THE PROBLEM

Fundamental prerequisites for mobilizing and sustaining the political, financial, and partnership commitments required to implement the Seqota Declaration include increased awareness of undernutrition and its impact on women and children, the ten strategic objectives of Seqota Declaration, and the specific roles of each stakeholder in achieving the goal of ending stunting in children under two by 2030.

As part of the Seqota Declaration baseline survey conducted in 2018 by the Ethiopian Public Health Institute (EPHI) with technical support from Johns Hopkins University, an assessment of household level knowledge and practices of nutrition smart actions was conducted. The purpose was to identify factors that require focused implementation of social and behavior change communication (SBCC) approaches to effectively address the high stunting prevalence in the Seqota Declaration woredas.

THE SOLUTION

The First 1,000 Days Plus Public Movement is a social mobilization and SBCC movement that aims to facilitate the adoption of good nutrition practices by women and children especially during two time periods: the first 1,000 days between a woman’s pregnancy and her child’s second birthday, the critical window of opportunity when the foundations for optimum health and development across the lifespan are established; and during adolescence to address issues related with adolescent girls’ nutrition and education.

Informled by the Seqota Declaration baseline findings, the First 1,000 Days Plus Public Movement is now being redesigned to utilize the social ecological model in addressing the identified gaps in key nutrition knowledge, attitudes and practices at individual, household and community levels in order to end stunting in children under two by 2030.

KEY FINDINGS FROM THE BASELINE

**STUNTING PREVALENCE**

Overall, 41% of children aged 6-23 months are stunted, with prevalence as high as 55% in some woredas.

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<tr>
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<th>Tigray</th>
<th>Amhara</th>
<th>Overall</th>
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<tbody>
<tr>
<td>Prevalence of stunting among children 6-23 months</td>
<td>40%</td>
<td>42%</td>
<td>41%</td>
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</table>

**WATER SUPPLY, HYGIENE & SANITATION**

- 38% of households have access to clean and safe drinking water, mostly via public standpipes and boreholes
- Poor household sanitation and waste management
- 58% of households report practicing open defecation
- 40% of respondents reported handwashing with soap after toilet use
- Low institutional WASH systems in schools
- 15% of students have access to clean and safe drinking water
- 10% of schools have access to fixed hand washing set-up with water and disinfectants available
- Low contact with health extension workers who are trained to deliver WASH-focused social behavior change communication messages

**MATERNAL AND CHILD HEALTH**

- Low coverage of maternal and child health services
- 46% of pregnant women and mothers of children under 2 had contact with health extension workers
- 17% of children aged 0-59 months had their growth assessed in the preceding 30 days
- Less than 1% of households had access to a fixed hand washing set-up with water and soap available
- 21% of children aged 6-23 months had diarrhoea in the last two weeks

**FOOD AND NUTRITION SECURITY**

- 69% of households lack adequate food access all year round
- 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 40% of households have access to agricultural inputs
- 11% of households benefit from small-scale irrigation schemes
- 20% of households have had contact with an agriculture extension worker in the last 3 months
First 1,000 Days Plus Public Movement

AchEvements of the First 1,000 Days
Plus Public Movement

<table>
<thead>
<tr>
<th>Achievements</th>
<th>Description</th>
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<tr>
<td>Development of First 1,000 Days Plus Public Movement Plan</td>
<td>Based on the ecological model that was developed by the federal and regional Program Delivery Units (PDUs) as part of the First 1,000 Days Plus Public Movement strategy, the plan aims to mobilize champions, gatekeepers, frontline workers and households for effective social and behavior change. Key performance targets set for the innovation phase include reaching 4,685,744 people, 255,106 children under the age of two years, and 158,659 pregnant and lactating women.</td>
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<td>Establishment of Communication and Public Relations Network</td>
<td>In order to facilitate the involvement of all implementing sectors in social and behavior change communication, the federal and regional PDUs have established federal and regional level networks that allow for the involvement of the sector communication and public relations (PR) staff in supporting the public movement. To date, the PDUs have oriented 49 House of Regional Representatives and standing committee members, 469 regional, zonal and woreda level leaders, 2,898 kebele leaders, 745 sector experts, 850 zonal experts, and 1,579 woreda experts who are now actively involved in implementation.</td>
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<td>Utilization of Champions and Influential Leaders</td>
<td>At federal and regional level, influential individuals who are willing to be actively involved in supporting the public movement have been recruited. Emama Turunba and Frealem Shibabaw are working with the PDUs as Champions of the Seqota Declaration.</td>
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<tr>
<td>Media Engagement</td>
<td>At regional level, Amhara PDU is working with the Amhara Mass Media and Communication Bureau while in Tigray, the PDU is working with Tigray and Demtse Weyane TV stations. Both PDUs are also working with FM radio stations as well as Seqota community radio station to support the public movement. 450 media and communication experts have already been trained and are now actively supporting the public movement.</td>
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<td>Utilization of Religious Leaders</td>
<td>The PDUs have leveraged the support of the federal Diocese’s approval of the Sermon Guide and have trained religious leaders from churches in each kebele in Seqota Declaration woredas. A religious leaders’ network has been established and is actively involved in promoting adequate feeding for mothers during pregnancy and lactation and for children under two years. Thus far, 1,669 religious leaders and priests have been trained on the Sermon Guide to provide practical teachings on feeding during pregnancy and lactation.</td>
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<td>Mobilization of Community Extension Workers and Community-Based Networks</td>
<td>To reach families through extension workers and grassroots networks, the PDUs are using community bands and have so far reached over 41,806 pregnant and lactating women, parents, adolescent girls and boys, 3,812 teachers and supervisors, 1,982 community care coalition leaders, 1,219 health extension workers, 3,575 agriculture extension workers, 628 kebele managers, 24,437 women development army leaders, and 15,360 agriculture development army leaders in 20 Seqota Declaration woredas.</td>
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<td>Development of Social and Behavior Change Mainstreaming Guideline</td>
<td>This resource is under development to support each of the Seqota Declaration implementing sectors in mainstreaming nutrition smart social and behavioral actions into implementing sector specific actions as part of their annual plans.</td>
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