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MINISTRY OF HEALTH-ETHIOPIA  
የዜጎች ጤና ለሃገር ብልጽግና!  
HEALTHIER CITIZENS FOR PROSPEROUS NATION



# The First 1,000 Day's

## Plus Public Movement for Social and Behavior Change Guideline





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HEALTH FOR EVERYONE AND PROSPERITY FOR ALL!







## Foreword

The government of Ethiopia has developed and launched the National Food and Nutrition Strategy in August 2021. To catalyze its implementation, we are implementing an innovative government of Ethiopia commitment to end stunting in Ethiopia among children under two years by 2030 through effective coordination and collaboration of sectors, communities and development partners, focusing on high impact nutrition specific, nutrition sensitive and infrastructure interventions catalyzed through social behavior change communications.

The Seqota Declaration (SD) is being implemented in three phases: the Innovation; Expansion and National Scale Up Phases. During the SD Innovation Phase (2016 to 2020) six innovations were tested to catalyze the delivery of SD strategic initiatives to reduce stunting. During the Innovation Phase to create wide range of public movement for Social and Behavior Change Communication (SBCC) the PDUs in collaboration with sectors and partners have developed the first 1000 plus public movement strategy using Socio-ecological model and implemented at all levels. The impact evaluation of the Innovation Phase the SBCC interventions implemented through First 1000 Days plus Public Movement were found to be effective for the number of children prevented from death and averted from stunting. Based on the lessons generated from the Innovation Phase and the recommendations of the impact study we have made revisions and developed the second version of the public movement guideline to be used in the Expansion Phase as well as all regions and city administration where the Food and Nutrition Strategy being implemented.

The First 1000 Days plus Public Movement for SBCC guideline aims to guide the implementation of different evidence driven social mobilization and behavior change communication activities. The guideline is developed through consultative process with national food and nutrition implementing sectors, nutrition development partners, Civil society organizations and regional stakeholders.

Finally effective communication, commitment, accountability, coordination and linkage of all nutrition implementing sectors are crucial to achieve the objective of the guideline as well the bigger goal of ending stunting and all other forms of malnutrition by 2030.

A stylized, handwritten signature in black ink, consisting of a large, sweeping 'L' followed by a horizontal line and a small arrow-like flourish.

**Lia Tadesse (MD, MHA),**

Minister of Health

Federal Democratic Republic of Ethiopia





## Acknowledgment

The First 1000 Day's Plus Public Movement for Social and Behavior Change Guideline was successfully developed with the efforts and involvement of numerous food and nutrition implementing stakeholders.

Ministry of Health acknowledges the contributions and commitment of Seqota Declaration Expansion Phase Federal & Region Implementing Sectors food and nutrition focal persons, Public Relation and communication Directors and experts of the food and nutrition strategy and Seqota Declaration implementing sectors, Health promotion and Education team and key implementing partners and civil society organizations.

We would also like to warmly thank the technical and financial contributions of our esteemed development partners for their technical and financial support during the guideline revision workshops. Special acknowledgment goes to ECSC-SUN and Nutrition International for designing and printing this guideline.

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## Abbreviations and Acronyms

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

# Introduction

# 1



Malnutrition refers to deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients (WHO 2020). It is also defined as both under-nutrition and over nutrition, which includes micronutrient and macronutrient deficiencies and negatively impacts both individuals and populations. 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. In Ethiopia nearly 1 out of every 4 reported deaths of children is associated with under nutrition (EPHI, COHA, 2009).

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. Malnutrition is associated with impaired cognitive ability, reduced school and work performance, and increased risk of non-communicable diseases later in life (UNICEF Annual Report, 2016.) Cost of hunger study done in Ethiopia indicated that Ethiopia losses ETB 55.5 billion (16.5 %) of GDP in 2009 due to malnutrition. If we reduce underweight to 5% and stunting to 10%, it can reduce losses by ETB 148 billion by 2025.

Globally, millions of people suffer from different forms of malnutrition. According to global malnutrition estimates, the prevalence of child stunting in 2019 was 21.3 per cent, or 144 million children. Although there has been some progress, rates of stunting reduction are far below the level needed to reach the World Health Assembly (WHA) target for 2025 and the SDG target for 2030.

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. 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.

The Government of Ethiopia has continued its commitment to nutrition by developing the National Nutrition Program i.e., NNP II (2016 – 2020), Food and Nutrition Policy and Food and Nutrition strategy (2021-2030), and the Seqota Declaration (SD) which is a high-level commitment declared in July 2015.

Seqota Declaration is the Ethiopian government commitment to end stunting by 2030. A fifteen-year roadmap (2016 – 2030) outlining key strategic goal, objectives and implementation phases of the SD was developed jointly by Implementing sector ministries namely Health, Agriculture, Irrigation and Low land areas development, Water and Energy, Education, Women and Social Affairs, Finance, Transport and Logistics, and Science and Innovation sectors.

## 2 The First 1,000 Day's Plus Public Movement for Social and Behavior Change Guideline

The 15-year Seqota Declaration Implementation Plan focuses on delivering high-impact nutrition-specific, nutrition-sensitive, and nutrition smart infrastructure interventions across multiple sectors. Recognizing that ending child malnutrition requires coordinated efforts from all stakeholders, the declaration's implementation plan emphasizes improving adolescent, infant, and maternal nutrition increasing access to nutrient rich food all year round, improving access to water and hygienic services, building resilient social protection systems, supporting the economic empowerment of women and improving access to education, especially for girls.

