

THE SEQOTA DECLARATION

COMMITTED TO ENDING STUNTING IN CHILDREN UNDER TWO BY 2030

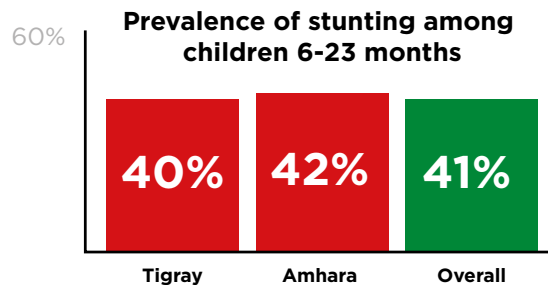


Background

Although Ethiopia has recorded a steady and impressive reduction in stunting over the past decade, levels remain high and stark geographical inequalities persist. On 15th July 2015, the Government of Ethiopia made a declaration to end child malnutrition by 2030, reaffirming its commitment to nutrition as a foundation for economic development. Accelerating progress towards this goal, set out in the Seqota Declaration, will require coordinated multisectoral efforts to increase nutrition smart investments in infrastructure and technology, drive behavior change, and empower communities to innovate and identify localized solutions to address malnutrition.

Stunting Levels Remain High

The Seqota Declaration Baseline Study found that 41% of children aged 6-23 months are stunted.



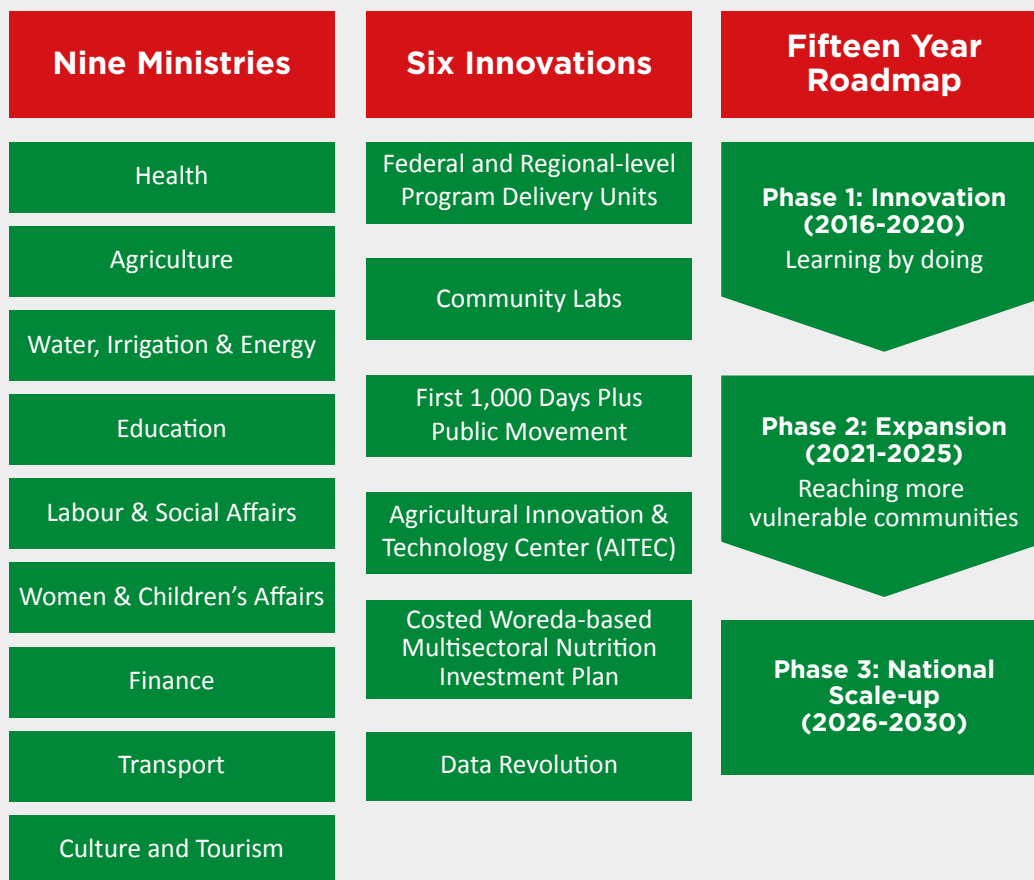
The Declaration in Numbers

2 regions; 40 woredas (districts); 1,970 schools; 11 hospitals; 179 health centers; 741 health posts; 227,700 households; 4,685,744 people; 255,106 children under two; 158,659 pregnant and lactating women.

Ten Strategic Objectives of the Seqota Declaration

- 1 Improve the health and nutritional status of women, children under two and adolescent girls
- 2 Ensure 100% access to adequate food all year round
- 3 Transform smallholder productivity and income
- 4 Ensure zero post-harvest food loss
- 5 Enhance innovation around promotion of sustainable food systems (climate-smart agriculture)
- 6 Ensure universal access to water supply, sanitation and adoption of good hygiene practices
- 7 Improve health and nutritional status of school children
- 8 Improve nutritional status of pregnant and lactating women and children
- 9 Improve gender equity, women's empowerment and child protection
- 10 Improve multisectoral coordination and capacity

Implementation Strategy



Baseline Findings

Study background: This study was conducted by the Ethiopian Public Health Institute (EPHI) with technical support from the Johns Hopkins University Bloomberg School of Public Health and with financial support from Big Win Philanthropy, Nutrition International and UNICEF. A total of 2,696 households from 13 Seqota Declaration woredas (5 in Tigray and 8 in Amhara) were interviewed from March to April 2018.



