and apply them to the social and political issues frequently within the purview of public health. Reductive, narrowing effects on framings of complex social and political issues can result from this trend, most particularly the situation of problems and solutions within cellular processes, bodies, and behaviors.

Pfeiffer and Chapman (2010) provided an overview of the history of Structural Adjustment Programs (SAPs), which were emblematic of neoliberal rationality in development and have had far-reaching consequences. In the 1980s, the World Bank and the International Monetary Fund granted loans to low-income countries conditional upon their acceptance of SAPs, which were conditions that, broadly speaking, when implemented, sought to increase the role of the private sector in service provision and

decrease the role of the state in both service provision and market regulation. The Alma Ata Declaration was introduced in 1978 just before SAPs were introduced, and advocated for state-sponsored, multisectoral, and multi-tiered healthcare which grew into an initiative known as “Healthcare for All by 2000.” In the wake of the enormously influential SAPs, however, resources to implement this vision were absent. In 1993, World Bank introduced the concept of disability-adjusted life years (DALYs) and the practice of using “cost effectiveness to guide health investment.” This also signaled that the World Bank was the most influential actor in health policy, over the World Health Organization. Throughout the 1990s it became clear that SAPs were not giving the expected “trickle down” results with the terms too restrictive to promote economic growth, so debt relief began to concentrate on poverty reduction via the Poverty Reduction Strategy Papers (PRSPs) in 1999. The PRSPs were criticized, however, for retaining the core ideology of the SAPs. The Millennium Development Goals (MDGs) were introduced in 2000. The MDGs arguably displayed a more “rights-based” approach to development and disparities that implicitly clashed with PRSPs, but PRSPs continued to dominate development strategy.

Scholars note the negative effects that structural adjustment policies and programs had on health sectors in low- and middle-income countries, where the public sector was severely weakened or constrained and no private sector services were able to step in to meet the gap, as proponents of the SAPs had theorized (O’Laughlin, 2016; Levich, 2015). SAPs tended to exacerbate inequalities and lowered the quality of service provision. SAPs also changed the landscape of service provision. If the health sector is led by the market, there is a general trend towards the provision of piecemeal services that

individuals may access after health events, which is typically a more lucrative approach for private healthcare providers, and less of an emphasis on preventative healthcare, which is typically less lucrative for the private sector, but more cost-effective in public sector service provision (Pfeiffer, 2010).

Storeng and Behagues' (2014) discussion of the evolution of maternal mortality initiatives in the development sphere to gain attention and resources demonstrated that global nutrition is only one link in a long chain of fundamental health issues that are contorted to speak to neoliberal rationality in the push to gain traction. Their ethnographic work tracked the history of maternal mortality as a development priority. Storeng and Behague described the growth of the global burden of diseases perspective throughout the 1990s. This perspective encouraged a focus on specific diseases and their relative prevalence in a given population, and thus the economic burden they represented. This framing was intended to speak to high-level decision makers with the authority to allocate international and national resources and ostensibly assist in calculating which individual issues would be most cost-effective to address. The shift towards this largely numbers-based global burden approach represented a concurrent turn away from the social determinants of health perspective, one that was grounded in the understanding that diseases and conditions could not be extracted from their context, and that in order to address specific issues, multiple valences of both bodily and systemic factors and their relationships to each other (individual, community, societal, political, etc) would also have to be considered and addressed. According to the authors, the burden of disease logic directed attention and resources to disease by accounting for the highest burdens of morbidity and mortality, irrespective of how these broke down by demographic,

neglecting the intersectional and often social, political, or economic underpinnings of certain conditions. For example, maternal mortality was de-emphasized under the global burden of disease logic because it did not, on its own, represent a significant enough proportion of the global burden of disease. Maternal mortality did, however, embody the intersection of multiple inequalities and represented a disproportionately high cause of mortality among the poorest within a society. To gain traction, advocates of reducing maternal mortality had to take a deliberate turn away from a rights-based, social determinants-oriented advocacy plan—one that had been largely ineffectual in the past—and develop quantitative methods of representation to show the disproportionate impact of certain conditions within vulnerable segments of societies on maternal mortality. This story highlights the types of narratives and framings that have power in setting development priorities, pointing to the low moral weight of a social determinants, rights-based perspective relative to an “evidence-based” and (superficially) value-free, scientific approach to problem identification, framing, and solution formation. We may also consider the possibility that the prioritization of certain conditions within global health—the de-emphasis on non-communicable issues grounded in fundamental social, cultural, and political inequalities—bore some relationship to the increasing global security orientation of global health (Lakoff, 2010).

Biomedicalization and the global burden of disease perspective are both trends grounded in neoliberal rationality that are made concrete through the priorities, policies and practices of development institutions (Birn, 2014). Scholars have focused on influential bi- and multilateral donor organizations as well as private foundations as tools, or perhaps vectors, of different forms neoliberal rationality. The practices of these

institutions—notably the World Bank, USAID, and the Bill and Melinda Gates Foundation—and the particular forms of accountability they require of their grantees or subcontractors have considerable sway within development initiatives beyond global health efforts (Hartmann, 2016; Birn 2005; 2009; Storeng, 2014; Adams, 2015; Biehl and Petryna, 2013; Birn, 2014; Storeng, 2017). For example, subnational development governmental and nongovernmental actors in five low-income countries identified the ways in which country-level development agendas are modified to speak to the “evidence-based” policy making agendas of major donors. In these cases, “evidence” based on program indicators around maternal and neonatal mortality was used to develop justification for shifting donor resources away from supporting hospital and facility-based care—a strong priority of the country in question—toward women’s empowerment initiatives. Data showed that women’s empowerment was correlated with neonatal mortality, which aligned with donor preferences for simple, broad-based, and in their estimation, cost-effective, solutions over the more involved and long-term investment required to support healthcare systems (Behague et al., 2009). The challenge here—in many ways an ethical challenge—is that development-as-research rests upon the assumption that the data produced is a type of value-free knowledge, an assumption that does not hold up upon consideration of ground-level operational realities, as Behague et al. (2009) demonstrated.

As discussed above, a notable product of neoliberal rationality, particularly the personal responsibility narrative, is the turn to evidence-based policy- and decision-making which requires development practitioners to approach development as research (Biehl and Petryna, 2013; 2014; Victora, Habicht, & Bryce, 2004; Adams, 2016).

Development interventions take on experimental designs with pre-set indicators to determine success of the intervention, but also to produce an “evidence base” that can be used to advocate for further funding and attempt to attribute causality to specific organizations or efforts. This also stems from the application of business models in development—methodologically “rigorous” quantitative evaluation designs are intended to determine whether or not there is return on investment for donors for specific efforts—as well as from the application of biomedical models. The Gates Foundation is particularly well-known for this approach, which emphasizes technical, interventionist, and frequently “magic bullet” approaches with clear and measurable outcomes (Birn, 2014; Storeng, 2014). These institutions and funding structures value certain types of knowledge and engagement over others, which, given researchers’ reliance on external funding shaped by these special interests, perpetuates these problem framings in research as well as practice (Birn, 2005; 2014; O’Laughlin, 2016; Gideon and Porter, 2016).

Merry and Conley (2011) questioned the nature and function of indicators, concluding that indicators act as a form of global governance. This sentiment is echoed across a range of fields in development. Notably, Adams (2015) discussed the ways in which small organizations with limited capacities to provide the breadth and extent of data for which donors are increasingly requiring for measuring impact. Fukuda-Parr (2014), Yamin and Boulanger (2014), Storeng (2017), and Storeng and Behague (2014) described the ways in which indicators—in these cases, indicators for MDG priority areas including maternal mortality, hunger, and sexual and reproductive health—can become conflated with the issues they are meant to represent, resulting a narrowed scope of action on these issues, diverting attention and resources towards the quick fixes that might yield

progress toward the MDG indicators but would ultimately do little to address the systemic factors at the root of these issues.

2.2.1 Neoliberal theories of being

Gideon and Porter (2016) described the ways in which problem framings deployed by donor institutions reduce women and their lives to their reproductive health and caregiving behaviors and cast them in a more instrumental light. This framing ignores “questions of power and inequality that reinforces gendered vulnerabilities to poor health.” With this line of argument, the authors are not suggesting that addressing reproductive health or health in the maternal context, or attempting to expand the availability and accessibility of those services, for that matter, is inherently wrong. The issue is that the instrumentalized and reductive framing of women within current neoliberal value frameworks of international donors and partners ensures that this specific set of issues receives a disproportionate share of attention, to the detriment of programming that might tackle the root causes of vulnerability.

The concept of moral economies helps to explain the lack of critical scrutiny regarding how and why we go about addressing structural issues at the bodily level. A moral economy is “broadly conceived as involving the global and local “production, distribution, circulation, and utilization of moral sentiments, emotions and values, norms and obligations, in regards to specific social issues in particular historical contexts” (Fassin 2013).” Maes (2015) applies this concept to the creation of unpaid community health workforces in Ethiopia, going on to say that “according to Fassin (2013), moral economies generally eclipse political economies: expressions of and narratives about empathy and concern for certain categories of people, often women and children, allow

people to avoid 'the necessary analysis of the structural determinants of their exposure to health risks and social hazards'" (p. 129).'" This applies well to what we observe about the implementation of multisectoral nutrition agendas, particularly the efforts deemed nutrition-sensitive. The idea of nutrition wraps the powerful imagery of children's stunted bodies and the economic future of a country into a moral economy.

Kimura (2013) describes nutritionism as an act of biopower. Biopower is a form of governance in which an authority claims responsibility for overseeing the welfare of a population; wrapped up within this is the ability of the authority to define both problems and solutions, often in ways that are self-interested in terms of state goals and priorities. She leans on the technocratic discourse or turn towards scientific objectivity as an expression of global governance in the post-colonial era. Yates-Doerr (2015) similarly describes the development of nutrition as a field in the aftermath of colonialism—as part of the effort to quantify, and thereby control, what was previously under more direct rule. In this estimation, “experts” filled the role of colonial administrators and the production of knowledge became the new expression of legitimate authority over “others.”

The production of knowledge was (under colonial conditions) and in certain aspects remains one-sided, with most of the experts coming from developed countries and forcing citizens of developing countries to engage in unusual and often unregulated dynamics to receive services; the one-sidedness of this power dynamic is particularly apparent in the health sciences. Fassin (2007), Sullivan (2011), and Tilley (2011) described the forms of “therapeutic citizenship” that arose amidst the HIV epidemic, while others have focused on the outcomes of TB and malaria campaigns.

In Section 4.2, we discuss the evocative visibility of nutrition as a characteristic that lends itself to depoliticization. The more visible an issue is, it seems, the less space those at the center (the “victims”) have to lend their voices to the fray, particularly if images taken by non-impacted actors are the means of communicating the issue to other parties. In the case of undernutrition, images of the malnourished are used as shorthand for the issue, to the exclusion of the voices of the malnourished. McDonell (2016), Yates-Doerr (2015), and Kimura (2013; 2014) have identified instances of the silencing of women’s voices in research and practice. Nutrition’s inherently gendered presentation as an issue of mothers and children along with the construction of a crisis narrative wrests control from the “victim” and situates it with others—experts, bureaucrats, etc. The perceived need to “triage” concerns (and give them an urgent, dire, and therefore influential framing to maintain relevance and therefore funding) ensures that, although there may in fact be the time, space, and funding to consider multiple scales, issues and solutions, for nutrition to remain a priority, it must represent an emergency and therefore we must focus on the immediate victims—mothers and very young children (McDonell, 2016; Rocheleau, Steinberg, & Benjamin, 1995). Everyone else, along with mid- or longer-term solutions that target more environmental or structural concerns, tend to lose out in the virtual triage and become relegated to aspirational to-do lists. If nutrition is seen as primarily a biological emergency--the focus on the first 1000 days certainly lends some urgency to the need to address nutrition-- then the problem and solution are both sited within the body (Pentecost, 2016; McDonell, 2016; Kimura, 2013). Inviting the participation—eliciting the voices—of the victims is unnecessary and even potentially unethical in this narrative because it would signal a slower process.

The “sovereign human body” frequently placed at the center of nutrition research and programming—that is, a body viewed as the sum of its biological processes and components and divorced from its context—is a myth of neoliberal rationality (Guthman, 2014). Bodies and their conditions do not exist outside of time or place; moreover, the conditions of bodies are the end result of social, political, and ecological processes often well outside of the control of the individual, particularly in contexts of scarcity or chronic vulnerability. The central assumption of the majority of nutrition programming—that the body is both the problem and the solution and highly modifiable—leads to programming predicated on the idea that the most simple and direct way to impact nutritional outcomes for women and children is to tell women in contexts of scarcity to change their behavior—one of the most complex endeavors possible (Guthman, 2014; Ayo, 2012). It is a strong indication of the reach of neoliberal rationality that majority of the blame and responsibility for poor nutritional status gets displaced onto the individual when so little of the decision-making process around obtaining an adequate diet, let alone choices around safe living conditions or access to services and resources (in addition to the decisions around how their choices and challenges are characterized by governments, scientists, and other experts) is carried out by the individual, particularly those most vulnerable to poor nutrition (politically and socially disempowered, economically disadvantaged, environmentally marginalized). The depoliticizing effect of the personal responsibility narrative is insidious enough to effectively subvert the social determinants orientation of nutrition sensitivity to a mission to promote behavior-based solutions, bracketing individual behavior as the most feasible and cost-effective factor on which to

intervene of the broader questions of structure and agency made explicit within the nutrition-sensitivity framework.

Nutrition sensitivity has the potential to bust out of the bubble of nutritionism by focusing on underlying determinants of nutrition, including in particular food insecurity, care and feeding of infants and young children, and environmental factors that affect sanitation and hygiene. The legacy of nutritionism, however, is that an ostensible focus on the underlying determinants (via nutrition-sensitive programming) retains the problem framings and approaches of nutritionism-style interventions focused on the body itself (nutrition-specific in the Lancet parlance). That is, nutrition-sensitive programming is predicated on the idea that there should be some clear, more or less direct way to impact bodily factors and outcomes. This is the wrong approach if the goal of nutrition-sensitivity is to shift some of the attention and resources from the immediate—the body itself—to the conditions that foster malnutrition, which is what the underlying determinants—thus nutrition-sensitive programming—are about. In addressing underlying determinants, policy or programming should focus on some aspect of the physical, social, political, and economic environment as the outcome.

2.3 Nutritionism

Nutritionism is an ideology within the field of nutrition. Nutritionism implicitly informs problem framings and solutions, typically manifesting in the emphasis on individual behavioral level interventions and single-factor, nutrient-centric interventions. Nutritionism fosters the tendency to reduce the complexity of obtaining and consuming food to simple intakes and outputs, and reduce food—the relational processes of purchasing, preparing, and consuming food—to various micro- and macronutrients

(Scrinis, 2008; Clapp and Scrinis, 2017; Biltekoff, 2014; Sathyamala, 2016). These authors show how nutritionism is intertwined with marketing, “Big Food,” and the back-and-forth of obesity politics and discourses in the US.

Nutritionism in efforts to address undernutrition in low-income country settings promotes reductive, apolitical, instrumentalist views of populations that bypass questions of agency and solutions that speak to the social determinants of health, structural inequalities, or participatory modes of operating (Kimura, 2013; 2014; Patel, Bezner-Kerr, Shumba, & Dakishoni, 2015; Mosely, Schnurr, & Bezner-Kerr, 2015; Yates-Doerr, 2012; 2015; McDonell, 2016). Sathyamala (2016), McDonell (2016), and Patel, Bezner-Kerr, Shumba, & Dakishoni (2015) highlighted the ways in which nutritionism allows capitalistic interests to be foregrounded in efforts to address undernutrition. The body of work critiquing nutritionism does not dispute the importance of key nutrition interventions, but critics have suggested that the narrow focus fostered by nutritionism actively excludes discussions that might begin to address the questions of why poor nutrition happens to begin with, and what can be done at the structural level to prevent it.

In her ethnography of golden rice, a biofortified product, in Indonesia, Kimura (2013) provides a comprehensive conceptual framework for applying nutritionism critique to contexts of undernutrition. She posits that framing is critical in the study of nutrition programming in the context of undernutrition. The stories told about women’s bodies, children, and the future have intrinsic moral value, but they matter more to government audiences if they can speak in terms of investment, loss, and productivity. She discusses the “economization” of both life and nutrition that tends to produce market-oriented interventions that speak to individual-level consumption, and the

depoliticization that both leads to and is reinforced by the heavy reliance on nutritionism-influenced problem framings. She found that the inclusion of nutrition can act to depoliticize or legitimize certain efforts, particularly economic development initiatives that may otherwise be considered contentious (Kimura 2013, p4).

A 2014 issue of the journal *Gastronomica* introduced “critical nutrition studies” to identify some of the core concepts and relevant content of research on nutrition from an anthropological perspective. In a series of perspective pieces, the authors explored the application of the concept of nutritionism in domestic and international research. They also explored the moral and ethical dimensions—including expanding notions of healthy eating to include environmental impact of modes of production—of nutrition research including the notable dissonance of the reductive, behavior change-oriented approach to the deeply complex and embedded condition of undernutrition (Guthman et al., 2014; Biltekoff et al., 2014; Kimura et al., 2014).

McDonnell’s (2015) assessment of miracle food narratives in the context of nutritionism presented the ways in which the personal responsibility narrative pervades even the more technocratic aspects of nutrition research and practice—that is, the underlying theme in promoting miracle foods and their various charismatic nutrient components is that undernutrition is the problem of the undernourished. She bolstered this argument by describing how crisis narratives around undernutrition are used to keep much of the focus on the body—the immediate—instead of taking a more systemic approach (Rocheleau, Steinberg, & Benjamin, 1995). The effect is that the structural and political aspects of undernutrition are obscured.

2.4 Neoliberalism and nutritionism

The field of nutrition’s vacillation between multisectoral engagement and isolation—and the various inconsistencies this has prompted in nutrition training programs in American universities—does not lend itself to widespread or in-depth understanding of the ways in which nutrition can and does engage with other fields in academia as well as with other sectors and forces in practice (or, indeed, agreement that such an understanding is necessary). Therefore nutrition actors may be unaware of the forces to which the types of solutions they promote will be subjected—how they will be adapted or used in a country context. In the current case of nutrition being mainstreamed into development programming, it becomes subject to the depoliticizing forces of neoliberal development—biomedicalization, responsabilization, problematization, perhaps among other “izations” (Kimura, 2013). These forces amplify and reinforce the depoliticizing tendencies of nutritionism, particularly the technocratic aspect which tends to construct undernutrition primarily as a biomedical phenomenon and not a political economic one, and minimizes contextual complexity by focusing largely on individual bodies as the problem and site of intervention (Guthman et al., 2014). In practice, these ideological frameworks have the effect of narrowing the scope of possible action. That is, conversations around how to meaningfully address the underlying determinants of nutrition, which in theory call for an examination of “alternatives” to mainstream development ideology (including participatory and redistributive schemes) (Yates-Doerr, 2015; O’Laughlin, 2016). Nutritionism ideology meets, and is amplified by, neoliberal ideology on the global stage, keeping the focus firmly at the individual level.

The complementarity between the personal responsibility narrative of neoliberalism and nutritionism is apparent—both work to situate programmatic and policy focus at the individual level, displacing the majority of the responsibility for health and wellbeing onto the individual rather than the state. The programming that results from these ideologies is largely single-factor or aimed at individual behavior, missing the chance to meaningfully address the underlying determinants. Current ways of thinking about measurement—particularly the tendency of neoliberal development institutions to insist upon specific forms of metrics and methods in the interest of promoting accountability and evidence-based policy and practice—can be thought of as “micropractices” of development (Adams, 2016). As Storeng and Behague (2017) are also careful to point out, current modes of practice in global health initiatives and ways of framing issues are not necessarily done with the intention of producing neoliberal outcomes, but do tend to contribute to the fulfillment of neoliberal political aspirations, particularly through the technocratic emphasis on the inclusion of apolitical and “objective” scientific methods in development interventions (Bell and Green, 2016).

Critique of neoliberalism within global health initiatives identified the trend towards biomedicalization—applying a reductive, experimental, instrumental approach to the complexities of sociocultural and political economic contexts, necessarily depoliticizing efforts in the process to produce generalizable evidence. We consider nutritionism to be more or less a specialization or instance of biomedicalization (Kimura, on the other hand, considers it to be an instance of biopower) (Adams et al., 2016; O’Laughlin, 2016; Gideon and Porter, 2016). Nutritionism’s effects within the field of nutrition are similar to the effects of biomedicalization among health efforts more

broadly. In particular, it manifests as the narrow foci on nutrients, individual behavior, and mothers and young children seen in the majority of nutrition-sensitive programming. Given that nutrition now operates as part of the larger development apparatus, we have to consider the idea that the internal nutritionism of the framing of undernutrition issue for non-nutrition actors works seamlessly with the biomedicalizing tendencies that already color other initiatives that take place in relation to health in development.

