Dear readers,

We are pleased to welcome you to the March 2019 CRPF quarterly newsletter. This edition brings to you new policy on children and summaries of research pieces presented at the Ministry of Women, Children & Youth CRPF monthly seminars on Nutrition, Adolescent Psychosocial Wellbeing and Productive Safety Net programme (PSNP).

We look forward to your comments, suggestions and contributions. For more information, please contact us via crpf.ethiopia@gmail.com or 011 1540121.

Editor’s Note

The Rising Costs of Nutritious Foods in Ethiopia
Fantu Bachewe, Kalle Hirvonen, Bart Minten, and Feiruz Yimer (IFPRI)

Introduction
Improving nutrition is a top priority in the policy agenda of Ethiopia. This is stated in the Growth and Transformation plan II, which aims to reduce stunting levels in young children from 40 percent in 2014/15 to 26 percent in 2019/2020.

Rural Ethiopian children consume one of the least diversified diets in sub-Saharan Africa. At the household level, food consumption baskets are dominated by cereals and pulses while the consumption of animal-source foods, fruits and Vitamin A rich vegetables is less common—especially in rural areas. Poor quality diets may be an important contributor to child stunting.

Objective
The objective of this study is to assess how prices and consequently the affordability of nutritious food have changed over the last decade in Ethiopia.

Methodology
Monthly retail price data collected by the Central Statistical Agency of Ethiopia between 2007 and 2016 is used. Data were collected from 116 markets in all regions. These prices were grouped into 10 food groups: Grains, roots and tubers; Legumes and nuts; Vitamin A-rich dark green leafy vegetables; Other vitamin A-rich vegetables and fruits; Other fruits and vegetables; Dairy products; Eggs; Flesh foods and small animal protein; Oils and fats; and Sugar and honey.

Prices were aggregated together using food price indices that give more weight to prices of foods that are commonly consumed. To calculate real prices, these price indices were then divided with CSA’s regional General Consumer Price Index (CPI).

Findings

- Because of the price increases, poorer households are less likely to be able to afford these foods.
- Food groups that are typically associated with overweight and obesity (oils, fats, and sugar) became more affordable as their prices grew considerably less than general inflation over the last decade.

Drivers of these price patterns

- There is no clear answer but work is ongoing.
- Standard economic theory suggests that there is an imbalance between demand and supply.
- Demand and supply side factors seem to contribute.

Demand side factors

- Population growth of 2.5% per year means that if everything else is equal, annual food supply (which is equal to own production + imports - exports) needs to grow at the same rate.
- Income growth and Bennet’s law: as incomes increase the proportion of the budget spent on ‘starchy-staples’ decreases.

Supply side factors

Supply side needs to adapt to the demand side factors: total agricultural production needs to increase (due to population growth) but the agricultural production also needs to accommodate Bennett’s law (i.e. increase the production of fruits, vegetables and animal source foods).

Implications for policy

- It is time to shift the attention to non-staple crops in the National Agricultural Policy.
- National Nutrition Sensitive Agriculture Strategy is a good first step.
- There is an urgent need to better understand how to scale up the production of fruits, vegetables and animal source foods.
- Different strategies are likely to be needed in different sectors.
What Shapes Adolescents’ Psychosocial Wellbeing and Resilience?
Nicola Jones, Bekele Tefera, Gudy Emirie, Workneh Abebe, Kiya Gezahgne, Kassahun Tilahun, Kiros Birhanu (GAGE)

Introduction
Gender and Adolescence: Global Evidence (GAGE) is a nine-year (2015–2024) mixed methods longitudinal research and evaluation study following the lives of 18,000 adolescents in six low- and middle-income countries in Africa (Ethiopia, Rwanda), Asia (Bangladesh, Nepal) and the Middle East (Jordan, Lebanon).

GAGE is generating new evidence on ‘what works’ to enable adolescent girls and boys to emerge from poverty and fast-track social change. By combining quantitative and qualitative research exploring adolescents’ gendered experiences, with longitudinal impact evaluations testing programme effectiveness, GAGE aims to explore what strategies are most effective in transforming adolescent girls’ and boys’ lives at specific junctures during the second decade of life.

Why adolescence?
Focus on adolescence is important because there are 1.2 billion adolescents globally, of which the majority are in the Global South. This age is also described as a ‘critical window of intervention’ and investing in adolescent girls leads to a triple dividend.

GAGE’s 3C conceptual framework
GAGE has developed a 3C conceptual framework and the 3Cs stand for capability (outcomes), contexts (which shape girls and boys capability outcomes) and change pathways.

