



Seqota Declaration
Federal Program Delivery Unit

**The First 1000 Day's Plus Public
Movement for Social and
Behaviour Change
Communication Strategy**

Second Version

April, 2021

Abbreviations and Acronyms

AEWs	Agricultural Extension Worker
BOE	Bureau Of Education
CC	Community Conversation
CLTS	Community Led Total Sanitation
CSO	Civil Society Organizations
DA	Development Agent
EDHS	Ethiopian Demographic Health Survey
FHC	Family Health Card
GDP	Gross Domestic Product
HCP	Health Care Professional
HDA	Health Development Army
HEW	Health Extension Workers
HF	Health Facility
IYCF	Infant Young Child Feeding
IEC/BCC	Information Education Communication/Behavior Change Communication
LW	Lactating Women
NNP	National Nutrition Program
PDU	Program Delivery Unit
PW	Pregnant Women
SBCC	Social Behavior Change Communication
SM	Social Mobilization
SS	Supportive Supervision
TWG	Technical Working Group

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1. Introduction

Malnutrition, defined as both under-nutrition and over nutrition, which includes micronutrient deficiencies and negatively impacts both individuals and populations.¹ Under-nutrition inhibits the body's immune system from fighting disease and impedes cognitive, social-emotional, and motor development. Under-nutrition contributed to 3.1 million (45 percent of) child deaths worldwide in 2011.² In Ethiopia nearly 1 out of every 4 reported deaths of children is associated with under nutrition³.

Under nutrition not only increases the frequency and severity of common infections and the risk of dying from them, but it also has long-term consequences on growth and development and is associated with impaired cognitive ability, reduced school and work performance, and increased risk of non-communicable diseases later in life⁴(UNICEF Annual Report, 2016.) Cost of hunger study done in Ethiopia indicate, the loss of ETB 55.5 billion (16.5 %) of GDP in 2009 due to malnutrition. If we reduce underweight to 5 and stunting to 10 -can reduce losses by ETB 148 billion by 2025.

Globally Stunting among children < 5 yrs declining from **253.4** million to **149.0** million (1990, 2018) ,Slower progress in Africa **42.6% to 33.1%, Very slow progress** in Ethiopia; 58 to 37 % (2000 to 2019),More than **40 %** in the northern part of Ethiopia⁵.(scaling up nutrition (SUN) movement progress report 2019). The national prevalence of chronic malnutrition (stunting) in children under 5 years old was 58 per cent in 2000, 38 per cent in 2016 and currently stands at 37 per cent (5.5 million)in 2019. Rates for child wasting (a measure of acute malnutrition) were 12 per cent in 2000, 10 per cent in 2016 and currently stand at 7 per cent in 2019⁶. The country's under-nutrition rates remain higher than the average rates

¹ Black R.E.,Allen L.H., Bhutta Z.A., Caulfield L.E., de Onis M., Ezzati M., ... Maternal and Child Undernutrition Study Group (2008). Maternal and child undernutrition: global and regional exposures and health consequences. *Lancet*, 371 (9608), 243-260.

² *Lancet*. Ibid

³ EPHI, COHA, 2009.

⁴ UNICEF Annual Report, 2016

⁵ Scaling up nutrition (SUN) movement progress report 2019)

⁶ Central Statistical Authority [Ethiopia] and ORC Macro. 2001. Ethiopia Demographic and Health Survey 2000. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Authority and ORC Macro. 2019 Central Statistical Agency and ICF. 2016.

Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: Central Statistical Agency and ICF. 220 Ethiopian Public Health Institute and ICF. 2019. Ethiopia Mini Demographic and Health Survey 2019: Key indicators. Rockville, Maryland, USA: Ethiopian Public Health Institute and ICF.)

estimated for Africa as a whole, and due to Ethiopia's population size, the country accounts for a large malnutrition burden on the continent⁷.

In Ethiopia despite some improved trends in all three nutrition indices over the last 14 years (2005 to 2019), with decline in stunting from 51 percent to 37 percent, underweight from 33 percent to 21 percent and wasting from 12 percent to 7 percent, Ethiopia remains in a precarious situation.⁸ There are wide regional differences in nutrition indicators, with regions, such as Amhara and Tigray, having the highest percentages of stunting despite the fact that they have good agricultural yields.

Results from the 2019 EMDHS show that there are some regional variations in stunting, which ranges from a high of 49% in Tigray to a low of 14% in Addis Ababa. Stunting reduced greater than 10 % in Amahara, Gambela, and Dire Dawa compared to 2016 DHS while it shows increment in Tigray, Afar, Somali, Harari. Also in wasting Regional variations exist, with the highest percentages of children who are wasted in Somali (21%), Afar (14%), and Gambela (13%), and the lowest percentages of wasted children in Addis Ababa (2%) and Harari (4%). Children in rural areas are more likely than those in urban areas to be underweight (23% versus 14%). The highest percentages of underweight children are observed in Somali and Afar regions (both at 32%), while the lowest percentage is observed in Addis Ababa (5%).

The Government of Ethiopia has continued its commitment to nutrition by developing the National Nutrition Program i.e. NNP II (2016 – 2020), National Nutrition and Food Policy and Food and Nutrition strategy(2021-2030), the Government of Ethiopia made a high-level commitment, through the Seqota Declaration (SD), to end stunting by 2030 In July 2015. A fifteen-year roadmap (2016 – 2030) outlining key strategic goal, objectives and implementation phases of the SD was developed jointly by 9 sector ministries. The SD is being implemented in three phases (Phase -1 Innovation Phase – 2016-2020; Phase -2 Expansion Phase 2021-2025; Phase -3 Scale up phase – 2026-2030).