In section 4.2 we discuss the nutrition-sensitive efforts in Ethiopia more in light of this body of critique—critique which draws attention to the reductive and instrumental focus on bodies—than the critique of capitalistic development and structural adjustment that applies so readily to the agriculture or private sector-based nutrition-sensitive interventions. Nevertheless, there are aspects of the capitalistic critique relevant to the behavior change-oriented nutrition-sensitive programming discussed here, necessarily brought to the fore because of the explicit economized framing applied to stunting reduction.

The 2013 Lancet series, drawing from earlier work, explicitly framed stunting as an economic issue, providing a stunning estimate of GDP losses due to stunting (World Bank, 2006; Bhutta, 2013). The selling of nutrition to economists and their acceptance of the importance of nutrition was seen as a way to raise the profile of nutrition, not depoliticize it. That is, finance ministers control the budgets so to compete in the policy and political sphere, you tie nutrition to economics. While the economic framing was certainly influential (and not necessarily mutually exclusive with advocating for efforts directed to social determinants, redistribution, primary healthcare, and social justice), there are trade-offs to be made in further solidifying longstanding neoliberal treatment of

bodies as market factors (Adams, 2016). Gaining the attention of political actors is not the same as politicizing an issue. The explicit economic framing aligns more with the depoliticizing tendencies of development practice. For example, the recommendations in the Lancet series focus largely on garnering resources and political momentum for the scale-up of proven, primarily single-factor, interventions as opposed to redistributive schemes that might address poverty. Little mention is made of undernutrition as a manifestation of inequality.

The economic framing circles back around to overly technical and reductive problem framings with cost effectiveness being the driving principle, rather than human wellbeing. Where applying an explicitly politicized framing to nutrition would be contentious, economizing the issue can lend it momentum—stunting is an economic crisis and must be addressed—but also bypass issues of inequality, poverty, and the systemic factors that foster and perpetuate these conditions without attempting to question or challenge them. Feasibility is framed in terms of cost-effectiveness, because relatively low-cost nutrition inputs can theoretically produce almost miraculous economic gains. Interventions designed with this principle in mind will focus on what is perceived to be most modifiable or that which can be considered “low-hanging fruit:” individual behaviors and the types of services (to a certain extent) and information they receive. The principle of cost effectiveness has deep roots in neoliberal ideology and will rarely, if ever, allow significant restructuring of systems as a more politicized framing would demand—indeed, many donors’ institutional rules forbid direct investment in country-level public sectors. For a time (and in some cases currently) donor programs actively worked to undermine the provision of basic services through the public sector, favoring

privatization. Adams' (2016) question is relevant here: what does treating life as a market object do to our thinking about evidence in relation to health?

2.5 The other end of the spectrum: Mid-level actors and implementation

This research covered the ideological and theoretical dimensions of nutrition-sensitivity as a concept as well as the other side of this issue—how nutrition-sensitivity is operationalized. A consistent theme throughout fieldwork was how high-level federal and international actors would use various forums for knowledge sharing and decision-making to discuss the minutia of ground-level metrics, or detailed notes on high-level discourse, but give little to no attention to questions of how interventions and programs are cascaded down levels of operation.

So little knowledge exists about mid-level actors, their operating environments, and the relationships between the two that they have been dubbed the “missing middle” (Foresti et al., 2013). The identity of mid-level actors may vary by country. In Ethiopia, we identified them as the government actors, primarily those at the sub-district or woreda level, directly involved in day-to-day decision-making and management of program implementation, including the management of frontline personnel. Mid-level actors play an essential role in program implementation (Behrends et al., 2014; Weisser et al., 2014; Lapping et al., 2014; Hupe and Hill, 2015; Black, 2013; Lipsky, 2010). Doing this work requires that they engage with national actors, communities, and other mid-level actors within the context of their unique system of governance (Lavers and Hickey, 2016). They are typically responsible for ensuring adequate coverage and utilization of interventions and quality of and capacity for intervention delivery, and for managing constraints and opportunities for improving quality, scale of service provision, and utilization of services

(Menon et al., 2011; Pelletier et al., 2011). The environments in which they do this work are complex, involving overlapping systems with multiple flows of information, knowledge, influence, and resources; several sectors; potentially conflicting policy directives; the need to make decisions while under constraints (Hammond and Dube, 2012), along with state-society relations (Emmenegger, 2016). Evidence on the roles and environments of mid-level actors in the context of nutrition-sensitive programming is limited given the relatively recent introduction of the concept in development programming (Gillespie and van den Bold, 2015; Menon et al., 2014; Pelletier et al., 2012).

2.6 Ethiopia: National strategic frameworks and programs

From the early 1990's up until 2009, the Ethiopian government adopted an Agriculture Development-Led Industrialization (ADLI) strategy modelled after a similar approach in East Asia (Berhanu, 2016; Milman and Arsano, 2014). This strategy focused on intensifying domestic food production of smallholder farmers, which, according to the tenets of the theory, should have led to surplus capital that could have simultaneously ensured national food security and been invested in efforts to industrialize other sectors of the economy. This strategy was adopted namely because it could absorb the wealth of human labor available thus preventing social discord. Additionally, given the land laws, it was a strategy that would largely prevent smallholder farmers from accumulating wealth, power, or land, and limit challenges the government's authority. ADLI was abandoned when it became clear that it could not fulfill its promises of industrialization, nor could it keep up with the material needs of a burgeoning population.

In recent years, the government has instead shifted to a trade-based strategy for economic development and encouraging agricultural investment, both foreign and domestic. While this strategy has led to apparently strong gains in agricultural production and economic development, it also raises questions of stability and sustainability. In the interest of promoting investment, it has led the government to alienate some regions and apparently violate the constitution which promises that the regions, which are essentially autonomous ethnic entities, should have control over land use while the central federal government retains control over investment decisions. The government has begun a practice of bypassing regional governments and appropriating what it considers to be marginal or underutilized lands (typically those belonging to lowland pastoralists) and redistributing them to various national and international investors for agricultural purposes (Lavers, 2013; Milman, 2014). The displaced lowland pastoralists are then subjected to forced resettlement programs, which has drawn the criticisms of international human rights agencies in recent years (Hammond, 2008).

The government of Ethiopia has developed several iterations of their National Nutrition Program (2008; 2013; 2016 (forthcoming)), which is the guiding framework for nutrition activities in country and is coordinated by the Ministry of Health (FMOH, 2013). The National Nutrition Program is a comprehensive document covering a range of goals and possible initiatives, including both direct nutrition interventions and nutrition-sensitive interventions, to improve nutrition and was developed with the technical expertise of multiple international agencies. In my own research in 2014, I found that many of the contributing international organizations thought highly of the document, but were not confident in the government's capacity to implement this program. Indeed, the

program is set up to be implemented among multiple sectors, but poor intersectoral coordination notoriously characterizes the Ethiopian government (Lavers, 2012).

Nine sectors endorsed the 2013 National Nutrition Program and are in various stages of mainstreaming nutrition into their programming. The Ministry of Agriculture is a prominent example, and has recently included nutrition-sensitive provisions in two of its flagship programs: the Productive Safety Net Program (PSNP) and the Agricultural Growth Program (World Bank, 2014; 2015) By June 2016, the Ministry of Agriculture was developing its own nutrition strategy.

The inclusion of nutrition-sensitive provisions in the PSNP was a significant step in addressing the determinants of undernutrition through multisectoral programming. The PSNP is a government-led social protection program reaching over 8 million of the most vulnerable rural households. In addition to its core activities of food security and livelihood support, the current phase (2015-2020) features expanded nutrition-sensitive provisions, including gender-sensitive provisions and a potentially stronger multisectoral approach. For example, beneficiaries may be given the option to replace some public-works obligations with nutrition-focused behavior change communication classes, which are to be developed with the Ministry of Health and likely implemented through the health extension program (World Bank, 2014).

In addition to the PSNP, two other primary vehicles for delivering nutrition programming are Ethiopia's large and well-developed rural agriculture and health extension programs. The agricultural extension program hosts a number of initiatives and technical specializations and serves as a platform for service and input delivery (Spielman et al., 2012). The health extension program is delivered by Health Extension

Workers (HEWs) at local health posts and through household visits. The program promotes several packages to households, ranging from family planning to environmental sanitation (Workie and Ramana, 2013).

The implementation of all three programs relies on government-organized networks at the community level. Service delivery for agriculture, health, and social protection through these networks is frequently viewed as top-down and politicized (Maes, 2015; Planel, 2014; Emmenegger, 2016; Berhanu and Poulton, 2014; Lavers, 2013). The networks, along with the selection of particular development interventions, are used by the ruling party to legitimize their authority, at times limiting participatory means of engagement (Snyder, 2014; Emmenegger, 2016; Lavers, 2013; 2015; Chinigo, 2013, 2015; Keeley and Scoones, 2000; Lefort, 2012; Harrison, 2002; Markakis, 2011).

Government is structured as federal, regional, zone, woreda, and kebele. Ethiopia is effectively a single party state. The nine ethnically-based regions have autonomy in some areas, though their decision-making power is limited by their reliance on the federal government for funding. Decentralization in Ethiopia focuses much of the decision-making power at the federal level with the ruling party “dominating” all levels of government (Snyder, 2014). Much of the work of implementation and direct management of day-to-day activities occurs at woreda level, which oversees the implementation of health, agriculture, and social protection programming in the kebeles within the woreda. The national framework laying out all development interventions and targets is known as the Growth and Transformation Plan. Within this framework, the primary role of the woreda is to implement national programming (GOE, 2010; Snyder, 2014). Quotas or

targets for agricultural input distribution and usage as well as health indicators, such as vaccination rates, are found within this framework.

2.6.1 Ethiopia: Politics and development

The sum of facilitative features of a country's governance that allow for nutrition to be prioritized on development agendas comprises a country's "enabling environment" (Gillespie et al., 2013). The concept of enabling environments emphasizes a country's commitment to nutrition, but it also relates to the institutional features, operational norms, history, state-society relations and how those qualities interact with global narratives to produce particular problem framings and types of programming, and ultimately ground-level outcomes. Ethiopia's enabling environment is something of a double-edged sword. Extensive control and reach gives them the ability to throw considerable weight behind an initiative, but the top-down system of operating prevents significant multisectoral coordination, bottom-up communication, and participation, and also comes with a certain legacy of interaction with society and view of citizens, which certainly limits possibilities for participatory processes.

Ethiopia's development landscape is, in a word, fraught. The misalignment of the federal government's rhetoric with their actions is a recurring theme in the work of social scientists in Ethiopia. The dissonance perhaps begins with Ethiopia's title—it is known officially as a democratic republic but known to act as an authoritarian state. Scientists researching Ethiopia's agriculture extension, health extension, resettlement, and safety net programs have noted the apparent dissonance between the stated functions of these programs and their actual operations. Each of these programs have the dual function of political control as well as service delivery, with the political control function frequently

taking precedence over achieving quality delivery at scale (Maes, 2015; Planel, 2014; Berhanu and Poulton, 2014; Lavers, 2013; Emmenegger, 2012; Lefort, 2012; Milman and Arsano, 2013; Hammond, 2008). Ethiopia's political economy needs to be taken into consideration when researching service delivery platforms (Milma, 2014). Research that takes this as its starting point is markedly different from research that takes the rhetoric at face value, or disregards Ethiopia's political economy altogether.

The current regime is showing signs of struggling to maintain power and legitimacy following the unexpected death of Meles Zenawi in 2012. He was a powerful figure of resistance in the movement that overthrew the communistic Derg regime of the 80's. He was a charismatic figure known for his political acumen and harsh control tactics. He was frequently criticized as a dictator, but also praised for his ability to plan for the long term and the stability—no mean feat—and growth Ethiopia achieved under his rule.

In 2015, widespread ethnic protests prompted harsh crackdowns on protestors, suppressed reports of deaths by government forces, and the unconstitutional jailing and expulsion of journalists. Combined with ongoing suppression of reports of violence and hunger in less-favored regions (Afar and Somali in particular, this year) are regular media and internet blackouts to prevent news from spreading and escaping the country. Through the manipulation of the media, the government seeks to control the narrative of development, and they prefer one of rapid economic growth, stability, and widespread prosperity.

2.7 Research context: Stories of Change in Nutrition

This research takes place within the context of a larger project called Stories of Change in Nutrition which studied the processes of change around nutrition and policy in Ethiopia, Zambia, India, Nepal, Bangladesh, and Senegal. The idea behind this project is to continue the work of recent global movements to mainstream nutrition and bring it to the fore of public health and development agendas in developing countries. These efforts, including Mainstreaming Nutrition Initiative and Scaling Up Nutrition, have largely been successful in bringing nutrition to the attention of decision makers and precipitating policy action. The next step in this movement will be to solidify this work and assist countries in putting it into practice. Stories of Change focused on the processes of change to illuminate the complexities of each setting and in doing so discover what is required to move policy into action, and the consideration of nutrition into everyday practice.

Stories of Change was not intended to be entirely retrospective, nor was it be predominantly case studies of change in each country. Given the nascent stage of nutrition on policy agendas in each of the study countries, the project intended to build and frame the narratives that would influence the discourse around nutrition, food security, public health, and development. The stories were intended to have a direct impact on how nutrition programming gets implemented and influence how decision makers think about “nutrition-sensitive” interventions in all sectors engaged in development work, pushing to create a sustainable and enabling environment for the promotion of nutrition programming.

The three overarching questions we aim to address through this research are: what are the dominant paradigms that influence how the idea of nutrition is adapted and acted

upon in a country context, from where do these paradigms come, and what is missed by adherence to them. Nutritionism as it manifests in international nutrition programming is a relatively new application of the concept, and literature on the topic is scant (Kimura, 2013; Patel, Bezner-Kerr, Shumba, & Dakishoni, 2015; Yates-Doerr, 2015; McDonnell, 2016; Pentecost, 2016). We believe that nutritionism is a particularly useful lens for researching and interpreting this type of programming in practice, however, so the original research presented in Manuscript 2 sets out to build the basis on this topic and apply the concept and attendant concepts to behavior change communication as a type of nutrition sensitive programming. The first manuscript fits into the broader narrative that we outline more specifically in the second manuscript, providing operational examples of “what is missed” by the dominant paradigms in nutrition and development.

CHAPTER 3: METHODS

3.1 Overview

The research took place at multiple levels within Ethiopia’s health, agriculture, and social protection sectors and among the international actors supporting programming within these sectors. International data are derived from interviews with donors and implementers relevant to the PSNP and nutrition and agriculture more broadly. The zone and woreda data are derived from interviews with both agriculture and health officials. While general knowledge around government-led initiatives and priorities was widely held, the majority of the subnational actors possessed little in the way of specifics on the upcoming changes to the PSNP. I focused on gathering their retrospective views on changes in the area as well as challenges they face in implementing current and future health, agriculture, and nutrition programming. I broadened the focus from food security and PSNP personnel to include those from crop production, procurement, and livestock within the Agriculture Extension Program—potential sites for nutrition-sensitive efforts in the near future. I also interviewed health officials working on the Health Extension Program to understand the type of health and nutrition programming available, and how linkages between health and agriculture may or may not occur.

I took a sample of 30 households from a single village within a PSNP kebele. A kebele is comprised of roughly 2,500 people and contains several different villages. I selected a single village, rather than randomly selecting households from the entire kebele, in order to be able to trace the experiences of a place over time with some

continuity and shared understandings of events. Only 3 of the 30 households were current or past beneficiaries of the program, juxtaposing the somewhat outsized discussion around the PSNP at the international level with the on-the-ground reality. The PSNP reaches 8-9% of the total population. The sample of households with a proportional number of PSNP beneficiaries is intended to reflect the level of influence that the program has on communities regarding the role of public works on communities as a whole as well as the more individualized effect of the program as a safety net for beneficiaries.

I describe sampling and data collection for the community-level data although I do not make extensive use of these data in the two manuscripts presented in section 4.1 and 4.2. I nevertheless include these data here because they factor into the materials I developed for Stories of Change in Nutrition: a report for the Stories of Change donor, Children's Investment Fund Foundation, a policy brief for decision makers in Ethiopia, and a book chapter for the book Nourishing Millions. We had to begin developing outputs to meet donor requirements as my data collection was ending in early 2016, so I focused on developing a descriptive analysis that could be of use to other Stories of Change team members in developing cross-cutting outputs. I prioritized the community-level results more so than the international and subnational because they were of particular interest across the whole of the project. They were incorporated into the Nourishing Millions chapter and the policy brief, as well as in a cross-cutting synthesis of community results paper for the special issue of Global Food Security that was written by one of the other team members. I conducted 30 household interviews and numerous field observations; although the findings do serve to enhance the discussions pertaining to

implementation in section 4.1, I prefer not to feature the community-level data as a standalone manuscript here because the complexity of the topic warrants further fieldwork, and will ideally form the basis of a future study.

3.2 Study design

This research was qualitative, exploratory, flexible, and adaptive to accommodate the quickly evolving development landscape around nutrition in Ethiopia. We sought to trace the movement of the idea of nutrition sensitivity in Ethiopia's development landscape: the ways in which the idea was adapted and implemented across levels and sectors and the factors that help to shape these processes. We incorporated ethnographic methods and used semi-structured interviews and observations as our primary data sources.

We adopted a linear cascading case-study approach in which we sampled sites and actors from the international level to the community level to understand the adoption of the concept of nutrition sensitivity in the context of the national service delivery platforms responsible for program implementation. Clark's (2002) policy process framework, Shiffman and Smith's (2007) framework for the generation of political priority for health initiatives, and the "5C's Framework" used to provide conceptual coherence and consistency among all Stories of Change in Nutrition case studies (Gillespie and van den Bold, 2015) (**Table 3.1**), and helped shape the phrasing and ordering of semi-structured interview guides for international and mid-level actors. These frameworks were used to identify interview content relevant to multi-sector nutrition and implementation.

3.3 Timeline

I began collecting data in June 2014, when I conducted exploratory research in Ethiopia on the targeting of the PSNP. I was contracted by Transform Nutrition to help design and carry out a Stories of Change in Nutrition case study in Ethiopia. The majority of the data collection for this project took place January-April and September-October 2015, which was an election year in Ethiopia. This was a sensitive time for the country. I spent a portion of the first field visit (January-April 2015) meeting with different stakeholders to determine an appropriate, relevant focus for the research that could provide useful insights without threatening the livelihoods of research participants. In consultation with country-level stakeholders as well as experts with experience working in Ethiopia, we determined that the nutrition-related changes to the PSNP would be a valuable avenue of inquiry and serve as a lens or focal point for other changes around nutrition in Ethiopia over the past decade. I was advised not to travel extensively below the regional level before the election in May due to potential security concerns, so the majority of the subnational data collection occurred in September and October 2015. I visited again in March 2016 to validate findings with stakeholders and conducted more interviews. I returned briefly in June 2016 to present findings at a learning event.

3.4 Sample description and sampling procedures

3.4.1 International and federal

I conducted semi-structured interviews with a range of high-level donors, government officials, technical partners, and implementers working on food security, social protection, agriculture, and nutrition programming in Ethiopia (**Figure 3.1**). I used

a snowball sampling strategy, requesting recommendations for additional participants from each interviewee.

At the international level, I interviewed stakeholders primarily related to the PSNP but also those working on nutrition in the health sector. Selection was guided by the publicly available information on PSNP actors, “snowball” recommendations from interviewees, and the stakeholder mapping exercise carried out by Transform Nutrition to identify or confirm nutrition-relevant actors. This analysis includes 25 interviews conducted with international stakeholders. Several of the key stakeholders were consulted multiple times over the course of the fieldwork.

Access to federal actors was constrained by the heightened political sensitivities over the course of 2015. I was able to speak with a high-level PSNP official several times to keep them apprised of progress on the research, however, and received permission from the federal PSNP director to carry out the research at lower levels of government. I also spoke with the nutrition coordinator at the Ethiopian Public Health Institute, which is responsible for evaluating government health programs.

3.4.2 Subnational

To understand capacities in the context of multilevel communication and multisectoral collaboration, we selected the zone of Wolaita and a woreda, Sodozuria, within that zone, interviewing health, agriculture, and social protection officials at each level. The PSNP was active in several kebeles within Sodozuria.

