THE HEALTHY VILLAGE PROGRAMME · ETHIOPIA 2020–2026

From Healthy Villages to a National Model

A different kind of programme.

MAX FOUNDATION

PLAN INTERNATIONAL

Ministry of Foreign Affairs of the Netherlands

iDE Powering entrepreneurs to end poverty.

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Every year, development programmes around the world invest millions in improving child health.

And every year, many of those improvements disappear when the funding ends.

This is a different story.

The Healthy Village Ethiopia Programme was designed around one belief: lasting change does not come from delivering services — it comes from **making systems better at delivering them.**

Dr. Sisay Sinamo

Ministry of Health, Ethiopia

Ethiopia's commitment to ending child stunting is an ambitious public health and development effort. Through the Seqota Declaration, launched in 2015, the Government of Ethiopia set out not only to reduce malnutrition, but to fundamentally change the systems that shape the health, nutrition, and wellbeing of children and families.

This publication reflects an important part of that journey.

Since its design, the Healthy Village Programme has been developed in close partnership with the Ministry of Health and aligned with the Seqota Declaration. What made this partnership valuable was not simply the implementation of activities, but the deliberate effort to co-create solutions that strengthen existing government systems and accelerate national goals.

The Healthy Village approach demonstrated the importance of integration. Stunting cannot be addressed through isolated interventions. By linking WASH, nutrition, agriculture, health systems, and market-based solutions, the programme showed how these sectors can work together in practical ways at community level. And the embedded technical assistance helped ensure that learning moved from the field into policy.

One of the most significant outcomes is the Malnutrition-Free Healthy Village (MFHV) model. Built from the combined learning of the Seqota Declaration and the Healthy Village Programme, it is a government-led framework for scaling integrated nutrition and WASH interventions nationally. It is rooted not in a stand-alone project, but within government systems, local ownership, and community structures. This gives us confidence that it can support Ethiopia's scale-up ambitions from 2026 to 2030.

The lessons presented here extend beyond Ethiopia. They demonstrate the value of working with and through government systems rather than around them, of learning by doing, adapting to changing realities, and building partnerships based on trust and shared priorities.

Max Foundation

The Healthy Village Programme was never designed as a conventional project, one that starts, delivers, and stops. From the outset it was built to trigger something larger: a shift in how child nutrition is understood and acted on at every level, from the household to the ministry.

That shift was only possible because the approach itself is integrated by design. Food security, maternal and child health, and WASH cannot move the needle on stunting in isolation. Max Foundation brought its experience in building integrated, market-based solutions that strengthen systems rather than replace them, connecting the people who deliver child nutrition from communities to the federal level, with a deliberate focus on generating evidence the government could use.

What makes us proudest is not what the programme delivered, but what it set in motion. The model now moves into a national scale-up led by the Government of Ethiopia, one that will need to scale deep, through changed mindsets; scale up, through stronger systems; and scale out, into new regions. What these five years offer is a foundation of evidence and learning to build on. Lasting change is not delivered. It is enabled.

Gezahegn Kebede
Regional Director for East Africa, Max Foundation

Plan International

Ending child malnutrition is not a question of knowing what to do. It is a question of building systems capable of delivering lasting change at scale.

For Plan International Ethiopia, the programme was a chance to bring decades of experience in WASH, nutrition, health, education, livelihoods, and gender equality into one coordinated approach. Rather than creating parallel structures, it empowered Health Extension Workers, Development Agents, teachers, and local leaders to drive change within their own communities.

The results showed what multisectoral investment makes possible. Gender-transformative approaches kept girls in school through better menstrual hygiene facilities, brought women into leadership and savings groups, and drew men into nutrition and caregiving. As the programme concludes, its legacy will continue through stronger institutions, empowered communities, functional local markets, and scalable national systems.

We extend our sincere appreciation to the Government of Ethiopia, to the communities who co-created these solutions, to our consortium partners, and to the Embassy of the Kingdom of the Netherlands. When systems work together, children thrive.

Hiwotie Simachew
Deputy Country Director, Plan International Ethiopia

CONTENTS

The story behind these words, and how it unfolded.

CHAPTER ONE

01

The National Context

Ethiopia's commitment to zero stunting

Ethiopia's Commitment to Zero Stunting

In 2015, Ethiopia made one of the most ambitious child health commitments on the African continent.

The goal: end stunting in every child under two — by 2030.

38%

of Ethiopian children under five were stunted at the time the commitment was made.

17%

of national GDP lost each year to the long-term consequences of undernutrition.

The Healthy Village Programme was not an outside intervention. It was a deliberate response to this national call, designed from day one to feed evidence into Ethiopia's own systems.

The challenge

When Ethiopia launched the Seqota Declaration in 2015, the country was confronting an urgent public health challenge. Nearly four in ten children under five, approximately 38%, were stunted: too short for their age because of chronic malnutrition during the critical first 1,000 days, the window between pregnancy and a child's second birthday when the body and brain develop fastest.

Stunting affects how children grow, learn, and participate in society throughout their lives. Children who are stunted are more likely to struggle in school, face reduced economic opportunities, and experience poorer health outcomes as adults. The effects ripple across generations, creating cycles of poverty that are difficult to break.

The national economy carried the cost too. When millions of children grow up unable to learn and earn at their full potential, a whole country pays.

A phased approach to scale

The Declaration followed a deliberate three-phase pathway designed to test, refine, and scale integrated solutions.

Innovation Phase
2016–2020

Testing what works.
Piloting integrated interventions in selected woredas in Amhara and Tigray, generating evidence about which approaches were most effective in the Ethiopian context.

Expansion Phase
2020–2025

Refining for scale.
Building on innovation-phase lessons, refining successful approaches, and preparing them for wider implementation. The Healthy Village Programme came alive in this phase.

Scale-Up Phase
2026–2030

Delivering nationwide impact.
Taking proven approaches to scale across Ethiopia through strengthened government systems, coordinated financing, and community ownership.

INNOVATION PHASE RESULTS

Early results that changed the conversation

The results of the Seqota Declaration's Innovation Phase were striking. In the target woredas of Amhara and Tigray:

15%+
fall in stunting across the target woredas.