The Seqota Declaration builds on and contributes to the accelerated implementation of the National Nutrition Program (2016-2020) and the Food and Nutrition Strategy (2021-2030) and implements multi-sectoral plan with nutrition-specific, nutrition-sensitive, and nutrition smart infrastructure interventions over fifteen years (2016 - 2030).

The Seqota Declaration is being implemented in three phases. The Innovation Phase was implemented from 2016 to 2020 to pilot innovative programs in 40 woredas along the Tekeze river basin in Amhara (27 woredas) and Tigray (13 woredas). Amhara and Tigray were targeted for the Innovation Phase because the stunting burden in both regions was consistently above the national average 38% (EDHS 2016). The Expansion Phase is being implemented starting from 2021 to 2025 and seeks to expand these innovative pilot programs to additional 200 woredas and vulnerable communities. The Scale-up Phase will take place from 2026 through 2030 and will scale these innovations nationally.

The SD Innovation Phase (2016 to 2020) included six innovations to catalyze the delivery of SD strategic initiatives to reduce stunting. The Innovation Phase used existing multi-sectoral structures to implement these innovations based on the "learning by doing" principle.

The six innovations are Program Delivery Unit (PDU), Data Revolution, Community Labs, Coasted Woreda-based Planning (CWBP), Agricultural Innovation and Technology Centers (AITEC), and the First 1000 Days plus Public Movement.

### 1.1. 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.<sup>1</sup>

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 40 SD innovation Woredas and 200 Expansion phase woredas during Expansion 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 will be implemented with different context of regions and socio-cultural situations of the community. In the coming years this guide will be used by all food and nutrition implementing sectors, regions and city administrations.

## **1.2. Lessons from the first 1000 days plus public movement during the innovation phase**

The PDUs have used a 1000 days plus public movement strategy using Socio-ecological model which is a conceptual model for understanding human development and implemented at all levels. This enabled to create wide range of public movement for SBCC. In addition; Multi-sectorial SBCC mainstreaming guideline was developed to support sectors in their planning in the context of SBCC and now sectors have started to incorporate SBCC activities in their plan.

During the innovative phase Different social behavior change activities done through range of interventions: at policy level different advocacy and lobbying activities done; Documentation portal created to strengthen the information dissemination system: at service delivery level different capacity building and awareness creation activities done at community and individual level using local theater clubs, Religious leaders ,local structures found in each sector different social mobilization and awareness creation activities done in promoting positive nutrition behavior.

Innovation Phase impact assessment conducted jointly with John Hopkins University showed significant stunting reduction and prevention of child deaths where the SBCC interventions were among the contributors for these achievements. Agricultural, nutrition, social behavior change communication (SBCC), water, sanitation, and hygiene (WASH), and improvements in treatment of sick children accounted for the greatest reductions in mortality. Agricultural interventions resulting in improved coverage of complementary feeding among infants and young children averted the greatest number of child deaths. SBCC targeting improved nutrition practices also contributed to reductions in child mortality. Approximately a third of pregnant and lactating women were reached through the nutrition BCC intervention, resulting in improvements in breastfeeding practices. SBCC to promote breastfeeding was the 4th and 3rd most impactful intervention in Tigray and Amhara respectively. Increases in vitamin A supplementation also reduced child deaths by reducing diarrhea-related mortality.

Based on the lesson from the Innovation Phase this guideline is revised to support newly joined Seqota Declaration Expansion Phase and food and nutrition strategy implementing regions to develop and implement contextualized strategy and to utilize this guideline.

### 1.3. Rationale

As part of the 'Seqota' declaration implementation; the Ethiopian government is implementing different nutrition specific, nutrition sensitive and nutrition smart infrastructure interventions in collaboration with different stakeholders to support realize the Food and Nutrition policy and Food and Nutrition strategy and achieve the ending stunting goal of the Seqota Declaration by 2030 and end all other forms of malnutrition.

As it is clearly indicated in the Seqota Declaration 15 years road map and Innovation Phase & Expansion phase investment plan, the effective implementation of the Seqota Declaration will be driven by social behavior change communication (SBCC). This will bring major shifts in nutrition behavior across society in the 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. This approach helps 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 in collaboration with implementing sectors has developed the first 1000 day's plus public movement for SBCC guideline to be used for the Expansion and Scale up phase of the Seqota Declaration. The overall aim of the guideline is to guide the implementation of different evidence driven social mobilization and behavior change communication activities to effect nutrition behavior change at different levels.

### Why We Focus on the First 1000 days Plus?

Good nutrition during the first 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 first 1000 days plus 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 first 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.
- > 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.
- > With the Innovation Phase investment in nutrition sensitive, specific and infrastructure interventions supported by strong 1000 days plus public movement enabled to avert 109,831 children from stunting and averted 1,031 child deaths in Tigray and Amhara.
- > Complementary feeding was the major intervention that contributed to stunting reduction based on the SD Innovation Phase Impact study which shows the need for innovative SBCC interventions.

