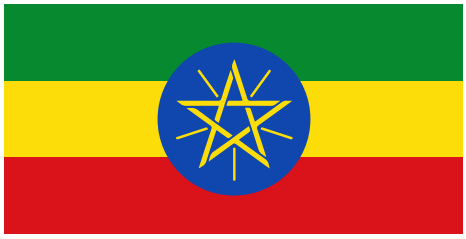


Federal Democratic Republic of Ethiopia

Seqota Declaration

Roadmap for Expansion and Scaleup Phases 2021 – 2030

The Seqota Declaration
Committed to ending stunting in children less than 2 years in 2030!

September 2021

Contents

Abbreviations and Acronyms

AARR	Average Annual Rate of Reduction
AITEC	Agricultural Innovation and Technology Center
ANC	Antenatal Care
BCC	Behavior Change Communication
CMAM	Community-based Management of Acute Malnutrition
CWP	Costed Woreda-Based Planning
ECD	Early Childhood Development
EDHS	Ethiopian Demographic and Health Survey
ESMI	Ethiopia School Meal Initiative
ETB	Ethiopian Birr (local currency)
FF	Food Fortification
FNA/C	Food and Nutrition Agency /Council
FNCO	Food and Nutrition Coordination Office
FPDU	Federal Program Delivery Unit
FS	Food Supplementation
FSN	Food and Nutrition Strategy
FTC	Farmer Training Center
GoE	Government of Ethiopia
GMP	Growth Monitoring & Promotion
HEWs	Health Extension Workers
HEP	Health Extension Program
HGSFP	Home Grown School Feeding Programs
HH	Household
ICT	Information Communication Technology
IEC	Information Education Communication
IFAS	Iron Folic Acid Supplementation
IFS	Iron Folate Supplementation
IGA	Income-Generating Activity
IYCF	Infant And Young Child Feeding
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
ITN	Insecticide-Treated Nets

Abbreviations and Acronyms

M&E	Monitoring And Evaluation
MNP	Micronutrient Powder
MOLSA	Ministry of Labor and Social Affairs
MT	Metric Tons
MUAC	Mid Upper Arm Circumference
NDAs	Nutrition Development Agents
NGO	Non-Governmental Organization
NUF	Water purification technology
NSA	Nutrition Sensitive Agriculture
OFSP	Orange-Fleshed Sweet Potato
ORS	Oral Rehydration Salts
PDU	Program Delivery Unit
PFSA	Poverty And Food Security Alleviation
PHC	Primary Health Care
PLW	Pregnant And Lactating Women
PNC	Postnatal Care
PSNP	Productive Safety Net Program
PTA	Parent-Teacher Association
QPM	Quality Protein Maize
RPDU	Regional Program Delivery Unit
SBCC	Social And Behavior Change Communication
SC	Stabilization Center
SD	Seqota Declaration
SHN	School Health Nutrition
SSN	Social Safety Net
TA	Technical Assistance
UNISE	Unified Nutrition Information System for Ethiopia
VAS	Vitamin A Supplementation
WASH	Water, Sanitation, and Hygiene
WASHCO	WASH Committee

Foreword

Attaining food and nutrition security is a constitutional and human right of Ethiopians. As part of its national development agenda, the Government of Ethiopia has been implementing different strategies and programs to ensure food and nutrition security. Seqota Declaration is one of these programs where the Government of Ethiopia has made an innovative commitment to end stunting among children under two years by 2030. The Government has launched the Expansion Phase of the Seqota Declaration which builds on the lesson learned during the Innovation Phase and accelerates the implementation of the Food and Nutrition strategy through its evidence-based innovations. During Innovation Phase, Costed Woreda Based Plan was implemented as one of the six innovations, which informed the Innovation Phase Investment Plan.

To facilitate the investment decision for the Expansion and Scale-Up phases this Costed Roadmap has been developed to indicate the investment required for the coming 10 years. This Roadmap is a result of the work done by the Government in collaboration with the Seqota Declaration implementing sectors that estimated the investment cost needed for each of the sectors to implement nutrition-specific, nutrition-sensitive, and infrastructure interventions. The Roadmap will serve as a guide for making investment decisions from the Government, development partners, private sectors, donors, and the community. Moreover, the government will also utilize this roadmap to make a resource mobilization from domestic and external sources.

The Seqota Declaration Expansion phase will cover 240 woredas as of July 2021 and aims to reach about 700 by the end of this phase. In this regard, adequate investment is needed to make a meaningful impact. Finally, I would like to express my gratitude to all who contributed to making the Innovation Phase a success and call upon all the Seqota Declaration stakeholders to contribute their part to meet the investment needs of the Expansion and Scale-up phases and attain the ending stunting goal.

Dr. Dereje Duguma
State Minister,
Ministry of Health

Acknowledgments

The development of this roadmap was initiated by the Seqota Declaration Federal Program Delivery Unit as part of the preparations for the Expansion Phase. Nutrition International through its TAN Project has then agreed to provide Technical Assistance and deployed Result for Development (R4D) to conduct evidence synthesis and develop a costed Roadmap based on the evidence generated. In this regard, we would like to acknowledge Nutrition International, formerly called the Micronutrient Initiative, under the Technical Assistance for Nutrition (TAN) program funded with UK aid from the Government of the UK for providing the finance required to identify and deploy R4D to work on this Roadmap as a Technical Assistance for Federal Program Delivery Unit. The NI TAN team has also made extensive contributions in reviewing the draft document and we are grateful for that too.

We would like to acknowledge the R4D team for their commitment and dedication in mobilizing the Seqota Declaration stakeholders during the evidence synthesis and development of the costed Roadmap. We appreciate their effort in finalizing this document irrespective of the COVID-19 challenges and security situation. Special thanks go to the technical team of SD implementing sectors who tirelessly worked in identifying the interventions and completing the costs tabs.

We are also grateful to PDU staff at the Federal and Regional levels for their leadership and contributions during the evidence synthesis and Roadmap development. We also extend our appreciation and thankfulness to the Steering Committee members who provided high-level leadership and guidance. We look forward to all stakeholders making use of this Roadmap to drive your financial contributions to make the Expansion and Scale-up Phases a success.

Dr. Meseret Zelalem
Director
Maternal and Child Health and Nutrition Directorate

Executive Summary

Advancing Ethiopia's efforts to reduce stunting is critical to accelerate socio-economic progress and development, and improve the health and educational attainment of current and future generations. As shown in the previous four Ethiopian Demographic and Health Surveys (2000 - 2016) there was a substantial reduction in stunting prevalence in children under five years from 52% to 38%. Despite this impressive progress in reducing stunting rates over the past decade, the burden of stunting in Ethiopia is high.

In July 2015, the Government of Ethiopia (GOE) launched the Seqota Declaration (SD), **a high-level commitment to end stunting in children under two years by 2030.** The declaration builds on and contributes to the National Nutrition Program II and the Food and Nutrition Strategy and implements a three-phased multisectoral approach to end stunting.

The SD Innovation Phase was implemented between 2016 and 2020 in selected 40 woredas in the Takeze basin (27 Amhara and 13 Tigray). The Innovation Phase included six innovations (Program Delivery Unit - PDU, Data Revolution, Community Labs, Costed Woreda-based Planning (CWBP), Agricultural Innovation and Technology Centers (AITEC), and The First 1000 Days Plus Public Movement), and various strategic multisectoral nutrition smart and infrastructure initiatives.

The SD Innovation Phase generated successful program experiences on how to better cultivate and coordinate political and sectoral commitment, delivery and technical capacity, collaborative engagement between key actors, and improved performance management practice at all levels, and provided good examples on effective way to mainstream crosscutting issues such as gender and social behavioral change and communication (SBCC) efforts across several sectors. The Innovation Phase also generated promising experiences on the introduction of high-impact nutrition smart interventions to improve household-level behaviors and practices on production and consumption of diverse, and nutrient-rich foods.[i] Learning and experiences from the Innovation Phase are synthesized and used to inform the SD Expansion and Scaleup Phases.[ii]

Building on lessons from the Innovation Phase and informed with global programmatic experiences, **the SD Expansion Phase (2021-2025) and the Scale-up Phase (2026-2030) will be implemented across all regions in 700 woredas and 350 woredas respectively.** The SD Expansion and Scaleup Phases will serve as a showcase to provide specific strategic, technical, and operational guidance on successful implementation of the national Food and Nutrition Policy and Strategy to achieve rapid and large-scale stunting reduction in children under two.

[i] Some of these key nutrition smart interventions are: complementary feeding demonstration, nutrition corners in farmers training centers, homestead gardening, small scale irrigation, biofortification of staple crops, improved animal husbandry (poultry, goat milk diary, fishery), school meal initiative, water purification technology, small scale drinking water supply scheme, rural road construction to improve market access in hard to reach areas.

[ii] See Annex 2 of this roadmap for an overview of these six innovations. See also Evidence Synthesis Brief for a more detailed examination of these innovations, including achievements and limitations during the Innovation Phase, and considerations for the Expansion and Scaleup Phases.

The SD Expansion and Scaleup phases aim to reduce the stunting rate in under two children to 14% by end of 2025 and to zero by end of 2030 from the current 28% and will implement high impact multisectoral nutrition-specific, nutrition-sensitive, and infrastructure interventions at high coverage, intensity, and compliance using the existing multisectoral government structures to achieve the following **eight strategic objectives** that are carefully identified to address the basic, underlying and immediate causes of stunting in the Ethiopia context.[i]

- **Strategic Objective 1:** Improve access to diverse, adequate, nutrient-rich, and safe food all year round
- **Strategic Objective 2:** Improve maternal, child, and adolescent feeding and health care practices
- **Strategic Objective 3:** Improve universal access to safe and clean water, and sanitation and hygiene services, and adoption of improved practices
- **Strategic Objective 4:** Enhance schools' role for improved nutrition practice and creation of nutrition change agents for the nation
- **Strategic Objective 5:** Increase the resilience of households and communities through social protection (social safety nets)
- **Strategic Objective 6**: Enhance women empowerment, gender equity, and child protection
- **Strategic Objective 7:** Enhance market accessibility and affordability of foods
- **Strategic Objective 8:** Foster an enabling environment for strong governance and coordination of multi-sectoral stunting reduction efforts

An estimated **USD 4.58 billion** is needed to implement the SD Expansion and Scale-up Phases. From this, **USD 2.66 billion** is needed **for the SD Expansion Phase (2021 - 2025)** and **USD 1.92 billion** is needed **for the Scale-up Phase (2026-2030)**. Federal and regional governments are primarily responsible for the financing of the Expansion and Scale-up Phases, while resources will also be mobilized from development partners, financial institutes, and donors to complement the government commitment.

The federal PDU, in collaboration with the SD implementing sectors, will facilitate proper governance of the SD at the federal level, and support and work closely with the regional PDUs and Food and Nutrition Coordination Offices (FNCOs) to facilitate vertical coordination between federal and regional actors. Regional PDUs and FNCOs, are responsible for the governance of the SD at the regional level, and support and work closely with the woreda coordinators based at the woreda administration offices to facilitate vertical coordination between region and woredas, and proper governance of the SD at the woreda level. **Once established, the Food and Nutrition Council/Agency will take over the responsibility of the SD governance.**

[i] See Annex 1 of this roadmap for the updated SD Theory of Change (TOC)

1. Background

In July 2015, the Government of Ethiopia (GoE) exemplified its commitment to nutrition by issuing the Seqota Declaration (SD) to eliminate child undernutrition and end stunting in Ethiopia by 2030. The 15-year Seqota Declaration Implementation Plan focuses on delivering high-impact nutrition-specific, nutrition-sensitive, and infrastructure interventions across multiple sectors.[i] Recognizing that ending child malnutrition requires coordinated efforts from all stakeholders, the declaration's implementation plan emphasizes improving adolescent, infant, and maternal nutrition; increasing access to nutrient-rich food all year round; improving access to water and hygienic services; building resilient social protection systems; supporting the economic empowerment of women; and improving access to education, especially for girls. The SD focuses on stunting because it is considered to be the best overall indicator of children's well-being and social inequities globally.

The SD builds on and contributes to the National Nutrition Program (2016-2020) and the Food and Nutrition Strategy (2021-2030) and implements a multisectoral plan with nutrition-specific, nutrition-smart, and infrastructure interventions over fifteen years (2016 - 2030).

The SD is being implemented in three phases. The Innovation Phase was implemented from 2016 to 2020 to pilot innovative programs in 40 woredas along the Tekeze river basin in Amhara (27 woredas) and Tigray (13 woredas). Amhara and Tigray were targeted for the Innovation Phase because the stunting burden in both regions was consistently above the national average in children under five (in 2016, the national average was 38%, compared to 46% in Amhara and 39% in Tigray) (EDHS 2016). The Expansion Phase will be implemented between 2021 and 2025 and seeks to expand these innovative pilot programs to 700 woredas. The Scale-up Phase will take place from 2026 through 2030 and will scale these innovations to additional 350 woredas.

The SD Innovation Phase (2016 to 2020) included six innovations to catalyze the delivery of SD strategic initiatives to reduce stunting.[ii] The Innovation Phase used existing multisectoral structures to implement these innovations based on the "learning by doing" principle.

The six innovations listed below are explained in Annex 2:

1. Program Delivery Unit (PDU),
2. Data Revolution,
3. Community Labs,
4. Costed Woreda-based Planning (CWBP),
5. Agricultural Innovation and Technology Centers (AITEC), and
6. The First 1000 Days Plus Public Movement.

[i] The sectors and ministries involved are: Agriculture (MoA), Education (MoE), Health (MoH), Labor and Social Affairs (MoLSA), Road and Transport (MoT), Women and Children's Affairs (MOWCYA), Water, Irrigation, and Energy (MoWIE), and Finance (MoF).

ii See Annex 2 of this report for an overview of these six innovations. See also Evidence Synthesis Brief for a more detailed examination of these innovations, including achievements and limitations during the Innovation Phase, and considerations for the Expansion Phase.

More effort is needed to break the intergenerational effect of stunting in Ethiopia. According to the Ethiopia Demographic and Health Surveys, stunting in Ethiopia has steadily declined over the past twenty years (from 52% in 2000 to 37% in 2019 in children under five, and from 40% to 28% in children under two, with high regional variation). The GoE has designed and implemented several pro-poor policies and strategies across different sectors in the last twenty years focused on multisectoral poverty reduction, food security, increased agricultural production, decentralized health systems, health extension programs, accelerated midlevel health care worker training, girls' and parental education, maternal nutrition, economic improvement, and water , sanitation, and hygiene (WASH) practices. Impacts from the implementation of these policies and strategies collectively contributed to the stunting reduction achieved in Ethiopia over the last twenty years.[1] Despite this progress, **the gains are insufficient to achieve the country's stunting reduction targets in either the short term** (the NNP II target of reducing stunting in children under five to 26% by 2020) **or long term** (World Health Assembly target of 40% reduction in number of stunted children by 2025, and SD target of zero stunting by 2030 in children under two). Further, the rate of reduction is lower for children under two than for children under five (an annual average rate of reduction of 1.8% compared to 2.25%, respectively). This difference indicates the country is far from breaking the intergenerational consequences of early stunting, as stunting at early life leads to stunted adulthood/mother that has an association to stunting of the next generation.

Advancing Ethiopia's efforts to reduce stunting is critical to accelerate socio-economic progress and development, and improve the health and educational attainment of current and future generations. According to the Cost of Hunger in Africa Report (2013), because of factors associated with undernutrition, Ethiopia loses 17% of GDP each year, which slows down the country's ambition to achieve inclusive growth and become a lower-middle-income country by 2025. If Ethiopia achieves the WHA target of a 40% reduction in the number of stunted under five children by 2025, the cumulative increase in income for the non-stunted workforce would be USD 16 billion from 2035 to 2060 (assuming the workforce is not stunted from the year they enter the labor force to the end).[2] This is partially driven by the significant health and education impact stunting wreaks across generations. Stunting begins in the prenatal environment leading to low birth weight and continues with growth faltering in the first two years, after which it is generally irreversible.[3] Consequences of early stunting extend to the next generation; maternal stunting before 24 months of age is associated with a lower birth weight in the next generation.[4,5] The vicious cycle of undernutrition and disease means that stunted children are more likely to become sick due to their immunodeficiency status and sick children are more likely to become stunted due to poor nutrient consumption and absorption.[6] Stunting also carries an elevated risk of death. A moderately stunted child carries twice the risk of dying compared to a non-stunted child, while the mortality risk is more than four-fold among severely stunted children.[7] Stunting leads to lost growth potential associated with school achievement and reduced earnings.[8]

The implementation of the SD six innovations during the Innovation Phase generated adequate insights and lessons that will guide the GoE on how to advance the stunting reduction efforts through strengthened governance and coordination of the multisectoral nutrition efforts at all levels and increased delivery capacity and commitment of the SD implementing sectors for the implementation of high impact interventions. See the Evidence Synthesis Report for more details about the specific lessons learned from these innovations (defined in Annex 2 of this report).

Building on lessons from the Innovation Phase, the SD Expansion, and Scale-up Phases will serve as a showcase to provide specific strategic, technical, and operational guidance on successful implementation of the national Food and Nutrition Policy and Strategy to achieve rapid and large-scale stunting reduction in children under two. It will continue cultivating the political will and commitment created during the Innovation Phase at both the national and sub-national levels through strong advocacy efforts to expand the support and resource base to achieve an enhanced stunting reduction in Ethiopia over the next ten years. When it is replicated at scale, the best practices from the SD Innovation Phase can effectively drive accountability, multisectoral coordination and collaboration, adequate and sustainable financing, and improved planning for multisectoral nutrition response towards rapid stunting reduction in Ethiopia.

The SD Expansion and Scale-up Phases will provide a package of high-impact nutrition-specific, nutrition-sensitive, and infrastructure interventions to be implemented with high coverage, compliance, and intensity to ensure individual sectors meaningfully contribute to ending stunting in children under two by 2030.

2. The SD Expansion and Scale-up Phases Roadmap

This document serves as a Roadmap for the SD Expansion and Scale-up Phases, drawing on evidence and lessons from the SD Innovation Phase, activity plans from the GoE's nutrition-relevant sectors, and programmatic evidence of successful nutrition interventions to identify the activities to expand.[i] It leverages existing sectoral expertise, structures, and resources, and seeks to identify and fill their capacity gaps to ensure sectors fully own and manage the planning, implementation, monitoring, and evaluation of their high-impact nutrition interventions.

The Roadmap **defines the main approaches, interventions, and milestones needed to translate the rationale for the SD Expansion and Scale-up Phases into specific sectoral actions** to drive rapid stunting reduction in children under two between 2021 and 2030 in Ethiopia. It will also **serve as a strategic communication tool** to 1) onboard critical stakeholders on the scale-up efforts and facilitate their continued commitment, 2) conduct resource tracking and mobilization from all stakeholders, and 3) provide the accountability needed to achieve the SD goal.

The Roadmap was developed **under the leadership of the SD Federal Program Delivery Unit (F-PDU) in the Federal Ministry of Health (MoH)**, and with technical assistance support provided by Results for Development (R4D). **With the F-PDU, eight SD implementing sector ministries** namely the Ministry of Health (MoH), Ministry of Agriculture (MoA), Ministry of Water, Irrigation and Energy (MoWIE), Ministry of Labor and Social Affairs (MoLSA), Ministry of Education (MoE), Ministry of Women, Children and Youth Affairs (MWCYA), Ministry of Road and Transport (MoT), and Ministry of Finance (MoF) **will be responsible for the implementation of the SD Expansion and Scale-up phases. These sectors played a lead role collectively and individually in the process of the SD Roadmap development.** Different co-creation workshops were organized with focal persons from these sector ministries and the F-PDU team to adequately and jointly brainstorm and set intervention ideas, and outline the approaches and content of the Roadmap based on the recommendations from evidence synthesis of the SD Innovation Phase, and global and Ethiopia programmatic experience review. An advisory team formed by the F-PDU was also engaged and consulted to bring in perspectives from diverse experts and leaders in multisectoral nutrition and seek guidance and advice about the key aspects of developing and costing the Roadmap.