1,000+
child deaths prevented.

100k+
cases of stunting averted.

These results mattered not only because they demonstrated impact, but because they revealed something equally important: **integrated approaches could work, if they were embedded within systems capable of sustaining them.** The question was no longer which interventions work. It was how to strengthen the systems, institutions, and partnerships needed to deliver them consistently, across an entire country.

CHAPTER TWO

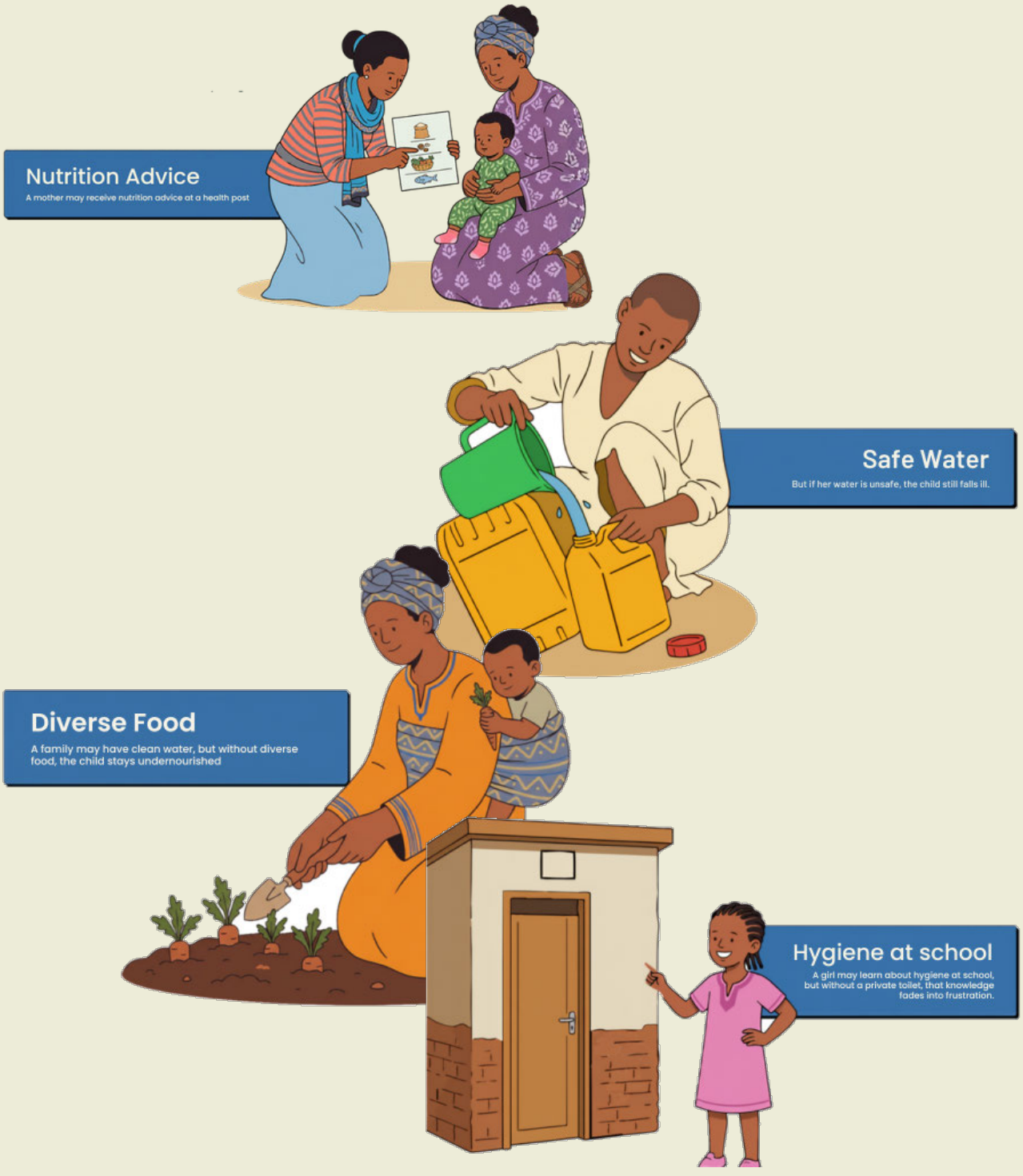
02

Integrating for Child Health

Where systems meet

A popular African proverb says that it takes a village to raise a child.

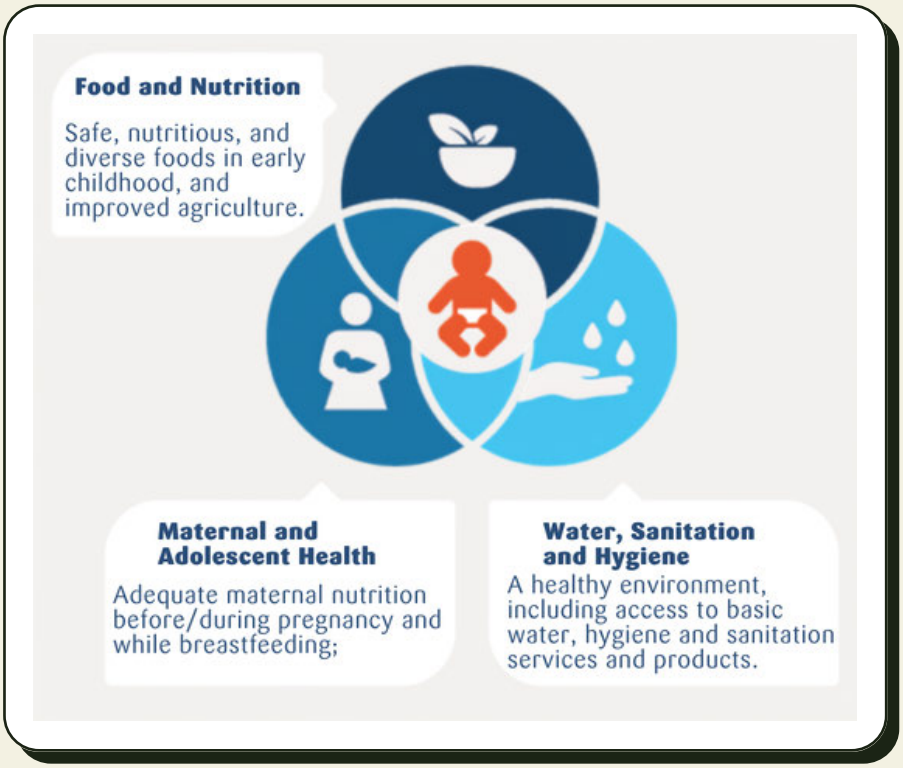
Child health, it turns out, works the same way. No single system is enough on its own — each one depends on the others.



