

# Adapting NTEAM's Technical Assistance for Nutrition project in Ethiopia to support the national response to the nutrition challenges posed by COVID-19

November 25<sup>th</sup> 2020

This presentation was prepared by Nutrition International's NTEAM under the TAN project, funded with UK aid from the UK government, in collaboration with the Federal Government of Ethiopia and the Seqota Declaration Federal Program Delivery Unit

**An Annex has been added to this presentation to capture Q&A and discussions.**



Technical Assistance for Nutrition (TAN)

# Moderator

## Anne Babcock



## Nutrition International's TAN Project Director

Anne is a development professional with 16 year's experience leading complex projects to successfully deliver results. She has held program management roles at Plan International in the UK and in Sierra Leone, where she not only managed multi-country girls' education projects funded by UKaid, as well as corporate donors, but also oversaw consortia programming on education and Ebola-response. She has worked with international HIV and AIDS networks, where she coordinated communication projects in east and southern Africa and supported FCDO with knowledge management.

Before moving into the Project Director role at Nutrition International, Anne served as TAN Senior Program Manager responsible for providing supervision and coaching to TAN regional staff and senior consultants, as well as overseeing planning and implementation of country technical assistance.

Anne holds a post-graduate degree in international development and anthropology from the London School of Economics and Political Science.

# Nutrition International's NTEAM and TAN project

Through its Nutrition Technical Assistance Mechanism (NTEAM), Nutrition International shares its expertise globally to support the scale-up of nutrition for the most vulnerable. Technical Assistance for Nutrition (TAN) is a project within Nutrition International's NTEAM funded with UK aid from the UK government.

Through TAN, Nutrition International provides timely and coordinated technical assistance to help Scaling Up Nutrition (SUN) countries, the SUN Movement Secretariat and regional coordination bodies overcome gaps in capacity, design and delivery of multi-sectoral national nutrition action plans. Taking a gender-sensitive approach, Nutrition International works to enhance the quality, scale, and effectiveness of nutrition-related programmes and policies.

Through TAN, NTEAM's extensive network of experts contribute to global knowledge on effective technical assistance in nutrition by generating learning and evidence and adopting practice that works.

# Webinar Overview

## Objectives

1. Learn more about incorporating nutrition considerations into responses to the COVID-19 pandemic, from the experience of the Government of Ethiopia
2. Explore how TAN's technical assistance in Ethiopia rapidly adapted to support COVID-19 response planning
3. Provide an opportunity for participants to ask questions about, and share their own experience with, adapting nutrition-related work in response to COVID-19

# Webinar Overview

## Agenda

1. Opening remarks by Nutrition International's Africa Regional Director, Dr. Richard Pendame
2. Presentations by our 3 speakers:
  - Dr. Ferew
  - Dr. Sisay
  - Dr. Amare
3. Q&A
4. Experience sharing from our participants



*Opening Remarks*  
**Dr. Richard Pendame**  
Nutrition International  
Africa Regional  
Director



**Dr. Ferew Lemma**  
Senior Nutrition Advisor,  
Ministry of Health and  
SUN Focal Point, Ethiopia



**Dr. Amare Deribew**  
Nutrition International  
Country Director, Ethiopia



**Dr. Sisay Sinamo**  
Sr. Program Manager  
SD FPDU  
NTEAM Technical  
Assistance Provider,  
Ethiopia

# Opening Remarks

## Dr. Richard Pendame



## Nutrition International's Africa Regional Director

Dr Richard Pendame is the Regional Director for Nutrition International, Africa. He is a Medical doctor, a Public Health specialist, a manager and a leader with over 25 years of work experience in clinical medicine, management of health systems and public health programs, public policy formulation in the health and nutrition sectors. He holds a Masters Degree in Public Health (Epidemiology and Health Systems Management) from Bloomberg School of Public Health of Johns Hopkins University, USA; a Post graduate certificate in Health Management from Birmingham University, UK; and a Bachelor of Medicine and Bachelor of Surgery (MBBS) jointly awarded by Universities of London and Malawi.

# Presenter

## Dr. Ferew Lemma



## Senior Nutrition Advisor, Ministry of Health and SUN Focal Point Ethiopia

Dr. Ferew is a Public Health Physician (MD, MPH), with a PhD in Public Health Nutrition from the London School of Hygiene and Tropical Medicine. He is the SUN Focal Point for Ethiopia and since 2010, Dr Ferew has been serving as a Senior Nutrition Advisor to the Minister at the Ministry of Health in Ethiopia. Between 2014 and 2018 he also served as an Advisor to the (former) First Lady of Ethiopia. Previous roles he has held include Deputy Head of the Regional Health Bureau, Assistant Professor of Nutrition and Planning, and Programme Officer at Jimma University, as well as a Senior Research Fellow at London South Bank University. He was previously co-chair and is presently a member of the Global Nutrition Report Executive Committee and Steering Group, he is an active member of the Council for Research and Technical Advice on Acute Malnutrition (CORTASAM), and a council member for the Global Alliance for Improved Nutrition (GAIN) Partnership. Dr. Ferew has published articles in various journals on topics such as nutrition, health service delivery, health professionals' capacity building, finance tracking for nutrition, monitoring and evaluation, and mental health.



