The Seqota Declaration: Achievements of the Seqota Declaration innovation phase: Promising evidence for expansion across the country

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Outline

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1. BACKGROUND

- Seqota Declaration is the Government of Ethiopia commitment to end stunting among children under two years by 2030.

- It builds on and accelerates the implementation of the food and nutrition strategy.

- It aims to save a total of 7,852,216 children in 15 years period.

1. BACKGROUND

Implementation Strategy

Ten Ministries	Six Innovations	Fifteen Year Roadmap
Health	Federal and Regional-level Program Delivery Units	**Phase 1: Innovation (2016-2020)** Learning by doing in 40 woredas
Agriculture	Community Labs	
Water and Energy	First 1000 Days Plus Public Movement	**Phase 2: Expansion (2021-2025)** Reaching 240 high stunting burden woredas
Education	Agricultural Innovation & Technology Center (AITEC)	
Women and Social Affairs	Costed Woreda-based Multisectoral Nutrition Investment Plan	**Phase 3: National Scale-up (2026-2030)**
Transport and Logistics	Data Revolution	
Irrigation and Lowland Areas Development		
Planning and Development		
Innovation and Technology		
Finance		

1. BACKGROUND

- As part of the preparation for the Expansion Phase, several activities are being undertaken by the government.

- The Expansion Phase started in all regions and city administration in phased approaches,

- Hence, this study was conducted to show the impact of the Seqota Declaration investment during the Innovation Phase and inform the pace for the Expansion and Scale-up Phases.

2. METHOD

- To estimate the impact of the Innovation Phase, John Hopkins University with Financial Support from Big Win Philanthropy modeled the effect of increased coverage of interventions on stunting and child mortality using LiST Methodology.

- The model considered the impact of agricultural, nutrition, heath, social behavior change communication, and WASH interventions on stunting and child mortality – the interventions that were included in Baseline Report.

- Changes in intervention coverage from baseline were estimated using data from the *Ethiopia Health Management Information System (HMIS) or DHIS2* and the *Seqota Declaration Program Performance Scorecard.*

2. METHOD

- 12 child health and nutrition indicators were taken from the Ethiopia HMIS, including indicators on
  - antenatal care, iron folic acid supplementation, skilled birth attendance, vitamin A supplementation, oral rehydration solution, zinc, and screening and treatment for SAM and MAM.

- Only HMIS data from March 2018 to February 2020 were used and excluded data from before March 2018, since HMIS was still being rolled out.

- Alternative models was tested, including poisson and negative-binomial regression models, but found the linear model to have the greatest predictive power.

2. METHOD

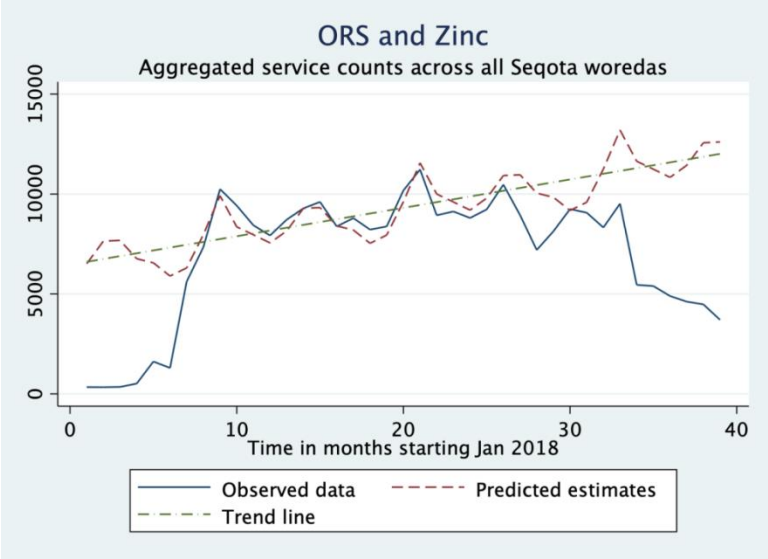
- Modeling was done to estimate service counts for each woreda and aggregated woreda-level estimates to obtain the total estimated counts for the entire Seqota Declaration area in the years 2018, 2019, and 2020.