Stunting is not caused by a single failure. It is the result of systems that do not connect.

A nexus approach

Follow the chain: unsafe water causes disease, which stops a child absorbing nutrients; poor nutrition weakens immunity; climate stress squeezes water and food at once. Fixing any one alone is like repairing a single cog in a failing machine. The nexus approach treats them as one system.



Podcast Tip!

"WHY INTEGRATING WASH AND NUTRITION IS A GAME-CHANGER"

A conversation with Dr. Sisay Sinamo Boltena on why you cannot end undernutrition without tackling water and sanitation at the same time, and what changes when the two finally work as one.

*This podcast episode was made available as part of our free, online course "WASH and Nutrition Nexus"

▶ Listen to the podcast

Integration is easy to describe and hard to do — left to itself, it slides back into separate activities running side by side. **The real test was whether it could be seen on the ground, household by household.** This is what that looked like.

WATER THAT QUENCHES MORE THAN THIRST

In many communities, water used to mean long journeys and heavy loads, or a well too deep and exhausting to draw from. Through Multi-Use Water Systems, it came to mean far more. Rope pumps and solar-powered schemes brought water within easy reach, and simple filters made it safe to drink. The design went further still: the same water that fills a cup also waters a garden and sustains livestock.

The effect was layered. Families could finally collect enough water for drinking, cooking, washing, animals, and a backyard plot all at once. Gardens started to grow, adding vegetables to once-limited diets and a little produce to sell. Children stopped falling sick from the water they drank. Nutrition improved, not because of one intervention, but because water unlocked several at once. Water here is both a health intervention and an economic one.

FIELD STORY

Mossa Alemu *Shebel Berenta*

Mossa had a hand-dug well in his own compound that his family barely used. Lifting water from that depth by hand was so slow and tiring that they drew as little as possible, and what they did drink kept making the children ill. "We, especially our children, were usually sick in the stomach," he says. "Health workers said it was a waterborne disease."

The programme fitted a rope-and-washer pump to the existing well, added a Tulip filter to clean the water, and supplied vegetable seeds and Mittin for his youngest child. The change cascaded. The pump made it practical to draw enough water for the household, the livestock, and a garden. The filter ended the illnesses. The family grew cabbage, chard, beetroot and carrot, bought onion seed themselves, and sold the surplus for ETB 6,000, spent on oil, salt and soap.

Even the labour shifted. Where only adults had hauled water before, older children could now manage the pump, and the programme's gender sessions reached Mossa directly.

One well, unchanged for years, became clean water, a garden, an income, healthier children, and a small renegotiation of who does what at home.

ENTREPRENEURS FOR HEALTH

Behaviour change without supply is just theory. A mother persuaded to feed her child better, or a family ready to build a latrine, needs somewhere to actually get the product. So the programme supported a network of local entrepreneurs to provide it: nutrition sales agents who supply fortified complementary food, and latrine business owners who manufacture and sell improved sanitation products in their own communities.

The logic is the same on the nutrition side and the sanitation side. Health Extension Workers create demand through counselling and cooking demonstrations. Local businesses meet that demand at a price the community can afford. The system keeps running because both halves of it work, and because the entrepreneur has every reason to keep going after the programme has left.

FIELD STORY

Muluwork, Nutrition Entrepreneur

Muluwork has run a small shop in Mergech kebele for four years. When Health Extension Workers and iDE staff showed her how to blend local cereals and legumes into a fortified complementary food for infants, she saw a gap worth filling: mothers were told how to make it, but most never bought all the ingredients to do so.

She started with 15 kilos and sold it within a couple of months. The profit was modest at first, awareness in the community is still growing, but she is playing a longer game.

"I don't want to worry about the profit now, because I know I am selling something beneficial. When individuals' lives are changed, the country as a whole can change."

Muluwork Tesfaw, 28, Mergech Kebele

Health Extension Workers promote the food, mothers buy it, Muluwork supplies it, and she plans to scale from 15 kilos toward 100. When the programme ends, none of that has to stop. **The market itself becomes the thing that makes it last.**

SCHOOLS AS SITES OF DIGNITY AND HEALTH

For girls, whether a school is a place of dignity or shame can come down to something as basic as a private toilet. Where schools added sex-segregated latrines and a dedicated Menstrual Hygiene Management room, paired with open education through gender clubs, the change has been profound.

Girls and boys discuss menstrual health without embarrassment, and local entrepreneurs supply reusable sanitary pads, so access does not depend on donations. The approach is spreading school by school, carried each time by teachers who decide it matters.

FIELD STORY

Andualem Anteneh, School Supervisor

Andualem grew up in a village without clean water or toilets, went away to university, and came back to work as a supervisor at Enebre Primary School, where 407 children study. So he understands exactly what is at stake when he sets out to bring that change to his own school.

After he and a small group of colleagues took part in hygiene and sanitation training run by ORDA, one of the programme's partners, Andualem passed what he learned on to 24 students, set about reviving the school's gender club, and began preparing a dedicated room where girls can manage their periods with privacy and dignity.

"The training made me aware that our girl students face a lot of challenges during their menstrual cycle. I wish to see that girls stop missing class due to menstruation."

Andualem Anteneh, 38, School Supervisor, Enebre Primary School

His school is one of many now moving in the same direction. And that is exactly how the model has spread across the region: **not by mandate, but by people like Andualem who see why it matters and start where they are.**

FINANCE AS THE MISSING LINK

Often the barrier is not knowledge but money. A family may know it should build a latrine or plant nutrient-rich crops, and still lack the means to act.