# **COVID-19 in Ethiopia: Updates and government response priorities**





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MINISTRY OF HEALTH - ETHIOPIA

# Content

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COVID-19 Situation in Ethiopia

Preparedness and Response Measures

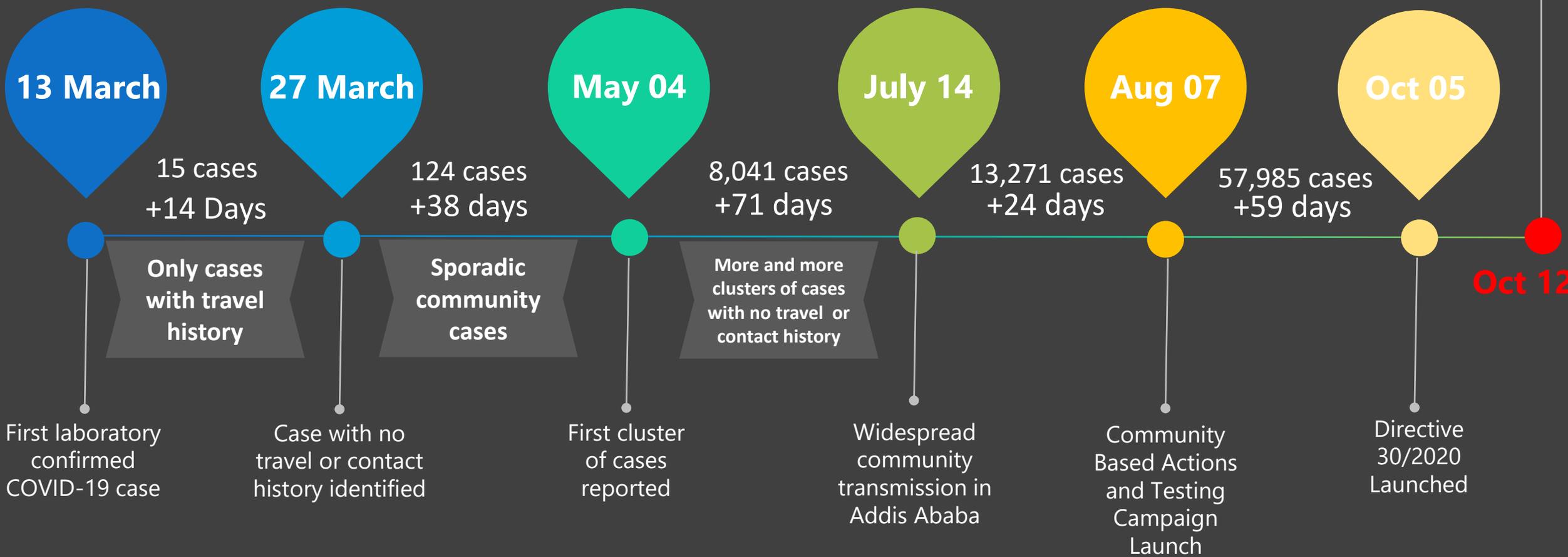
Challenges

Way forward

# COVID-19 Situation in Ethiopia

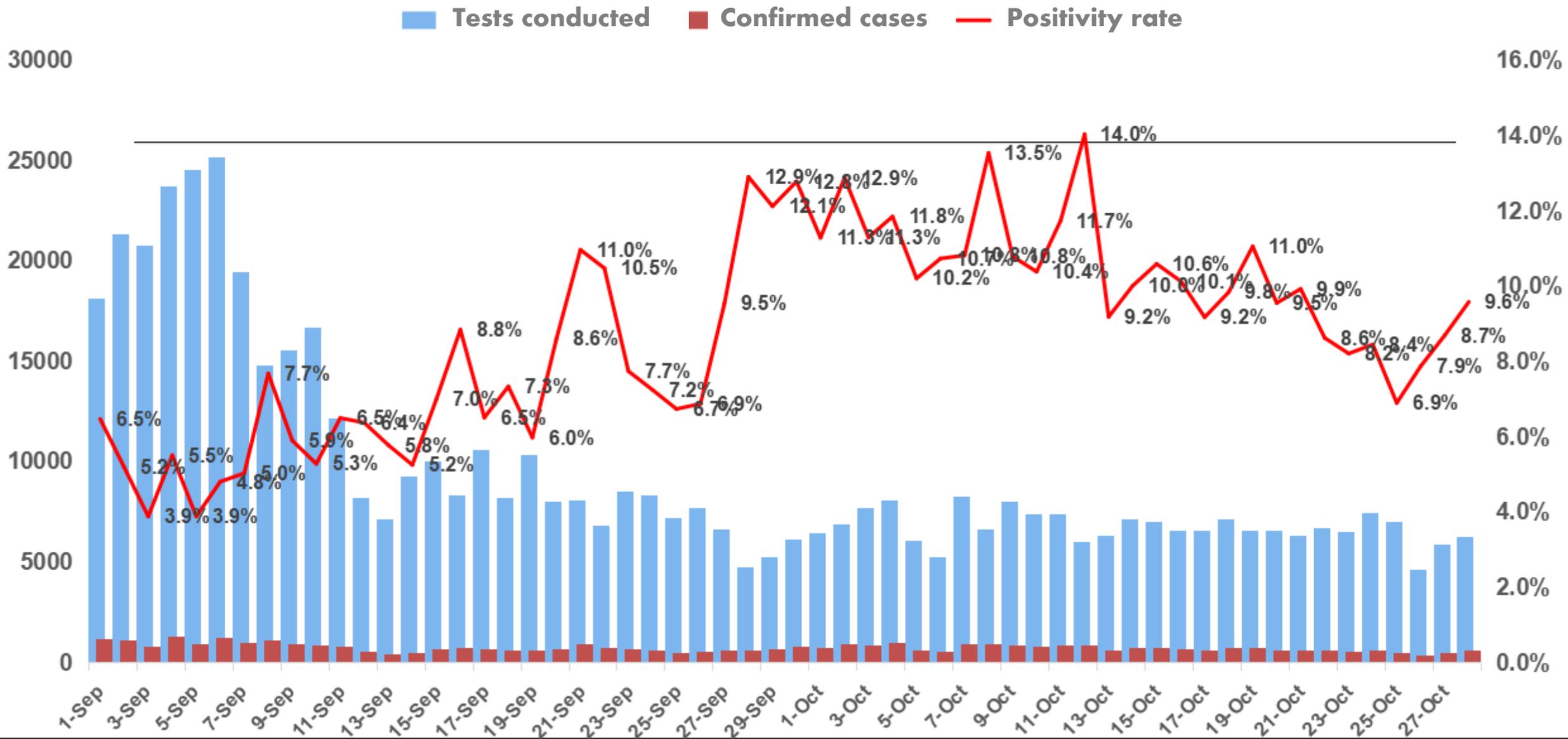
By November 21

Close to 1.6 million tests conducted; Over 105,000 total cases; Close to 1,640 deaths; More than 65,000 recovered





# Daily Trend of National positivity rate as of Oct 28/2020





# Preparedness and response measures

1. Public Health Emergency Operation Center activated
2. Restriction of gathering, and closure of high-risk business and schools
  - Further strengthened by State of Emergency
3. Risk Communication and Community Engagement and non-pharmaceutical intervention implementation
4. Multisectorial response (Horizontal and Vertical)
5. Testing
6. HR and capacity building



# Restrictions

## Government Stringency Index\*:

- 80.56 up to September 8/2020
- 77.8 till October 5/2020
- 65.74 since October 5/2020

\* school closures, workplace closures, stay-at-home orders, public event cancellations, gathering restrictions, public transportation closures, internal movement restrictions, and international traveling controls.

- No more than 4 or more individuals gathering
- Transportation reduced by 50%, in some case 25%
- Social, religious and public gatherings limited
- High risk businesses closed
- Schools and universities closed
- Work from home declared



# Testing

- Testing labs expanded from 0 to 64 in 9 months
  - 83 testing machines
  - Test kit production started in country
  - **Able to upgrade testing capacity to greater than 20,000 tests per day**





# Impact of the restrictions on delivery of essential health and nutrition services and availability of nutritious foods in the market

## Impact on delivery of essential health and nutrition services

- Temporarily disruption of essential health and nutrition services;
- Shortage of essential commodities at all levels;
- Shortage of IPC and PPE in the health facilities due to commodity constraints;
- Low quality of essential and emergency services including referral linkage;
- Inability to conduct face-to-face health workers training and community SBCC activities;
- High cost of transportation and cancellations contributing delay in timely arrival of essential commodities.

## Impact on availability of essential foods in the market

- Staple and nutrient dense food prices are increasing at rates higher than what is seasonally normal for the year;
- Reduced for animal source foods, vegetables, fruits consumption due to misconception;