Among government stakeholders below the regional level, we purposively sampled zone and woreda actors in health, agriculture, and social protection. This sample consisted of 15 zone and woreda health and agriculture officials interviewed September-

October 2015 and an additional 9 interviews from March 2016. A greater number of agriculture personnel were sought than health given the research focus on nutrition-sensitive programming. Two of the woreda agriculture officers and none of the zone officers included in this sample were women. The majority of these positions are held by men. We included several zone officials in the sample to provide context on the ways in which authority is expressed and information communicated between levels of government.

At the kebele level, I interviewed three officials in three separate kebeles. One official was from the designated study kebele and two from two nearby kebeles to provide perspective on the array of livelihoods and service provision in the area.

3.4.3 Community

We selected one kebele within the selected woreda in which the PSNP was operating, and one community within this kebele. The selection of this particular case study area was determined by the lead author's familiarity with the zone, woreda, and community from previous work, as well as the opportunity to examine a community without active international NGO involvement. The household sample was 30 households in a single iddir. Iddirs are informal, organizing community structures known in the literature as funeral associations or burial societies. Membership in these associations in this area denotes identification as a group—the members of the iddir from which I sampled consider themselves as of a village. They are related by geographic proximity, kinship, and religion. In this iddir there were 86 households, totaling around 500 people.

We sampled households from a single community within a PSNP kebele. As this community had to be reached by foot, we first identified the community and then sought

interviews with households based on their interest and availability. We began reaching saturation at 21 and stopped at 30. This kebele comprised about 2,500 people and contained several different communities. We sampled from a single community to capture continuity and shared understandings of events. All households practiced subsistence farming, with many also taking on day labor (males) or market activities (females). Two households belonged to elderly widows with grown children; the rest were married couples ranging in age from 20's to 60's. All households contained multiple children (range 1 to 8, with the majority having 6 children) from newborn to early 20's in age. All households reported receiving consistent seasonal visits from agriculture extension agents. Households reported inconsistent and infrequent visits from health extension workers in recent years.

3.5 Setting

The population of Ethiopia is 94 million according to United Nations estimates, about 80% of whom are smallholder subsistence farmers. Agriculture is the main industry in the country, producing such crops for export as coffee and wheat, most notably. Nearly 30% of the population lives in extreme poverty. Close to 45% of children under 5 are stunted and 10% are wasted. Ethiopia is changing quickly; between 2004 and 2013, Ethiopia sustained a 10% average annual economic growth rate (World Bank, 2014).

Following the centralized federal authority, Ethiopia is comprised of several regions (similar to states) that mirror its diverse ethnic make-up, with zones being the next lowest administrative unit, then woredas, and kebeles being the lowest, akin to the village-level. With more than 80 different ethnic groups in Ethiopia, the government favored the creation of semi-autonomous ethnic states that were to be self-governing in

some respects, while reserving ultimate authority for the federal government. This decision was made early on in the lifespan of the current regime and has helped maintain political stability within the country over the past 20 years (Lavers, 2013). In broader geopolitical terms, Ethiopia borders Somalia, South Sudan, Eritrea, Djibouti, Kenya, and Somaliland, an unrecognized country that declared independence from Somalia in 2010. Ethiopia's internal stability helps to anchor this volatile region, and the West, particularly the United States, has a vested interest in maintaining political stability in Ethiopia. Ethiopia, along with Kenya, leads the effort in subduing the terrorist group Al-Shabaab in Somalia, and its critical location plays a role in related US security concerns (Human Rights Watch, 2014; Ministry of Foreign Affairs, 2011).

The subnational interviews took place in Southern Nations, Nationalities, and Peoples Region (SNNPR) (**Figure 3.2**). SNNPR is a densely populated and ethnically-diverse region in southwestern Ethiopia. The selected zone of Wolayita has a population of nearly 2 million, contains both highland and lowland areas, and is primarily agrarian (CSA, 2014a). We interviewed actors at the zonal bureaus of health and agriculture as well as the woreda bureaus of health and agriculture, both of which were located in the town of Soddo, Wolaita.

As mentioned above, several significant events at the national scale impacted this research. The transition of the PSNP from its third to fourth phase and the transitions of both the Growth and Transformation Plan and the National Nutrition Program to their second phases occurred in 2015. The national election also occurred in 2015, surrounded by concerns that the regime would be unable to maintain control and stability in the first election following the death of Ethiopia's longtime prime minister, Meles Zenawi, in

2012. Upheaval did indeed follow, some attributable to the complex ethnic politics and history of the ruling party and some due to the severe drought that took hold in the latter half of 2015 through the middle of 2016 (as well as a drought in the Somali and Afar regions this year).

We chose to conduct this research in SNNPR after consulting with several experts on Ethiopia. There were several reasons for this choice. I had existing connections with the government and university in Wolaita, a zone within SNNPR, from my exploratory research in June 2014 and was familiar with the area from my time working there as an archaeology student. SNNPR is underrepresented in research and was also understood to be less politically sensitive than other regions at the time. For example, violent protests underscored by ethnic tensions began in Amhara and Oromia not long after the election. We decided in not to attempt to work in Somali, Afar, Gambella, Benishangul-Gumuz, and parts of Oromia. These regions presented unique challenges due to sensitive political climates and access to subnational government stakeholders would have been limited without significant institutional support. Tigray was also ruled out, as it was more represented in research and Stories of Change would potentially run the risk of overlapping with other research projects being carried out at the time.

The majority of government and international nutrition, gender, health, social protection, livelihood, and agriculture programming takes place in the four main regions of Amhara, Oromia, Tigray, and SNNPR (along with the special zones encompassing cities, including Harar, Dire Dawa, and Addis Ababa), where subsistence farming is the primary livelihood. In the remaining regions of Somali, Afar, Gambella, and Benishangul-Gumuz, the predominant livelihood is pastoralism, along with

agropastoralism or shifting cultivation. Many of the existing national and international programs were designed to address the needs of stationary subsistence farmers. The PSNP operates in Somali and Afar, although the issues of implementing the program in these areas are complex and occasionally sensitive; comprehensive coverage of these topics is beyond the scope of this study. Interviews focused on the particularities of programming among predominantly farming households in the 4 main regions.

The household interviews took place in a community located in a marginal or less-favored area (Von Braun and Gatzweiler, 2014; Shiferaw, 2004). It was mountainous, and lacked a road, access to markets, reliable credit, secondary education, and a functional health post. The nearest town was roughly one hour's walk through difficult terrain. Respondents noted the occurrence of drought every 4-5 years for at least the past 20 years, along with progressive erosion only recently mitigated. Land fragmentation had taken hold in this densely populated area such that 28 out of the 30 households in the sample farmed 0.5 hectares or less. Government programs, including the PSNP, the health extension program, and the agriculture extension program operated in this kebele. Two households had previously been enrolled in the PSNP, and one household was actively enrolled in the PSNP. The only international NGO program was known locally as the Carbon Project, a World Bank-funded watershed management and reforestation initiative.

3.6 Data collection

3.6.1 International

The international data were derived from semi-structured qualitative interviews with donors, implementers, technical partners, and federal data were derived from

interviews with federal PSNP officers. These interviews took place in Addis Ababa and were conducted in English. The development of interview guides was informed by policy process theory, including Clark (2007) and Shiffman and Smith (2007). Each interview lasted about one hour and was recorded with permission of the interviewee. If permission to record was not given, I took detailed notes. This only occurred once. Interviews were usually conducted in the office of the participant or a mutually agreed upon public space, such as a coffee shop. Interviews with all international, federal, and subnational actors focused on experiences and perspectives in the context of their positions, in line with IRB requirements for exempt studies. Questions did not explicitly probe into personal political beliefs, which could have endangered participants or the interviewer. These interviews focused on (but were not limited to) roles, operational challenges, perceptions of nutrition issues, capacities, strengths, motivations, changes over time, coordination, and communication.

3.6.2 Subnational

The zone and woreda data were obtained from semi-structured qualitative interviews with agriculture and health officials. Similar to the international and federal interviews, the development of interview guides for the subnational levels was informed by policy process theory, including Clark (2002) and Shiffman and Smith (2007). The lead author conducted these interviews in English at the government zone and woreda agriculture and health bureaus in the town of Soddo, which is the zone and woreda seat Wolaita. Each interview lasted about one hour and was recorded with permission of the interviewee. Because the interviews were conducted in the non-native language of the interviewee, the nuances of language and word choice could not be assessed in a detailed

linguistic analysis. Detailed notes were taken and used as the primary data source, rather than verbatim transcriptions.

3.6.3 Community

Household data were primarily derived from semi-structured qualitative interviews and observations in a community in Damotawaja kebele. Interview questions were developed based in part on findings at subnational level that called for further investigation, including characterizations of need, motivation, living conditions, and livelihoods at community level. Questions were also developed based on prior knowledge and experiences of the research lead in community settings in rural Ethiopia. Interview guides were discussed and refined with both the research assistant and the local guide, both of whom had significant firsthand experience with either the community or the conditions in question. Interviews were conducted with a local guide and a research assistant acting as translator. The assistant would ask the question in the local language and translate the response to English. The lead author asked any follow-up questions. Interviews were recorded in case there is a future need to have them translated and transcribed. Otherwise, there was ample time to clarify responses and take detailed notes of the interviews, which were uploaded into NVIVO 10. Household interviews were intended to elicit in-depth experiences with service provision and change as well as to illustrate the community environment to which services were targeted and received.

Observations supplemented the interviews and provided critical contextual grounding. I took notes on household settings and living and environmental conditions in the study area. Interviews were conducted at the participant's home, to better observe key factors such as care and feeding practices, healthcare utilization, and household

environments. Interviews were conducted with a local guide and my assistant acting as translator. We both had a copy of the interview guide, which we worked through during the interview. My assistant would ask the question in Wolaitinya and translate the response to English. I asked any follow-up questions I had.

Secondary data included Ethiopian policy and strategic frameworks and relevant program documents, including donor reports and program evaluations. Because it was difficult to access federal stakeholders at the time of research, we used the national frameworks (those authored by federal actors in particular, including the PSNP documents, the National Nutrition Program, the Growth and Transformation Plan, and the Seqota Declaration) to help represent the federal perspective.

3.7 Analysis

3.7.1 Manuscript 1

We initially conducted a descriptive analysis, deriving a broad list of codes from the concepts drawn from the policy process frameworks that were used to inform the interview guides (Clark, 2002; Shiffman, 2007; Gillespie and Van den Bold, 2015). Following the descriptive analysis, we looked for emergent themes within the data, particularly around actors' characterizations of challenges and change and perspectives on collaboration, communication, and communities, which spoke to nuanced experiences within Ethiopia's system of governance (Lavers and Hickey, 2016). Data were coded using NVIVO 10.

Interpretation of the findings was informed by several Ethiopia-specific publications to acknowledge the singularity and complexity of the context and its previously observed effects on agriculture, health, and social protection programming

(Markakis, 2011; Lavers, 2013; Maes, 2015; Planel, 2014; Lefort, 2012; Berhanu and Poulton, 2014; Berhanu, 2016; Chinigo, 2013, 2015; Emmenegger, 2016; Abbink, 2009, 2011; Keeley and Scoones, 2000; Harrison, 2002; Snyder, 2014). Both Planel and Chinigo focused on the zone of Wolaita in their respective studies, which lent further depth and insight into the interpretation of our results.

3.7.2 Manuscript 2

The initial data analysis was, as with manuscript 1, informed by Clark's policy process framework (2002) and Shiffman and Smith (2007) which were initially used to develop interview questions and later applied to help organize data thematically. We then used open coding situated within grounded theory to identify emergent themes within the pre-identified domains.

This research uses empirical data in the form of selected interviews with international stakeholders and an analysis of several national strategic frameworks to develop a conceptual framework for the application of the nutritionism critique to the health-oriented branch of nutrition sensitive programming. We drew from several bodies of work to situate nutrition programming within the context of development programming, including critical nutrition studies (Scrinis, 2008; McDonell, 2016; Biltekoff et al., 2014; Guthman et al., 2014; Kimura, 2013; 2014; Pentecost, 2016; Yates-Doerr, 2015; Patel, Bezner-Kerr, Shumba, & Dakishoni, 2015), critical medical anthropology tinged with post-development critique (Biehl and Petryna, 2013; Merrill and Singer, Maes et al., 2015; Fassin, 2013; Sullivan, 2011; Birn, 2005; 2009; 2014; Roalkvam and McNeill, 2016; Storeng and Behague, 2017; Adams, 2016; Pfeiffer and Chapman, 2010), and political economy studies from Ethiopianist scholars (Planel, 2014;

Chinigo, 2014; 2015; Lavers, 2013; Markakis, 2011; Berhanu and Poulton, 2014; Lefort, 2012; Emmenegger, 2012; 2016), although we make less explicit use of the last category in this paper, as we intend for this to speak to the broad characteristics of nutrition sensitivity, i.e., the universal theoretical and ethical dimensions of nutrition sensitivity with some examples of more context-specific operational dimensions to illustrate. The intended audience for this manuscript is primarily researchers, practitioners, and donors working in nutrition.

3.8 Positionality

In qualitative research the researcher is the instrument and so it is important to discuss my positionality. I consider myself a constructivist in that I believe reality is constructed within the individual. The key in developing this research was not only conducting interviews, but simply being “there.” Much of the time I spent in Ethiopia was observing and experiencing as I networked with academic, development, and humanitarian actors in Addis or traveled around the country. I spent over a year in Ethiopia over the two and a half years it took between proposing and defending the dissertation, and I built a strong network among development actors in Addis Ababa and government and university actors in Sodd. Despite my network, my role there was amorphous. My location, and objectives in Ethiopia shifted with every visit. I did not have significant logistical support to move around the city or the country and largely traveled alone via public transportation. I had to network extensively throughout my visits to develop contacts to make getting interviews possible as well as to stay aware (amid frequent news and internet blackouts) of political events surrounding the election, the drought, and the widespread protests to make sure that my research would not be

perceived as overtly political or critical, as that could signal the end of my ability to work in Ethiopia. I adjusted my timing or my approach to seeking out stakeholders as necessary. It could also be difficult to relate my role and the purpose of my research to participants. I was a social science researcher—not a common track of research among foreign scholars in Ethiopia, it turns out—without substantive institutional backing. As a research contractor with IFPRI, I did not receive the benefits of being an employee. My affiliation with the University of South Carolina provided legitimacy, but it is not a university that is well known there, such as Johns Hopkins, Harvard, Tulane, or Tufts.

On a personal level, I was a relatively young female foreigner from an affluent western country, which meant I had to negotiate the complex dynamics that sometimes put me in a position of perceived power—as someone with the power to help prospective students get accepted to foreign universities, for example—or at a disadvantage—as a young student without much authority, or a woman subject to regular sexual harassment.

“Being there” for me, was a live version of the constant comparative analytical method of grounded theory. That is, the immediacy and sometimes precariousness of the setting forced me into constant awareness of the contrasts between my experience and the experiences of the wide range of Ethiopian and ex-patriot actors with whom I interacted, particularly the worldviews and perspectives constructed by development actors and donors. I tried to preserve this multiplicity of perspectives throughout the process of analysis by drawing upon a wide-ranging interdisciplinary body of work in which to situate the findings.

3.9 Ethics

Ethical approval was granted for the overall six-country Stories of Change project by the IFPRI Institutional Review Board. Approval for the Ethiopia case study was granted by the University of South Carolina Institutional Review Board, the federal head of the Productive Safety Net Program, and the Wolaita Soddo University Institutional Review Board.

Table 3.1 Original 5C's Framework (Van den Bold and Gillespie, 2015)

	Change (in the past, since 2000)	Challenge (present and future, to 2025)
Commitment	How has commitment for nutrition, in its broadest sense (including system commitment) been generated?	How will commitment be sustained in the face of current or likely future challenges or threats?
Coherence	How has policy and programme coherence been developed and ensured – both horizontally (across sectors) and vertically (national to community levels)	What current and future challenges are faced in ensuring policy and programme coherence
Community	How have the lives of nutritionally vulnerable communities changed in last 15 years?	What do communities perceive as the most significant challenges to progress in nutritional and health well-being?

International		
Donors: USAID, Irish Embassy, Irish Aid, Dutch Embassy, CIDA, World Bank, European Union, UNICEF	Implementers and other relevant stakeholders: Save the Children, CARE, Concern, Alive and Thrive, Tufts, Catholic Relief Services	
Federal		
Agriculture: Two high level PSNP officials (one consulted three times over course of fieldwork)	Health: EPHI (other relevant stakeholder meetings with MOH senior officials scheduled but not kept)	Additional: Document review—national strategies and frameworks expressing federal perspectives (GTP, NNP, PSNP documents, etc) and program evaluations
Region: SNNPR		
Southern Nations, Nationalities, and Peoples Region (SNNPR) selected—regional officials were not interviewed in the interest of time and at the advice of an expert on Ethiopia. See Kennedy et al. (2015) for more information on regional perspectives.		
Zone: Wolaita		
Agriculture: Irrigation expert, current food security coordinator, former food security coordinator, zone planner, livestock expert	Health: Disease prevention and health promotion core process coordinator, disease prevention and health promotion core process officer	
Woreda:		
Sodozuria		
Agriculture: Coordinators in food security, seed procurement, and livestock Officers in crop production, food security, and livestock	Health: Coordinators in disease prevention and health promotion Officers in disease prevention and health promotion	
Kebele		
Kebele 1: (main)	Kebele 2: reference	Kebele 3: reference

<p>study area) Interviewed 30 households from a single village within this kebele; conducted an additional interview with a kebele leader</p>	<p>area Interviewed a kebele leader; conducted observations of the community (farm size, type of crops, house size, land type, etc) on foot (neighbored the study area)</p>	<p>area Interviewed a kebele leader; conducted observations of the community (farm size, type of crops, house size, land type, etc) on foot (~25 km away from study area)</p>
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Figure 3.1 Sampling frame

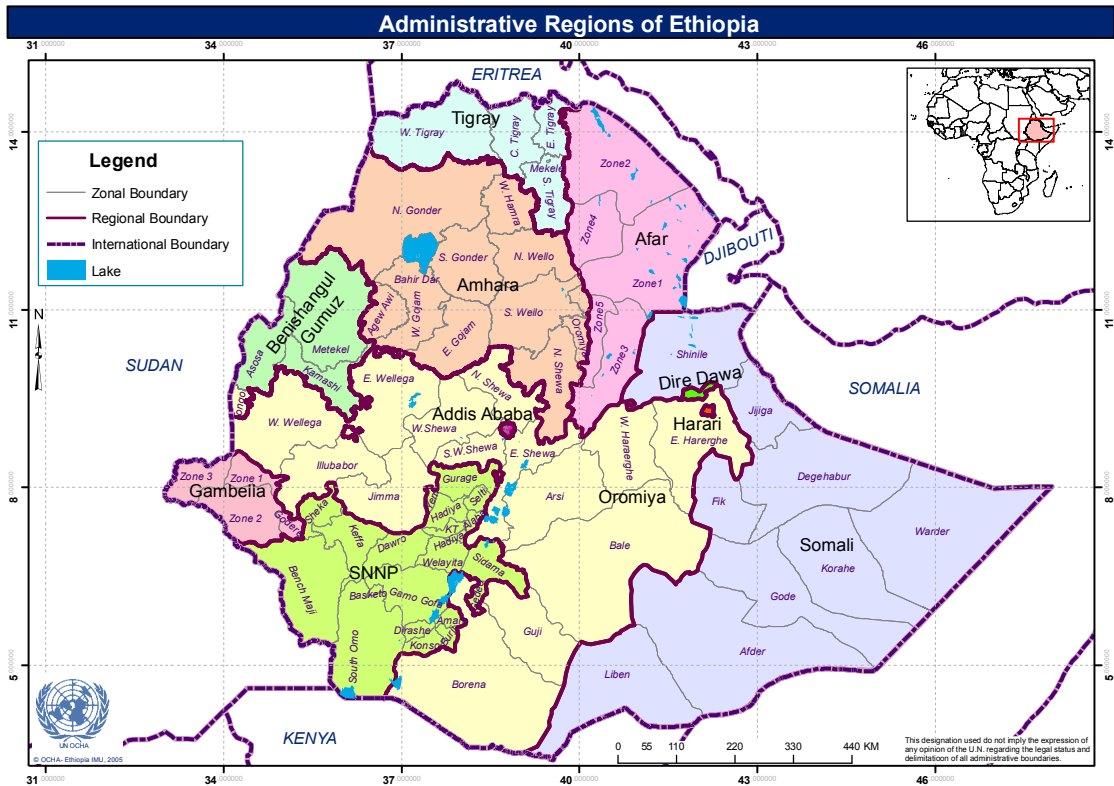


Figure 3.2 Administrative map of Ethiopia (source: http://reliefweb.int/sites/reliefweb.int/files/resources/73A23617425494808525721200700710-ocha_REF_eth051031.pdf)

CHAPTER 4: MANUSCRIPTS

4.1 Mid-level actors and their operating environments for implementing nutrition-sensitive programming in Ethiopia¹

Abstract

This paper provides an analysis of mid-level actors and their operating environments in relation to implementing nutrition-sensitive programming in Ethiopia. We used an innovative, multi-sited qualitative method encompassing the group of implementing actors in health, agriculture, and social protection below regional level and a sample of households from a community receiving these government services. Systemic constraints and day-to-day operational challenges within sectoral programming characterized the mid-level operating environment. Communities experienced nutrition-related improvements over time, but were constrained in their ability to engage with government programming by their physical environment. Mid-level actors are subject to complex constraints originating from both systemic factors and day-to-day resource constraints. Further development of existing service provision platforms and attention to community constraints is recommended to align national nutrition agendas with implementation capacities and community needs.