#### 1.4. Scope

This guideline covers the first 1000 days plus public movement recommended SBCC nutrition activities targeting pregnant mothers, lactating mothers, adolescents, children under 2 years aligned with the context of national food and nutrition strategy and seqota declaration expansion phase.

#### 1.5. Objectives

**General objective:** To guide the implementation of different evidence driven social mobilization and behavior change communication first 1000 days plus public movement activities with guiding strategic document.

**Specific objectives:**

- > To provide technical guidance on the implementation of the first 1000 days plus public movement activities for regions, SD implementing sectors and development partners.
- > To serve as a capacity building tool for quality SBCC implementation for program implementers.

#### 1.6. Users of this Guideline

**Primary users:**

- > All Food and Nutrition Program implementing sectors, development partners and other stakeholders
- > Experts from sectors and development partner organizations involved in planning, implementation, monitoring and evaluation nutrition SBC.

**Primary beneficiaries of the guideline:** pregnant women, lactating mothers, grandmothers & husbands.

**Secondary beneficiaries of the Guideline:** The community.

# The Social Behavior Change Communication (SBCC)

# 2

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, a rapid SBCC capacity & context assessment done in 4 of the SD implementing sectors **[BOARD, BOWR, BOLSA & BOE]** with the objective of understanding the implementing sectors SBCC context and capacity to mainstream and implement a multichannel public movement. The rapid assessment found that the Public Relation (PR) and communication core process is responsible to implement SBCC/communication activities in most of the sectors but the staffs lack 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 Kebele levels.
- > There is no coordinating body to coordinate nutrition related SBCC activities among sectors.
- > Less /no separate structure to implement SBCC activities.

Another Capacity gap assessment done on SBCC for Health Interventions in Ethiopia: Survey of System, Organizational and Individual Levels Capacities for SBCC conducted by Ministry of Health and UNICEF shows:

- > The overall organizational & system level capacities of MOH for SBCC was satisfactory and most Regional Health Bureaus (RHBs) have moderate organizational capacities for SBCC, however capacity gaps pertaining to structure, Human resource and commitment to SBCC needs attention.
- > About two-third of front-line health professionals including HEWs working at district (woreda) health offices and PHCU have low competencies to SBCC and the situation is worse for those working in pastoralist settings.
- > The overall knowledge of front-line health actors to SBCC intervention was positively influenced by provision of on-job trainings.
- > Most of the Health communication materials met quality standards yet some needs further improvements.

According to the SD Phase 1 Baseline Survey findings, 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 and traditional practices should be addressed through the SBCC movement. When we see Mother/Caretaker's exposure to SBCC community interventions, it 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

## Key Behavior Change Focus Areas for the Public Movement



The goal of the First 1000 day's Plus 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.

**1. Exclusive Breastfeeding practice for the first six month:** The public movement will promote exclusive breast-feeding practices for infants from birth to six months by engaging community level workers (HEWs, AEWs, school communities, DAs & kebele 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 within the first one hour
  - ❖ Promotion of colostrum feeding
  - ❖ Feed your baby only breast milk for the first six months, not even giving water to help your baby to grow healthy and be strong
  - ❖ Breast feed day and night on demand, for at least 10-12 times
  - ❖ Continue breast feeding after 6 months with complimentary food
- > Correct positioning and attachment of a child to the breast
- > Avoid bottle feeding
- > Women consume an adequate diet, focusing on quantity and diversity during lactation as well Maintain adequate hydration
- > Mother should eat two extra meals every day to maintain her health and the wellbeing of the baby.
- > Support mothers to participate in monthly growth monitoring and promotion at the health center and community-based services.
- > Tackle existing harmful traditional practices (colostrum milk discarding, 'kibe mawat', putting dung on umbilical cord')
- > Visit health facility when the child is sick
- > Keeping personal hygiene (to keep the breast milk safe)
- > Promotion of child Immunization

**2. Adequate Complementary Feeding practice:** 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 under nutrition and consequent growth faltering. The movement will implement a well-designed behavior change communication programs to achieve behavior change in complementary feeding practices.

- > At 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 at six-month, preparation of soft to semi-solid /solid foods.
- > Continue breastfeeding for two years and beyond
- > Provision of age-appropriate complimentary food with adequate frequency, amount, thickness/ consistency, safety and diversity for children at the age of six month.
- > Provision of meal from all food groups (consumption at least five out of eight defined food groups per meal; animal source foods, cereals ,grains, roots and tubers, Vitamin A rich fruits and vegetables, pulses (beans, peas, lentils, chickpeas),nuts and seeds.
- > Increase feeding when the child is sick
- > Promote the practice of active and responsive feeding
- > Practice good hygiene and proper food handling

**3. Dietary diversity practice 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 adolescent girls**

- > Promoting a healthy diet by increasing the diversity and amount of foods consumed
- > Production and consumption of nutrient dense foods (in micro-gardens) Consumption of animal source food/proteins for adolescent girls
- > Discourage Poor quality diet (processed, packed, fried foods) and sweetened beverages
- > Promotion of micro-nutrient supplementation (WIFAS, Minerals)
- > Promotion of nutritional screening and counseling
- > Delay early marriage and the first pregnancy Use iodized salt