- Moreover, the relative change in service counts from 2018 to 2019, and from 2018 to 2020, was used to represent the relative change in coverage of interventions.

2. METHOD

- Example of HMIS modeling efforts, showing the need to exclude data prior to March 2018 (due to scale-up of HMIS/DHIS2) and the need to exclude data after February 2020 (due to disruptions associated with the COVID-19 pandemic).

- The green trend line shows the growth that we assumed to represent the impact of the Seqota Declaration.



2. METHOD

- Data on Seqota Declaration program-specific activities were derived from the 3-year Program Performance Scorecard.

- The scorecard captures the number of target individuals receiving specific program interventions.

- Coverage estimates were derived calculating the proportion of the target population that received the intervention.
  - For example, we estimated the proportion of women who received breastfeeding promotion using the proportion of pregnant and lactating women who participated in nutrition behavior change communication activities as a proxy indicator.

2. METHOD

- The LiST model was used to estimate changes:
  - The neonatal mortality rate (NNMR),
  - Under-5 mortality rate (U5MR),
  - Stunting rate,
  - Additional lives saved, and
  - Stunting cases averted.

- Additional lives saved and stunting cases averted were calculated by estimating the number of cases or deaths averted under the observed scale-up compared to a scenario in which the 2018 baseline coverage was held constant.

