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MINISTRY OF HEALTH



Stakeholder Engagement Report:

Ethiopia Nutrition Financing Landscape Assessment

for Seqota Declaration Scale Up Phase and the
Nutrition Centric Nexus Approach

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Government of Ethiopia Federal Ministry of Health and N4D

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Foreword and Acknowledgements

The Seqota Declaration Expansion and Scale up Phase Roadmap and Investment case outlines a joint effort between the federal and regional government and development partners to finance the interventions in the Seqota Declaration woredas through the costed woreda based planning. This necessitated a light touch consultation with stakeholders involved in support of the Seqota Declaration in an effort to obtain their understanding of the current nutrition funding landscape in Ethiopia and plan the next phase of financing.

In September/October 2025 the Seqota Declaration team at the Ministry of Health Nutrition Coordination Office Multi-sectoral and Seqota Declaration Desk in partnership with Nutrition for Development ([N4D](#)) conducted a light-touch consultation with donors, foundations, the United Nations family and international non-governmental organizations in Ethiopia.

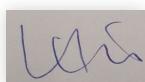
This assessment aimed to understand the current nutrition-financing landscape and the priorities, opportunities and constraints to inform the planning for the next phase of the Seqota Declaration, the Scale up Phase (2026-2030) and provide recommendations to meet the Nutrition for Growth commitments. The assessment helped identify opportunities to increase the financing base for the Seqota Declaration and plan for appropriate actions to tackle the barriers for the Seqota Declaration Scale up Phase which now includes operationalization of the NC-HDPTN approach.

Finalisation of this report has not been possible without the tremendous effort and extensive contributions from Carmel Dolan and Jeremy Shoham, the Directors at N4D. We would like to acknowledge their commitment and dedication in mobilizing the necessary resources to support this work including dedication of their time to travel to Addis Ababa to support our team during the one to one and group interviews with our stakeholders, joining all of the stakeholders engagement meetings, drafting the initial report, taking part in the virtual validation workshop held with stakeholders and finalisation of the report based on the feedback provided from the stakeholders. We appreciate their effort and sustained partnership to shape the Seqota Declaration Scale up Phase and the NC-HDPTN work we are undertaking in Ethiopia.

In addition, special thanks go to all professional experts and organizations who participated during the one to one and group interviews and provided of their time and insights into current financing landscape, opportunities and constraints which made this report meaningful.

Finally, we are also very grateful to our team at the Seqota Declaration for their leadership on this work, coordination with all the stakeholders' engagement activities and significant contribution during the report write up and validation. We will use this report to inform our Scale up Phase resource mobilization activities based on the short and medium team actions as outlined in the report. We hope all stakeholders can make use of this report as it highlights collective ways forward.

Sincerely,



Hiwot Darsene
Lead Executive Officer
Nutrition Coordination Office, Ministry of Health, Ethiopia

Executive Summary

This report summarises the findings from a light-touch consultation with donors, foundations, the UN family and international non-governmental organizations in Ethiopia conducted in September/October 2025 by the Seqota Declaration team at the Ethiopian Federal Ministry of Health and [N4D](#)¹. In December 2025, prior to finalizing this report, a feedback meeting was held to share the findings and recommendation with stakeholders. Their observations and recommendations have been incorporated into the final report.

We sought to understand the evolving nutrition-financing landscape and the priorities, opportunities and constraints for the next phase of the Seqota Declaration and the Nutrition for Growth commitments². The focus was on identifying opportunities and barriers for the Seqota Declaration Scale up Phase (the third five years phase mid 2026 – 2030) and operationalization of the government's recently developed Nutrition-Centric Humanitarian–Development–Peace Nexus approach.

The report does not provide an exhaustive analysis of the donor landscape, rather, it is intended to kick start an ongoing dialogue which aims to achieve more and better financing for nutrition scale-up in Ethiopia through an embedded nexus way of working.

Ethiopia's nutrition agenda remains a shared priority for government and its development partners. Despite global aid contractions, donors continue to express confidence in the Seqota Declaration as a flagship initiative demonstrating national ownership and measurable progress against child malnutrition. There is also a growing commitment amongst donors to building more resilient community systems to mitigate the effects of shocks through a nexus approach, and investments in this area are increasing.