#### **Specific sub-behaviors for dietary diversity for PLWs -**

- > Promoting a healthy diet by increasing the diversity and amount of foods consumed
- > Promotion of nutritional screening and counseling
- > Promotion of adequate weight gain
- > Production and consumption of nutrient dense foods (in micro-gardens) Consumption of animal source food/proteins for PLWs during fasting periods

- > Eat a varied and diversified food with one extra meal every day (during pregnancy) and two extra meals (during lactation) 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 and prevent neural tube defects
- > Attending ANC at least 8 times (contacts)
- > Use iodized salt
- > Promote utilization of Insect side treated bed net (ITNs)

**4. 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**

- > Promotion of proper storage, utilization or use of water treatment methods
- > Hand washing at critical times (after toilet use, before preparing and eating food, before feeding infants, after touching an animal, animal feed or animal waste)
- > promote proper hand washing practices
- > Consistent use of latrine
- > Separate animals house from human's.
- > Safe disposal of infants/child feces
- > Giving priority for PLW on water scheme waiting lines
- > Proper disposal of dry and liquid wastes

**5. Enhance the engagement of the faith, opinion and traditional leaders towards nutrient dense food consumption during adolescence, pregnancy and lactation.:**The public movement will facilitate the greater involvement of the faith leaders to address the issue of pregnant and lactating mothers' consumption of nutrient dense diet and animal source foods and misconception related to labor and delivery. The religious, traditional and influential community leaders will take the lead to cascade teaching aids to educate the faith followers and sensitize priests, Imams, pastors and other spiritual fathers and traditional and influential community to integrate the teaching while they meet the community.

#### **Specific sub-behaviors for the engagement of the faith, opinion and traditional leaders towards nutrient dense food consumption during adolescence, pregnancy and lactation**

- > Different Food taboos; during pregnancy restrict pregnant and lactating mothers not to feed nutrient dense foods, PLW fasting, preference of nutrient dense foods to male.
- > Male eat first.
- > Promotion of nutrient dense foods through religious leaders, medias, traditional leaders and elders, youth networks.

**6. 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, child care, home care and social role).
- > Redistributing of women role among the family member
- > Prevention of early marriage.
- > Prevention of teenage pregnancy.
- > Advance the perception of male on sharing domestic roles
- > Promotion of adolescent girl's education.
- > Ensure role of men's in family planning use and women's access to other health services.
- > Ensure males engagement in women's empowerment
- > Ensure women are empowered at all level in terms of Education, Economy, decision making and saving powers etc.

**3.1. The first 1000 days plus Public Movement SBCC 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 food and Nutrition implementing sectors and other implementing partners.