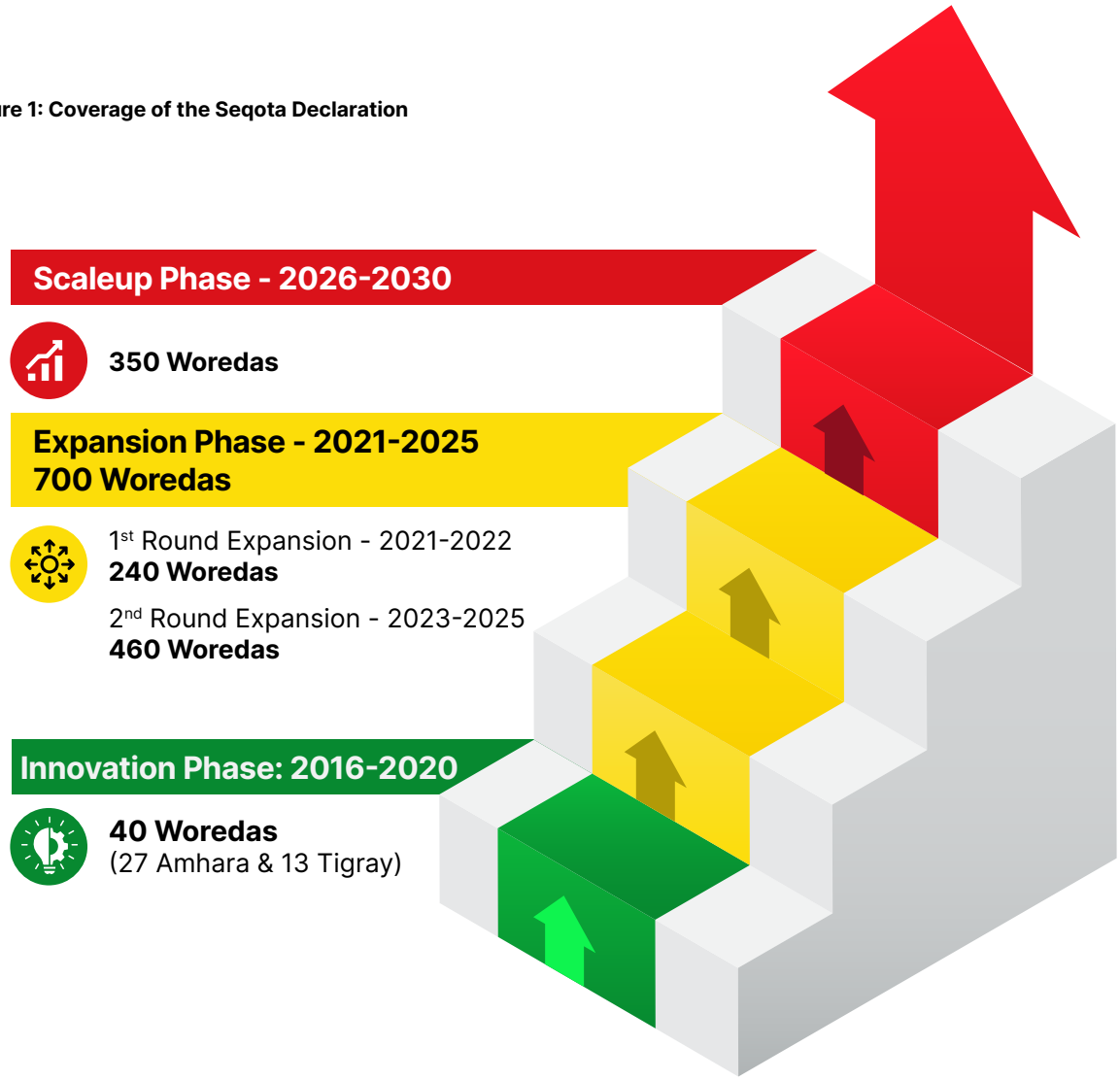
[i] Please see "Synthesized Learnings from the Seqota Declaration Innovation Phase and Evidence on High-Impact Nutrition Interventions: Considerations for the Expansion Phase Roadmap Development," for a full assessment of the SD Innovation Phase and resulting recommendations.

3. Geographic Location

The SD will be implemented nationally, in all **1050 woredas** by 2030. It covers **700 woredas** in the Expansion Phase including the 40 woredas from Innovation Phase, and an additional **350 woredas** in the Scale up-Phase.

The level of SD geographic expansion was decided through an inter-ministerial meeting that provided leadership for SD implementing sectors. The decision was made based on a combination of factors, including a sectors' ambition to accelerate stunting reduction, the opportunity for continued large-scale government-led programs that contribute to the SD goal, and the potential contribution of the country's ten-year inclusive economic development plan to nutrition outcomes. A critical mass of woredas generally considered to have a high stunting burden (e.g., all Productive Safety Net Program (PSNP) woredas) will be reached during the Expansion Phase.

Figure 1: Coverage of the Seqota Declaration



4. Seqota Declaration Vision, Mission, and Goals

The SD Expansion and Scale-up Phase Roadmap is guided by the below vision, mission, and goals.

Vision

We aspire to see Ethiopia's children free from undernutrition.

Mission

We will work to end stunting in Ethiopia for children under two years through effective coordination and collaboration of efforts across sectors, communities, and our development partners, focusing on high impact nutrition-specific and nutrition smart interventions and social behavior change communication (SBCC) with special consideration for cross-cutting issues, such as gender mainstreaming, environment, and integrated community development approaches.

Goal

To end stunting in children under two by 2030.

Intermediary Goals

- To reduce stunting in children under two to 14% by 2025 from the current 28%.
- To achieve ≥ **3% AARR** of stunting in children under two between 2021 and 2030

Assumptions

Informed with the programmatic experiences in the SD Innovation Phase and global and national evidence review, the goal and high-impact interventions for the SD Expansion and Scale-up Phases are proposed based on the following key assumptions:

- Stunting continues as the main outcome of the SD Expansion and Scale-up Phases with 28% stunting prevalence in under two children (mini-EDHS 2019) as a baseline.
- The GoE sustains its commitment to acting at scale both in financing and implementing high-impact interventions in the expanded geographies to end stunting in children under two by 2030.
- A threshold of minimum 70% implementation coverage for high-impact interventions to achieve the required annual average stunting reduction rate of ≥3% to end stunting in children under two by 2030.

5. Strategic Investment Pillars for Expansion and Scaleup Phases

The SD Expansion and Scale-up Phases are informed by the findings from successful programs in Ethiopia and across the globe on child stunting reduction. These findings suggest high-impact interventions across agriculture, health, WASH, education, social protection, women empowerment and child protection, and infrastructure sectors and overall multisectoral nutrition governance are critical to addressing the proximate, intermediary, and underlying determinants of stunting.[i]

Successful implementation of high-impact interventions at scale is more likely to be achieved when they are categorized and implemented according to the level of investments and accountability mechanisms they require. Evidence from global programmatic experience suggests that at least 70% implementation coverage of high-impact interventions is required to achieve the desired high stunting reduction (≥3% AARR). Based on this evidence base and their current coverage status and complexity of the associated barriers for low coverage, availability of existing platforms, and their potential contribution to creating an enabling environment for enhanced delivery and impact of cross-sectoral interventions, the high-impact interventions proposed for SD Expansion and Scale-up Phases are categorized into the following **four strategic investment pillars**

LIFTING

The **"lifting"** investment pillar aims to raise the coverage and/or compliance of high-impact direct nutrition interventions across different sectors where current coverage is considered to be low, and which need innovative or highly intensive implementation to meet the minimum 70% coverage requirement. The SD PDUs and FNCOs will demonstrate direct responsibility and accountability to improve coverage and compliance of these interventions through strong resource mobilization, and facilitation of their implementation at scale, in close collaboration with the implementing sectors. Some of the innovations tested during the Innovation Phase—such as the "Community Labs" and "the first 1000 Days Plus Public Movement for social and behavior change"—can be excellent drivers of interventions in this category.

[i] For a full examination of the global evidence, please refer to the "Synthesized Learnings from the Seqota Declaration Innovation Phase and Evidence on High-Impact Nutrition Interventions: Considerations for the Expansion Phase Roadmap Development".

BACKSTOPPING

The **"backstopping"** investment pillar aims to ensure timely and quality delivery of high-impact nutrition interventions that would be routinely planned, implemented, monitored, and evaluated by the associated implementing sectors. The SD PDUs and FNCOs will support sectors through technical assistance to ensure interventions are being planned and financed directly by the relevant sectors. Although sectors will be responsible for financing these interventions, the SD PDUs and FNCOs can assist in resource mapping and mobilization strategies. Lastly, the SD coordination office could provide sector-specific technical assistance (TA) related to the design and delivery of specific interventions based on the sectoral TA needs.

LEVERAGING

The **"leveraging"** investment pillar aims to enhance the nutrition sensitivity of routine or cross-cutting sectoral interventions that have been identified as high-impact interventions in reducing stunting. The SD PDUs and FNCOs will provide light-touch support to respective sectors through developing and sharing technical guidance on mainstreaming nutrition across these interventions. High coverage of interventions in this category is critical to enhancing their contribution to reducing stunting, and FPDU and FNCOs will regularly analyze and track their coverage and advocate with relevant sectors to improve and maintain the interventions coverage above the 70% requirement. Since these interventions are already routine and have well-established financing mechanisms, the SD will only be responsible for any additional funding for the sensitization support.

ENABLING

The **"enabling"** investment pillar aims to support and adapt the multisectoral nutrition response governance innovations tested during the Expansion and Scale-up Phases. The SD will expand and institutionalize the innovations across different administrative structures to facilitate an enabling ecosystem for the delivery of nutrition-smart interventions. These innovations include the Program Delivery Unit/Food and Nutrition Coordination Office, the Nutrition Human Resource, Data Revolution, the Costed Woreda-based Planning, and the Community Lab. The SD PDUs and FNCOs will be responsible for financing, planning, implementing, monitoring, and evaluating the ongoing governance interventions in close collaboration with relevant sectors.

Figure 2: SD Expansion and Scale-up Phases Intervention Priorities by Investment Pillars

	Lifting sectoral high impact direct nutrition interventions considered to be low coverage	**Backstopping** routine high impact direct nutrition interventions across sectors	**Leveraging** routine high-impact non-direct nutrition interventions across sectors
Agriculture	- Improved diary, poultry, and fish production and consumption - Improved production and consumption of nutrient-rich horticulture - Biofortification of staple crops (maize, potato, bean) - Local food processing (e.g. dried meat powder and egg powder)	- Strengthen farmer training centers - Food safety practice - Post-harvest loss - Staple crop diversification - Agriculture workers training on nutrition-sensitive agriculture	- Large scale irrigation farm - Transform smallholder productivity and income (agricultural inputs, extension services) - Natural resource management
Health	- Optimum breast feeding - Minimum acceptable diet, diet diversity, and animal source consumption by infants and young children and pregnant and lactating women (PLW) - Multiple micronutrient supplementation for pregnant women	- Early identification and treatment of acute malnutrition - Child Growth Monitoring Promotion - Vitamin A Supplementation - Deworming - Health workers training on nutrition-related services	- Family planning - Child immunization - Antenatal care, Post-natal care, and skilled delivery - Integrated management of childhood illnesses - Malaria prevention and treatment - Strengthening Health Extension Program
WASH	- Improved latrine and basic hand washing facility for households - Universal access to clean, adequate and safe water through small scale water supply scheme	- Household and community-based WASH promotion	- Universal access to clean, adequate and safe water through large scale water supply scheme
Education	- Girls' education - Expansion of model home-grown school feeding program (Ethiopia school meal initiative model) - Student participation in school and family nutrition promotion activities, especially adolescents girls	- Training of teachers on nutrition sensitive education - School curriculum revision to adequately incorporate nutrition	- General school-based nutrition, WASH, and reproductive health promotion and services

	Lifting sectoral high impact direct nutrition interventions considered to be low coverage	**Backstopping** routine high impact direct nutrition interventions across sectors	**Leveraging** routine high-impact non-direct nutrition interventions across sectors
Social Protection	- Pulse transfer to PLW - Medical fee waiver to all malnourished children - Conditional cash / food transfers to community nutrition champions	- Train social safety net staff and social workers on nutrition sensitive social protection	- General Productive Safety Net Program - Medical fee waiver to indigents
Women, Children & Youth Affairs	- Supportive social environment for proper child, PLW, and adolescent girls care and feeding - Male involvement in child nutrition and care	- Women's social empowerment and gender equity - Child day care / Early Childhood Development expansion	- Labor, time, and energy-saving technology for domestic work - Women economic empowerment
Nutrition smart value chain and infrastructure	- Perishable food supply chain standard and directives development - Construction of road to very hard to reach areas	- Financing facility to actors in perishable food value chain especially women producers - Food market linkages and affordability	- General rural road development and networking

Enabling Ecosystem

- **Fostering Political Commitment and Leadership**
- **Multisectoral Coordination and governance**
  - FNCOs, PDUs, Woreda Coordinators
- **Human Resource for Nutrition**
  - Career structure and recruitment of sectoral nutrition experts
- **Costed Woreda-based Planning**
  - Nutrition resource tracking and budget gap analysis; resource mobilization at all levels; efficiency improvement and allocative decision
- **Data Revolution**
  - Data use culture (data demand for decision making, analysis, and visualization)
  - Performance management and adaptation
    - o Web based data system (UNISE and YAZMI (a smartphone-based tool that operates through satellite connection))
    - o Key performance indicator (KPI) manual tracking and rating (Scorecard)
    - o Collaborative review and learning
  - Baseline and Evaluation including annual outcome monitoring
- **Coordination of cross cutting innovations**
  - Community labs (community participation and ownership; local resource mobilization)
  - The 1000 days public movement mainstreaming
  - Expansion of model nutrition-smart infrastructures / technologies and innovations across different sectors and genders

6. Strategic Objectives

The evidence reviewing Ethiopia's programmatic experience and impact analysis, and the Exemplars in Global nutrition work indicate that the implementation of high-impact interventions at scale, with increased intensity and coverage (70% coverage), in addition to innovative governance and accountability mechanisms (such as Program Delivery Units (PDUs) and Food and Nutrition Coordination Offices) – will result in a significant reduction in stunting (≥3% AARR).

Based on the programmatic experiences of accelerated reduction in child stunting in Ethiopia, the food and nutrition strategy, and lessons learned across different countries, the following **eight strategic objectives** should be implemented at scale in the SD intervention areas during the SD Expansion Phase (2021-2025) and Scale-up Phase (2026-2030).

- **Strategic Objective 1:** Improve access to diverse, adequate, nutrient-rich, and safe food all year round
- **Strategic Objective 2:** Improve maternal, child, and adolescent feeding and health care practices
- **Strategic Objective 3:** Improve universal access to safe and clean water, and sanitation and hygiene services, and adoption of improved practices
- **Strategic Objective 4:** Enhance schools' role for improved nutrition practice and creation of nutrition change agents for the nation
- **Strategic Objective 5:** Increase the resilience of households and communities through social protection (social safety nets)
- **Strategic Objective 6**: Enhance women empowerment, gender equity, and child protection
- **Strategic Objective 7:** Enhance market accessibility and affordability of foods
- **Strategic Objective 8:** Foster an enabling environment for strong governance and coordination of multi-sectoral stunting reduction efforts

Strategic Objective 1: Improve access to diverse, adequate, nutrient-rich, and safe food all year round

A successful agricultural production system contributes to household food and nutrition security by increasing availability, affordability, and consumption of diverse, nutrient rich, and safe food throughout the year. Increased household food and nutrition security in turn contributes to increased household income and, eventually, poverty reduction.

According to the Comprehensive Food Security and Vulnerability Analysis by WFP, in Ethiopia, nearly 21% of households are food insecure.[10] This analysis also shows poor nutrition security in Ethiopia, with over half of Ethiopians consuming four or fewer food groups out of the recommended seven in a week;[i] on average, households consume meats and fruits less than one day a week, and per capita milk consumption is seventeen kilograms per year, which is much lower than the consumption in other countries (e.g. Tanzania, Uganda and Kenya) with smaller cattle populations.[10] The ability of households to produce, purchase, and access diverse foods is generally limited among Ethiopian households due to poor productivity, food market system and affordability, and low nutrition literacy.[11]

Innovation Phase Experiences

Key interventions that increase production and consumption of diverse foods by households with a primary focus of improving the nutritional status of infant and young children (IYC) and pregnant and lactating women (PLW) were implemented in the SD Innovation Phase. Priority was given to the food types that are less accessible to households because of low production practices and/or unaffordable market prices for a majority of households, such as eggs, milk, fish, fruits and vegetables, and nutrient-rich biofortified crops.

The Innovation Phase particularly tried to address access barriers to improved animal breeds and their feeds, and crop seeds through close collaboration with private farms and youth group enterprises, and successfully mobilized resources from the agriculture sector and non-governmental organizations (NGOs) for free distribution to PLW. These efforts were further supported by establishing nutrition corners in Farmer Training Centers (FTCs) to improve the overall awareness of and practices for diverse food preparation and consumption by households, with a focus on PLW and their children. Small scale irrigation, innovative homestead gardening (e.g. key hole gardening), and climate-smart technologies to promote land treatment and reduce post harvest loss were also introduced as mechanisms to increase agricultural productivity.

If implemented at scale, these interventions will help to overcome the unacceptably very low diet diversity score by household, and eventually contribute to accelerated reduction of stunting in Ethiopia.

[i] The food groups used in the analysis for household diet diversity score are: (1) starch (2) pulses, (3) vegetables, (4) fruits, (5) meat, (6) diary, (7) oil and fat, (8) sugar.

Based on learnings from the SD Innovation Phase and global experience, the SD Expansion and Scale-up Phases **will facilitate the implementation of high impact nutrition-sensitive agriculture sector interventions at scale to enhance the household capacity to produce and consume more diverse, nutrient rich, and safe food to end stunting in children under two.** It will particularly seek to achieve the following results:

Result 1.1 Improved production of diverse nutrient rich food all year round

Result 1.1.1 Improved production and consumption of poultry and poultry products

Egg play an important role in child nutrition by providing nutrients important to childhood growth and development. According to the recent poultry production review by FAO, in Ethiopia, the poultry sector is dominated in rural areas by family poultry production of indigenous breeds that scavenge around homestead areas, while intensive poultry farming businesses of exotic breeds is expanding in urban and semi-urban areas.[12] This review shows about 56% of Ethiopian households have poultry holdings with flock sizes ranging between one and nine chickens. Critical challenges to poultry production in Ethiopia are access to improved breeds, feeds, and veterinary services, and poor knowledge of improved poultry production practices.[12] Egg and poultry meat consumption per capita in Ethiopia is much below the African average. Only 17% of Ethiopian children consumed eggs in the previous 24 hours (Morris, Beesabathuni, & Headey 2018a).

Innovation Phase Experiences

During the Innovation Phase, poultry production was one of the successful interventions implemented through the agriculture sector. Partnership was created between the agriculture sector and the private poultry farms to grow and supply one-day-old chicken and feeds to PLW. Adequate orientation was also provided to PLW on proper poultry farming. PLW were prioritized to ensure the immediate contribution of the intervention to stunting through increased egg consumption by PLW and their children.

The SD Expansion and Scale-up Phases will continue targeting households with pregnant and lactating women (PLW) **to lift the current low consumption of eggs, particularly for PLW and their children aged 6 to 23 months** by ensuring surplus production that satisfies both the consumption and additional income need of the PLW through family poultry production.

The following priority activities will be implemented at scale:

- Organize youth in improved chicken breed and poultry feed-producing enterprises and link them to household poultry farms
- Facilitate free distribution of one-day-old chicken and feed to PLWs by agriculture sectors and NGOs
- Establish and strengthen poultry production training and demonstration sites (within existing FTCs) to ensure adoption of improved poultry production by households at scale
- Improve access to poultry veterinary services and feeds to households
  Train PLWs and family members on improved poultry production practices and egg consumption.

Result 1.1.2 Improved production and consumption of dairy products

Milk and milk products are excellent sources of protein, vitamins, and minerals important to child growth and development. In Ethiopia, dairy production in rural households is widely practiced both for consumption and income generation, but the average annual milk consumption per capita in Ethiopia is much lower than the consumption in other African countries. This suggests poor milk productivity leads to milk shortages.[11] Cattle are the main source of milk in Ethiopia (78%), while camel (19%) and goat (3%) also serve as sources of milk mainly in pastoral and agro-pastoral areas.[13] Dairy production is constrained by productivity challenges because of low milk production by local cattle, and poor access to improved veterinary services, artificial insemination, improved cattle breeds, and foraging. Poor hygienic milk production practice is another challenge.[14]

Innovation Phase Experiences

During the Innovation Phase, goats milk consumption by IYC and PLW was promoted through free goat distribution to households with PLW, and in some communities where goat milk was not familiar, through social and behavior change communication involving religious leaders. The key learning from the promotion of dairy products by PLW and IYC from the Innovation Phase was the need for free distribution of goat and feeds, veterinary support, and the involvement of religious leaders to promote consumption of goat milk.