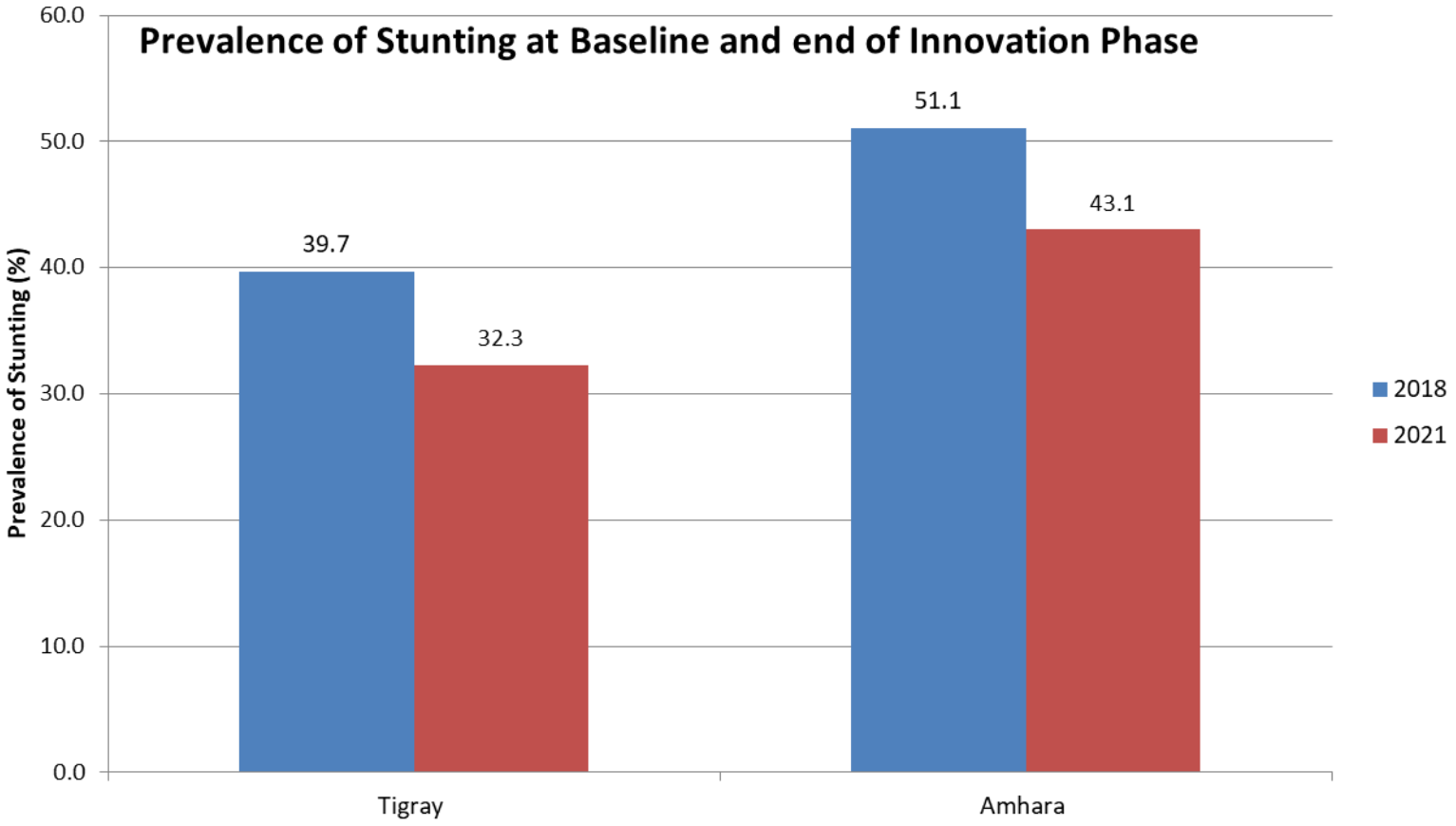
3. Result

By the year 2021 the Innovation Phase interventions has resulted in:

- **7.9%** absolute reduction or 15.5% relative reduction in stunting in Amhara.
- The interventions resulted in a **6.7%** absolute reduction or a 18.5% relative reduction in stunting in Tigray.
- Prevented almost **1,031** child deaths in Tigray and Amhara.
- Averted over **109,831** stunting cases in the intervention woredas.

Source: Seqota Declaration: Innovation Phase ~ Impact Assessment: Johns Hopkins Bloomberg School of Public Health: June 2021

3. Result



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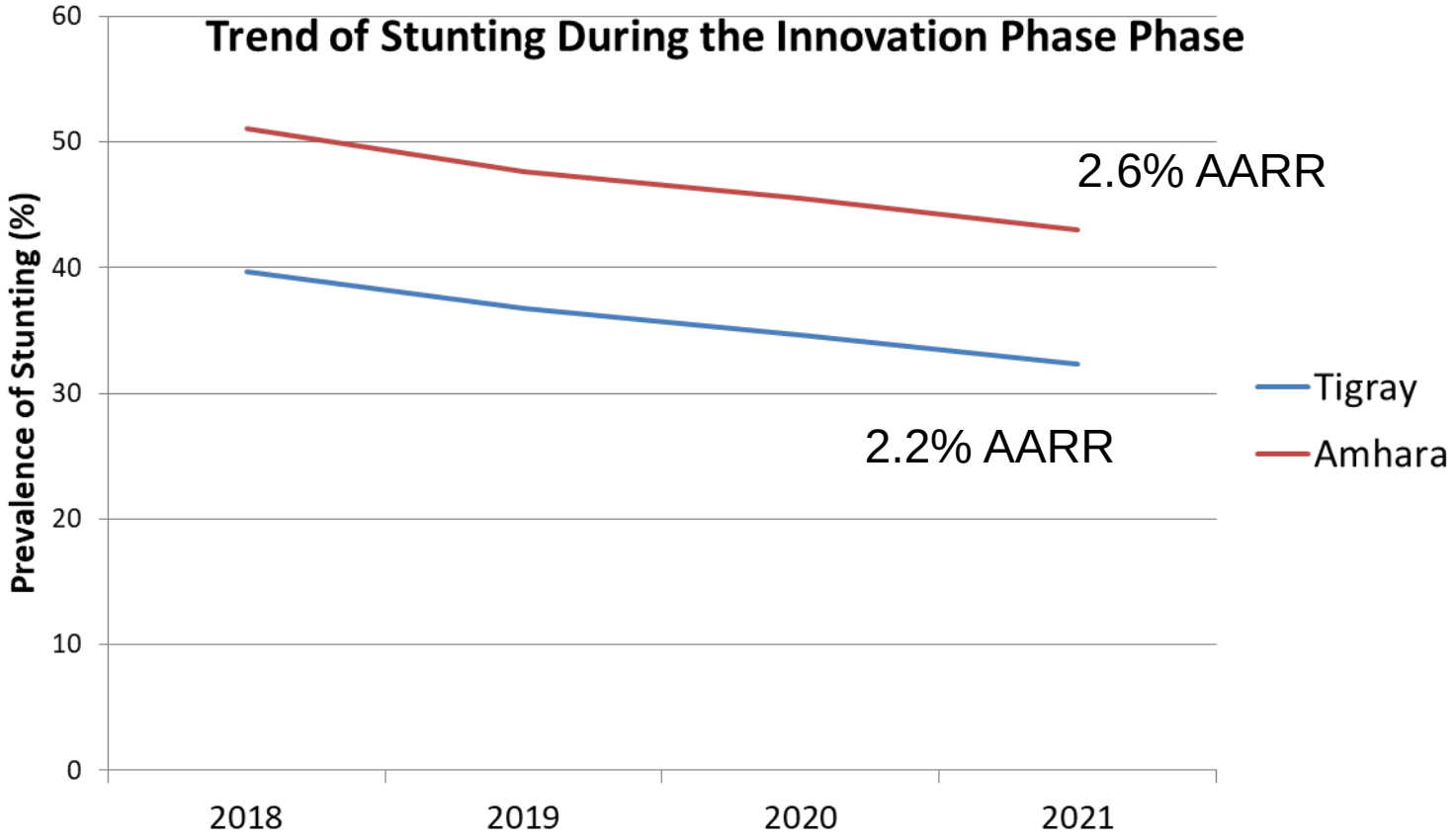


