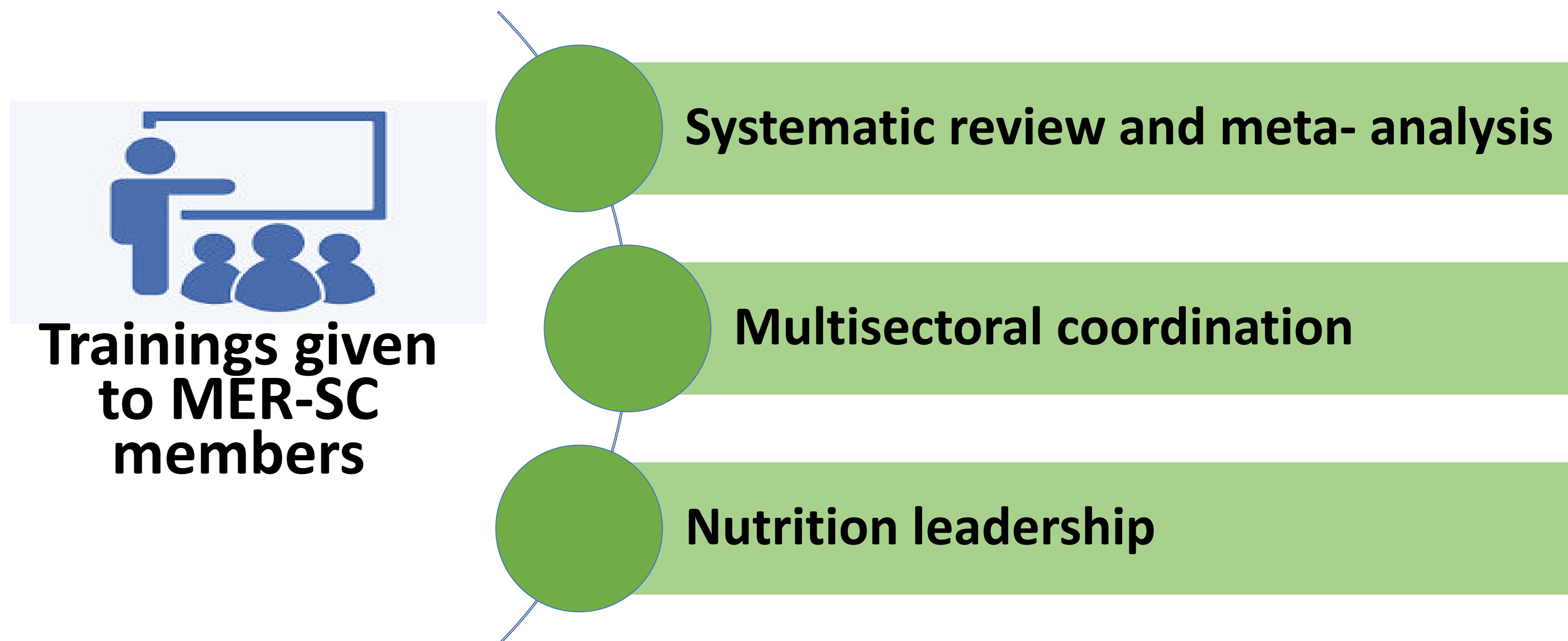


NIPN's contribution to multisectoral collaboration in Ethiopia

Multisectoral collaboration by giving capacity building trainings for MER-SC members



NIPN has given an opportunity to five regional public health institutes and universities to answer the following policy-relevant questions and also supported them financially and technically.

How can high-impact nutrition interventions be scaled up effectively and successfully in Ethiopia? By University of Gondar and Amhara Public Health Institute

How Should Ethiopia approach the issue of food and nutrition in Pastoralist areas? By Jigjiga University and Haramaya University

How should Ethiopia approach challenges related to food safety and quality assurance? By Tigray Health Research Institute and Mekelle University

What are barriers to the generation and utilization of high-quality data across information systems and administrative levels in Ethiopia? By Wolaita Sodo University and South Ethiopia Public Health Institute (PHI)

How should the government of Ethiopia ensure better nutrition education and literacy across all structures and sectors? By Hawassa University and Sidama PHI

NIPN has also cascaded to two regions: Amhara and Sidama public health institutes(RIPN)



MoU signed with Amhara Public Health Institute



MoU signed with Sidama Public Health Institute

In addition to cascading NIPN to these two regions, NIPN Ethiopia provided capacity-building training on various software such as Power BI, STATA, SPSS, REDCAP and also supply materials like laptops and routers to South Ethiopia, Southwest Ethiopia, Central Ethiopia, and Tigray regions.