To address the critical challenge related to low animal source food consumption in Ethiopia, the SD Expansion and Scale-up Phases will seek to **lift the current low access to and consumption of milk and milk products by PLW and IYC**, and will undertake the following priority interventions:

- Provide goat to poor households with PLW in areas goat milk is consumed
- Supply feeds for goat milk and milk product production to households with PLW
- Improve access to goat veterinary services and feeds to households
- Establish and strengthen dairy production training and demonstration sites (within existing FTCs)
- Train PLs and family members on improved and hygienic dairy production practices and dairy consumption by PLW and IYC
- Establish community level animal feed concentrate processing centers in selected woredas
- Finance artificial insemination (AI) services to increase population of improved breed cattle / cows in SD kebeles

Result 1.1.3. Improved production and consumption of fish and fish products

Fish plays an important role in food security and is an excellent source of rich nutrients. Ethiopia has the potential to annually produce an estimated 51,000 metric tons (MT) of fish, with an estimated current annual fish production of 29,000 MT, mainly from the six big lakes (75%) and 25% from other small lakes and rivers. Fish consumption is generally very low (less than 0.5kg annually per capita compared to 9kg for Africa), and accounts for 1% of animal protein intake, compared to 19% for Africa. This limits the fish contribution to food and nutrition security in Ethiopia.[15] Poor fish supply and challenges in the value chain, low demand for consumption, and poor technical and material support to the sector are major constraints to fish production and consumption in Ethiopia.[16]

Innovation Phase Experiences

Among the fish farming-related experiences worth considering for the Expansion and Scale-up Phases of the SD was the behavior change towards fish and fish consumption with the involvement of religious leaders, and the support provided to youth associations who engaged in fish farming from the Tekeze River to improve market linkages and post-harvest lose through road construction and accessibility of refrigerated trucks. Improved involvement of the communities near the Tekeze River in fish farming improved access and consumption of fish by the wider communities in some Innovation Phase woredas.

The SD Expansion and Scale-up Phases will seek to **lift demand for fish consumption** through strong behavior change communication (BCC) including assessing demand barriers, and work closely with the agriculture office, job creation commission, and trade and industry office **to expand fish production and markets, including cold chain systems in selected SD woredas** by linking it to the ongoing youth job creation effort. The SD will undertake a feasibility assessment and support expansion of pond construction (household level pond for selected PLW and communal woreda level ponds for youth enterprise), road construction, and cold chain supply for expanded fish production in selected SD woredas.

Result 1.1.4. Improved production and consumption of nutrient rich fruits and vegetables

Fruits and vegetables play an important role in human nutrition and health due to their high vitamin and mineral content. In Ethiopia, cultivation and consumption of vegetables and fruits are extremely suboptimal. About 42% and 76% of households didn't engage in production of any common vegetables and fruits respectively.[17] Ethiopia meets only 36% of the WHO-recommended volume of average fruit and vegetable consumption (146 kg per year per capita, or at least two servings of fruits and three servings of vegetables per day).[10] A household in Ethiopia should spend 11% of their income on average to meet this WHO recommendation, and this is 2.5 times more for poor households, indicating an association between low consumption and market price driven by low production of fruits and vegetables.[18]

Innovation Phase Experiences

The involvement of private sector and the community seed producers in the production of fruit and vegetable seedlings, and the associated promotion to improve backyard gardening practices by households with PLW through free seed / seedling distribution and intensive awareness creation efforts were the great success from the Innovation Phase that can be easily replicated at scale. In communities where water is critically scarce, keyhole gardening using household water waste (less labor and water intensive and does not require costly fertilizers or pesticides), and small-scale river dam construction were introduced and used, to widely expand production of fruits and vegetables. A small scale and cost-effective greenhouse model was also designed and introduced to early adopter households to promote protected vegetable production. Involving religious leaders and community open days were found to be key approaches to easily promote adoption of new nutrient rich vegetables (e.g. pumpkin).

To address this, the SD Expansion and Scale-up Phases will **enhance the production and consumption of fruits and vegetables by PLW and their children** through the following priority activities:

- Support households (priority to households with PLW) by constructing small scale river dam and other community water harvesting structures (e.g. hand-dug well, small scale river dam), and distributing water pumps for irrigation of fruits and vegetables production during dry season
- Provide improved seedling of fruits and vegetable seeds to households with PLW
- Facilitate adoption of fruit and vegetable cultivation in areas with no or less production by establishing fruit seedling multiplication centers
- Promote underutilized nutrient rich fruits and vegetables through BCC
- Promote keyhole gardening
- Promote protected agriculture greenhouses
- Promote expanded practices of homestead gardening during rainy season
- General public awareness on fruits and vegetables consumption
- Promote agro-ecology-based food recipes
- Increase market share and availability of nutrient dense vegetables and fruits by constructing vegetable and fruits market sheds

Result 1.1.5. Improved production and consumption of diversified staple crops, including bio-fortified crops (e.g., quality protein-rich maize (QPM), orange-fleshed sweet potato (OFSP), iron and zinc rich bean (IZRB))

Diversification of crop production without harming the farming efficiency contributes to stunting reduction. In Ethiopia, the average caloric consumption in the general population has generally improved, but the high percentage of calories derived from cereal staples (71%) indicates very poor diet diversity.[10] Although maize provides essential nutrients, it lacks adequate amino acids important to child growth and development. In areas where maize accounts for over 50% of daily caloric requirement, protein malnutrition may exist widely.[19]

Innovation Phase Experiences

Orange-fleshed sweet potato (OFSP) and Quality Protein Maize (QPM) were successfully promoted in the Innovation Phase through strong awareness creation effort of its value add to improve household nutrition security. Early adopters of both the OFSP and QPM were supplied with seed. In collaboration with agriculture research institutes, iron and zinc-rich bean (IZRB) were successfully experimented and ready for expansion, which will be the major intervention to prevent zinc and iron deficiency anemia in the general population in Ethiopia if implemented at scale.

To address this, the SD Expansion and Scale-up Phases seek to **lift the diversity of crop production and consumption in SD woredas** by working closely with the agriculture sector on the following priority initiatives:

- Improve farmer awareness of the benefit of crop diversification for nutrition security
- Facilitate increased demand for QPM, OFSP, and IRZB, and work with agriculture research institutes and universities to multiply and distribute QPM seeds to poor households
- Identify potential priority crops (such as pulses) that can diversify the existing staple cereals across different agroecology, and work with agricultural research institutes and universities to multiply and supply poor households with improved seed
- Install small scale irrigation to promote diverse and year-round crop production, including pulses

Result 1.2. Improved food safety practices

According to WHO definition, aflatoxins are poisonous substances produced by certain kinds of fungi (molds) that are naturally widespread; they can contaminate food crops and pose a serious health threat to humans and livestock. Evidence demonstrates existing high public health risks of aflatoxin in Ethiopia due to increased contamination of staple cereals and animal husbandry with mycotoxins.[20]

To address this, the SD Expansion and Scale-up Phases will provide technical assistance (TA) support to the Ministry of Agriculture at the federal, regional, and woreda levels to design and implement food safety improvement strategies and will organize awareness creation training for households on good food safety practices.

Result 1.3. Improved food safety and post-harvest management practices across the food system

Post-harvest food loss is a major concern that affects food security in Ethiopia.

Innovation Phase Experiences

During the Innovation Phase, post-harvest technologies such as airtight bags/hermetic bags and metal silos were successfully introduced and promoted to reduce post-harvest loss through strong demand creation and distribution to early adopters. Training was also provided to farmers to improve their post-harvest management and food safety practices.

To address this, the SD Expansion and Scale-up Phases will **provide TA support to the Ministry of Agriculture at the federal, regional, and woreda levels to design and implement a post-harvest loss and food safety improvement strategy** across the food value chain from production to consumption, and to enhance awareness of the key actors across the food value chain. Post-harvest technologies such as airtight bags/hermetic bags and metal silos will be distributed to farmers in SD Expansion and Scale-up Phase kebeles with adequate training to improve household post-harvest management practices.

Result 1.4. Enhanced capacity of agriculture sector staff and farmers / pastoralist training centers on nutrition-sensitive agriculture

Building capacity of agriculture sector staff is essential to improve quality planning, implementation, and monitoring of nutrition-sensitive agriculture interventions.

Innovation Phase Experiences

During the Innovation Phase, farmer training centers were strengthened and supported to establish nutrition corners. The nutrition corner consists of a display room for nutrient rich seeds; a cooking demonstration corner; and a food preservation demonstration corner (dried vegetables, bottling technologies). Capacity building trainings were provided to the Agriculture Extension Workers on proper delivery of the nutrition-sensitive agriculture interventions and on use of nutrition corners for demonstration that promotes production, food safety, cooking, and consumption of diverse food.

To address this, the SD Expansion and Scale-up Phases will **provide TA support to the Ministry of Agriculture to assess and fill the capacity building needs of the agriculture sector staff**, including agriculture extension workers, woreda supervisors, and food and nutrition focal persons at the regional and federal levels on nutrition-sensitive agriculture. The SD will use coaching and mentoring support through the deployment of TA providers on different nutrition-sensitive agriculture technical areas including on how to use Community Labs for improved nutrition-sensitive agriculture practices, and organize targeted face-to-face training for agriculture sector staff at all levels. Construction of model nutrition corners within the existing FTCs will also be promoted and supported with key equipment and supplies.

Result 1.5. Improved consumption of diversified and nutrient rich foods

During the Expansion and Scale-up Phases, the SD will provide TA support to the agriculture sector to develop and use standard SBCC messages, mainstream guidelines and materials (both electronic and print) to strengthen the overall nutrition sensitive practices, and enhance education and promotion of consumption of diverse and nutrient rich foods. Efforts will also be made to improve access to locally-processed nutrient rich foods through organizing and training youth and women enterprises on value addition of selected foods and supporting them with small scale processing/technologies that support local food processing and value adding practices.

In close collaboration with the Ministry of Trade and Industry, the SD will promote and support private sector and farmer cooperative associations to produce and market dried meat powder and egg powder to overcome low access to and consumption of meat and egg by young children and PLW. This will include a feasibility study, investor incentives including a market guarantee (procure and distribute for free or highly subsidize the end product), and technical assistance support. Dried meat powder and egg powder consumption will also be intensively promoted as part of the HEWs complementary feeding preparation and cooking demonstration activities.

Result 1.6. Strengthened advocacy for improved nutrition sensitivity of routine agriculture interventions

Innovation Phase Experiences

The partnership between the federal and regional governments for the construction of medium-scale irrigation schemes to promote year-round production and consumption of diverse crops was one of the best learnings for the Expansion and Scale-up Phases of SD. However, the delay in project implementation should be addressed during the Expansion Phase with timely resource mobilization.

In addition to the above high impact, direct agriculture sector nutrition interventions that require intensive resource and technical assistance support to lift their current low coverage, **the SD Expansion and Scale-up Phases will strategically engage with the Ministry of Agriculture structures at the federal, regional, and woreda levels to leverage the routine agriculture interventions which have already been implemented at scale and identified as high impact to reduce child stunting.** The SD will ensure critical macro and micro-level barriers related to these interventions are identified and addressed through a well-designed issue identification/tracking mechanism and advocacy plan to gain additional depth and coverage for these interventions. Some of the provisional SD interventions will include:

- Advocate for enhanced large scale agricultural irrigation schemes for dry season crop production with consideration of pulses to diversify the target crops for the scheme
- Advocate for increased subsidies and access to financial facilities for smallholders to purchase and use accessible and affordable agricultural supply inputs (pesticide, fertilizer, insecticide) and technology (tractor and harvesting machines), especially for women farmers

- Advocate for financial and market access to energy and time saving agricultural technologies by women to enhance women engagement in agricultural production
- Advocate for universal access to veterinary services for small breeding as well as livestock, cattle
- Advocate for enhanced climate-smart agriculture techniques and resources and natural resource management (e.g. soil management, pest management, grazing plans)

Table 1: Target for SD Strategic Objective 1 Outcome – Improve access to diverse, adequate, nutrient-rich, and safe food year-round

Indicator	Baseline	Target*			
		2023	2025	2028	2030
Proportion of rural HHs with PLW reported owning chickens for egg consumption at least by PLW or children 6-24 months	Not Available	40%	50%	65%	70%
Proportion of rural HHs with PLW reported owning cow or camel or goat for milk and milk product consumption at least by PLW or children 6-24 months	Not Available	60%	70%	70%	70%
Proportion of HHs with PLWs reported having access to fish and fish products either from market or own fish production pond	Not Available	20%	30%	50%	70%
Proportion of HHs reported having access to fruits for consumption at least by PLW or children 6-24 months from backyard/home gardening or from market	Not Available	70%	80%	80%	80%
Proportion of HHs reported having access to vegetables for consumption at least by PLW or children 6-24 months from backyard/home gardening or from market	Not Available	70%	80%	80%	80%
Proportion of HHs reported have access to nutrient rich bi0forified food (e.g. OFSP, QPM, IZRB)	Not Available	30%	40%	50%	70%
Proportion of HHs practicing food safety practices in the last 24 hours	Not Available	70%	70%	70%	70%
Proportion of HHs using post-harvest technologies for food storage	Not Available	70%	70%	70%	70%
Percentage of HH dietary diversity score improved	Not Available	70%	70%	70%	70%
Proportion of kebeles having functional and well-equipped farmers / pastoralist training center	Not Available	70%	70%	70%	70%

*Means of verification is by conducting mid- and end-line evaluations both for the Expansion and Scale-up Phases. Our evidence synthesis suggested the need to achieve >=70% targets across nutrition specific, nutrition sensitive and infrastructure interventions to meaningfully contribute for the country's goal to end stunting by 2030.

Strategic Objective 2: Improve maternal, child, and adolescent feeding and health care practices

This strategic objective focuses on identifying and addressing critical behavior and service-related barriers to improved child and maternal feeding practices and health conditions as a path to achieve child stunting reduction.

Innovation Phase Experiences

Several smart nutrition interventions to improve coverage of breast and complementary feeding were implemented during the innovation phase, including: Vitamin A supplementation (VAS), deworming, growth monitoring promotion (GMP), community-based management of acute malnutrition (CMAM), and iron folic acid supplementation (IFAS) for PLW and children under five. Awareness creation and behavior change at individual and community levels were facilitated through design and implementation of the **1000 days plus public movement for social and behavioral change**, cooking demonstration sessions, community conversations and promotion of maternal, infant and young children nutrition (MIYCN) using religious leaders. SBCC technical assistance, need-based nutrition-related trainings for health extension workers (HEWs) and leadership at various levels (woreda and primary health care units), and GMP supply distribution to health facilities were delivered in collaboration with health sector and development partners to strengthen capacities for proper implementation of these nutrition interventions.

Building on the global, national, and Innovation Phase experiences, the SD Expansion and Scale-up Phases will particularly seek to achieve the following critical results:

Result 2.1 Improved feeding practices of infant and young children, pregnant and lactating mothers, and adolescent girls

Though there is a slight improvement in key IYCF metrics such as early initiation and exclusive breast feeding and minimum meal frequency, the condition remains very poor and requires improvement to achieve zero stunting in children under two by 2030. According to the recent systemic review on the state of child nutrition in Ethiopia early initiation of breastfeeding, exclusive breastfeeding are 65% and 60% respectively [21] (an improvement from 51% early initiation of breast feeding and 52% exclusive breast feeding in EDHS 2011). This analysis also show the timely initiation of complementary feeding is 62%, but only 10% of children aged 6 to 24 months met the minimum acceptable diet (composite indicator of minimum dietary diversity and minimum meal frequency) with dietary diversity and meal frequency of 20% and 56% respectively.[21] Maternal undernutrition—which is one of the immediate factors for low birth weight—is 21% in Ethiopia.[22] Maternal nutrition education and counseling can make significant improvements to early child feeding practices and stunting reduction.[23]

Adolescence (ages 10 to 19) is a crucial life stage for growing vibrant and healthy young people while laying down lifelong eating habits. Adolescents are also the parents of the future; their nutritional status shapes the health of the next generation. As potential future mothers who will be in charge of nutrition decisions within their future households, the health and nutrition of adolescent girls is particularly important to interrupt the generational cycle of malnutrition.

The SD recognizes the immediate and increased efforts to lift the unacceptably poor IYCF practice and maternal and adolescent girls' undernutrition in Ethiopia to accelerate child stunting reduction over the coming ten years. The SD Expansion and Scale-up Phases will particularly undertake the following interventions:

- The SD will build on the 1000 Days Plus Public Movement lessons and frameworks from the SD Innovation Phase to aggressively promote behaviors and practices that support optimum IYCF and maternal and adolescent girl feeding practices at community and household levels in both rural and urban locations. (See Annex 2 for a brief description of this Movement.) This includes championing and using mass media and public figures, facility-based and school-based interventions, and using community level participatory approaches (such as community conversation) for the promotion of optimum child, maternal, and adolescent girl feeding practices.
- The SD will use the Health Extension Program (HEP) platform to implement community level optimum breastfeeding and complementary food preparation and cooking demonstrations; and nutrition counseling for all PLW during ANC and PNC contacts in SD woredas. This will include standardizing and using counseling and demonstration job aids, and procuring and distributing demonstration kits and food items.
- Promote dried meat powder and egg powder consumption as part of the HEWs complementary feeding preparation and cooking demonstration, once their market availability is ensured
- Strengthen ongoing efforts to establish and strengthen breastfeeding corners in health facilities
- Mobilize religious leaders to teach their followers on the exemption of PLW and children under five from religious fasting.

Result 2.2. Enhanced essential nutrition services in children under five, pregnant women, and adolescent girls

Evidence shows that being wasted is predictive of stunting, as it negatively affects linear growth and therefore undermines child growth and development.[24] This indicates the need for more attention on the improvement of wasting prevention and treatment to reduce child stunting. A recent study in Gonder hospital indicated that 30% of newborns were stunted at birth; stunting has a strong association with low birth weight and chronic maternal malnutrition.[25] Infants and children have higher vitamin A requirements to support rapid growth and to help them combat infections.26 The Ethiopia Micronutrient Survey 2016 report shows, in Ethiopia VAD (serum retinol 0.7 µmol/l or lower) in children 6-59 months is 14%,[27] which shows significant improvement from the WHO estimation in 2009 (46%).[28] Consistent associations exist between deworming and reduced stunting and deworming and reduced anemia.[29] WHO recommends deworming of children aged one to fourteen and pregnant women as one preventive measure of soil transmit helminths.

According to the mini EDHS 2019, about 7.5% of children under age 5 years are wasted in Ethiopia, and Vitamin A supplementation coverage for children 6 to 59 months is 47%. [30]

To address this, the SD Expansion and Scale-up Phases will undertake the following priority activities:

- Provide backstopping support to the existing routine nutrition services through training, resource mobilization, and behavior change and communication in order to enhance intensity, quality, and coverage of existing VAS, GMP, , deworming of preschool children and pregnant women, early detection and treatment of child wasting, and maternal undernutrition.
- Assist the health sector to undertake a barrier assessment and design and implement improved service delivery models to help achieve and maintain high coverage of the acute and mild malnutrition treatment, VAS, deworming, and GMP services.
- Pilot the functional feasibility of providing multiple micronutrient supplementation (MMS) to pregnant women in selected SD woredas and facilitate expansion across wider areas as one mechanism to prevent low birth weight and stunting at birth

Result 2.3. Strengthened capacity of primary health care and health extension program for nutrition services

The SD will support the health sector to undertake periodic capacity building needs and gaps of the primary health care (PHC) and HEP on nutrition, and assist on updating existing training materials and organizing capacity building trainings for HEWs and nutrition focal persons.