- Increased market price for spices (garlic, ginger), citrus fruits, chili pepper, honey;
- Increased spending on transportation cost (due to reduced number of passengers per vehicle);
- Increased commodity transportation and labor cost affecting the products selling price;
- Increase price of Agro-chemicals, fertilizers and animal feeds resulting in increase market price of the products.



# Food and Nutrition Preparedness and Response Plan in the context of the COVID-19 pandemic

## Objectives

- To strengthen the acute malnutrition management and response during the COVID-19 pandemic at all levels
- To strengthen access and utilization of nutrition services during the COVID-19 response at all levels; scale-up community mobilization and behavior change communication for the promotion of adequate nutrition
- To ensure the Productive Safety Net Program beneficiaries are getting the direct cash or food support through creating a strong collaborative work
- To ensure the general public is getting adequate and nutritious food from the market through an established mechanism
- To strengthen the multi-sectoral food and nutrition coordination and linkages for responding the COVID-19 - nutrition co-existence cases



# Challenges

1. Social, economic and political negative impacts forcing easing/lifting of restrictions
2. Widespread transmission with increasing trend in positivity rate
3. Pandemic 'fatigue' by various stakeholders and community groups
  - Reduced compliance to non-pharmaceutical interventions (individuals and organizations)
4. Misinformation
5. Competing priorities (emergencies like flood, locusts, security)
6. Essential services compromization



# Strategic areas

1. Revitalizing non-pharmaceutical interventions implementation
2. Integration of COVID-19 response to essential services
3. Mainstreaming of COVID-19 response
4. Decentralization of response
5. Targeted COVID-19 response
6. Accelerating targeted testing
7. Treatment expansion

# Potential areas for further global partner support

- Support resource mobilization and facilitate access to logistical and technical assistance:
  - Infection Prevention and Control, and Personal Protective Equipment for health workers;
  - Health and nutrition commodity procurement and prepositioning;
  - Mentorship and on the job support for health and nutrition services;
  - Equipment for expanding COVID-19 isolation, quarantine and intensive care;
  - Implement large scale programs to ensure vulnerable people access nutritious foods.
- Share up-to-date information, exchange learning and experiences through virtual platforms
- Jointly, with local research institutes, conduct study to assess the impact and monitor/evaluate service quality.