Keywords: Nutrition-sensitive, Ethiopia, implementation

¹ Warren, A.M., Frongillo, E.A. (2017). Global Food Security 13(2017) 66-73. Reprinted here with permission of publisher.

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Conflict of interest: None

4.1.1 Introduction

Over the past decade, nutrition has achieved widespread recognition among international actors and countries with high burdens of undernutrition as a key development challenge. International aid and national development strategies feature nutrition goals and indicators, and many countries have moved to mainstream nutrition in their policies and programming. With nutrition prominently featured on development agendas, nutrition actors are calling for research on the processes of implementing nutrition agendas at country level (Gillespie et al., 2013). Specifically, attention is drawn to what occurs among subnational mid-level actors and their operating environments.

So little knowledge exists about mid-level actors, their operating environments, and the relationships between the two that they have been dubbed the “missing middle” (Foresti et al., 2013). The identity of mid-level actors may vary by country. In Ethiopia, we identified them as the government actors, primarily those at the sub-district or woreda level, directly involved in day-to-day decision-making and management of program implementation, including the management of frontline personnel. Mid-level actors play an essential role in program implementation (Behrends et al., 2014; Weisser et al., 2014; Lapping et al., 2014; Hupe and Hill, 2015; Black, 2013; Lipsky, 2010). Doing this work

requires that they engage with national actors, communities, and other mid-level actors within the context of their unique system of governance (Lavers and Hickey, 2016). They are typically responsible for ensuring adequate coverage and utilization of interventions and quality of and capacity for intervention delivery, and for managing constraints and opportunities for improving quality, scale of service provision, and utilization of services (Menon et al., 2011). The environments in which they do this work are complex, involving overlapping systems with multiple flows of information, knowledge, influence, and resources; several sectors; potentially conflicting policy directives; the need to make decisions while under constraints (Hammond and Dube, 2012), along with state-society relations (Emmenegger, 2016). Evidence on the roles and environments of mid-level actors in the context of nutrition-sensitive programming is limited given the relatively recent introduction of the concept in development programming (Gillespie and van den Bold, 2015; Menon et al., 2014; Pelletier et al., 2012).

With the goal of contributing to a knowledge base on mid-level actors and their operating environments in implementing national multisectoral nutrition agendas, the aims of this paper are to advance understanding of: 1) the identity of mid-level actors and the capacities and constraints of their operating environments and 2) the ways in which communities are reached and engaged in government programming. We use the findings of this research to add depth to the understanding of the people and processes that are essential for implementing multisectoral nutrition-sensitive programming and achieving better nutrition outcomes. We conclude with a discussion of the results in relation to researching, designing, implementing, and evaluating complex nutrition agendas.

Mainstreaming nutrition in Ethiopia

The government of Ethiopia has developed several iterations of their National Nutrition Program (2008; 2013; 2016 (forthcoming)), which is the guiding framework for nutrition activities in country and is coordinated by the Ministry of Health (FMOH, 2013). Nine sectors endorsed the National Nutrition Program and are in various stages of mainstreaming nutrition into their programming. The Ministry of Agriculture is a prominent example, and has recently included nutrition-sensitive provisions in two of its flagship programs: the Productive Safety Net Program (PSNP) and the Agricultural Growth Program (World Bank, 2014; 2015) By June 2016, the Ministry of Agriculture was developing its own nutrition strategy.

The inclusion of nutrition-sensitive provisions in the PSNP was a significant step in addressing the determinants of undernutrition through multisectoral programming. The PSNP is a government-led social protection program reaching over 8 million of the most vulnerable rural households. In addition to its core activities of food security and livelihood support, the current phase (2015-2020) features expanded nutrition-sensitive provisions, including gender-sensitive provisions and a potentially stronger multisectoral approach. For example, beneficiaries may be given the option to replace some public-works obligations with nutrition-focused behavior change communication classes, which are to be developed with the Ministry of Health and likely implemented through the health extension program (World Bank, 2014).

In addition to the PSNP, two other primary vehicles for delivering nutrition programming are Ethiopia's large and well-developed rural agriculture and health extension programs. The agricultural extension program hosts a number of initiatives and

technical specializations and serves as a platform for service and input delivery (Spielman et al., 2012). The health extension program is delivered by Health Extension Workers (HEWs) at local health posts and through household visits. The program promotes several packages to households, ranging from family planning to environmental sanitation (Workie and Ramana, 2013).

The implementation of all three programs relies on government-organized networks at the community level. Service delivery for agriculture, health, and social protection through these networks is frequently viewed as top-down and politicized (Maes, 2015; Planel, 2014; Emmenegger, 2016; Berhanu and Poulton, 2014; Lavers, 2013). The networks, along with the selection of particular development interventions, are used by the ruling party to legitimize their authority, at times limiting participatory means of engagement (Snyder, 2014; Emmenegger, 2016; Lavers, 2013; 2015; Chinigo, 2013, 2015; Keeley and Scoones, 2000; Lefort, 2012; Harrison, 2002; Markakis, 2011).

Government is structured as federal, regional, zone, woreda, and kebele. Ethiopia is effectively a single party state. The nine ethnically-based regions have autonomy in some areas, though their decision-making power is limited by their reliance on the federal government for funding. Decentralization in Ethiopia focuses much of the decision-making power at the federal level with the ruling party “dominating” all levels of government (Snyder, 2014). Much of the work of implementation and direct management of day-to-day activities occurs at woreda level, which oversees the implementation of health, agriculture, and social protection programming in the kebeles within the woreda. The national framework laying out all development interventions and targets is known as the Growth and Transformation Plan. Within this framework, the primary role of the

woreda is to implement national programming (GOE, 2010; Snyder, 2014). Quotas or targets for agricultural input distribution and usage as well as health indicators, such as vaccination rates, are found within this framework.

Nutrition-sensitive programming was relatively new in this context and had yet to achieve widespread implementation at the time of data collection. We therefore could not directly study the implementation of nutrition-sensitive programming and focused on implementation-as-planned through the primary platforms to be used for nutrition-sensitive program delivery.

4.1.2 Methods

Study design

For the design of this operational research, we drew from several applied and theoretical frameworks. Pelletier et al. (2012) and Menon et al. (2014) identified international nutrition research needs and provided grounding for the contribution of this study to the growing body of literature around operational nutrition research. We drew upon Lavers and Hickey (2015; 2016), which provides a framework for understanding occurrences at the intersection of transnational ideas and domestic political systems, to identify dimensions of Ethiopia's governance system relevant to the implementation of multisectoral nutrition programming. Clark's (2002) policy process framework, along with the "5C's Framework," (Gillespie and van den Bold, 2015), helped shape the phrasing and ordering of semi-structured interview guides for mid-level actors. These frameworks were used to identify interview content relevant to multi-sector nutrition and implementation. Mid-level interviews focused on (but were not limited to) roles, operational challenges, perceptions of nutrition issues, capacities, strengths, motivations,

changes over time, coordination, and communication. Community interview guides were largely informed by the 5C's Framework and focused on experiences with service provision, change over time, and challenges to food security and nutrition.

Setting

The study area was located in Southern Nations, Nationalities, and Peoples Region. SNNPR is a densely populated and ethnically-diverse region in southwestern Ethiopia. The selected zone of Wolayita has a population of nearly 2 million, contains both highland and lowland areas, and is primarily agrarian (CSA, 2014a).

The study community was located in a marginal or less-favored area (Von Braun and Gatzweiler, 2014; Shiferaw, 2004). It was mountainous, lacked a road, access to markets, reliable credit, secondary education, and a consistently functional health post. The nearest town was a 1-2 hour walk through difficult terrain. Respondents noted the occurrence of drought every 4-5 years for at least the past 20 years, along with progressive erosion that has been addressed through government programming since 2011. The majority of households farmed 0.5 hectares or less. Government programs, including the PSNP, the health extension program and the agriculture extension program operated in this kebele. According to respondents, no other international NGO programs or services were offered in their kebele.

Sample

To understand capacities in the context of multilevel communication and multisectoral collaboration, we selected a zone and a woreda within that zone, interviewing health, agriculture, and social protection officials at each level. This sample consisted of a total of twenty-four woreda and zone health and agriculture officials. Two

of the woreda agriculture officers and none of the zone officers included in this sample were women. The majority of these positions are held by men. We included several zone officials in the sample to provide context on the ways in which authority is expressed and information communicated between levels of government. For the research at community level, we selected one kebele within the selected woreda in which the PSNP was operating, and community within this kebele. The selection of this particular case study area was determined by the lead author's familiarity with the zone, woreda, and community from previous exploratory work, as well as the opportunity to examine a community without active international NGO involvement.

We sampled 30 households from a single community within the study kebele. As this community had to be reached by foot, we sought interviews with households based on their interest and availability. The kebele that we studied consisted of about 2,500 people. All households practiced subsistence farming, with many also taking on day labor (males) or market activities (females). Two households belonged to elderly widows with grown children; the rest were married couples aged 20-60. All households contained several children (range 1 to 8) from newborn to early 20's in age. Three households were currently or previously PSNP beneficiaries. All households reported receiving consistent visits from agriculture extension agents. Households reported inconsistent visits from HEWs in recent years.

Data collection

Data were collected over several visits between January 2015 and March 2016. The, zone and woreda data were obtained from semi-structured qualitative interviews with agriculture and health officials. The lead author conducted these interviews in

English. Each interview lasted about one hour and was recorded with permission of the interviewee. Because the interviews were conducted in the non-native language of the interviewee, the nuances of language and word choice could not be assessed in a detailed linguistic analysis. Detailed notes were taken and used as the primary data source, rather than verbatim transcriptions.

Household data were obtained from semi-structured qualitative interviews and observations. Observations supplemented the interviews and provided critical contextual grounding. The lead author took notes on household settings, living, and environmental conditions in the study area. Interviews were conducted with a local guide and a research assistant acting as translator. The assistant would ask the question in the local language and translate the response to English. The lead author asked any follow-up questions. Interviews were recorded in case there is a future need to have them translated and transcribed. Otherwise, there was ample time to clarify responses and take detailed notes of the interviews.

Analysis

We initially conducted a descriptive analysis, deriving a broad list of codes from the concepts drawn from the frameworks that were used to inform the interview guides. Following the descriptive analysis, we looked for emergent themes within the data, particularly around actors' characterizations of challenges and change and perspectives on collaboration, communication, and communities, which spoke to nuanced experiences within Ethiopia's system of governance (Lavers and Hickey, 2016). Data were coded using NVIVO 10.

In the results section, data from mid-level actors are organized into three categories derived from the frameworks used in the study design: governance and systems (Menon et al., 2014; Pelletier et al., 2012; Lavers and Hickey, 2016), operational capacities (Pelletier et al., 2012), and perspectives (Clark, 2002; Pelletier et al., 2012; Lavers and Hickey, 2016), with sub-categories and identification of emergent themes throughout. Community and household-level data are presented as a separate category. The discussion section was informed by several Ethiopia-specific publications to acknowledge the singularity and complexity of the context and its previously observed effects on agriculture, health, and social protection programming (Markakis, 2011; Lavers, 2013; Maes, 2015; Planel, 2014; Lefort, 2012; Berhanu and Poulton, 2014; Berhanu, 2016; Chinigo, 2013, 2015; Emmenegger, 2016; Abbink, 2009, 2011; Keeley and Scoones, 2000; Harrison, 2002; Snyder, 2014).

Ethics

Approval for this study was granted by the University of South Carolina Institutional Review Board, the federal head of the Productive Safety Net Program, the International Food Policy Research Institute Institutional Review Board, and the Wolaita Soddo University Institutional Review Board.

4.1.3 Results

Governance and systems

Health and agriculture officials struggled with a top-down approach to information sharing and decision-making, which positioned woreda administrations as the last to receive new information. For example, the nutrition-sensitive PSNP officially began in June 2015, but woreda PSNP officials were not aware of nutrition-related

changes to the program as of October 2015 or March 2016. Agriculture officials outside of the PSNP were not aware that the Ministry of Agriculture was developing an overall nutrition strategy. No nutrition experts existed yet in agriculture at the zone or woreda level. There were health officials at zone and woreda level involved in nutrition-specific programming, but they had little to no familiarity with the concept of nutrition-sensitive programming. They were not aware of any upcoming collaboration for nutrition programming with the Ministry of Agriculture.

One zone health official noted that the top-down approach to program planning continued to increase the workload of zone, woreda, and frontline workers without significantly increasing their capacity, whether in terms of personnel, training, logistical necessities, or budget. This workload negatively impacted their ability to implement health programs at the intended level of quality or scale. He thought that this situation might have been prevented if lower-level officials were more involved in planning processes.

Entry-level woreda agriculture officials reported being particularly constrained within their position. Their position entailed frequent field visits to all kebeles in their woreda and working directly with extension agents, known as Development Agents, in these kebeles as well as communities. They often rotated between specializations so they gathered a fairly comprehensive view of community conditions. These individuals reported that their feedback and input were not able to affect programmatic change given their low place in the hierarchy of command, despite their deep knowledge of their woredas and their university training in agricultural sciences.

At zone and woreda levels in both health and agriculture, ineffective multisectoral collaboration was often listed as a challenge. Officials were not accustomed to operating multisectorally, whether in planning, budgeting, implementing, or evaluating programming. Coordinating committees at all levels were established to improve collaboration, but officials did not consider these to be effective or authoritative. A program officer noted that attendance at multisectoral meetings at woreda level concerning planning processes was limited. This lack of attendance was consistent with there being no job descriptions that included multisectoral coordination as a core task; no core processes in either health or agriculture mandated significant coordination beyond data sharing for the purposes of referring malnourished children for supplementation and/or medical treatment. One agriculture official thought that the constraints within the overarching system—operational silos, poor communication, and top-down governance—were deeply rooted in the social and political history of Ethiopia and would be difficult to overcome.

Zone and woreda health and agriculture officials thought that effective multisectoral coordination occurred at kebele level, where it is mandated that health, education, and agriculture frontline workers participate in kebele councils. Many of the agriculture and health officials praised the kebele governments, citing their proactive involvement, effective multisectoral collaboration, and intimate knowledge of their communities as critical to the success of various national programs.

Operational capacities

A key constraint that stakeholders mentioned was the high turnover of mid-level personnel. At the zone and woreda level, personnel often began at lower positions and

were promoted from woreda up to zone level over time. Many also cycled out of government work and into better paying positions elsewhere. Turnover of woreda and zone health and agriculture officials outside of the PSNP was not specifically listed as a challenge, although turnover rates of these officials are high. High turnover of frontline health personnel was listed as a significant challenge, although turnover of agriculture frontline personnel was not.

Training was another key constraint. High turnover within the PSNP meant that incoming personnel would be unlikely to receive training upon entering their position though they may have previously held an unrelated position. Several officials and officers reported that their training materials were in English—English reading comprehension levels vary greatly—and no summarized versions of the lengthy program implementation manuals were offered. Woreda officers noted that limited training and insufficient compensation for program implementers had reduced the effectiveness of other agricultural programs as well.

Across agriculture programs, officers and frontline workers lacked a sufficient number of vehicles to do their regular support, monitoring, and evaluation activities. Much of the area was rough terrain and required SUVs or adequately equipped motorbikes. Workers tended to rely on motorbikes for cost effectiveness, but there were too few to meet needs.

There were several programmatic aspects of the PSNP that complicated implementation, including a continuously weak revolving credit system, use of obsolete benchmarks for graduation, late transfer of the operating budget from the federal government, and the woreda's inability to access the full operating budget when the

program was going into effect. One official said that stronger monitoring and evaluation of targeting was needed. A further challenge was meeting established quality standards in public works projects. Sometimes public-works participants were not able to provide quality work due to their physical weakness. Other times, they were not able to fulfill work plans due to a shortage of budget or the budget being released too late.

Occasionally, payments will not be transferred to beneficiaries until much later than designated. The program operated from January until June, which was the lean season for the beneficiaries. Even if payments were not being fulfilled, beneficiaries were still expected to complete their public-works requirements. On the administrative side, one official said that the kebele committee was required to meet once a week, which was onerous for committee members given all their other duties, and these meetings are not incentivized with compensation or refreshments.

Health officials noted significant constraints of the health extension program. Two HEWs were expected to promote 16 health packages, staff the local health posts, and conduct household visits daily. One officer working with the HEWs thought that newer groups of HEWs lacked the commitment seen in earlier groups, acknowledging that the workload had increased over time as the program grew. Health officials at woreda and zone level cited the extension workers' marriages and pregnancies as challenges to program operation. They suggested that although the program was predicated on having female extension workers, since the programs were targeted to women, it seemed important to try to recruit male extension workers to address these human resource challenges. Training of the workers was perhaps incomplete in some

regards; data collection and management seemed to be issues that officials thought would be addressed by having male extension workers.

Perspectives

Successes

Despite constraints, government respondents spoke of largely positive changes arising from health and agriculture programming over the past two decades. Woreda and zone health officials noted that “everyone” in the woreda was now using latrines as a result of an intensive government campaign to end open defecation. There were challenges in gaining community acceptance at first, given as reluctance by communities to accept innovation, but officials said that these were resolved through continuous discussion with communities and training.

Agriculture officials thought that food security in the area had greatly improved from the beginning of their work in the early 1990s to present day. Several said they no longer saw severe malnutrition and hunger among households. They thought that improved agricultural inputs and practices delivered through the extension service, resulting in increased productivity and incomes, were responsible.

Health officials reported several improvements in community health. Vaccination rates were high and tuberculosis and malaria rates were reduced year to year. Women were increasingly using family planning, attending antenatal care, and giving birth in facilities.

Agriculture and health officials thought that the growth of infrastructure over the past 20 years—roads, transportation, health facilities, irrigation structures, agriculture training facilities, and the expansion and reach of the extension programs themselves—

had been critical to improving the lives of households. In addition, the PSNP public works had had beneficial effects for communities in terms of building schools, roads, and health facilities and carrying out key environmental rehabilitation projects.

Ideological coherence among mid-level actors

Within agriculture, officials expressed divided views on nutrition. One view understood nutrition as a complex, integrated issue with a multisectoral solution. The other view, held by a few, suggested that nutrition needs could be resolved through increasing staple crop production. Several zone and woreda agriculture officials noted the distinction between production and consumption, and agreed that the long-term emphasis on production had neglected nutrition as a concern. They thought that currently there was more of a need to focus programming on consumption patterns and processes. To do this, several officials thought that a stronger link with the health sector would have to be established. Within health, nutrition was communicated as an emergency response issue and treated on a case-by-case basis.

Mid-level actors' characterizations of communities

Officials perceived the dissemination of health and agriculture inputs and programs as a push and pull, consisting of tensions between the government's push for the adoption of new technologies and a reluctance to abandon experiential knowledge on the part of the households, often characterized as "backwardness" or attributed to a lack of education. Officials nonetheless assumed eventual adoption and the positivity of the ventures for health and productivity overall. The dispersions cast on program beneficiaries' education or interest in development more generally were somewhat intensified in the context of the PSNP. Worries about "dependency syndrome" in the

program surfaced. Several officials said that the issue was that beneficiaries do not make proper use of the resources given to them, nor do they want to graduate.

Contrary to the situations described by the households themselves, two agriculture officials thought that rural households had access to a wide range of fruits, vegetables, eggs, and dairy products. One zone official said that most of the problem was with how households chose to prepare foods, not with access to these foods. They both suggested that proximity to towns was detrimental to food security and nutrition. One of these officials suggested that households further from towns tended to consume their produce rather than sell it, resulting in better health and nutrition.

