



Multi-sector programmes at the sub-national level:

A case study of the Seqota
Declaration in Naedir Adet and
Ebinat woredas in Ethiopia



Authors

Lillian Karanja Odhiambo, Dr Charulatha Banerjee, Natalie Sessions, Jeremy Shoham and Carmel Dolan from ENN and Dr. Sisay Sinamo and the Programme Delivery Unit, Ethiopian Government.

Acknowledgements

This work was carried out as part of ENN's work under the Technical Assistance for Nutrition (TAN) programme funded with UK Aid from the UK Government. ENN warmly appreciates those who participated in key informant interviews and shared written content, insights and experiences. Special thanks to Dr Sisay Sinamo (Senior Programme Manager of Federal Programme Delivery Unit (PDU)) for efficiently facilitating the documentation process for ENN. We acknowledge the Federal PDU: Fesseha Tekele (Agriculture Programme Manager); Zemichael Mekinnon (Monitoring, Evaluation and Learning Advisor); Mesfin Gobena (WASH Programme Manager); Getachew Shiferaw (Communications Advisor, Desta Kiros (Former Implementation Advisor). We thank Birara Melese (Head of Nutrition Case Team, Federal Ministry of Health) and Dr Ferew Lemma (SUN Focal Point of Ethiopia), who provided a national perspective on the overall nutrition landscape of Ethiopia. We also thank the partners, researchers, donors and government Heads of Ministry and Seqota Declaration (SD) Focal Points we spoke with at federal level¹.

We acknowledge the stakeholders at regional, zonal, woreda and kebele level who provided rich insights

into the implementation of the SD. We extend special thanks to the regional PDUs in Amhara and Tigray for efficiently facilitating sub-national interviews. The PDU in Amhara: Alemu Jemberu (Senior Advisor to the Regional President); Tefera Birara (Senior Programme Manager); Mulat Teka (Programme Manager, Agriculture); Awoke Ejigu (Programme Manager, WASH); Fentahun Werku (Programme Analyst); Gashaw Adane (Communications Advisor). The PDU in Tigray: Haile Asfaha (Senior Advisor to the Regional President); Tsegazeab Hailu (Senior Programme Manager); Ketsela Fessaha (Programme Manager, Agriculture); Sissay Gabramedin (Programme Manager, WASH). We also appreciate the Heads of Ministry, SD Focal Points, implementing partners, donors, translators and frontline staff at kebele level² who openly shared their views and experiences on the SD and the multisector programming and coordination more broadly.

¹ Full list of the names of the people interviewed at federal level is provided in Annex 3.

² Full list of the names of people interviewed at sub-national levels is provided in Annex 3.



Acronyms

AITEC	Agriculture Innovation and Technology Transfer Centre
CL	Community Lab
EPHI	Ethiopia Public Health Institute
GoE	Government of Ethiopia
FTDPPM	First 1000 Days Plus Public Movement
KM	Knowledge management
KMS	Knowledge management specialists
KPI	Key performance indicator
MAM	Moderate acute malnutrition
M&E	Monitoring and evaluation
MSP	Multisector programme
NGO	Non-government organisation
NNCB	National Nutrition Coordinating Body
NNPI	National Nutrition Plan I

NNPII	National Nutrition Plan II
NNTC	National Nutrition Technical Committee
ORDA	Organization for Rehabilitation and Development in Amhara
PDU	Programme delivery unit
PLW	Pregnant and lactating women
PSNP4	Productive Safety Net Programme 4
SAM	Severe acute malnutrition
SBCC	Social behaviour change communication
SD	Seqota Declaration
TAN	Technical Assistance for Nutrition
TWG	Technical Working Group
USD	United States dollar
WASH	Water, sanitation and hygiene

Contents

Executive Summary	1
Section 1: Introduction and methods	3
Background	4
The development of the Seqota Declaration	5
Section 2: Findings	8
Main Findings	8
Specific Findings	11
Section 3: Lessons Learnt and Conclusions	16
Annexes	17
Annex 1: 10 Strategic Objectives and 50 Initiatives of the Seqota Declaration	17
Annex 2: List of Stakeholders Interviewed	19
Annex 3: Interview Questions	22

Executive summary

Ethiopia has made strides in addressing undernutrition and making nutrition a national priority. Through two multisector nutrition programmes that began in 2008 (National Nutrition Programme I (NNPI), which was implemented from 2008- 2015, and the National Nutrition Programme II (NNP II) from 2016- 2020), it has been able to reduce the prevalence of stunting from 58% in 2000 to 38.4% in 2016³. Dissatisfied, however, with the uneven distribution of progress in reducing child undernutrition across the country and with the lack of focus on nutrition-sensitive interventions, the Government launched the Seqota Declaration (SD) in July 2015 to accelerate the pace of NNP II. The SD, which is the Ethiopian Government's innovation and commitment, aims to end stunting among children under the age of two by 2030 through accelerated delivery of nutrition services offered by six government sectors (agriculture; health; education; water, electricity and energy; social affairs; and women, youth and children). While interventions focus on reducing all forms of undernutrition in Ethiopia, there is a focus on tackling stunting in particular.

The SD sets out to be innovative and not simply offer a 'business-as-usual' approach to multisector programming. It builds on the work of the NNP II but focuses on new approaches and innovations to accelerate the delivery of existing, evidence-based programmes. The sector focus areas are being piloted in 33 woredas (districts) in two regions (Amhara and Tigray) and involve six innovations. These innovations were selected based on the global experience on successful delivery and impact in stunting prevention, as well as gaps identified during

the final review of NNPI:

- A coordination team, known as the **Programme Delivery Unit (PDU)**, that consists of multisector experts at both a federal and regional level and employs advisors to Regional Presidents to ensure that nutrition remains a priority;
- **Community Labs (CLs)** in which communities are able to contextualise solutions to problems through a participatory approach;
- Web-based data platforms to facilitate the monitoring and evaluation of multisector interventions and create a **data revolution** in Ethiopia;
- Demonstration farms, known as **Agriculture Innovation and Technology Transfer Centres**, that aim to improve the nutritional outcomes of the agriculture sector;
- Developing local level/**woreda-based costed multisector plans**;
- Utilising a '**First 1,000 days plus public movement**' approach in which critical sociocultural barriers to undernutrition prevention are identified and utilised for opportunities to intervene.

Between September and November 2018, ENN's team of regional knowledge management specialists visited Ethiopia to understand and document the progress of the SD at a federal and sub-national level. Over 90 people were interviewed in Addis Ababa, Amhara and Tigray. The team concluded that implementation of the SD is in the early stages, as the first phase has been a period of detailed analysis, planning and communication around the aims of the SD. However, the SD goal of zero stunting is widely known and embraced by actors from diverse sectors and at

different levels of government. Furthermore, a key difference between the SD and other multisector programme (MSP) approaches is the political aspect that has been mainstreamed into the day-to-day running of the SD roll-out. Having technical experts with a high level of social capital within each of the sectors as part of the multisector team has proved invaluable in driving the implementation of the SD forward. Having regional presidential sign-off on the SD and appointed advisors at this level have further enabled political buy-in to the SD agenda and have so far ensured that nutrition remains a political priority at regional level. The dual approach of coordinating the technical and political aspects of the SD has enabled some of the challenges of sector-to-sector accountability to be overcome. Critically, the SD affords considerable attention to the sub-national level for multisector programme implementation. Through costed woreda-based plans and community labs, the SD demonstrates a deliberate focus on mainstreaming and accelerating joint planning and action at a sub-national level.

One critical aspect of the SD is financing the plan. The initial three-year innovation phase investment plan is estimated to cost US\$538 million, which consists of contributions that the federal-level sectors, regional ministries, community and development partners have committed to. The Government has committed to meeting approximately 50% of the total estimated cost of the innovation phase and development partners have committed to 14%, while the remainder is indicated as a gap. More commitment is expected from the development partners during year two and three of implementation. Furthermore, the Government currently does not have a system to monitor and track funding. To fill this gap, the PDU is working with a technical assistance provider, hired by Nutrition International, to develop a system for resource tracking, accountability and partnership management. A similar challenge is the lack of monitoring and evaluation (M&E) mechanisms to monitor MSP interventions effectively. This is largely because the reporting systems of nutrition-sensitive implementing sectors are not consistent in terms of indicators collected and frequency of information collection. In order to mitigate this, quarterly review meetings at regional level and six-monthly review meetings at federal level provide an opportunity to appraise progress towards the 50 strategic initiatives of the SD. The Government is also testing a Unified Nutrition Information System for Ethiopia (UNISE) in partnership with UNICEF Ethiopia to fill this gap.

Specific findings in relation to the innovations include the fact that the PDU has encouraged multisector engagement, particularly through having key technical experts with a high degree of social capital in the various sectors. Second, CLs have enabled key community leaders to understand the nutrition-related problems in the woredas, including the variety of problems that arise (although it is unclear whether CL actors possess sufficient skill, influence and tools to promote social change in an impactful and consistent way). Furthermore, costed woreda plans have enabled the mapping of resources and allowed multisector planning for nutrition with a level of detail that had not been seen before. The process of developing a costed woreda-based plan has been deemed an ongoing rather than a one-off process, as it entails continuous partner and resource-mapping. Critically, however, engagement of the different sectors within the SD has been varied, largely based on the existence of nutrition-sensitive plans within the sectors, previous presence and vibrancy of nutrition-sensitive programmes, and the availability of nutrition staff or focal points within the SD-implementing sectors. For example, the Ministry of Agriculture at the federal level has 10 staff members focusing on nutrition and one nutrition staff member at the regional level. Having nutrition staff within the sector has helped to drive the nutrition agenda within the Ministry of Agriculture.