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MINISTRY OF HEALTH-ETHIOPIA

**THANK YOU**

# Presenter

## Dr. Sisay Sinamo



## Nutrition International's NTEAM TA Provider

Dr. Sisay has been an NTEAM TA provider in Ethiopia since 2017, as the Sr. Program Manager at the Seqota Declaration Federal Program Delivery Unit in the Ethiopian Ministry of Health. He provides technical and administrative leadership for the federal and two regional program delivery units where nine sector ministries implement the Seqota Declaration Innovation Phase. He has a Doctorate in Medicine from Addis Ababa University Medical Faculty and a Master of Public Health degree and PhD in Public Health Nutrition from the University of the Western Cape, South Africa. He has over 19 years of international experience in the field of developmental and emergency health and nutrition, multi-country programs, and program leadership. Previously he has coordinated and provided technical support for 26 African country nutrition programs. Dr. Sisay has also provided nutrition leadership and technical guidance in emergency and development contexts in nine East African countries for over seven years.



# Summary of Original TAN Project TA Assignment



## Title:

Technical Assistance to Support Seqota Declaration (SD) Implementation in Ethiopia

## Objective:

- To provide technical assistance to support successful delivery of the SD Implementation Plan

## Summary of Terms of Reference:

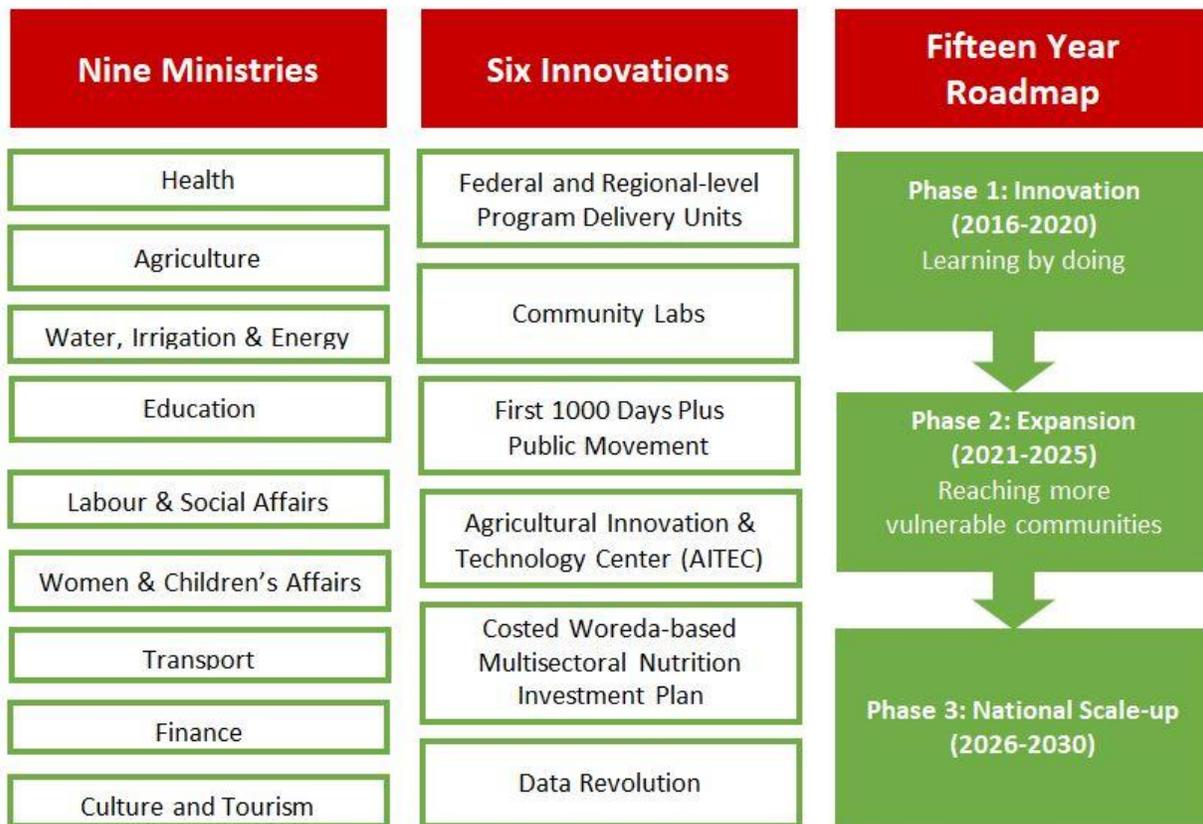
- Provide technical guidance to the Federal Ministry of Health (FMOH), SUN Focal Point, Program Delivery Unit staff and other stakeholders' staff for effective design, implementation and monitoring of the SD.
- Support development and implementation of a framework to facilitate multi-sectoral coordination and results oriented engagement.
- Facilitate institutionalization of systems for continuous documentation, learning and adoption of good practices during SD implementation.