Village Economic and Social Associations (VESAs) are savings groups that double as the place where conversations about hygiene, nutrition, and farming happen. A household learns about better sanitation in a session, and can take out a small loan straight afterwards to buy the materials from a local supplier. The same groups carried families through lean seasons and the disruption of conflict, letting them save, borrow, and hold on to the gains they had made. Knowledge turns into action without a wait in between, and finance is what makes the health practices possible.

THE PEOPLE WHO MAKE IT WORK

Integration is not held together by systems alone. It is carried by people working across them. Health Extension Workers monitor growth, counsel families, and connect households to services. Development Agents make sure food production meets nutritional need. WASH Committees keep the water flowing. Entrepreneurs keep the products on the shelf. Each holds one piece of the puzzle, and together they make a network in which no single intervention stands alone.

FIELD STORY **Biyadige, Volunteer Administrator**

Biyadige farms a single hectare in Tejbahir kebele and, for nearly three years, has served as its administrator without pay, mobilising his community, overseeing health and education, and working alongside Development Agents on better farming and conservation.

He is honest about where progress stalls: people do not always practise what they are taught, on latrines, on handwashing with soap, on feeding children well. His answer is to go first.

"I can't tell people to do something I don't practise myself. I do all this not because I get paid. I don't. But I want to leave my mark in my community."

Biyadige Ayalew, 40, Tejbahir Kebele

He stands for thousands of local leaders who are the real engine of this work: not the NGOs, not the donors, but the people who show up every day because they believe in something better. **The programme's job was to equip them, not to replace them.**

GENDER AND CLIMATE: THE MULTIPLIERS

Two forces quietly amplify everything above: gender and climate.

When women take part as equals in water committees and savings groups, decisions about health and nutrition begin to change, and when cooking demonstrations include men, responsibility at home starts to redistribute. Gender is not an add-on to the model. It is what makes the rest of it work harder. Climate runs through it in the same way: solar-powered schemes, drought-resistant crops, and soil-friendly fertilisers protect the gains against shocks, and where rainfall cannot be relied on, resilience is not a luxury. The clearest single expression of all this is the Participatory Integrated Plan, a farmer-led plan that pulls farming, sanitation, nutrition, and savings into one shared vision the whole household works towards.

Across Emba Alaje, women now hold **48% of WASH Committee leadership roles** — and chair all eleven committees in the district.

FIELD STORY **Behafta Redai & Behafta Abrha · Emba Alaje, Tigray**

In Emba Alaje, leadership in water and savings had long been considered men's work; women who sought it were seen as stepping out of line. The programme set out to change that deliberately, reserving space for women in every committee it helped form and training them to lead. The numbers shifted: women now hold 48% of WASHCO leadership roles across the district, and all eleven committees are chaired by women.

Behafta Redai was elected to lead her village savings group despite being unable to read or write; the group appointed a vice-chair to help, and hers is now one of the strongest VESAs in the woreda. Behafta Abrha chairs her local water committee, where she rallied her community to contribute ETB 65,000 toward protecting and maintaining their water source.

"Now we have clean water, my children are healthy, and I feel proud to lead our community in taking care of it."

Behafta Abrha, 37, WASHCO Chairperson

"I encourage all women not to limit themselves to household roles. Women are capable of leading and managing groups effectively."

Behafta Redai, 42, VESA Leader

WHERE THIS LEADS US

The pieces stop behaving like separate projects and start behaving like a system.

When integration is left to chance, it falls apart into parallel projects. When it is deliberately designed, facilitated, and kept up, the effects compound. Water improves hygiene and feeds agriculture. Better nutrition strengthens immunity. A little finance lets households act on what they learn. Women's leadership multiplies all of it: connected, mutually dependent, and worth far more together than apart.

But making it work on the ground was only ever half the ambition. The harder question was whether any of it could last, and scale, beyond four woredas and five years. **Answering that meant treating every village not just as a place to deliver, but as a place to learn.**

CHAPTER THREE

03

Evidence and Learning

Implementing to learn what works

In development, activity is often mistaken for progress.

Beneath the visible activity, a harder question remains: what actually works, and what is ready to last?

Every intervention in the Healthy Village Programme became part of a larger effort to answer one national question: how do you move from successful pilots to systems strong enough to end stunting at scale?

Communities became living classrooms. Implementation became a continuous loop: test, learn, adapt, refine.

The programme's learning strategy made sure experience did not stay local or temporary. Lessons from the field were turned into evidence that government institutions could use, not just to see what works, but to understand how and why.

When evidence is built into government systems, it shapes policy, improves the quality of delivery, strengthens frontline practice, and guides decisions.

Knowledge stops being documentation and becomes infrastructure for scale.

FROM CONCEPT TO PRACTICE

What follows are four experiments in learning by doing. Each one began as a practical problem in the field, and each one taught the programme something it carried into the next.

EXPERIMENT ONE

1 Enriched data for better diagnosis

It began with a deceptively simple problem: how do you measure a child accurately? Growth monitoring had relied mainly on weight, which is useful, but not enough to catch stunting during the first 1,000 days — the window when action works best and after which the damage is hard to undo. The answer was to add length measurement, the key sign of stunting, and to move the whole data flow off paper and into the government's own e-CHIS platform, the digital health system that community health workers use to record and track care.

The shift is concrete. Where Health Extension Workers once recorded growth on paper, slow to gather and impossible to act on in real time, they now record weight and length on a tablet that generates growth charts instantly, flags children at risk, and feeds a national dashboard used for planning from district to federal level.

Recognised nationally.

Out of every innovation across Ethiopia's health sector, the Ministry of Health chose just one to represent it at the country's national Digital Health Week in 2026: this digitised approach to growth monitoring.

The pilot was not flawless: patchy connectivity, heavy workloads, and the daily realities of frontline service all shaped it. But it proved digital growth monitoring can work inside government systems, and the Ministry of Health is now extending it well beyond where the programme began.

2 EXPERIMENT TWO
Supplementing extension services

Health Extension Workers are the backbone of growth monitoring, and they are stretched thin. In one programme kebele, two workers cover more than 1,700 households between them. The question became unavoidable: when the system is this overstretched, can communities help carry the load without lowering the quality?