⁷ UNICEF, World Health Organization, International Bank for Reconstruction and Development/The World Bank. 2019. Levels and Trends in Child Malnutrition: Key findings of the 2019 edition of the Joint Child Malnutrition Estimates. Geneva: WHO. Licence: CC BY-NC-SA 3.0 IGO.)

⁸ WHO Standards, data from EDHS 2000 and the Mini-DHS in 2014

As part of the first phase of ‘Seqota’ declaration implementation (innovation phase) the Ethiopian government is implementing different nutrition specific, nutrition sensitive and infrastructure interventions in the Tekeze river basin woredas found in Amhara and Tigray regions in collaboration with different stakeholders to support realize the NNP-II goal to end child stunting by 2030.

As it is clearly indicated in the Seqota Declaration 15 years road map and Innovation Phase investment plan, the effective implementation of the Seqota Declaration will be driven by social behavior change communication (SBCC) to bring about major shifts in nutrition behavior across society in program implementing Woredas with special emphasis on improving nutrition behavior for women and children during the critical 1,000 days from pregnancy to age 2 and beyond to promote “nutrition through the life cycle” approach to deliver the right services and messages to the right person at the right time using all relevant program platforms. To this effect, the Federal PDU has developed the first 1000 plus day’s movement for SBCC strategy to be used for the innovation and expansion phase of the Seqota Declaration. The overall aim of the strategy is to guide the implementation of different evidence driven social mobilization and behavior change communication activities to effect nutrition behavior change at different levels.

1.1. The First 1000 Day’s Plus Public Movement – Background

Improved social and behavior change communication (SBCC) strategies and approaches are essential for increasing optimal nutrition practices, demand for services and commodities, and ultimately, increasing utilization of services. Effective behavior change approaches must support activities that target women’s nutrition for their own health, as well as their children’s health while addressing the complex determinants that lead to improved behaviors. SBCC also must target other family members including elders, men, Adolescents and school children, along with community leaders and change agents, in order to reinforce consistent behaviors and promote healthy food, WASH, and nutrition practices.⁹

⁹ USAID Multi-sectoral nutrition strategy 2014 - 2025

The first 1000 day's plus public movement for social and behavior change is a social mobilization and SBCC movement to improve nutrition behavior for women and children during the critical 1000 days from pregnancy to age of 2 years and during adolescence to address issues that are related with adolescent girl's nutrition and education.

The public movement would focus on the systematic application of SBCC strategies to improve nutrition behavior at the individual, community and social levels. The movement will target SD innovative 40 Woredas during the Innovative Phase implementation and to be implemented by Seqota Declaration implementing sectors. This public movement strategy will therefore provide a framework to implement a complex, multichannel and multi-sectoral behavior change communication movement to end under 2 years child stunting. The public movement is currently being implemented using a Tigrigna and Amharic languages. In the coming years it will be used by all food and nutrition implementing sectors by adding phrases for use in different contexts for the innovative phase and expanded to other languages during the expansion phase of the Seqota declaration from 2021-2026.

1.2. Why We Focus on the First 1000 days Plus ?

Good nutrition during the 1000-day period between the start of a woman's pregnancy and her child's second birthday is critical to the future health, well-being and success of her child. The right nutrition during this window can have a profound impact on a child's ability to grow, learn and rise out of poverty. It also benefits society, by boosting productivity and improving economic prospects for families and communities. When children start their lives malnourished, the negative effects are largely irreversible. Pregnancy and infancy are the most important periods for brain development. Mothers and babies need good nutrition to lay the foundation for the child's future cognitive, motor and social skills, school success and productivity. However, the effectiveness of the 1000 days public movement lies on the effective and sustainable improvement of adolescent girls and women's nutrition. This is the main reason why the public movement used a plus sign to focus on issues related to adolescent nutrition and education.

The following are some of the major reasons why we should focus on the 1000 plus days in our SBCC efforts to address the problem of stunting:

- The social and economic impact of under nutrition is high. The total annual cost of child under nutrition was estimated at ETB 55.5 billion in 2009. ¹⁰
- The 1,000-days are critical to the future health, wellbeing and success of a child.
- Almost half or 45 % of child deaths are associated with undernutrition in Ethiopia.
- Pregnancy and infancy are the most important periods for brain development.
- Complex social and cultural beliefs in many developing countries put females at a disadvantage.
- A significant proportion begins childbearing during adolescence.
- The high rate of malnutrition in adolescent girls increased risk of giving low birth-weight babies.
- Working on adolescent girls may help us to break the vicious cycle of intergenerational malnutrition, chronic diseases and poverty.
- The economic return for investing on nutrition is huge. For every 1 USD investment on nutrition the return is as high as 16 USD.

2. The Social behavior change communication (SBCC) Context of the Sectors

The Seqota declaration implementation plan required all the implementing sectors to develop and implement a multi-channel social and behavior change communication (SBCC) movement by integrating with their nutrition smart and specific interventions. However, it is very essential to understand the SBCC context and capacity of these sectors to inform capacity building support and ensure that all of the implementing sectors mainstream the public movement in their nutrition sensitive and specific interventions.