The findings in this case study offer other countries and a broader global audience insights into how to create coordination mechanisms that can influence varying sectors and increase accountability across multiple sectors. The study also highlights approaches to ensure the sub-national implementation level is given priority. Although still in its early stages of implementation, the SD provides an opportunity to galvanise progress towards undernutrition reduction and to test out a set of innovative actions that can potentially be scaled up within the country's broader nutrition plans.

³ Global Nutrition Report 2018.



1

Introduction and methods

ENN has been conducting case studies on multisector programming (MSP) across South Asia, East Africa and West Africa since 2017 as part of its role as knowledge management (KM) provider to the SUN Movement, Department for International Development- funded project Technical Assistance for Nutrition (TAN). Countries are selected by ENN based on either national progress in reducing undernutrition; the presence of multisector structures and strategies at a national and sub-national level; or evidence of large-scale, multisector implementation at sub-national level. Ethiopia meets these criteria and offers a thought-provoking case study given that, in 2015, the Government committed itself to the Seqota Declaration (SD), which aims to end stunting by 2030 through the implementation of evidence-based multisector interventions. This declaration has built on Ethiopia's history of multisector nutrition plans, which began in 2008 under the National Nutrition Plan I and the relative success in reducing stunting and wasting in the country in this time frame (Ethiopia has made strides in reducing stunting from 58% in 2000 to 38.4% in 2016⁴).

Through field visits to regions that are being targeted in the SD, ENN's team of KM specialists (KMS) aimed to document how the SD is being approached at national and sub-national level and how ideas and plans are being translated into action at a local level. This case study captures the initiatives of the programme's first year and a quarter into implementation of the innovation phase, and thus highlights the initial learnings of the SD.

Between September and November 2018, the KMS conducted interviews with over 90 stakeholders⁵ involved in the SD in Addis Ababa, Amhara (Bahir Dar

and Tigray (Mekelle) during a three-week visit. Field visits to two woredas (Naedir Adet in Tigray and Ebinat in Amhara) and two kebeles (Adis Salem Tabia in Naedir Adet and Gela Metatibiya in Ebinat woreda) were conducted by the KMS. The two woredas selected have piloted the community lab approach (CLA), one of the six innovations of the SD, and offered an opportunity to examine implementation of the approach at a local level and of the SD more broadly. Federal-level visits entailed interviews with the PDU staff, implementing partners and government Ministries. The field-level visits entailed interviews with three levels of actors: those working at regional (state), woreda (district) and kebele (village) levels. The aim was to examine the uniformity and divergence of activities and findings across the different levels of government as well as the 'ease' of multisector engagement for the different government sectors across the different levels.

This report is organised into three sections. Section one outlines the multisector environment in Ethiopia and the development of the SD, as well as a description of the innovations in the SD. Section two presents the field-visit findings. Section three presents the lessons learnt and conclusions.

Overall, this case study captures the innovation phase of the SD, which is a year and a quarter into implementation. The study's findings are useful to countries in the Africa region and to a broader global audience in highlighting two broad learnings:

⁴ Global Nutrition Report 2018.

⁵ Stakeholders at a national level included those from the Federal Ministries implementing the Seqota Declaration, the Programme Delivery Unit of the Seqota Declaration, UNICEF, Save the Children, Nutrition International, Food for the Hungry, Action Against Hunger, International Food Policy Research Institute, Ethiopian Public Health Institute, Synergos, and Global Alliance for Improved Nutrition.



1. How to create coordination mechanisms that can influence varying sectors and increase multisector accountability. The SD plan was signed off by Regional Presidents and has advisors to Regional Presidents as embedded staff within the coordination arm of the SD. In so doing, the SD has made strides to overcome challenges of sector-to-sector accountability.
2. How to develop an MSP approach that intentionally focuses on sub-national implementation where actual service delivery and impact following the delivery of services occurs. Through the costed woreda plans and Community Labs (CLs), the SD has demonstrated an intentional focus on mainstreaming and accelerating joint planning and action at a sub-national level.

Background

Ethiopia has made strides in addressing undernutrition, as evidenced by a steady reduction in the prevalence of children who are stunted over the past four Demographic and Health Surveys (DHS), from 58% in 2000 to 38.4% in 2016⁶. The prevalence of children who are wasted has also reduced from 12%⁷ to 8.7% over the same period⁸. Economically, Ethiopia has experienced steady progress over the last 10 years, with an annual GDP growth rate of over 10%⁹. Poverty has declined from 55.5% in 2000 to 26.7% in 2016, along with a 63% increase in the Human Development Index (HDI), from 0.283 in 2000 to 0.463 in 2017¹⁰. However, the regions in Ethiopia show significant variation in the patterns and causes of undernutrition¹¹.

The Government of Ethiopia (GoE) has demonstrated commitment to improved nutrition through its national

plans and strategies. As early as 2008, it developed its National Nutrition Plan¹ (NNPI) 2008-2015. While NNPI was critical in enabling the integration and coordination of nutrition-specific interventions, there were persisting challenges in advancing nutrition commitments. Some of the challenges cited included: insufficient focus on the life-cycle approach to nutrition; insufficient mainstreaming of nutrition into other sector plans; and a lack of sufficient accountability across the different sectors to monitor progress. These issues were factored into the development of the National Nutrition Programme II (NNPII) (2016-2020). The NNPII is a multisector nutrition strategy that recommends the scale-up of nutrition interventions at all stages of the life cycle from pregnancy, lactation, birth, early childhood, late childhood, adolescence and in women of reproductive age, through a guiding framework for the different government sectors that could potentially impact on nutrition outcomes¹².

The governance and coordination mechanism for the government sectors contributing to NNPII is supported by the National Nutrition Coordinating Body (NNCB)

⁶ Ethiopia Demographic Health Survey 2016.

⁷ Ethiopia Demographic and Health Survey 2000.

⁸ Ethiopia Demographic Health Survey 2016.

⁹ The World Bank (2016) Ethiopia Growth and Competitiveness (P168566). Programme Information Document.

¹⁰ UNDP (2018). Human Development Indices and Indicators: 2018 Statistical Update. Briefing note for countries on the 2018 Statistical Update, Ethiopia. Retrieved 2018-10-25 from <http://hdr.undp.org/sites/default/files/Country-Profiles/ETH.pdf>

¹¹ Ethiopia Demographic and Health Survey 2016.

¹² Federal Democratic Republic of Ethiopia, Ministry of Health. Tracking Funding for Nutrition in Ethiopia Across Sectors. Addis Ababa, Ethiopia.

Governance structures in Ethiopia

Ethiopia is a federal democracy. It consists of a federal government (national level), with a four-tier decentralised framework at sub-national level comprised of:

- Regions (province);
- Zones (state);
- Woreda (district)
- Kebele (a cluster of villages).

The federal and regional governments both possess legislative, judicial and executive powers. In addition, the federal government has authority over national defence, foreign relations and national policies that promote benefit over all the states/ regions.

The implication of this for nutrition coordination is the need to have a strong coordination mechanism embedded at both federal and regional level, considering the level of influence the regional level possesses.

and the National Nutrition Technical Committee (NNTC)¹³. The NNCB is administrative in nature and is comprised of high-level state ministers from diverse sectors: State Minister of Health, State Minister of Education, State Minister of Agriculture and Natural Resources, State Minister of Livestock and Fishery Resource Development, State Minister of Industry, State Minister of Water, Irrigation and Electricity, State Minister of Trade, State Minister of Finance and Economic Cooperation, State Minister of Labour and Social Affairs, State Minister of Women and Children Affairs, National Disaster Risk Management Coordination Commission, State Minister of Government Communication Affairs, State Minister of Youth and Sport¹⁴. It also includes other stakeholders such as: country representatives from United Nations agencies, bilateral donors, and technical and research institutions¹⁵. The Ministry of Health was granted the mandate to coordinate government sectors and development partners for nutrition by the Council of Ministers, with the State Ministers of Agriculture and Education acting as co-chairs¹⁷. The key mandate of the NNCB is to review policies and take strategic decisions on programme implementation.

The NNTC, co-chaired by the Ministries of Health and Agriculture, consists of directors and technical officers from eight¹⁷ ministries¹⁸. The key mandate of the NNTC is to provide guidance on the implementation of decisions taken by the NNCB¹⁹. It is comprised of three technical working groups: monitoring and evaluation, food fortification and programme implementation²⁰.

The Structures of the NNCB and NNTC have been cascaded to the regional level to form Regional Nutrition Coordinating Bodies and Regional Nutrition Technical Committees respectively. In some regions the

structures have further been cascaded to zonal and woreda levels. Despite the NNPII being implemented broadly in the country, gaps in implementation were visible and progress towards nutrition improvements remained slow²¹. While the GoE sets the agenda for improving nutrition in the country through these coordination mechanisms, a significant proportion of funding for nutrition interventions (approximately 89% in financial year 2015/16) is provided by development partners and donors²².

The development of the Seqota Declaration

The SD was developed in line with the plans and strategies outlined above. Launched in July 2015, it aims to demonstrate government commitment, at a high-level, to improving the nutrition situation in the country. The SD is also part of the country's five-year Growth and Transformation Plan to realise Ethiopia's vision of becoming a lower middle-income country by 2025. While several factors influenced the origins of the declaration, two notable catalysts were:

- A business woman's challenge:** one of the initial and most influential advocates in developing the SD idea among the country's leadership was a business woman who owned a food-processing plant in Sekota woreda in the Amhara region. Hearing anecdotal stories of the food-security challenges that children faced, she questioned why the region had remained in a chronic state of food insecurity since the 1985 famine. This prompted her to visit several cabinet secretaries at the federal level to ask what more could be done to improve children's nutritional status in the woreda. In addition, the Deputy Prime Minister, the Former Minister of Health and other Ministers began to consider ways to galvanise action towards nutrition improvement. Once the idea was taken up by the highest level of government leadership, a team was organised and tasked with conducting an assessment in the region. The team undertook an intensive mission within three

¹³ National Nutrition Plan 2016-2020.