Communities and households

Most programs available in the area, aside from direct interventions concerning child feeding or antenatal care, were not designed with nutrition outcomes in mind. Nonetheless, households suggested anecdotally that several non-nutrition programs had positively impacted their nutrition. Farmers reported that the use of improved seed and fertilizer promoted by the Development Agents, along with intensive soil conservation efforts, had improved food security over the past four to five years. Households also mentioned a recent latrine-building campaign. This campaign was strongly enforced and all households in the sample reported owning a latrine. A few of the households had noticed a decrease in the occurrence of child illness and linked this to latrine use.

Advice concerning changes to the physical environment that asked little in the way of inputs was generally more acceptable and feasible than some of the advice concerning more involved modifications to behaviors, especially those that required specific environmental conditions, significant financial inputs, or infrastructure that was

not available to this community. For example, home gardening was sporadically encouraged by Development Agents, but households had difficulty growing a variety of vegetables and fruits, such as tomatoes, carrots, bananas, and bell peppers, in their particular area. Advice to purchase animal-source protein, fruits, and vegetables went largely unheeded, as these were considered too expensive or inaccessible. Households found humor in the inapplicability of the nutrition advice they had received over time, which told them to consume a variety of foods that they could not afford or access. A common refrain was that they would not need to be told to eat. Advice such as giving birth in facilities and attending antenatal care was followed when possible, but the terrain, remoteness, workload of women during pregnancy, and lack of an ambulance service to the area prevented many women from heeding this advice.

Households reported receiving inconsistent service from the HEWs, which they attributed to the difficult terrain of the area preventing the HEWs from reaching them. Since the HEWs were not making regular household visits, growth monitoring of children was generally not taking place in this area. Households remembered receiving recommendations regarding breastfeeding and complementary feeding from various sources, but these messages were not consistently delivered or reinforced.

Farmers' reactions to a local adverse event demonstrated an implicit understanding that government extension services primarily served to disseminate inputs and information. For example, several area farmers experienced an infestation of pests that decimated a particular crop. They chose not to share this information with Development Agents, assuming they would be required to purchase, on credit, pesticide that would be unlikely to work due to the severity of the infestation and scarce rains.

They anticipated losing the crop regardless of the application of pesticide and would therefore be unable to repay the debt. Many did not think it was their place to request specific health or agricultural services from the government, suggesting when asked that they would be happy to receive what the government decided to provide.

4.1.4 Discussion

The first aim of this paper was to identify mid-level actors and describe their operating environments in the context of nutrition-sensitive programming. Several implications for nutrition-sensitive programming can be derived from the findings for this aim. Broadly, implementation does not occur in a political vacuum (Storeng and Mishra, 2014). Nutrition actors, especially donors and NGO partners, need to consider country-level advantages and constraints when developing or researching nutrition agendas. In Ethiopia, international and high-level domestic actors with an interest in nutrition can leverage the significant momentum and reach of the government to strengthen implementation of existing service delivery platforms. Our results are consistent with those of others that showed the tendency of top-down governance to foster weak multilevel communication, multisectoral collaboration, and “bottom-up” planning and participation. For example, a distinct contrast emerged between the extensive ground-level knowledge of program officers and the lack of a “bottom up” feedback mechanism to communicate this knowledge to high-level program planners (Snyder, 2014; Keeley and Scoones, 2000; Harrison, 2002; Chinigo 2013). Nutrition programming predicated on strong multisectoral coordination or participatory planning processes would therefore require careful planning to account for the strengths and weaknesses of existing systems and practices at and below national level.

The second aim was to describe the ways in which communities were reached and engaged with nutrition programming. Community relationships with and experiences of service provision were complex, partly defined by the limitations and risks imposed on their livelihoods and access to services by the remote and difficult terrain, and partly defined by state-society relations. In the marginal environment of the study area (and perhaps in other marginal environments), social and behavior change programming predicated on changing health behaviors that are prohibitively difficult, strenuous, or expensive to change are unlikely to take hold. In other terms, the current emphasis on “demand-side” interventions is particularly appropriate to contexts in which existing barriers to engagement with programming continue or become worse over time, such as the environment and poverty-related constraints discussed here. Households suggested livelihood support, environmental rehabilitation, flexible microfinance options, subsidized education programs, and infrastructure development as the most transformative programming given their current conditions, which agrees with recent research on the determinants of undernutrition in Ethiopia (Hirvonen, Hoddinott, Minten, & Stifel, 2016; Stifel and Minten, 2015).

Regarding state-society relations, communities were engaged in government initiatives in a variety of ways, although systems were typically geared towards information dissemination and did not feature a strong participatory component (Maes, 2015; Planel, 2014; Lavers, 2013; Berhanu and Poulton, 2014; Snyder et al., 2014). Households’ unwillingness to request specific services, and their insistence that it is the government who should determine programming, speaks to Ethiopia’s history of using service provision and community engagement as a tool of political mobilization and

influence (Emmenegger, 2016; Lavers, 2013; Berhanu and Poulton, 2014; Planel, 2014). The distinctly different perspectives regarding challenges to community engagement held by government actors versus the communities themselves highlight the challenges to participation in the context of a top-down system of governance (Lavers, 2013; Lefort, 2012; Abbink, 2009; Planel, 2014; Snyder, 2014; Emmenegger, 2016; Abbink, 2011; Chinigo, 2013, 2015). Nutrition programming that requires strong community engagement and consultative planning processes would therefore need to account for the multiple purposes of the formal networks they use to reach households and be fully aware of the assumptions underlying different stakeholders' identification of problems.

Nutrition-sensitive programming may have trouble achieving effective delivery and impact if implemented through already-overburdened multisectoral platforms. Significant investments in additional personnel, additional training for frontline workers as well as mid-level operators (to ensure adequate understanding of and commitment to addressing nutritional challenges), and additional support for day-to-day logistical functions are necessary to ensure consistent program implementation. Essential capacity constraints, including the priorities and limitations on decision-making powers of implementers, should be acknowledged clearly and early in discussions of scaling up or mainstreaming nutrition. Awareness of capacity constraints and specific modes of governance in each country may help to prevent investment in un-implementable or aspirational solutions, and help to ensure the development of truly "SMART" strategies (specific, measurable, achievable, relevant, and time-bound) (Fanzo et al., 2016).

This study is innovative for its multi-sited sampling strategy, which provided a view of the implementation processes from multiple perspectives in the context,

especially from the perspective of mid-level actors. The study's geographical scope was limited. Future research is needed on other regions and communities in a variety of climactic zones to gain a richer understanding of the service provision landscape and how it might depend upon context.

4.1.5 Conclusion

This research yielded several implications for future planning processes and research around implementing nutrition agendas. First, nutrition agendas and implementation processes are embedded within political and economic processes and should be developed and studied in context. Domestic and international nutrition communities need to consider a country's mode of governance in order to determine paths to scale up nutrition, take advantage of strengths, and account for weaknesses that may affect negotiations within and between international, national, and subnational actors and communities. Second, capacities of existing multisectoral service delivery platforms and the factors that determine them will have important implications for the effective integration of nutrition programming. Third, mid-level, implementing actors are subject to complex constraints originating from both systemic factors and day-to-day resource constraints. Fourth, in engaging with multisectoral nutrition programming, communities will face many of the existing poverty and environment-related constraints that limit their engagement with ongoing health, social protection, and agriculture programming. Fifth, the factors that shape state-society relations will also shape the possibilities for the creation of demand-driven nutrition services.

This study of mid-level actors and their operating environment previously “missing” from the nutrition literature lends further understanding of the people and

processes that are necessary for generating improvements in nutrition in communities. The study of mid-level actors in their environments provides an important window into overarching political and economic processes that may not be visible from other vantage points. Knowing where, how, if, and when to intervene requires a nuanced understanding of place. There is a need to conduct place-based operational research, particularly around mid-level actors and their operating environments, to continue to build understandings of how to deliver services to those in need.

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4.2 Nutrition-sensitive programming and the ideological and operational forces that constrain its realization²

Abstract

We build upon recent work in critical nutrition studies that suggests that the reductive, depoliticized framing of nutrition that currently dominates research and practice actively shuts out conversations on how to meaningfully address the underlying determinants of undernutrition. In this manuscript, we address the theoretical and ideological dimensions that are missed by this reductive focus despite the opportunity to expand current modes of thought and practice by the concept of nutrition sensitivity. These dimensions are outlined in three parts. We present a theoretical framework that synthesizes critique of nutrition, global health, and development and applies it to understand current approaches to nutrition sensitive policy and programming, identify the influences of nutritionism and neoliberal rationality within key national strategic frameworks and events surrounding the nutrition-sensitization of Ethiopia's Productive Safety Net Program, and discuss how the concepts of measurement and accountability anchor and work to perpetuate some of the insidious features of nutritionism and neoliberal rationality in global practice. In the concluding section, we review the constraining aspects of current paradigms and offer considerations for the direction of

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nutrition as a field. Our goal is to provide a roadmap for how nutrition actors can incorporate reflexivity into nutrition research and practice by drawing upon interdisciplinary critique, which may broaden the scope of current paradigms and modes of practice as well as open new avenues of inquiry. This manuscript is targeted to researchers, donors, and practitioners engaging with the complexities of implementing nutrition ideas in “real world” settings.

4.2.1 Introduction

When nutrition emerged as a field of study independent from and broader than biology and medical science in the 1960’s, it struggled to gain recognition and garner significant global momentum (Kimura, 2013). Arguably what catapulted it over the edge was the epidemiological demonstration that undernutrition directly causes a large portion of child deaths (Pelletier, Frongillo, & Habicht, 1993; 1995; Sommer et al., 1986; Victora et al., 2003; Black et al., 2003; Jones et al., 2003), the explicit economic framing deployed in the World Bank (2006) repositioning statement on nutrition, the Copenhagen Consensus of economists in 2008 and afterwards, and the 2008 and 2013 Lancet series’ on maternal and child nutrition (Bhutta et al., 2008; 2013; Black et al., 2008; 2013; Victora et al., 2008; Bryce et al., 2008; Ruel et al., 2013; Gillespie et al., 2013; Horton and Steckel, 2013). The enormous influence of both the 2008 and 2013 Lancet series’ in particular signaled a decisive turn in the decades-long struggle to draw attention to the causes and impacts of malnutrition. The introduction of the easily-digestible concepts of “nutrition-specific” and “nutrition-sensitive” interventions and their quick acceptance among governments and communities of practice also signaled a willingness to address nutrition as a whole—to scale up the proven interventions to address the immediate

causes of undernutrition as well as consider ways to address the more structural or “underlying” factors that foster undernutrition via nutrition-sensitive interventions, in particular food insecurity, access to care, poverty, and environmental factors that affect sanitation and hygiene (Ruel et al., 2013). Nutrition-sensitive strategies seek to harness resources and platforms within non-health sectors to address the underlying determinants. Nutrition-sensitivity is conceived of as a complement to nutrition-specific interventions, which address the immediate determinants of nutrition, including “adequate food and nutrient intake, feeding, caregiving and parenting practices, and low burden of infectious diseases” (Ruel et al., 2013).

Nutrition sensitivity’s explicit acknowledgment of the need to address the underlying determinants reaffirms the frequently muffled political dimension of nutrition—that certain groups have poor nutrition outcomes because of systemic disadvantages. This is evident in the utilization of sectoral platforms that address the needs of vulnerable groups, including social protection programs, agriculture livelihood and extension programs, and rural health extension services, to also (ideally) deliver nutrition interventions in a targeted manner. Nutrition sensitivity resonates with the social determinants of health perspective, which seeks to draw attention to the structural factors that foster poor health outcomes, as opposed to the narrower technical focus on the bodies and inadequate behaviors of individuals frequently deployed in global public health (Sullivan, 2011; Storeng and Behague, 2017; Behague et al., 2009; Adams, 2016; Biehl and Petryna, 2013).

Nutrition actors acknowledge that evenly blanketing a population with nutrition specific interventions is unlikely to make significant improvements in nutrition outcomes

at a population level (Pelto, 2003; Victora, Habicht, & Bryce, 2004; Pelletier et al., 2011). Despite the potential inherent in nutrition sensitivity to broaden the scope of the conversation to seriously address the underlying determinants, nutrition and, we argue, nutrition-sensitive, efforts to date have largely focused on single factors and/or at the individual behavioral level (Kimura, 2013; Yates-Doerr, 2015; McDonell, 2015; Subramanian, Mejia-Guevara, & Krishna, 2016). Nutrition actors must turn their attention to understanding why a shift in thinking has not translated into practice, which calls for a reflexive examination of the legacy paradigms within nutrition, and the processes at the interface of nutrition and development, that both dominate and constrain the realization of nutrition goals.

Of particular value to nutrition actors undertaking this endeavor is the body of work critiquing an ideology within the field of nutrition dubbed “nutritionism.” Nutritionism fosters the tendency to reduce the complexity of obtaining and consuming food to simple intakes and outputs, and reduce food—the relational processes of purchasing, preparing, and consuming food—to various micro- and macronutrients (Scrinis, 2008; Biltekoff et al., 2014). Nutritionism in efforts to address undernutrition in low-income country settings promotes reductive, instrumentalist views of populations that bypass questions of agency and solutions that speak to the social determinants of health, structural inequalities, or participatory modes of operating (Kimura, 2013; Patel, Bezner-Kerr, Shumba, & Dakishoni, 2015; Yates-Doerr, 2015; McDonell, 2015). The body of work critiquing nutritionism does not dispute the importance of key nutrition interventions, but that the narrow focus fostered by nutritionism actively excludes

discussions that might begin to address the questions of why poor nutrition happens and what can be done at the structural level to prevent it (Biltekoff, 2013).

Nutritionism constrains realization of nutrition outcomes internal to the field of nutrition (Scrinis, 2008; Biltekoff, 2014; Yates-Doer, 2015; McDonell, 2015; Kimura, 2013), but there are other forces with which nutrition ideas and programming interact that also work to limit their realization (Guthman, 2006; LeBesco, 2011). Within critique of both global health and development at large, scholars have identified key aspects of neoliberalism as problematic to achieving equitable human development (O’Laughlin, 2016; Gideon and Porter, 2016; Roalkvam and McNeill, 2016; Pfeiffer and Chapman, 2010). Neoliberal rationality has several characteristic working assumptions with identifiable effects on the influential institutions of global development (Schrecker, 2016; Storeng and Behague, 2014; Birn, 2014); of particular relevance to the work presented here is the powerful personal responsibility narrative that pervades development discourse, policy, and programming. Within critique of neoliberal influences on health and development, scholars suggest that narratives of personal responsibility come to dominate development theory and resultant programming to the detriment of framings that attribute more importance to or emphasis on structural or systemic factors, similar to the effect of nutritionism but occurring at a broader scale (Adams, 2016; Biehl and Petryna, 2013; Ayo, 2012; Kimura, 2013; McDonell, 2015).

Personal responsibility narratives have a depoliticizing effect on problem framings in a wide range of global health initiatives, including health promotion and nutrition efforts (Kimura, 2013; Ayo, 2012; Yates-Doerr, 2015; Guthman et al., 2014; Gideon and Porter, 2016; Rotarou and Sakellariou, 2017). That is, health-related issues in

global settings are often scrubbed of their political connotations. Politicized framings would call for solutions that speak to structural violence and lessen inequities among particular groups of people that impact access to food, services, and safe environments, such as redistributive schemes and participatory modes of development. Challenges in global health are often instead framed as technical issues suitable for intervention, particularly the single-factor, magic-bullet interventions that are, importantly, measurable, and focus on individuals largely divorced of their context (Storeng and Behague, 2014; Behague et al., 2009; Adams, 2016). The complementarity between the personal responsibility narrative of neoliberalism and nutritionism is apparent—both work to situate programmatic and policy focus at the individual level, displacing the majority of the responsibility for health and wellbeing onto the individual rather than the state. The programming that results from these ideologies is largely single-factor or aimed at individual behavior, missing the chance to meaningfully address the underlying determinants.

We build upon recent work in critical nutrition studies that suggests that the reductive, depoliticized framing of nutrition that currently dominates research and practice actively shuts out conversations on how to meaningfully address the underlying determinants of undernutrition. Given the opportunity to shift the conversation that nutrition sensitivity presents, how do we move beyond these constraints? The aim of this paper is to address this question by identifying the ideological and operational factors that negatively impact the realization of nutrition-sensitive programming and, by extension, nutrition outcomes overall. We address this aim in three parts. The theoretical framework presented in section 4.2.2 synthesizes critique of nutrition, global health, and

development and applies it to understand current approaches to nutrition sensitive policy and programming. In section 4.2.3, we identify the influences of nutritionism and personal responsibility narratives within national strategic frameworks in Ethiopia. We draw upon interview data with international donors and development practitioners to illustrate the tensions of operationalizing nutritionism-inflected strategy and programming within broader development programming already influenced by neoliberalism's personal responsibility narrative. In section 4.2.4, we use interview data and literature to show how the concepts of measurement and accountability anchor and work to perpetuate nutritionism and personal responsibility narratives. In the concluding section, we review the constraining aspects of current paradigms and offer considerations for the direction of nutrition as a field. Our goal is to provide a roadmap for how nutrition actors can incorporate reflexivity into nutrition research and practice by drawing upon interdisciplinary critique, which may broaden the scope of current paradigms and modes of practice as well as open new avenues of inquiry. This manuscript is targeted to researchers, donors, and practitioners engaging with the complexities of implementing nutrition ideas in "real world" settings.

This paper draws upon exploratory and inductive research conducted in Ethiopia between June 2014 and March 2017. The lead author conducted 25 semi-structured key informant interviews with international stakeholders (including donors, technical partners, and non-governmental implementing partners) during the process of sensitizing the PSNP to nutrition and attended several high-level forums on nutrition. Much of this work took place during the lead up to and immediate aftermath of the 2015 national elections. The work also coincided with the worst drought since the famine of 1983-84,

which took its toll from late 2015 through 2016. Ethnic tensions were also rising and led to widespread protests and violence across the regions of Oromia and Amhara. In response, the federal government declared a state of emergency stretching from the end of 2016 through early 2017. The political climate, already known to be sensitive, became increasingly so over the course of this fieldwork, therefore access to federal stakeholders, while desirable for the purposes of this research, was limited. We drew upon several key strategic frameworks to provide insight on country-level priorities and discourses, as others have used to help represent federal perspectives (Lefort, 2012; Berhanu and Poulton, 2014; Abbink, 2009; 2011; Planel, 2014). These frameworks include Ethiopia's Growth and Transformation Plan, the overarching strategic framework for the Ethiopia's economic development, the National Nutrition Program, which outlines the government's goals for nutrition and plans and targets for multisectoral nutrition programming, and the Productive Safety Net Program, the first major national program to become sensitized to nutrition. We used the constant comparative method in the analysis.

4.2.2 Theoretical framework

Depoliticizing nutrition

Undernutrition is a visceral and visible manifestation of inequality, yet is typically addressed as a behavioral and clinical issue at the individual level. Widespread and longstanding acknowledgement of the social determinants of health among health and nutrition researchers does not seem to be able to budge this programmatic focus, nor does the more recent introduction of the concept of nutrition sensitivity. Nutrition actors must turn their attention to why this has been the case—and what role nutrition as a field

should take on to mediate a possible transition towards a more encompassing approach to improving nutrition outcomes.

Undernutrition is a charismatic condition—few, if any, conditions so visibly embody inequality, though the political connotation of inequality is often scrubbed from messaging and appeals around nutrition. For example, images of undernourished children (particularly those who are stunted or wasted) are some of the most powerful tools to garner attention and resources in development—think acutely malnourished children in famine conditions. But the context of acute malnourishment is crisis, often a disaster or refugee situation where there is limited medium or long-term planning involved. The more insidious and widespread forms of undernutrition occur over longer periods of time and not necessarily in emergency situations, resulting instead from chronic vulnerability leading to food insecurity, environmental risk factors, and lack of resources and knowledge on infant and young child care and feeding.

Despite the necessity of addressing food insecurity and environmental risk factors, the lion's share of resources for nutrition-sensitive programming have been directed to the immediate behavioral aspects of undernutrition, particularly maternal IYCF practices (Subramanian, Mejia-Guevara, & Krishna, 2016; Pentecost, 2016). This programmatic focus reveals assumptions within the field of nutrition as well as of paradigmatic aspects of development at large, with which nutrition is now at play: the belief that behavior can be addressed independent of context, and that undernutrition is primarily an issue of personal responsibility. These assumptions are particularly stark and compelling in the context of undernutrition. As Sen noted over 30 years ago, famine—hunger—is caused by politics, not drought (Sen, 1981).

