



FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

Implementation Plan (2016 – 2030)

Summary Programme Approach Document

March 2016

Background

As a follow-up to the launch of the ‘Seqota’ Declaration to end child undernutrition by 2030, the Minister of Health, Dr. Kesetebirhan Admasu inaugurated a Taskforce to translate the high level political commitment into an implementation plan. The 90-page implementation plan lays out a conceptual framework to inform multisectoral coordination of interventions that address the critical gaps and barriers which currently exist and limit the progress made in addressing child undernutrition in Ethiopia. Each implementing sector has outlined priority interventions along with estimated costs. The plan also describes the multisectoral coordination and performance management arrangements along with a multi-year implementation roadmap. It leverages on pre-existing policies, strategies and programmes in place to maximize lessons learned and apply best practices at scale in a targeted approach. It is hoped that through the effective roll-out of this implementation plan, Ethiopia will experience a paradigm shift towards the elimination of child undernutrition by 2030. A preliminary costing exercise for the proposed interventions estimates that \$211,548,247 million is required to fund Phase 1 implementation from 2016 – 2018.

In preparation for the High Level Strategic Discussion of the ‘Seqota’ Declaration Implementation Plan, this Summary Programme Approach Document has been developed to provide contextual information and overview of the Implementation Plan.

Context

The Government of Ethiopia has been implementing a comprehensive economic reform programme for the last two decades. The reform programme has resulted in remarkable economic performance; macroeconomic stability was attained. A real gross domestic product (GDP) growth rate of 11 percent per annum has been achieved since 2003. According to the Ethiopia poverty assessment, Ethiopian households have experienced a remarkable reduction in poverty rate from 56 percent of the population living below \$1.25 purchasing power parity (PPP) a day in 2010 to the current estimate of 29 percent;¹ this figure is expected to be much lower at the end of 2015 (about 22 percent as set in GTP I).² Yet due to the population growth, the absolute number of people living below the poverty line has remained static.

Ethiopia has developed a five-year development plan entitled ‘The Growth and Transformation Plan’ (GTP II), for the period 2015/16 to 2019/20. The overarching objective of the Second Growth and Transformation Plan is the realization of Ethiopia’s vision of becoming a lower middle income country by 2025. Thus, GTP II aims to achieve high economic growth within a stable macroeconomic environment while at the same time pursuing aggressive measures towards rapid industrialisation and structural transformation.³

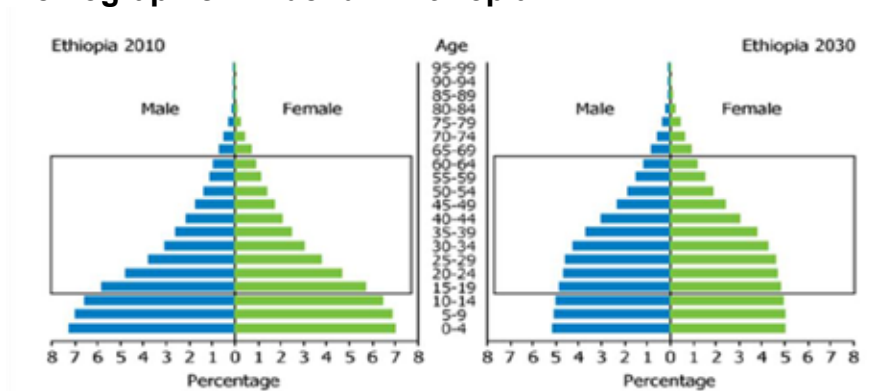
¹ Rio+20, 2012

² HSTP, FMOH 2015

³ MOFED, 2015

Ethiopia’s current demographic profile and projection brings hope that by the middle of the century, the country could benefit from a demographic dividend.⁴ As a result of Ethiopia’s commitment to reducing infant and child mortality, improving reproductive health and family planning, and the subsequent fertility decline, and coupled with improvements in social determinants of health, Ethiopians have begun to live longer as evidenced by the increase in estimated average life expectancy at birth to 64 years from 45 years in 1990. The country is on the right path to a population age structure that may enable a demographic dividend. In figure 1 below, Ethiopia’s actual population structure as at 2010 is compared with a projection for 2030.

Figure 1: Demographic Dividend in Ethiopia



The Ethiopia population charts are from Ethiopia and the Demographic Dividend - Population Reference Bureau, 2012

In 2013, the Government of Ethiopia published a Cost of Hunger Report, which quantifies the social and economic impact of undernutrition. The costs of child undernutrition in the health and education sectors were calculated and the effects of child undernutrition on human capacity and productivity in the workforce were quantified. The total annual cost was estimated at ETB 55.5 billion, which was equivalent to 16.5 percent of GDP in 2009.⁵ On the other hand, the study estimates that Ethiopia can reduce losses by ETB 148 billion by 2025 if it reduces underweight rates to 5 percent and stunting to 10 percent in children under five years; alternatively, a reduction of the child undernutrition rates to half of the current levels by the year 2025 can reduce losses by ETB 70.9 billion.

The Government of Ethiopia recognizes that addressing undernutrition is essential to achieving sustainable development. The prevalence of undernutrition remains a serious challenge in Ethiopia. It is reported that almost half (45 percent) of child deaths are associated with undernutrition,⁶ the causes of which are multifaceted. The *immediate causes* include inadequate dietary intake and disease, whilst *underlying causes* include household food insecurity, poor caring practices, lack of access to basic services, including lack of access to safe water supply, health services (including knowledge and training of health workers); and unhealthy living

⁴ The demographic dividend is a boost to economic growth that occurs when there is a “bulge” in the number of working age people. During this period, the productive population is large compared to the dependent population of children and old people and, inversely, the dependency ration (the number of people dependent age for every 100 of working age) is low.

⁵ AU Commission a.o., *The Cost of Hunger in Ethiopia. Implications for the Growth and Transformation of Ethiopia. The Social and Economic Impact of Child Undernutrition in Ethiopia - Summary Report*, 2013, pp. 1-21.

⁶ R Black et al. Lancet 2013, Maternal and Child Nutrition 1: Maternal and child undernutrition and overweight in low-income and middle-income countries

environment, such as open defecation.⁷ In turn, these causes are influenced by ‘economic, political and social conditions, national and global contexts, capacity, resources, environmental conditions and governance’.⁸

The challenging nature of the malnutrition situation in Ethiopia means that it cannot be addressed using traditional methods. Over the past two decades, many interventions ‘at scale’ have been attempted including the National Nutrition Programme (NNP) but with varying results. As a result, millions of children remain malnourished and it is clear that new approaches are urgently needed. Innovation is central to achieving the goals of the ‘Seqota’ Declaration and promoting nutrition security in some of the most food insecure areas of the country.

