



## Seqota Declaration: Impact of the Expansion Phase and Potential Impact of the Scale-Up Phase on Child Stunting and Mortality

### EXECUTIVE SUMMARY

Childhood malnutrition represents one of the most formidable challenges to achieving health goals and economic success. The Ethiopian government has made a unique commitment to eradicate child stunting by 2030 through the Seqota Declaration (SD), which is a multi-phase and multi-sectoral approach. Childhood stunting is an indicator of malnutrition and deprived growth and brain development of a child. However, the impact of the expansion phase and the potential impact of the scale-up phases on key performance indicators, such as the number of stunting cases averted and the number of under-five deaths averted, have not been documented. The purpose of this analysis is to determine the potential effects of expanding SD interventions to 700 woredas (2021-2025) and scaling up similar interventions across all woredas in Ethiopia.

For the initial expansion phase, we analyzed data for seven regions and two city administrations (Addis Ababa and Dire Dawa). For the other scenarios, we included all 11 regions and the two city administrations of Ethiopia. Using the LiST model, we estimated that compared to the first year of the expansion phase (2021), a modest increase in coverage without further expansion (scenario - I) and full-scale nationwide scaling-up of SD interventions to 700 and 1050 woredas could avert 59,717, 698,892, and 5,694,765 cases of stunting, respectively and thereby improving productivity and quality of life in the long run. Additionally, interventions in these scenarios could save the lives of 2,904 and 8,864 children from possible death, respectively.



Photo credit: Biogreen2U Online organic store, 2024

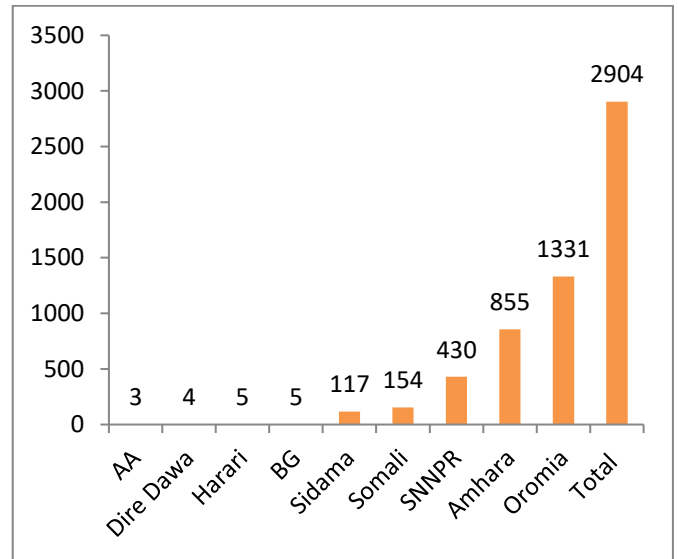
### THE PROBLEM

Despite the promising reductions in global poverty over the past two decades, the progress in improving nutritional outcomes and reducing hunger has been disappointingly slow (1,2). Based on current trends, it is unlikely that most nations will achieve the global nutrition target of ending all forms of undernutrition and hunger by 2025. The Seqota Declaration (SD) is a multi-phase, multi-sectoral commitment made by the Government of Ethiopia (GoE) to end child stunting by 2030. While the initial phase of the project has shown some success, the impact of the expansion phase and the potential effects of scaling up on key performance indicators, such as the child stunting rate, number of stunting cases prevented, under-five mortality rate, and number of under-five deaths prevented, have not been documented.

**BOX 1. METHODOLOGY**

We used the Lives Saved Tool (LiST) model to estimate stunting cases averted, additional lives saved, and stunting rates that would be averted during the initial year of the expansion phase, continued expansion to 700 woredas, and full scale-up of SD interventions to all 1050 woredas between 2021 and 2022, 2023 – 2025, and 2026–2030, respectively. We also determined the impact of expanding and scaling-up SD interventions with a modest (10%) coverage scale-up (scenario-I), full expansion of SD interventions to 700 woredas with modest (10%) coverage scale-up (scenario-II), and full scale-up of SD interventions to all woredas with modest (10%) increase in SD coverage (scenario III). We analyzed data for seven regions and two city administrations (Addis Ababa and Dire Dawa) for the initial (2021-2022) expansion phase, while included all the 11 regions and the two city administrations of Ethiopia for the three scenarios.

the two city administrations of Ethiopia, 2021-2022.