¹⁴ www.nipn-nutrition-platforms.org/Ethiopia

¹⁵ www.nipn-nutrition-platforms.org/Ethiopia

¹⁶ www.nipn-nutrition-platforms.org/Ethiopia

¹⁷ Health, Agriculture, Water and Energy, Education, Industry, Labour and Social Affairs and Women, Children and Youth Affairs, Finance and Economic Development and UNICEF.

¹⁸ www.nipn-nutrition-platforms.org/Ethiopia

¹⁹ www.nipn-nutrition-platforms.org/Ethiopia

²⁰ National Nutrition Plan 2016-2020

¹⁸ www.nipn-nutrition-platforms.org/Ethiopia

¹⁹ www.nipn-nutrition-platforms.org/Ethiopia

²⁰ National Nutrition Plan 2016-2020

²¹ The Seqota Declaration Implementation Plan (2016 – 2020)

²² Supported by Results For Development and Children's Investment Fund Foundation.

consecutive weeks to determine the scope of the problem, the high-impact actions required to address it, and the sectors to be engaged. Five sectors were initially identified and ambitious goals and targets were set focusing on zero stunting, which then translated to an innovative government commitment that was launched in July 2015 and became known as the Seqota Declaration.

- ii. **High-level evidence:** In addition, high-level evidence was influential in painting the big picture of the intergenerational impact of undernutrition on the economy of Ethiopia. A Cost of Hunger study²³ revealed that the annual costs associated with child undernutrition were estimated to be 55.5 billion Ethiopian Birr (about US\$1.9 billion); 16.5% of GDP.

To give political weight to the SD, it was signed by the Regional Presidents and the Deputy Prime Minister. The SD is a 15-year plan (2016-2030), to be delivered in three five-year phases: an *innovation phase* (2016-2020), which focuses on generating learnings and evidence; an *expansion phase* (2021-2025), when the learnings gained during innovation will be scaled up to reach more vulnerable woredas; and a *national scale-up phase* (2026-2030), involving full implementation of evidence-based, multisector interventions²⁴. The innovation phase has 10 strategic objectives and includes 50 initiatives (see Annex 1) implemented in 33 selected woredas in two regions: Amhara (27 woredas) and Tigray (six woredas). The innovation phase is further divided into a preparation phase (2016-June 2017) and an implementation phase (July 2017-2020).

The SD is implemented by six sectors. The estimated cost of the innovation phase, taking into account the contributions of government, community and development partners is US\$538,718,444. It was estimated that approximately 50% of this will come from government with the remaining half coming from development partners.

The main goal of the SD is zero stunting among children under two years of age by 2030. The 10 strategic objectives are:

- 1) Improve the health and nutritional status of adolescent, women and children;
- 2) 100% access to adequate food all year round;
- 3) Transform smallholder productivity and income;
- 4) Zero post-harvest food loss through reduced post-harvest loss;
- 5) Innovation around promotion of sustainable food systems (climate smart);
- 6) Ensure universal access to water supply, sanitation and adoption of good hygiene practices;
- 7) Improve health and nutrition status of school children;
- 8) Improve nutritional status of pregnant and

lactating women (PLW) and children through Productive Safety Net Programme (PSNP) interventions;

- 9) Improve gender equity, women empowerment and child protection; and
- 10) Improve multisector coordination and capacity.

The nutrition-specific and nutrition-sensitive initiatives outlined for each sector include^{25,26}:

- **Education:** Scaling up home-grown school feeding programmes; expanding school health and nutrition programmes; and scaling up school water, sanitation and hygiene (WASH) activities, emphasising strengthening linkages with health, agricultural, water and social protection programmes.
- **Agriculture and Livestock:** Production and consumption of fruits and vegetables; production and consumption of staple crops and pulses; production and consumption of milk (primarily goat) and dairy products; production and consumption of red meat and meat products; production and consumption of poultry and poultry products; production and consumption of fish and fish source foods; production and consumption of honey and honey products; and improving animal feed provision and health services;
- **Labour and Social Affairs:** Scaling up PSNP4 in the woredas around the Tekeze River Basin; promoting implementation of gender-sensitive social safety net programmes; promoting provision of credits, grants, microfinance services and other income-generating initiatives to support increased access to nutritious foods among vulnerable groups; increasing access to basic nutrition services for all vulnerable groups and scaling up Tigray's Social Cash Transfer Programme.
- **Women, Youth and Children:** Increasing economic and social empowerment of women and increasing community awareness and participation in gender equity and child protection.
- **Water:** Increasing coverage of safe and adequate water supply to households in the Seqota Declaration woredas; establishment of the Tekeze River Basin Authority; scaling up school WASH programme in the Seqota Declaration woredas; promoting hygiene practices; increasing the number of open defecation-free (ODF) woredas (from ODF kebeles to ODF woredas) via construction and utilisation of household and community latrines.

²³ Cost of Hunger Study <https://reliefweb.int/sites/reliefweb.int/files/resources/FINAL%20Ethiopia%20%20COHA%20Summary%20Report%20June%202028.pdf>

²⁴ The Seqota Declaration Innovation Phase Investment Plan 2017-2020.

²⁵ The Seqota Declaration Innovation Phase Investment Plan 2017-2020.

²⁶ The Seqota Declaration Implementation Plan 2016-2030.

- **Health:** Community-Based Nutrition (CBN) programme; complementary feeding programme; school health and nutrition services; Nutrition Assessment and Counselling Service (NACS) at facility and community levels; early detection and management of acute malnutrition and common childhood illnesses; delivery of nutrition-focused maternal, child and adolescent health interventions, including family planning, immunisation and management of childhood illnesses; and multi-

channel social and behavioural change communication (SBCC) campaign.

The initiatives outlined above are aligned to those proposed in NNPII; the added element of the SD is that it has created a regular forum for monitoring activities. It has also given a high priority to water infrastructure as the regions prioritised for programme implementation lack water for consumption and agriculture, seen as necessary to enable nutrition-sensitive interventions.

Innovations to implement the SD

The approach of the SD in the implementation phase is testing six innovations:

Programme Delivery Unit (PDU): The PDU is responsible for the overall coordination of the SD and facilitates coordination between the implementing sectors. It is a multisector team with staff possessing expertise in WASH, Public Health, Agriculture, Communication and M&E. The regional PDUs have an additional member, a senior advisor to the Regional President, who facilitates effective engagement between the PDUs and the Regional Presidents and ensures that the nutrition agenda remains a priority at the regional governance levels. The PDU is accountable for performance management of the SD, including overall strategic support for the programme²⁷. The PDU is comprised of technical experts with significant working experience in the government sectors to which they are assigned.

Community Labs (CLs): CLs are multisector platforms developed at woreda and kebele level that enable stakeholders to identify collaboratively innovative solutions to food insecurity and stunting at a local level and subsequently to test prototype innovations before scaling up successful solutions²⁸. The CL actors are drawn from diverse sectors and represent different facets of them, such as government sectors, youth, women, religious institutions and cooperatives, who develop a joint plan using the opportunities of the sectors from which they hail to address the problems they mutually identify.

Data Revolution: This innovation entails setting up a web-based platform where SD implementing sectors can efficiently and routinely report and review their progress against the 50 strategic initiatives of the SD. The platform aims to promote an objective and impartial means of routinely reporting and reviewing progress against the strategic initiatives. Through the use of a web-based platform, the data revolution innovation aims to bring all nutrition data that hails from different sectors into a common hub, for joint monitoring by all sectors.

Agriculture Innovation and Technology Transfer Centre (AITEC): This involves setting up government-owned training, demonstration and technology transfer farms, in collaboration with two universities. The AITEC centres aims to serve as a centralised training and education site for

farmers, development agents and students from universities and technical colleges. Each AITEC aims to support the establishment of three to five smaller satellite AITEC sites on Farmer Training Centres to build the capacities of local smallholder farmers. The idea of the AITEC is premised on the need for intensive infrastructure such as drip irrigation and electricity connection to enable productive agriculture in regions of low annual rainfall.

First 1,000 Days Plus Public Movement: This is a community-based approach to tracking stunting progression at seven critical periods during the first 1,000 days of life and thereafter, identifying and initiating critical actions for stunting prevention. To promote the inclusion of all the sectors of the SD, the 1,000 days period has been broadened to 1,000 days plus to cover the preconception phase; thus including actors such as adolescents in school and mothers before pregnancy. The first 1,000 days plus public movement built on the social behaviour change communication (SBCC) model of the SD that targets broad community engagement to address negative sociocultural and traditional practices in relation to diet, hygiene, health-seeking and other factors that predispose to undernutrition. Interventions aim to be culturally appropriate and focus on exclusive breastfeeding, complementary feeding, dietary diversity, anti fasting practices, involvement of males, improving household level gardening practices.

Costed woreda-based investment plans: These are comprehensive, costed nutrition plans developed by the SD-implementing sectors and development partners at woreda level, guided by the One goal, One plan and One M&E framework. The plans consolidate the nutrition-sensitive and nutrition-specific activities and resources of the government ministries and development partners at woreda level towards a common goal of promoting mutual accountability. The plans are intended as a means of promoting increased awareness and ownership at woreda level of the contribution to nutrition by government sectors and development partners in terms of nutrition-specific and nutrition-sensitive activities and resources.

²⁷ The Seqota Declaration Innovation Phase Investment Plan 2017-2020.