Child Malnutrition is a Complex Problem that Can Only Be Solved Through an Extraordinary Approach				
Type of complexity	Definition	Ordinary approach for simple problems	Extraordinary approach for complex problems	Process requirement for complex problems
Dynamic	Cause and effect are far apart in space and time	Piece by piece	System as a whole	Systemic
Generative	Future is unfamiliar and undetermined	Existing solutions	Emerging solutions	Creative
Social	Actors have diverse perspectives and interests	Experts and authorities	Stakeholders and stickholders	Participative

Source: Kahane after Scharmer and Senge

‘Seqota’ Declaration

The ‘Seqota’ Declaration is a special commitment which will be managed under the National Nutrition Programme II i.e. NNP II and implemented by NNP implementing sectors including Ministry of Agriculture and Natural Resources (MOANR), Ministry of Livestock and Fishery Resource Development (MOLF), Ministry of Health (MOH), Ministry of Water, Irrigation and Electricity (MOWIE), Ministry of Education (MOE), and Ministry of Labour and Social Affairs (MOLSA). This was officially launched by the Deputy Prime Minister, His Excellency, Demeke Mekonnen and presented by the Minister of Health, Dr. Kesetebirhan Admasu in July 2015 at the periphery of the International ‘Financing for Development Conference’ convened in Addis Ababa (13th – 16th July, 2015).

The key goals of this Declaration include, amongst others, to achieve the following by 2030: (1) Zero stunting in children less than 2 years; (2) 100 percent access to adequate food all year round; (3) Transformed smallholder productivity and

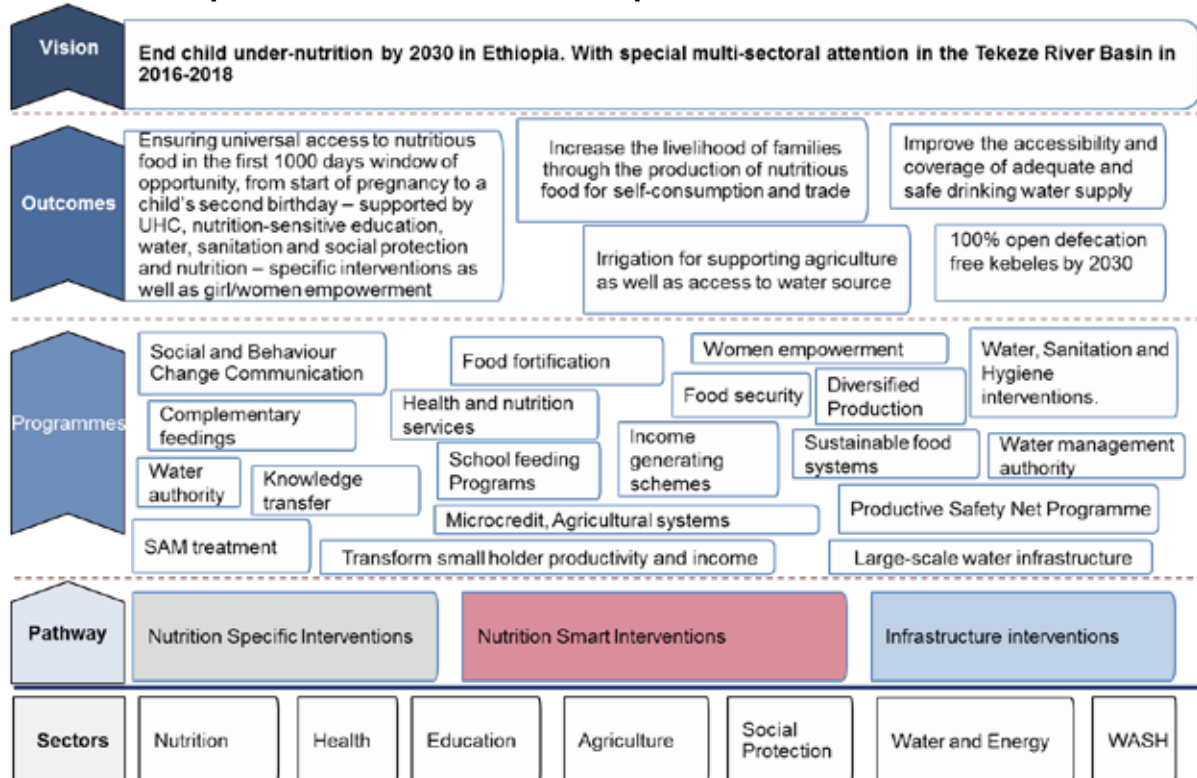
⁷ ESAR, *UNICEF Regional Advocacy Strategy for Eastern and Southern Africa 2014–2017, Priority 2 Reducing Stunting*, p. 3 and Headey (Ethiopia Strategy Support Program), *An Analysis of Trends and Determinants of Child Undernutrition in Ethiopia, 2000-2011*, 2014, p. 7.

⁸ UNCT, *Policy Brief: Scaling Up the United Nations’ Involvement in Nutrition in Ethiopia*, p. 1 with a reference to ‘The Lancet, 2008, 2013’.

income; **(4)** Zero post-harvest food loss through reduced post-harvest loss; **(5)** Innovation around promotion of sustainable food systems (climate smart); **(6)** Continue to improve the accessibility and coverage of adequate and safe drinking water supply, 100 percent open defaecation free kebeles by 2030 and irrigation for supporting agriculture as well as access to water source; **(7)** Increase efforts to educate women and girls, especially rural girls, to help prevent the intergenerational transmission of poverty, and implement the school health and nutrition strategy initiatives: school feeding, deworming and nutrition education; and **(8)** Focus on poverty reduction and resilience building through predictable cash transfer to the most vulnerable group, and in addition, targeted support to school feeding programmes, pregnant and lactating women as well as children under 2 years..

The ‘Seqota’ Declaration Implementation Plan leverages pre-existing policies, strategies and programmes in place to maximize lessons learned and to apply best practices at scale in a targeted approach. It is hoped that through the effective roll-out of this implementation plan, Ethiopia will experience a paradigm shift towards the elimination of child undernutrition by 2030. Informed by a conceptual framework built around three pathways of change (see below), the ‘Seqota’ Declaration Implementation Plan will focus on delivering high impact nutrition specific and nutrition smart interventions across multiple sectors including health, agriculture, water, education and social protection. All of these interventions will be driven by social behaviour change communication (SBCC) strategies with special consideration for crosscutting issues such as gender mainstreaming, multisectoral coordination and integrated community development approaches for nutrition.