# Seqota Declaration 15 year implementation strategy with defined innovations



## Implementation Strategy



- The Seqota Declaration (SD) is a government commitment to end stunting in Ethiopia among children under 2 years by 2030.
- The government committed to preventing an additional 7,852,216 children from stunting to enable them grow to their full potential.
- The SD Innovation Phase is being implemented in 40 woredas/districts in the Amhara and Tigray regions, in the northern part of Ethiopia along the Tekeze River Basin.

Region	Woredas	Total population	Total households	Total under two	PLWs	Stunting prevalence
Amhara	27	3,202,486	762,497	165,019	108,323	49.7%
Tigray	13	807,671	192,303	53,306	27,461	46.6%
<b>Total</b>	<b>40</b>	<b>4,010,157</b>	<b>954,800</b>	<b>218,325</b>	<b>135,784</b>	<b>48%</b>



# Impact of COVID-19 on the TA assignment



- Movement restrictions hinder on site follow up and supervision of the 40 woredas
- Lack of information and misconceptions about COVID-19 transmission result in slowed down or discontinuation of services and ongoing activities such as:
  - antenatal care, nutrition services, institutional delivery and community-based activities, and infrastructure work
- Coordination meetings slowed down due to prioritization of COVID-19 resulting in:
  - Postponement of annual planning and review meetings
  - Delay in budget commitments
- Major budget cuts for PDU programs and ongoing activities
- Market price escalation of commodities and logistics to sustain the planned activities



# TA Response



## For the Program Delivery Unit

- Developed PDU COVID-19 Response and Impact Mitigation Plan
  - Communicated to Regional PDUs.
- Developed PDU weekly reporting tools to monitor the progresses and challenges including phone follow up.
- Conducted a Rapid Assessment on the effects of COVID-19 on PDU's HR functioning and SD Innovation Phase Implementation.
- Facilitated Revision of PDU's 2012 (2020) April – June Plan and Development Partners funded projects.
- Engaged in public communication and information sharing:
  - used regional media to disseminate messages;
  - Shared various COVID-19 publications and global recommendations to PDU team members.



# TA Response



## For the Ministry of Health

- Coordinated the write up of a programmatic guidance on Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health and Nutrition (RMNCAYH-N) services in the context of COVID-19.
- Provided technical support in the development of technical guidance and key messages for nutrition in the context of COVID-19 response.

## For Multi-sectoral Coordination

- Provided technical support in the development of a multi-sectoral food and nutrition response plan in the context of COVID-19.
- Jointly with the Ethiopian Nutrition Leaders Network, led a webinar organized to provide orientation on COVID-19 for nutrition professionals and Nutrition Leaders Network members.
- Conducted supportive supervision to provide on the site support and ensure services continuity and activities implementation in the context of COVID-19



**Thank you**

# Presenter

## Dr. Amare Deribew

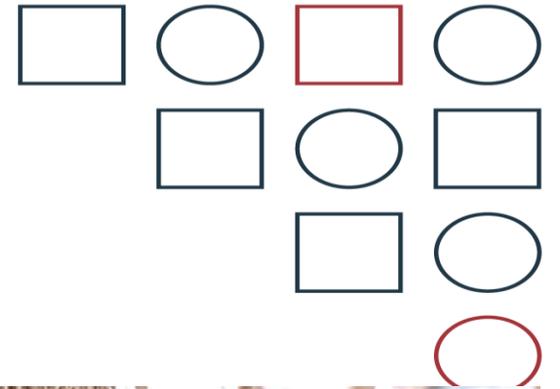
\*Represented by Girma Mamo, Deputy Country Director



## Nutrition International's Country Director, Ethiopia

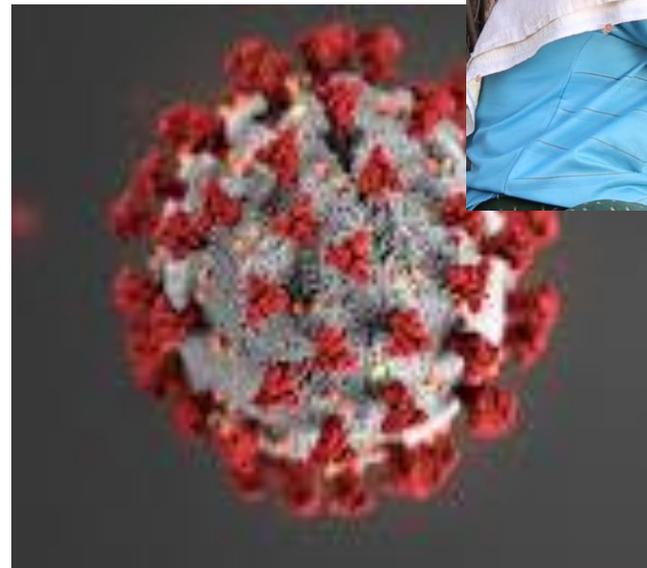
Dr. Amare has a medical degree (MD) and a Master's degree in epidemiology from Jimma University in Ethiopia, and a PhD in Medical Science with a focus on HIV and Tuberculosis from Antwerp University. Previously, Dr. Amare was a Program Director at the International Medical Corps in Sudan and Sierra Leone; an Epidemiologist with Oxford University and the KEMRI Wellcome Trust research program in Kenya; associate Professor of Epidemiology and the Director of Publication and Extension at Jimma University; and a public health consultant with the WHO and USAID in Ethiopia. In 2019, Dr. Amare received the gold medal award for senior public health researcher from the Ethiopian Public Health Association. Amare is an honorary Associate Professor at St. Paul Hospital Millennium Medical College. He has published more than 100 articles in international journals.