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

Background

The Seqota Declaration (SD) is a multiphase, multi-sectoral, multiyear local innovation, and a unique commitment made by the Ethiopian government (GoE) to end child stunting by 2030.

Objective

To identify the impact of the expansion phase and the potential impact of the scale-up phases on key performance indicators, such as child stunting rate, number of stunting cases averted, under-five mortality rate, number of under-five deaths averted.

Key findings

Figure 1: Potential number of stunting cases averted by SD interventions in seven regions and the two city administrations of Ethiopia, 2021- 2022.

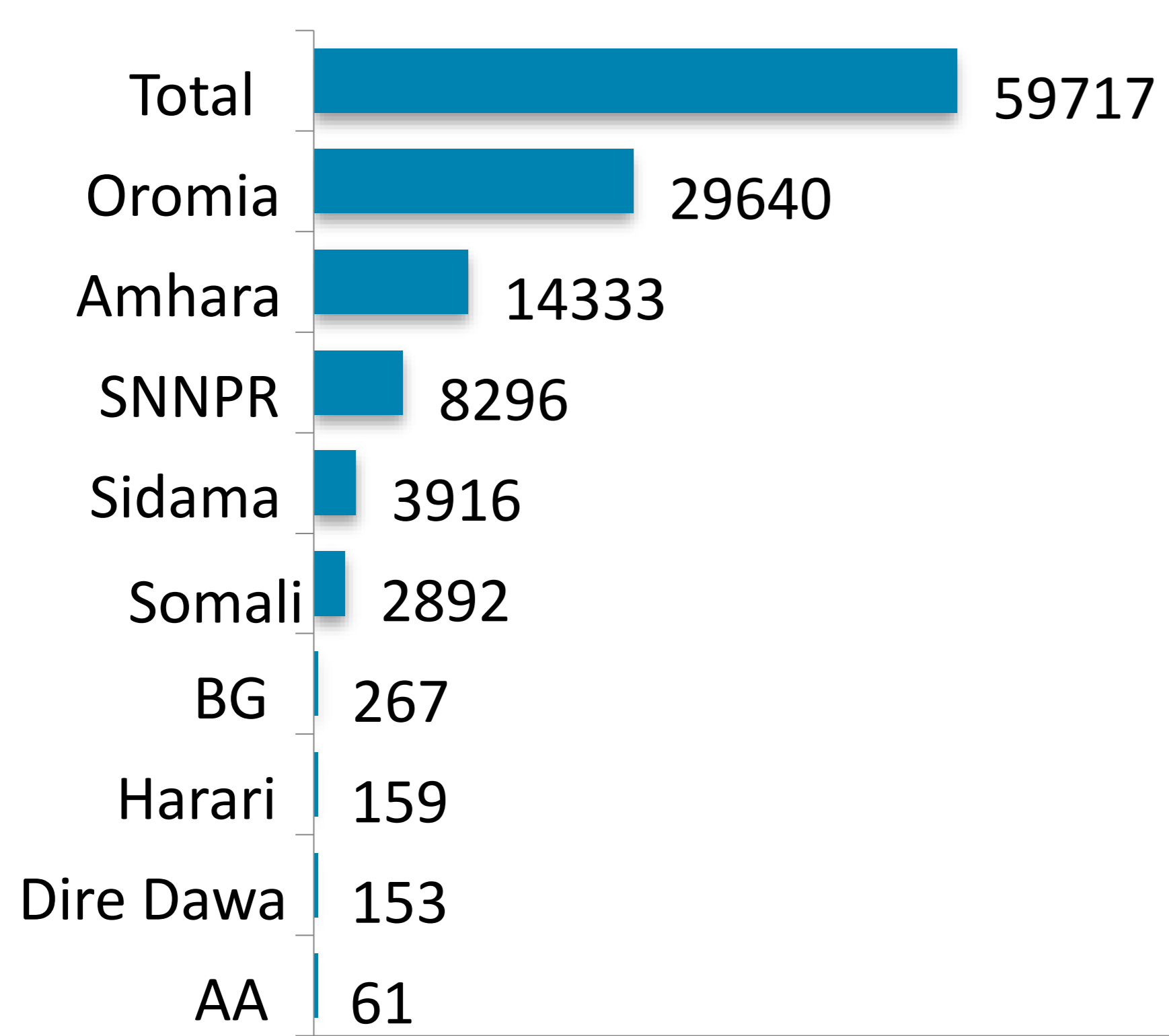


Figure 2: Potential Number of lives saved by SD interventions in seven regions and two administrative cities of Ethiopia, 2022