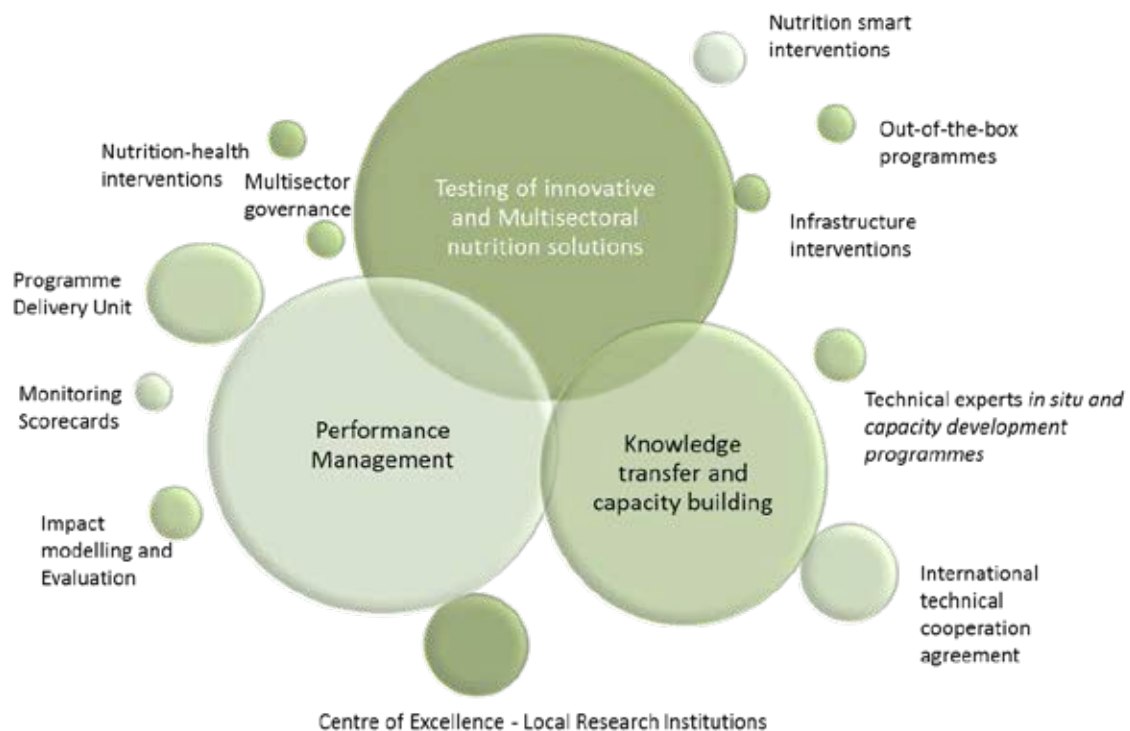
Overall conceptual framework for the ‘Seqota’ Declaration



Three factors underpin this new innovative approach to addressing undernutrition: **(1) Utilizing ‘Community Labs’** to find solutions to complex problems and testing them within communities that are most affected by the challenges of undernutrition; **(2) A Programme Delivery Unit** to drive execution and routines necessary for effective delivery; and **(3) A robust data management system** to support performance management.

Community Labs represent an independent entity created to find solutions to complex problems and test them using existing resources and systems so they can be taken to scale if proven impactful. The Government of Ethiopia will establish a Community Lab in the Tekeze River Basin during Phase 1 – Innovative Phase i.e. Learning by Doing (2016 – 2018) to design and pilot solutions that can help to improve nutrition outcomes in the region and serve as a template for replication of successful interventions during the expansion and scale-up phases. The Community Lab Team will apply three fundamental ways of impacting child undernutrition in Ethiopia: **(1) Implementing a multisectoral response** - which will address the challenges encountered in coordination during the implementation of NNP I; **(2) Ensuring greater stake of the community in designing solutions** – which is informed by the principles of community participation in development interventions; and **(3) Committing to evaluating the solutions and learning to evidence** – which will inform the scale-up of successful solutions across Ethiopia. A baseline assessment will be conducted as soon as the Implementation Plan is launched to establish sector by sector targets against timelines.

Community Labs’ Key Components

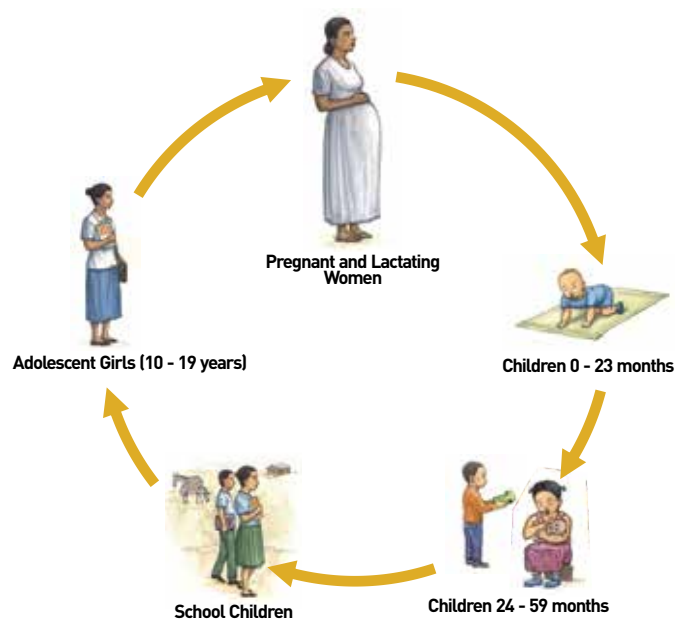


Health sector response to nutrition

There is a fixed and critical window to address undernutrition. Undernutrition in the first 1,000 days – from the start of a woman’s pregnancy until her child’s second birthday – has a devastating impact on children’s future potential as its effects on physical stature, the ability to do physical work, and on cognitive development, can lock children into poverty and entrench inequalities.

Implementation of activities will be informed by the full Essential Nutrition Actions (ENA) framework (developed with the support of USAID, WHO and UNICEF) which is an approach for managing the advocacy, planning and delivery of an integrated package of interventions to reach near universal coverage (>90 percent) in order to achieve public health impact. It promotes a **“nutrition through the life cycle”** approach to deliver the right services and messages to the right person at the right time using all relevant programme platforms. It also provides an operational framework for reducing “missed opportunities” both within and outside the health system for delivering nutrition messages and services.

The Life Cycle Approach



The ‘Seqota’ Declaration Implementation Plan will utilize existing government delivery mechanisms for nutrition interventions, which are implemented at various tiers namely federal, regional, woreda and kebele levels. Priority focus will be on the *effective* implementation of nutrition specific interventions at scale during the first 1,000 days as well as an emphasis on integrating these into a range of nutrition smart programmes including health services and community level interventions in other sectors. The essential nutrition actions will cover: **(1)** Women’s Nutrition; **(2)** Breastfeeding; **(3)** Complementary Feeding; **(4)** Nutritional Care of Sick and Malnourished Children; **(5)** Prevention and Control of Anaemia; **(6)** Prevention and Control of Vitamin A deficiency; **(7)** Prevention and Control of Iodine Deficiency. As part of the health sector response, nutrition smart interventions will be either integrated or strengthened, where existent, within health and family planning services including family planning, adolescent and women’s health, immunization and management of childhood illnesses. The preliminary cost of health sector led interventions in support of the ‘Seqota’ Declaration Implementation Plan is estimated at **\$29,721,809 million.**

Agriculture and Natural Resources sector response to nutrition

Agriculture has been the dominant sector of Ethiopia's economy, representing nearly 42 percent of GDP, 77 percent of employment and 84 percent of exports.⁹ As an agrarian country, the majority of the agriculture sector consists of smallholder farmers who make their living from less than two hectares of land. Ethiopia is endowed with abundant natural resources and some of the most diverse ecological zones in the world. Ethiopia's ~ 74.3 million hectares of arable land are spread out over 18 major and 49 sub agro-ecological zones at altitudes ranging from 148 to 4,620 meters above sea level.