**Objective 2:** Enhance nutrition behavior of PLWs, adolescent girls & care givers

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

**Objective 4:** Enhance documentation and dissemination of best practices

### 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 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

# Communication Principles and Tactics

# 4



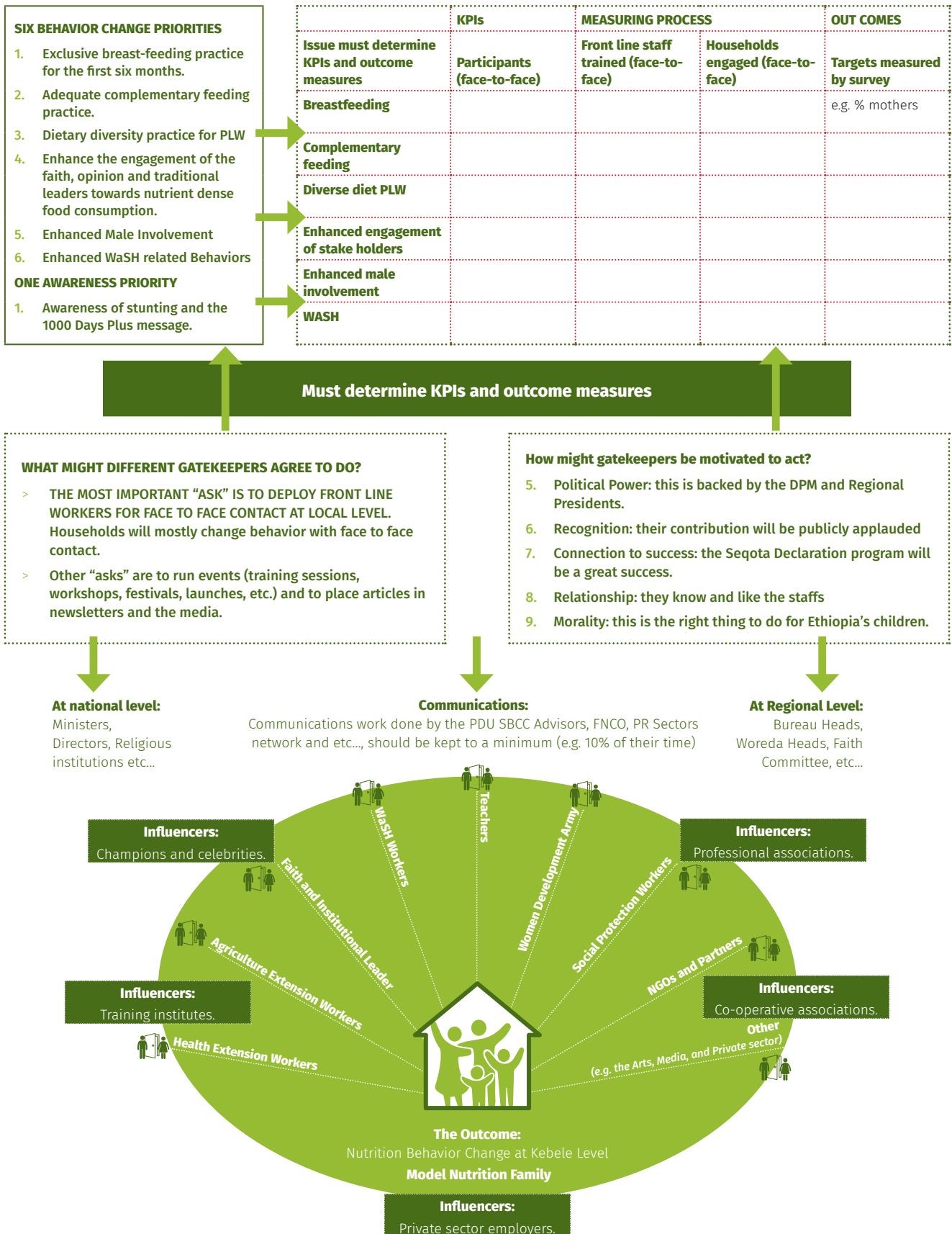


The first 1000 day's plus public movement adopted a **socio-ecological model** for behavior change in nutrition practices at the individual, community, service delivery and Enabling Environment levels. The model allows reaching a variety of target audiences at different levels. The public movement will 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.

#### **4.1. The first 1000 Days Plus movement for child nutrition: how the model works**

The FNCOs, PDUs mobilize and other development partners should catalyze face-to-face contact with households, to generate six key behavior changes beyond the BCC activities done using different channels.

**Diagram 1:** Channels of influence/adapted from Kevin Steele, Big Win Philanthropy/



The emphasis on key gatekeepers (front line workers) may enable the public movement use all available community level SBCC resources 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 regions and Woredas. Therefore, mobilizing the support of these networks and partnerships is critical to realize the goal of the first 1000 day's plus public 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 sector 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 Sector 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 Sector 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 gardening 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 public movement will mobilize by 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 using different level of women affairs structure including women development armies

**Political networks:** The public movement will work closely With Deputy PM and excellency ministers at federal level and the office of the president at regional level to mobilize the support of senior political leaders at the federal, 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 public movement will closely work with Religious Networks to work on the Cultural, at federal and regional religious and traditional barriers for nutrient dense foods consumption for pregnancy, lactation and children. During the innovative phase Amhara and Tigray regional PDUs has already established a strong partnership with the faith leaders at regional level to implement nutrition SBCC activities.

**Celebrity champions:** The movement will appoint a good will ambassador for nutrition to add credibility, interest and media value to the campaign's communications. Federal Regional, zonal and woreda administrators, and other well-known individuals such as football players, athletes , Artists , role models in Hygiene and feeding practice ,and good will ambassadors in aiding, private business owners etc would also be considered as a champion of the movement.

**Media:** The first 1000 day's plus public movement will build a strong partnership with national, Regional, local Medias and community Medias. The movement will also consider mobile Health messaging and other new technology applications to disseminate nutrition related messages.

**Development Partners:** It is important to recognize the role of Development partners in supporting the first 1000 day's plus public movement. These partners will be involved in the the first 1000 day's plus public movement technical working group as a sub-task force for the federal and regional nutrition task force at the federal and regional health bureau.

# SBCC Strategies, Platforms and Channels

# 5



## **20 The First 1,000 Day's Plus Public Movement for Social and Behavior Change Guideline**

The first 1000 day's plus public movement will employ different categories of SBCC strategies that are proved to be effective in promoting positive Nutrition 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
- > Individual advocacy

### **Community or social mobilization**

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

### **Interpersonal Communication**

- > Nutrition counseling at HF's by HCP's
- > 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
- > Open air (street) advocacy to transmit messages using( town criers, microphones and other sound instruments)
- > Developmental theatre by local artists and brand song for 1000 days movement
- > Digital media and technologies using mobile applications, Documentation portal, websites and Pico projectors.

# 6

## Strategic Objectives, Outcomes, Outputs and Major Activities



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

**Strategic Initiative 1.1:** Establish/strengthen a platform at all levels to implement the first 1000 days plus public movement.

**Outcome:** Food and Nutrition & the first 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 first 1000 day's plus public movement officially launched at the federal, regional, zonal, woreda and kebele level.
- > Federal, Regional, zonal woreda and kebele level public movement task force comprised of key stakeholders 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.
- > Regional media, religious & PR forums organized or strengthen according to the regional context.

### **Major Activities:**

- > Launch the first 1000 day's plus public movement officially at the Regional, zonal, woreda and kebele level in the presence of government officials, religious leaders, CSOs, sectors, religious & other network & forum representatives and other key stakeholders and community members.
- > Establish/strengthen functionality of the federal, Regional, zonal, woreda and kebele level 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, zone, 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 regions, zones and Woredas for the key gatekeepers identified.
- > Establish a communication task force for the public movement at Regional, zonal, woreda and kebele level in which key stakeholders are included.
- > Provide capacity building training on multi-sectoral SBCC mainstreaming guideline at all level.
- > Check each sector has mainstreamed SBCC in sector plans to promote context specific stunting prevention interventions.
- > Monitor performance based on multi-sectoral mainstreaming score card.