To this effect, Tigray PDU, for instance, has conducted a rapid SBCC capacity & context assessment in 4 of the SD implementing sectors [**BOARD, BOWR, BOLSA & BOE**] with the

¹⁰ AU Commission a.o., The Cost of Hunger in Ethiopia. Implications for the Growth and Transformation of Ethiopia. The Social and Economic Impact of Child Undernutrition in Ethiopia - Summary Report, 2013, pp. 1-21.

objective of understanding the implementing sectors SBCC context and capacity to mainstream and implement a multichannel public movement. The rapid assessment found that the PR and communication core process is responsible to implement SBCC/communication activities in most of the sectors but the staffs lacks the necessary technical capacity to implement SBCC/the public movement using the acceptable standards and implementation approaches. The following were the key gaps identified during the assessment:

- SBCC activities are not being implemented using a standard SBCC guideline or approach.
- Sector staffs lack the necessary technical capacity to design and implement SBCC.
- No communication or SBCC structure at the woreda and tabia levels.
- There is no a coordinating body to coordinate nutrition related SBCC activities among sectors.
- Only two sectors have a separate structure to implement SBCC activities.
- Nutrition SBCC is not well integrated in the assessed sectors.

According to the SD Phase 1 Baseline Survey findings reaffirm that the Tekeze River Basin is an area of high need and in turn, high potential for impact on stunting and other outcomes if strategies are effectively scaled up. The Finding showed that Knowledge of good practices for child feeding is generally high but households lack resources to implement practices. Cultural practices including ritual fasting by PLW and the lack of animal source foods (ASF) available for children during fasting season likely also contribute to poor diet and should be addressed through the SBCC movement. When we see Mother/Caretaker's exposure to SBCC community interventions, exposure to SBCC community interventions is very low and cooking demonstrations appear to be an effective way to engage caretakers with new practices as attendees report trying promoted practices but more people must be reached.

3. Communications Strategy

The goal of the First 1000 Plus Day's Public Movement is to bring about major shifts in nutrition behavior for adolescent girls, PLW and its partners , grandparents and other community members in program implementing woredas and support the multi-sectoral efforts to end stunting among children's less than two years by the year 2030.

To achieve this end, the public movement prioritized key behavior change focus areas to be mainstreamed across the implementing sectors and other partners and call for social action on the part of all stakeholders from individuals/families to communities and leadership at all levels. Below is a summary of key behavior change focus areas.

Exclusive Breastfeeding: The public movement will promote exclusive breast feeding practices for infants 0-6 months by engaging community level workers (HEWs, AEWs, DAs & tabia level water experts) health care professionals, religious leaders, women networks and others using simple, culturally appropriate messages and stimulating regular dialogue at each level.

Specific Sub-Behaviors for EBF

- Practice optimal breast feeding
 - **Timely initiation of breastfeeding and colostrum feeding**
 - **Feed your baby only breast milk for the first six months, note even giving water to help your baby to grow healthy and be strong**
 - **Breast feed day and night for at least 10-12 times a day**
 - **Continue breast feeding after 6 months with complimentary food**
- Correct positioning and attachment of a child to the breast
- Women consume an adequate diet, focusing on quantity and diversity during lactation as well Maintain adequate hydration
- Eat two extra meals every day to maintain your health and the health of the baby.
- Support mothers to participate in monthly growth monitoring and promotion at the health center and community-based services.

Complementary Feeding: Complementary feeding means giving infants other foods in addition to breast milk: the public movement prioritized complementary feeding for children's from 6-23 months as a behavior change focus area. The period of complementary feeding is a time when young children are most vulnerable to undernutrition and consequent growth faltering. The movement will implement a well-designed behavior change communication programs to achieve behavior change in complementary feeding practices.

- After 6 months of age breast milk alone will not be enough to satisfy the energy needs of the baby. The gap in 'energy needs' must be filled with complementary foods

Specific sub-behaviors for complementary feeding

- **Initiation of complementary feeding, preparation of thick porridge**
- **Continue breastfeeding for up to 2 years**
- **Provision of adequate diet for children's > 6 months with age appropriate quantity, diversity and frequency.**
- **Provision of meal from all food groups.**
- **Feeding when the child is sick with patience**

Dietary diversity for adolescent girls and PLWs: The first 1000 day's plus public movement uses different SBCC approaches to effect behavior change to improve nutrition during pregnancy and lactation such as interpersonal communication, media and social mobilization activities at different levels using different behavior change communication platforms at different sectors.

Specific sub-behaviors for dietary diversity for PLWs and adolescent girls

- **promoting a healthy diet by increasing the diversity and amount of foods consumed**
- **Nutrient dense foods production (in micro-gardens) and consumption.**
- **Consumption of animal source food/proteins for PLWs during fasting periods**

- **During pregnancy :**
 - **Eat a varied and diversified food with one extra meal every day to maintain your strength and health**
 - **Ensure you have adequate weight gain through sufficient and balanced protein and energy intake**
 - **IFA supplementation /Take iron-folate tablets to prevent anemia during pregnancy**
 - **Attending ANC at least 4 times.**
- **Use iodized salt**

WASH: the movement will systemically implement advocacy, social mobilization including community mobilization and behavior change communication activities to improve WASH behaviors. All of the Wash implementing sectors will have to mainstream the WASH agenda in their nutrition specific and sensitive interventions.

Specific sub-behaviors for WASH

- **Drink clean water or use of water treatment methods**
- **Hand washing at critical times**
- **promote proper hand washing practices**
- **Consistent use of latrine**
- **Separate animals from children to Prevent animal feces not to reach to children.**
- **Safe disposal of infants/child feces**
- **Giving priority for PLW on water scheme waiting lines**

PLW Fasting: The public movement will facilitate the greater involvement of the faith leaders to address the issue of pregnant and lactating mothers fasting during religious fasting seasons that prevents pregnant and lactating women's from consuming diet and

animal source foods in particular during the expanded period of the fasting. The faith leaders will take the lead to cascade teaching aids and guide down to the faith followers and sensitize priests, Imams, pastors and other spiritual fathers to integrate the teaching in their regular religious services.