The 'Seqota' Declaration Implementation Plan has adopted Sustainable Development Goal (SDG) 2, which is *"to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture"* as a means of enhancing development in Ethiopia. This will be achieved by integrating and implementing climate- and nutrition-smart agriculture interventions.

Building on the existing food security programme of the Ministry of Agriculture and Natural Resources and the Agriculture Growth Programme II, the 'Seqota' Declaration Implementation Plan will pilot the establishment of 20 hectares modernized demonstration farms called Agricultural Innovation and Technology Centers (AITCs) in the Tekeze Region. This agricultural innovation system is defined as *"a system of individuals, organisations and enterprises focused on bringing new products, processes and forms of organisation into social and economic use to achieve food and nutrition security, economic development and sustainable natural resource management"*. AITCs represent agricultural innovation systems founded on gender-equality, inclusivity, sustainability and good governance and their adoption is part of a holistic approach for regional and national response. This is based on a model developed by Engineers Without Borders, Israel and currently being piloted in Tigray Region.

These government-owned AITCs will implement integrated interventions and solutions linked to improved agricultural production, economic empowerment, conservation of soil and water resources, adaptive management of natural resources at farm levels, post-harvest processing and improved nutrition and education. Operated as centralized training and education centres for farmers, agronomists, development agents, and agriculture students from near-by universities and technical colleges, the AITCs will serve as central mechanisms for implementation of additional agriculture and nutrition interventions (e.g. modern irrigation systems, crop variety and diversification, agri-technical methods, and post-harvest processing) under the authority of the Ministry of Agriculture and Natural Resources and its various agencies. Ultimately, these AITCs will facilitate smallholder farmers' transformation by resolving root causes of poor agricultural production and promoting market orientation capabilities. Each 20 hectare modernized, demonstration AITC will support the establishment of 3 – 5 smaller satellite demonstration AITCs in the region which will also serve as training sites for local smallholder farmers. The preliminary cost of agriculture and natural resources sector led interventions in support of the 'Seqota' Declaration Implementation Plan is estimated at **\$3,282,135 million**.

⁹ Agriculture Transformation Agency (ATA) website as of 13th February, 2016

Water, Irrigation and Electricity sector response to nutrition

Ethiopia has a generous endowment of water, but this water is distributed unevenly in space and time. Ethiopia has 12 river basins with an annual runoff volume of 122 billion cubic metres and groundwater potential of 2.6 billion cubic metres with an insignificant amount currently being utilized as evidenced by a water availability of 1,743 cubic metres per person per year. The complex interaction between the climate, biophysical and socio-economic characteristics of Ethiopia is associated with a high level of spatial and temporal variability in river flow, turbid surface waters, and tremendous potential for hydropower in the highlands and irrigation in the lowlands. Ethiopia is also extremely vulnerable to drought and other natural disasters such as floods, heavy rains, frost and heat waves.

The Government of Ethiopia developed a 15-year Water Sector Development Programme (WSDP) to run from 2002 – 2016 with the following five major components:¹⁰ (1) Water Supply and Sewerage Programme; (2) Irrigation and Drainage Programme; (3) Hydropower Development Programme; (4) General Water Resources Programme; and (5) Institutions/Capacity Building Programme. Building on the set targets and momentum generated from this programme, the ‘Seqota’ Declaration Implementation Plan will adopt a strategic approach for managing water resources in a way that contributes to improving the health and wellbeing of Ethiopians by increasing water supply and sanitation access and the adoption of good hygiene practices whilst increasing access to water supply for agricultural purposes.

Three River Basin Authorities (RBAs) have been established in strategic river basins in Ethiopia. However, in most cases, they lack adequate financial, human and technical resources to fulfil their mandate. Current water technologies in the Tekeze River Basin are not sufficient and new technologies must be adopted or scaled-up.

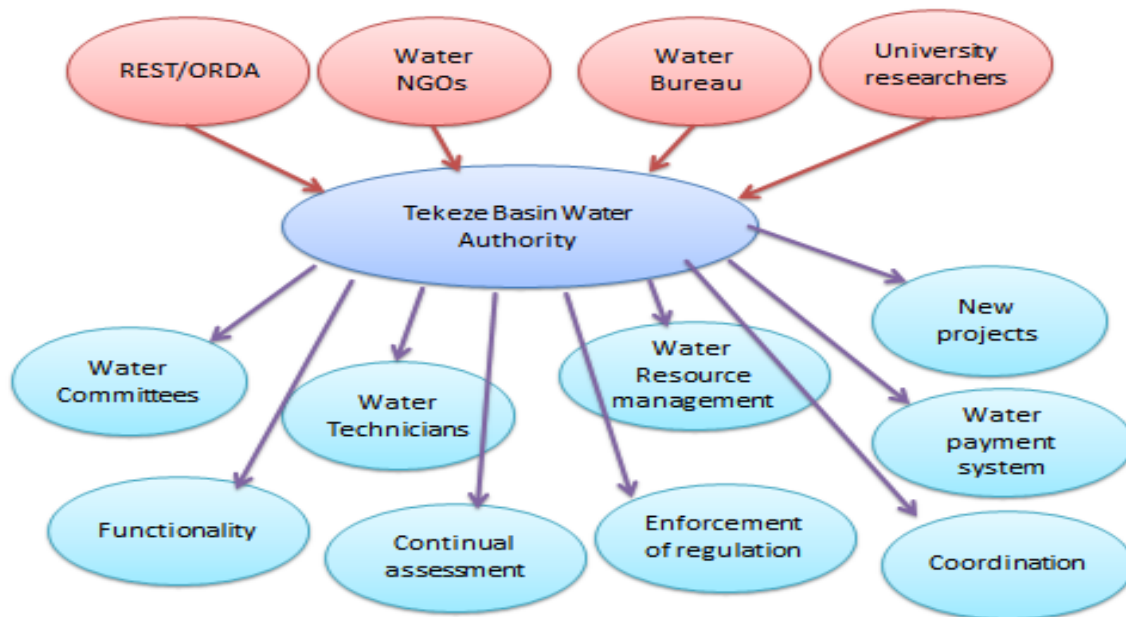
Table 1: Ethiopian River Basins and RBAs presence

River basin	Characteristics (MWR, 2002)	Water management issues	Scale of issues	RBA status
Awash	112,912 km ² ; 4.6 BCM	Water scarcity, salinisation, pollution, flooding	Community, regional	1
Abay Basin (mainly Tana and Beles)	199,912 km ² ; 52.6 BCM;	Flooding, competition between multiple sectors (hydropower, tourism, navigation, irrigation), pollution	Community, regional, international	1
Rift Valley Lakes	52,740 km ² ; 5.6 BCM	Water scarcity, salinity, pollution, decline in water availability, water table decline	Community, regional	2
Omo-Gibe	78,200 km ² ; 17.9 BCM	‘Perceived’ or ‘real’ impact on downstream of upstream dam and irrigation projects; flooding, salinity (2 hydropower projects under completion, two more planned, sugar cane irrigation underway)	Regional and international	3
Baro Akobo	74,100 km ² ; 23.6 BCM	Pollution and degradation of wetlands; water and land use planning; water use competition (natural systems vs planned large-scale irrigation); flooding	Regional and international	3
Tekeze	89,000 km ² ; 7.63 BCM	Water scarcity	Community, regional	3
Wabi Shebele	200,214 km ² ; 3.13 BCM	Flooding, water scarcity, salinity	Community	3
Gonole - Dawa	171,050 km ² ; 5.80 BCM	Flooding; water scarcity, salinity	Community	3

1 = Basin Authority is formally established by proclamation, and the RBA runs offices and operations and has started practicing water management in the Basin; 2 = Basin Authority is formally established by proclamation, exercising WRM mandate yet to start; 3 = No RBA established. Source: Alamirew and Kebede 2014.