## Objective 2: Enhance nutrition behavior of PLWs, adolescent girls & care givers

**Strategic Initiative 2.1:** Build SBCC Capacity

**Strategic Initiative 2.2:** Ensure the 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:** Adolescent girls, pregnant women, lactating mothers and their partners will be reached, demonstrate understanding and adoption of appropriate behaviors and practices.

### Outputs:

- > The regional PDUs and FNCOs 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 counseling conducted at the HFs and community levels
- > SBCC materials, manuals and aids provided
- > Social mobilization sessions conducted at different levels.
- > SBCC materials developed/adapted and disseminated using the appropriate media
- > Regular group education provided.

### Major Activities:

- > Interpersonal communication
  - ❖ Train frontline workers (health care providers, HEWs, AEWs teachers, and others) to improve interpersonal communication and counseling skills.
  - ❖ Organize HEWs led multi-sector agents home visits to households with pregnant and lactating mothers.
  - ❖ Strengthen Provision of nutrition and WASH counseling for pregnant and lactating women's during health facility visit.
  - ❖ Provide counseling aids, manuals and group education materials
- > Community/Social Mobilization
  - ❖ Activate community level networks 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 (health, FTC, school) levels.
  - ❖ Activate and strengthen hygiene and Sanitation (CLTHS) conference and other new approaches.
  - ❖ Conduct community conversation (CCs) in which nutrition and the public movement are the main agendas.

## 24 The First 1,000 Day's Plus Public Movement for Social and Behavior Change Guideline

- ❖ Organize community and school level nutrition and hygiene events, health bazars (breast feeding week, Water week, Hand washing week, Women's day events)
- ❖ Appoint champion of nutrition for the 1000+ day's nutrition movement.
- > Working with artists, local art clubs Media
  - ❖ Train media professionals to strengthen nutrition programming capacity
  - ❖ Develop and provide nutrition related tool kit and training for media professionals
  - ❖ Develop and disseminate messages on each behavior change focus areas of the public movement.
  - ❖ Provide training for school mini-media and club coordinators (teachers) to activate school mini-medias to support the public movement.
  - ❖ Support the production of 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.
  - ❖ Develop materials and tools such as tool kits, key messages for school club and mini media coordinators
- > 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 and community figures in overcoming cultural & traditional hurdles that hinders child and PW/LW nutrition.**

**Strategic Initiative 3.1:** Enhance engagement of faith leaders and community figures to address the Cultural and traditional barriers for nutrient dense foods consumption during pregnancy and lactation

**Outcome:** Nutrition behavior related religious and cultural barriers minimized in the target community

#### **Outputs:**

- > Faith leaders sensitized and nutrition integrated in to existing religious programs.
- > Nutrition related behaviors will be integrated in to regular preaching integrate on of PLW and under 5 children
- > Develop/adopt and disseminate materials, teaching aids and guides for faith leaders and community figures

### Major Activities

- > Sensitize faith leaders and community figures to integrate nutrition and related traditional practices in their preaching and teaching program
- > Develop and disseminate different teaching aids and guides down to the program supported Woredas.
- > Follow up and monitor the regular teaching on nutrition and related traditional practices in all the religious institutions in program supported Woredas.

## Objective 4: Enhance documentation and dissemination of best practices

**Strategic Initiative 4.1:** Best practices and lessons scaled up

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

### Outputs:

- > Best practice guide developed and disseminated.
- > Annual SBCC best practice forum undertaken.
- > Best practices and lessons learned documented and shared.

### Major Activities

- > 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
- > Document best practices using different channels
- > Experience sharing visit conducted to best practice implemented areas
- > Recognize and award areas where best practices implemented woredas

# The First 1,000 day's Plus Public Movement Implementation Strategy & Coordination

# 7



### **7.1. Implementation strategy**

The first 1000 day's plus public movement will be implemented as 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 social behavior change communication (SBCC) activities and 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.

### **7.2. The first 1000 day's plus public Movement Coordination**

The first 1000 day's plus public Movement activities will be coordinated by Food and Nutrition Coordination platform/ the Program Delivery Unit / based on the existing structure and downwards with the regional, Zonal, Woreda, 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 documentation and Expansion phase implementation. The TWG is composed of 2 members from Nutrition coordination office, RHB (Nutrition case team, Health education and promotion case team), 1 Gender expert from women and social affairs bureau, 1 communication expert from communication Bureau, 1 representatives from each food and nutrition implementing sectors, and Representatives of SBCC experts which will be represented by one of the SD implementing sectors as a convenor. The TWGs meets based on developed ToR to discuss and review the 1000 days plus public movement activities.

The regional / City administration Food and Nutrition Coordination platform/ Seqota Declaration program delivery units and 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.