Source: Seqota Declaration: Innovation Phase ~ Impact Assessment: Johns Hopkins Bloomberg School of Public Health: June 2021

3. Result

Region	Category	Age	2018	2019	2020	2021
Tigray	Stunting Cases Averted (0-59 m)	*0-23m*	-	*10,047*	*11,467*	*12,196*
		24-59m	-	*342*	*6,771*	*14,934*
		Sub-total	-	*10,389*	*18,238*	*27,130*
Amhara	Stunting Cases Averted (0-59 m)	*0-23 m*	-	*10,219*	*11,457*	*11,977*
		24-59m	-	*280*	*6,270*	*13,871*
		Sub-total	-	*10,499*	*17,727*	*25,848*

Source: Seqota Declaration: Innovation Phase ~ Impact Assessment: Johns Hopkins Bloomberg School of Public Health: June 2021

3. Result

- Ten interventions or risk factors accounted for the significant reductions in child stunting.

- Increased complementary feeding was the primary driver of stunting reductions, accounting for over 90% of the stunting cases averted.

- Vitamin A supplementation, improved water source, food supplementation for low BMI women, improved sanitation, improved breastfeeding practices and increased handwashing also contributed to reductions in stunting.

- There was no difference in the relative contribution of interventions between Tigray and Amhara.

3. Result

Top 10 interventions accounting for stunted averted (0-59 m) each year

		2018	2019	2020	2021
Amhara	1. Appropriate complementary feeding	0	9,723	16,196	23,956
	2. Vitamin A supplementation	0	106	389	443
	3. Improved water	0	209	355	441
	4. Food supplementation for low BMI women	0	136	289	303
	5. Water connection in the home	0	132	224	278
	6. Improved sanitation	0	89	151	188
	7. Age-appropriate breastfeeding practices	0	65	52	151
	8. Hand washing with soap	0	36	62	77
	9. Rotavirus vaccine	0	0	4	6
	10. Maternal age and birth order	0	0	3	5