²⁸ The Seqota Declaration Innovation Phase Investment Plan 2017-2020.



2 Findings

This section presents the findings from the review of key documents, sub-national visits and from a large number of key informant interviews²⁹. The findings are organised under two main headings: broad findings and specific findings. These findings represent the main observations of the ENN team and the many stakeholders who gave their insights and opinions on the SD at all levels.

Main Findings

There are six main findings to highlight:

1. The SD provides a **coordination mechanism** that seeks to mainstream and accelerate existing multi sector programmes in Ethiopia. It is not introducing new programmes; rather, it aims to accelerate the delivery of existing programmes.
2. The actual **implementation** of the SD has taken longer than planned due to the need to focus on detailed planning and analysis. This underscores the significant time it can take to launch and embed an ambitious plan.
3. The SD goal of zero stunting by 2030 is **widely known and has been embraced** by actors from diverse government sectors, development partners, religious leaders and across the different levels, from federal to kebele level.
4. The key difference between the SD and other MSP approaches in Ethiopia is the **political 'face'** that has been mainstreamed into its day-to-day roll-out.
5. **Engagement across the different sectors** has been varied. The level of engagement of the different sectors has been based on the existence of nutrition-sensitive plans within the sectors,

previous presence and vibrancy of nutrition-sensitive programmes, and the availability of nutrition staff or nutrition focal points in the SD implementing sectors.

6. **Ensuring financing** for the SD has been critical. Based on the costed woreda-based investment plan, the GoE has contributed an estimated 37.2% thus far towards the SD. Partners (Save the Children International, World Vision, AAH, FH, Concern World Wide, Nutrition International, UNICEF, CARE, REST, Big Win Philanthropy, SNV have contributed an estimated 14% and are expected to allocate more resources in years 2 and 3 of the innovation phase, but there is currently an absence of a routine, government-embedded system to monitor and track funding.

The SD provides a coordination mechanism that seeks to mainstream and accelerate existing multisector programmes in Ethiopia. For example, one of the 10 strategic objectives of the SD is to improve the nutritional status of pregnant and lactating women and children through PSNP 4. The PSNP is an existing multisector programme between the Ministries of Labour and Social Affairs, Agriculture and Health. The main change cited to the PSNP 4 following the SD was an increase in the number of beneficiaries, due to increased active case-finding of pregnant and lactating mothers. The SD also provided an opportunity for the PSNP4 to 'clean' beneficiary lists by removing ineligible beneficiaries, which meant that, while overall figures increased, efficiency of service provision was also improved.

²⁹ Refer to Annex 2 for list of key informants interviewed

As noted previously, the implementation of the SD is at initial stages. Having launched in July 2015, activities for the SD only began in early 2017 with the recruitment of the PDU. During the delay, the 15-year road map was developed and the key areas to innovate in and expand on were determined. This means the SD is in its early stages of implementing its programme activities. While the first phase would have been spent testing out the approaches that were detailed in the SD-costed, woreda-based investment plan, it has instead been a period of detailed analysis and planning of activities. In particular, the resource-intensive aspects of the SD, such as the AITEC and WASH-related infrastructure, are not yet well advanced.

One finding ENN identified from interviews with actors at federal, regional, zonal, woreda and kebele levels was that the SD goal of zero stunting among children under two by 2030 has been embraced as a worthwhile national ambition and is also owned by actors from development agencies and religious institutions.

Furthermore, there are number of differences between the SD and other MSP approaches in Ethiopia. First is the political 'face' that it has been accorded as it is the first MSP document of its type to be signed by political actors. Second, the SD has a dedicated human resource position in each region whose role is to engage the political class and sector heads to drive the MSP agenda of the SD. This has provided traction in enhancing accountability across different sectors for the SD commitments and has ensured that sectors and development partners come together to plan and cost multisector implementation activities.

Sector engagement has been found to be varied. Programmes such as the Productive Safety Net Programme 4 (PSNP 4) promoted increased convergence between the Ministries of Labour and Social Affairs, Agriculture and Health, as noted above. However, the presence of existing nutrition strategies does not necessarily contribute to active multisector engagement, especially if the strategies are not accompanied by programmes implemented at scale. The federal Ministry and regional Ministries of Education have a school health and nutrition strategy that has been endorsed but implementation is poor. Furthermore, the challenges with engaging the Ministry of Education highlight the problems of including nutrition-sensitive activities in an already stretched system. The Ministry of Education is working to ensure that school attendance is increased in the country and that children receive quality education;

understandably, nutrition remains a lower-level priority for the Ministry. Engagement with the Ministry of Women, Youth and Children (MoWYC) also seemed to be in its early stage. This was largely due to a lack of active programmes in the Ministry. Ideally, engagement will focus on utilising the MoWYC platforms to enhance women's participation in the SD activities, but as the MoWYC does not have active nutrition-sensitive programmes for engaging women, this has proved challenging. Advocacy to high-ranking individuals in nutrition-sensitive sectors positively influenced the ownership and uptake of the nutrition agenda in these sectors. However, the gains made were fragile and easily lost with political changes, which often lead to reshuffling of senior government staff.

Ensuring financing for the MSP has been critical. One of the initial actions of the PDU was to develop a detailed cost for the innovation phase of the SD. The three-year plan is estimated to cost around US\$538 million. Based on commitments made at the SD launch, the GoE should contribute approximately half of the resources budgeted for the SD innovation phase, but it has so far contributed approximately 37.2%³⁰. In Tigray, the Government allocated 3.2 million Birr (about US\$112,000) to carry out sensitisation on the SD with all implementing woredas. In Amhara, the senior advisor to the regional president has held advocacy meetings with the regional president to allocate 36 million Birr (US\$1.26 million) for the AITEC establishment.

A nutrition resource-mapping exercise carried out by the Federal Ministry of Health (FMOH)³¹ revealed that a significant proportion (about 89%) of funding for nutrition interventions (US\$405 out of US\$455 million in the 2015/16 financial year) comes from nutrition-sensitive and nutrition-specific development partners. This indicates the importance for Ethiopia as a country to have well defined, country-led modalities through which development partners can channel funding. Ethiopia has defined three main channels for development partners. Channel 1 is through the Ministry of Finance and Economic Cooperation; channel 2 is through sectoral line ministries; and channel 3 is directly to NGOs without government management. Channels 1 and 2 are on-budget, while channel 3 is off-budget. The discussions on such engagements are led by the Ministry of Finance, thus promoting country-level ownership and leadership. Most nutrition-sensitive funding is actually on-budget.

³⁰ SD Innovation Phase Investment Plan

³¹ Supported by Results For Development and Children's Investment Fund Foundation

A nutrition resource-mapping exercise carried out by the FMOH for the 2013/14 to 2015/16 financial years revealed that 70% of the nutrition budget in the 2015/16 financial year was for nutrition-sensitive funding. Furthermore, 83% of nutrition-sensitive funding was on-budget. Having the bigger proportion of multisector funding being channelled on-budget indicates a progressive approach to multisector programming. There has also been a gradual shift to direct woreda funding by development partners. Some development partners are gradually funding woredas directly; e.g. the Food and Agriculture Organization (FAO), German Society for International Cooperation (GIZ) and Save the Children's Growth Through Nutrition (GTN) programme. Funding is currently below expectations, especially for the resource-intensive aspects of the SD.

Despite the presence of the three government-defined modalities of channelling funding, a key limitation to multisector programming is the absence of a routine, government-embedded monitoring system to track funding availed (prospective/future sources of funding) and funding allocated (retrospective/funding already incurred) for nutrition-sensitive and nutrition-specific interventions³². So far, a few initiatives have been undertaken to carry out nutrition-related resource-mapping. These types of exercises are done at a specific point in time through the support of development partners and are not routinely embedded in government systems.

The current arrangement for partner engagement is led by the Ministry of Finance at regional and federal level. Engagement with the woreda administrator is initiated when discussions are fairly advanced at the Federal and Regional Ministry regarding partner geographical allocation, resource envelope, thematic areas of focus, and timeframe of engagement. Considering that a significant proportion of nutrition-specific and nutrition-sensitive funding is channelled from development partners, and that actual implementation occurs at the lowest levels, the heads of Ministry and chair of woreda felt that this was a challenge.

To fill this gap the SD planned to start a resource tracking, accountability and partners management process in collaboration with a consultant from Nutrition International under the Scaling Up Nutrition TAN programme. This will enable the Government to track the finance allocated to the woredas and the budget spend for the interventions and utilise the coordination platforms to make informed decisions on resource allocation and expenditures.

Specific Findings

The specific findings focus on the innovations that underpin the SD and are set out below.

³² Federal Democratic Republic of Ethiopia, Ministry of Health. Tracking Funding for Nutrition in Ethiopia Across Sectors. Addis Ababa, Ethiopia

High-level tour to Israel

One of the early and successful actions of the PDU was a high-level tour to Israel that targeted the political class, which visually demonstrated the impact of political commitment and apt use of technology to improve agriculture performance in a climate and landscape that is comparable to the desert areas of Ethiopia. Four ministers (agriculture, water, health and livestock), one regional president, one deputy regional president and three local non-governmental organisation leaders participated in the high-level tour. Following the tour, the technologies identified were included in the innovation phase investment plan to look for resources for implementation. Many individuals who took part considered that the tour influenced key decision-makers. For example, the Minister for Water, Irrigation and Energy has developed a resolution map for all the woredas; the regional governments began allocating funding for activities of the PDUs; and additional sector commitment has been created at federal and regional levels. Furthermore, the Federal Minister of Agriculture elevated the nutrition case team to a coordination unit at federal level. The Ministry of

Agriculture appeared advanced in nutrition-sensitive engagement. As noted above, at federal level, the Ministry previously had a case team that was elevated to a coordination unit that consists of 10 staff members. At regional level, there is one nutrition staff at the regional office and each woreda had either nutrition staff or a nutrition focal point. For example, Tigray has 53 woredas, 20 of which have nutrition staff while 33 have nutrition focal points. At woreda level, the presence of nutrition staff was higher in the Ministry of Agriculture compared to the Ministry of Health and this promoted heightened community-level nutrition implementation through active engagement between the nutrition staff/focal point at woreda level and the agriculture extension workers at kebele level. Activities that were actively being promoted included cooking demonstrations and the promotion of rearing small ruminants, nutrition-dense crops and home gardens. These activities were conducted using nutrition-sensitive criteria; e.g. using tailored package/intervention for PLWs.