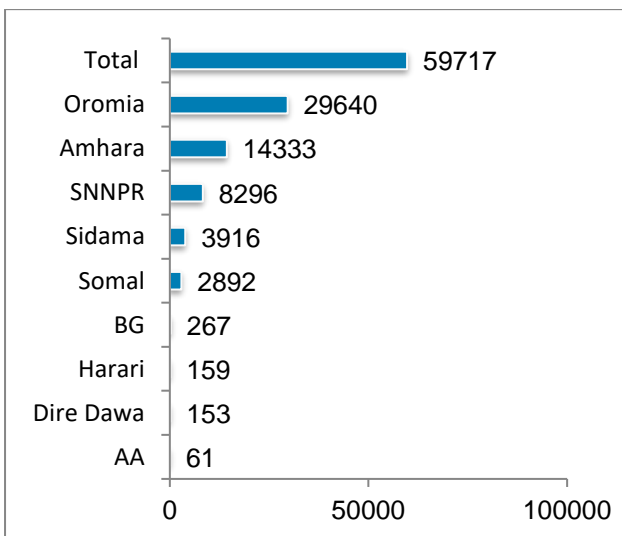


**Figure 2:** Potential Number of lives saved by SD interventions in seven regions and two administrative cities of Ethiopia, 2022

**KEY FINDINGS**

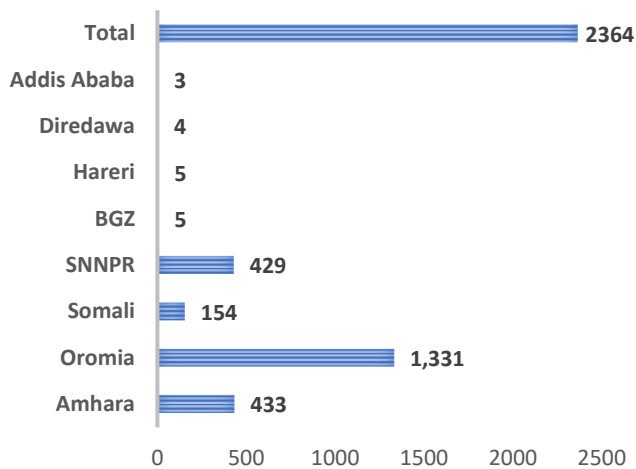
**I. Effect of the initial year of the Expansion phase (2021 – 2023) on child stunting and mortality**

Approximately, 60,000 stunting cases were averted and 2904 lives were saved from 2021-22 by SD interventions, as showed in Figures 1 and 2 below.



**Figure 1:** Potential number of stunting cases averted by SD interventions in seven regions and

**Figure 3.** Potential Number of lives saved by SD interventions in six regions and two administrative cities of Ethiopia, 2022

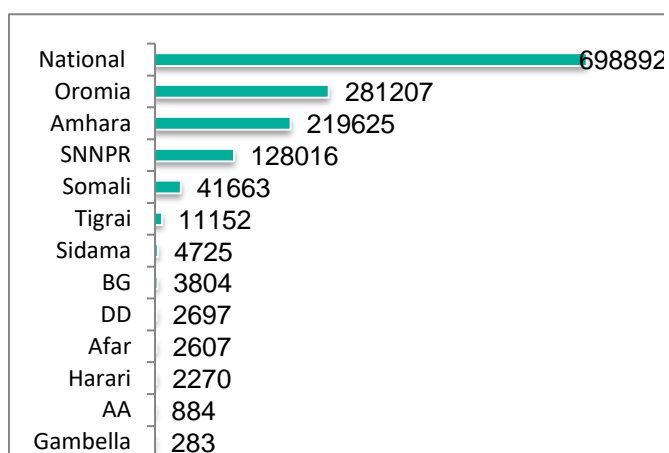


\* We could not segregate data for the Sidama region; it is included in SNNPR.