Specific sub-behaviors for Fasting

- Providing or preparing animal source food for under 5 children's during religious fasting period
- Providing or preparing animal source food for pregnant and lactating mothers during religious fasting period

Enhanced Male Involvement: the public movement will promote the enhanced role of men in ensuring optimal nutrition of PLW and under 2 children's. The implementing sectors will make sure that their nutrition specific and sensitive interventions are gender sensitive with particular emphasis on enhancing the role of men in household nutrition security and child care practices. Husband conferences and other community level interventions will be implemented using men development armies (MDAs) as key agents of change.

Specific sub-behaviors for male involvement

- **Recognizing overburden women's role (production, reproduction and social role)**
- **Redistributing of women role among the family member (such as child caring practice...)**
- **Prevention of early marriage.**
- **Prevention teen age pregnancy**
- **Promotion of adolescent girl's education.**
- **Role of men's in family planning and women's access to other health services.**

3.1. The Public Movement Communications Objectives

The priority behavior change focus areas identified are over-arching and serve to guide all interventions of the implementing sectors and partner organizations. The following are the key communication objectives to address the public movement goals.

Objective 1: Mainstream the First 1000 Day's Plus Public movement in all SD implementing sectors and other implementing partners.

Objective 2: Enhance nutrition behavior of PLWs, adolescent girls & under 2 children's through the systematic implementation of SBCC approaches at all levels with a greater emphasis on interpersonal & group communications at the household, health facility and community levels.

Objective 3: Enhance the engagement of the faith leaders to address the religious seasons fasting of PLWs and other deep rooted cultural and traditional hurdles.

Objective 4: Enhance documentation and dissemination of best practices and movement data at all levels.

3.2. Audience Definition and Segmentation

The audience for the first 1000 plus day's public movement comprised of different segments, each with its own characteristics that requires specific approaches, information and motivation. The public movement focuses on three primary and three secondary (enabling) audiences.

The primary audiences are:

1. Pregnant Mothers
2. Lactating mothers
3. Adolescent girls or mothers –to-be

Enabling (secondary) audiences include:

1. Fathers or husbands
2. Grand parents
3. Religious and community leaders
4. Political leaders at all levels

5. Communication Principles and Tactics

The first 1000 day's plus public movement adopted a socio-ecological model for behavior change in nutrition practices at the individual, community and social levels. The model allows reaching a variety of target audiences at different levels. The public movement will initially focus on mainstreaming nutrition SBCC across all the implementing sectors by targeting the gate keepers or sector leadership first which paves the way to reach community level influencers or agents of change at different levels. The below diagram depicts how the public movement reaches its primary target audiences through the different community level platforms or channels.

The 1000 Days Plus movement for child nutrition: how the model works

The PDUs mobilize others to catalyze face-to-face contact with households, to generate six key behaviour change

SIX BEHAVIOR CHANGE PRIORITIES

These were agreed at the multi-sector evaluation workshop in November 2017.

- 1) Exclusive breastfeeding for first six months.
- 2) Adequate complementary feeding.
- 3) Diverse diet for PLW and children under two.
- 4) No fasting for PLW and young children.
- 5) An end to men eating first.
- 6) Handwashing.

ONE AWARENESS PRIORITY

- 1) Awareness of stunting and the 1000 Days

THE AGREED BEHAVIOR CHANGE PRIORITIES MUST DETERMINE THE KPIS AND TARGETS FOR THE PDUs

The crucial KPIs involve the number of face-to-face contacts; the PDUs engaging senior people at gatekeeper/manager/trainer level, who then engage front line workers (e.g. through training) who then engage households. Outcome targets must come from the evaluation survey data.

	KPIs M	EASURING PRO	CESS	OUT COM ES
Issue	Senior participants (face-to-face)	Front line staff trained (face-to-face)	Households engaged (face-to-face)	Targets measured by survey
Breastfeeding				e.g. % mothers
Complementary feeding				
Diverse				