Research questions
Based on the conceptual framework GAGE addresses two sets of research questions, one on adolescent perspectives and experiences and another on programme effectiveness.

The research question on adolescents’ perspective and experiences explores girls’ and boys’ experiences, attitudes and identities across adolescence, including those of the most marginalised. It also explores the role of context and political economy factors in shaping their gendered experiences.

The research questions on programme effectiveness which interventions are effective for which adolescents in terms of capability outcomes, programme modalities, timing, intensity and duration, and also capturing legacy effects over time, including whether programmes reshape gendered social norms and promote social cohesion.

Methodology
GAGE uses mixed methods research applying quantitative, qualitative and participatory research. The quantitative sample involves two age cohorts; children aged 10-12 years and children 15-17 years. There is also a sub-sample of adolescents with disabilities. The qualitative research involved nodal adolescents, their siblings, caregivers, and a nested sample of adolescents with disabilities and key informants. The formative qualitative research sites are Afar, Amhara and Oromia.

Understanding adolescent resilience
“Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress – such as family and relationship problems, serious health problems or workplace and financial stressors. It means ‘bouncing back’ from difficult experiences” (American Psychological Association, 2017).

Findings across three capability domains
Bodily integrity
HTPs and violence were considered under bodily integrity.

EDHS 2016 shows child marriage and FGM are high. Child marriage is found to be variable with different prevalence rates, different forms and various drivers. The same is true with FGM/C.

Findings:
◆ Families do not always offer respite from violence.
◆ School violence takes many forms and is normalized but reporting systems are weak.
◆ HTPs are changing but in a non-linear way.
◆ Community violence is common and affects boys and girls differently.

Psychosocial wellbeing
Existing evidence shows that mental illness burdens in Ethiopian children are high (between 12% and 25%). Child labourers, young brides, and domestic workers are especially vulnerable to mental illness.

Findings:
◆ Both boys and girls worry about academic performance and the high rates of unemployment.
◆ Sexual harassment is a source of anxiety for the girls because they are blamed.
◆ Menstruation is also source of anxiety for girls due to stigma.
◆ Psychological support for children is limited and almost non-existent.

Voice and agency
Existing evidence shows that girls have lower self-efficacy than boys in terms of feeling in charge of their lives and destinies.

Findings:
◆ There is growing but still limited opportunities for voice and agency.
◆ There is growing space for voice and agency at home.
◆ There is different degrees of agency for girls and boys.
◆ Participation in religious life is limited by age and gender.
◆ Adolescents’ use of technology is changing rapidly, especially for boys.

Policy and Practice Implications
◆ Bodily integrity: targeting child marriage and HTPs are important but there is a need to understand the underlying gender discriminatory practices and norms and their trajectory in specific contexts to tailor intervention strategies.
◆ Freedom from violence: school based violence in its multiple forms requires urgent attention, including functioning reporting and redress systems.
◆ For psychosocial wellbeing: collecting better data on adolescent psychosocial wellbeing and mental health especially on child marriage and HTPs and also on individual and family responses in order to inform community and social work responses.
◆ For voice and agency: track adolescents’ engagement with digital media over time and approaches that encourage positive use.

More is available at: www.gage.odi.org
The National Children’s Policy

Ministry of Women, Children and Youth

Vision
The vision of the National Children’s policy is to see the rights and welfare of all Ethiopian children respected and protected.

Objective

General objective
The general objective of the policy is to create a conducive environment for the promotion and protection of children’s rights and welfare in order that they undergo full personality development and become ethical and responsible citizens.

Specific objectives

1. Supporting orphan and vulnerable children to be raised in the Ethiopian culture, traditions, customs and social values to their birth areas through strengthening only community based, local adoption, foster care and reunification, and reintegration alternative care programmes.
2. Protecting children from harmful traditional practices, social evils, abuse, trafficking and child labour that are impediments to their proper upbringing and taking measures to eliminate them, so that children attend their education properly and become responsible citizens.
3. Creating conducive environment for the provision of proper care and support for children with special needs.
4. Strengthening coordination and collaboration between all stakeholders so as to avoid disorganized services and promote efforts towards fully meeting children’s needs and ensuring the rights and welfare of all children.
5. Paving ways for children to actively and meaningfully participate on matters that affect them in accordance to their age and level of maturity.
6. Ensuring the best interests of the child in any measure, action and decision taken by all actors.

Principles

♦ Survival and development
All entities have the duty and responsibility not only to respect children’s right to live and fulfill their needs, but also to protect them from death and ensure their development in friendly environments.

♦ Best interests of the child
In all actions concerning children undertaken by family, community, public and private welfare institutions, courts of law, administrative authorities or legislative bodies, the primary consideration shall be the best interest of the child.