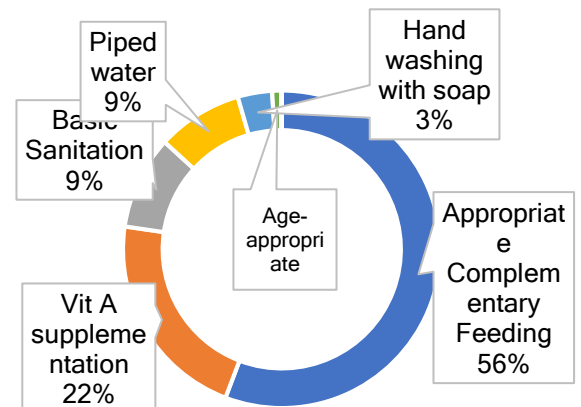
In addition, a modest (10%) incremental of SD interventions could have saved up to 2,364 child lives between 2021 and 2022 [Figure 3]. Three SD interventions contributed for nearly 92% of the cases of stunting reduction namely; appropriate complementary feeding (56%), vitamin A supplementation (22%), and WASH (Sum of basic sanitation, piped water, and hand washing with soap) 21% as presented in Figure 4 above.

## II. Modeling the potential impact of continued expansion phase of SD interventions (2023 – 2025) on child stunting and mortality

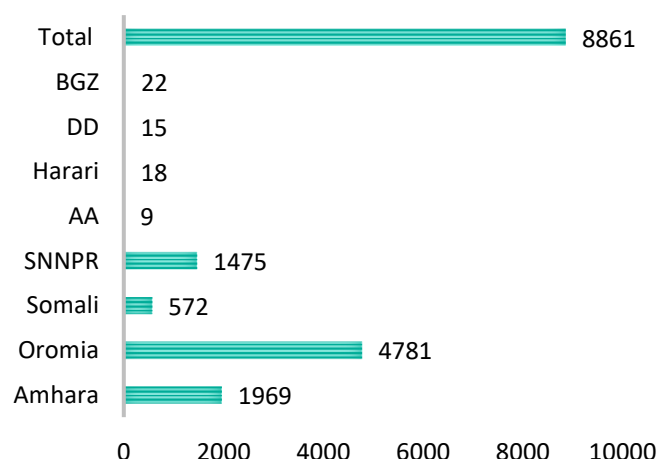
**Figure 5.** Potential number of stunting cases averted by SD interventions in all regions of Ethiopia through a modest (10%) coverage scale-up and gradual expansion of SD interventions, 2023- 2025.



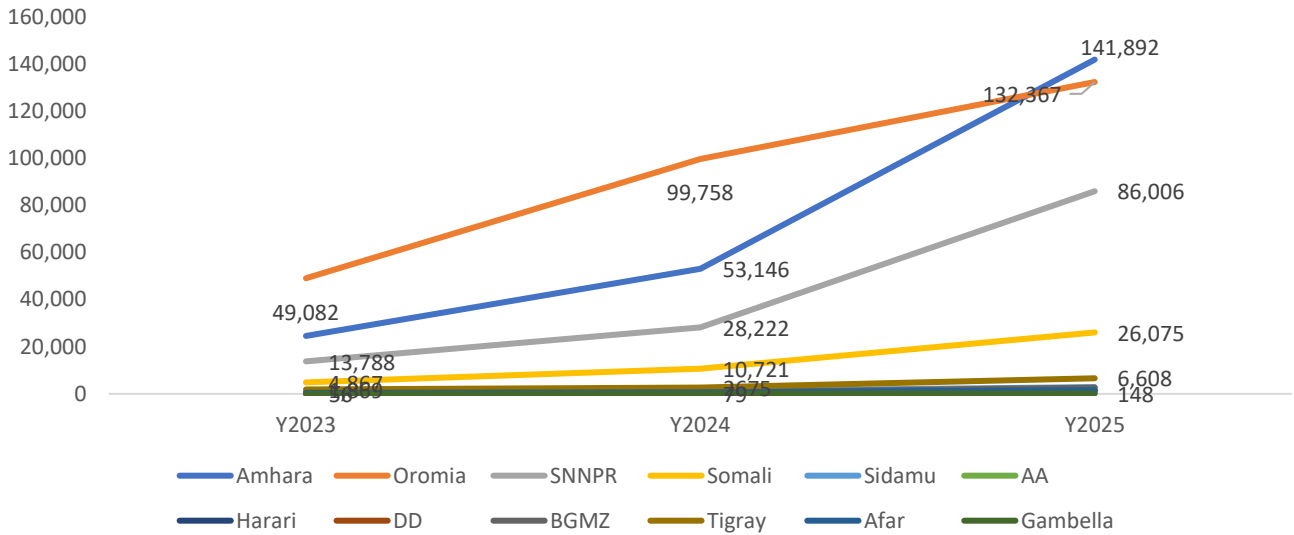
**Figure 4.** The relative contribution of SD interventions for stunting cases averted during the initial year of the expansion phase (2021-2022) in seven regions and 2 city administrations of Ethiopia.