¹⁰ National Water Development Report for Ethiopia December 2004

As part of the ‘Seqota’ Declaration Implementation Plan, a critical intervention proposed for priority implementation is the establishment of the Tekeze River Basin Authority to address the institutional vacuum for water resources planning and management. The experience of fast-growing economies in South Asia and China indicates that investments in water infrastructure need to be inscribed in an institutional framework that ensures that water resources are developed in a coordinated and sustainable manner, maximising economic returns to water across sectors while protecting local livelihoods and ecosystems.¹¹ *The operational mandate of the Tekeze River Basin Authority will be derived from Proclamation No. 534/2007 River Basin Councils and Authorities Proclamation.*



International Water Management Institute (IWMI) scientists have developed an analytical tool to evaluate the need for water storage and its likely effectiveness under existing and possible future climate conditions. This has been applied in the Volta Basin and the Ethiopian part of the Blue Nile Basin. The tool considers reliability, resilience, and vulnerability, and the economic, social and environmental aspects of water storage options for different areas. Following the establishment of the Tekeze River Basin Authority, priority consideration will focus on the establishment of a “Bank of Water Technologies and Solutions” which will include various technologies that have been successfully implemented in Ethiopia as well as new technologies available from other countries, especially Israel. These new technologies will be assessed and analyzed for technical issues, feasibility tests, social and environmental impacts before recommendations can be made for their use. Ultimately, the Tekeze River Basin Authority will be responsible for deciding on custom-made solutions for each woreda.

The preliminary cost of water, irrigation and electricity sector led interventions in support of the ‘Seqota’ Declaration Implementation Plan is estimated at **\$108,323,000 million.**

¹¹ Calow and Mason, 2014

Education sector response to nutrition

Growth and transformation of the education sector is fundamental for attaining Ethiopia's vision of middle-income status by 2025 through inclusive and sustainable development. Education is strongly linked to reducing infant and child mortality and morbidity, while promoting safe reproductive behaviours, family health and planning, and sanitation. In Ethiopia, the government has made significant progress in expanding access to primary education to work toward Universal Primary Education. However, gender disparities still exist in the distribution of educational opportunities and drop-out rates remain high, particularly in pastoralist and remote areas where drought and localized conflict are common.

With more Ethiopia children attending school than ever before, interventions aimed at school children are increasingly viewed as vital in improving the health and nutritional status of the population as a whole. It is estimated there are 33,284 government and non-government schools, 18,850,986 school-age children and some 376,937 teachers in primary and secondary levels of education in the country.¹² To this end, the Ministry of Education is committed to the promotion of quality health and nutrition for school-age children (including under-fives) and adolescents (10 – 24 years old) who constitute 15 percent and 35 percent respectively of the total population,¹³ and of whom a major portion suffer from alarming levels of ill-health, nutritional deficiencies and morbidity, and which has called for the development of a National School Health and Nutrition Strategy.

The Ministry of Education has incorporated national school health and nutrition strategy in its sector programme to guide activities that are designed to improve access to better health and nutrition services for school-age children. In 2015, the Ministry of Education began full implementation of the One WASH strategy to improve school health through adequate supply of water and sanitation facilities. Schools promote quality health and nutrition services for school-age children and adolescents, who constitute 15 percent and 35 percent of the nation's total population respectively.¹⁴

The Ministry of Health designed the Ethiopian National School Feeding Programme (ESFP) to: (1) Improve school children's health and nutrition status; (2) Increase access to education; i.e. enrolment, attendance, retention and completion; (3) Reduce gender and social inequalities by targeting the most vulnerable groups; and (4) Increase smallholder farmers' access to the school feeding market, thereby increasing their incomes. During the first phase (2016 – 2020), the ESFP aims to address the needs of the most vulnerable population groups and areas, specifically targeting pre-primary and primary school children i.e. Grades 0 through 8, in 50 prioritized zones across 6 regions covering 3 million children. It prioritizes schools currently served by the World Food Programme CSB+ programme, at the same time as rapidly expanding coverage across regions and establishing effective institutional structures for future growth.

¹² MOE-EMIS, 2011

¹³ CSA 2008

¹⁴ ESDP V, 2008

The 'Seqota' Declaration Implementation Plan promotes the scale up of the Ethiopian School Feeding Programme as a means of contributing to the alleviation of short-term hunger and helping children concentrate on their studies, thus enabling them to gain increased cognition and better educational outcomes. This approach will also address micronutrient deficiencies such as vitamin A, iodine, and iron among others which directly or indirectly affect cognition and can result in better school performance. The Ministries of Education, Health and Agriculture and other relevant ministries and development partners will work closely with communities and assist and encourage them to ensure a minimum level of local food production to implement a Home Grown School Feeding (HGSF) programme and to ensure sustainability and ownership of the programme.

In addition, the 'Seqota' Declaration Implementation Plan promotes the development of safe and adequate water supply as well as proper sanitation and hygiene promotion as prerequisites for realizing a healthy and hygienic school environment. The health benefits that could be derived out of safe and adequate water and in improved sanitation and hygiene are numerous, ranging from a reduction in acute watery diarrhoea, intestinal worms, trachoma, and increased levels of self-esteem from a clean toilet/latrine. Concurrently, the 'Seqota' Declaration Implementation Plan calls for scaled up implementation of the School Health Programme especially as health, including visual health, is inextricably linked to school achievement, quality of life, employability and economic productivity. The preliminary cost of education sector led interventions in support of the 'Seqota' Declaration Implementation Plan is estimated at **\$70,221,303 million.**

Social Protection sector response to nutrition

Ethiopia has made significant progress towards reducing poverty over the last several years. However, rural areas in particular still suffer from pervasive levels of deprivation and seasonal hunger. Children are particularly vulnerable. Five underlying factors are key to understanding the causes of child malnutrition in Ethiopia: (1) Insufficient food availability; (2) Inadequate provision of a healthy environment (e.g. poor water, sanitation and hygiene); (3) Maternal wellbeing and quality of caring practices; (4) Women's decision-making power and control of resources; and (5) Political economy factors.