# Nutrition International's Response to the COVID-19 Pandemic in Ethiopia

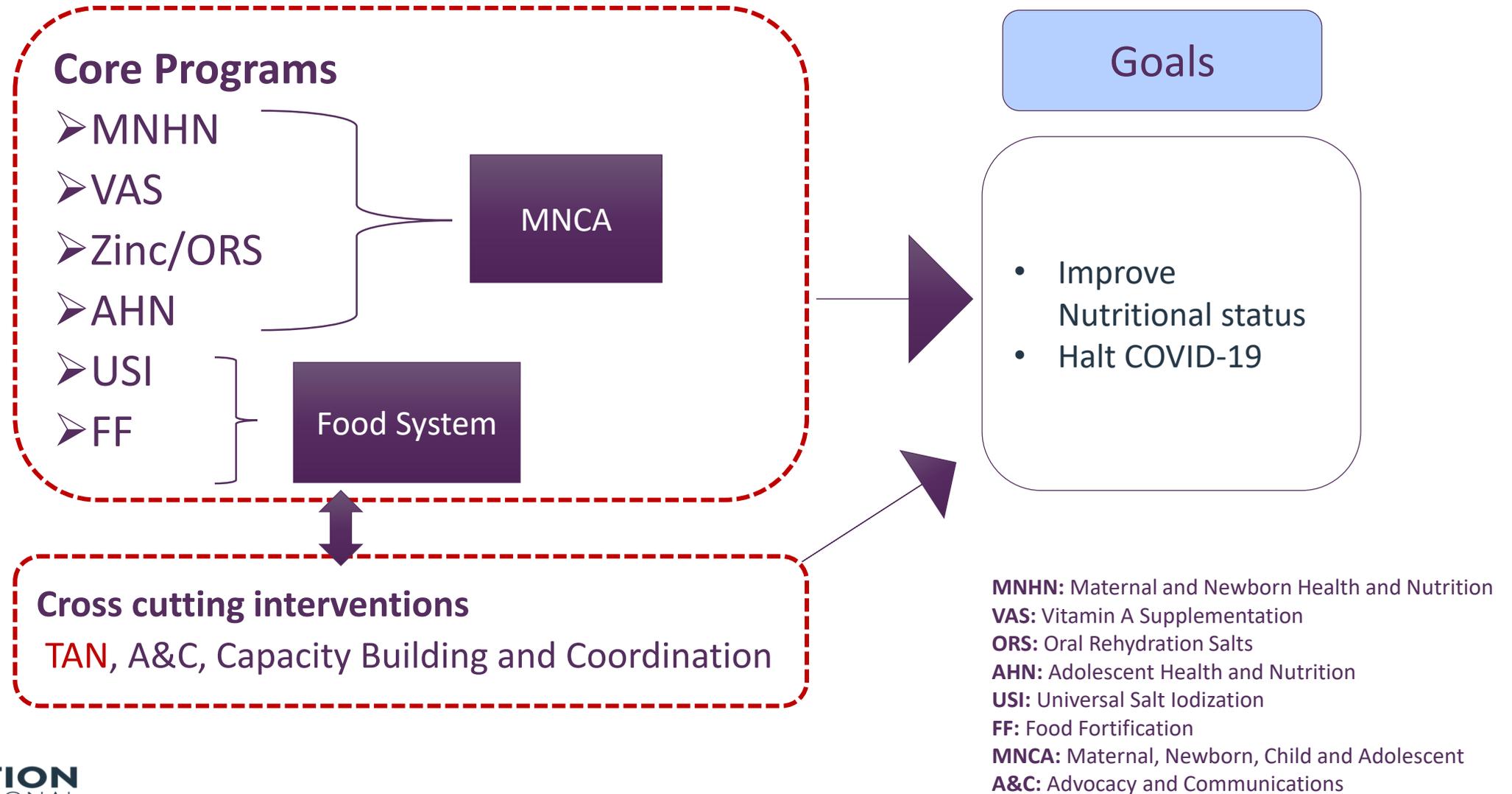


## Presentation outline

- Nutrition Response Plan: Focus, goal and approach
- Strategies and approaches:
  - Maternal, Newborn, Child and Adolescent Health
  - Food Systems
- Cross cutting interventions
- The Way forward



# Focus of Nutrition International's Nutrition Response Plan (NRP)



# Strategies/Approaches: Maternal, Newborn, Child and Adolescent Health (An integrated approach)

- Grant provided directly to the regional health bodies and the Federal Ministry of Health
- Community and facility-based approaches
  - Collaborative quality improvement and coaching at primary health care units (PHCUs)
  - PHCU by deploying zonal coordinators (4 regions, 9 zones)
  - Awareness creation on COVID-19, nutrition and service utilization using the Health Extension Program
  - Capacity building using Zonal Health Centers
- Mainstreaming COVID-19