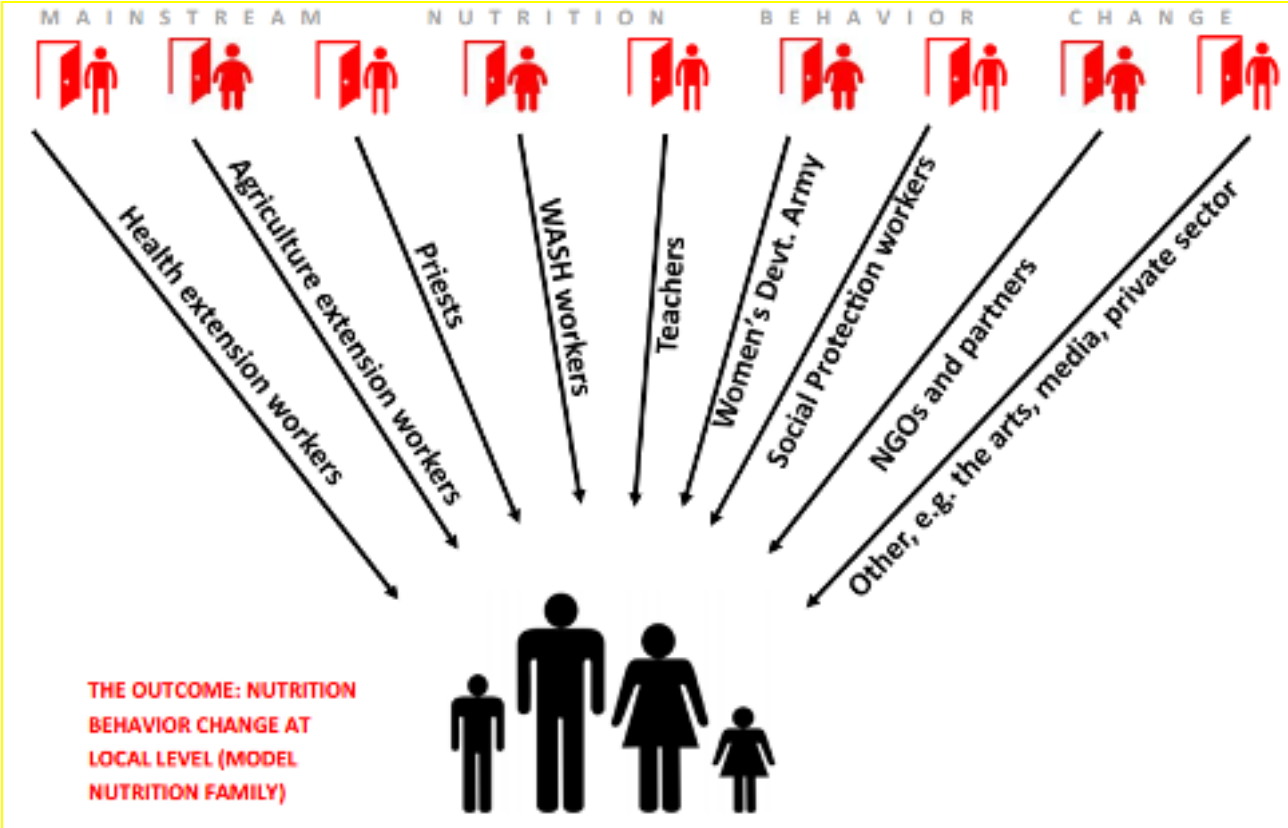


Diagram 1: Channels of influence (by Kevin Steele, Big Win Philanthropy)

The emphasis on key gatekeepers may enable the public movement use all available community level SBCC resources (i.e. frontline workers) and implement a targeted and specific face to face communication at the household and community levels. The more specific and targeted the communication, the better: that is, the closer the communication can address the specific need of a specific audience, at the specific time the information is needed, the more chance the communication will have an effect.

To influence change in nutrition behavior of the aforementioned target audiences it is important to take advantage of the existing networks, systems and partnerships in the region and program supported Woredas. Therefore, mobilizing the support of these networks and partnerships is critical to realize the goal of the 1000+ day's movement. The following are some of the key networks and sectors to be engaged throughout the course of the first 1000 day's plus public movement implementation:

Health networks: The public movement will target HEWs as a primary channel of influence to implement a variety of social mobilization and behavior change communication activities including one to one counseling and group education through the use of 1:5 and 1:30 platforms or networks. The HEWs will organize and facilitate PW, LW and husband conferences to influence positive behavior change in nutrition. The HDAs will also be engaged and targeted by the movement to support the efforts of the HEWs.

Agriculture networks: The public movement is designed to improve dietary diversity, household production and consumption behaviors in which the role of the agricultural extension workers is crucial. The movement will build the capacity of AEWs to implement food demonstration, dietary education and counselling at the community level [via 1:5 and 1:30 networks] and school level BCC interventions.

Education networks: school WASH is one of the main behavior change focus areas of the public movement. There are many schools to be targeted by the movement in program supported Woredas to improve WASH practices and nutrition behavior both at home and school. Building the capacity of school mini-medias and school health clubs is key to stimulate school WASH and nutrition SBCC activities. Teachers will also be targeted as they

have a key role in coordinating school WASH and nutrition SBCC activities. School feeding, school grading and mini media would be a primary targeting area for promotion of nutrition practice in the schools.

Women's networks: The movement also focused on addressing the gender equity and mainstreaming issue as a cross cutting issue to achieve positive outcomes in all other behavior change focus areas identified for the movement. The movement will mobilize the support of the women's associations. The regional women's and children's affairs will take a leading role to coordinate the efforts of the movement to address gender and nutrition agendas through using different level of women affaires structure including women development armies

Political networks: The movement will work closely with the office of the president at regional level to mobilize the support of senior political leaders at the regional, zonal, woreda and kebele levels. Most of the movement advocacy efforts will direct towards program implementing sector leaders, regional and woreda council members, and other political figures with a power to influence policy regulations and decision making.

Religious networks: The regional PDUs has already established a strong partnership with the faith leaders at regional level to implement nutrition SBCC activities that are relevant to influence religious practices such as the fasting of pregnant women's and children.

Celebrity champions: The movement will appoint a good will ambassador for nutrition to add credibility, interest and media value to the campaign's communications. Regional, zonal and woreda administrators, and other well-known individuals such as football players, cyclists, athletes and singers would also be considered as a champion of the movement.

Media: The 1000+ day's movement will build a strong partnership with local Medias and community Medias. The movement will also consider using mHealth/mobile messaging to disseminate nutrition related messages.

Development Partners: It is important to recognize the role of these partners in supporting the 1000+ day's movement. These partners will be involved in the 1000 days

movement technical working group as a sub-task force for the regional nutrition task force at the regional health bureau.