With a reach of approximately 8.3 million people, the PSNP is the largest social protection programme in Africa (outside of South Africa, where the Child Support Grant reaches 10 million children).¹⁵ The PSNP signifies a critical policy shift towards longer-term sustainable solutions rather than emergency-based relief, in line with the new nutrition policy. This is to be achieved through more stable and predictable cash and/or food-based transfers targeting the chronically poor and food insecure households.

The 'Seqota' Declaration Implementation Plan aims to improve the resilience of families in the Tekeze River Basin to economic shocks through the expansion of the Productive Safety Nets Programme whilst improving the nutrition status of children as well as pregnant and lactating women. PSNP is made more nutrition

¹⁵ Taylor, 2012

smart by incorporating additional nutrition provisions in PSNP4 that aim to enhance nutrition outcomes and offer a ‘temporary transition to direct support’ (cash or food) for pregnant and lactating women (PLW), starting from the time of registration of pregnancy up to the time when the newborn child reaches 12 months of age. During this time period a co-responsibility will be exercised to ensure the pregnant mother and the mother with newborn child participate in community-based nutrition activities such as social and behavioural change communication and growth monitoring and promotion and are exempt from physical ‘public works’ during this period. PSNP4 will also promote other links to social activities and services like day-care and health and hygiene in general and is putting emphasis on actions to support empowerment of women in general. In addition, public works will support nutrition smart interventions.

Given the progress achieved by the Government of Ethiopia in terms of social protection, the appraised design of the PSNP, and the various windows of opportunity to facilitate multisectoral collaboration through its implementation, the ‘Seqota’ Declaration Implementation Plan strongly recommends its focused expansion in the Tekeze River Basin in order to document its potential impact in the region and other regions in the country. Two proposed interventions are the scaling up of PSNP4 to cover more woredas in the Tekeze River Basin and scaling up of the Tigray Cash Transfer Programme.

Implementation Approach and Governance Arrangements

The Seqota Declaration has affirmed the reciprocal relationship between gender and nutrition and articulated a way to mainstream gender into various components of the programme. Some of the recommended strategies are as follows: **(1) Integrate gender equality interventions into all sectors; go beyond addressing the symptoms.** Interventions will aim to tackle root, immediate and underlying causes, and will include but are not limited to: promoting girls’ education, combating harmful traditional practices (especially girls’ food taboos and early marriage that has strong linkage with malnutrition); putting in place reproductive services friendly to women and adolescent girls, sensitizing and involving women development groups, enhancing decision-making at household level, promoting access to information; ensuring energy and time saving technologies and promoting the economic empowerment of women. **(2) Promote meaningful male involvement in nutrition interventions.** Women and girls may be targeted in view of their special vulnerabilities, but men and boys should also be reached to help address their practical needs and strategic interests as well.

Achieving nutrition’s full impact on health and development outcomes requires a multisectoral approach. Nutrition specific interventions are key to accelerating progress. Nonetheless, it is also critical that all relevant sectors - like agriculture, education, women, children, and social welfare – work jointly in order to tackle undernutrition.¹⁶ A truly multisectoral approach will achieve optimal nutrition outcomes through greater coverage and better targeting, whilst also helping other programmes achieve more powerful results and demonstrate their own potential for impact.

¹⁶ Garrett, J., and M. Natalicchio, ed. 2011. Working Multisectorally in Nutrition: Principles, Practices, and Case Studies. Washington, DC: International Food Policy Research Institute.



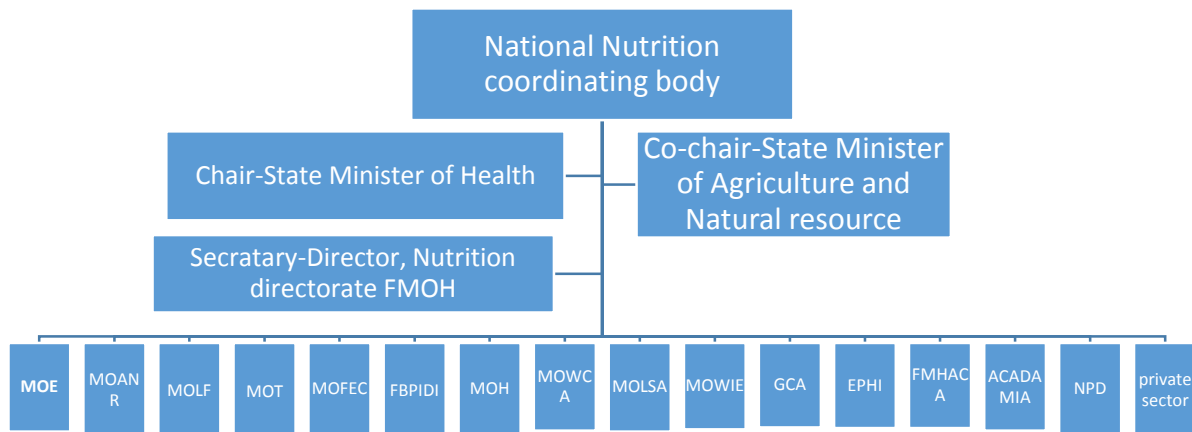
The 'Seqota' Declaration Implementation Plan will use existing government structures to ensure sustainability and long-term achievement of objectives. In order to ensure effective multisectoral programme coordination, common structures have been established to represent all the categories of stakeholders implementing and supporting nutrition programmes in Ethiopia. The two nutrition coordination bodies are nutrition coordination body (NCB) which is designated by higher officials of respective sectors and representatives of other stakeholders. The other is nutrition technical coordination (NTC) which is the technical wing of the coordination, to consistently represent the organization in the coordination activities.

There are two nutrition coordination committees at federal level; the **National Nutrition Coordination Body (NNCB)** is the higher level decision making body and the technical arm is called **National Nutrition Technical Committee (NNTC)**. The figures below depict the structure for NNCB and NNTC respectively for coordination at national level. The NNCB provides policy/strategic decisions related to the NNP, allocate and approve budget for the implementation of NNP with key indicators and provide guidance. The NNCB consists of eleven government sectors, Nutrition Development Partners including civil society organizations, academia, and the private sector. In order to enhance accountability and maximize ownership, the NNCB should regularly report progress of the Seqota Declaration Implementation Plan to the Deputy Prime Minister.