The Programme Delivery Unit (PDU) structure has encouraged multisector engagement

The PDU, set up to lead on implementation and to accelerate multisector engagement at federal and regional levels, offers technical assistance in relation to multisector programming. The team works with their government counterparts in each of the sectors, but is situated outside the sectors. Their salaries and operational costs are covered by different development partners³³.

What has worked well

Based on the field visits and key informant interviews, three recurring areas highlighting what is working well in the PDU were observed as follows:

Employing **technical experts with a significant number of years' experience** of working within the government sectors to which they are assigned has been pivotal. These staff are well respected and possess a high level of social capital, which has helped to drive coordination among the SD sectors, partners and implementation of the SD as a whole. Similarly, the **presence of senior advisors to the regional presidents**, as part of the PDU, has enabled the SD to remain on the political agenda and has been critical in supporting coordination among the sectors at a regional level. Without such a political focus, there may have been trust issues between the staff who are responsible for NNP II coordination and the PDU, and the PDU could have been at risk of being seen as an independent body as it sits outside the coordination body of the NNP II. However, the social capital of these individuals has reduced this perception. In Amhara, one example that was cited as a contribution of the senior advisor to the regional president was his role in negotiating for the Livestock Ministry to develop a nutrition-sensitive package for pregnant and lactating mothers, which has since been rolled out. Furthermore, this relationship enables a rich understanding of what is happening in each of the sectors and potential opportunities that can be exploited.

A key PDU role is to inform the highest levels of government on progress towards nutritional improvement in the country and the level of coordination among the sectors and partners. In this regard, the federal PDU regularly engages with the Deputy Prime Minister, the Ministers and the SD focal persons of the respective sectors and development partners. The federal-level PDU conducts progress reviews, tracking activities every six months, and provides progress updates on a regular basis for high-level leaders and provides guidance on the challenges.

At regional level, the regional PDU engages with the regional presidents and regional sector Ministry heads, woreda and zonal administrators. At regional level, activities are tracked every three months with key implementing sectors and development partners.

Challenges

- One critical challenge faced by the PDU was the misconceptions around the structural set-up of the coordination body and where it fitted with broader nutrition structures. Many were concerned that the SD was duplicating existing mechanisms and thus communicating around the SD was critical. The amount of time taken to properly communicate this was significant and inhibited the work of the PDU. Communication took time and limited the ability of the PDU to set up activities and structures in a timely manner.
- Similarly, while PDU positions were supported by development partners, only limited financial resources were available to the SD. Thus, the PDU had to spend a considerable amount of time explaining to sectors that no additional resources would be made available to them to implement the SD.
- While the NNPI and NNPII created many structures to support multisector nutrition programming, some governance processes for multisector actions were not well developed, especially at sub-national level. For example, no processes had previously been developed for MSP joint monitoring from regional to zonal to woreda and kebele level. In this regard, the transition of the regional president and zonal/ woreda level administrators overseeing the SD at this level has not always been well understood among the various stakeholders. However, progress in relation to this is being made. For example, the community lab approach is now facilitating joint monitoring at woreda and kebele levels.

Next Steps

The PDU appears to be one of the more advanced 'innovations' of the SD and questions regarding its scalability are currently being explored. The composition and number of staff; the optimal size of the team; the number of woredas to cover; and how far down the hierarchical structure the team should be located are among the questions being asked. The federal and regional PDUs are considered to be transitional structures which should later be absorbed into government systems under the Food and Nutrition Council at federal and sub-national levels. Government will be responsible for establishing structures across

³³ Nutrition International, BIGWIN Philanthropy, Save the Children, Alive and Thrive.

the different regions comprised of a pool of experts. At woreda level, the recommendation is for a smaller structure consisting of one to two people.

Messaging in relation to the SD is advanced but providing contextually specific social behavior change messaging remains critical

One of the innovations of the SD is the 'First 1000 Days Plus Public Movement' (FTDPPM) which aims to engage key community level actors and influencers to change nutrition related behavior. Social behavior change communication (SBCC) within the SD has centered around the first 1000 days of life (from conception to the child's second birthday), a critical development phase and internationally recognized area of focus. Within this framework, the goal of the FTDPPM is to bring about major shifts in nutrition behavior in pregnant and lactating women as well as adolescent girls and to support the SD's efforts to end stunting in children under the age of two. Although in its early phases of development, interventions within the FTDPPM aim to be culturally appropriate and focus on exclusive breastfeeding, complementary feeding, dietary diversity, anti-fasting practices, involvement of males in child care practices, as well as improving household level gardening practices. Although the model allows for a variety of target audiences, as an initial step, the focus was on mainstreaming nutrition SBCC across the implementing sectors through targeting key sector gate keepers.

What has worked well

The **messages around the SD are well known** at a sub-national level and a clear finding from field visits was that the message has percolated downwards as well as across sectors involved in the SD. There was a high level of awareness of the SD goal and messages at all levels and across all sectors. This consistency of messaging can be attributed to a strong communication strategy with a focus on a simple message delivered over a suitable timeframe.

Furthermore the SBCC is **embedded within the work and roles of the other SD innovations**. For example, the PDU has spent the first months communicating around the SD and the community lab innovation has a core SBCC component.

Messaging has also been **tailored to build on previous SBCC campaigns and strategies** such as the Ministry of Health's campaign promoting safe childbirth entitled 'No mother should die while giving birth'. Using similar language and building on what has worked in the past means that the SD

communication strategies have not had to 'reinvent the wheel' but can add to knowledge and messaging that is already known to the public

Challenges

The FTDPPM is still in a **relatively early stage of conceptualization** and thus, while messaging around the SD appeared advanced at the sub-national level, **knowledge and awareness of the FTDPPM was still somewhat limited** at the time of field work. As such, the evidence for what works and what doesn't work in relation to community level SBCC in relation to the first 1000 days of life within the SD remains limited.

Furthermore, a recent capacity and context assessment within four of the six implementing sectors found that staff **lack the necessary technical capacity to implement SBCC approaches** to an acceptable standard. It found that, current SBCC activities are not implemented using a standard guideline or approach and that nutrition SBCC is not well integrated in the broader programme activities of the key sectors. More work is required to engage and build capacity of the different sectors to enhance nutrition related SBCC processes.

Next steps

- The FTDPPM is still in its early stages of development and thus work is currently focusing on the development of an implementation strategy. Work has begun on developing messaging for a wide range of SBCC channels such as advocacy workshops, group education sessions, community nutrition and WASH education with cooking demonstrations, mass media campaigns, school focused education, community conversation sessions, education through drama schools and broader community events.
- A Technical Working Group (TWG) under the regional nutrition technical committee (NTC) is being set up to coordinate and lead the SBCC activities of the public health movement. This TWG includes the SD implementing sector's public relations staff, the health promotion case team, gender experts, SBCC experts and local media representatives and aims to meet every quarter to discuss and review the FTDPPM related activities and progress.

True innovation is about learning-by-doing: Lessons from implementing the Community Lab

The community lab is an innovation that aims to support nutritional changes at a household level, through a participatory approach. It was envisioned as a process that engages a diverse range of

stakeholders who together identify community problems that negatively impact on nutrition and develop innovative solutions that can be locally achieved; particularly contextualising national proposed activities to reduce undernutrition. This in-depth investigation of the community problems is done through a process called learning journey. The learning journey enables the decision makers and sectoral leaders to practically understand the problems facing the community, that would not be possible to understand while simply sitting in their office. Moreover, the community lab aims to scale up existing effective interventions and identify barriers to implementation of these existing interventions. Community members would then pilot and test solutions, scale up key activities and monitor and adjust activities over time. Community lab actors are drawn from diverse sectors as well as implementing partners and community based organizations and represent different facets of them, such as government sectors, youth, women, religious institutions and cooperatives as well as implementing partners and community based organizations. They would then develop a joint plan on how to use the opportunities of the sectors they hail from to address the problems they had identified. The community lab process enables all nutrition stakeholders to work together towards SD goals. This is expected to strengthen the multisector coordination platforms developed by the NNP II at woreda and kebele levels. The community lab has been piloted in three of the 33 woredas; ENN was able to visit two of these.

What has worked well

One woreda appeared to be more advanced; this was thought to be due to a **learning-by-doing process** whereby the lessons learnt from other pilot woredas had been incorporated. Awareness by all community lab actors of their kebele-level nutrition situation was evident. For instance, during development of the community lab plan, they visited households, examined the home environment and were aware of the sections of their kebele that are worse off compared to other sections of the same kebele.

Lab members developed joint plans in May and September 2018. Those who had previously participated in multisector programming reported that **the lab planning process was increasing awareness of each other's baseline, indicators, targeting criteria and opportunities** for leveraging each other's service-delivery platforms.