**Figure 6.** Potential number of child lives saved through modest (10%) scale-up of SD interventions in all regions of Ethiopia, 2023- 2025.



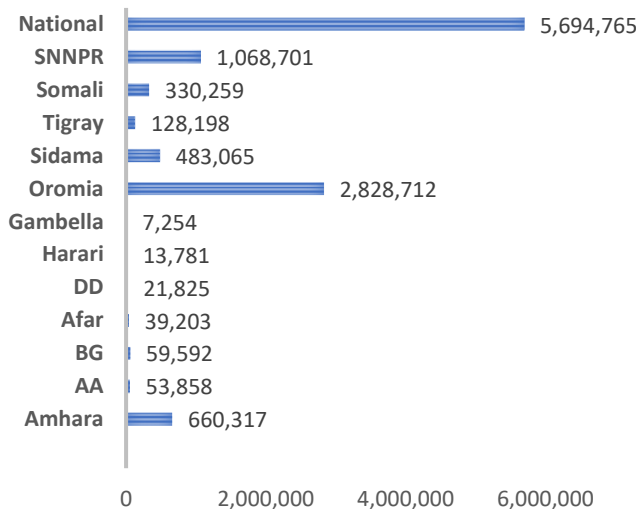
Four regional states (Amhara, Oromia, SNNPR, and Somali) will show a promising reduction in childhood stunting with the modest 10% SD intervention coverage increment and scaling up the number of Woredas from 2023-2025 as presented in Figure 7



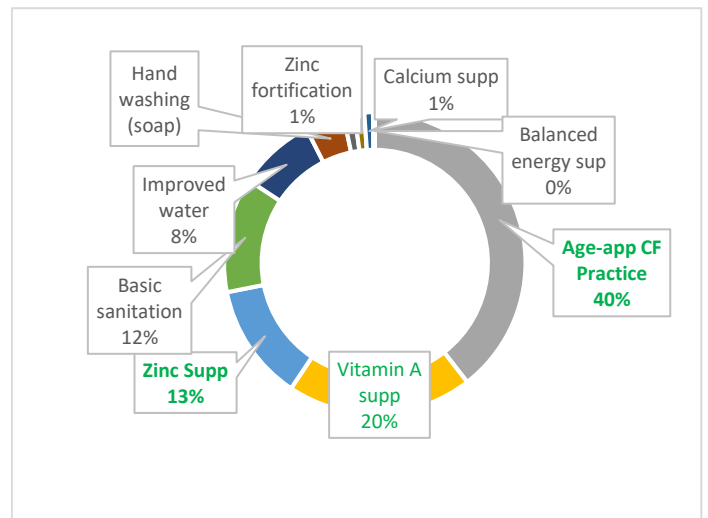
**Figure - 7:** Trends of potential stunting cases averted at the regional level through SD intervention between 2023 and 2025 in Ethiopia.