6. Communication strategies, platforms and Channels

The first 1000 day's plus public movement will employ different categories of SBCC strategies that are proved to be effective in changing dietary and WASH practices during the first 1000 days from pregnancy to age 2 and beyond. The SBCC approaches are: Advocacy, Social mobilization & BCC. The following are the major categories of SBCC approaches to be implemented by the SD implementing sectors:

Advocacy

Learning journeys to sector leaders

Post journey commitment or assignment for leaders

Advocacy workshops

Interpersonal Communication

- Nutrition counseling at HF's by HCPs
- Counseling in communities by HEWs, AEWs & DAs
- Home based counseling or home visit for pregnant and lactating women's

Group Education

- Group health & nutrition education in HF's
- Community nutrition and WASH education including food demonstrations
- Nutrition and WASH education in schools

Media

- Mass media [local FM radios and television]
- School mini-medias
- Developmental theatre by local artists and brand song for 1000 days movement

Community or social mobilization

- PW, LW and husband conferences
- CLTS Conferences
- Community conversation sessions
- Nutrition & WASH campaign
- Special days such as world breast feeding week, March 8 and other Community events

7. Strategic Objectives, Outcomes, Outputs and Major Activities

Objective 1: Mainstream the First 1000 Day's Plus Public movement in all SD implementing sectors and other implementing partners.

Strategic Initiative 1.1: Establish a platform at all levels to implement the public movement.

Outcome: Nutrition & the 1000 day's plus public movement become mainstreamed in all activities of the food and nutrition implementing sectors, the media, civil societies & other implementing partners at the region and program implementing woreda level.

Outputs:

- The 1000 day's plus public movement officially launched at the region and program implementing woreda level.
- Regional 1000 day's plus public movement communication task force established.
- Advocacy and sensitization workshops conducted for key political figures, Medias, civil societies, partners and other gatekeepers.
- Learning journey organized and conducted for key political figures.

- Tabia level public movement task force comprised of key stakeholders established.

Major Activities:

- Launch the 1000+ day's movement officially at the region and program implementing Woredas level in the presence of government officials, community members, religious leaders, CSOs, sectors, religious network representatives and other key stakeholders.
- Establish and ensure the functionality of the regional 1000 day's plus public movement communication work group in which key nutrition program stakeholders and leaders of food and nutrition implementing sectors are to be engaged.
- Conduct advocacy and sensitization workshops at different levels (region, woreda and kebele) targeting gatekeepers and decision-makers including political leaders, council members, and different networks in key implementing sectors.
- Organize learning journey to program supported Woredas for the key gatekeepers identified.
- Establish a communication task force for the public movement at kebele level in which key kebele level stakeholders are included.
- Implement the multi-sectoral SBCC mainstreaming guideline in sectors plan and activities and follow its implementation
- Check each sector has mainstreamed SBCC in sector plans to promote context specific stunting prevention interventions.

Objective 2: Enhance nutrition behavior of PLWs, adolescent girls & under 2 children's through the systematic application of BCC approaches at all levels with a greater emphasis on interpersonal & group communications at the household, health facility and community levels.

Strategic Initiative 2.1: Build SBCC Capacity

Strategic Initiative 2.2: Provision of quality nutrition counseling, group education, and social mobilization at all levels

Strategic Initiative 2.3: Development, validation and dissemination of SBCC materials or products

Outcomes:

- Reach 95 % of adolescent girls, pregnant women, lactating mothers and their partners with 1000 day's plus public movement priority messages.
- 90 % of adolescent girls, pregnant women's, lactating mothers and their partners demonstrate understanding of the public movement priority messages.
- 85 % of adolescent girls, pregnant women's, lactating mothers and their partners demonstrate adoption of appropriate behaviors and practices.

Outputs:

- SBCC Capacity building trainings conducted
- The regional PDUs and coordination offices communication unit equipped with the necessary communication materials.
- School health clubs coordinators trained.
- Inter personal communication skill training provided for frontline workers (HCPs, HEWs and AEWs)
- Regular nutrition and hygiene counselling conducted at the HFs and community levels
- IPC materials, manuals and aids provided
- Social mobilization sessions conducted at different levels.
- IEC/BCC materials developed/adapted and disseminated using the appropriate media
- Regular group education provided.

Major Activities:

▪ Interpersonal communication

- Train frontline workers (HCPs, HEWs, and AEWs & DAs) to improve interpersonal communication and counselling skills.
- Organize HEWs led home visits to households with pregnant and lactating mothers.
- Strengthen Provision of nutrition and WASH counselling for pregnant and lactating women's during health facility visit.
- Provide counselling aids, manuals and group education materials

▪ Community/Social Mobilization

- Activate community level networks such as 1:5 & 1:30 to meet regularly to discuss nutrition and WASH agendas.
- Conduct PW, LW and Husband conferences on a regular basis by focusing on behavior change focus areas identified for the public movement.
- Conduct food demonstration session both at the community, facility and school levels.
- Activate and strengthen CLTS conference
- Conduct community conversation (CCs) in which nutrition and the public movement are the main agendas.
- Organize community and school level nutrition and hygiene events (breast feeding week, Water week, Hand washing week, Women's day and others regional events)
- Appoint a regional champion of nutrition for the 1000+ day's nutrition movement.
- Working with artists ,art clubs and local bands such as kishena band of Seqota youths group.