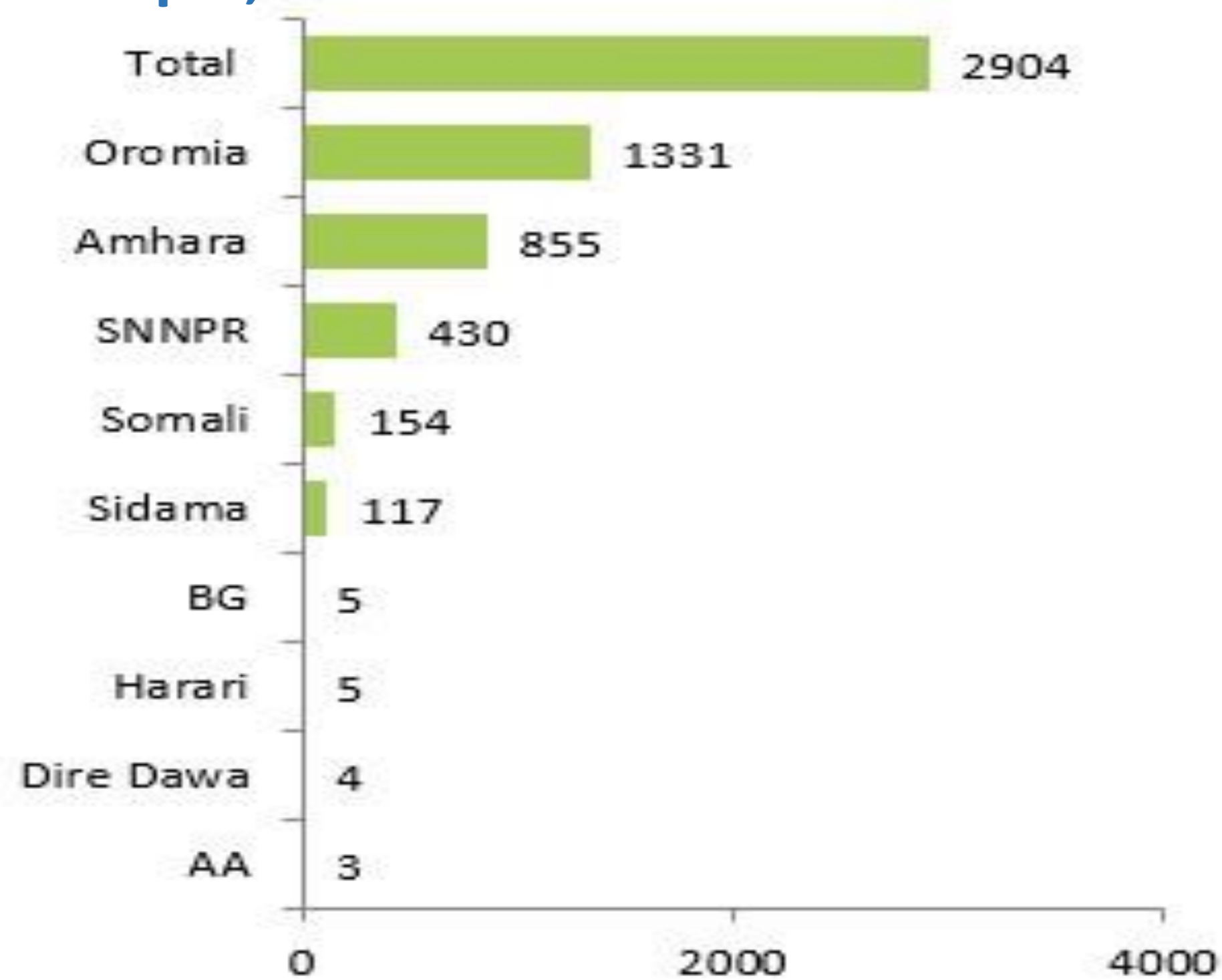
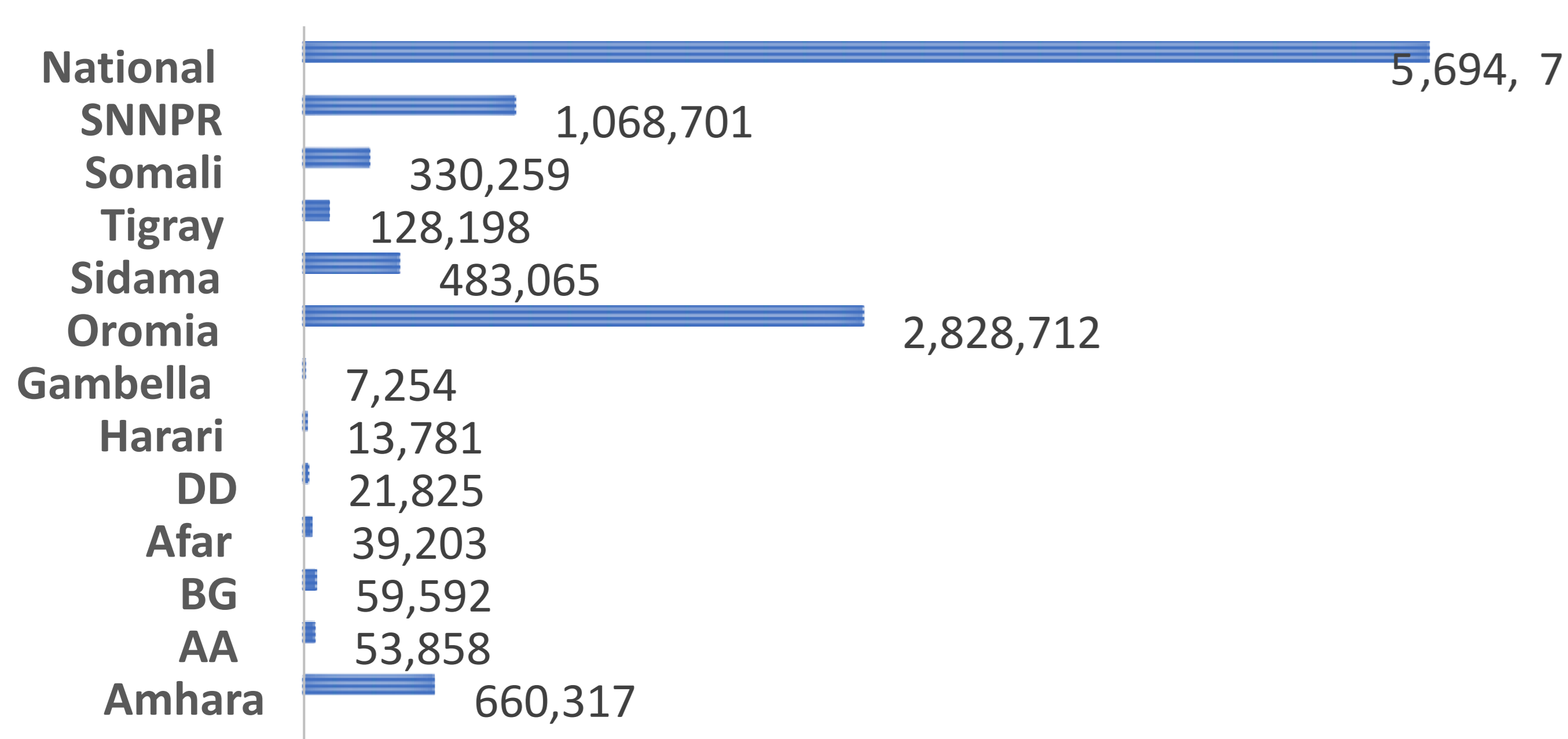


Figure 5: potential number of stunting cases averted through full scale-up of SD interventions in to all woredas(1050) of Ethiopia, 2025-2030.