Result 2.4. Strengthened advocacy and support for improved coverage of routine high impact large scale health sector interventions

In addition to the above direct nutrition interventions, the SD will make strong advocacy efforts to leverage ongoing health-specific services which are high impact interventions to enhance their coverage and contribution to the child stunting reduction. These interventions include: family planning; child immunization; integrated management of childhood illness with a focus on childhood diarrhea, pneumonia, and malaria; maternal health care services; malaria prevention and control; and primary health care access and quality. The SD Expansion and Scale-up Phases will specifically undertake the following advocacy activities:

- Periodically analyze coverage of contraceptives, all basic child immunization, diarrheal diseases treated with oral rehydration salts (ORS) and zinc, health seeking behavior, ANC, PNC, and skilled delivery, and strongly advocate for increased effort and accountability by federal ministry of health and regional health bureaus to achieve the 70% coverage threshold to reduce child stunting.
- Periodically assess nutrition sensitivity of maternal counseling during basic child and maternal health care service contacts, and assist in updating, printing, and distributing counseling guides if need be.

Table 2: Targets for SD Strategic Objective 2 Outcome - Improve maternal, child and adolescent feeding and health care practices

Indicator	Baseline	Target*			
		2023	2025	2028	2030
Percentage of children born in the last 24 months who were breastfed within 1 hour of birth	62%	70%	75%	80%	85%
Percentage of children 0-5 months exclusively breastfed in the last 24 hours	60%	70%	70%	70%	70%
Proportion of children 6-23 months who receive a minimum acceptable diet (MAD), apart from breast milk in the last 24 hours	10%	40%%	55%%	70%	70%
Proportion of children 6-23 months who consume a minimum diet diversity (MDD) in the last 24 hours	20%	50%	70%	75%	80%
Proportion of PLW who consume MDD in the last 24 hours	Not Available	50%	70%	75%	80%
Proportion children 6-59 months who received age-appropriate VAS dose in the last 6 months	47%	80%	80%	80%	80%
Proportion of children 12-59 months who were dewormed in the last 6 months, as reported by their mothers or guardian	Not available	80%	80%	80%	80%
Proportion of children 0-23 months whose weight was monitored by health workers in the last one month	Not available	70%	70%	70%	70%

*Means of verification is by conducting mid and end-line evaluations both for the Expansion and Scale-up Phases. Our evidence synthesis suggested the need to achieve >=70% targets across nutrition specific, nutrition sensitive and infrastructure interventions to meaningfully contribute for the country's goal to end stunting by 2030.

Strategic Objective 3: Universal access to safe and clean water, and sanitation and hygiene services and adopting of improved practices

Evidence shows a strong association between access to improved water, sanitation, and handwashing with reduced child stunting in Ethiopia.[31,8] In Ethiopia, access to improved water drinking sources (without indicating the adequacy and safety) has improved (70%) but access to improved latrine facilities is very low (25%).[32]

Innovation Phase Experiences

During the SD Innovation Phase, the establishment of WASHCO (community WASH committees), construction of water supply schemes, maintenance of non-functional water schemes, provision of training to WASHCO, and provision of alternative energy sources were the lessons learned and worth expanding during the Expansion and Scale-up Phases. Moreover, the two technologies from the 'Bank of Water Technologies and Solutions'—namely the surface water and turbid shallow groundwater treatment by NUFiltration technology and the solar powered pumping and distribution System by Innovation Africa—are technologies that need to be implemented during the Expansion and Scale-up Phases.

The SD Expansion and Scale-up Phases will seek to achieve the following results:

Result 3.1. Increased access to improved drinking water sources by households

The SD will mobilize resources to procure and supply water purification technology (NUF) for villages without access to clean drinking water. It will also leverage the ongoing government plan to achieve universal access to clean drinking water sources to rural and urban households through assessing and identifying communities with low coverage (<70%) of access and mobilizing additional resources to create sustainable access to safe drinking water to households by constructing new small to large scale water schemes, and by making them more gender-friendly.

Result 3.2. Increased household access to improved latrine and handwashing facilities

The SD will lift the extremely low access to improved latrine facilities through strong community mobilization to construct improved, gender-friendly latrines or upgrade existing traditional latrines at household and communal levels. It will also build on the Community Lab practice from the SD Innovation Phase to engage communities on designing cost-effective and improved odorless pit latrines and water-saving handwashing models for rural households, and on how to finance the scale-up of the model.

Result 3.3. Improved Water, Sanitation, and Hygiene (WASH) practices at households

The SD will provide TA support to the WASH implementing sectors to develop key SBCC messages on WASH, integrate the messages into the 1000 Days Public Movement framework, and assist implementation at scale across all SD woredas. Intensive WASH promotion will also be implemented using community forums, schools, and public TV/radio mass media platforms. WASH committees (WASHCO) will also be established and/or trained in selected kebeles to improve water infrastructure management and promote good WASH practices in SD kebeles.

Table 3: Target for the SD Strategic Objective 3 Outcome - Universal access to safe and clean water, and sanitation and hygiene services and adoption of improved practices

Indicator	Baseline	Target*			
		2023	2025	2028	2030
Universal access to clean, adequate and safe drinking water by HHs (achieve daily per capita water supply in urban areas based on category of towns – Level 1: 100 l/c/d; Level 2: 80 l/c/d; Level 3: 60 l/c/d; Level 4: 50 l/c/d; Level 5: 40 l/c/d; and in rural areas = 25 liter/c/day within 1 km)	Not available	80%	90%	95%	100%
HH access to improved latrine with hand washing facility	25%	50%	70%	80%	90%
Basic WASH knowledge and practice by HH	Not available	70%	80%	85%	90%

*Means of verification is by conducting mid and end-line evaluations both for the Expansion and Scale-up Phases. Our evidence synthesis suggested the need to achieve >=70% targets across nutrition specific, nutrition sensitive and infrastructure interventions to meaningfully contribute for the country's goal to end stunting by 2030.

Strategic Objective 4: Enhance schools' role for improved nutrition practice and creation of nutrition change agents for the nation

The education sector has strong potential to reduce stunting in several ways. **First**, the school can play an important role in providing a supportive environment to promote nutrition education and practices that support nutrition outcomes, such as hygiene and sanitation practices among children and adolescents. Students that participate in nutrition activities can influence nutrition awareness, demand for diet diversity, and hygiene and sanitation practices of their family and siblings. They can also gain lifelong knowledge and skills they can pass on to their own families and shape the nutrition practice of future generations. **Second**, school meals can improve the nutrition status of children and adolescents from poor families and play a crucial role in supporting the education of at-risk groups, such as girls. Girls' education is one of the high impact nutrition interventions, as maternal education level is one of the strong determinants of stunting. If linked with local food supply markets, school meals can help to influence the diverse food production habit of local smallholders, and this, in turn, changes the dietary diversity habit of the local community. School meals can also serve as a social safety net that helps reduce household spending on food and frees up income to fulfill the nutrition need of vulnerable family members (young children, PLWs). **Third**, school gardens can help students and expand experience and knowledge to home gardens if they are linked as community demonstration sites [33].

Innovation Phase Experiences

During the Innovation Phase, the establishment of functional health and nutrition clubs, WASH and school health nutrition (SHN)-related training to students, the construction of school latrines, the construction of water supply systems in schools, upgrading of the shed (das) schools to class, promotion of home grown school feeding programs (HGSFP), promotion of school gardening and using it to contribute for the HGSFP and to promote production and consumption of nutrient rich food such as pumpkin were successfully implemented to enhance schools' role on improving good nutrition practices both within school and in the wider community.

The super school of 5 (SSo5) that include weekly lessons, daily filling out of diaries, daily hand and face washing at the classroom level, and establishing hand and face washing stations helped to easily and continuously engage students to improve their hygiene behavior and practices, and encourage their families to do so as well.

In support of this, the SD Expansion and Scale-up Phases will seek to achieve the following results:

Result 4.1. Enhanced girls' education

As one of the cost-effective and high-impact interventions that lead to a longstanding reduction of stunting, the SD Expansion, and Scale-up Phases will implement the following key interventions at scale to address critical barriers to universal access to girls' education and their retention in school.

- Provide technical support to the education sector at federal and regional levels to analyze the status of girls' education (enrollment, drop out) across all school levels, and organize annual forums to jointly discuss and set action plans to identify and address critical barriers to girls' education.

- Advocate for sustainable supply of free sanitary and other educational materials for schoolgirls in areas where girls' school enrollment is low and dropout rates are high.

- Organize girls' school enrollment and retention promotion in the wider community using community champions for girls' education

- Construct gender-segregated latrine and handwashing facilities, and drinking water for schools to create a conducive environment for girls in school

- Improve/upgrade all shade class building on the "Dases to classes" innovation phase initiative to improve access to girl's education

Result 4.2. Increased number of schools with homegrown school feeding programs

The SD will strengthen the ongoing homegrown school feeding (HGSF) platform through the following activities:

- Backup resource mobilization to increase the coverage and ensure the sustainability of school feeding across food-insecure areas to enhance its contribution to the stunting reduction.

- Provide TA to develop safety guidelines for HGSF platforms and improve the current HGSF recipe to better promote diverse crop production by local smallholder farmers and diverse food habits by students and the local community.

- Building on the Innovation Phase Community Lab Experience, facilitate collaborative engagement with and effort by the local community and government sectors to jointly set solutions or actions to overcome barriers to engaging smallholder farmers and schools in the production and supply of diverse crops to HGSF.

- Support schools through mobilizing resource and technical assistance in designing and constructing water harvesting structures, and in supplying fruit and vegetable seeds and seedlings to engage students in school gardening and supply to HGSF, including the construction of model Ethiopia School Meal Initiative (ESMI) in selected schools.

- Support schools to develop and implement strategic approaches to use school gardens as demonstration sites for home gardens in areas where fruit and vegetable production is generally less practiced and/or nutrient-rich vegetables and fruits are not consumed, and to use school animal husbandry (poultry, cow, goat) as a demonstration model for households on improved household level poultry and dairy farms.

Result 4.3. Improved student participation in school and family nutrition promotion activities

The SD will provide mini media material to schools and train school nutrition club leaders and facilitators on mini media message development and dissemination and overall proper nutrition promotion to establish and strengthen nutrition clubs for nutrition education and demonstration sessions for the wider school community. Schools will be supported to develop strategic approaches and plan to encourage adolescent students to influence the nutrition awareness and practice of their families, particularly on nutrition for IYC and PLWs.

Result 4.4. Leveraged ongoing nutrition service and promotion efforts in schools

As a critical intervention to ensure sustained stunting reduction, the SD Expansion and Scale-up Phases **will leverage the education sector's ongoing efforts to improve student's nutrition literacy and access to basic nutrition services:**

- Provide training for teachers, education experts, PTA members on nutrition and hygiene, and sanitation
- Provide TA to the national and regional education sectors on the incorporation of nutrition topics into the primary and secondary school curriculum
- Provide TA to assess and set actions to strengthen school-based nutrition services, such as intermittent IFAS, deworming, nutrition screening, and reproductive health services

Table 4: Target for SD Strategic Objective 4 Outcome - Enhance schools' role for improved nutrition practice and creation of nutrition change agents for the nation

Indicator	Baseline	Target*			
		2023	2025	2028	2030
Primary education completion rate for female students (Grade 8)	68%	75%	80%	90%	95%
Schools with clean and safe water available 5-7 days per week both for drinking and washing	Primary School 50% Secondary School 46%	70%	90%	100%	100%
Schools with improved gender-sensitive latrine	PS - 29% for improved SS -31% for improved	70%	90%	100%	100%
Percentage of adolescent girls reported having access to affordable/free menstrual hygiene material	Not Available	50%	80%	90%	90%
Proportion of primary schools having school gardening/animal husbandry as a demonstration site to the surrounding community	Not Available	55%	65%	80%	90%
Proportion of primary schools with school feeding programs in SD woredas	Not Available	30%	50%	50%	50%

*Means of verification is by conducting mid and end-line evaluations both for the Expansion and Scale-up Phases. Our evidence synthesis suggested the need to achieve >=70% targets across nutrition-specific, nutrition-sensitive and infrastructure interventions to meaningfully contribute to the country's goal to end stunting by 2030.

Strategic Objective 5: Increase the resilience of households and communities through social protection (social safety nets)

Social safety net programs play a crucial role to improve food access to poor households year-round in countries like Ethiopia where household food insecurity is high. There is a strong association between household food insecurity and stunting in Ethiopia.[34] The GoE has launched the fifth Productive Safety Net Program (PSNP) to reach about nine million people each year between 2021-2025.

Innovation Phase Experiences

During the Innovation Phase, PLWs and malnourished children in food insecure woredas benefited from soft conditional PSNP Temporary Direct Support (cash and food) through strong advocacy. The film was also produced and disseminated using local TV stations to generate public awareness on the social impact of stunting.

The SD Expansion and Scale-up Phases will seek to achieve the following results:

Result 5.1. Increased coverage of children and PLW that benefit from social safety net programs

The SD will advocate for planning, resource allocation, and implementation of the social safety nets package that was poorly implemented under previous PSNPs, such as adding pulses in conditional cash and food transfer packages to PLW, and fee waivers to all malnourished children and PSNP households for medical services. Federal and regional level advocacy forums will be organized with PSNP implementing sectors, NGOs, and funders to facilitate collective effort and decision to implement these high-impact social safety net package.

The SD will strengthen the ongoing nutrition-sensitive social safety net program by training Ministry of Labor and Social Affairs (MOLSA) staff on nutrition-sensitive social safety net programs, and providing TA to MOLSA federal and regional structures to annually analyze the nutrition sensitivity of the social protection programs, and organize an annual forum to review and enhance this nutrition sensitivity.

Table 5: Target for SD Strategic Objective 5 Outcome – Increase the resilience of households and communities through social protection (social safety nets)

Indicator	Baseline	Target*			
		2023	2025	2028	2030
Proportion of PLWs that received conditional cash and food (including pulse) transfer	Not available	100%	100%	100%	100%
Proportion of PSNP HHs enrolled for the fee waiver for medical services	Not available	100%	100%	100%	100%
Proportion of children with acute malnutrition in PSNP kebele that benefited from fee waiver for medical services	Not available	100%	100%	100%	100%

*Means of verification is by conducting mid and end-line evaluations both for the Expansion and Scale-up Phases. Our evidence synthesis suggested the need to achieve >=70% targets across nutrition-specific, nutrition-sensitive and infrastructure interventions to meaningfully contribute to the country's goal to end stunting by 2030.

Strategic Objective 6: Enhance women empowerment, gender equity, and child protection

Gender inequality is highly associated with child malnutrition and child mortality. Women's socio-economic empowerment in terms of access to education, information, media, and income-generating activities is strongly associated with lower rates of childhood stunting and wasting, and women's decision-making power is positively associated with better health status for children.[35] Men's dietary knowledge strongly contributes to maternal and childhood dietary diversity.[36] Labor and time-saving technologies play an important role in promoting gender equality and women's empowerment, which would help women engage in income-generating activities and agricultural production and improve their nutritional status and that of their children.

Innovation Phase Experiences

During the Innovation Phase, different advocacy workshops and direct training for women and youth were organized to address gender-based violence and inequalities and to strongly promote access to and control over resources for women. Female-headed households were also supported to have business skills and the financial facility to engage in income-generating activities (IGAs). Mobile daycare centers were also established in selected kebeles to allow mothers to engage in PSNP and other tasks outside the home.

The SD Expansion and Scale-up Phases will seek to achieve the following results through implementing priority activities that facilitate gender equality and female empowerment:

Result 6.1. Improved female decision-making power, and access to and control over resources

Ethiopia has filled about 71% of the gender disparities in the economic, education, health, and political environment in 2020 (UN gender gap report). The SD will support the Ministry of Women, Children, and Youth Affairs (MWCYA) to keep this momentum by enhancing women empowerment through undertaking the following priority activities:

- Organize regular community-based forums on women access to and control over resources, decision-making, couple communication, and husbands' support to achieve female empowerment
- Facilitate collaborative engagement between MWCYA, MoLSA, and micro and small enterprise agencies to leverage the ongoing efforts to improve microfinance access to poor rural women to engage in income-generating activities (IGAs)
- Facilitate collaboration between Job Creation Agency, MOWIE, and MWYCA to leverage the ongoing efforts to expand the design and marketing of labor-saving technologies for household work

Result 6.2. Improved social environment for appropriate child and maternal feeding and caring practices

- Facilitate collaborative engagement between MWCYA and health and city / regional administration sectors to establish child daycare and early childhood development centers in SD kebeles

- Support synthesis of evidence available on food taboos and general harmful traditional practices that affect the psychosocial and health wellbeing, and feeding practices of children, women, and adolescent girls across different sociocultural contexts, and develop and disseminate BCC messages through local mass media and community discussion platforms. Community leaders (including religious leaders, female leaders, role models, etc.) will be involved with this BCC messaging.

- Develop and disseminate BCC messages through local mass media and community discussion platforms on food taboos; harmful traditional practices including gender-based violence; child protection; women empowerment; fathers' involvement in childcare and feeding; and husband support for women empowerment

Table 6: Target for SD Strategic Objective 6 Outcome – Enhance women empowerment, gender equity, and child protection

Indicator	Baseline	Target*			
		2023	2025	2028	2030
Proportion of early marriage and genital mutilation in SD woredas	Not available	<5%	<5%	<5%	<5%
Proportion of fathers engaging in child feeding and caring role	Not available	70%	75%	80%	85%
Proportion of women having access to and control over resources	Not available	70%	75%	80%	85%
Proportion of HHs having labor saving technology for domestic works	Not available	50%	60%	65%	70%
Proportion of SD kebeles having child day care / ECD centers	Not available	5%	20%	60%	70%

*Means of verification is by conducting mid and end-line evaluations both for the Expansion and Scale-up Phases. Our evidence synthesis suggested the need to achieve >=70% targets across nutrition-specific, nutrition-sensitive and infrastructure interventions to meaningfully contribute to the country's goal to end stunting by 2030.

Strategic Objective 7: Enhance market accessibility and affordability of foods

Market accessibility and food prices are important determinants of nutrition security. Food inflation in Ethiopia is 23% in January 2021 (Trading economics 2021). This indicates that a high financial burden exists for the poor and those dependent on market purchases for food consumption. The market for agricultural outputs is also characterized by insufficient transport networks and infrastructure in Ethiopia. Though the rural infrastructure is generally improving, still 71% of people in Ethiopia live over 2 km from a marketplace.[37]

Innovation Phase Experiences

Poor access to all-weather roads and the high challenge of topography created barriers to taking fish and other agriculture products to market in SD Innovation Phase woredas. The SD supported the construction of roads to improve market linkages for fish and other agricultural food products in selected hard-to-reach woredas.

The SD Expansion and Scale-up Phases will work closely with the Ministry of Trade and Industry and Ministry of Road and Transport to achieve the following result:

Result 7.1. Improved food market value chain system and infrastructure

- Regularly assess the rural road infrastructure, and the overall food market value chain barriers including their implication for food market accessibility in SD woredas.
- Facilitate the development of solutions to address the critical barriers identified through the assessment to enhance food market accessibility and stable food market price.
- Advocate for improved market value chain infrastructure for perishable foods and food products, and overall food market accessibility, and stable food market price
- Provide TA to Ethiopia Food and Drug Authority and Ministry of Trade and Industry for development of standardization, regulation, and improved cold chain infrastructure for transportation and storage of perishable foods
- Facilitate financing facility for medium- to large-scale groups or individual actors across the perishable food value chain
- Construct roads to very hard-to-reach rural kebeles to improve market access and linkage

Table 7: Target for SD Strategic Objective 7 Outcome – Enhance market accessibility and affordability of foods

Indicator	Baseline	Target*			
		2023	2025	2028	2030
Proportion of SD kebeles with all-weather road	Not available	70%	75%	80%	100%
Proportion of SD woredas with measures in place to improve market value chains for perishable food	Not available	70%	75%	80%	100%

*Means of verification is by conducting mid and end-line evaluations both for the Expansion and Scale-up Phases. Our evidence synthesis suggested the need to achieve >=70% targets across nutrition-specific, nutrition-sensitive and infrastructure interventions to meaningfully contribute to the country's goal to end stunting by 2030.

Strategic Objective 8: Foster an enabling environment for strong governance and coordination of multisectoral stunting reduction efforts

Strong nutrition governance is associated with reduced stunting, wasting, and underweight prevalence.[38] The GoE demonstrates strong political will and commitment to create an enabling environment to mobilize and sustain multisectoral nutrition actions to reduce undernutrition. This commitment is currently driven by the National Food and Nutrition Policy (2018), the Seqota Declaration (2015-2030), and the Food and Nutrition Strategy (2021-2030), and the establishment of the Food and Nutrition Council / Agency. Nutrition is also embedded in various sectoral strategies and the national economic development plan. Despite these positive developments, inefficiencies in multisector coordination, human resources, sustainable financing, and monitoring and evaluation for nutrition limit the success and impact of multisectoral nutrition governance in Ethiopia (IDS 2020).