Source: Seqota Declaration: Innovation Phase ~ Impact Assessment: Johns Hopkins Bloomberg School of Public Health: June 2021

3. Result

Top 10 interventions accounting for stunted averted (0-59 m) each year

		2018	2019	2020	2021
Tigray	1. Appropriate complementary feeding	0	9,564	16,534	25,014
	2. Vitamin A supplementation	0	126	458	527
	3. Improved water	0	234	405	509
	4. Water connection in the home	0	148	255	320
	5. Food supplementation for low BMI women	0	124	295	311
	6. Improved sanitation	0	97	167	210
	7. Age-appropriate breastfeeding practices	0	55	45	139
	8. Hand washing with soap	0	41	71	89
	9. Rotavirus vaccine	0	0	4	6
	10. Maternal age and birth order	0	0	3	5

Source: Seqota Declaration: Innovation Phase ~ Impact Assessment: Johns Hopkins Bloomberg School of Public Health: June 2021

4. Discussion

- The Innovation Phase of the Seqota Declaration succeeded in increasing coverage of interventions to reduce stunting and child mortality.

- The program focused on interventions to reduce stunting, including agricultural, nutrition, SBCC, and WASH interventions and treatment of nutrition-related conditions.

- Agricultural interventions had the greatest impact on stunting. Based on program performance records, over 75% of households in the target population were reached with at least one agricultural intervention.

- Improved agriculture translates to reduced household food insecurity, better access to nutrient dense foods for pregnant women and young children.

4. Discussion

- Improvements in infant and young child nutrition, achieved through complementary feeding and reduced household food insecurity, accounted for 90% of the stunting cases averted.

- Reductions in stunting and child undernutrition also resulted in fewer child deaths from infectious diseases.

- SBCC targeting improved nutrition practices also contributed to reductions in child mortality. Approximately a third of PLWs were reached through the nutrition BCC intervention, resulting in breastfeeding practices.

- Increases in vitamin A supplementation reduced child deaths by reducing diarrhea-related mortality. Vitamin A supplementation increased by 27.5% in the program area.

5. Conclusion

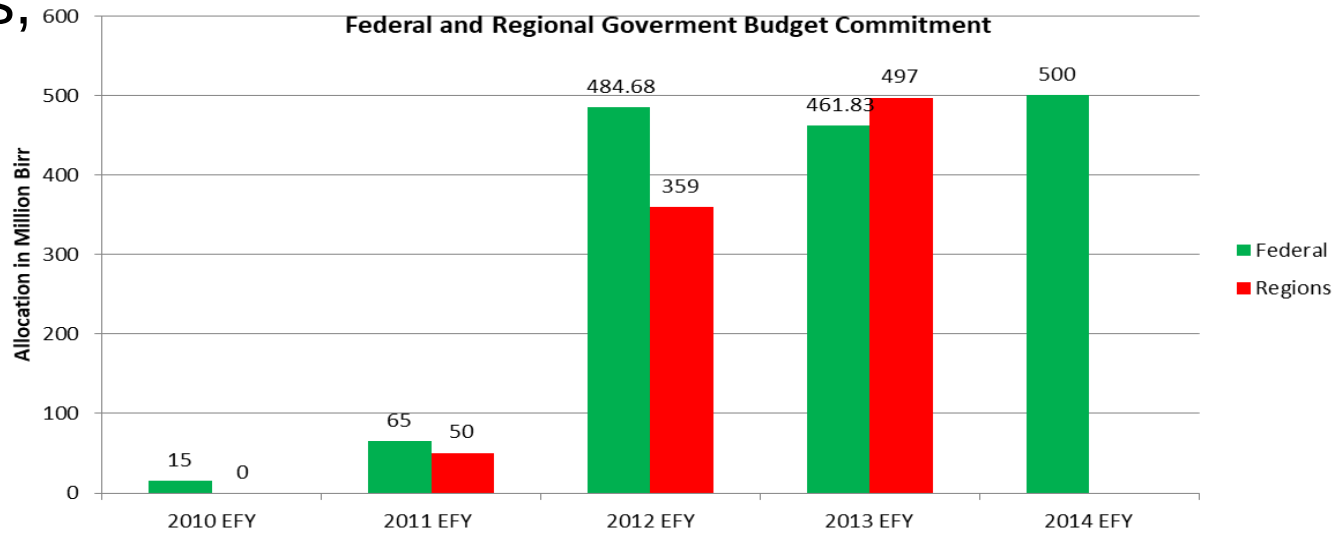
- The Innovation Phase has made significant contribution for preventing deaths and averting stunting among children under five especially children 6 – 23 months.