The “sovereign human body” frequently placed at the center of nutrition research and programming—that is, a body viewed as the sum of its biological processes and components and divorced from its context—is a myth of neoliberal rationality (Guthman et al., 2014). Bodies and their conditions do not exist outside of time or place; moreover the conditions of bodies are the end result of social, political, and ecological processes often well outside of the control of the individual, particularly in contexts of scarcity or chronic vulnerability. The central assumption of nutrition research, policy, and programming dedicated to stunting reduction—that the body is both the problem and the solution and highly modifiable—leads to programming predicated on the idea that the most simple and direct way to impact nutritional outcomes for women and children is to urge women in contexts of scarcity to change their behavior—one of the most complex endeavors possible (Guthman et al., 2014; Ayo, 2012). A strong indication of the reach of neoliberal rationality is that the majority of the blame and responsibility for poor nutritional status gets displaced onto the individual when so little of the decision-making process around obtaining an adequate diet, let alone choices around safe living conditions or access to services and resources (in addition to the decisions around how their choices and challenges are characterized by governments, scientists, and other experts), is carried out by the individual, particularly those most vulnerable to poor nutrition (i.e., politically and socially disempowered, economically disadvantaged, environmentally marginalized). The depoliticizing effect of the personal responsibility narrative is insidious enough to effectively subvert the social determinants orientation of nutrition sensitivity to a mission to promote behavior-based solutions, bracketing individual behavior as the most feasible

and cost-effective factor on which to intervene out of the broader questions of structure and agency made visible, if not explicit, within the nutrition-sensitivity framework.

To depoliticize an initiative is to decontextualize—stripping away the political connotations and rendering a given issue into a technical problem suitable for targeted, typically single-factor approaches. Visibility is a quality intrinsic to nutrition that predisposes the field to depoliticization, both from within (nutritionism) and without (neoliberalism) (Kimura, 2013). Current framings suggest a dichotomy of visible and invisible hunger—either starkly apparent in stunted or wasted bodies of children or, equally alarming, “hidden” in the form of micronutrient deficiencies. In either case, the framings around the need to address nutrition are reinforced by nutrition’s conflation with crisis—undernutrition both as a product of crisis and in the sense that undernutrition in itself is a crisis, i.e., that the effects, predominantly stunting, are largely irreversible beyond the age of two and are thereafter inscribed on the body and in subsequent generations with dire consequences for economic growth (McDonell, 2015).

The visibility of undernutrition and its aura of crisis are influential in terms of the types of solutions developed. The blunt, immediate, and mute appeal of the visibly malnourished lends itself to solutions that focus disproportionately on the charismatic source—the bodies of mothers and their perceived control over the first 1000 days of a child’s life. In this estimation, women are reduced to their reproductive functions and their assumed role as primary caregivers to infants and young children (Pentecost, 2016). Framing stunting reduction as a challenge to be met during the “first 1000 days” of life is deft branding for the purposes of garnering momentum and resources, but contexts of care in this framing are oversimplified and the conditions that foster malnutrition well

before and after this particular window in time are stripped away. Though the original intent of the nutrition movement was and is to draw attention to nutrition across the life course, the emotional and moral resonance of placing babies (foremost) and mothers (secondarily) at the center of the stunting prevention equation combined with the powerful weight of framing stunting as an economic crisis all but ensures that country-level attention spans for nutrition end at the point in time it is no longer physiologically possible to prevent stunting (i.e., once the child is older than 2).

Nutrition sensitivity in context

In practice, the theoretical boundaries of depoliticizing processes are blurred, and attributing causality to a single tenet of neoliberal rationality or nutritionism would be misleading—“real worlds” are messy. In the search for a cogent conceptual framework, disciplinary boundaries are similarly fuzzy—from a review of the different fields that concern themselves with critical area studies, one cannot distinctly identify instances of healthism, nutritionism, biomedicalization, responsabilization, or problematization. Critique outside of the field of nutrition is a rich resource for imagining alternatives to current modes of operating, but the point of this paper is to demonstrate how critique might form the basis of reflexivity in the field, not offer a hard and fast checklist of barriers and facilitators. But for the sake of conceptual clarity in this paper, we offer a roadmap of nutrition sensitivity’s ideological and operational dimensions in relation to neoliberal critique.

Nutrition sensitivity occupies a liminal space between food security—designated as a concern of the agriculture sector within international development communities when conceived of as a function of subsistence production—and health, an interesting

clash with ethical implications for how the question of accountability is approached. There are two main arms of nutrition sensitivity at this point. The first falls more firmly in line with food security initiatives and typically manifests as value-added approaches, including agriculture and private-sector initiatives that revolve around biofortification, fortification of staple foods, promotion of fruit and vegetable production via home or school gardens, value chain approaches for nutrient-dense products such as animal source foods, and in some cases, intensified production of “miracle foods,” such as quinoa, sorghum, or chickpeas (Kimura, 2013; McDonnell, 2015). Much of the existing nutritionism critique concerns the outsized, reductive focus on individual nutrients and neoliberalized valorization of market-based and private sector solutions displayed by these types of approaches (Biltekoff et al., 2014; Clapp and Scrinis, 2017; Patel, Bezner-Kerr, Shumba, & Dakishoni 2015; Sathyamala, 2016).

The other form of nutrition sensitivity has more overlap with the health sector. It concerns behavioral interventions on topics such as antenatal care, sanitation and hygiene, dietary intake, and infant and young child feeding practices (with the goal of getting people to adopt beneficial practices). In Ethiopia’s national strategic framework for nutrition, this latter category of initiatives is typically planned through Behavior Change Communication (BCC) interventions that can be delivered through service delivery platforms within as well as outside of health, including through education, health and agricultural extension services, and social protection programs. These are not quite nutrition-specific interventions delivered through non-health platforms (which is one form of nutrition sensitivity described in Ruel et al. (2013)); they are efforts ostensibly

targeting underlying determinants largely through individual behavior, which is in itself a telling interpretation of the purpose of nutrition-sensitive interventions.

As mentioned above, much of the critique of nutritionism in addressing undernutrition in global settings touches on the first arm, taking up the issues with capitalistic, structural adjustment, and market-oriented approaches vis-à-vis addressing undernutrition among vulnerable populations. These issues have been thoroughly discussed by Patel, Bezner-Kerr, Shumba, & Dakishoni (2015), Sathyamala (2016), Kimura (2013), and McDonell (2015), so we can make a distinct contribution to the critique of nutritionism by focusing on the “why” and “how” of behavior-change oriented nutrition-sensitive programming, which necessitates a look into critique of neoliberal rationality—particularly the influence of personal responsibility narratives—in global health.

Body-powered economies

Nutritionism’s effects within the field of nutrition are similar to the effects of neoliberalism’s personal responsibility narrative within many other global health initiatives, termed ‘biomedicalization’ in critical global health literature (Guthman et al., 2014). In this paper, we discuss the nutrition-sensitive efforts in Ethiopia more in light of this body of critique—critique which draws attention to the reductive and instrumental focus on bodies—than the critique of neoliberal, capitalistic development and structural adjustment that applies readily to the agriculture or private sector-based nutrition-sensitive interventions. Nevertheless, there are aspects of the capitalistic critique relevant to the behavior change-oriented nutrition-sensitive programming discussed here,

necessarily brought to the fore because of the explicit economized framing applied to stunting reduction.

The 2013 Lancet series explicitly framed stunting as an economic issue, providing an estimate of the losses to gross domestic product (GDP) due to stunting (Bhutta et al., 2013). The selling of nutrition to economists and their acceptance of the importance of nutrition was seen as a way to gain the attention of political actors. While the economic framing was influential (and not necessarily mutually exclusive with advocating for social determinants, redistributive, primary healthcare, or social justice-oriented efforts), there are trade-offs to be made in further solidifying longstanding neoliberal treatment of bodies as “market factors” (Adams, 2016). Gaining the attention of political actors is not the same as politicizing an issue. The explicit economic framing aligns more with the depoliticizing tendencies of development practice. For example, the recommendations in the Lancet series focus largely on garnering resources and political momentum for the scale-up of proven, primarily single-factor, interventions as opposed to redistributive schemes that might address poverty. Little mention is made of undernutrition as a manifestation of inequality. The economic framing circles back around to overly technical and reductive problem framings with cost effectiveness being the driving principle, rather than human wellbeing.

Where applying an explicitly politicized framing to nutrition would be contentious, economizing the issue can lend it momentum—stunting as a form of undernutrition is an economic crisis and must be addressed—but also bypass issues of inequality, poverty, and the systemic factors that foster and perpetuate these conditions without attempting to question or challenge them (Pentecost, 2016; Fassin, 2013).

Feasibility is framed in terms of cost-effectiveness, because relatively low-cost nutrition inputs can theoretically produce almost miraculous economic gains (Bhutta et al., 2008; 2013). Interventions designed with the cost-effectiveness principle in mind will focus on what is perceived to be most modifiable or that which can be considered “low-hanging fruit” and “quick wins:” individual behaviors and the types of services (to a certain extent) and information they receive (Behague et al., 2009; Fukuda-Parr and Orr, 2014). The principle of cost effectiveness has deep roots in neoliberal ideology and will rarely, if ever, allow significant restructuring of systems as a more politicized framing would demand (Storeng and Behague, 2017; Fukuda-Parr, 2016; Pfeiffer and Chapmap, 2010). That is, a politicized framing of undernutrition would interrogate the structures and systems that foster the inequality and vulnerability that leads to undernutrition, whereas an economic framing places bodies at the starting point of an equation that leads to improved economic outcomes on a large scale. Framing the nutrition issue as primarily an economic issue situates economic growth as the end goal, rather than better health and improved wellbeing—helping to explain the fixation on stunting reduction and the first 1000 days as opposed to, for example, improving primary health care systems overall.

4.2.3 Nutritionism and personal responsibility in strategic frameworks

It is conceptually straightforward to construct social determinants of health and neoliberal rationality as inherently at odds with each other but this is not a useful dynamic to develop or probe, especially if the inquiry does not move beyond critique at the macro level. Economized problem framings and social determinants approaches are not necessarily mutually exclusive. The more valuable construction is to note the ideological contradictions and dissonances and ask why programming persists in specific

ways despite awareness of nuance and complexity within issues of global health (O’Laughlin, 2016). We consider the “roots of perspective,” and the fallout and subsequent configurations. In Ethiopia’s strategy and programming, the various forces considered at the root—the personal responsibility narratives of neoliberal rationality and nutritionism in particular—are presented in light of the outcome—misleading metrics that belie the ideological goals and frameworks laid out in the very same documents.

Nutritionism reduces complex relationships with food and eating, as well as the highly fraught endeavor of obtaining adequate and nutritious foods, to the simple provision and consumption of specific nutrients and energy intake in the pursuit of health (Scrinis, 2008; Yates-Doerr, 2015). Nutritionism divorces the condition of malnutrition from the context in which it is fostered, effectively depoliticizing the issues of access, availability, and utilization, rendering complex situations suitable for technical fixes. This perspective encourages a strong focus on the behaviors of individuals (Kimura, 2013). Kimura (2013) and Patel, Bezner-Kerr, Shumba, & Dakishoni (2015) have provided particularly compelling examples of nutritionism in the promotion of nutrition-sensitive agricultural interventions and in the disproportionate focus on charismatic nutrients, with a history ranging from the protein focus of the 1960’s and onwards through several “magic bullets.” Both authors observed the depoliticizing effect of nutritionism, with the effect of diverting attention away from structural determinants and maintaining the focus at the individual level.

In this section, we draw examples from two country-level strategic documents—the Cost of Hunger Report (UNECA and WFP, 2012) and Ethiopia’s revised National Nutrition Program (2013-2015) (FMOH, 2013) and interview data concerning the

sensitization of Ethiopia's Productive Safety Net Program (PSNP) to nutrition to illustrate how the framings derived from nutritionism ideology circumvent discussions of the underlying political nature of the issues they address.

Cost of Hunger Report (2012)

“Undernourished children have a higher risk of dying compared to children who are not underweight...The model estimates that the estimated 3.2 million working age people [who are dead due to malnutrition] that would be part of the economy in 2009 could have increased national productivity in excess of 4.8 billion working hours. Considering the productive levels of the population, by their age and sector of labor, the model estimates that the economic losses of the working hours due to mortality is ETB 40 billion, which represents 11.9% of the country's GDP for 2009.”

The first page of the Cost of Hunger summary report, likely the version seen by most policy makers and other decision-makers, as compared with the full, 68 page report also in circulation, features the page-length color photo of a young child, secretions crusted around the nose, gazing wearily into the distance as his or her mid-upper arm circumference is taken by someone out of the field of the camera's vision. Superimposed over this evocative image is the quote, “When a child is undernourished, the negative consequences follow that child for his/her entire life. These negative consequences also have grave effects on the economies where s/he lives, learns, and works,” which launches—after the use of “cost” in the title, of course—the thesis of the writers of this report: nutrition ought to be addressed primarily because of its economic consequences, which are believed to be severe (Bhutta et al., 2013; Horton and Steckel, 2013). The majority of the remainder of the report is illustrated with page-length color photos of

impoverished-looking children and figures starkly summing human lives, their loss, and their impairment, largely as follows: “Moreover, the population lost in a country due to child mortality hinders economic growth, as they could have been healthy productive members of society.”

Another quote, this time over a girl of about 7 with a shaved head in a ragged and filthy dress standing amongst half-grown corn plants and squinting dubiously at the person taking the photo, reads: “Theory indicates that when a child is stunted, this will impact them when they enter the labour force. On the whole, stunted workers are less productive than non-stunted workers, and are less able to contribute to the national economy.” The girl in the image is to be perceived as compromised, sub-par, and diminished—an inadequate citizen who will not escape poverty. The majority of the images in this report associate these living, unnamed children, who as depicted in the photos are sullen, tired, ill, thin, and potentially already stunted, with the consequences of malnutrition—seemingly inadequate bodies equated to economic failure—not the potential of addressing nutrition.

This report was part of a series of reports released on countries with high burdens of undernutrition. It was launched in tandem with the revised National Nutrition Program (discussed below). The near exclusive economic framing was persuasive for target audiences, but came with limitations and ethical implications. The monetization of bodies—children’s stunted bodies in particular—has a limiting effect on the types of solutions imagined. The Report’s immediate and sustained focus on the body itself as the problem and solution gives way to little mention of the context in which malnutrition is fostered. As Kimura (2013) and others pointed out in other settings, framings of

undernutrition encourage a sharp focus on the immediate: bodies and specific nutrients. In the Cost of Hunger report, the conflation of the condition of undernutrition with stunted economies—particularly through depicting living children as the potentially future-less products of existent poverty —forwards a specific solution: deliver nutrients to bodies to prevent further stunting. This message may have the effect of precluding discussions around addressing the structural conditions that must be present to foster wellbeing. In the case of this report, the solutions imagined are almost all focused at the individual level and are aimed at stunting prevention. While briefly noting that ongoing programming for those already affected by undernutrition is necessary, the Report recommends market-based solutions oriented around single micro or macronutrients; narrow, technical interventions also with a strong single nutrient approach; and nutrition-specific interventions aimed at the individual level (complementary feeding, targeting adolescents as pre-mothers of future stunted babies, “awareness,” and antenatal care utilization).

The Minister of Health noted in the forward in this document that the evidence presented within justified nearly any type of nutrition intervention—at worst, such interventions would not harm and at best, they could facilitate Ethiopia’s development into a middle-income country by 2025. There are potentially significant unknowns—political and social—presented by the particular framing used in this report, however. For example, one quote notes that 67% of the current working population, or around 27 million people, were stunted as children. No further context is provided with this statement, but the implications are clear in the context of the report, which details the physical and cognitive deficiencies of those who are stunted. This statement calls into

question the capabilities of more than half of the adult working population, or around 27 million people, with reference to an ill-defined scale of mental and physical performance. This framing is troubling, particularly in light of the state's history of constructing of rural farmers as a mute, dependent, "backward" peasant population in need of strong state guidance and intervention (Planel, 2014; Chinigo, 2013; Lavers, 2013, Maes et al., 2015, Berhanu and Poulton, 2014; Emmenegger, 2016).

Growth and Transformation Plan I

To provide some context for the National Nutrition Program (NNP) and Productive Safety Net Program (PSNP) discussed below, we first summarize Ethiopia's Growth and Transformation Plan, which lays out the overall strategy for development under which strategies such as the NNP and the PSNP fall. It also reveals development goals and their underlying assumptions (GoE, 2010).

Ethiopia's first Growth and Transformation Plan (2010-2015) laid out its assumptions and motivations around economic development and aligned with the Millennium Development Goals. Industrialization through agricultural development, the ruling party's longstanding strategy, was the primary focus of this document. The document laid out the government's goal of becoming a middle-income country by 2025, and touted their consistently high GDP growth rates over the past decade as evidence of this upward trajectory. The document revealed the working assumption of much of the current regime's tenure that improvements in food security would result indirectly from increases in crop production; the indicators associated with food security were percentage increases in all categories of crop production. The second mention of food security was as the output to the goal of reducing the number of households living below the poverty

line. The indicators for this goal were simply the number of households in the PSNP, the resettlement program, those receiving credit, and, importantly, the number of households graduated from the PSNP. The health sector development goals primarily focused on achieving better primary care services and related outcomes, especially for antenatal care, HIV, and tuberculosis. This document was not developed with strong nutrition goals in mind; the assumption that better nutrition is concomitant with improved food security is implicit in that nutrition-related goals were vaguely worded and limited. Of the three, one goal simply said “ensure implementation of child nutrition strategy” with “reduced child malnutrition problem” as the output, and indicators were yearly reductions in levels of stunting and wasting. The second goal was to increase salt iodization, but featured no anthropometric indicators, and the third was to improve environmental sanitation, with the proportion of households using latrines as the indicator.

Revised National Nutrition Program (2013-2015)

The revised National Nutrition Program (NNP), originally covering 2008-2013, was extended in 2013 to cover the additional two years until the 2015 deadline for the Millennium Development Goals as well as align with the targets in the GTP, which was also set to end in 2015 (FMOH, 2013). The revised NNP aligned more closely with the MDG’s and outlined activities—both specific and sensitive—that would speak to meeting those targets. Ethiopia’s approach to nutrition in this document draws explicitly the Lancet 2008 and 2013 series on maternal and child nutrition (FMOH, 2013).

The NNP describes a “nutrition poverty trap” that is a product of “food insecurity and malnutrition in women of reproductive age and adolescents compounded by gender discrimination.” The results of the poverty trap are “manifest[ed] as stillbirths,

miscarriages, low birth weight, growth failure, increased risk of maternal and neonatal mortality, impaired cognitive development, suboptimal productivity in adults and reduced economic growth for the nation.” The leap from bodily indicators to macroeconomic issues is abrupt, suggesting that the premise for addressing undernutrition is, as laid out in this document, the nearly unmediated link between a population’s nutrition status and a country’s economic growth. Adolescent girls are singled out in the next line of the strategy as the source of the cyclical poverty trap, and the solution. “This cycle must be broken, and it all begins with the mother, or, rather, with adolescent girls.” The strategy notes that it is “essential” to “ensure that adolescent girls are themselves nutritionally fit to become mothers,” redirecting the attention away, for the moment, from the underlying causes of food insecurity and gender discrimination to the bodies of girls. In this line of reasoning, it is their bodies that perpetuate the cycle of undernutrition, and that which demands the most immediate and significant intervention. The next lines of the strategy assert that “the government’s efforts to address undernutrition will be strengthened through the “Lifecycle Approach”” —a title that invokes the concept of the life course approach—that, somewhat paradoxically, emphasizes only “the first 1000 days of a child’s life.” The strategy here loses clarity and suggests that the “critical window of opportunity” presented within the first 1000 days of life also encompasses vulnerability to inadequate access to health services, poor feeding practices, and poor care for both pregnant women and adolescent girls. It then states that the targets of the strategy are “adolescent girls, pregnant women, infants 0-6 months old, and infants and young children 6-24 months old” as windows of opportunity. In this context, presumably the “Lifecycle Approach” relates primarily to a woman’s biological reproductive cycle.

Gender is a defining theme of this strategy. The strategy’s logic rests on the idea that “gender inequalities can be both a cause and an effect of hunger and malnutrition.” The strategy then asserts that improvements in women’s nutritional status will lead to improvements in gender inequalities. A later section that expands on gender and nutrition situates gender inequality as a problem at the household or, at most, the community level, suggesting that these are the levels at which it should be addressed. Women’s disproportionately high workload is attributed to a cultural devaluation of women, along with “harmful traditional practices.” The problems women face are discussed only as issues of behaviors—the strategy largely focuses on women and generalized discrimination they face in their immediate surroundings. The strategy extracts women from their families, communities, and historical, geographic, and political settings. It offers no discussion of women’s dynamic roles or agency within a community or household or the more systemic and overarching factors that shape the landscape of poverty or vulnerability in a given setting.