Innovation Phase Experiences

During the Innovation Phase, the SD successfully demonstrated the following key innovations promising to streamline the multisectoral nutrition governance and coordination issues in Ethiopia. (See Annex 2 for a brief description of all six Innovation Phase innovations.)

1. Established a two-tiered PDU (federal and regional) to address limited horizontal ministerial-level inter-sectoral nutrition coordination mechanisms in support of the SD delivery with core functions across strategic management, monitoring and improving performance, managing the politics of policies, communicating results, and improving accountability.

2. "Data revolution" in nutrition as one of the SD innovations was implemented using web-based and manual KPI system to improve data availability essential to design and implement effective, evidence-based policies and programs, mobilize resources and monitor progress.

3. A Costed Woreda-based Plan (Costed-One-Plan) as a bottom-up planning process and output that consolidates a list of nutrition-sensitive and nutrition-specific activities across SD implementing sectors and development partners at the woreda level, including the resources needed was one of the six innovations that was implemented at scale across all the SD Innovation Phase woredas.

4. A Community Lab approach was implemented during the SD Innovation Phase as a collaborative mechanism that brings together woreda and kebele-level stakeholders to jointly identify, prioritize and address complex and multidimensional nutrition-related problems in a community.

5. A 1000 days plus public movement framework was designed and used as an innovative tool to drive cross-cutting SBCC activities at all levels

The SD will seek to ensure the following multisectoral nutrition governance aspects are achieved to facilitate an enabling ecosystem for multisectoral nutrition interventions in coordination, financing, and monitoring and evaluation.

Result 8.1. Increased political commitment and leadership for stunting reduction

Innovation Phase Experiences

During the SD Innovation Phase, the PDU successfully onboarded political leaders to the nutrition agenda and increased their support. The PDU facilitated various advocacy meetings with senior political leaders, including the deputy prime minister, regional presidents in Amhara and Tigray, and the minister and state ministers of SD implementing sectors. As a result, the federal government allocated an earmarked budget for SD Innovation Phase implementation. Sector ministers and state ministers visited the SD implementation sites. Increased demand for regular status updates on SD implementation from the deputy prime minister, regional presidents, and sector ministers and state ministers. These helped nutrition become a priority agenda at the regional administration level.

The political commitment created at the federal and regional levels in Amhara and Tigray during the SD Innovation Phase to implement and support key nutrition actions to end stunting will be cultivated and expanded in the SD Expansion and Scale-up Phases. An evidence-informed advocacy strategy will be used to motivate critical government leaders to support enhanced accountability, responsiveness, and commitment to finance, deliver, and measure SD progress and impact. Existing nutrition leadership networks, nutrition professional associations, and nutrition researchers will be strengthened to enable them to play a key role in catalyzing the effort to create a shared vision among government administrative and donor leaders to end stunting among children under two by 2030 in Ethiopia. Training will also be provided to nutrition leaders across different sectors and levels to improve their leadership and communication skills to plan and effectively communicate nutrition actions to decision-makers in their sphere of influence.

Result 8.2. Strengthened multisectoral coordination at all levels

Intersectoral and vertical coordination between the different administrative levels plays an important role in expanding and scaling up the proper planning, implementation, and delivery of nutrition activities.

Innovation Phase Experiences

During the SD Innovation Phase, the federal and regional PDUs facilitated easy and effective interaction between the SD implementing sectors and development partners and ensured regular joint planning for better alignment. It provided an excellent platform to effectively manage and build technical capacity on multisectoral nutrition intervention delivery, planning, review, monitoring, evaluation, and reporting process of the SD Innovation Phase activities and budget. It demonstrated responsibility for the SD performance and ensured shared accountability across implementing sectors through a scorecard-based joint sectoral performance review and rating, and regularly tracking and sharing implementation outputs with implementing sectors. The PDU also improved the delivery capacity and multisectoral coordination at the district level by deploying a coordinator in each SD woreda.

The PDU played a key resource mobilization role for the SD Innovation Phase by cultivating interest and commitment from regional government and development partners.

The PDU provided technical assistance mechanisms to key implementing sectors on sector-specific nutrition-smart interventions through its high profile and experienced technical advisors.

The SD Expansion and Scale-up Phases will implement the following activities to strengthen multisectoral coordination at all levels:

- Strengthen the newly established FNCOs across all regions by enhancing their capability to play a lead role to coordinate and manage the SD Expansion and Scale-up Phase activities. This support will be provided through coaching and targeted face-to-face training support, allocation of adequate budget to cover costs of coordination and office management, adequately staffing the coordination office, and developing a clearer operational definition and standard operational procedure for key functions of the coordination office.

- Continuity of the current federal PDU will be a great opportunity that would largely benefit the effort to strengthen the newly established coordination offices across different regions, and it would lead to the capacity building, codification, and institutionalization of the standard operational procedure for key functions of the new coordination offices. The scope, structure, and role of the current federal PDU will be redefined and aligned with the increased need during the Expansion Phase due to the expanded geography of the SD and the newly established coordination offices. Communication and the operational relationship between the federal PDU and the newly established FNCOs will also be clearly defined to facilitate easy and constructive engagement. Similarly, the regional PDU in Amhara and Tigray will be strengthened through the deployment of additional staff, and logistical and financial support to enable them to play a coordination role in the two regions.

- A clear transition strategy for the current federal PDU will be developed to transition its role or to make it operate under the new government-financed Food and Nutrition Agency/Council with an optimized structure and role to align with the mandate and priorities of the new agency/council. For the same reason, there will also be a clear transition plan for the regional PDU in Amhara and Tigray to transition its financing source and management fully to the government.

- Deployment and capacity building of the woreda food and nutrition coordinators will be strongly facilitated in the SD Expansion and Scale-up Phase to enable them to play a lead role in the coordination, planning, monitoring, and reporting of multisectoral nutrition response activities at the woreda and kebele levels, and to catalyze the vertical coordination between woreda and regions.

Result 8.3. Strengthened human resource capacity for nutrition at all levels

The SD will leverage the ongoing advocacy effort for career structure development and deploy nutrition experts for nutrition-sensitive implementing sectors at all levels (federal, region, zone, and woreda level) to overcome the current barrier of the insufficient workforce for proper and timely planning, implementation, and monitoring of sectoral nutrition interventions.

Result 8.4. Expanded and strengthened costed woreda-based planning.

Innovation Phase Experiences

The SD designed and implemented costed woreda-based plans (CWP) in all Innovation Phase woredas to ensure sector priorities and implementation timelines for nutrition activities are aligned, and increase sector accountability to plan, finance, and implement nutrition activities. It generally helped to improve cross-sectoral coordination and complementarities between programs, reduce effort duplication across sectors, and build the ability to better plan activities by using the CWPs to identify required activities and resources. The CWP was used also to influence development partners to plan their activities and resources by woreda. The effort was further supported with woreda-based nutrition resource tracking to estimate resources available both at the federal and regional levels for the SD Innovation Phase against the CWP for each woreda and the costed overall SD investment plan for the Innovation Phase.

The costed woreda-based planning (CWP) from the SD Innovation Phase will continue serving as a tool to successfully cultivate cross-sectoral coordination and alignment for nutrition activities and to increase awareness and accountability among implementing sectors on nutrition activities and the resources required to implement them.

In the SD Expansion and Scale-up Phases, the following activities will be implemented across all SD woredas:

- Standard Operating Procedures (SOPs) on CWP will be developed to guide the CWP process, tools, stakeholders' roles, and how to use the CWP to coordinate efforts, timelines, and activities across implementing sectors. Training will be organized for nutrition staff and woreda coordinators on the SOPs.

- The implementation of the CWP will be supported with expanded annual resource mapping initiated during the SD Innovation Phase to regularly map and analyze available nutrition resources and use the information for adequate resource mobilization efforts. This resource mapping process will also be aligned to the annual government budget schedule for better efficiency to facilitate adequate budget allocation by the government at all levels.

- In collaboration with the Ministry of Finance, implementing sector capacity will be supported and held accountable at all levels to ensure nutrition is included as one of the core budget line items in the sector's annual budget request, and to properly utilize the allocated nutrition budget.

- In collaboration with the Ministry of Finance, an annual partnership forum will be organized to mobilize nutrition resources from bilateral and multilateral donors.

- Community platforms, such as Community Labs, will be used to promote local resource mobilization to scale up some of the local nutrition solutions.

Result 8.5. Expanded and strengthened data revolution at all levels

The SD Innovation Phase's "Data Revolution" seeks to drive a culture of data use for decision-making by establishing a robust data management system to collect, analyze, and use real-time high-quality multisectoral nutrition information; this will help to accelerate actions and decisions for stunting reduction.

Innovation Phase Experiences

The SD established key performance indicators (KPIs) and targets for the SD Innovation Phase for each implementing sector, which helped to standardize performance measurement and communicate performance expectations with key stakeholders at federal, regional, woreda, and kebele levels. The SD used scorecards at the regional level quarterly review meetings and at the federal level bi-annual review meetings, to review and rate the KPI status and the SD strategic initiatives implementation progress by all implementing sectors.

In collaboration with UNICEF and the Ethiopian Public Health Institute (EPHI), the SD team successfully piloted a Unified Nutrition Information System for Ethiopia (UNISE) data management and sharing system in nine selected SD woredas. UNISE was designed by UNICEF and FMOH to provide a web-based platform to track, analyze, and use multisectoral nutrition data at all administrative levels, and integrate it into the DHIS-2 system. Key nutrition-sensitive and nutrition-specific UNISE indicators for six priority SD implementing sectors (Health; Agriculture; Women, Youth, and Children Affairs; Labor and Social Affairs; Water, Irrigation, and Energy; and Education) were defined. The UNISE user guide was developed and the system was installed into the woreda, zone, region, and federal system of these six sectors. Adequate training on the use of the system was provided to staff of the six implementing sectors at all levels to enter input data and track progress. The system has data visualization features for easy tracking and interpretation of nutrition data. The pilot phase was successful as key partners and sectors at all levels of government were able to use the outputs of the data collection.

Yazmi technology (a smartphone-based tool that operates through satellite connection) was also installed in health facilities in seven SD woredas to help collect and report real-time multisectoral nutrition data from the community level. The system is connected to the UNISE system, and training was provided to installers. Once fully functional, it will replace the current paper-based nutrition data reporting from kebele to woreda.

The SD Expansion and Scale-up Phases will particularly undertake the following priority Data Revolution activities:

- High priority will be given to strategically address the critically poor data use culture and data practice observed during the SD Innovation Phase to ensure data are demanded, analyzed, and used for decision-making at all levels. A comprehensive operational guideline that guides implementing sectors on what data needs to be collected and reported, the process and frequency to do so, the level of analysis required at all levels, and who should use them will be developed, and include a mechanism to ensure quality data. Relatedly, there will be capacity-building training for implementing sectors at all levels on data analysis and visualization tools.

- The web-based UNISE and Yazmi data systems piloted during the SD Innovation Phase will be expanded to the SD Expansion and Scale-up Phase woredas to ensure real-time nutrition data reporting, analysis, and use at all levels to adjust program plans and the course of program implementation in a timely way. The SD will continue mobilizing adequate resources for the installation of the UNISE and Yazmi technologies and create the right capacity building needed to run the system through targeted training and coaching support to nutrition experts and frontline workers.

- Until the UNISE and Yazmi technology fully roll out, the SD will expand the practice of using KPI-based scorecards to track, review, and improve multisectoral nutrition performances at all levels.

- A fully dedicated monitoring and evaluation expert will be deployed at regional food and nutrition coordination offices or PDUs to lead the Data Revolution during the SD Expansion Phase. The capacity of woreda coordinators will also be built through training and coaching support from regional coordination offices and PDUs to enable them to play a lead role in coordinating timely data collection, analysis, visualizations, sharing and using data for decision-making in SD expansion woredas.

- Collaborative performance review and adapting: PDUs, coordination offices, and woreda coordinators will organize a regular review meeting to bring together relevant stakeholders at federal, regional, and woreda levels to review performance, identify critical operational challenges, set collective solutions, and adapt implementation.

- Baseline and Evaluation: To enhance accountability and measure the progress and impact of the SD Expansion and Scale-up Phases, a baseline and final evaluation will be conducted during both phases. Less expensive, technically, and operationally feasible outcome tracking survey methods will be designed and implemented in collaboration with regional universities in addition to the baseline and end line evaluations.

Result 8.6. Improved coordination of key cross-cutting nutrition activities

Innovation Phase Experiences

During the SD Innovation Phase, the multisectoral coordination and resource mobilization at the woreda and community level were facilitated through a Community Lab innovation (described briefly in Annex 2 of this report, and more detail in the Evidence Synthesis Report). The two approaches of the Community Lab, namely, the Learning Journey and Open Day were implemented in some of the SD woredas which helped to bring together woreda and kebele-level stakeholders to collaboratively engage to identify and prioritize complex and multidimensional nutrition-related problems in a community and identify, test, and replicate potential solutions to overcome them. Community Lab processes led to strong coordination between the different community-level agents across sectors.

The First 1000 Days Plus Public Movement as SBCC and coordination innovation tool was designed and implemented to build synergy, commitment, and a sense of shared mission amongst the many organizations and people who in different ways can influence child, mother, and adolescent nutrition because of their professional roles or positions of authority. The First 1000 Days Plus Public movement mainstreaming framework was developed to coordinate the multisectoral SBCC activities at all levels.

The SD Expansion and Scale-up Phases will undertake the following activities to properly coordinate cross-cutting SBCC activities, facilitate the expansion of cross-sectoral innovation/model infrastructures, and support collaborative stakeholder engagement for local-level solutions, resource-mobilization, and coordination efforts for multidimensional nutrition problems.

- In addition to its benefit as a tool to drive identification, prototyping, and designing, and scaling up community-level solutions or innovations (proposed across different strategic objectives above), the Community Lab will be used to facilitate and strengthen multisectoral stakeholder engagement and coordination to collaboratively work on identifying and addressing critical operational, performance, technical, financial, and alignment issues of nutrition interventions at woreda and kebele level.

- Implement the First 1000 Days Plus Public Movement for SBCC framework to facilitate and coordinate multisectoral coordination on cross-cutting SBCC activities

- Facilitate a learning forum and visits to expand the adoption of model nutrition-sensitive infrastructure or innovative interventions

Table 8: Target for SD Strategic Objective 8 Outcome – Foster an enabling environment for strong governance and coordination of multisectoral stunting reduction efforts

Indicators	Baseline	Target*									
		2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
Annual budget deficit for the SD Expansion and Scale-up Phases	Not available	<10%	<10%	<10%	<10%	<10%	<10%	<10%	<10%	<10%	<10%
Proportion of woredas with annual score card rated above 80% for governance related KPI	Not available	70%	75%	80%	90%	90%	90%	90%	90%	90%	90%
Proportion of woredas assigned with woreda coordinators	Not appropriate	20%	70%	100%	100%	100%	100%	100%	100%	100%	100%
Proportion of activities in CWP implemented by the end of the fiscal year	Not appropriate	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

*Means of verification is by conducting mid and end-line evaluations both for the Expansion and Scale-up Phases. Our evidence synthesis suggested the need to achieve >=70% targets across nutrition-specific, nutrition-sensitive and infrastructure interventions to meaningfully contribute to the country's goal to end stunting by 2030.

7. Governance and Coordination for the SD Expansion and Scale-up Phases

The federal PDU, in collaboration with the SD implementing sectors, will facilitate proper governance of the SD at the federal level in close collaboration with the nutrition unit across SD implementing sectors until its role is transitioned to the Food and Nutrition Council/Agency. The federal PDU will support and work closely with the regional PDUs and FNCOs to facilitate vertical coordination between federal and regional actors. Once established, the Food and Nutrition Council/Agency will take over the responsibility of SD governance.

Regional PDUs and FNCOs that are responsible for the regional administration offices are responsible for the governance of the SD at the regional level. They will support and work closely with the woreda coordinators based at the woreda administration offices to facilitate vertical coordination between region and woredas, and to facilitate proper governance of the SD at the woreda level.

A. Coordination and governance

Federal Level: Currently the government is preparing to establish the National Food and Nutrition Council/Agency. The Proclamation for the establishment of the Agency is currently submitted for Cabinet of the Ministers office for approval. The Agency will be primarily responsible for technical and administrative leadership of the regional food and nutrition coordination offices where the expansion phase will be implemented. The Food and Nutrition Coordination Council/Agency will be responsible for mobilizing resources, managing the multisectoral coordination, implementation of the SD Innovation and Expansion Phase interventions, and management of resources allocated by the federal and regional governments and other development partners for the operationalization of the Seqota Declaration and reduction of stunting.

Until the Food and Nutrition Council/Agency is fully functional, F-PDU will continue to collaborate closely with and support the Nutrition Case Team at FMOH to support the national-level coordination for the SD Expansion Phase.

The Seqota Declaration Federal and Regional Program Delivery Units (PDUs) will be part of the technical arm of the Food and Nutrition Council/Agency and provide technical and advisory support for the implementation of the expansion phase. It will remain responsible for the finalization of Innovation Phase implementation. Provide technical support to the Seqota Declaration Expansion Phase for the new council / Agency, and coordinate and provide leadership to the Expansion Phase woredas in Amhara and Tigray National Regional States.

The High-Level Seqota Declaration Leadership Forum led by H.E. Deputy Prime Minister has been and will be responsible for providing overall leadership and strategic guidance for both Innovation and Expansion Phases. The Ministry of Health will provide day-to-day technical leadership for the Inter-Ministerial Steering Committee. The steering committee will transition into the Food and Nutrition Council/Agency when the Food and Nutrition Proclamation is approved. Currently, the members of the Steering Committee are Ministries of Agriculture; Water, Irrigation and Energy; Education; Women, Youth, and Children; Labour and Social Affairs; Transport; Finance; Planning Commission; and Commission for Environment, Forestry, and Climate Change. It is expected that the Steering Committee will meet quarterly.

At the regional level, the Expansion Phase will be coordinated through the FNCOs in the regions while the regional coordination body led by H.Es the Regional Presidents will provide overall leadership.

The PDUs in Amhara and Tigray regions and FNCOs in other regions will primarily be responsible for the following:

- Introduce the concept of Deliverology and set performance targets
- Establish and lead a multisectoral and multi-disciplinary technical working group
- Engage with high-level leaders to ensure ownership of the program, provide leadership and review the performance targets regularly
- Mobilize zonal and woreda leadership using the influence of the Regional President
- Work with Zonal and Woreda Administrators to assign dedicated staff or focal persons who will be accountable and responsible to the Woreda Administrators for coordinating activities at the zonal and woreda level
- Provide guidance for zonal- and woreda-level focal persons
- Support woredas to develop multisectoral and multistakeholder CWPs aligned with the National Food and Nutrition Strategy
- Lead the woreda level baseline study and set performance targets for the duration of the Expansion Phase
- Provide technical and financial leadership and mentorship to zonal- and woreda-level coordinators to make sure that their coordination platforms are fully functional
- Work with the development partners to mobilize resources
- Facilitate expansion of locally relevant innovations that were tested during the innovation phase

At the zonal and woreda level, the Zonal and Woreda Administrators will be responsible for providing leadership while dedicated staff or focal persons will be responsible for the day-to-day coordination of the multisectoral planning, reporting, and performance management.