- The impact assessment demonstrated priority and high impact interventions that directly contributed for stunting reduction and prevention deaths.

- The lesson from the Innovation Phase impact assessment was used to inform the design of Expansion and Scale-up phases roadmap and investment case development.

6. Success Factors

1. Federal and Regional **Government commitment and ownership**:
   - Rigorous planning, approval and leadership during implementation at all levels;
   - Annual financial allocations from treasury and regional governments (10 - 15 Million USD per year);
   - Deployment of staff at federal, regional and woreda levels;



6. Success Factors

2. Gender Responsive programming

651,615 children under 2 years participated in GMP. 310,558 pregnant and lactating women received 90 plus IFA.

286,865 received nutrient dense crops; vegetables and fruits.
291,567 milk goats distributed to milk for 97,189 pregnant and lactating women.
1,021,485 chicken distributed to 204,297 pregnant and lactating women.

102,605 people benefited from rural road network in remote woredas.

6. Success Factors

2. Gender Responsive programming

363 schools were constructed

4,443 schools participated in SHN promotion through school clubs

3,052,243 people accessed safe and clean water.

231,791 PLWs participated in safety net.

441,366 trained on nutrition and HTPs.
217 kebeles were freed from HTPs.
39,555 women and youth were engaged in employment through SMEs.

6. Success Factors

3. Utilization of performance measurement and accountability tools with score card which is reviewed and endorsed at leadership and technical levels.

4. Collaboration and effective networking with development partners:

- Joint financing for innovations and implementing new innovations;
- Deployment of technical partners and assistances to support the innovations;

6. Success Factors

5. Introduction of innovations to solve challenges of multi-sectoral coordination and successful outcomes

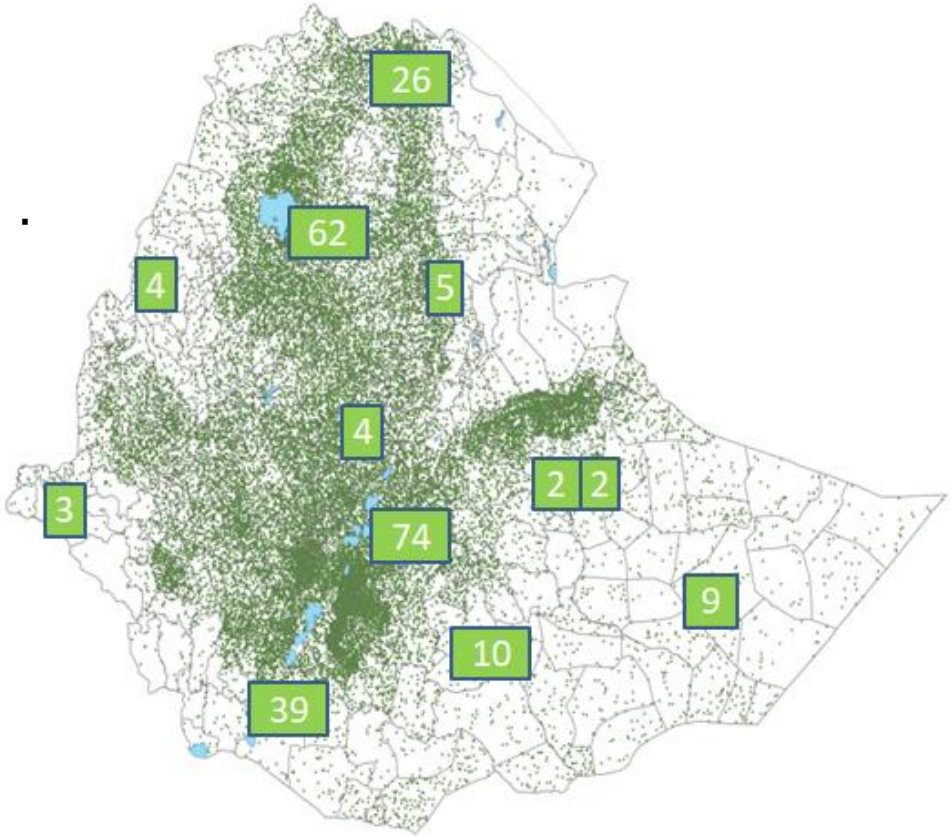
Innovations	Achievements
Program Delivery Unit	Multi- Sectoral Coordination and accountability strengthened and already taken at scale.
Community Labs and community lab Innovations	Implementation manual available. The community has been able to solve its own problems; Local remedial actions are being widely implemented.
1st 1000 days Plus Public Movement	Different Advocacy, Social mobilization and BCC activities done. SBCC Mainstreaming guideline is ready for scale up phase.
Data Revolution – UNISE	UNISE Information System has been developed to strengthen Information system. Expansion in progress in CINUS woredas. Training manuals developed, tested and are ready for scale up. First round Yazmi Technology Installation completed.
Costed Woreda Based Planning	The federal and regional governments have begun allocating budgets for priority activities; Partners are supporting the implementation financially and technically.