By undertaking shared work plans health, agriculture, livestock and education sectors were able to use a **shared beneficiary list of vulnerable children**. For example, agriculture extension workers partnered with

health extension workers to carry out cooking demonstrations to promote dietary diversity and water technicians used the shared beneficiary list to visit households and conduct irrigation demonstrations and distribute chlorine tablets. For livestock interventions, the same beneficiary list was used to distribute poultry and disburse loans for the purchase of beehives and milking cows.

Challenges

- While the notion of innovation by developing prototype/unique community-level solutions for identified problems was a concept stressed in theory, in practice the activities within the CL workplan seemed similar to ongoing sector activities. The CL seemed to promote increased joint planning and implementation, as opposed to identification of new/different interventions.
- The CL members appeared to have a good grasp of the problems within the community, including awareness of the diversity of problems, such as which villages had a high prevalence of severe acute malnutrition. However, it was unclear whether CL actors possess sufficient skill, influence and tools to promote social change in an impactful and consistent way. It is not clear whether the CL, as currently designed, can successfully address the drivers of household-level change and whether heightened awareness of community problems among CL members is sufficient to make them drivers of social change.
- The design and implementation of the CL, which was previously led by Synergos, is currently undergoing a redesign of its implementation led by ThinkPlace. The need for a redesign emerged from a question on the extent to which the PDU and lead organisation should allow the CL members to take an unstructured approach to problem identification and development of a workplan. The PDU felt that the CL facilitation needed to be partly structured towards a nutrition goal. This was because allowing the kebeles full autonomy in identification of community needs and solutions might lead to selection of priorities that would not have an immediate impact on nutrition or priorities beyond their scope of influence.

Next Steps

As a result of the last challenge listed, the PDU translated the zero stunting goal of the SD into a model nutrition family with a graduation criteria for such a family. ThinkPlace is currently considering an approach where some aspects of the current CL approach can be extended; e.g. the idea of model nutrition families.

This has served as an important lesson to the PDU to adjust the approach when certain innovations have not gone entirely according to plan and offers an example for the broader innovations to utilise a learning-by-doing approach to implementation.

Capturing data remains a challenge

The PDU began by developing 10 strategic objectives and 50 initiatives (annex 1), which would form key performance indicators (KPIs), and technically support the SD-specific sectors to track and monitor the KPIs on a quarterly basis at regional level and on a biannual (six-monthly) basis at federal level.

One of the key challenges of multisector programming involves the monitoring and evaluating of interventions across the various sectors. Thus, within the SD, a 'data revolution' has been recognised as a key innovation to bring sectors together to assess their contribution and progress towards reducing undernutrition. In order to ensure impartial information-sharing from all sectors, it was noted that it would have to be independent of the PDU. John Hopkins University (JHU) and the Ethiopia Public Health institute (EPHI) have been mandated to carry out a baseline survey to assess the SD's impact on undernutrition, while the routine monitoring would be done by the PDU for the SD implementing sectors.

What has worked well

So far, KPIs are monitored in **quarterly review meetings at regional level and in six-month review meetings at federal level**. The sectors jointly appraise their progress against the 50 strategic initiatives of the SD and use a colour-coded/traffic light system to indicate sector progress. The review meetings are used to detail next steps and corrective action. The traffic light system was cited as useful in creating accountability and in repackaging the progress for multisector action in a visible format for key decision-makers.

A mini-assessment on how information flows from woreda to zone to region to federal level has already been conducted and this trial has informed the Unified Nutrition Information System for Ethiopia (UNISE) pilot, which began implementation in December 2018 in two woredas. This pilot uses the MoH DHIS2 platform and provides each SD-implementing sector access to a web-based platform with KPIs to report on. The pilot informed how data capture occurs across the different sectors and what systemic opportunities and gaps exist within the SD-implementing sectors. Furthermore, these baseline findings have been shared with key stakeholders to inform broader decision making and planning processes.

Challenges

- The key gap that emerged when carrying out the mini-assessment of how information flows from woreda to regional level was that many of the reporting systems of the nutrition-sensitive implementing sectors are not consistent in terms of indicators collected and how frequently information is collected. Some sectors, such as health, were more advanced in routine and consistent data capturing and regular M&E processes, including the use of web-based platforms, while other sectors did not have a consistent, paper-based reporting process. This implies more than just the mere existence or absence of reporting platforms as it touches on sector-specific approaches to M&E.
- Harmonising M&E systems across the different sectors has, at the time of writing, proved difficult, particularly given that over 50 indicators need to be tracked; thus the PDU has relied on quarterly and biannual review meetings to determine progress. This, however, does not allow for rich data analysis and interpretation.

Next Steps

The PDU has chosen to build on what exists and, through the support of UNICEF, will use the MoH platform (DHIS2) and expand it to include nutrition-sensitive indicators. A software model (UNISE) will be installed in SD-implementing sectors' systems to track progress from each woreda. The software will have two functions: tracking routine progress and a dashboard for decision-makers. The PDU negotiated with the Policy Plan Directorate and Information Technology department of the MoH for the adoption of nutrition-sensitive indicators to be added to the DHIS 2. This pilot began in December 2018 and is thus at its early stages. In the meantime, KPIs will continue to be the M&E mechanism for the SD-implementing sectors using the quarterly and six-monthly review meetings.

Early success in relation to costed woreda-based plans is being seen

Although not necessarily considered innovative, costed woreda-based plans were developed to consolidate and harmonise nutrition-specific and nutrition-sensitive activities, timelines and available resources by all implementing sectors and development partners at woreda level. The planning was guided by the One Goal, One Plan and One Monitoring and Evaluation framework, which outlines the activities of sectors and development partners tailored towards achieving the SD goal, using the same strategic objectives and initiatives developed at the federal level. This process is intended to promote increased awareness and

ownership at woreda level of what currently exists; what is being planned; by whom; and with what resources and timeframes. In addition, the information can be used to map gaps and improve planning, particularly in relation to the reallocation of existing resources where duplication is identified. So far, the process has been carried out in all the SD-implementing woredas. The costed woreda-based planning was conducted in a ‘bottom-up’ manner and was used to feed into regional and federal-level plans. Following this, the federal PDU developed a three-year, costed woreda-based investment plan for all woredas to be used in the innovation phase. This plan aims to provide a road map for the three years of innovation which will be reviewed and adjusted every year during the annual planning meetings.

What has worked well

The process was viewed as a **valuable learning experience** by the federal and regional PDU and by the heads of Ministry at woreda level. For the federal PDU, one of the advantages of the process of costing woreda-based plans was mapping existing resources. Through the costed woreda plans, the PDU at federal and regional level was able to provide sector-specific guidance to the government Ministries they support on what forms of activities to prioritise. The overarching guiding criteria were to prioritise activities that are low-cost and high impact³⁴; as well as activities that target and converge multisector engagement around PLW, women of reproductive age and children under the age of five years.

All the actors at regional and woreda level stated that planning for nutrition existed prior to the SD, but the SD, through costed woreda plans, **enabled multisector planning for nutrition at a level of detail that had not been seen before**. This happened through a ‘trickle-down’ information-sharing system; i.e., the regional PDUs worked with focal points from sector Ministries at regional level, who then liaised with zonal and woreda heads and focal points to tease out their sector-specific contribution to nutrition. The SD-implementing Ministries at woreda level then consolidated their plans jointly at zonal level.

Government priorities are gradually being seen to influence partner planning. In some cases, the display of heightened government cohesion influenced some implementing partners to reflect the priorities indicated in the woreda plans in their own plans. Some implementing partners have identified the need for breaking down their future plans and proposals by woreda and using government timelines.

In this regard, government-led planning processes reveal the potential to gradually influence partner planning processes.

Challenges

- One challenge to the costed woreda plans cited by government actors and implementing partners at regional and woreda levels was the low-level representation of development partners during the planning process. Overall, the plans were deemed to have promoted heightened cohesion at woreda level between government sectors implementing the SD, but this cohesion did not seem as pronounced between development partners and government. One reason for this is that decisions on partner presence, engagement, thematic areas of focus, resource allocation and timeframe of engagement are made at regional level with the Ministry of Finance, with little engagement between the regional government and woreda level. The ability to alter these agreements at woreda level is limited; thus, costed woreda planning for most partners would be more of an information-sharing process, as opposed to a process that can influence priorities.

Next Steps

The process of developing costed woreda plans is deemed as an ongoing rather than a one-off process as it involves more than just a document that consolidates nutrition-sensitive and nutrition-specific commitments: it also entails continuous partner and resource-mapping, coupled with advocacy (such as addressing partner overlap and gaps at woreda levels). The development of costed woreda plans has also been closely tied to the resource-mapping as the implementation of the SD is accounting for funding that had previously not been spent. For example, a zonal government officer mentioned he had over 1,000,000 Birr (approximately US\$3,500) and asked what the PDU could do with it. The PDU has been challenged to understand more in relation to existing resources and has recently hired a technical assistance consultant to provide resource-tracking, accountability and partnership management to support all 33 SD woredas. The outcome of the process will influence future woreda costing activities as it will give nuance to partner engagement and resources (currently the least articulated aspects of the costed woreda plans).

³⁴ This was determined through: ‘Traction 1000’, a community-based algorithm that identifies seven key points from preconception to two years of age when good nutrition can positively impact the health and nutrition outcomes of a child. Seqota Declaration Implementation Plan (2016 – 2030).

3

Lessons Learnt and Conclusions

The Seqota Declaration is a coordination mechanism that seeks to mainstream and accelerate existing national nutrition multisector programmes in Ethiopia. It therefore has the advantage of building on previous successes and learning from what has not worked well thus far. In this regard, the six SD innovations were identified in order to address longstanding challenges to successful implementation of multisector programmes.