Methodology

We used the 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 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 three scenarios

Figure 3: potential number of stunting cases averted by interventions in all regions of Ethiopia through (10%) coverage scale-up and gradual expansion

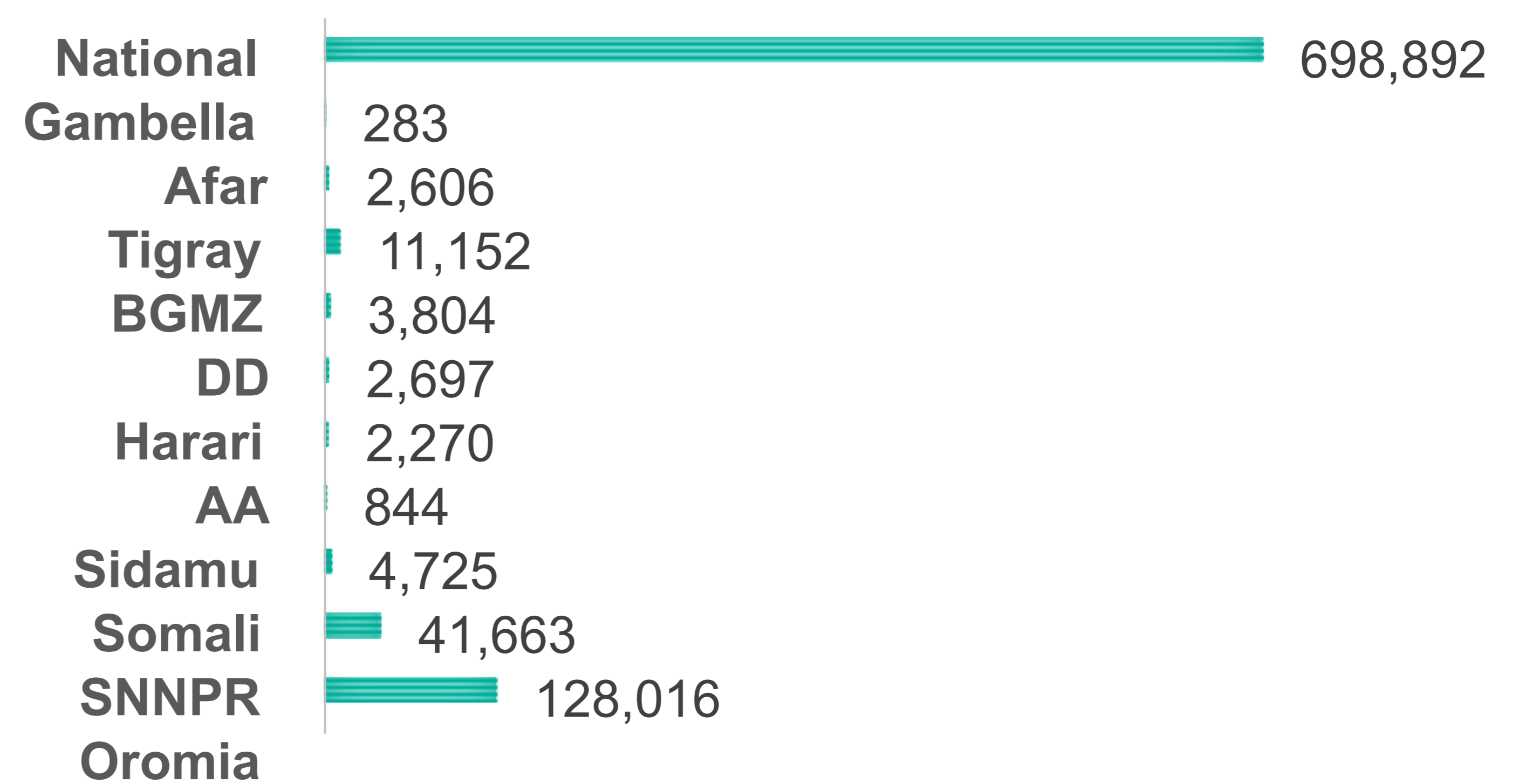


Figure 4: potential number of child lives saved through modest (10%) scale-up of SD interventions in all regions of Ethiopia, 2023-2025.