# Strategies/Approaches: Food Systems

## Universal Salt Iodization

- Program Management Support and inspection through technical assistance support at the Ethiopian Food and Drug Administration
- Advocacy and dialogue for sustained supply of raw salt and KIO3 during the pandemic and beyond
- Behaviour change initiatives to households for consumption of iodized salt (integrated with the Maternal, Newborn, Child and Adolescent programs)

## Food fortification

- Capacity building to implement Food Fortification Program information system (TAs deployed)
- Improve coordination on food fortification

# Cross cutting interventions

- NTEAM's TAN Project
- Support coordination at all levels:
  - Attended Technical Working Group meetings at the Ethiopia Public Health Institute and the Ministry of Health
  - Nutrition and health cluster meetings
  - Ethiopian Civil Society Coalition-SUN meetings
  - Zonal and WHO meetings
- Advocate on the importance of nutrition during COVID-19 (above platform)
- Technical input on Ministry of Health guidelines: e.g Reproductive, Maternal, Newborn, Child, Adolescent and Youth Health and Nutrition guideline
- Part of the COVID-19 Cohort study: prognostic factors and outcome of treatment

# The Way Forward

- Resume collaborative quality improvement approach to improve service utilization and quality of care
- Robust gender and nutrition sensitive behaviour change initiatives: Sex and Gender Based Analysis on going
- Support the Ministry of Health to improve coordination at all levels (e.g nutrition council establishment and capacity building)
- NTEAM's TAN Project support at the subnational level for the SD baseline and resource tracking and partnership management

Thank you

# Q&A

Please use the chat box to ask your question. We do apologize if we are unable to get to your question due to time constraints.

After the Q&A we will move to audience experience sharing.



*Moderator*  
**Anne Babcock**  
Director, TAN  
Project



**Dr. Ferew Lemma**  
Senior Nutrition Advisor,  
Ministry of Health and  
SUN Focal Point Ethiopia



**Dr. Amare Deribew**  
Nutrition International  
Country Director, Ethiopia  
**\*Represented by Girma  
Mamo, Deputy Country  
Director, during Q&A**



**Dr. Sisay Sinamo**  
Sr. Program Manager,  
SD FPDU  
NTEAM Technical  
Assistance Provider,  
Ethiopia

# Experience sharing

**\*This section of the webinar was not held due to time constraints**

We are very interested to hear your experiences!

To let us know you would like to speak, please

- **Write your name and organization the chat box and use the 'raise hand' function at the bottom of your screen**
- **We will call upon and unmute you**
- **You will have 3 minutes to share your experience**
- We apologize if we are unable to hear from everyone

**Some guiding questions that may help facilitate your discussion:**

- **Share a concrete example of your role and experience in contributing to COVID-19 response planning and implementation**
- **Share your experience from a country in which you work, where the COVID-19 pandemic has impacted the nutrition status of the population and vulnerable groups, and how you or your organization approached this**



*Moderator*  
**Anne Babcock**  
Director, TAN  
Project



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Ministry of Health and  
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Country Director, Ethiopia  
Nutrition International



**Dr. Sisay Sinamo**  
Sr. Program Manager,  
SD FPDU  
NTEAM Technical  
Assistance Provider,  
Ethiopia

# Closing Remarks

**Dr. Richard Pendame**  
**Nutrition International's Africa Regional Director**



A light blue world map is centered on the background of the slide. The map shows the continents of North America, South America, Europe, Africa, and Asia. The text "Thank You" is overlaid on the left side of the map.

# Thank You

**NTEAM**  
NUTRITION TECHNICAL ASSISTANCE MECHANISM

# Annex

**This annex captures the discussions that took place during the Q&A segment of the webinar.**

**Panelists were kind enough to provide additional information to their original answers as well as written answers to questions that for lack of time could not be addressed during the webinar, those answers have been identified accordingly.**

# Q&A

## Questions for Dr. Ferew:

How do you explain the increase positivity rate? Do you have some data? Why is number of testing cases significantly decreasing in contrast to increased capacity to test?

## Answer:

Testing has reduced because of reduced human resources, availability of testing kits and finances. But we are producing testing kits now which will help. The positivity rate from August and September is more or less what we are experiencing now, we have started to produce test kits hence will be able to test 20,000 people per day.

Can you please tell us more about the Government stringency index and if and how it is used in decision making relevant to nutrition?

## Answer:

The stringency index is a global risk index with 18 indicators developed by Oxford University which let countries know if they should open up or close down. When stringency is reduced, the lock down is reduced, which results in misconceptions about the use of facemasks, so people use them less. Therefore, an increase in the positivity rate is seen.

# Q&A

## Questions for Dr. Ferew:

In relation to COVID-19, Dr Ferew mentioned misconceptions around consuming food of animal origin - what were these misconceptions and how were they addressed?

## Answer:

**Misconceptions have included promoting use of cultural and traditional spices, such as garlic, ginger, etc., and being told to stop consuming fruits, vegetables and animal sourced foods. But through continuous media communication, including at the regional level, we have told people what foods should be consumed by everyone and specifically for breastfeeding mothers.**

# Q&A

## Questions for Dr. Sisay:

You referred to federal treasury resources for nutrition. Has Seqota had an impact, and what interventions specifically might have been tried and were successful, in raising domestic resources for nutrition?