> ***"We get very sad when we find malnourished children even after all the awareness we have done. Including these children in the programme cannot be the only solution. We need to work on the problems here in the kebele."***
>
> Tiruye Lakew, Health Extension Worker

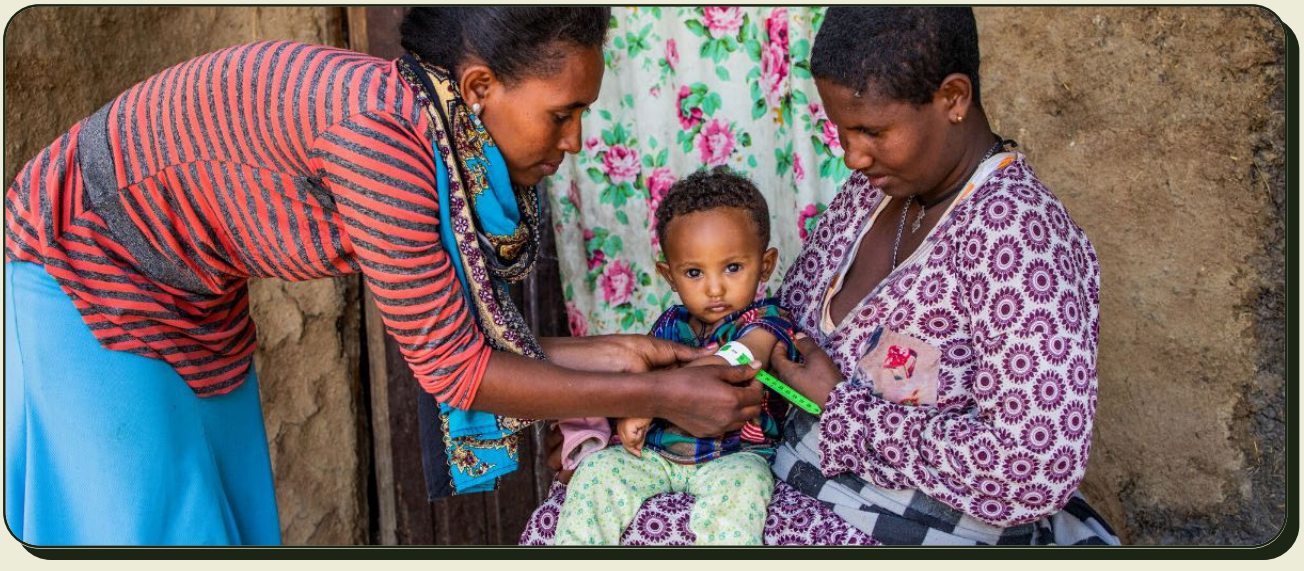
In 2025, the programme tested an answer in Emba Alaje, Tigray, through Mother-to-Mother Support Groups: trained mothers ran sessions, took growth measurements, and passed the data to Health Extension Workers for the digital system.

94
groups formed across three kebeles.

1,000
children under two reached, close to.

1,700
households covered by just two workers in one kebele.

It brought monitoring closer to home and built real community ownership, especially among women. It also surfaced the honest realities of scale: attendance dipped during harvest, some cultural hesitation lingered, the data was sometimes inconsistent — less failures than field notes, showing where supervision, incentives, and training would need to be stronger. The Ministry of Health is now watching the model closely, neighbouring woredas have asked about it, and a local experiment is becoming part of Ethiopia's national approach to community-based health promotion.



EXPERIMENT THREE

3 Adapting in crisis

Then conflict broke out, first in Tigray, later in Amhara, and the plan met reality. Planned activities gave way to hybrid responses that paired immediate humanitarian relief with the slower work of rebuilding systems.

How hard this got is visible in the numbers. In Tigray, the share of rural water schemes that were broken jumped from about 30% before the conflict to more than 70% after it. And measuring a child's length, the very improvement the programme had introduced, became unsafe during the endline evaluation: carrying the length boards through the region would have raised the visibility of families and field teams and put them at risk, so evaluators measured weight alone. When even measuring a child safely is in question, every assumption about delivery has to be rethought.

What emerged from that rethinking was close to a blueprint for working in fragile places:

01 Build flexibility in from the start; it is survival, not a luxury.

02 Partner with community leadership to earn access and trust.

03 Trust local solutions over one-size-fits-all designs.

04 Design crisis modifiers into the programme, so it can respond fast without losing the long game.

4

EXPERIMENT FOUR

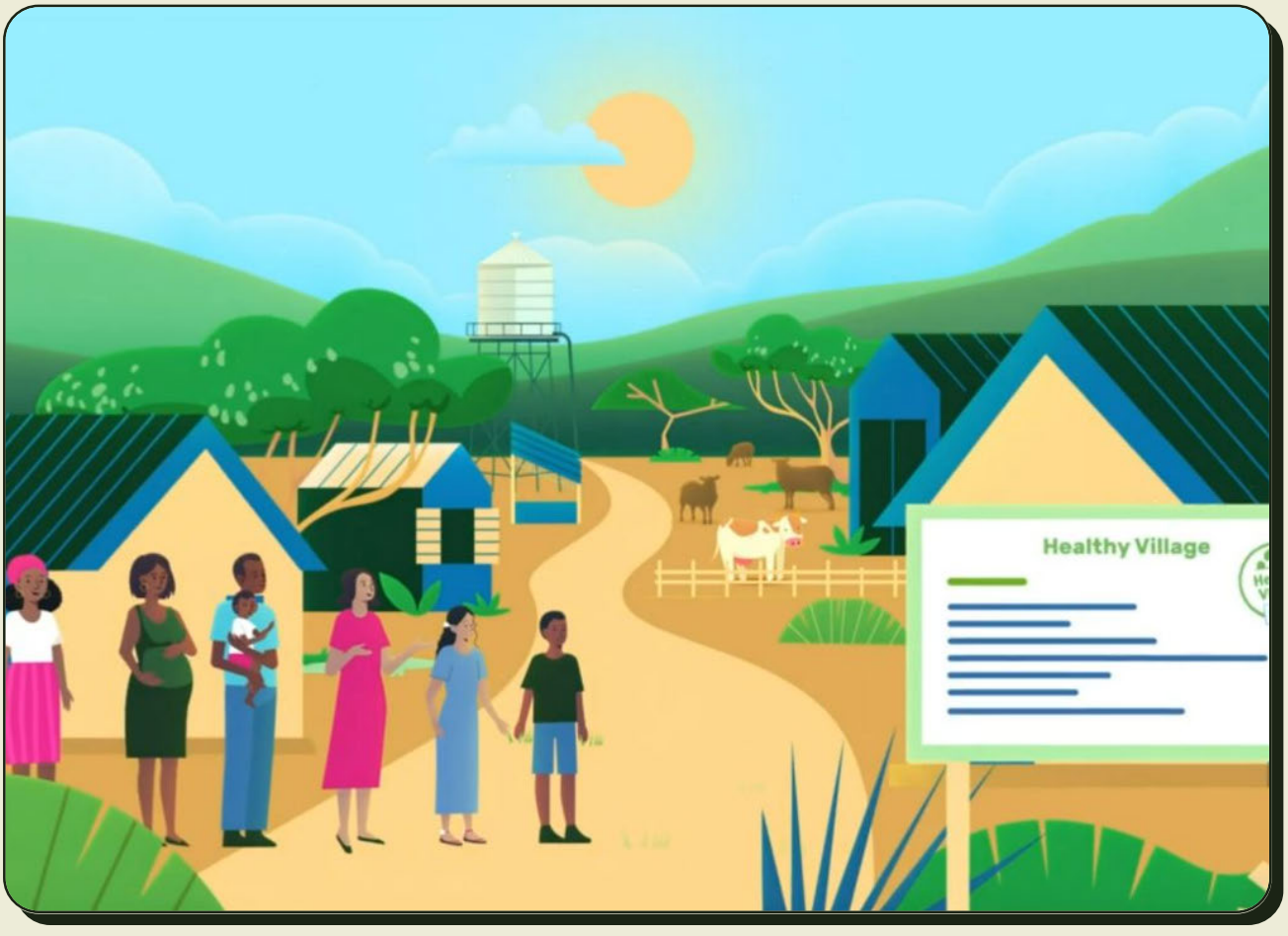
Measuring what matters

The hardest question of all: how do you know when a village is actually "healthy"? The programme needed a shared definition. The Healthy Village Tracker, built with the Seqota Declaration Delivery Unit, set out 11 indicators spanning behaviours, services, and social dynamics, from breastfeeding practice to gender-equal decision-making at home. Data is gathered household by household, verified collectively, and signed off by local graduation committees.

Each graduation was more than a milestone. It was proof that something as complex as integrated change can be **defined, measured, validated, and then repeated somewhere else.**

33

villages met the Healthy Village standard in 2025.



WHERE THIS LEADS

Knowledge only changes a country if it travels.

> Every one of these learnings produced something more durable than a result. It produced knowledge the government could hold: a better way to measure children, a model for community-led monitoring, a way to work through crisis, a shared definition of success. But knowledge only changes a country if it travels — out of the programme and into the institutions that will outlast it.

CHAPTER FOUR

04

Engagement

From programme learning to systems influence

04 · ENGAGEMENT

Evidence on a shelf changes nothing.

Evidence inside a government plan changes how a country works.

Everything the programme learned in the field was only worth as much as its ability to travel. So the programme's third pillar had a single job: to make sure its insights were never kept internal, but actively shared, discussed, and translated into dialogue with government and other partners. Engagement was the bridge between what the programme learned and how Ethiopia's systems changed.

A programme can generate the best evidence in the world and still change nothing, if that evidence stays inside the programme. The hard part is not learning what works. It is getting a government to take that learning, believe in it, and make it its own.

That was a deliberate choice in how the programme was built. Rather than running as a parallel project beside the state, it set out to strengthen the state's own systems: working with government rather than around it, embedding expertise inside existing structures rather than creating new ones, and judging success not by what the programme delivered, but by the capacity that would remain once it was gone.

IN PRACTICE, THAT MEANT FOUR THINGS

01 · Sharing evidence and field experience beyond the programme.

02 · Creating dialogue and alignment with government systems.

03 · Contributing to technical processes and capacity strengthening.

04 · Turning programme-level learning into inputs for system-level change.

SITTING INSIDE THE SYSTEM, NOT BESIDE IT

The most important of these was also the least visible. The programme placed its own technical staff inside government, with two colleagues seconded into the Ministry of Health, regional health bureaus, and the Seqota Declaration Delivery Unit.

This is what made the bridge real. Someone seconded into government is in the room when plans are written and budgets are set. They carry what worked in the field directly into the conversations where national decisions are made, and help turn it into the guidance and tools the government will actually use. It is slow and unglamorous, and it is **the clearest single reason the learning outlasted the programme.**

Training that builds capacity that stays

Training worked the same way. Across health, agriculture, water, and education, thousands of government workers were trained, never as one-off events, but as a deliberate cascade. When the programme ends, the trainers keep training, and those skills remain in their communities as permanent resources.

Programme staff train officials › **Officials** train extension workers › **Extension workers** train community leaders › **Community leaders** reach households

WHAT THE GOVERNMENT TOOK ON AS ITS OWN

The truest test of engagement is simple: what did the government adopt, and keep? The list is concrete.

- ✓ **WASH–Nutrition Integration Guideline** endorsed by the Ministry of Health.
- ✓ **Length measurement integrated into e-CHIS**, the government's national digital health platform.
- ✓ **Scaling training** rolled out for the Seqota Declaration at every level.
- ✓ A free **WASH–Nutrition Nexus online course** with IRC, open to practitioners anywhere.
- ★ And, at the centre of it all, the co-created **Malnutrition-Free Healthy Village model.**

Each of these started as programme learning and ended as something the government owns. **That is the difference between a project that delivers and a partnership that changes a system.**

FIELD STORY **Kidane Mehari, Woreda Water Supply Coordinator**

The clearest sign that an approach has taken hold comes not from the programme, but from the government officials who claim it as their own. Kidane Mehari coordinates water supply for Emba Alaje woreda, where conflict had left most water points broken and communities walking up to three hours to fetch water. He watched the Multiple Use Water System (MUS) go from idea to working reality: a single rehabilitated spring now serving homes, a health post, a school, a farmer training centre, and livestock at once.