100% of households experience post-harvest losses, and only **29% of households** practice at least one post-harvest technology



11% of households benefit from small-scale irrigation schemes; **69% of these households** use surface irrigation



Less than 1% of children aged 6-23 months and **9.8% of pregnant and lactating women** consume a diversified diet (at least 4 food groups) when fasting

Less than 1% of households had access to a fixed hand washing set-up with water and soap available



58% of households report practicing open defecation; prevalence is especially high in Tigray



21% of children aged 6-23 months had diarrhoea in the last two weeks



Overall Implications

Challenging geographical terrain. The Seqota Declaration is focused on food insecure areas with low soil fertility, severe land degradation, deforestation, low agricultural productivity and with high stunting prevalence.

Shortage of water resources. These areas are water-stressed with erratic and insufficient rainfall patterns. Food production is exclusively rain-fed, resulting in low yields and income. Over 50% of households lack access to clean drinking water.

Agricultural technology use is low. Smallholder farmers have access to land but lack essential inputs, irrigation infrastructure and access to technologies, which inhibits improvements in agricultural productivity and contributes to post-harvest loss.

Food insecurity is a critical issue. There is a need to increase consumption of diverse range of nutrient-rich foods to improve diets.

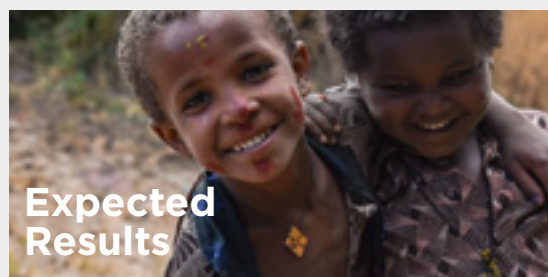
Open defecation remains widely practiced. There is a need to improve access to sanitation facilities, complemented by appropriate social and behaviour change communication (SBCC) programs.

Double win opportunities. A cross-sector approach can deliver a much greater social and economic return on investment alongside achieving nutrition impact, resulting in a double bottom line for every dollar spent.

Seqota Declaration Priority Interventions

July 2019 - June 2021

Ministry	Priority Goals	Priority Interventions	Performance Targets
Water, Irrigation and Energy	Ensure access to safe drinking water for 3 million people by 2021	<ul style="list-style-type: none"> Construct multi-village water supply schemes in 33 woredas Rehabilitate 33 deep wells and 1,674 non-functional water schemes 	<ul style="list-style-type: none"> Double rural water supply coverage rates from 42% to 85% Reduce by half the non-functional rates of water schemes from 15% to 7%
	Provide access to off-grid power for 2.1 million people by 2021	<ul style="list-style-type: none"> Create solar power access for 88 water supply schemes and 350 kebeles 	<ul style="list-style-type: none"> Reach 2.1 million people with off-grid power solutions
Ministry of Agriculture	Ensure 100% access to adequate food (including animal source protein) all year round for 3 million people	<ul style="list-style-type: none"> Construct multi-use water systems for irrigation to support crop and feed production for livestock and rearing of livestock Distribute 1 million chickens, 800,000 milk goat and sheep, and 200,000 transition and improved beehives 	<ul style="list-style-type: none"> Increase irrigation coverage by 20,000 hectares Reach 167,000 households through livestock distribution program
Health	Reach 150,000 households with a defined package of high-impact nutrition specific and nutrition smart interventions by 2021	<ul style="list-style-type: none"> Increase access to focused antenatal care (ANC) and facility-based delivery services for pregnant women Increase participation of children under 2 in community growth monitoring and promotion (GMP) programs Increase household use of improved latrines Ensure availability of safe drinking water and improved latrines in all health facilities 	<ul style="list-style-type: none"> Increase coverage rates of pregnant women accessing ANC services to 85% Increase coverage rates of children under 2 participating in GMP programs to 85% Increase coverage of household utilization of improved latrines to 85% Provide 1,120 health facilities with safe water and improved latrines
Education	Transform 1,984 schools to healthy and safe learning environments by 2021	<ul style="list-style-type: none"> Upgrade shed schools into model schools in Amhara and Tigray regions Ensure access to safe drinking water in schools in Amhara and Tigray regions Ensure access to gender segregated improved latrines and handwashing facilities in Amhara and Tigray regions 	<ul style="list-style-type: none"> Upgrade 628 shed schools Provide 1,607 schools with access to safe drinking water Equip 1,607 schools with improved latrines and handwashing facilities



Expected Results

- Significantly improved dietary diversity and high-quality caloric intake year-round by pregnant and lactating women and children under two
- Significantly improved access to safe water and adequate sanitation for more than 4 million people
- Drastically reduced incidence of open defecation and water-borne diseases
- Increased hectares of land irrigated
- Improved livelihoods and overall wellbeing of households

*The government of Ethiopia has allocated over \$16 million from its treasury resources to support the implementation of a sub-set of these priority interventions, designed to reach over 450,000 people between July 2019 – June 2020 in the Amhara and Tigray regions.