## Answer:

High level leadership and ownership of the Declaration at the federal and regional levels has been key to raising resources for the SD. Engagement of the excellencies the ministers through a learning trip to the Woredas to see what was going on, what was working, what the challenges were and how they could be part of the solution enabled them to make an investment decision at the cabinet level. Based on this we made an investment case and they approved it. This resulted in allocation of treasury budget.

Is the "costed Woreda-based multi-sectoral nutrition investment" for all 40 Woreda, or just some of them?

## Answer:

Currently, the investment plan is for the 40 woredas, but we are developing the Expansion Phase to reach more Woredas in other parts of the country in coming years.

# Q&A

## **Question for Dr. Sisay:**

How are you managing the major budget cuts of PDUs?

## **Answer:**

**Due to COVID-19 and the PDU budget cuts, we have reprioritized what to do or not. Secondly, we are creating plans to be COVID-19 responsive. We have had an opportunity to raise resources and are recently working with ECSC-SUN and other partners to generate more resources for the First 1000 Days movement. Utilization of the media has allowed more opportunity to generate resources to reach more communities while face to face interactions were not possible. So, the COVID-19 pandemic has been both an opportunity and a challenge.**

# Q&A

## Questions for Dr. Ferew:

What did you do differently to provide food to the Severe Acute Malnourished (SAM) children given the risks of COVID-19? Was this sustained during the pandemic months? Did you prevent or reverse the expected worsening of SAM cases?

## Answer:

Management of the response for SAM cases has been led by the Ministry of Health and is coordinated by the Emergency Nutrition Coordination Unit in the Disaster Risk Management Coordination Office under the Deputy Prime Minister. They complete the needs identification and bring partners together and consider the options where cases have increased. However, cases have not increased as much compared to what we've seen in the last few years, so the management has been more or less the same. But there have been problem was getting resources to the regions because of the shut down of flights and other transportation methods changing.

Is there any intervention ongoing to provide nutrition or to fortify staple food to displaced people in the affected region by recent conflict in the country?

## Answer:

The Emergency Nutrition Coordination Unit, with support from the highest level of government, is also coordinating the effort to help the vulnerable people through the provision of staple foods rather than fortification because this not an intervention we have as yet.

# Q&A

## **Question for the Nutrition International Ethiopia Country Office:**

Regarding RMNCAYH-N, were there any specific gender equality provisions implemented that could be a model for other countries?

Answer:

Nutrition International's (NI) Program Gender Equality Strategy (PGES) states that a gender perspective and attention to the goal of gender equality are central across all business models, programs, interventions and partnerships. There are programs that are gender responsive – Adolescent Health and Nutrition, The Maternal and Newborn Health project and there are programs that are gender sensitive – such as Vitamin A supplementation, salt iodization, diarrhea management with Zinc & ORS.

Women, their children and girls are frequently impacted any catastrophe and their health and nutrition condition affected. NI's nutrition response plan (NRP) adapted to mitigate the impact of COVID-19 on provision & uptake of RMNCAYH-N services. NI supported home-to-home IFA distribution to ensure pregnant women that are at more risk of COVID-19 get prenatal IFA to prevent risk of anemia and its effect. NI designed community-based approaches to continue to deliver Weekly IFA supplement to adolescent girls. However, the program could not be implemented because of supply shortage and difficult procurement due to COVID-19. NI supported COVID-19 surveillance and delivery of essential services. In addition to prenatal IFA, Vitamin A and diarrhea case management has been integrated into COVID-19 surveillance. This not only ensures service provision and uptake, but it also reduces risk of exposure to COVID-19 among caregivers (who are usually women).

# Questions addressed in writing by Dr. Sisay

Dr Sisay describes the importance of incorporating "successful community projects". Could he kindly say how he and his colleagues assess "successful" in robust ways?

**Answer:**

**The assessment for successful projects is measured at various level. This includes the quality of the project to contribute to the goal of the Seqota Declaration, replicability of the projects at lower cost, community ownership, and other parameters.**

To what extent has the design of the Seqota Declaration been informed by other previous experience in Africa. I see the approach as very similar to what the World Bank did with the government of Senegal for the implementation of the Nutrition Enhancement Project that contributed to a significant reduction of stunting in the country. Can you tell us more about the specific nutrition sensitive actions in addition to their usual day to day activities? Eg What specific actions the Ministry of Culture and Tourism is implementing for the prevention of stunting?

**Answer:**

**During the design of the 15-year road map, a literature review has been done to understand the promising and effective practices in Ethiopia and other countries in Africa and globally. Based on the literature review, the 15-year road map was developed. Regarding the nutrition specific actions, high impact interventions are being implemented by the health sector and development partners. The Ministry of Culture and Tourism is implementing interventions that focus on creating job opportunities for youth as Ethiopia has tourist sites.**

# Questions addressed in writing by Dr. Sisay

Regarding the Woreda Multisectoral Nutrition Investment Plan, what were the key success factors that enabled the mobilization of 16 million USD?

**Answer:**

As mentioned above, the Seqota Declaration is owned by the government. The leadership also conducts regular performance management and took part on the site visit to see the progresses and challenges. That is why the government has allocated funding for the implementation of the Woreda based investment plan. The allocation is not only from the federal government, but the regional government also made equivalent allocations.