> ***"Healthy Village is an integrated project that meaningfully engages local government. I am very happy now, because I see that one drop of water is being used for all purposes. The MUS practices need to be scaled up, not only in this district but in others as well."***
>
> Kidane Mehari, Woreda Water Supply Coordinator, Emba Alaje

When the call to scale comes from the government's own coordinator rather than the programme, the approach has stopped being a project. It has become how the system wants to work.

BRINGING EVERYONE TO THE TABLE

Engagement was never only about government. Throughout the programme, the aim was to keep all the actors who shape child health — communities, donors, the private sector, and the wider development community — pulling in the same direction, because lasting change needs them aligned rather than working in parallel. That alignment kept returning to four questions, the ones that decide whether anything actually scales.

System uptake & strengthening

Impact lasts only when local governments, communities, and private actors own the solution.

Evidence & learning

Data is not enough; scaling needs usable insight that improves decisions at every level.

Cost-effectiveness

Safe, affordable solutions that fit local systems — not complex, donor-dependent ones.

Alternative finance

Diversifying beyond donor funding, valuing community contributions, drawing in the private sector.

ADDIS ABABA · MAY 2025

The Linking and Learning Event

Co-hosted with the Embassy of the Kingdom of the Netherlands and the Ministry of Health, and bringing in voices from UNICEF, World Vision, Waterlife, the Seqota Declaration Secretariat, and several other stakeholders, it gathered the whole ecosystem around exactly these questions. Gatherings like this were not one-off showcases — they were how the programme practised what it preached: not a single organisation delivering, but a whole ecosystem aligning behind one national goal.

THE BRIDGE'S DESTINATION

A national model, written into policy

The Ministry of Health is publishing the Malnutrition-Free Healthy Village (MFHV) Implementation Guideline: an official government framework that merges the Healthy Village approach with the government's own Malnutrition-Free Village model, and names it the vehicle for the Seqota Declaration's national scale-up across more than 1,050 woredas from 2026 to 2030. This is the legacy that matters most. Not a programme that delivered services for five years, but an approach the Government of Ethiopia adopted as its own.

WHAT THIS TAUGHT US

Working through government is slow, and worth it. The work demands patience: returning to the same conversation until it takes root.

Being inside the system beats advising from outside. Embedding staff did most to make the learning last.

Success is the capacity that remains. Not what a programme delivered, but what the system can now do without it.

Engagement is the bridge, not an afterthought. Without it, even the best evidence stays trapped inside the programme.

> By its final years, the question was no longer whether integrated approaches work, or whether they can live inside government. It was what, exactly, the country should carry forward, and in what form. The answer had a name: **the Malnutrition-Free Healthy Village.**

CHAPTER FIVE

05

From Healthy Village to a Model for Scale

Co-creating the Malnutrition-Free Healthy Village

What exactly should be scaled, to every district, to reach zero stunting by 2030?

The answer emerged from years of work between the Healthy Village Programme and the Seqota Declaration, returning again and again to a single test: which approaches are high-impact, low-cost, and able to survive inside the government system, without donor funding to prop them up? The answer is the **Malnutrition-Free Healthy Village (MFHV) model**: Ethiopia's blueprint for nutrition and WASH at scale.

An uncomfortable realisation

About two and a half years into implementation, the programme faced an honest reckoning. Many of its interventions were working at community level — but working is not the same as scalable. The design had prioritised impact within a project setting, with NGO structures and resources behind it, and a number of those interventions simply could not be afforded or sustained inside government systems, or by communities themselves, once the funding stopped.

So the programme did something harder than carrying on. Together with the Seqota Declaration team, it pulled its own intervention package apart and asked of each piece: *can this realistically run inside the government system, without donors?* Some components were kept. Some were simplified or adapted. Some were let go, even though they worked, because they could not scale. What emerged was a **"minimum viable package"**: integrated services that are not only effective, but affordable, replicable, and deliverable through existing government, community, and market systems, even in the absence of external funding.

That package is the Malnutrition-Free Healthy Village model. In October 2024, the Ministry of Health published it as an official national framework, merging the Healthy Village approach with the government's own Malnutrition-Free Village model into one, and naming it the unit of scale for the Seqota Declaration.

The programme's deepest contribution was not a set of activities. It was the willingness to test its own work against the realities of scale, and to redesign it accordingly.

What was kept, changed, and reinforced

As Healthy Village became MFHV, every component was tested against one question: can it scale inside the system?

Retained
the core principles that made it work

Integration across sectors, because stunting cannot be solved in silos.

Community-led approaches that build ownership and sustain behaviour change.

Government extension systems as the main delivery channel.

Demand creation paired with local supply through market actors.

Adapted
the mechanisms to make scale feasible

Simpler intervention packages, matched to government capacity.

Standardised tools and approaches for replication.

Cost built into every design decision.

Existing government structures strengthened, not duplicated.

Strengthened
the elements critical for sustainability

Data systems, including digital growth monitoring.

Training pathways that cascade knowledge through government structures.