B. Financing the SD Expansion and Scale-up Phases

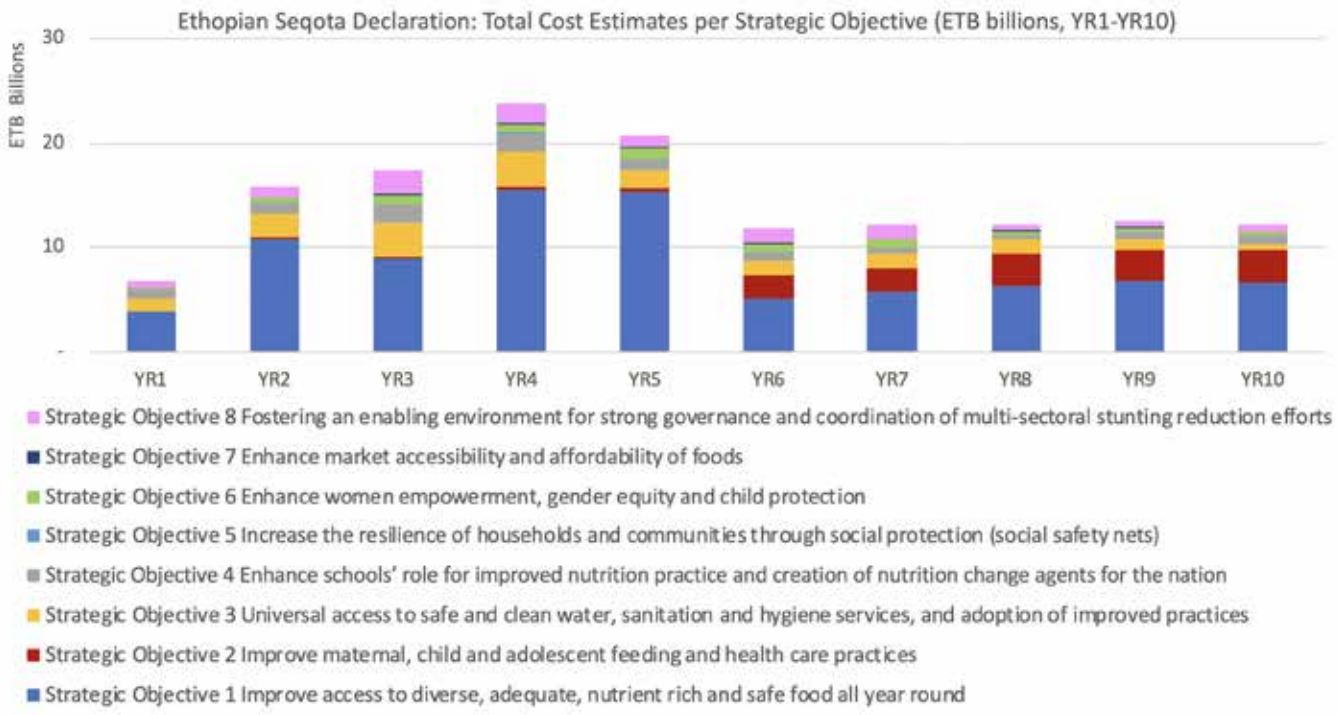
The Expansion Phase woredas are primarily financed by the government. Both federal and regional governments will contribute their part to the successful implementation of the Expansion Phase investment plan. Moreover, resources will be mobilized from the development partners, financial institutes, and donors to complement the government commitment. The community will also contribute resources that are available locally, including labor and locally available resources, through the community lab platform.

For the first 200 new woredas, the regional government will lead the entire process and allocate resources similar to the Innovation Phase for effective implementation and generation of learning, while the federal government will provide technical and capacity-building support to regions and city administrations. When the expansion is conducted in additional woredas, the regions will be able to have the required capacity to provide leadership in resource mobilization and implementation, while the federal government will provide support for the 1:1 match to ensure that the regions be able to reach the target woredas in the Expansion Phase to fully implement the SD intervention package.

8. The SD Expansion and Scale-up Phases Estimated Investment Cost

The SD Expansion and Scale-Up Phases, as outlined in the Roadmap, were costed by applying an ingredient-based costing approach, but within a results-based framework, from the perspective of the different implementing sectors. To provide the detail required for the costing, the PDU and sectoral teams developed their specific Strategic Objective work plans into result areas, as well as the activities required to achieve these results. They then indicated their targeted annual coverage rates for each activity, as well as the details of how the activities would be implemented (ingredients, frequencies, quantities). The sectoral teams also collated the relevant prices of ingredients (in 2021 Ethiopian Birr (ETB)), as far as possible, and the costing team further developed the unit costs as required. This ensured the sectoral implementation plans were designed within a results-based framework, by the sectoral teams with their full ownership of, and buy-in to, their results and activities. The detailed sectoral costed work plans provide detail of their detailed ingredients and prices, and their summarised estimated costs of implementation are presented below according to the Strategic Objectives (Figure 3 and Tables 9.a&b) and the Result Areas (Figure 4 and Tables 10.a&b). The costs are presented in nominal Ethiopian Birr (2021 ETB prices), for GoE's planning purposes [i] and were not inflated for future years.

Figure 3: The estimated annual costs of the SD, per Strategic Objective (2021-2030, ETB billions)



[i] In Table 10, the total annual amounts were converted to USD using the National Bank of Ethiopia's weighted average for 2020 (Jan-Dec): 31.82.

Table 9.a.: The estimated annual costs of the SD, per Strategic Objective (Expansion Phase: 2021-2025, ETB)

Strategic Objective		EXPANSION PHASE COSTS (ETB)					
		YR1	YR2	YR3	YR4	YR5	Total Expansion Phase costs (ETB)
Strategic Objective 1	Improve access to diverse, adequate, nutrient rich and safe food all year round	3,823,219,900	10,857,386,789	8,898,419,303	15,578,774,642	15,352,251,542	54,510,052,176
Strategic Objective 2	Improve maternal, child and adolescent feeding and health care practices	97,528,304	87,552,604	239,730,844	339,824,987	319,405,787	1,084,042,526
Strategic Objective 3	Universal access to safe and clean water, sanitation and hygiene services, and adoption of improved practices	1,123,211,520	2,336,817,060	3,284,424,998	3,284,424,998	1,729,924,290	11,758,802,866
Strategic Objective 4	Enhance schools' role for improved nutrition practice and creation of nutrition change agents for the nation	908,216,564	944,017,834	1,665,816,041	1,768,979,430	1,016,714,773	6,303,744,642
Strategic Objective 5	Increase the resilience of households and communities through social protection (social safety nets)	15,136,756	15,136,756	24,169,216	12,327,195	2,700,000	69,469,922
Strategic Objective 6	Enhance women empowerment, gender equity and child protection	185,017,572	478,904,692	804,883,992	804,327,192	1,054,327,192	3,327,460,639
Strategic Objective 7	Enhance market accessibility and affordability of foods	26,150,000	76,665,936	183,968,895	178,118,895	178,118,895	643,022,623
Strategic Objective 8	Fostering an enabling environment for strong governance and coordination of multi-sectoral stunting reduction efforts	627,007,659	1,119,864,366	2,318,800,179	1,908,324,552	1,056,200,919	7,013,817,674
Total SD costs (ETB)		**6,805,488,274**	**15,916,346,037**	**17,420,213,468**	**23,875,101,890**	**20,709,643,397**	**84,710,413,067**
Total SD costs (USD) (*Ex.Rate USD:ETB = 31.82*)		**$ 213,885,308**	**$ 500,224,588**	**$ 547,488,669**	**$ 750,355,200**	**$ 650,870,044**	**$ 2,662,309,012**

The costs to achieve the SD strategic objectives may increase from around ETB 6.8 billion (USD 214 million[i]) in the first year, reaching their maximum level in the fourth year (2024) at ETB 23.9 billion (USD 750 million), which would equate to around 5.8% of the 2021/22 total GoE budget.[ii] Thereafter, the total resource need declines to ETB 20.7 billion (USD 651 million) in the fifth year (2025) of the Expansion Phase, still representing a significant share of the total GoE budget.

[i] National Bank of Ethiopia's weighted average exchange rate for 2020 (Jan-Dec): 31.82. This rate was applied to all future years, although by mid-2021, it had increased to 46ETB = 1USD.
[ii] Ethiopian Council of Ministers approved an 18% increase in the total government budget reaching ETB 561.7 billion (USD 12.9 billion) for 2021/22 (June, 2021): https://www.reuters.com/article/ethiopia-budget-idUSL5N2NN05Y

In the Scale-Up Phase, the annual costs hover around ETB 12 billion (almost USD 400 million), dropping to ETB 12.2 billion (USD 383 million) by the tenth year. Over the entire period, the largest share of resources (58%) will be needed for Strategic Objective 1, implemented by the agricultural sector, followed by 12% for the water and sanitation sector. Strategic Objective 2 (health sectoral interventions) will need 10% and appears to have low costs in the Expansion Phase which then increases in the Scale-Up Phase.

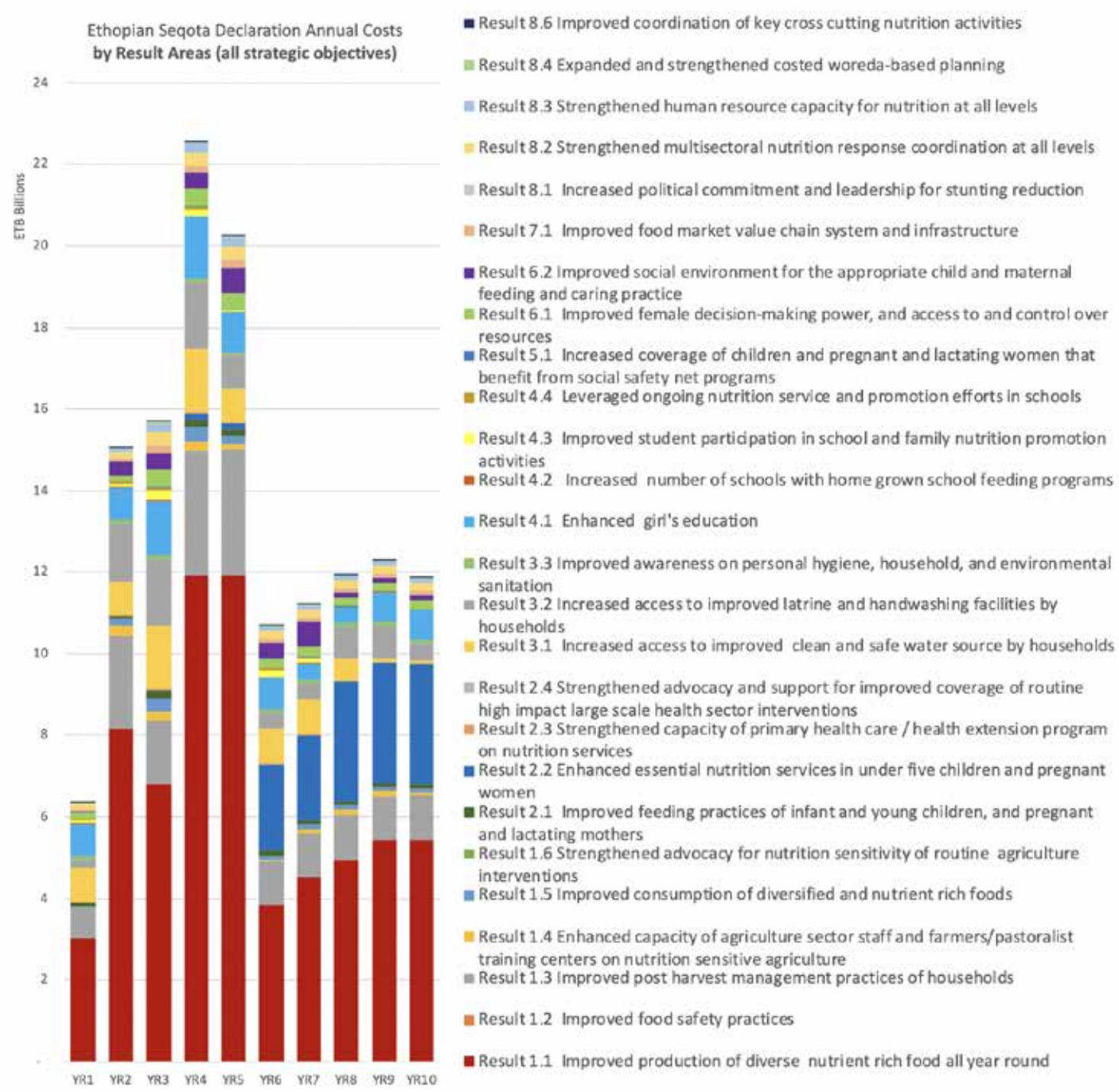
The estimated costs of the Scale-Up Phase (2026-203) are presented in Table 10.b. below.

Table 9.b.: The estimated annual costs of the SD, per Strategic Objective (Scale-Up Phase: 2026-2030, ETB)

Strategic Objective		SCALE-UP PHASE COSTS (ETB)					
		YR6	YR7	YR8	YR9	YR10	Total Scale-Up Costs (ETB)
Strategic Objective 1	Improve access to diverse, adequate, nutrient rich and safe food all year round	5,033,837,220	5,826,721,339	6,299,185,236	6,747,051,339	6,710,227,589	30,617,022,724
Strategic Objective 2	Improve maternal, child and adolescent feeding and health care practices	2,279,043,965	2,200,354,532	3,034,013,038	3,034,013,038	3,034,013,038	13,581,437,610
Strategic Objective 3	Universal access to safe and clean water, sanitation and hygiene services, and adoption of improved practices	1,321,194,210	1,323,171,660	1,429,924,290	994,837,280	590,242,100	5,659,369,541
Strategic Objective 4	Enhance schools' role for improved nutrition practice and creation of nutrition change agents for the nation	1,012,283,730	576,529,380	398,380,794	750,927,117	761,137,902	3,499,258,923
Strategic Objective 5	Increase the resilience of households and communities through social protection (social safety nets)	15,136,756	21,911,101	10,025,791	2,700,000	2,700,000	52,473,647
Strategic Objective 6	Enhance women empowerment, gender equity and child protection	601,438,242	837,931,442	337,931,442	337,931,442	337,931,442	2,453,164,009
Strategic Objective 7	Enhance market accessibility and affordability of foods	113,316,291	101,528,395	107,378,395	101,528,395	101,528,395	525,279,872
Strategic Objective 8	Fostering an enabling environment for strong governance and coordination of multi-sectoral stunting reduction efforts	1,509,027,414	1,258,302,777	610,131,999	605,648,773	636,958,868	4,620,069,832
Total SD costs (ETB)		**11,885,277,828**	**12,146,450,626**	**12,226,970,985**	**12,574,637,384**	**12,174,739,335**	**61,008,076,158**
Total SD costs (USD) (*Ex.Rate USD:ETB = 31.82)*		**$ 373,534,742**	**$ 381,742,973**	**$ 384,273,596**	**$ 395,200,179**	**$ 382,632,041**	**$ 1,917,383,531**

The estimated costs to achieve each Result Area for the SD strategic objectives are presented below, Figure 4 and Tables 10.a&b below.

Figure 4: The estimated annual costs of the SD, per Result Area (2021-2030, ETB billions)



The details of each activity required to achieve these result areas are provided in the sectoral-specific costed work plans, with every activity or sub-activity broken into its ingredients, annual targets, unit costs, and annual prices. Fluctuations in the annual costs are due to changing targets and numbers of woredas to be covered, as determined by the sectors for every intervention. Result Area 1.1 costs increase in the Expansion Phase and then decline in the Scale-Up Phase. Result Area 2.2 has no estimated costs in the Expansion Phase and then increases in the Scale-Up Phase. Please refer to the costed sectoral work plans for further details.

Table 10.a.: Annual SD costs per Result Area (Expansion Phase: 2021-2025, ETB)