▪ Media

- Train media producers and journalists strengthen nutrition programming capacity
 - Develop and disseminate radio spot messages on each behavior change focus areas of the public movement.
 - Provide training for school mini-media coordinators (teachers) to activate school mini-medias to support the public movement.
 - Support the production of developmental theatre on key behavior change focus areas.
 - Support the production of 1000 days' plus public movement brand song.
- **Group Education**
 - Conduct regular nutrition and hygiene education at health facilities
 - Conduct regular visit to schools by HEWs to provide nutrition and hygiene education.
 - Conduct group health education sessions at the community level by HEWs, AEWs and DAs.
 - Train implementing sectors PRs, communication experts, champion CSOs or NGOs experts and TWG members on SBCC design, implementation, monitoring and goal oriented review.
 - Train school health club coordinators (teachers) to integrate nutrition and hygiene SBCC in to school health clubs activities.

Objective 3: Strengthen the role of the faith leaders in overcoming religious & traditional hurdles that hinders child and PW/LW nutrition.

Strategic Initiative 3.1: Enhance the engagement of the faith leaders to address the religious fasting of PLWs& children and other deep rooted cultural and traditional hurdles

Outcome: The faith leaders integrates nutrition and the religious fasting agenda in its regular teaching.

Outputs:

- Faith leaders sensitized and nutrition integrated in to existing religious programs.
- Regular preaching on nutrition of PW/LW and under 5
- Teaching aids and guides cascaded down
- Nutrition related IEC/BCC Materials developed by the inter-religious network and distributed

Major Activities

- Sensitize senior faith leaders from region and program implementing Woredas on the public movement.
- Sensitize faith leaders to integrate nutrition and related traditional practices in their “**faith for development**” program
- Cascade the teaching aids and guides down to the program supported Woredas.
- Conduct regular teaching on nutrition and related traditional practices in all the religious in program supported Woredas.

Objective 4: Enhance documentation and dissemination of best practices and establish 1000+ days’ movement monitoring system.

Strategic Initiative 4.1: Establish robust social/public movement for data management

Outcome: An innovative documentation and dissemination of 1000 days movement data and best practices developed.

Outputs:

- Monitoring tools developed
- M & E training conducted for implementing sectors
- Quarterly and semi-annual review meeting conducted.
- Best practice guide developed.
- Annual SBCC best practice forum undertaken.

Major Activities

- Develop 1000 days plus public movement monitoring tools such as reporting and supportive supervision checklist
- Train region and woreda level implementing sectors on 1000 day's plus public movement monitoring
- Organize and conduct quarterly and semi-annual public movement review meetings.
- Establish a system at all levels to document and communicate best practices [develop a best practice guide]
- Organize annual forum to share evidence and SBCC best practices

8. Movement Implementation strategy & Coordination

8.1. Implementation strategy

The 1000 day's plus public movement will implement a multi-channel communication strategy to bring about shifts in nutrition behavior at different levels of the society in which the involvement of the target audiences is ensured. The movement would focus on the development, production and dissemination of sector specific behavior change communication (BCC) and information, education and communication (IEC) materials to promote and support the adoption of “small do-able” actions. The movement will ensure its effective implementation by mainstreaming the public movement in to the sectors nutrition specific and sensitive interventions.

8.2. Movement Coordination

The first 1000 day's plus public Movement activities will be coordinated by the Program Delivery Unit and Coordination Offices and based on the existing structure and downwards with the woreda coordinators and kebele & community level structures of the defined & existing sectors.

The first 1000 day's plus public Movement Communication Technical Working Group under the nutrition technical committee (NTC) coordinates or leads the social and behaviour change communication (SBCC) activities of the public movement of the Seqota declaration innovative phase implementation. The TWG is represented by one implementing sector as a convenor; PDU or Coordination offices, RHB, Health promotion case team, SD implementing sectors, PR & Gender Experts, SBCC Experts religious group, local media and other appropriate representatives as members. The TWGs meets based on developed ToR to discuss and review the 1000 days plus public movement activities.

The regional Seqota Declaration program delivery units and Coordination Offices will monitor the progress made by the sectors and provides ongoing technical assistance and guidance to the implementing sectors and the TWG. The program implementing Woredas will be supported to establish public movement technical committees to lead and coordinate the movement and enhance the role of community and facility level frontline workers at the implementing woreda's in realizing the goals of the movement and bring about the desired behavior change in nutrition practices. HEWs, AEWs, HDAs, DAs, health care professionals, teachers and other community level networks will implement community and facility level 1000 day's plus public movement activities.

9. Monitoring and Evaluation

The monitoring and evaluation system of the movement will have four activities- baseline assessment, midterm and final evaluation, performance monitoring, and annual performance reviews to track and evaluate the performance of the public movement. The federal & regional Seqota Declaration program MEL advisors and MEL Advisors in the coordination offices will coordinate the overall monitoring and evaluation of the movement activities using the directions and oversight provided by the regional 1000 days plus public movement communication advisor. The 1000+ day's movement activities will be monitored through the following activities:

- 1. Baseline assessment**

- 2. Midterm and end line evaluations**

3. Supportive supervision [Quarterly]

4. Performance review meeting [Quarterly & Bi-annual]

5. Annual SBCC best practice forum and review meeting and,

6. Reporting: the regional Monitoring & Evaluation Advisor & SBCC Advisor will support sectors in implementing Woredas and the TWG to establish a harmonized and standardized reporting mechanism for the 1000 day's plus public movement. The regional PDUs and Coordination Offices will compile and submit reports the federal team on a quarterly basis.