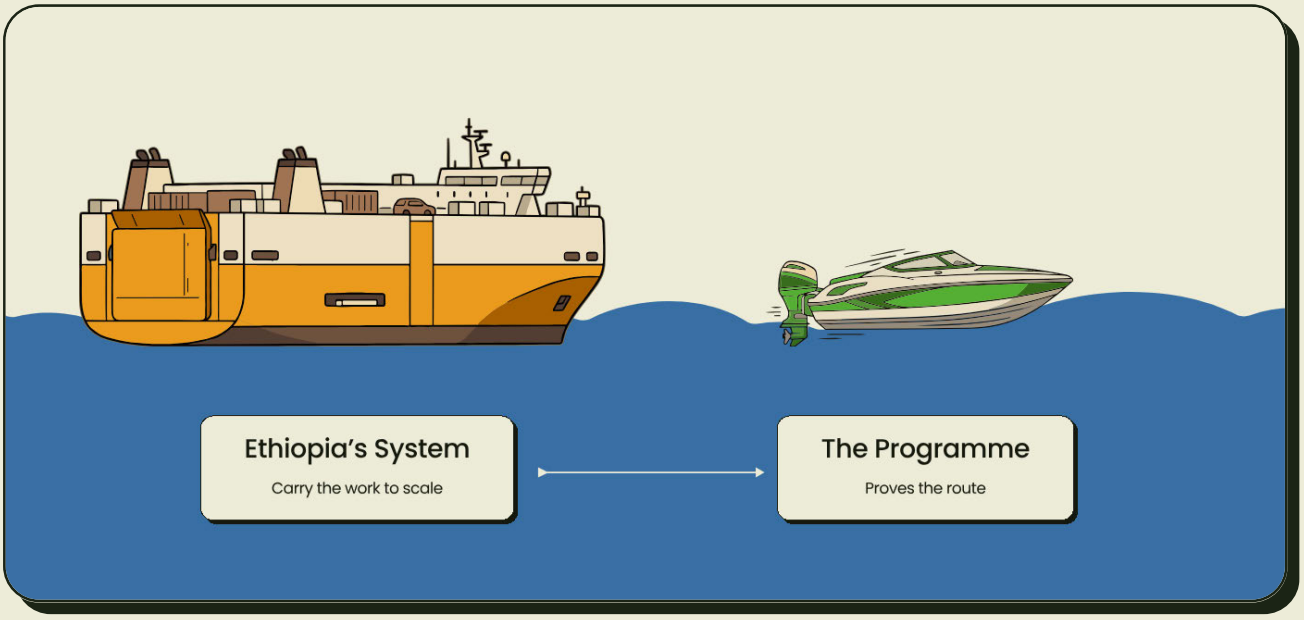
Financing pathways that keep interventions affordable within public budgets.

Governance that clarifies roles from national to community level.

The result is a model judged less by perfection in a single village than by viability across a whole country.

Speedboats and tankers

The journey from Healthy Village to MFHV reveals something true about development itself. Projects and systems are different kinds of vessel.



The Healthy Village Programme was the **speedboat** — fast and nimble, testing and proving what works. Ethiopia's own systems are the **tanker** — vast and built for continuity, carrying the proven routes to national scale.

THE SCALE THAT MATTERS · BY 2030

125M
people reached across Ethiopia.

1,050
woredas — every district in the country.

31M
children under two.

No programme could reach that on its own. A government model, travelling through the country's own health posts, extension workers, and woreda plans, can.

WHERE THIS LEADS

System strengthening ends with an act of trust: letting go.

> There comes a point when government is ready to lead, when communities can run their own structures, when markets can operate without support — and at that point, continued programme control becomes a constraint rather than a help. Stepping back is uncomfortable. It surrenders certainty and exposes imperfection. But it is the whole purpose.

The goal was never to perfect a model inside a programme. It was to build something a country could carry forward on its own — which is exactly the question the final chapter takes up: **what does it take to make scale succeed?**

CHAPTER SIX

06

The Way Forward

A model ready for scale

The Healthy Village Programme closes in 2025.
The work it contributed to does not.

From 2026 to 2030, the MFHV model moves into national scale-up — a government effort aiming to reach:

125M people

1,050 woredas

31M children under two

What endures

When external funding ends, most development programmes leave very little behind. The Healthy Village Programme set out to leave something different: capacity that keeps doing its job long after the money has gone.

- **Government workers** trained in integrated nutrition and WASH approaches continue using them with new communities.
- **Digital systems** embedded inside e-CHIS continue generating growth data for every child enrolled.
- **Entrepreneurs** trained in nutrition and sanitation continue running their businesses, supplying their communities.
- **WASHCOs and VESAs** continue managing water and savings — community institutions, not project structures.
- **National guidelines** now shape how WASH and nutrition are delivered across regions far beyond the programme's woredas.

None of this depends on the programme any more. That was always the point.

Four conditions for scale

Everything in this publication points to the same four conditions. Get them right, and scale sustains itself. Get them wrong, and even the best model stalls.

01

Governments lead and sustain.

The system has to be owned by the state, not propped up by parallel NGO structures.

02

Markets ensure long-term access.

Local entrepreneurs must find it worthwhile to supply nutritious food, sanitation products, and water services, so supply does not collapse when funding does.

03

Communities maintain ownership.

Behaviour change is driven from within, creating steady demand for the services that keep children healthy.

04

Donors catalyse, not deliver.

Funding does the most good when it builds capacity and systems, rather than substituting for them.

A CALL TO ACTION

This publication is not a closing report. It is an invitation.

IF YOU ARE A
Government partner

The tools, the evidence, the trained workforce, and the partnerships are ready. The MFHV model has been built to fit inside how Ethiopia already plans, budgets, and operates. What it needs now is sustained investment and the political commitment to deliver at the scale the Seqota Declaration demands.

IF YOU ARE A
Donor

System strengthening will test your patience. It is slower than building water points yourself, and its results are harder to photograph. The returns are measured in the capacity that remains, not the activities funded, and they arrive over years, not quarters. But they are the only returns that do not vanish when you leave. The question is whether you are willing to fund what lasts, even when it is hard to see.

IF YOU ARE A
Development practitioner

The lessons from the Healthy Village Programme are here to learn from, build on, and improve. The question is whether you are willing to work with the systems that already exist — through their complexity, their slowness, and their power to reach everyone.

The children of Ethiopia, and of every country where malnutrition persists, cannot wait for the development sector to get this right. But they also cannot afford solutions that disappear when the funding ends.

The programme was always the speedboat. From here, the tanker carries the work: Ethiopia's own systems, Ethiopia's own people, and the commitment the country made in 2015 — now closer than ever to being kept.

System strengthening is the only sustainable path.

The Healthy Village Programme has shown what it looks like in practice.

→ The next step is scale.

From Healthy Villages to a National Model

The story of the Healthy Village Programme · Ethiopia 2020–2026

Lasting change is not delivered. It is enabled.