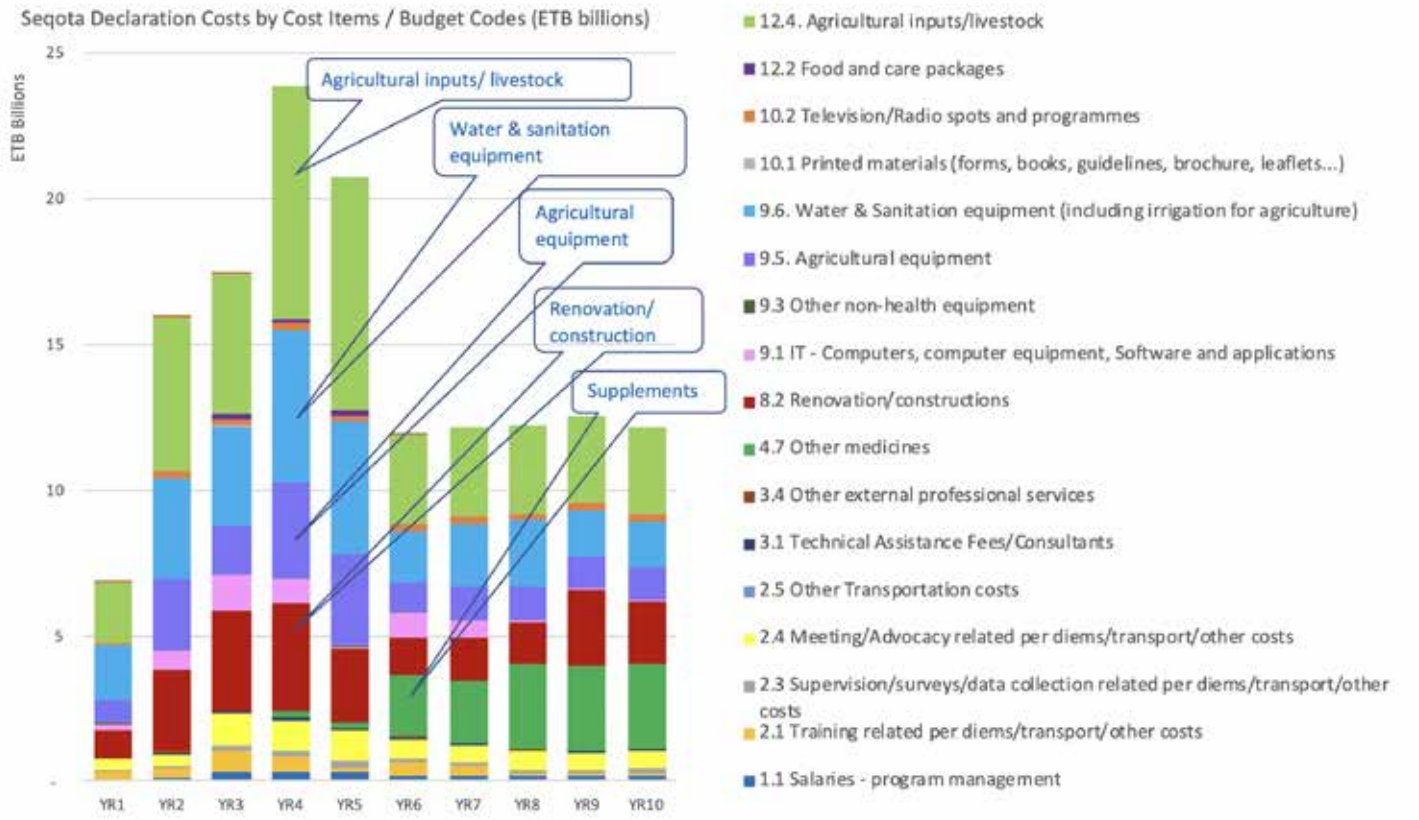
Strategic Objective and their Result Areas		EXPANSION PHASE COSTS (ETB)					
		YR1	YR2	YR3	YR4	YR5	Total Expansion Phase costs (ETB)
Strategic Objective 1	**Improve access to diverse, adequate, nutrient rich and safe food all year round**	**3,823,219,900**	**10,857,386,789**	**8,898,419,303**	**15,578,774,642**	**15,352,251,542**	**54,510,052,176**
Result 1.1	Improved production of diverse nutrient rich food all year round	3,039,103,120	8,158,945,904	6,782,846,832	11,935,565,616	11,933,225,616	41,849,687,090
Result 1.2	Improved food safety practices	-	-	-	-	-	-
Result 1.3	Improved post harvest management practices of households	779,868,800	2,278,348,800	1,569,947,200	3,037,798,400	3,088,846,400	10,754,809,600
Result 1.4	Enhanced capacity of agriculture sector staff and farmers/pastoralist training centers on nutrition sensitive agriculture	808,975	241,989,600	229,989,600	244,984,400	107,497,400	825,269,975
Result 1.5	Improved consumption of diversified and nutrient rich foods	474,000	175,137,479	312,670,666	357,461,220	219,717,120	1,065,460,485
Result 1.6	Strengthened advocacy for nutrition sensitivity of routine agriculture interventions	2,965,005	2,965,005	2,965,005	2,965,005	2,965,005	14,825,027
Strategic Objective 2	**Improve maternal, child and adolescent feeding and health care practices**	**97,528,304**	**87,552,604**	**239,730,844**	**339,824,987**	**319,405,787**	**1,084,042,526**
Result 2.1	Improved feeding practices of infant and young children, and pregnant and lactating mothers	75,284,863	55,256,398	202,087,039	146,367,160	146,367,160	625,362,619
Result 2.2	Enhanced essential nutrition services in under five children and pregnant women	9,068,836	19,121,601	4,050,000	170,073,621	170,073,621	372,387,680
Result 2.3	Strengthened capacity of primary health care / health extension program on nutrition services	10,209,600	10,209,600	30,628,800	20,419,200	-	71,467,200
Result 2.4	Strengthened advocacy and support for improved coverage of routine high impact large scale health sector interventions	2,965,005	2,965,005	2,965,005	2,965,005	2,965,005	14,825,027
Strategic Objective 3	**Universal access to safe and clean water, sanitation and hygiene services, and adoption of improved practices**	**1,123,211,520**	**2,336,817,060**	**3,284,424,998**	**3,284,424,998**	**1,729,924,290**	**11,758,802,866**
Result 3.1	Increased access to improved clean and safe water source by households	833,087,010	833,087,010	1,569,767,558	1,569,767,558	833,087,010	5,638,796,146
Result 3.2	Increased access to improved latrine and handwashing facilities by households	202,297,590	1,416,083,130	1,618,380,720	1,618,380,720	809,190,360	5,664,332,520
Result 3.3	Improved awareness on personal hygiene, household, and environmental sanitation	87,826,920	87,646,920	96,276,720	96,276,720	87,646,920	455,674,200
Strategic Objective 4	**Enhance schools' role for improved nutrition practice and creation of nutrition change agents for the nation**	**908,216,564**	**944,017,834**	**1,665,816,041**	**1,768,979,430**	**1,016,714,773**	**6,303,744,642**
Result 4.1	Enhanced girl's education	784,974,502	800,350,102	1,339,807,518	1,528,834,527	989,377,111	5,443,343,761
Result 4.2	Increased number of schools with home grown school feeding programs	16,550,005	25,850,005	16,550,005	16,550,005	16,550,005	92,050,027
Result 4.3	Improved student participation in school and family nutrition promotion activities	76,702,456	76,702,456	219,319,712	153,404,912	10,787,656	536,917,193
Result 4.4	Leveraged ongoing nutrition service and promotion efforts in schools	29,989,600	41,115,271	90,138,806	70,189,986	-	231,433,662
Strategic Objective 5	**Increase the resilience of households and communities through social protection (social safety nets)**	**15,136,756**	**15,136,756**	**24,169,216**	**12,327,195**	**2,700,000**	**69,469,922**
Result 5.1	Increased coverage of children and pregnant and lactating women that benefit from social safety net programs	15,136,756	15,136,756	24,169,216	12,327,195	2,700,000	69,469,922
Strategic Objective 6	**Enhance women empowerment, gender equity and child protection**	**185,017,572**	**478,904,692**	**804,883,992**	**804,327,192**	**1,054,327,192**	**3,327,460,639**
Result 6.1	Improved female decision-making power, and access to and control over resources	130,754,676	130,754,676	418,414,676	418,414,676	418,414,676	1,516,753,382
Result 6.2	Improved social environment for the appropriate child and maternal feeding and caring practice	54,262,895	348,150,015	386,469,315	385,912,515	635,912,515	1,810,707,257
Strategic Objective 7	**Enhance market accessibility and affordability of foods**	**26,150,000**	**76,665,936**	**183,968,895**	**178,118,895**	**178,118,895**	**643,022,623**
Result 7.1	Improved food market value chain system and infrastructure	26,150,000	76,665,936	183,968,895	178,118,895	178,118,895	643,022,623
Strategic Objective 8	**Fostering an enabling environment for strong governance and coordination of multi-sectoral stunting reduction efforts**	**627,007,659**	**1,119,864,366**	**2,318,800,179**	**1,908,324,552**	**1,056,200,919**	**7,013,817,674**
Result 8.1	Increased political commitment and leadership for stunting reduction	4,572,743	3,137,033	4,865,553	3,802,653	3,137,033	19,515,013
Result 8.2	Strengthened multisectoral nutrition response coordination at all levels	146,286,412	148,432,748	316,966,698	327,618,948	327,618,948	1,266,923,756
Result 8.3	Strengthened human resource capacity for nutrition at all levels	1,569,225	65,469,225	213,900,000	213,900,000	213,900,000	708,738,450
Result 8.4	Expanded and strengthened costed woreda-based planning	26,757,353	21,403,783	48,146,443	40,628,933	38,380,228	175,316,739
Result 8.5	Expanded and strengthened data revolution at all levels	441,961,293	870,587,785	1,729,060,852	1,311,540,226	467,304,077	4,804,074,233
Result 8.6	Improved coordination of key cross cutting nutrition activities	5,860,633	10,833,793	5,860,633	10,833,793	5,860,633	39,249,483
Total Seqota Declaration costs (ETB)		**6,805,488,274**	**15,916,346,037**	**17,420,213,468**	**23,875,101,890**	**20,709,643,397**	**84,710,413,067**
Total Seqota Declaration costs (USD)		**$ 213,885,308**	**$ 500,224,588**	**$ 547,488,669**	**$ 750,355,200**	**$ 650,870,044**	**$ 2,662,309,012**

Table 10.b.: Annual SD costs per Result Area (Scale-Up Phase: 2026-2030, ETB)

Strategic Objective and their Result Areas		SCALE-UP PHASE COSTS (ETB)					
		YR6	YR7	YR8	YR9	YR10	Total Scale-Up Costs (ETB)
Strategic Objective 1	**Improve access to diverse, adequate, nutrient rich and safe food all year round**	**5,033,837,220**	**5,826,721,339**	**6,299,185,236**	**6,747,051,339**	**6,710,227,589**	**30,617,022,724**
Result 1.1	Improved production of diverse nutrient rich food all year round	3,828,371,955	4,519,400,274	4,958,130,570	5,441,730,274	5,441,730,274	24,189,363,347
Result 1.2	Improved food safety practices	-	-	-	-	-	-
Result 1.3	Improved post harvest management practices of households	1,098,963,040	1,063,229,440	1,098,963,040	1,063,229,440	1,098,963,040	5,423,348,000
Result 1.4	Enhanced capacity of agriculture sector staff and farmers/pastoralist training centers on nutrition sensitive agriculture	23,246,100	114,994,800	114,994,800	114,994,800	64,994,800	433,225,300
Result 1.5	Improved consumption of diversified and nutrient rich foods	80,291,120	126,131,820	124,131,820	124,131,820	101,574,470	556,261,050
Result 1.6	Strengthened advocacy for nutrition sensitivity of routine agriculture interventions	2,965,005	2,965,005	2,965,005	2,965,005	2,965,005	14,825,027
Strategic Objective 2	**Improve maternal, child and adolescent feeding and health care practices**	**2,279,043,965**	**2,200,354,532**	**3,034,013,038**	**3,034,013,038**	**3,034,013,038**	**13,581,437,610**
Result 2.1	Improved feeding practices of infant and young children, and pregnant and lactating mothers	127,230,381	76,209,660	76,209,660	76,209,660	76,209,660	432,069,021
Result 2.2	Enhanced essential nutrition services in under five children and pregnant women	2,123,324,578	2,110,970,266	2,954,838,373	2,954,838,373	2,954,838,373	13,098,809,963
Result 2.3	Strengthened capacity of primary health care / health extension program on nutrition services	25,524,000	10,209,600	-	-	-	35,733,600
Result 2.4	Strengthened advocacy and support for improved coverage of routine high impact large scale health sector interventions	2,965,005	2,965,005	2,965,005	2,965,005	2,965,005	14,825,027
Strategic Objective 3	**Universal access to safe and clean water, sanitation and hygiene services, and adoption of improved practices**	**1,321,194,210**	**1,323,171,660**	**1,429,924,290**	**994,837,280**	**590,242,100**	**5,659,369,541**
Result 3.1	Increased access to improved clean and safe water source by households	833,087,010	833,087,010	533,087,010	98,000,000	98,000,000	2,395,261,031
Result 3.2	Increased access to improved latrine and handwashing facilities by households	404,595,180	404,595,180	809,190,360	809,190,360	404,595,180	2,832,166,260
Result 3.3	Improved awareness on personal hygiene, household, and environmental sanitation	83,512,020	85,489,470	87,646,920	87,646,920	87,646,920	431,942,250
Strategic Objective 4	**Enhance schools' role for improved nutrition practice and creation of nutrition change agents for the nation**	**1,012,283,730**	**576,529,380**	**398,380,794**	**750,927,117**	**761,137,902**	**3,499,258,923**
Result 4.1	Enhanced girl's education	788,320,311	412,077,403	371,620,003	734,377,111	734,377,111	3,040,771,941
Result 4.2	Increased number of schools with home grown school feeding programs	16,550,005	16,550,005	16,550,005	16,550,005	16,550,005	82,750,027
Result 4.3	Improved student participation in school and family nutrition promotion activities	137,223,428	102,917,571	-	-	-	240,140,999
Result 4.4	Leveraged ongoing nutrition service and promotion efforts in schools	70,189,986	44,984,400	10,210,786	-	10,210,786	135,595,957
Strategic Objective 5	**Increase the resilience of households and communities through social protection (social safety nets)**	**15,136,756**	**21,911,101**	**10,025,791**	**2,700,000**	**2,700,000**	**52,473,647**
Result 5.1	Increased coverage of children and pregnant and lactating women that benefit from social safety net programs	15,136,756	21,911,101	10,025,791	2,700,000	2,700,000	52,473,647
Strategic Objective 6	**Enhance women empowerment, gender equity and child protection**	**601,438,242**	**837,931,442**	**337,931,442**	**337,931,442**	**337,931,442**	**2,453,164,009**
Result 6.1	Improved female decision-making power, and access to and control over resources	217,052,676	217,052,676	217,052,676	217,052,676	217,052,676	1,085,263,382
Result 6.2	Improved social environment for the appropriate child and maternal feeding and caring practice	384,385,565	620,878,765	120,878,765	120,878,765	120,878,765	1,367,900,627
Strategic Objective 7	**Enhance market accessibility and affordability of foods**	**113,316,291**	**101,528,395**	**107,378,395**	**101,528,395**	**101,528,395**	**525,279,872**
Result 7.1	Improved food market value chain system and infrastructure	113,316,291	101,528,395	107,378,395	101,528,395	101,528,395	525,279,872
Strategic Objective 8	**Fostering an enabling environment for strong governance and coordination of multi-sectoral stunting reduction efforts**	**1,509,027,414**	**1,258,302,777**	**610,131,999**	**605,648,773**	**636,958,868**	**4,620,069,832**
Result 8.1	Increased political commitment and leadership for stunting reduction	5,011,958	3,137,033	3,137,033	3,626,967	3,137,033	18,050,022
Result 8.2	Strengthened multisectoral nutrition response coordination at all levels	183,471,858	188,813,869	188,813,869	188,813,869	188,813,869	938,727,335
Result 8.3	Strengthened human resource capacity for nutrition at all levels	108,900,000	108,900,000	108,900,000	108,900,000	108,900,000	544,500,000
Result 8.4	Expanded and strengthened costed woreda-based planning	35,456,662	27,171,328	24,916,292	24,916,292	24,916,292	137,376,864
Result 8.5	Expanded and strengthened data revolution at all levels	1,165,353,144	924,419,915	273,531,013	273,531,013	305,331,042	2,942,166,128
Result 8.6	Improved coordination of key cross cutting nutrition activities	10,833,793	5,860,633	10,833,793	5,860,633	5,860,633	39,249,483
Total Seqota Declaration costs (ETB)		**11,885,277,828**	**12,146,450,626**	**12,226,970,985**	**12,574,637,384**	**12,174,739,335**	**61,008,076,158**
Total Seqota Declaration costs (USD)		**$ 373,534,742**	**$ 381,742,973**	**$ 384,273,596**	**$ 395,200,179**	**$ 382,632,041**	**$ 1,917,383,531**

A summary of the key cost components (line/budget items) for all the SD Strategic Objectives is provided in Figure 5 with details in Tables 11a&b below. These are useful to inform the annual sectoral budgeting processes. Salary costs are not fully represented here since the sectors anticipate that they will cover salaries from their annual budgets, an important contribution from public funds. Capital investments (for example, in construction and renovations, water and sanitation infrastructure, and agricultural equipment) will be key cost drivers in the Expansion Phase. In the Scale-up Phase, these will be decreased. The health sector's costs (for Strategic Objective 2) increase in the Scale-up Phase mainly due to medicines and supplements, which were not anticipated in the Expansion Phase.

Figure 5: The estimated annual costs of the SD, per Cost Component (2021-2030, ETB billions)



The details of the cost components are provided in Table 12a&b below.

Table 11.a&b.: The estimated annual costs of the SD, per Cost Component (2021-2025, 2026-2030, ETB)

SD Costs by cost item	EXPANSION PHASE COSTS ETB					
	YR1	YR2	YR3	YR4	YR5	Total Expansion Phase costs (ETB)
1.1 Salaries - program management	69,054,739	132,954,739	342,954,739	342,954,739	342,954,739	1,230,873,696
2.1 Training related per diems/transport/other costs	241,278,711	308,222,845	711,036,330	514,729,022	142,914,013	1,918,180,921
2.3 Supervision/surveys/data collection related per diems/transport/other costs	103,707,507	88,938,009	184,324,459	198,564,209	227,388,209	802,922,394
2.4 Meeting/Advocacy related per diems/transport/other costs	335,281,027	383,309,558	1,077,063,190	1,046,880,564	1,032,898,915	3,875,433,253
2.5 Other Transportation costs	4,800,000	3,500,000	2,500,000	2,400,000	4,800,000	18,000,000
3.1 Technical Assistance Fees/Consultants	29,175,000	80,265,000	92,300,000	81,400,000	70,670,000	353,810,000
3.4 Other external professional services	19,092,446	24,894,000	19,194,000	24,394,000	19,194,000	106,768,446
4.7 Other medicines	-	-	-	168,773,621	168,773,621	337,547,243
8.2 Renovation/constructions	937,436,806	2,812,514,346	3,400,394,152	3,698,894,152	2,554,189,576	13,403,429,032
9.1 IT - Computers, computer equipment, Software and applications	232,268,884	635,360,412	1,235,383,704	850,748,176	76,863,120	3,014,244,296
9.3 Other non-health equipment	10,360,000	10,360,000	20,360,000	20,360,000	10,360,000	71,800,000
9.5. Agricultural equipment	794,568,320	2,466,436,960	1,671,868,640	3,302,371,280	3,178,273,280	11,413,518,480
9.6. Water & Sanitation equipment (including irrigation for agriculture)	1,869,768,882	3,463,132,627	3,403,131,302	5,236,495,046	4,499,814,499	18,472,342,356
10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	16,378,008	2,987,656	40,735,308	4,830,312	1,582,656	66,513,940
10.2 Television/Radio spots and programmes	85,069,280	243,103,520	243,103,520	243,103,520	243,103,520	1,057,483,360
12.2 Food and care packages	-	-	140,700,000	140,700,000	140,700,000	422,100,000
12.4. Agricultural inputs/livestock	2,055,702,528	5,251,252,128	4,806,885,648	7,997,503,248	7,995,163,248	28,106,506,800
12.5 Other LSTP costs	1,546,136	9,114,238	28,278,476	-	-	38,938,849
Total Costs (ETB)	**6,805,488,274**	**15,916,346,037**	**17,420,213,468**	**23,875,101,890**	**20,709,643,397**	**84,710,413,067**

SD Costs by cost item	SCALE-UP PHASE COSTS ETB					
	YR6	YR7	YR8	YR9	YR10	Total Scale-Up Costs (ETB)
1.1 Salaries - program management	182,580,000	182,580,000	182,580,000	182,580,000	182,580,000	912,900,000
2.1 Training related per diems/transport/other costs	475,893,337	329,730,911	109,380,875	69,084,049	103,109,393	1,087,198,565
2.3 Supervision/surveys/data collection related per diems/transport/other costs	133,821,202	115,133,869	115,133,869	115,133,869	143,957,869	623,180,679
2.4 Meeting/Advocacy related per diems/transport/other costs	622,481,424	615,617,264	608,092,740	596,406,164	600,766,949	3,043,364,541
2.5 Other Transportation costs	5,700,000	2,400,000	2,400,000	2,400,000	4,800,000	17,700,000
3.1 Technical Assistance Fees/Consultants	90,475,000	51,920,000	50,920,000	44,500,000	45,070,000	282,885,000
3.4 Other external professional services	27,412,446	19,194,000	24,394,000	19,194,000	24,394,000	114,588,446
4.7 Other medicines	2,109,670,266	2,109,670,266	2,953,538,373	2,953,538,373	2,953,538,373	13,079,955,651
8.2 Renovation/constructions	1,303,534,396	1,511,911,288	1,440,506,468	2,582,763,576	2,128,168,396	8,966,884,124
9.1 IT - Computers, computer equipment, Software and applications	804,608,176	612,290,412	35,337,120	35,337,120	35,337,120	1,522,909,948
9.3 Other non-health equipment	5,360,000	4,110,000	360,000	360,000	360,000	10,550,000
9.5. Agricultural equipment	1,063,229,440	1,157,273,520	1,174,832,880	1,157,273,520	1,136,590,520	5,689,199,880
9.6. Water & Sanitation equipment (including irrigation for agriculture)	1,730,403,829	2,148,109,818	2,246,450,754	1,533,022,808	1,533,022,808	9,191,010,018
10.1 Printed materials (forms, books, guidelines, brochure, leaflets...)	27,694,002	2,640,371	345,000	345,000	345,000	31,369,373
10.2 Television/Radio spots and programmes	243,103,520	243,103,520	243,103,520	243,103,520	243,103,520	1,215,517,600
12.2 Food and care packages	-	-	-	-	-	-
12.4. Agricultural inputs/livestock	3,040,655,136	3,040,765,386	3,039,595,386	3,039,595,386	3,039,595,386	15,200,206,680
12.5 Other LSTP costs	18,655,653	-	-	-	-	18,655,653
Total Costs (ETB)	**11,885,277,828**	**12,146,450,626**	**12,226,970,985**	**12,574,637,384**	**12,174,739,335**	**61,008,076,158**

For each of the sectoral strategic objectives, their detailed result areas and activities were costed – please refer to the specific costed workplans. As an example, the details of Strategic Objective 1 (agricultural sector) are presented below, first by Result Areas (Figure 6), and then by Cost Components (Figure 7). As explained above, there are large agricultural capital investments (inputs and equipment such as irrigation) anticipated in the Expansion Phase, but once the need has been met in the targeted woredas, these would not be replaced in those woredas in the Scale-up Phase. Livestock, in particular, should allow the targeted households to continue to generate their production of nutrient-rich food, as demonstrated in Figure 8 which shows the planned activities for chicken supply to households, for the one result area under Strategic Objective 1.