# 8

## 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 first 1000 days plus public movement. The federal & regional Seqota Declaration program MEL advisors and MEL Advisors in the food and Nutrition 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 SBCC advisor at PDU and communication/SBCC expert at the food and Nutrition Coordination platform. The 1000+ day's movement activities will be monitored through the following activities:

1. Baseline assessment
2. Annual planning and target setting exercise
3. Supportive supervision [Quarterly]
4. Performance review meeting [Quarterly]
5. Annual SBCC best practice forum
6. Learning strategies and learning journey
7. Data dissemination and use:
  - ❖ Periodic reporting (monthly, quarterly, Semi- annual and annual)
  - ❖ Data analysis and use at and all levels for programmatic decision making
8. Midterm and Final evaluations

The regional Monitoring & Evaluation Advisor & SBCC Advisor/officers will support sectors in implementing Zones/Sub cities/Woredas and the TWG to establish a harmonized and standardized reporting mechanism for the first 1000 day's plus public movement. The regional/city administration PDUs/ Food and nutrition Coordination platform will compile and submit reports to the federal team on a quarterly, Semi-annual and annual basis.

8.1. Strategic Objectives, Outcomes, Outputs and Major Activities, and Indicators

<p><b>Objective 1:</b> Mainstream the First 1000 Day’s Plus Public movement in all food and Nutrition implementing sectors and other implementing partners.</p>						
<p><b>Strategic Initiative 1.1</b></p>						
<p><b>Establish/strengthen a platform at all levels to implement the first 1000 days plus public movement.</b></p>						
Outcomes	Indicators	Data Source	Level of Data Collection	Lead Sector	Collaborating Sector/ Institutions	Frequency of reporting
<p><b>Outcome 1:</b> Food and Nutrition &amp; the first 1000 day’s plus public movement become mainstreamed in all activities of the food and nutrition implementing sectors, the media, civil societies &amp; other implementing partners at the region and program implementing woreda level.</p>	<p>Number of Sectors mainstreaming the first 1000 days plus public movement.</p>	<p>Annual Reports/ Assessments</p>	<p>Federal and Region /City administration/ Zone/Sub city/ Woreda.</p>	<p>MoH /NCO, SD FPDU/</p>	<p>FN implementing sectors</p>	<p>Annually</p>
	<p>FNS organizational and management systems reviewed, revised for the implementation of the first 1000 days plus public movement.</p>	<p>Evaluation reports</p>	<p>Federal and Region /City administration/ Zone/Sub city/ Woreda.</p>	<p>MoH /NCO,SD FPDU/</p>	<p>FN implementing sectors</p>	<p>Midterm/ Final Evaluations</p>
	<p>Number of key influential figures or gatekeepers sensitized or engaged on the first 1000 days plus public movement guideline</p>	<p>FNS reports</p>	<p>Federal and Region /City administration/ Zone/Sub city/ Woreda.</p>	<p>MoH /NCO, SD FPDU/</p>	<p>FN implementing sectors</p>	<p>Quarterly</p>
<p><b>Outputs:</b></p>	<p>Number of public movement task force comprised of key stakeholders established.</p>	<p>FNS reports</p>	<p>Federal/ Region/Zone/ Woreda</p>	<p>MoH /NCO, SD FPDU/</p>	<p>FN implementing sectors</p>	<p>Quarterly</p>
	<p>Number of Advocacy and sensitization workshops conducted for key political figures, Medias, civil societies, partners, and other gatekeepers.</p>	<p>FNS reports</p>	<p>Federal/ Region/Zone/ Woreda</p>	<p>MoH /NCO, SD FPDU/</p>	<p>FN implementing sectors</p>	<p>Quarterly</p>
	<p>Number of high-level advocacy session conducted</p>	<p>FNS reports</p>	<p>Federal / Regional</p>	<p>MoH /NCO, SD FPDU/</p>	<p>FN implementing sectors</p>	<p>Quarterly</p>



<b>Objective 1:</b> Mainstream the First 1000 Day's Plus Public movement in all food and Nutrition implementing sectors and other implementing partners.						
<b>Strategic Initiative 1.1</b> Establish/strengthen a platform at all levels to implement the first 1000 days plus public movement.						
<b>Outcomes</b>	<b>Indicators</b>	<b>Data Source</b>	<b>Level of Data Collection</b>	<b>Lead Sector</b>	<b>Collaborating Sector/Institutions</b>	<b>Frequency of reporting</b>
<b>Outputs:</b>	Number of Learning journey organized and conducted for key political figures.	FNS reports	Federal / regional/ woreda	MoH /NCO, SD FPDU/RPDU	FN implementing sectors	Biannually
	Number of Regional media, religious & PR forums organized and conducted	FNS reports	Regional	MoH /NCO, SD FPDU/RPDU	FN implementing sectors	Quarterly
<b>Objective 2:</b> Enhance nutrition behavior of PLWs, adolescent girls & care givers						
<b>Strategic Initiative 2.1</b> Build SBCC Capacity.						
<b>Strategic Initiative 2.2</b> Ensure the Provision of quality nutrition counseling, group education, and social mobilization at all levels						
<b>Strategic Initiative 2.3</b> Development, validation and dissemination of SBCC materials or products						
<b>Outcomes</b>	<b>Indicators</b>	<b>Data Source</b>	<b>Level of Data Collection</b>	<b>Lead Sector</b>	<b>Collaborating Sector/Institutions</b>	<b>Frequency of reporting</b>
<b>Outcome 1:</b> Improved infant and young child Feeding Practices	Percent of children born in the last 24 months put to breast within one hour of birth	EDHS Survey report	Regional/ Woreda Level	MoH	FN Implementing sectors	Yearly
	Percent of infants 0–5 months of age who fed exclusively with breast milk	EDHS Survey report	Regional/ Woreda Level	MoH	FN Implementing sectors	Yearly
	percent of children 6–23 months of age who receive foods from 4 or more food groups	EDHS Survey report	Regional/ Woreda Level	MoH	FN Implementing sectors	Yearly
	Percent of children 6–23 months who receive minimum acceptable diet (apart from breast milk)	EDHS Survey report	Regional/ Woreda Level	MoH	FN Implementing sectors	Yearly