6. Success Factor

- Construction of agriculture Innovation and Technology Center (AITEC Center) is going on in 20 Ha and 80 Ha community Irrigation.
- The Community Irrigation part of the farm has started production jointly with Gondar University.
- Training Demonstration and Research site is also going on at GU.

7. The Way forward - Expansion Phase

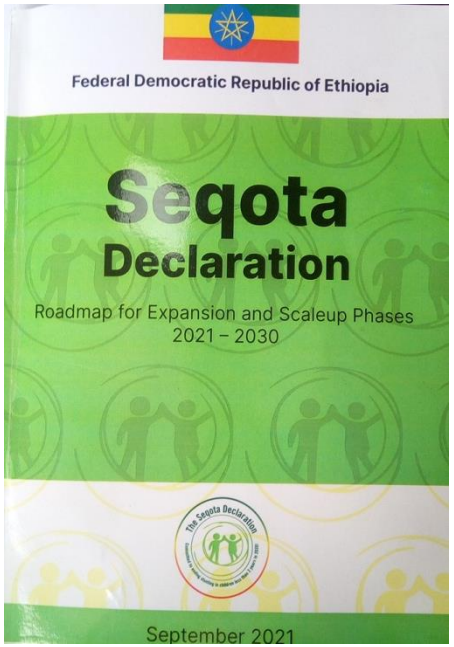
- The Expansion Phase will cover 240 woredas across the country.



7. The Way forward - Expansion Phase

- The Expansion and Scaleup Phases Roadmap and Investment Case (2021 – 2030) developed based on the evidence synthesis considered the following strategic assumptions:

  - **Stunting** as the main outcome.
  - **Achieve ≥ 3% AARR** of stunting in children under two between 2021 and 2030.
  - **Sustained** high level political commitment to act at scale.
  - **28%** as the baseline stunting prevalence (MEDHS 2019)..
  - **Minimum coverage** of 70% for all high impact interventions .



7. The Way forward - Expansion Phase

- **Reach:** 240 woredas; over 27 million people; 996,764 PLWs; 2,166,316 children under two years old.
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- **Funding required:** Over 85 Billion Birr (1.85 Billion USD) is needed during the Expansion Phase.

- **Government funding commitment:** The government of Ethiopia has allocated 500 Million Birr (10.6 Million USD) for 2014 EFY (2021/22); where the regions are expected to contribute equivalent amount.

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