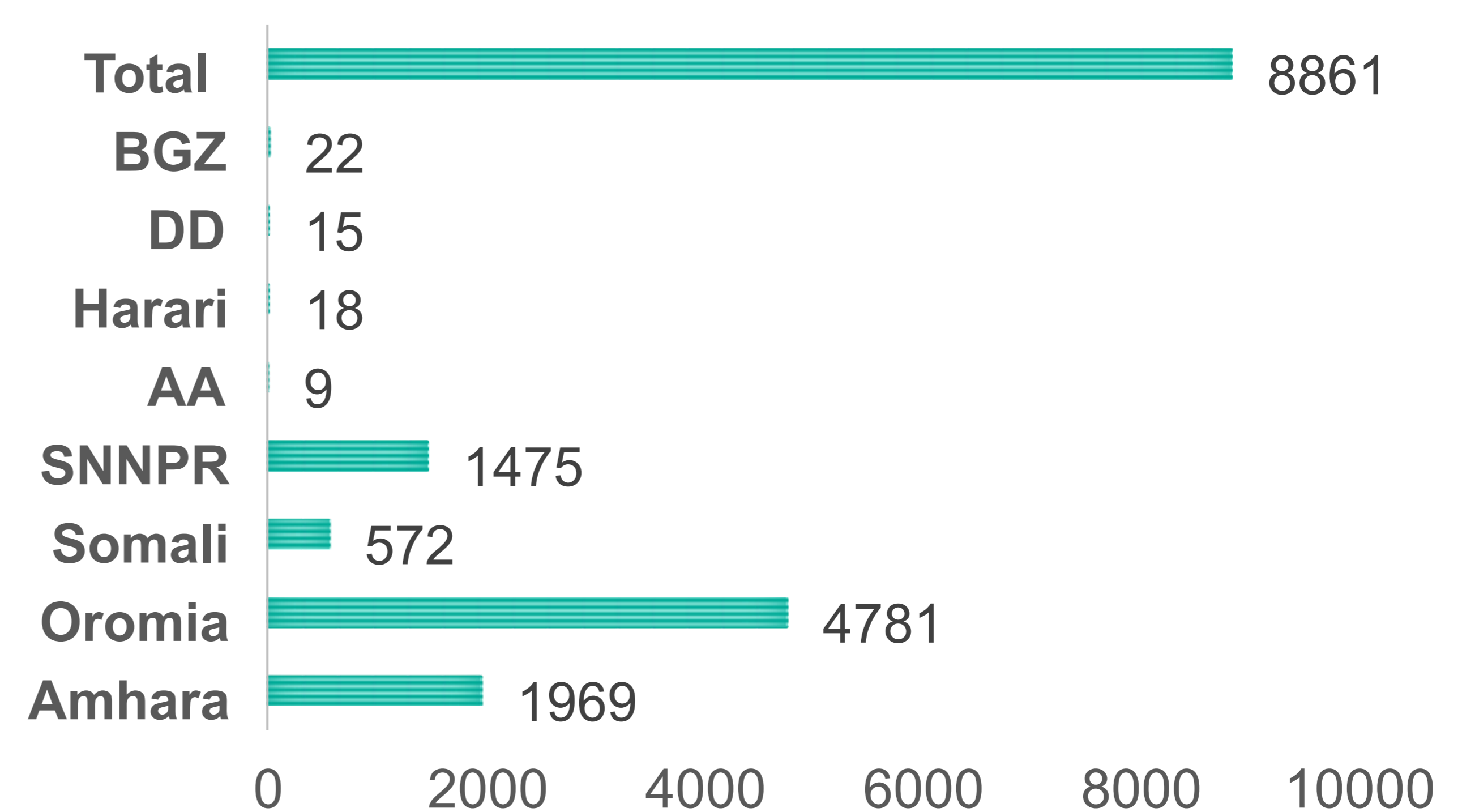
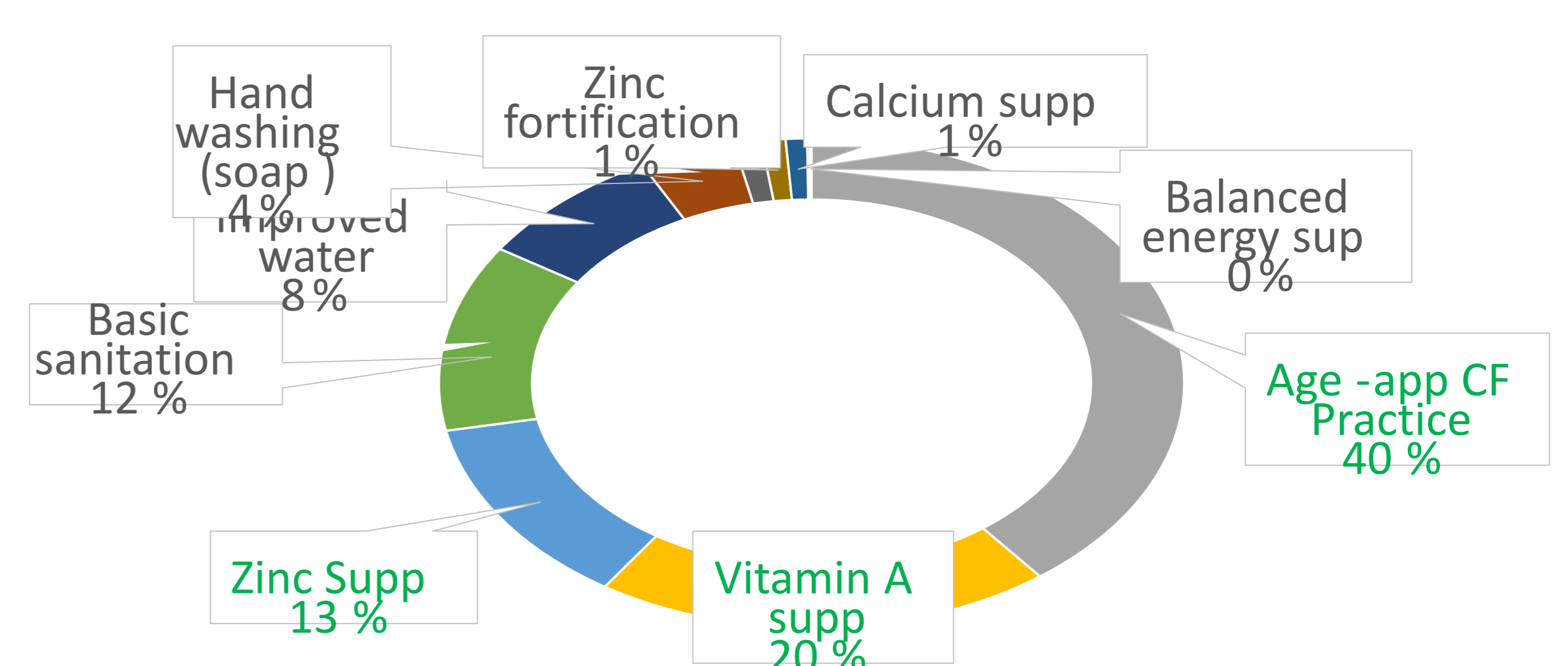


Figure 6: The relative contribution of SD interventions for stunting cases averted through full scale-up of SD interventions in all woredas of Ethiopia, 2026-2025.



Finally, after reviewing these results and recommendations, the Ministry of Health decided to allocate 690 million ETB annually for the Seqota Declaration expansion.