While still in its early stages, when its impact is difficult to gauge, it offers many lessons for other countries in relation to designing a multisector approach to nutrition. These include:

1. The creation of coordination mechanisms to increase multisector accountability

The SD has approached coordination from both a technical and political position through the PDU. Having technical experts with a high level of social capital in each of the sectors as part of the multisector team has proved invaluable in driving the implementation of the SD forward. Furthermore, having the Deputy Prime Minister regularly follow up on progress towards the SD goal; having regional presidents sign off on the SD; making the woreda and zonal administrators responsible for the woreda-based costed plan; and having regional advisors has enabled political buy-in to the agenda and ensures that nutrition remains a political priority. This dual focus of coordinating both the technical and political aspects of the multisector nutrition programme has further enabled some of the challenges of sector-to-sector accountability to be overcome.

2. The creation of contextually appropriate nutritional solutions at a sub-national level

Through the costed woreda plans and Community Labs, the SD has demonstrated an intentional focus on mainstreaming and accelerating joint planning and action at a sub-national level. Furthermore, frontline implementation has brought sectors into working arrangements that allows them to leverage each other's progress. For example, the health extension community model was adapted from the

agriculture extension community model³⁵, indicating inter-sector learning. However, the systemic drawbacks of a given sector can also slow down progress of inter-sector arrangements. For example, the M&E inefficiencies of a given sector can slow down the broader, multisector M&E processes.

3. The effectiveness of robust advocacy and communication

The effectiveness of robust advocacy and communication has been highlighted during the implementation of the SD. Some sectors have made strides in taking forward nutrition-sensitive actions following successful advocacy efforts that were targeted at influential office-holders. These efforts have taken the form of individual-level buy-in, which is often considered in SBCC as the most impactful form of change. However, in government-sector settings, such forms of advocacy, although powerful, can be fragile as they are susceptible to attrition, reshuffles and change of government regimes.

4. The benefits of review meetings

The quarterly and six-month review meetings at regional and federal level respectively have proved invaluable in presenting a well-defined space for sector-to-sector engagement. They specifically provided opportunity to:

- Share information and exchange good practices among the sectors;
- Create a sense of peer accountability between sectors, as well as vertical accountability across hierarchies;
- For the PDU, heads of Ministry, Ministry focal points and development partners, the M&E processes that go into preparation for the meetings has presented a systemised opportunity for regular stock-taking and consolidation of sector gains;
- Through the regular review meetings, the teams have been able to identify 'sticky' issues that seem to remain a challenge from one review meeting to another; thus providing an opportunity for deeper scrutiny of the challenges impeding progress.

³⁵ Based on interview with UNICEF in Mekelle office, Tigray.

Annex 1

10 Strategic Objectives and 50 Initiatives of the Seqota Declaration

Goal: To end stunting in children under two years of age by 2030		
Strategic Objective 1	Improve the health and nutritional status of adolescents, Mothers and children under two years of age through nutrition-specific interventions	Number of initiatives
Strategic initiative 1.1	Implement Community-Based Nutrition (CBN) programme	7
Strategic initiative 1.2	Develop and implement multi-channel social and behavioural change communication (SBCC) campaign	
Strategic initiative 1.3	Strengthen complementary feeding programmes	
Strategic initiative 1.4	Scale up school health and nutrition services	
Strategic initiative 1.5	Increase services at community and facility levels	
Strategic initiative 1.6	Scale up early detection and management of acute malnutrition and common childhood illnesses services	
Strategic initiative 1.7	Strengthen the delivery of nutrition-smart health interventions among adolescents, women and children	
Strategic Objective 2	Ensure 100% access to adequate food all year round	
Strategic initiative 2.1	Increase production and consumption of fruit and vegetables	9
Strategic initiative 2.2	Increase production and consumption of staple crops and pulses	
Strategic initiative 2.3	Increase production and consumption of milk and dairy products	
Strategic initiative 2.4	Increase production and consumption of meat and meat product foods	
Strategic initiative 2.5	Increase production and consumption of poultry and poultry-product foods	
Strategic initiative 2.6	Increase production and consumption of fish and fish-source foods	
Strategic initiative 2.7	Increase production and consumption of honey and honey products	
Strategic initiative 2.8	Improve animal feed provision	
Strategic initiative 2.9	Improve animal health services	
Strategic Objective 3	Transform smallholder productivity and income	
Strategic initiative 3.1	<i>Establish 20-hectare AITECs</i>	2
Strategic initiative 3.2	<i>Establish 0.5 – 1.0-hectare satellite demonstration centres</i>	
Strategic Objective 4	Ensure zero post-harvest food loss	
Strategic initiative 4.1	Create market opportunities for agricultural products	2
Strategic initiative 4.1	Introduce modern post-harvest technologies	
Strategic Objective 5	Enhance innovation around promotion of sustainable food systems (climate smart)	
Strategic initiative 5.1	Establish Bank of Water Technologies and Solutions	4
Strategic initiative 5.2	increase irrigated areas coverage	
Strategic initiative 5.3	increase areas treated with physical and biological soil and water conservation	
Strategic initiative 5.4	increase access utilisation and coverage of renewable energy sources	
Strategic Objective 6	Ensure universal access to water supply sanitation and adoption of good hygiene practices	
Strategic Initiative 6.1	Increase safe and adequate water supply coverage	5
Strategic Initiative 6.2	Increase sanitation coverage	
Strategic Initiative 6.3	Promote hygiene practices	
Strategic initiative 6.4	Scale up school WASH programme	
Strategic initiative 6.5	Establish Tekeze River Basin Authority	

Strategic Objective 6	Ensure universal access to water supply sanitation and adoption of good hygiene practices	
Strategic Initiative 6.1	Increase safe and adequate water supply coverage	5
Strategic Initiative 6.2	Increase sanitation coverage	
Strategic Initiative 6.3	Promote hygiene practices	
Strategic initiative 6.4	Scale up school WASH programme	
Strategic initiative 6.5	Establish Tekeze River Basin Authority	
Strategic Objective 7	Improve health and nutrition status of school children	
Strategic initiative 7.1	Promote home-grown School Feeding programme	3
Strategic initiative 7.2	Scale up School WASH programme	
Strategic initiative 7.3	Scale up implementation of School Health and Nutrition programme	
Strategic Objective 8	Improve nutrition status of pregnant and lactating women and children through PSNP interventions	
Strategic initiative 8.1	Scale up PSNP4 to cover more woredas in the Tekeze River Basin	5
Strategic initiative 8.2	Promote the implementation of gender-sensitive social safety net programmes	
Strategic initiative 8.3	Promote provision of credits, grants, microfinance services and other income-generating initiatives	
Strategic initiative 8.4	Increase access to basic nutrition services for all vulnerable groups	
Strategic initiative 8.5	Scale up Tigray's Social Cash Transfer programme	
Strategic Objective 9	Improve gender equity, women empowerment and child protection	
Strategic initiative 9.1	Increase economic empowerment of women	5
Strategic initiative 9.2	Increase social empowerment of women	
Strategic initiative 9.3	Increase community awareness of and participation in gender equity and child protection	
Strategic initiative 9.4	Promote child protection	
Strategic Objective 10	Improve multisector coordination and capacity	
Strategic initiative 10.1	Integrate nutrition into sector work plan at all levels	7
Strategic initiative 10.2	Establish/strengthen nutrition coordination body structure at all levels	
Strategic initiative 10.3	Stakeholders engagement and resource mobilisation	
Strategic initiative 10.4	Design and implement robust M&E system	
Strategic initiative 10.5	Implement first 1,000 days plus social movement	
Strategic initiative 10.6	Establish CL at woreda levels	
Strategic initiative 10.7	Strengthen PDUs to perform effectively	

Annex 2

List of stakeholders interviewed

National Level

Interviewee	Job title
Dr Sisay Sinamo	Senior Programme Manager and Head of PDU
Zemichael Mekonen	PDU Monitoring, Evaluation and Learning Advisor
Birara Melese Yalew	Federal Ministry of Health, Head of Nutrition Case Team, Maternal Child Health Nutrition Programme
Dr Ferew Lemma	Advisor to the SUN Focal Point
Yebeyin Gebeyehu	Federal Ministry of Women, Youth and Children Child Rights Expert
Belete Dagne	Federal Ministry of Women, Youth and Children Child Protection Team Leader
Tesfaye Shiferaw	Federal Ministry of Labour and Social Affairs
Tamene Taye	Nutrition Advisor seconded to Federal Ministry of Agriculture, Livestock by GIZ
Dr Kabede Abegaz	Nutrition Advisor seconded to Federal Ministry of Agriculture and Livestock by FAO
Abiy Girma	National ONEWASH Programme Coordinator, Federal Ministry of Water, Irrigation and Electricity
Andenet Abera	Associate Researcher, Ethiopia Public Health Institute
Dr Amare Deribew	Country Director, Nutrition International
Enawgaw Sisay	Advocacy & Communications Officer, Nutrition International
Techane Adugna	Programme Specialist, Synergos
Yadessa Gedefa	Deputy Nutrition and Health Technical Advisor, ACF
Tesfaye Tilahun	Health and Nutrition Programme Manager, Food for the Hungry
Tomer Malchi	Cultiv Aid
Namukholo Covic	Research Coordinator Poverty Health and Nutrition Division, IFPRI
Lioul Brehanu	Nutrition Advisor, Growth Through Nutrition, Save the Children
Ton Thomas Haverkort	Country Director, GAIN
Nardos Birru	Nutrition Specialist, UNICEF
Kate Sabot	BIGWIN Philanthropy
Carlyn James	ThinkPlace