The first two of the five strategic objectives focus on women of reproductive age and children under 5 years of age. The initiatives for the remaining Strategic Objectives are themselves quite broad and focus on improving service delivery, quality, and coverage across multiple sectors, but the indicators listed in the document’s Accountability and Results Matrix are narrow in their scope. Indicators rarely attempt to measure processes, service delivery, funding or resource mobilization and commitments, quality of services, or impact of specific programs. The majority of the indicators simply measure outputs such as proportions of facilities offering specific programs, numbers of promotional materials developed, and proportions of staff trained in a given area or at a

given institution. This is not the type of evaluative framework that can be used to improve systems and programs or offer insight into the good, the bad, and the why of nutrition service delivery. This framework responds to relatively narrow—and ultimately opaque and unaccountable— notions of “accountability” and “results.” One technical partner’s experience in working with the government on nutrition issues echoed this interpretation: “I think in that way Ethiopia’s a bit frustrating to me because I feel like the government wants—there’s a lot of good will and they’re very interested in [addressing nutrition] but they’re not that interested in learning about what’s worked, what’s not worked, and then improving on it...” (Interview with technical partner, 2015).

I argue that attempts at the realization of nutrition goals are limited by the drive toward stunting reduction as a necessity for economic development—it is an oversimplification and obfuscation of the deeply complex processes and relationships that stand between a girl’s body and a country’s GDP. But in a country strategy widely hailed as a positive example of commitment to nutrition, this relationship is painted as a fairly simple, direct, and imminently solvable problem, even managing to reverse the more commonly held relational view of inequality and health status—that social inequality is, or at least is understood as, the starting point for health inequities. The focus on stunting reduction can itself be further unpacked through understanding that evidence and problem framings around stunting reduction are heavily inflected by nutritionism and reinforced by personal responsibility narratives in development. Stunting reduction, from international discourse to country-level strategy, is thought to be best addressed and at its most influential when efforts are targeted to the first 1000 days. Efforts targeted to this window are thought to be most the cost-effective of nutrition investments (Bhutta et al.,

2013). The logical flow of Ethiopia's strategy was constructed so that it could not accommodate discussions of systemic inequality and poverty, a line of reasoning ultimately borne out in the choice to prioritize the bodies of women, adolescent girls, and young children and through the selection of strategic objectives with narrowly circumscribed indicators that would provide little to no information about the process of engaging with, building, or strengthening systems themselves.

The sensitization of the Productive Safety Net Program (PSNP)

The international actors interviewed for this study echoed PSNP planning and evaluation documents in characterizing the beginning of the PSNP in 2004-5 as a crucial point in the donor-government relationship as well as a turning point in Ethiopia's development trajectory when both parties came together to develop a better solution than what they described as uncoordinated emergency responses year after year. The reasoning was that a coordinated way to channel funds to support the chronically vulnerable parts of the country would be more cost-effective, and that over time the targeted support could build resilience so that the vulnerable groups could better withstand the onslaught of shocks (World Bank, 2014). As one technical assistance partner put it, "...one donor was saying, we are tired of supporting you, year in and out, one was saying. And another person from the Ethiopian government side was saying, we are also tired of asking you, tired of asking assistance year in and out. So it is with such kinds of thinking, why not we try to move from relief to development? Or why not we try to draw a line between chronic and acute food insecurity, then let's support these chronically food insecure [people] with a different package, rather than always giving them humanitarian assistance." (Interview with technical partner, 2014). The

“productive” aspect of the program was the public works component, which was used to build community infrastructure, including schools, health posts, roads, and bridges, and in some degraded areas was also used in labor-intensive environmental rehabilitation efforts.

For the first three phases, the PSNP was framed in program documents as a way of “graduating” people out of poverty, with a focus on livelihood development in addition to its role in bolstering food security during the lean season so that the cycle of asset loss was mitigated (World Bank, 2014; IFPRI evaluations). All donors and international practitioners interviewed admitted that the livelihoods component (known as the Household Asset Building Program) of the PSNP was never fully operational. Reports of “false graduations” were also known to donors—as one major donor put it: “Graduation has been influenced quite a bit on, by the current Growth and Transformation Plan. So it’s a bit of--graduation initially right now has been a bit false, I think. Just because what certain ministries were trying to do was meet the GTP--the Growth and Transformation Plan targets. So this is one thing that were trying to battle right now is not to have-- because what happened is that so many people were graduating each year in order to meet those targets and they came back a year later because they were not supposed to have graduated. It was a false graduation.” Mid-level PSNP actors—those who implement and monitor the program on a day-to-day basis—frequently described recipients as “backwards, “dependent,” and lacking in the desire to graduate from the program and thus poverty (Warren and Frongillo, 2017). Their diagnosis of “dependency syndrome” among recipients—arguably some of the most vulnerable and poorest people

in the world—along with the programmatic emphasis on the “productive” aspect of the program—suggests an acceptance of neoliberalism’s personal responsibility narrative.

Several international donors and a long-time practitioner both directly and indirectly involved in the PSNP in its first three phases assumed that the program would have a positive impact on nutrition outcomes in addition to its documented improvements in household food security. Evaluations conducted by IFPRI in 2008, 2010, and 2012 showed, however, that the program had no discernable effects on nutritional outcomes for children under 5 (Bossuyt, 2014). This result was generally surprising to research participants interviewed for the current study, several of whom suggested that improvements in food security were foundational to improvements in nutritional status. As one major program donor said, “...what we are seeing [through the PSNP] is a fundamental decline in food insecurity, so number of months in which you can meet your food needs. So I would argue that from a nutrition perspective, meeting your basic caloric intake is the beginning. Before we start talking about diversity and micro or macro nutrients, you just need enough calories first, right? And that’s a really interesting thing that I think is an important one to look at—Ethiopia has a food insecurity problem and meeting that is the first step towards improving nutrition.” (Interview with PSNP donor, 2015).

One participant also noted that the finding that the PSNP did not impact the nutritional status of children under 5 was politically sensitive and was not widely reported at the time, including in the evaluation reports. This result began to be discussed publicly in 2015 in a report that cited the “unpublished” 2014 report detailing this finding (Berhane et al., 2015; Hoddinott, Berhane, & Kumar, 2014). A report, presumably an

updated version of the unpublished 2014 report, focusing on this outcome became publicly available in early 2017 (Berhane et al. 2017). By 2016, some donors were still skeptical of the apparent lack of nutritional improvements among beneficiaries, but agreed that it was this negative result along with increasing global attention to nutrition that largely drove the high-profile sensitization of the fourth version of the program to nutrition. Bossuyt reported that the third version had included some nutrition provisions at the behest of donors, but these were not widely implemented or monitored (Bossuyt, 2014).

Almost all donor-driven requests for nutrition provisions and indicators eventually found their way into the fourth version of the program, but several donors reported that they began having trouble with funding the program before it went into effect in mid-2015. The first year of the program was affected by a national election, which typically signals a significant reordering of all government personnel, and the onset of the worst drought seen since the famine of 1984. The program's emergency response functions were mobilized to address the drought in many areas, taking precedence over the more development-oriented functions and concerns of the program in non-drought years. Beyond these events, by 2017 the PSNP4 was still not fully funded (as one international practitioner described, "massively underfunded") and the majority of the new nutrition components of the program were not functional. This participant suggested that the failure to achieve the envisioned multisectoral coordination between health and agriculture was largely to blame. All participants, at multiple points in time, listed multisectoral coordination as a major, if not the primary, issue with mainstreaming nutrition in non-health programming.

Nutrition-sensitization: Operational challenges and outcomes

The PSNP is part of the NNP's strategy to deliver nutrition-sensitive services to vulnerable populations, placing the majority of the focus on pregnant women and children under 5. Pregnant and lactating women are to be transferred to direct support upon confirmation of the pregnancy for up to one year, and are to be linked to Behavior Change Programming ostensibly provided by the Health Extension Program. The focus on this particular group represents the narrow conceptualization of how to achieve stunting reductions at the population level presented in the NNP—through the bodies and behavior of individual women within the first 1000 days. Other components of the nutrition-sensitization strategy include individual-level interventions such as the use of public works labor to build home and school gardens. Through the promotion of individual-level, behavioral solutions in the context of a social protection program touted as a remedy to societal ills, this strategy appears to reflect the pervasive personal responsibility narrative and nutritionism present within the international community of donors and practitioners.

That nutrition gets mainstreamed or integrated into non-health programming or service delivery platforms does not change the core operating principles and purpose of these programs or platforms in theory, but our research into mid-level program implementers suggests that the nature and potential of the nutrition programming filtered through these programs is shaped by the opportunities and constraints pre-existing within the program or service delivery platform (Warren and Frongillo, 2017). These programs or platforms have their own institutional practices that are shaped by their context. In Ethiopia, health, agriculture, and social protection programming are services in the public

sector. This translates into their deployment for political purposes (Maes et al, 2015; Berhanu and Poulton, 2014; Chinigo, 2013; 2015; Emmenegger, 2016), but more important in the case of operationalizing nutrition-sensitivity is a history of poor multisectoral coordination on any number of development issues as well as a lack of flexibility with regard to autonomy of lower level actors and changes to operating procedures (Warren and Frongillo, 2017; Beyero et al., 2015). Nutrition-sensitive strategies, frequently conceptualized as multisectoral endeavors, also frequently assume or rely upon effective multisectoral coordination (Gillespie et al., 2013). Using effective multisectoral coordination as both a foundational principle and a performance metric of nutrition-sensitive programming while failing to acknowledge what “effective” multisectoral coordination looks like and how difficult and/or inapplicable coordination is in some cases reveals the systemic tendency by international actors to overlook or minimize contextual complexity (Ferguson, 1990; 2006).

Ethiopia is a case in point: the nutrition features of PSNP4 had not been implemented by March 2017 largely due, according to two international PSNP experts, to the continued failure to achieve what PSNP stakeholders considered effective multisectoral coordination. That is, the health and agriculture sectors could not be brought together at the federal level despite years of attempting to do so, so the planned linkages between the PSNP and the health extension program at lower levels of government, which would require significant levels of coordination, training in multisectoral planning, and new channels of formalized communication as well as institutionalized accountability, were not realized. Multisectoral coordination nonetheless

remains a key tenet of nutrition strategies, potentially consigning them to irrelevance in when assumptions fail to meet reality

4.2.4 Measurement and accountability

Nutritionism is complementary to the personal responsibility narrative within neoliberal rationality, and when present in tandem in a given development landscape they tend to reinforce each other (Yates-Doerr, 2015; Kimura, 2013). Nutritionism manifesting in nutrition-sensitive approaches demonstrates the outsized influence of the personal responsibility narrative on decision-makers: nutrition sensitivity, which originally represented a fundamentally different approach (at least within mainstream nutrition research and practice) has been subverted in theory and practice to speak to current modes of operation. The intersection of neoliberalism's personal responsibility narrative and nutritionism with multisectoral nutrition-sensitive programming can be summarized by a rather simple principle: systemic issues are not fixed by patches, but patches are measurable fixes. But what does this mean in practice, when nutrition-sensitivity fundamentally shifts evaluative frameworks for non-health programming by linking it to human bodies?

To illustrate this difficult confrontation (and hearken back to the point we make in the introduction about the appropriate target of nutrition-sensitive programming), two donors and one of the program designers noted that the inclusion of anthropometric indicators in the PSNP had been a source of tension among government and international actors since the program's inception, with government and some donors resisting until a reluctant agreement to include them in 2008. The program designer said that by 2012 donors and government actors were more firmly on board and largely welcomed the

inclusion of anthropometric measures, but echoes of this tension remained even by 2015, when one donor suggested that anthropometric measures were not ideal for the purposes of the program and its goals, as it is not and never was a health or nutrition program. Evidence of agriculture-nutrition pathways was uncertain at the time of planning between 2013-2014 and still is uncertain to some degree, and so donors and practitioners struggled with managing expectations about what the program could reasonably accomplish with regard to nutrition when its primary function remained as a safety net. This was also expressed in tensions between international actors and between international actors and government over which nutrition indicators to include, as noted by two donors. One donor thought stunting reduction rates or mid-upper arm circumference were inappropriate and expressed a preference for dietary diversity as the nutrition indicator for PSNP4. Another donor acknowledged the tension around indicator selection for PSNP4 and described a similar tension around the inclusion of anthropometric measures in the Agricultural Growth Program, another flagship program of the Ministry of Agriculture that is largely an economic development program aimed at high agricultural production areas (as opposed to the PSNP which is a social protection program and predominantly in marginal areas) was also attempting to “sensitize” to nutrition in planning for its second phase.

The push to mainstream nutrition across programming presented a conundrum once in place: how does one demonstrate commitment to nutrition while distancing economic development programming from indicators that would forge accountability to anthropometric outcomes? As one donor noted, it is not clear whether these types of programs can or should be held accountable to anthropometric outcomes and this is

surely a discussion that will continue to play out on contexts of practice. What the discussion serves to do now is draw out the ethical considerations of development programming that seeks to promote economic growth. As we mentioned in the framework section, the focus or outcome of nutrition-sensitive programming as implied in the Lancet framework is on some aspect of the environment rather than bodies themselves. But it is perhaps an inevitable offshoot of nutritionism and personal responsibility narratives that the kneejerk strategy of major bi- and multilateral development institutions is to link such programming to bodies. Their own repositioning of their role in addressing nutrition through advocating for dietary diversity as the indicator of nutrition-sensitive programming is still potentially fraught with issues for themselves as institutions with accountability to multiple groups of stakeholders, but focusing on dietary diversity will not necessarily expand program horizons to include more structural or systemic solutions, as we can see by the popularity of behavioral approaches and homestead and school gardening.

Why do nutrition programs persist in focusing on individuals despite repeated acknowledgements that behavior is constrained by the environment, and that nutrition actors should also target underlying determinants? The charismatic visibility of nutrition perhaps comes into play here. It places focus on the bodies of women and children, and further justifies this focus through powerful crisis narratives conflating stunting with economic failure. This particular framing makes it difficult for those doing development to decouple nutrition programming from bodily outcomes.

Over the past two decades, global health scholars have observed a trend towards the biomedicalization of public health, global health, and health promotion (Behague et

al., 2009; Victora, Habicht, & Bryce, 2004; Lakoff, 2010; Ayo, 2012; Pfeiffer and Chapman, 2010; Storeng and Behague, 2017; Biehl and Petryna, 2013).

Biomedicalization of these non-clinical disciplines promoted a widespread adoption of the principles of evidence-based medicine, most notably in the application of “gold-standard” biomedical research models, ideally randomized control trials (RCTs), in a wide range of development programming. Using development interventions as both remedies and research sites was conceptualized as a tool to promote accountability, improve targeting, enhance program effectiveness, and assist in advocacy by quantifying return on investment. In public health, global public health, and health promotion, the RCT is frequently applied to complex social issues despite the availability of other methodologies—usually qualitative, quasi-experimental, or case-study based—more appropriate to such issues (Behague et al., 2009; Victora, Habicht, & Bryce, 2004; Storeng, 2014; Storeng and Behague, 2014; Goldenberg, 2006). The shift to evidence-based models and the perceived legitimacy of RCTs in the field of global health minimizes complexity, context, and ambiguity as a matter of course, indeed, as central to the mission of doing good science (Goldenberg, 2006; Storeng, 2014). Quantitative data generated by RCT program models has greater perceived legitimacy in the context of evidence-based decision and policy making, but scholars have discovered that the perceived objectivity of quantitative indicators as evidence serves to disguise the subjectivity inherent in the selection and interpretation of program indicators, and at times, the interests that the selection of specific metrics may serve (Goldenberg, 2006; Behague et al., 2009).

4.2.5 Conclusion

Nutrition sensitivity has the potential to bust out of the bubble of nutritionism by focusing on underlying determinants of nutrition, including food insecurity, care and feeding of infants and young children, and environmental factors that affect sanitation and hygiene. The legacy of nutritionism, however, is that an ostensible focus on the underlying determinants (via nutrition-sensitive programming) retains the problem framings and approaches of nutritionism-style interventions focused on the body itself. That is, nutrition-sensitive programming is predicated on the idea that there should be some more or less direct way to impact bodily factors and outcomes. This predication is contrary to the stated goal of nutrition-sensitivity to shift some of the attention and resources from the immediate—the body itself—to the conditions that foster malnutrition, which is what the underlying determinants—thus nutrition-sensitive programming—are about. In addressing underlying determinants, policy or programming should (ostensibly) focus on some aspect of the physical, social, political, and economic environment as the outcome with attendant changes in measurement practices. Our observations of nutrition-sensitivity being operationalized through agriculture, health, and social protection programming in Ethiopia suggest that without the reflexivity for which we advocate in this paper, nutrition-sensitive programming is and will likely continue to be operationalized as nutrition-specific interventions delivered through non-health platforms, rather than further-ranging interventions targeting aspects of the political, physical, economic, or social environment that foster poor nutritional status.

Nutrition as a field has to expand its purview—the pervasive ideology of nutritionism drives the field to focus on bodies of women and children and thus narrows

the scope for the types of metrics associated with programming. That is, indicators for nutrition programming, including nutrition-sensitive programming, are somewhat instinctively driven to bodily or dietary outcomes--which belies the goal of addressing underlying determinants. Nutrition sensitivity ostensibly should be targeting the environment, and bodily or dietary factors should not necessarily be the focus of these types of endeavors. Nutrition actors should consider what else constitutes a nutrition landscape in a given setting, and look to a wide range of literatures and research to construct that understanding and inform appropriate interventions. For example, research in Ethiopia recently linked infrastructure and proximity to markets to nutrition and delved further into what constitutes a risky household environment (Stifel and Minten, 2015; Hirvonen et al., 2016; Headey and Hirvonen, 2016). Nutrition actors may consider new measurement angles that would assist in contextualizing undernutrition, including livelihood indicators such as soil quality, farm size and productivity, economic migration patterns in a given community, proximity to and quality of roads, and expand ideas about the types of intervention within their purview, for example, environmental rehabilitation initiatives or subsidies that target households on marginal or shrinking farms. At different points in time, nutrition actors within the field have called for expanded training programs, particularly at the graduate level, to enable nutrition scholars to respond to the needs of the field to engage with the range of sectors and disciplines that impact nutrition (Berg, 1973; Kazarinoff and Habicht, 1991; Rogers, 1999; Pelto et al., 2003; Pelletier et al., 2013). This idea should be further explored. Nutrition actors should also reexamine what constitutes evidence and step back from the idea that evidence must have a quantitative basis. Qualitative methodologies can provide critical contextual grounding

and highlight relationships that, while may not definitively be causally linked to bodily outcomes, certainly have undeniable roles in fostering wellbeing.

At first glance, nutrition seems uniquely apolitical among the development concerns that have emerged over the past decade, lending itself well to development processes that demonstrate neoliberal rationality and practices. Relatively indefinable concepts such as women's empowerment or resilience may come to be dominated by western understandings, leaving room for contestation when applied in non-western contexts, but nutrition carries with it some degree of universality (Yates-Doerr, 2015; Kimura, 2013; Guthman et al., 2014). As a measurable property of the body, with standardized assessment instruments that may be applied the world over, and furthermore as a seemingly objective metric of poverty and progress that may be compared and assigned explicit monetary value, nutrition effectively neutralizes normative, political, or moral arguments that may be made against efforts to address it. These particular qualities of nutrition allow it to proceed within the development sphere with widespread acceptance and less controversy than other topics, and perhaps with less critical inquiry than is warranted for such a vital concern. There are, however, important implications stemming from the ideological tension and dissonance between the implicitly politicized framing of nutrition-sensitive interventions and depoliticized fields of nutrition and neoliberal development more broadly. The implications of linking non-health programming—particularly programming oriented to economic development rather than human health or wellbeing—to human bodies remain to be explored. This is a potentially critical link that nutrition-sensitivity has brought to the fore more effectively than perhaps any other idea within development in recent times. Though attention has been drawn to

the effects of structural factors on health and wellbeing, it has been difficult to imagine or articulate this link in such tangible, visceral terms as nutrition provides.

The Lancet's call to focus on the underlying determinants within the field of global nutrition was an important idea, but as efforts to put this idea into practice move forward in different ways, the need to contextualize this call within the broader body of critique on nutrition, global health, and development becomes more apparent. Post-2013 Lancet, a variety of recommendations, programs, and research have emerged on defining and operationalizing nutrition-sensitive interventions (those that would target underlying determinants), but these efforts do not display an awareness of how nutrition knowledge interacts with social, political, economic, and environmental factors to reinforce perceptions and practices that are perceived to be detrimental to achieving better nutrition outcomes, and development goals more broadly. Attempts to address the underlying determinants of nutrition can be made reflexive through the acknowledgment and incorporation of critique existing outside of the field of nutrition, and increasingly, as forays are made into the development sphere, nutrition actors must pay attention to critical development and critical public health research as well.