<b>Objective 2:</b> Enhance nutrition behavior of PLWs, adolescent girls & care givers						
<b>Strategic Initiative 2.1</b> Build SBCC Capacity.						
<b>Strategic Initiative 2.2</b> Ensure the Provision of quality nutrition counseling, group education, and social mobilization at all levels						
<b>Strategic Initiative 2.3</b> Development, validation and dissemination of SBCC materials or products						
<b>Outcomes</b>	<b>Indicators</b>	<b>Data Source</b>	<b>Level of Data Collection</b>	<b>Lead Sector</b>	<b>Collaborating Sector/ Institutions</b>	<b>Frequency of reporting</b>
<b>Outputs:</b>	Number of regional PDUs and FNCOs communication unit equipped with the necessary communication materials.	Routine	Regional/ Woreda Level	MoH	FN Implementing sectors	Biannually
	# Of frontline workers trained on interpersonal communication skill (HCPS, HEWs and AEWS)	Routine	Regional/ Woreda Level	MoH	FN Implementing sectors	Biannually
	# Of School health clubs' coordinators trained on Nutrition.	Routine	Regional/ Woreda Level	MoH	FN Implementing sectors	Biannually
	# Of Social mobilization sessions conducted at different levels.	Routine	Regional/ Woreda Level	MoH	FN Implementing sectors	Biannually

<b>Objective 3:</b> Strengthen the role of the faith leaders and community figures in overcoming & traditional hurdles that hinders child and PW/LW nutrition.						
<b>Strategic Initiative 3.1</b> Enhance engagement of faith leaders and community figures to address the Cultural and traditional barriers for nutrient dense foods consumption during pregnancy and lactation						
<b>Outcomes</b>	<b>Indicators</b>	<b>Data Source</b>	<b>Level of Data Collection</b>	<b>Lead Sector</b>	<b>Collaborating Sector/ Institutions</b>	<b>Frequency of reporting</b>
<b>Outcome 1:</b> Nutrition behavior related religious and cultural barriers minimized in the target community	Percent of religious leaders influencing positive decisions on preventing stunting in children 0 to 24 months.	Midterm and Final Evaluations	Federal/ Region/ Zone/ Woreda	MoH /NCO, SD FPDU/RPDU	FN Implementing sectors	Midterm and Final Evaluation
<b>Outputs:</b>	# of Faith leaders sensitized to integrate nutrition in to existing religious programs	Routine Reports	Federal/ Region/ Zone/ Woreda	MoH /NCO, SD FPDU/RPDU	FN Implementing sectors	quarterly
	# of teaching aid and SBCC materials distributed for faith leaders and community leaders	Routine Reports	Federal/ Region/ Zone/ Woreda	MoH /NCO, SD FPDU/RPDU	FN Implementing sectors	quarterly
<b>Objective 4:</b> Enhance documentation and dissemination of best practices						
<b>Strategic Initiative 4.1</b> Best practices and lessons scaled up						
<b>Outcomes</b>	<b>Indicators</b>	<b>Data Source</b>	<b>Level of Data Collection</b>	<b>Lead Sector</b>	<b>Collaborating Sector/ Institutions</b>	<b>Frequency of reporting</b>
<b>Outcome 1:</b> An innovative documentation and dissemination of 1000 days movement data and best practices developed.	# Of national research agenda's crafted and documented on the First 1000 days plus public movement informing programmes and activities	Assessments	Federal/ Regional/Zonal	MOH	FN Implementing sectors	Bi-annually
<b>Outputs:</b>	# Of best practices forum conducted on SBCC	Routine Reports	Federal/ Region/ Zone/ Woreda	MoH /NCO, SD FPDU/RPDU	FN Implementing sectors	quarterly

# 9

## Sustainable Financing



The activities will be part of the Expansion and Scale Phases investment plan of Seqota declaration. Therefore, the government, development partners, the community and different civil society organizations will support its implementation.

The government will contribute in financing by allocating and committing treasury budget at federal and regional, or city administration level, by showing its ownership to SBCC activities and leading SBCC planning, monitoring and Evaluation as well by mobilizing resources Domestically using volunteer community networks and other networks.

The development partners will contribute by Joint financing SBCC interventions; in capacity building; Production of SBCC materials; Deployment of technical partners and assistances to support the documentation of innovative approaches for scale up and other SBCC activities.

The Media will contribute by showing the impact of disseminating tailored SBCC messages to the community for behavior change and taking its social responsibility by airing different BCC interventions freely by their media as well advocating for change.

Faith leaders, traditional, community leaders, private companies and known people will highly contribute for SBCC financing by mobilizing the community and faith followers towards positive Nutrition behavior change using their influential and acceptance power.

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