Figure 6: The estimated annual costs of SD Strategic Objective 1 (Agriculture), per Result Area (2021-2030, ETB millions)

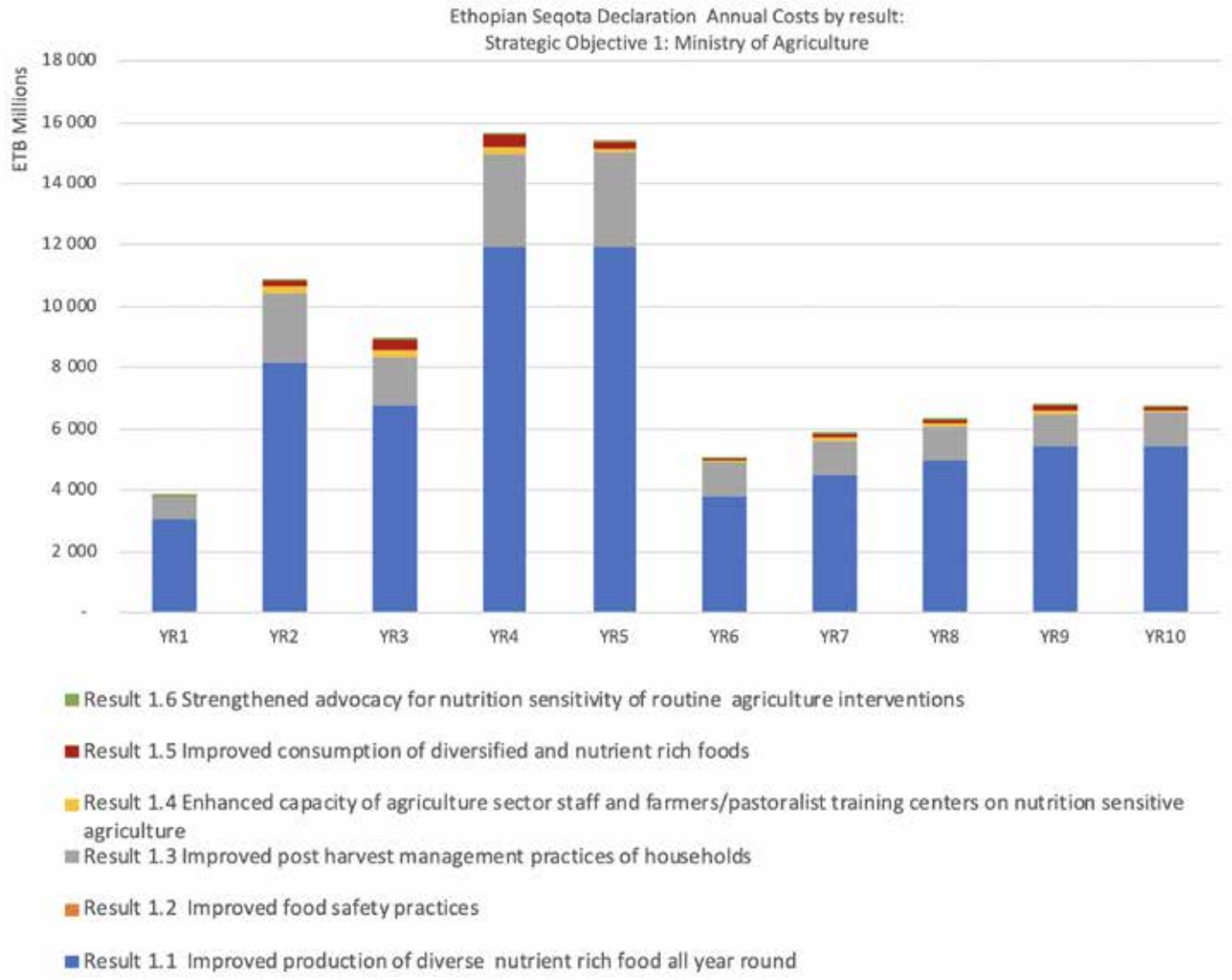
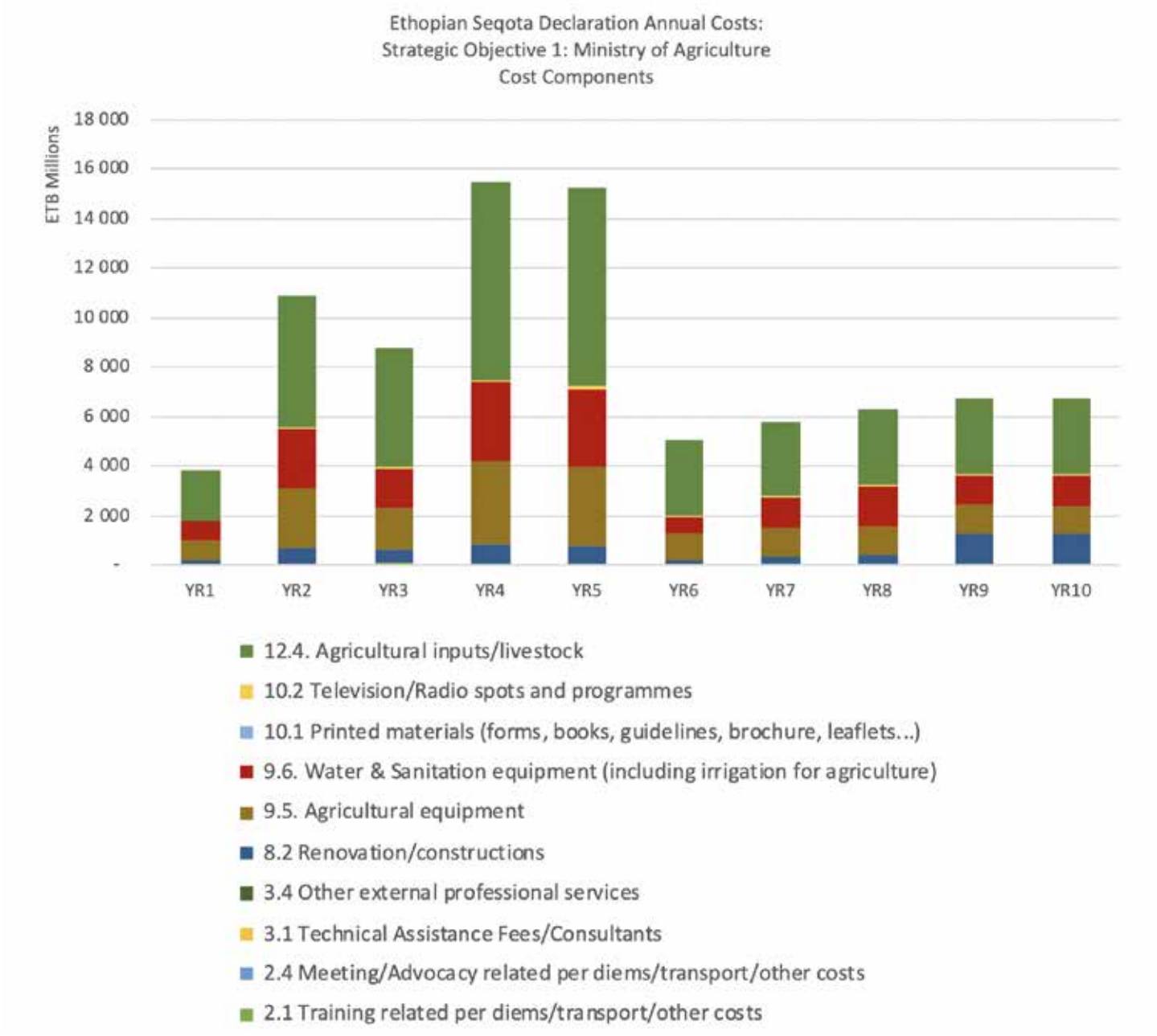


Figure 7: The estimated annual costs of Strategic Objective 1 (Agriculture), per Cost Component (2021-2030, ETB millions)



Each Result Area is split into its activities, and details of its costs and cost components are available in the costed work plans. An example of Result 1.1.1 per activity is provided in Figure 8 and Table 13 following.

Figure 8: The estimated activity costs of SD Result Area 1.1: Improved production of diverse, nutrient-rich food all year round (2021-2025, ETB millions) – as an example of the detail in the costed sectoral work plans

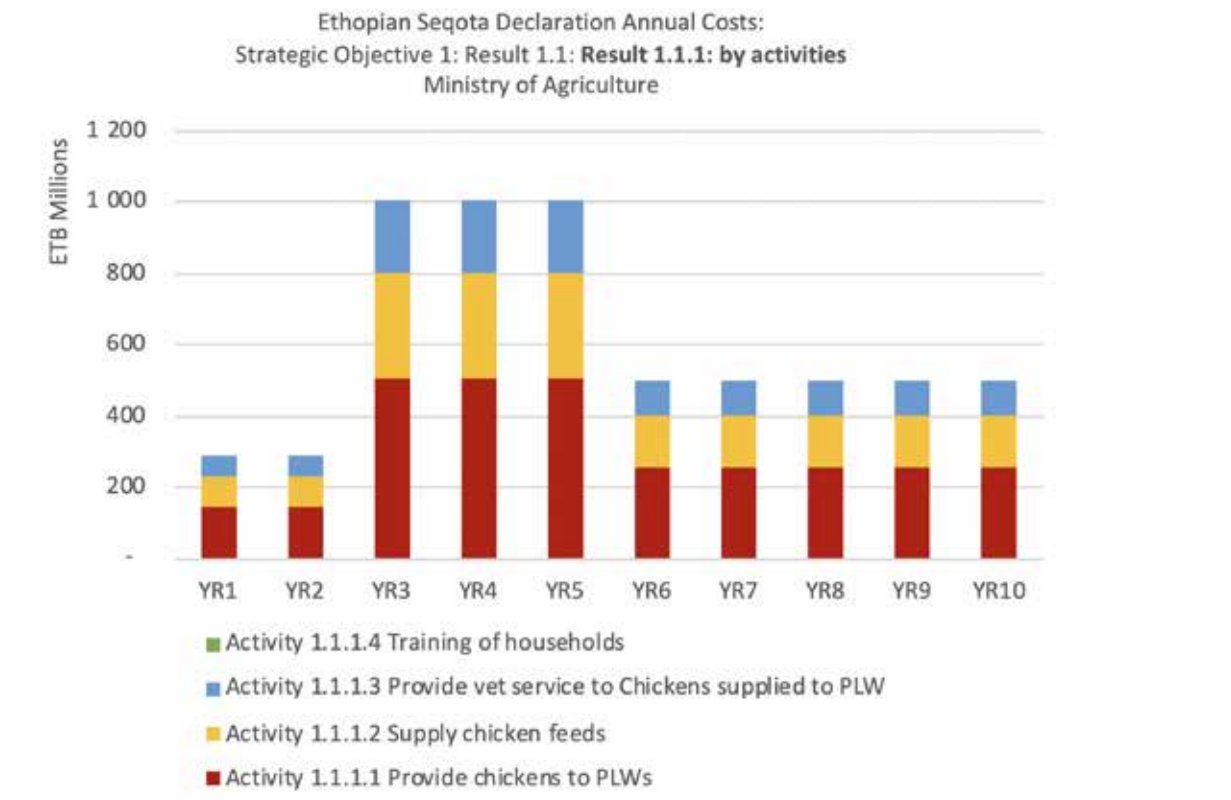


Table 12: The estimated annual costs of SD Result Area 1.1, per Activity (2021-2025, ETB millions) – as an example of the detail in the costed sectoral work plans

Strategic Objective 1: Improve access to diverse, adequate, nutrient rich and safe food		YR1	YR2	YR3	YR4	YR5	Total Expansion Phase costs (ETB)
Result 1.1 Result 1.1.2	Improved production of diverse nutrient rich food all year round Improved production of dairy products						
Activity 1.1.2.1	Provide goats to PLWs	125 337 600	125 337 600	438 681 600	438 681 600	438 681 600	1 566 720 000
Activity 1.1.2.2	Supply goat feeds	41 779 200	41 779 200	146 227 200	146 227 200	146 227 200	522 240 000
Activity 1.1.2.3	Provide vet service to the goat supplied to PW	6 266 880	6 266 880	21 934 080	21 934 080	21 934 080	78 336 000
Activity 1.1.2.4	Training of households	-	-	-	-	-	-
Activity 1.1.2.5	animal feed concentrate processing center	-	7 700 000	7 700 000	7 700 000	7 700 000	30 800 000
Activity 1.1.2.6	(AI) services to increase population of improved	-	4 680 000	4 680 000	4 680 000	2 340 000	16 380 000
Result 1.1.2 TOTAL		**173 383 680**	**185 763 680**	**619 222 880**	**619 222 880**	**616 882 880**	**2 214 476 000**

These cost estimates will inform sectoral budgeting processes and resource mobilisation.

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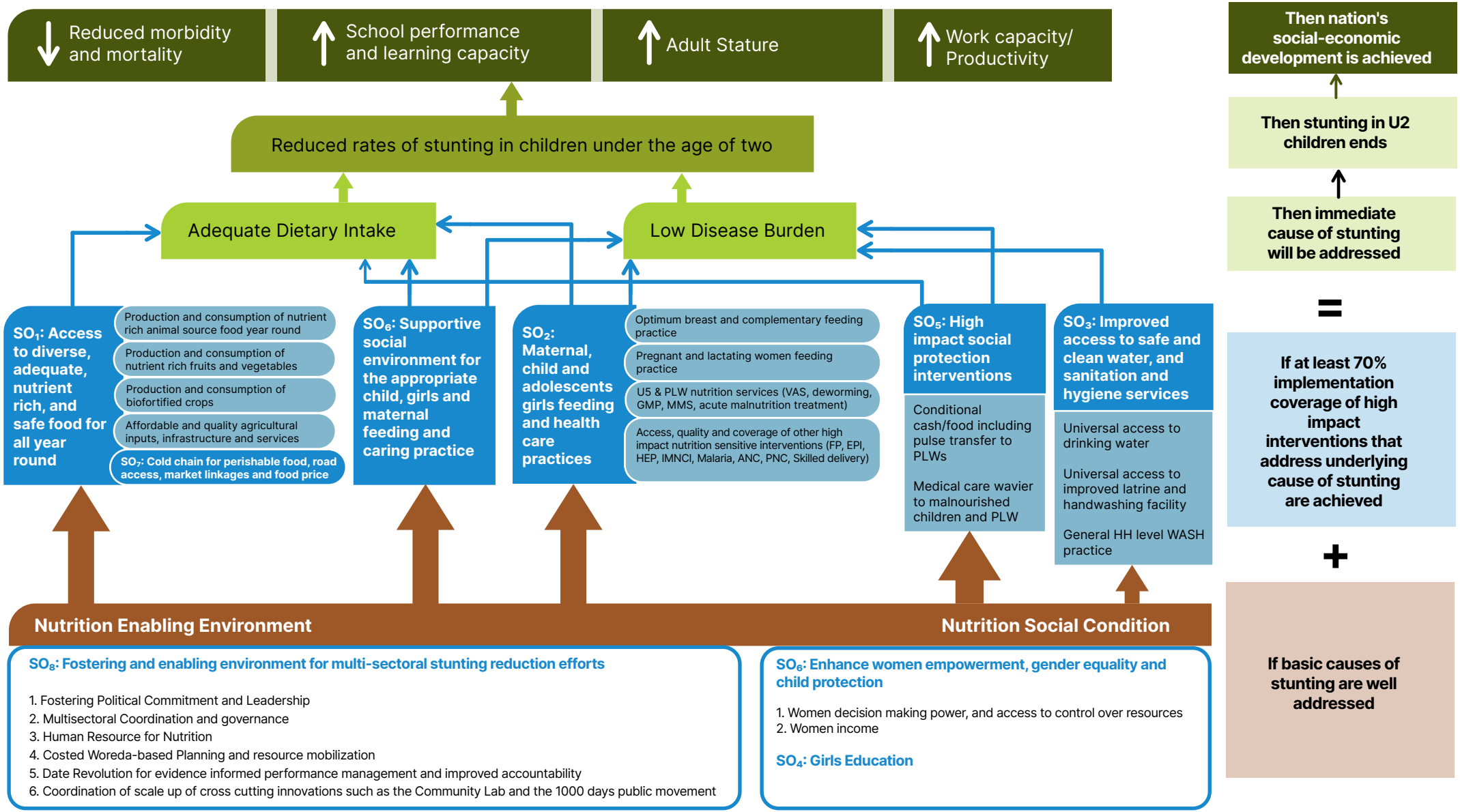
Annexes

Annex 1: The SD Expansion and Scale-up Phases Impact Pathway



Annex 2: The SD Innovations

The SD Innovation Phase (2016 to 2020) included six innovations to catalyze the delivery of SD strategic initiatives to reduce stunting. The Innovation Phase used existing multisectoral structures to implement these innovations based on the "learning by doing" principle. The six innovations are:

1. Program Delivery Unit,

2. Data Revolution,

3. Community Labs,

4. Costed Woreda-based Planning (CWP)

5. Agricultural Innovation and Technology Centers (AITEC), and

6. the First 1000 Days Plus Public Movement

This section briefly describes these six innovations. Please see the Evidence Synthesis Review for complete information, including achievements, limitations, and considerations for the Expansion Phase.

Innovation 1: Program Delivery Unit (PDU)

The SD adopted the PDU model based on success stories in other countries across Africa, Asia, and Europe to address common public service delivery challenges in Ethiopia.[i] The following are some of the challenges faced in the delivery of public health services in Ethiopia:

1. A general tendency in civil service to focus more on process and procedures than outcomes;

2. A lack of clarity around the practical steps and coordination and accountability mechanisms needed across sector ministries to turn national policy commitments into tangible outcomes; and

3. The challenge of ensuring quality delivery once responsibility is devolved to local and sub-national levels.

The SD established a two-tiered PDU (federal and regional) to address limited horizontal ministerial-level inter-sectoral nutrition coordination mechanisms in support of the SD delivery with five core functions. These functions are strategic management; coordinating policy; monitoring and improving performance; managing the politics of policies; and communicating results and accountability.

[i] Federal Program Delivery Unit. Seqota Declaration: Program Delivery Unit Operational Manual. Addis Ababa: Federal Ministry of Health; 2018.

The PDU has a direct line of communication to senior leadership and is located outside of the Ethiopian government's line-management hierarchy for optimum effectiveness. At the same time, there is a clear communication and reporting line between the federal and regional PDUs for better coordination and technical oversight.[i]

Innovation 2: Data Revolution

The SD has identified a "data revolution" in nutrition as one of its innovative approaches to improve data availability essential to design and implement effective, evidence-based policies and programs, mobilize resources, and monitor progress. Using a web-based platform, the data revolution innovation aims to bring all nutrition data from different sectors into a single common hub for joint and routine monitoring by all sectors, to help in data analysis and visualization. The goal is to develop and implement a culture of data-driven decision-making by establishing a robust, multisectoral data management system to collect high-quality data to inform decision-making and intervention targeting and ultimately lead to a reduction in childhood stunting. SD implementing sectors could access the web-based platform to routinely report and review their progress against the 50 strategic initiatives of the SD.

Innovation 3: Community Labs

A Community Lab approach is a collaborative mechanism that brings together woreda and kebele-level stakeholders to jointly identify and prioritize complex and multidimensional nutrition-related problems in a community, and identify, test, and replicate potential solutions to overcome them. It is driven by the principle of local solutions for local problems through a locally-owned and led process. SD Community Labs have woreda and kebele-level structures. Woreda Community Labs comprise representatives from woreda administration offices, SD implementing sector offices, development partners, religious leaders, and community-based organizations. Kebele Community Labs consist of representatives from kebele administrators, school principals, health extension workers, youth associations, women associations, religious leaders, cooperatives, farmers, and community members.

Community Labs use two major approaches: (1) Learning Journey is a full-day exercise in which members of the Woreda Community Lab visit key locations at the kebele and interact with community members and social service providers to better understand their day-to-day experiences and challenges. (2) Open Day is a Kebele Community Lab-led one-day event in which Woreda Community Lab members are invited to visit the kebele to have an open discussion about progress, successes, and challenges. Through iterative testing, learning, and reflection, the Community Lab eventually lands on sustainable, innovative solutions that can eventually be replicated at scale. [ii]

[i] Federal Program Delivery Unit. Seqota Declaration: Program Delivery Unit Operational Manual. Addis Ababa: Federal Ministry of Health; 2018.
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Innovation 4: Costed Woreda-based Planning (CWP)

A Costed Woreda-based Plan (Costed-One-Plan) is a bottom-up planning process and output that consolidates a list of nutrition-sensitive and nutrition-specific activities across SD implementing sectors and development partners at the woreda level, including the resources needed and the implementation timeline. It aims to ensure sector priorities and implementation timelines for nutrition activities are aligned, and increases sector accountability to plan, finance, and implement nutrition activities across SD woredas.

Innovation 5: Agricultural Innovation and Technology Centers (AITEC)

The AITEC farms serve as pathways for the integrated introduction and demonstration of innovations and technologies for horticulture, crop farming, and livestock production that improve the productivity of smallholder farmers for increased production and diverse food.

Innovation 6: The First 1000 Days Plus Public Movement

The Seqota Declaration focuses on the first 1000 days plus of life to promote better nutrition practices in pregnant women, lactating women, and adolescents. It uses a public movement to mobilize influential community leaders and individuals and tailored social behavioral change and communication messages to promote essential nutrition actions and practices to reduce stunting. These practices include, for example, exclusive breastfeeding, complementary feeding, dietary diversity, WASH, health-seeking behaviors, male engagement, women empowerment, and challenging and reducing harmful traditional practices.

Seqota Declaration

Roadmap for Expansion and Scaleup Phases

2021 – 2030