The notion of nutrition sensitivity and the genuine push to operationalize nutrition sensitivity highlighted the ideological dissonances and operational constraints that make its realization difficult, if not unlikely. In the face of such ideological dissonance and the operational challenges this presents, the popularity of nutrition has so far prevailed and international momentum is still strong. But we should not, as a field, allow the evocative visibility of nutrition (and its equally evocative economic rationale) to continue to dominate the narrative around addressing nutrition. The real implementation stumbling

blocks we observe in practice, along with the tepid nutrition results we are likely to see if we continue to be unable to meaningfully address the underlying determinants, will dampen the enthusiasm for nutrition as a development priority and the potential of the movement will be lost.

The field of nutrition needs to be able to take some ownership of the theoretical, ideological, and operational implications that arise from nutrition's current prominent position on development agendas, as well as leadership in ongoing discussions. This goes beyond simply identifying barriers and facilitators to the implementation of single-factor interventions. Actors calling for ways to address the underlying determinants of nutrition and engage with operational realities within the field should undertake a reflexive examination of the legacy paradigms within nutrition that both dominate and constrain nutrition research and practice.

Nutrition is not isolated in place and time. It is part of a chain of events and set of conditions that come to shape the life of an individual, stunted or otherwise. Its conspicuous nature and the internal politics of nutritionism reinforced by broader neoliberal rationality obscures the conditions that prevail long before and after malnutrition sets in, disarticulating specific events, conditions, behaviors, or time periods associated with nutrition from their geographic, temporal, political, and cultural context. Professionals in the field of nutrition and nutrition-adjacent disciplines should be trained to at least incorporate reflexive critique into their practice, if not in a fully interdisciplinary manner, in order to recognize insidious patterns and shift them. There is real potential in the field of nutrition to innovate in the space that now exists to develop ways to target the Sustainable Development Goals (Fukuda-Parr, 2016). Nutrition

occupies a unique position—between a biological and a social science, between research and practice (Pelto et al., 2003). Undernutrition is a charismatic and deeply intersectional state, a physical embodiment of societal ills and inequality. For its flaws (and every discipline has them), the field of nutrition is positioned to take a leading role in shifting paradigms in development.

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CHAPTER 5: CONCLUSIONS

5.1 Perspective

There was a conversation that encapsulated the lesson of this research during one of the household interviews. I asked about the types of advice the couple heading the household had received from health extension workers about nutrition. They listed fairly general advice: breastfeed your children, feed your family fruits and vegetables and protein. At this, they laughed and said, “But we don’t have to be told to eat!” In a place where good fortune meant being able to eat three times per day and diets primarily consisted of potatoes and roasted grains, the latter piece of advice was outlandish. But advice, not resources or choices, was what they received. The government and donors tend to view this humor as adversarial and non-compliant, as evidence of “backwardness” and “dependency syndrome.”

In a framework that focuses on bodies and positions behaviors as the root cause of bodily—and societal—ills, the most logical path forward is to insist that people adopt healthier behaviors, often realized through behavior change communication programming. The voices of the targeted individuals are not invited. If they were, the inapplicability of such recommendations, and indeed the misalignment of the approach itself with the setting, would be more apparent. Fruits and vegetables did not grow in the poor soil of this community, nor could farmers allot the space to grow items with limited

cash value on their increasingly fragmented plots against government pressure to purchase fertilizer and improved seed varieties—in this area, it was wheat. They could not afford eggs and meat, and could not afford to buy or feed livestock with the limited grazing options in their area. They knew the ill effects of undernutrition—they lived them, and watched them play out in their children. Hunger, recurrent drought, and lack of support forced families in this community (among many others) to routinely send their adolescent and teenaged children into cities to make their own livings as shoeshiners, domestic servants, beggars, and day laborers. Unregulated urban migration is illegal and these informal occupations exist in a government’s blind spot, so the children’s vulnerability in being in these positions was amplified by their systemic invisibility.

The couple’s laughter hinted at a different existence than the one depicted by dominant frameworks within nutrition programming and practice that reduced the problem of undernutrition to one of nutrients and behaviors—or indeed the dominant paradigm within development at large that attempted to frame the complex social dimensions of vulnerability as technical, apolitical issues with market-based solutions. The decision to send a child alone into an unknown situation with little to no support, as in this example, is not a choice one makes when there are other options, and behavioral approaches are not a fix. This conversation offered the insight that nutrition, as a largely technical field with intentions of engaging with other sectors to address the underlying determinants of nutrition, was not fully cognizant of what it was to live and embody undernutrition.

5.2 Lessons

Undernutrition is a deeply charismatic condition, and seems uniquely apolitical among development concerns. Relatively amorphous concepts such as gender, empowerment, or resilience may come to be dominated by western understandings, leaving room for contestation when applied in non-western contexts or co-optation by interest groups, but nutrition carries with it some degree of reductive universality (Yates-Doerr, 2015; Kimura, 2013; Guthman et al., 2014). Undernutrition and associated conditions, including stunting, are measurable properties of the body, with standardized assessment instruments that may be applied the world over, and act as seemingly objective metrics of poverty and progress that may be compared and assigned explicit monetary value. Nutrition appears apolitical through its measurability and perceived immediacy, but also through its moral cachet via the designation of mothers and children as victims. Undernutrition is also inequality embodied. It disproportionately impacts certain groups, namely the poor and disempowered. It is reproduced through poverty and crisis.

Undernutrition's essential embeddedness in the structural determinants of health questions the neoliberal assumption that capitalistic development can act a panacea for human development and the attendant narrative of personal responsibility. Chronic undernutrition is uniquely positioned to highlight the different logics underpinning development and these particular dissonances. Stunting reductions cannot be achieved without addressing underlying determinants that disproportionately impact certain segments of populations, such as ensuring access to basic resources and food security, which is the domain of the public sector via education, health, and social protection

programming. Vulnerability to undernutrition is a multifaceted situation, persisting well beyond the first 1000 days and throughout the life course: those who are stunted and likely to continue the intergenerational cycle of stunting often cannot ensure basic housing, water, and food security, much less participate in market-based solutions, such as purchasing fortified nutritional products, or follow the advice of health professionals that requires adequate caregiving resources and safe environments to look after their own health and raise healthy children. Nutrition sensitivity implicitly forwards the idea that stunting reduction requires fundamental structural shifts to address the vulnerabilities that disproportionately exist among certain groups—ones that neoliberal rationality may facilitate as well as conceal and that the private sector cannot address.

Our findings underscore the need to undertake implementation research to ground nutrition in its operational realities. The proliferation of innovative ideas, information-sharing platforms, and enthusiastic country-level commitment to ending stunting does not, of course, automatically translate into meaningful engagement or action. Though the concept of undernutrition may initially appear universal and apolitical, the condition of undernutrition is deeply embedded in place and time and cannot be divorced of context without producing programming that is vividly misaligned with community needs and country-level capacities and norms. This does not only extend to community settings and frontline workers, who exist at the end of the policy and implementation processes—the in-between systems of governance and service delivery platforms, state-society relations, and the people that populate these structures at all levels, must also constitute sites of critical inquiry.

5.3 Limitations

There were several limitations to this study. Data collection occurred during a politically fraught time which spanned a national election and a severe drought, and access to high-level government officials was limited. There were also several other nutrition-related research projects being carried out by other institutions or actors over the course of my fieldwork, which may have contributed to some level of interview fatigue among the sought-after nutrition actors at the national and international levels. I am not fluent in Amharic, which of course limited the scope of some of the interviews I conducted with native Amharic speakers, depending on their fluency in English.

The manuscript presented in section 4.1 is based on data from a specific area and is not representative of program operation or environmental conditions throughout the country, which are both known to vary widely. I was unable to conduct observations of field officers and frontline workers at the time of data collection as these levels of government were also undergoing a political reordering due to the national elections and fieldwork was limited for them. It was also close to harvest time, during which agricultural field officers were not typically needed in the communities. Therefore, further case study research at different times would be useful to provide a more complete picture of programming across Ethiopia's diverse settings.

Though the timing of the research posed limitations, it was also a period of intense interest in nutrition, coinciding with the redesign and re-launch of all major national strategies (mainly in 2015), and the government publicly expressed their commitment to mainstreaming nutrition into these new strategies. We were able to capture the critical early stages of nutrition ideas becoming operationalized between 2014

and early 2017. Research conducted over the next five years will provide more insight into the processes of adapting and implementing nutrition ideas.

5.4 Implications and future research

The three overarching research questions in Chapter 1 asked what are the dominant paradigms that influence how the idea of nutrition is adapted and acted upon in a country context, from where do they come, and what is missed by adherence to these paradigms within nutrition and development. We briefly summarize the implications of this research in relation to these questions below. First, legacy paradigms within nutrition and neoliberal rationality within development at large prevent meaningful engagement with the underlying determinants of nutrition, although nutrition sensitivity theoretically sheds light on this lack of engagement and brings questions about the reasons behind it into mainstream discourse. Second, identifying the ways in which nutritionism is expressed in strategic frameworks and national programming is important to understanding how a state views its population and thus what sorts of efforts will receive substantive backing from the state as opposed to superficial acknowledgment. Third, economic framings of undernutrition originating from the international community pose ethical questions both in terms of how a state formulates its understandings of its obligations to its citizens and vice versa, as well as implications for who gets prioritized and when in nutrition programming, and who gets neglected. Fourth, adherence to these frameworks misses the way in which the intersection of nutritionism and neoliberalism forms a blind spot that encompasses possibilities to address the social determinants of health more broadly as well as the functional aspects of engagement with country-level systems, to the detriment of both the quality and coverage of essential programming.

Taken together, these are some of the challenges of operationalizing ideas; they are not insurmountable, but modes of practice within the field of nutrition are not well-suited to recognizing them or adapting to them thus they tend to get reproduced. They also tend to reduce the potential of programs to shift development landscapes in ways that could foster better conditions for those most vulnerable.

Nutrition as a field has to expand its purview—the pervasive ideology of nutritionism drives the field to focus on bodies of women and children and thus narrows the scope for the types of metrics associated with programming. That is, indicators for nutrition programming, including nutrition-sensitive programming, are somewhat instinctively driven to bodily or dietary outcomes—which belies the goal of addressing underlying determinants. Nutrition sensitivity ostensibly should be targeting the environment, and bodily or dietary factors should not necessarily be the focus of these types of endeavors. Nutrition actors should consider what else constitutes a nutrition landscape in a given setting, and look to a wide range of literatures and research to construct that understanding and inform appropriate interventions. For example, research in Ethiopia recently linked infrastructure and proximity to markets to nutrition and delved further into what constitutes a risky household environment (Stifel and Minten, 2015; Hirvonen et al., 2016; Headey and Hirvonen, 2016). Nutrition actors may consider new measurement angles that would assist in contextualizing undernutrition, including livelihood indicators such as soil quality, farm size and productivity, economic migration patterns in a given community, proximity to and quality of roads, and expand ideas about the types of intervention within their purview, for example, environmental rehabilitation initiatives or subsidies that target households on marginal or shrinking farms. At different

points in time, nutrition actors within the field have called for expanded training programs, particularly at the graduate level, to enable nutrition scholars to respond to the needs of the field to engage with the range of sectors and disciplines that impact nutrition (Berg, 1973; Kazarinoff and Habicht, 1991; Rogers, 1999; Pelto et al., 2003; Pelletier et al., 2013). This idea should be further explored. Nutrition actors should also reexamine what constitutes evidence and step back from the idea that evidence must have a quantitative basis. Qualitative methodologies can provide critical contextual grounding and highlight relationships that, while may not definitively be causally linked to bodily outcomes, certainly have undeniable roles in fostering wellbeing.

The introduction of nutrition in the development sphere brings forth new considerations pertaining to the ways in which we think about accountability. The acceptance of nutrition sensitivity by a wide range of non-health sectors brings neoliberal narratives and the alternative—a social determinants-oriented, rights-based approach to health and development—together in a forceful way, and in a way previous critique outside of the context of development practice could not. That is, nutrition sensitivity drew a direct link between non-health development programming and its effects on human bodies. In explicitly linking economic development-oriented programming to bodily outcomes, nutrition-sensitivity highlights some of the ideological tensions that characterize neoliberal development strategies. Neoliberal rationality tends to place more emphasis on personal responsibility narratives over structural factors or social determinants of health, and typically operates under the assumption that small government, market deregulation, and privatization of public sector services is an ideal way of structuring society and can indirectly ensure some level of equality and basic

service provision for all. In accepting a role in carrying out nutrition-sensitive programming that focuses on underlying determinants and therefore tying economic development to health outcomes, the sectors associated with economic development programming more so than human development—those somewhat more explicitly steeped in neoliberal rationality—tacitly accept an explanation that posits that certain structural factors produce inequality and vulnerability to food and nutrition insecurity. Nutrition sensitivity placed the body at the center of development policy and programming, and while we explored the ways in which this limits the achievement of nutrition goals in this dissertation, this placement is not necessarily for the worse in the case of accountability. It forces a rethinking of some the common assumptions in neoliberal rationality—namely, do economic development programs improve health outcomes? If not, we have to ask why this is the case. And that forces researchers and practitioners to engage with the underlying systemic issues. Future studies may take this idea as a starting point for ethnographic research in different country contexts and incorporate more of the lived realities of undernutrition from a systems perspective, including children’s contributions to household livelihoods, their “invisibilization”—particularly adolescents whose roles and needs are typically not addressed in current nutrition frameworks, and nutrition throughout the life course in low and middle income countries with a focus on the elderly and disabled.

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APPENDIX A: INTERVIEW GUIDES

International/National interview guide

1. Can you tell me about the overall changes being made to the PSNP this year?
2. What are the goals or intended impacts of these changes?
 - In the next year?
 - Three years from now?
 - By 2020?
3. What do you think about these goals and the changes being made to the PSNP to reach them?
4. Can you describe to me how nutrition is being incorporated into the new PSNP?
5. What do you think are the reasons for incorporating nutrition in the ways you mentioned?
6. Has nutrition been a part of the PSNP in the past? If so, how long and in what ways? 7. How do you see that the thinking around nutrition in the PSNP has changed over this period of time?
8. In your opinion, why is nutrition being incorporated into the PSNP 4?
9. Which other agencies or organizations should be involved in order for the new PSNP to be successfully implemented?
10. Can you tell me about your experiences with coordination of efforts across multiple sectors?

-What have been some challenges? Why were these situations challenging? How did you address them?

-What have been some opportunities, successes, or breakthroughs? Why were these situations considered as such? -What are your recommendations for improving coordination of efforts across sectors in the future?

11. Can you tell me about your experiences with implementing or working with implementers on the PSNP?

- What have been some challenges? Why were these situations challenging? How did you address them?

- What have been some opportunities, successes, or breakthroughs? Why were these situations considered as such?

- Do you anticipate any challenges with implementation of the PSNP 4? Why or why not?

- What are your recommendations for improving implementation in the future?

12. Is there anything else that may be important for me to understand about the changes in the PSNP and incorporation of nutrition that I did not ask about here?

Subnational government interview guide

I'm interested in understanding more about how programs get implemented, especially food security and nutrition programs. First, I will ask you some questions about your positions and programs more generally, and then I will ask you some questions that are more specific to nutrition. I will not take any identifying information from you and this information will not be linked to you in any subsequent publications.

This interview should take about one hour. You do not have to answer any questions you

do not wish to answer and you may stop the interview at any time. If you have any questions during the interview, please feel free to ask.

Can you first describe to me your position?

- What is your role; can you tell me some of the advantages and challenges to your position? What would you like to achieve in the future?

(Agriculture) Can you describe to me the agriculture programs targeting this area? Can you tell me how these agriculture programs are implemented? What are the goals for agriculture in this area?

(Health) Can you tell me about the health extension program? What kinds of services are offered? How do they get implemented? What are the health goals for this area?

What have been some of the successful agriculture/health programs implemented so far? Why were they successful?

Were there any programs that were particularly challenging to implement?

Do you currently collaborate, or plan to collaborate, with other government agencies (education, ag, women's affairs, health) or NGOs on any of your programs?

What are the goals for smallholder farmers/rural people in this area in the future? How will those goals be achieved?

Are there other issues that would be useful to address in this zone/woreda? Are there plans to address any of these issues currently?

Now I will ask you some questions that are more specific to nutrition.

Have you heard the term "nutrition-sensitive?" If so, from where did you hear it? Can you tell me what it means in your own words?

- Would you describe any of your ongoing efforts as nutrition-sensitive?

- Are there any plans to undertake further ‘nutrition-sensitive’ efforts?

Have you heard about the changes being made to the PSNP relating to nutrition?

- Can you tell me what is expected to change? How did you hear about this information?
- What are you expected to do, if anything, related to the new nutrition programming?

What are the ways (if any) in which the HEP/AEP/BOA is addressing nutrition?

- Can you describe to me what it means to have proper nutrition? What, in this area, is needed to improve the nutrition of the people?
- What are your expectations for the outcomes of nutrition-focused programs?
- Which of the program components do you think will be particularly successful?

Why?

- Which ones are likely to face difficulties? Why?

Is there anything else of importance that I may have missed?

Community Interview Guide

I’d like to ask you some questions about your experiences over the past ten years. I am interested in knowing more about the health of your family, your farms, and any other work you may have (your livelihoods). I will ask questions about changes in both health and livelihoods over the past 10 years, as well as questions about the kinds of health and livelihoods services you receive now. This is meant to find a way to provide better information about your experiences, circumstances, and needs to government officials and NGO’s. It may take 1- 2 hours. You don’t have to answer any questions you

do not want to answer and you may stop the interview at any time. I will not share your names or any information that could identify you. If this is alright with you, we can begin our talk.

I would first like to know more about your family.

- How many people live in your household, and their ages?
- Are you married?
- Does anyone in the household have employment other than the farm?
- Are the children in school?
- Do you participate in the PSNP?

I would like to know more about your farm.

- How many hectares (timad) do you farm?
- What crops do you grow? When are they planted and harvested?
- Do you sharecrop?
- Do you expect your children to inherit this land?

Have you experienced any difficulties/crises/challenges that have impacted your household significantly over the past 10 years, such as drought, poor harvest, or poor health of a family member? (probe—what happened, how did it affect your family, what was the outcome)

Now I would like to ask you some more specific questions about health.

- Do you currently receive health extension services?
 - o Do HEWs visit you at your house, or do you travel to a health post? How often do you see the extension workers?
 - o When did you begin receiving these services?

- o How have the services changed since then?
- What kinds of things do the Health Extension workers do? (probe for nutrition and WASH-related services)
- What kinds of things do the HEW's ask you to do for yourself or your children?
- Was this helpful to you? Why or why not?
- If it was, have you noticed any changes in your health/energy or the health/energy of your children?
- What kinds of services would you like to receive?
- If you ask them for information or services, is it provided?
- Do you own a pit latrine?

PSNP participants: Now I would like to ask you about the PSNP.

- How long have you been in the program?
- How/why did you first come to be enrolled in the program?
- How has it changed, if at all, since then?
- Are you receiving transfers or participating in public works?
- Were you/your wife pregnant at any time you were in the PSNP?
- o If so, what happened? Was she moved to direct support?
- Do you attend regular meetings for PSNP/HABP? Have you participated in any groups or classes as part of the PSNP/HABP?
- Is nutrition ever mentioned in these meetings? What was said?

(e.g., health referrals for malnourished children within PSNP households, referrals to nutrition services from HEWs by agriculture extension agents, recipe demos as part of meetings, discussions about dietary diversity, diversified crop production, home gardens,

etc. When the HABP was still operating with PSNP, were there perhaps mentions of nutrition as part of microfinance meetings, women's empowerment initiatives, etc?)

Now I would like you to tell me about the kinds of agriculture services you receive.

- When did you begin receiving these services?
 - o What were these services like in the beginning?
 - o Has anything changed since?
 - o What other kinds of services would be useful to you?
- Do agriculture extension agents visit your farm?
 - o How often?
 - o What do they do?
- Do agriculture extension agents (DAs) talk to you about nutrition?
 - o What have they said? Is this information useful to you?

What do you think would happen if you did not receive health or agriculture services (or PSNP)?

Now I would like to ask you a bit more about your household and your community.

- What would you like to achieve for yourself and/or your family?
 - o What are some of the difficulties you might face in achieving these things?
- Are there any other groups that you belong to? (probe for idirs, neighborhood savings associations, intra-family lotteries, local churches, etc.)
 - What are these groups for?
 - Are they important to your household? To the community? In what ways?

APPENDIX B: PERMISSION TO REPRINT

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