### III. Modeling the potential impact of continued expansion phase of SD interventions (2026 – 2030) on child stunting and mortality

**Figure 8.** Potential number of stunting cases averted, through full scale-up of SD interventions in to all woredas (1050) of Ethiopia, 2025 – 2030.



**Figure 9.** The relative contribution of SD interventions for stunting cases averted through full scale-up of SD interventions to all woredas of Ethiopia, 2026–2030.



During the scale-up phase, four high-impact nutrition-specific interventions are expected to avert nearly 97% of all cases of stunting. These are similar high-impact interventions that contribute to the reduction in stunting during the expansion phase. WASH (sum of basic sanitation, improved water, and hand washing with soap) (24%), zinc supplementation (13%), vitamin A supplementation (20%), and suitable supplemental food (40%) were among the interventions, as shown in **Figure 9** above.

As the efforts of the government continue in the SD intervention coverage increment and full scale-up, the number of stunting cases aversion increases from 2026-2030 as presented in **Figure10** below.

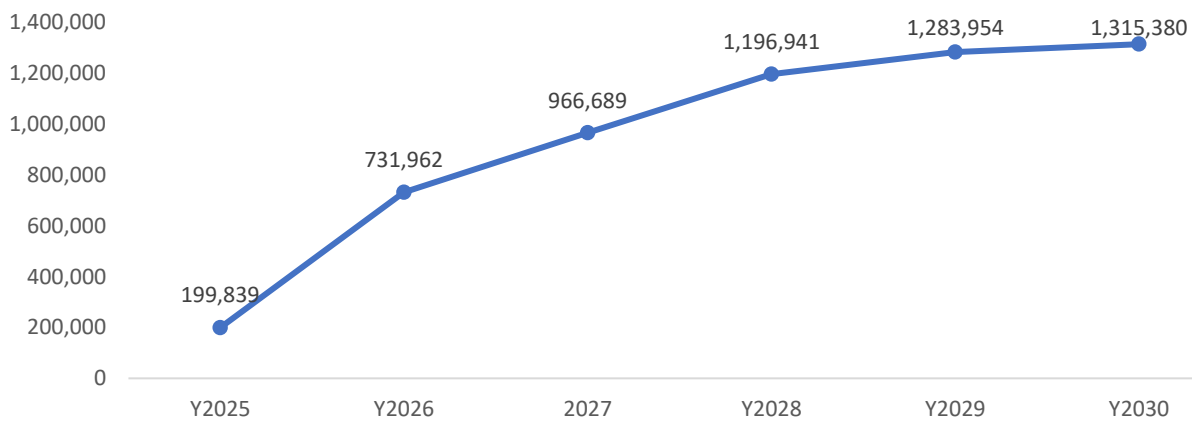


Figure -10: Potential number of stunting cases that could be prevented per annum through the full-scale implementation of SD interventions in all 1,050 woredas of Ethiopia from 2025 to 2030.

## KEY RECOMMENDATIONS

1. If SD interventions can be rapidly expanded and fully scaled, there is a chance that stunting will be reduced to the point where it is no longer a public health concern in Ethiopia.
  - The government should scale up the woredas and interventions coverage to keep the momentum.
2. Appropriate complementary feeding, vitamin A supplementation, and zinc supplementation are the most impactful interventions that could account for close to three-fourths of the reduction in stunting. These interventions should be given high priority.
  - The government should promote and scale up appropriate complementary feeding, vitamin A and zinc supplementation
3. Fortifying foods with key micronutrients such as Fe, Zn, and folic acid, as well as strengthening WASH activities, will also ensure better results.
  - The nutrition partners should support the government by financing and supplying the micronutrient supplements
4. The government should take the lion's share of this annual investment, followed by donors. Innovative financing mechanisms and household funds are also needed to bring about comprehensive change in the prevention of all forms of malnutrition.
  - Appropriate resource management and funding from Government and Donors is essential for adequate scaling up of this important initiative.

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## References

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