Table 1: Sector and PDU level KPIs

Implementing Sector	Key performance indicator	Indicator type	Level of data collection	Reporting period
PDU	Number of key influential figures or gatekeepers sensitized or engaged on multi sectoral SBCC mainstreaming guideline	Process	Federal/ region	Monthly
	Number of implementing sectors and partners who mainstreamed SBCC in their nutrition sensitive and specific interventions.	Output	Federal/ region	Quarterly
Health	Number of high level advocacy session conducted	Output	Federal	Biannual
	Number of medias with regular broadcasting program on Nutrition SBCC messages	Process	Federal/ regional/	Quarterly
	Number of sectors mainstreamed SBCC intervention into their sectoral plan	Output	Federal/ regional/ woreda	Annually

	Number of sectors that allocated budget for nutrition promotion	Output	Federal/ regional/ woreda	Annually
	Number of PLW and adolescents received nutrition education/counseling	Process	Woreda	Quarterly
	Number of promotion session conducted on consumption of diversified and nutrient dense food	Process	Woreda	Quarterly
	# of promotion conducted on Hand washing during critical times	Process	Kebele	quarterly
	# of promotion conducted on Construction and use of improved latrine	Process	Kebele	quarterly
	Number of sensitization events conducted by engaging community influential for promotion of nutrition	Process	Woreda	Quarterly
	Number of frontline workers/ HEW/ HW from the health sector trained/sensitized on IPC, SBCC or nutrition.	Process	Woreda	Quarterly
	Number of cooking demonstration conducted	Process	Woreda	Quarterly
	Number individuals from the primary target groups reached by the frontline workers for priority face-to-face public movement SBCC interventions	Output	woreda	Quarterly
Labor and Social Affairs	Number of social safety net experts & CC leaders trained or sensitized on nutrition and stunting.	Process	Woreda	Quarterly
	Number of individuals from the	Output	Woreda	Quarterly

	primary target group who participated in CC sessions.			
Education	Number of school health & nutrition, and girls club coordinators and school principals trained/sensitized on nutrition, school WASH & gender	Process	Woreda	Quarterly
	Number of schools with functional school health & nutrition and girls clubs	Output	Woreda	Quarterly
	Number of schools Implementing School feeding.	Out put	woreda	6 months
	Number of schools Implementing School gardening.	Out put	woreda	6 months
Agriculture	Number of decision makers reached through advocacy and awareness creation sessions.	process	Federal	Quarterly
	No of Sectors /directorates/teams/offices mainstreamed gender sensitive NSA activities into their plans	Output	At all level	6 months
	Number of households with the primary target groups reached with SBCC interventions on the production and consumption of diversified foods	Output	Woreda	Quarterly
	Number of households with the primary target groups reached with SBCC interventions on home gardening farming, women income generation and use different technology for the	output	Woreda	Quarterly

	production, consumption and income diversified foods.			
	Number of households with the primary target groups reached with SBCC interventions on the production & consumptions of bio-fortification food	output	woreda	Quarterly
Water, Irrigation and Electric city	# of advocacy conducted for decision makers for wash nutrition nexus.	Process	Federal, regional	biannual
	# of advocacy conducted for decision makers for energy sources supply.	Process	Federal, regional	biannual
	# of Promotion conducted on WASH services at schools	Process	Kebele, woreda	quarterly
	# of Promotion conducted on WASH services at HCFs	Process	Kebele, woreda	quarterly
	# of promotion conducted on Water safety and management.	Process	Kebele,	quarterly
	# of promotion conducted on renewable energy savings technologies	Process	Kebele	quarterly
	# of promotion conducted on Collection transport and clean water handling and use.	Process	Kebele	quarterly
	# of promotion conducted on Water treatment technologies	Process	Kebele	quarterly
	Number of medias with regular broadcasting program on WASH-Nutrition SBCC massages	Process	Federal/ regional/	Quarterly
	Number of individuals from the primary target groups reached by the sector for WASH related BCC	Output	Woreda	Quarterly

	messages			
Women, Children and Youth	Number of people participated on nutrition and other nutritional and income generation association (IGAs) factors in training session	Output	Federal Region woreda and kebele	Quarterly
	Number of people participated Promoting gender equality and enhancing male engagement in nutrition Training session	Output	Federal Region and woreda	Quarterly
	Training with community radio, women and youth development army and association leader and religious leaders, health posts and child par lama, 3c and other youth and women's networks	Out put	Woreda	Quarterly
	Number of churches/mosques 3c child par lama and women and youth development army, program supported woredas who integrated nutrition & the public movement in their regular religious fellowships	Out put	Federal Region woreda and Kebele	Quarterly
	Number of social safety net experts & child par lama, leaders'3c school and girls trained or sensitized on nutrition and stunting.	Process	Woreda	Quarterly
	Number of individuals from the target groups reached with the social mobilization efforts of the sector	Output	Woreda	Quarterly
MOCT	Number of churches/mosques women and youth program supported woredas who integrated nutrition & the public movement in their regular religious fellowships	Out put	Federal Region woreda	Quarterly
	Number of community awareness creation conversation event on	Output	Federal ,Regional	Quarterly

	poor feeding culture for children and women		woreda	
	Number of promotions on inter cultural and cross cultural exchanges on best practices related to food culture	Output	Federal ,Regional woreda	Quarterly
	Number of market opportunities Created as a job for services and product givers.	Output	Federal ,Regional woreda	Quarterly
	Number of training provided for adolescent and women on those who involved on tourism and cultural products	Output	Federal ,Regional woreda	Quarterly
Ministry of Transport	Number of Promotion & training given for the community, religious leaders, Active working population & Students on URRAP	Process	Federal ,Regional woreda	Quarterly
	Number of Promotion & training given for the community, religious leaders, Active working population & Students on Road safety	Output	Federal ,Regional woreda	Quarterly
	Ensuring the project delivers within its agreed parameters (e.g. cost, time, and desired quality etc.)	Outcome	Federal & Regional	Quarterly