♦ Non-discrimination
Children should not be discriminated against by race, religion, language, skin colour, gender, ethnicity and type of disability or by any other grounds.

♦ Child participation
A child’s health and overall personality development is determined collectively by the overall participation of family, community, governmental and non-governmental organizations.

However, as children’s meaningful participation on matters that affect them is indispensable. It is important to enhance and encourage children’s participation in accordance to their age level of maturity.

Fundamental pillars of the Policy

♦ Children’s development and growth
♦ Prevention and protection of children from social, economic and political hardships
♦ Providing rehabilitation, care and support for children in difficult circumstances

Major policy issues

♦ Children’s civil rights and protection
♦ Children and family care
♦ Children and health
♦ Children and education
♦ Children, Culture, Art and Leisure
♦ Children in difficult circumstances
♦ Children and environment
♦ Child Abuse, Child Trafficking, Child labour and Harmful Traditional Practices

Policy implementation strategies
There are twelve implementation strategies for the policy. These are: child mainstreaming, awareness and mobilization; collaboration, coordination and partnership; enhancing children’s participation; enhancing participation of community structures; family strengthening; research and studies; legal reform; information management system; capacity building; resource mobilization system; and establishing and strengthening structures.

Roles and responsibilities
The policy has clearly indicated the roles of government bodies, private sector, community structures, family, religious institutions, indigenous charities and societies, regional and international development partners and children themselves.

Monitoring and evaluation
The policy has monitoring and evaluation systems in order to follow up the implementation of the policy and measure results, as well as revise it to accommodate new developments. There are performance indicators, action plans and policy implementation strategy to facilitate the monitoring and evaluation of the policy implementation.

There is a national council which is coordinated by the Ministry of Women, Children and Youth and an annual meeting brings all executive bodies to evaluate the implementation of the policy. The respective regional bureaus of Women, Children and Youth also participate in the monitoring and evaluation.

More is available at: www.mowca.gov.et
We find no evidence that PSNP increases fertility and some evidence that fertility is reduced. In particular, participation in PSNP reduces the likelihood that an adult female member gives birth by 8.1 percentage points. The reduction in the probability of giving birth is not large enough to affect the number of pre-school children (0-6 age).

Participation induced increase in household size is mainly driven by an increase in the number of adolescent girls. Specifically, PSNP increases the number of female members in the 12-18 age group by 0.3 members.

Key Takeaways

- Participation in PSNP is associated with an increase in household size, particularly in the number of female adolescent members.
- There is no evidence to suggest participation leads to an increase in the number of children or fertility.
- Instead, programme participation is associated with reduced fertility.
- There is retention of female adolescent members by delaying early marriage.
- The age of females at first marriage is one of the proximate determinants of fertility. The marriage delaying effect will have further implication for the effect of the programme on fertility.
- It is important to conduct dis-aggregated analysis as the impact of the programme varies by gender and age.


Productive Safety Net Programme (PSNP) background

The aim of the Productive Safety Net programme is to address short term food gaps through predictable cash transfers in order to prevent household asset depletion. Moreover, the program aims to build household and community assets and hence address the root causes of food insecurity.

PSNP is provided through direct support and public works. Direct support is an unconditional income transfer for labour constrained households, and public works is a cash transfer conditional on participation in labour intensive public works.

Objective

The objective of the paper is:

- To assess the impact of poverty focussed social protection programme on household demographics in a low income country by taking the case of Ethiopia.
- Since the programme does not directly target household demographic outcomes, the objective here is to assess the unintended consequences through changes in fertility, child fostering, migration and marriage.

Methodology

Data from the four rounds of PSNP surveys conducted in 2006, 2008, 2010 and 2012 is used.

The impact of the programme is estimated employing a Differences-in-Differences methodology. That is, by comparing differences in outcomes between beneficiary and non-beneficiary households before and after participation.

Key Findings

- PSNP participation is positively associated with household size. Specifically, it increases household size by around 0.3 members. This amounts to a roughly 6% increase in household size.
- The above result does not necessarily imply that beneficiary households are expanding over time. The increase in household size could be either due to addition of new members (In-Migration) or retention of existing ones (Less Out-Migration).
- We find no evidence that PSNP increases fertility and some evidence that fertility is reduced. In particular, participation in PSNP reduces the likelihood that an adult female member gives birth by 8.1 percentage points.
- The reduction in the probability of giving birth is not large enough to affect the number of pre-school children (0-6 age).
- Participation induced increase in household size is mainly driven by an increase in the number of adolescent girls. Specifically, PSNP increases the number of female members in the 12-18 age group by 0.3 members.