Sub-national level interviews

Amhara

Interviewee	Job title
Interviews at regional level	
Mulat Teka	PDU Programme Manager, Agriculture
Alemu Jemberu	PDU Senior Advisor to Regional President
Awoke Ejigu	PDU Programme Manager, WASH
Fentahun Worku	PDU Programme Analyst
Gashaw Adane	PDU Communications Advisor
Tefera Birara	PDU Senior Programme Manager
Eskedar Afifachew	Director, Communication Affairs, Regional Ministry Communication Affairs
Getachew Kindie	Expert, Labour and Social Affairs Regional Ministry, Labour and Social Affairs
Mulualem Sharew	Expert, Regional Ministry Women Youth and Children
Kindineh Yemataw	Expert, Livestock Agency, Regional Ministry of Livestock
Molla Fetere	Regional Head, Ministry of Water, Irrigation and Electricity
Tewabe Alemu	Expert, Ministry of Education
Mesfin Bekele	Manager, Food for the Hungry Ethiopia
Shumye Hemu	Regional Coordinator, FAO
Abiy Hailu	SBCC Manager, Save the Children
Habrie Honeliam	Regional Advisor, GIZ
Addisu Chane	Chief of Field Office, Bahir Dar UNICEF
Interviews at woreda level	
Mulugeta Tefera	Community Development Facilitator, Organization for Rehabilitation and Development in Amhara (ORDA)
Yinyes Amsalu	Social Worker, ORDA
Abeyu Mesefinie	Woreda Branch Coordinator, Red Cross
Zelege Tsega	Woreda NRM Coordinator, ORDA
Debaike Libesie	Programme Officer, Care
Efirata Libesie	Productive Safety Net Expert, Ministry of Labour and Social Affairs
Menberu Kindie	Nutrition Expert, Ministry of Agriculture Ministry of Agriculture
Aginecheu Brahnu	Nurse, Licensing Inspection Office, Ministry of Health
Alebel Eriko	Animal Production Expert, Ministry of Livestock
Interviews at kebele level	
Abebaw Yetemegn	Woreda Community Lab Coordinator
Dbrie Engidawn	Head of Kebele Women's Affairs
Demamu Eshety	Kebele Crop Production Expert
Goshe Wudu	Kebele Chairperson
Esubalew Fentahun	Kebele Manager
Simegn Melkamu	Health Extension Expert
Birkie Bizuayehu	Health Extension Expert
Atalo Yoseph	Livestock Expert
Abebe Mihiret	School Principal
Dasash Tesfaye	Head of Health Centre

Tigray

Interviewee	Job title
Interviews at regional level	
Ketsela Fessaha	PDU – Programme Manager, Agriculture
Haile Asfaha	PDU – Senior Advisor to the Regional President
Tsegazeab Hailu	PDU – Senior Programme Manager
Sissay Gabramedin	PDU – Programme Manager WASH
Hailu Kiros	Regional Ministry of Agriculture
Abraham Atsefah	PSNP Expert, Regional Ministry of Labour and Social Affairs
Fetsum Gabra	Regional Ministry of Women Youth and Children
Gebre Micahel Christos	Regional Ministry of Water
Debrey Birhanu	Nutrition Expert - Ministry of Health
Yemane Hailu	Tigray Region Nutrition Officer, UNICEF
Tesfay Gebreyesus	Director, Health Department, Relief Society of Tigray REST
Ergib Mekibib	Programme Manager Nutrition, SURE
Interviews at zonal level	
Aregawai Weldegebreal	Zonal Coordinator, Growth Through Nutrition, Save the Children
Interviews at woreda level	
Brahanu Kebedew	Head, Water Management and Natural Resources
Brahane Giher	Head of Accounting, Ministry of Finance
Alera Barahan	Health Expert, Ministry of Health
Tebesh Bimaryam	Head of Women Affairs
Dessalegn Embake	Advisor Ministry of Education
Abraham Glyesus	Agriculture and Rural Development, Head of Office – Livestock Department
Tsege Tekulis	Deputy Head of Labour and Social Affairs
Alem Ghimediri	Nutrition specialist, Ministry of Agriculture
Interviews at Tabia/kebele level	
Desti Tesfay	Agriculture Extension Expert
Letush Gerezher	Agriculture Extension Officer, Natural Resources
Haregweini Tekele	Women Development Army Leader
Asefa Haiye Tsekahe	Chairman of Youth
Mebrihut Brhane	Water Technician, Ministry of Water
Berkti Woldu	Agriculture Extension worker, Irrigation expert
Letebrhan Asfani	Agriculture Extension worker, Livestock expert
Letenehd Gebrehet	Health Extension Officer
Kidan Ardyia	Agriculture Extension worker
Uguse Gebremaryam	Tabia Administrator
Berhe Adisu	
Melake Selam Tesfaye	
Freneeyni Melihans	
Alem Enun	

Annex 3

Interview questions

Federal and regional PDU

1. How has the presence of the PDU so far impacted how coordination occurs at regional and woreda level?
2. Can you explain to us what SD is and what it is not?
3. How does the SD seek to improve on the MSP approach? How has it achieved this so far?
4. How does it differ with other MSP approaches? (Probe on overlap.)
5. What are the incentives for engaging in SD for nutrition-sensitive actors?
6. What is the professional composition of the PDU? How has this composition helped to advance the SD?
7. Please comment on the HR required to drive an MSP agenda. Is there a need for nutrition staffing in other sectors? At what levels? Is it enough to sensitise existing staff in other sectors on nutrition without additional staff?
8. What form of technical assistance do you provide to government sectors?
9. What challenges does the PDU face in delivering on its commitments?

Federal and regional Ministries

1. Is it common for your Ministry to work with another government Ministry for certain activities? How do such engagements work? What challenges do you face and what makes them successful? (Probe further to understand previous experience in inter-sector engagements.)
2. What challenges do you face in working with other government Ministries?
3. Why is it important for your Ministry to consider nutrition-related policies? What challenges do you encounter in including nutrition consideration in your Ministry's day-to-day work? (Nutrition-sensitive considerations – is it an added burden?)
4. What nutrition-related activities does your sector carry out?
5. How does your Ministry include nutrition in its policies and strategies?
6. What is the SD? What is the purpose of the SD? How is your sector implementing the SD? (Aim is to understand how the SD is understood and interpreted across different levels.)

7. How does the SD improve the work of your sector? How has it achieved this so far?
8. Talk to us about the strategic framework that was developed following the SD launch. Have you interacted with it? Is it useful? (How so, or why not?)
9. Does coordination pull you away from your Ministry priorities? Does it enable you to meet your priorities? Please give examples.
10. Talk to us about staffing. Have the staff in your sectors been sensitised on the SD and its objectives? What types of staff do you feel are needed at regional level in your sector to carry out the SD? Do you have a nutrition department in your sector?
11. How much extra work is needed to carry out the SD in your sector?

National and international government organisations and development partners at federal and regional level

1. What is your engagement with the SD? What is the purpose of the SD? (Aim is to gauge their understanding of the SD at different levels.)
2. What nutrition-sensitive programmes are being carried out in the woredas that you work in?
3. How has the SD contributed to these programmes?
4. What is the reach of the nutrition-sensitive programmes you have mentioned? Do some have better reach and coverage than others? Why so? (Aim is to gauge whether the SD has impacted on MSP or not, as the objective of the SD is to accelerate existing MSP).
5. What are the added costs for MSP – human, technical, financial?
6. In the SD, what has informed your partnerships? Is it common beneficiaries, common kebeles? How has the SD enabled the implementation of your existing programmes?
7. Tell us about your experience with the costed woreda plans.
8. Have you had experience of a similar type of process where different sectors were expected to plan together? What is different about the costed woreda plans?
9. What has it enabled your sectors to achieve?

Woreda Heads of Ministry

1. Is it common for your Ministry to work with another government Ministry on certain activities? How do such engagements work? What challenges do you face and what makes them successful? (Probe further to understand if previous experience in inter-sector engagements is useful in enabling nutrition-sensitive coordination.)
 2. Have you heard about the SD? What is your engagement with the SD? How long have you interacted with the SD? What is the purpose of the SD? (Aim is to gauge their understanding of the SD at different levels.)
 3. (Sector-by-sector) Please describe the nutrition-related activities carried out by your sector.
 4. How are resources raised and shared? Does one sector take the lead in raising resources? Do you have an example of how resources are raised and shared by different sectors for a common strategy or government programme?
 5. In the SD, what has informed your partnerships? Is it common beneficiaries, common kebeles? Has the SD enabled the existing programmes (e.g. PSNP, SURE, etc) to be better coordinated? (Probe what this means aside from information-sharing.)
 6. Do you find that your different sectors have different targeting criteria? How do you work around this to promote convergence?
 7. What change have you seen in your woredas as a result of inter-sector coordination? (Begin broadly, then narrow into specifics based on the responses.)
 8. Tell us about your experience with the costed woreda plans.
 9. Have you had experience of a similar type of process where different sectors were expected to plan together? What is different about the costed woreda plans?
 10. What has it enabled your sectors to achieve?
 11. How do you work with the regional and zonal level? What support do they give you? (Interpreting policies, capacity-building, financing, accounting, M&E, HR).
 12. How do the higher levels engage you; e.g. in decision-making?
2. What is your engagement with the CL?
 3. What changes have you witnessed since the Comm Lab was introduced?
 4. Have you been engaged in other community initiatives that involved the participation of different actors from different levels? How is the CL different from those?
 5. What challenges have you experienced in implementing the CL? (Consider how to steer the discussion away from generic answers like “financing” and other deflection-type responses.)
 6. Are there other forums that have brought the different sectors together in the past? How is the CL different to those forums?
 7. What activities are you involved in as a result of the CL?

Kebele level – CL

1. Have you heard about the SD? What is your engagement with the SD? How long have you interacted with the SD? What is the purpose of the SD? (Aim is to gauge their understanding of the SD at different levels.)