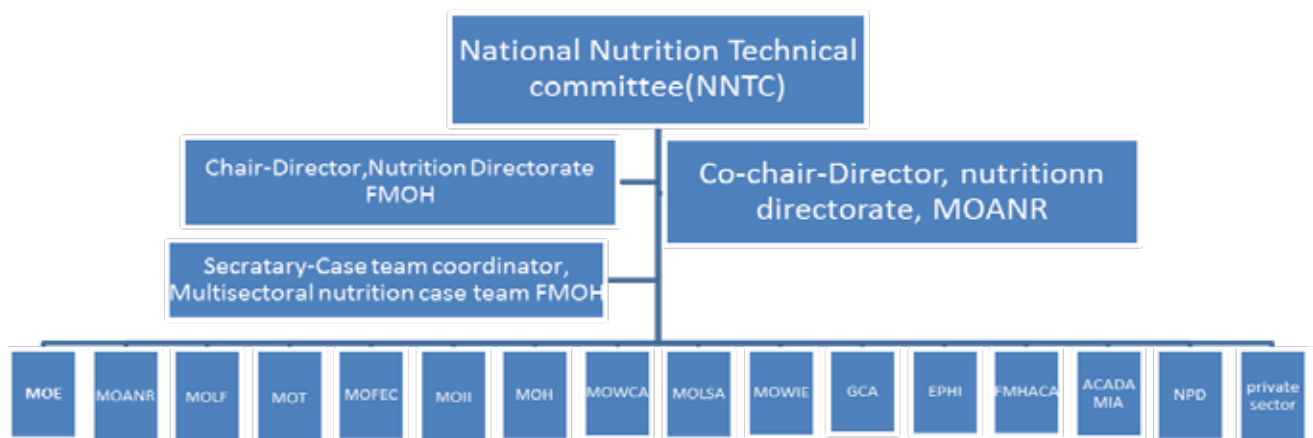
The **National Nutrition Technical Committee (NNTC)** operates under the auspices of the NNCB. This committee comprises the technical personnel from the member organizations of the NNCB and their main responsibility is the handling of overall technical work related to the federal level NNP coordination. (See figure below)

A similar structure for regions is called Regional Nutrition Coordination Body (RNCB) and Regional Nutrition Technical Committee (RNTC).

Multi-sectoral Nutrition Coordination structure, National Nutrition Coordinating Body (NNCB)

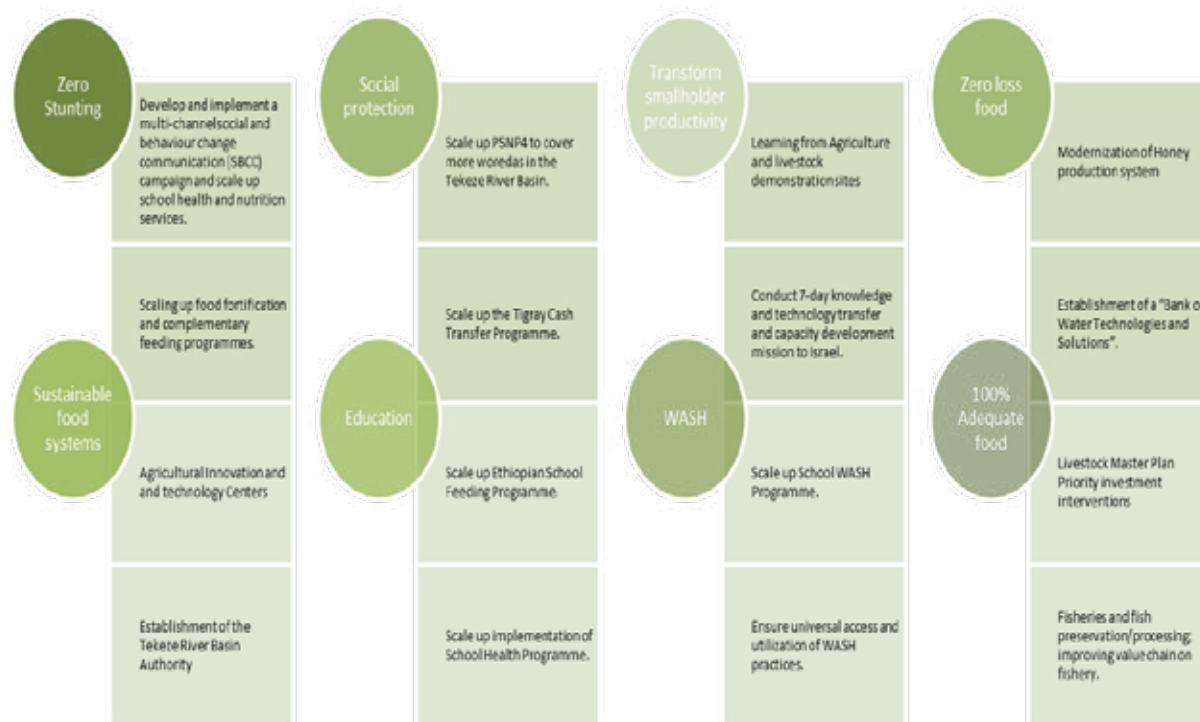


Multi-sectoral Nutrition Coordination structure, National Nutrition Technical Committee (NNTC)



The Seqota Declaration Implementation Plan will adopt both top-down and bottom-up approaches to multisectoral nutrition planning with meaningful participation of all stakeholders and actors in the realization of goals including the community. The top-down planning allows for good planning in line with global and national development targets. It breaks down to generate local level targets to allow achievement of national and global level goals already set. However, without due consideration of local reality, it is impossible to achieve any target at all. Therefore, bottom-up planning allows understanding of the perceived needs and priorities of communities and woredas. It also allows the uniqueness of one community from the other, and hence the various potential bottlenecks to achievement of development goals.

The proposed interventions to be implemented by participating sectors under the three pathways directly respond to the 8 components of the ‘Seqota’ Declaration as depicted below:

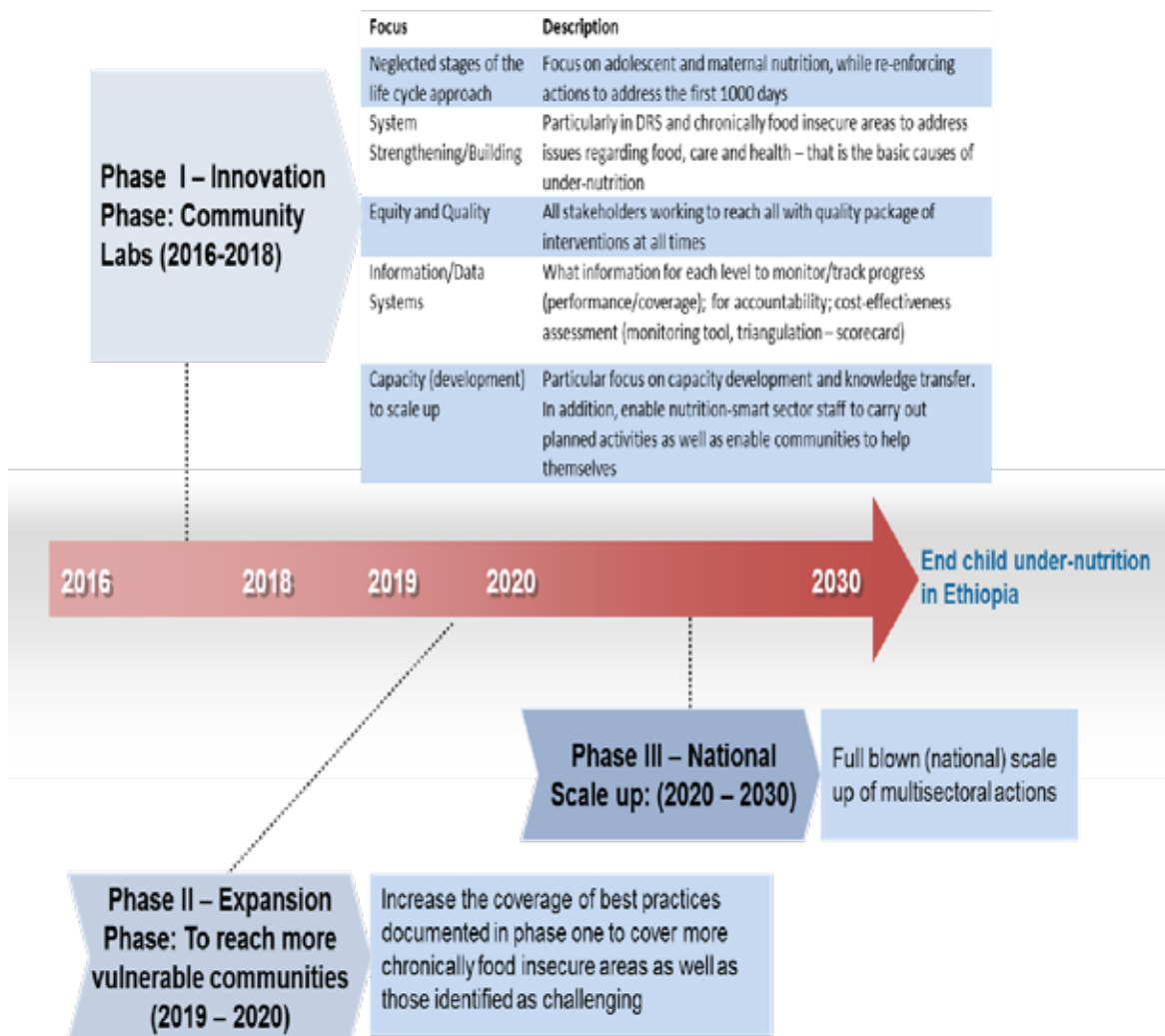


Community development interventions with nutrition outcomes can target stunting by providing nutritious food for mothers and children, and can help to promote economic inclusion to the lowest income communities in the region by increasing livelihoods.¹⁷ The ‘Seqota’ Declaration Implementation Plan will differ from other initiatives undertaken in Ethiopia by its approach of combining nutrition specific and nutrition smart interventions with economic development and infrastructure projects surgically targeting specific woredas. Although there is insufficient evidence about the effectiveness of multisectoral community development approaches on nutrition (combined with other nutrition specific and smart interventions that this implementation plan proposes), it is important to highlight that there exists strong evidence related to specific components of these interventions individually. In addition, we have early lessons from other African countries that can help us to outline an integrated intervention in Ethiopia.

In the Ethiopian context, the role of women development groups (WDGs) in addressing nutrition is critical and will inform implementation arrangements of the ‘Seqota’ Declaration Implementation Plan although there will be a need to sensitize them and develop their capabilities.

¹⁷ The World Bank. Improving nutrition through multi-sectoral nutrition approaches. Washington, DC: The World Bank. 2013.

The implementation of the Seqota Declaration will occur in three phases.



Pilot woredas for Phase 1 Implementation are reflected in the table below:

Amhara Region	Tigray Region
Abergele woreda	Ofla woreda
East Belessa woreda	Saharti Samre woreda
Telemt woreda	Tanqua Abergele woreda
Seqota woreda	Tselemti woreda

Monitoring and Evaluation

The Seqota Declaration Implementation Plan builds on the existing strong national partnership among relevant NNP implementing sector ministries and their respective structures at all levels, nutrition development partners, multilateral and bilateral donors, academia and private sector. This Implementation Plan will be the source document for a harmonized plan of action with a clear monitoring and evaluation framework. The NNP's accountability and results

matrix which outlines the core results, targets and their indicators as well as the sectors accountable and the measuring period for these indicators will be adapted to reflect the proposed interventions under the Seqota Declaration.

A Seqota Declaration Implementation Plan accountability and results framework will be developed to enable effective management and optimum mobilization, allocation and use of resources, and to make timely decisions to resolve constraints or problems of implementation. The sources of information for timely monitoring will be routine service and administrative records compiled through the sectoral information systems and the Early Warning System. To enrich the data, supervisory visits and review meetings will be conducted.

The Ethiopian Public Health Institute (EPHI), in collaboration with Amhara and Tigray Public Health Institutes will undertake a baseline assessment of the Tekeze River Basin to inform Phase 1 implementation as soon as the Implementation Plan is approved by the Government of Ethiopia. The EPHI, in collaboration with implementing sectors will undertake periodic assessments, operational research and surveys to help identify programme strengths and weaknesses. Mid-term and end-line evaluations will be conducted by EPHI in collaboration with implementing sectors and nutrition development partners.

To strengthen the M&E component of the ‘Seqota’ Declaration Implementation Plan, the Federal Ministry of Health (FMOH), Ethiopian Public Health Institute (EPHI), Ethiopian Agricultural Research Institute (EARI), and other implementing sectors will do the following:

- 1) Integrate the recording and reporting of sex and age disaggregated nutrition data within existing sectoral information systems.
- 2) Ensure appropriate integration of nutrition specific and smart indicators in sector specific woreda based plans.
- 3) Ensure appropriate use of nutrition specific and smart results in sector specific woreda based planning.
- 4) Strengthen joint operational research planning among sectors and institutions.
- 5) Develop nutrition information platforms to capture appropriate nutrition specific and smart indicators that can be collected at facility and community levels, including nutrition surveys and assessments.
- 6) Strengthen the HMIS to incorporate appropriate nutrition specific indicators that can be collected at facility and community levels, including nutrition surveys and assessments.
- 7) Ensure incorporation of nutrition indicators in each sector planning.
- 8) Build the capacity of nutrition programme implementing line ministries, agencies, and institutes at all levels to collect and utilize nutrition data for planning and decision making.
- 9) Ensure regular Integrated Supportive Supervision (ISS) and multisectoral & sectoral review meetings at all levels.
- 10) Conduct evaluation (Seqota Declaration mid-term and end-line), research and surveys (micronutrients).
- 11) Develop a central nutrition information platform/database for research, surveys and programmatic data that allow triangulation of information from all sectors.
- 12) Conduct systematic review and publication of the existing nutrition data for programming and decision-making.

The Seqota Declaration Implementation Plan shall use various mechanisms to disseminate information to inform decisions at various levels of the implementation system and to inform the public at large. The major information products and dissemination mechanisms are: (1) Monitoring reports, which will be disseminated quarterly, semi-annually and annually; and (2) Evaluation and research findings, which will be disseminated through publications, reports, workshop proceedings and policy briefs.

A Programme Delivery Unit (PDU) established as the implementation ‘vehicle’ of the Community Lab is designed to oversee all of the performance management activities related to the ‘Seqota’ Declaration Implementation Plan. The PDU’s performance management functions include responsibility for reporting on the progress being made by the Seqota Declaration Implementation Plan in Phase 1. To this extent, they will integrate data across all sectors (using existing data sources, score cards, etc.) to ensure that the outcomes and impacts of implementation activities are being tracked.