Ethiopia's progressive efforts to tackle malnutrition demonstrates what is achievable through sustained government leadership, donor and agency partnerships and civil society activities but, as a recent national nutrition survey shows, the gains must be protected and sustained through further scale up of multi-sectoral high impact actions to maintain the gains made in the past two decades.

As the Seqota Declaration moves from the Expansion Phase to the Scale up Phase, the challenge is to sustain unity of purpose, increase evidence of quality implementation with impact and mobilise greater domestic and external financing with an estimated \$1.92 billion USD needed for the 2026-2030 period³. The opportunity SD affords is not only in terms of reduced levels of malnutrition but also through significant economic and social returns on every USD invested to tackle stunting.

The nexus approach offers a unifying platform and framework for actors working in areas where there is a need for coherent humanitarian actions, development priorities and sustainable peace building activities as part of investments in the Seqota Declaration implementing woredas ultimately, turning the governments ambition to end early childhood stunting and reduce other forms of malnutrition into reality across Ethiopia.

¹ www.n4d.group

² [Ethiopian Government N4G 2025 Commitments](#)

³ <https://r4d.org/resources/seqota-declaration-resource-mobilization-plan/>

Key Findings

Ethiopia Remains a Strategic Investment

Donor partners continue to view Ethiopia as a country where there is a critical need for investment in human capital and regional stability. Partners employ a range of financing mechanisms to build more resilient and sustainable systems for nutrition including direct budget support, pooled and matched funding and allocation of funds directly to partners.

There are opportunities to diversify and increase financing for nutrition

Financing for nutrition is currently realized through a range of mechanisms including pooled and matched funding, direct budget support and foundation investments. Nonetheless, there is not enough investment to achieve national nutrition goals and targets. There are, however, opportunities to make a stronger investment case for nutrition thereby bringing in new financing and ensuring greater complementarity of the various funding streams.

Increased Interest in the Prevention of Malnutrition

Reduced budgets amongst many (but not all) donors means there is more interest in programmes that address the underlying drivers of humanitarian need, to reduce instability and protect hard-won development gains through more sustainable actions including through the Seqota Declaration. Reducing the need for humanitarian response is also a growing priority in tandem with the need to reduce the large budgets allocated each year to short-term emergency response and in the case of nutrition, a greater focus on prevention whilst maintaining treatment capabilities. This is particularly pressing considering recent national food and nutrition survey results showing a stagnation of stunting, inadequate progress in reducing underweight prevalence and worsening of wasting.

Government Leadership and Domestic Investment

Government co-financing of the Seqota Declaration is the clearest signal of ownership and the strongest catalyst for tapping into more resources. The progress to date has been impressive with incremental federal and regional matched domestic funding arrangements as well as incremental sustained treasury budget allocations since the launching of the Seqota Declaration Innovation Phase implementation back in 2016.

The Nexus Approach is gaining traction

Piloting of the government led nexus approach in Seqota Declaration woredas is underway and important lessons are being learnt. At the same time, donors, the UN and others are engaged in broader area-based nexus initiatives.

Recommendations

Reinforce Government Leadership

Maintaining the stronger high-level leadership for nutrition is essential to sustain donor confidence. Moreover, engaging the private and foundation sector through government-led frameworks to enhance new proposals aligned with donor, private and foundation sector priorities should ensure longer-term nutrition investments.

Communicate Effectiveness and Impact of Seqota Declaration

Considering the current global funding landscape challenges, there is a need for renewed advocacy efforts to showcase value for money, nutrition resilience outcomes, and the impact of SD programming.

Maximise Financing Opportunities

Maximize and diversify resources for the Seqota Declaration Scale-up Phase by increased leveraging of existing matched funding models, using, new funding approaches such as pooled funds, engaging with donors to address constraints to direct budget support, and encouraging and enabling coordinated private-sector engagement. Key actions include stronger advocacy materials, targeted messaging and the formation of a Finance Task Force to strengthen donor, private sector and foundation engagement and coordination. .

Advance the Dialogue on Financing

Given the light-touch nature of this finance landscape mapping, there are outstanding areas warranting further discussion to fully understand the potential for both greater and more flexible funding for nutrition and the nexus approach. A roundtable discussion of interested parties could usefully explore the different financing modalities with a view to collectively agreeing next steps and to following this up in the main strategic forum for donors and government, such as the Development Partners Group.

Anchor Engagement in Results and Accountability

Build donor, private and foundation sector confidence through transparent government financial tracking systems and evidence of measurable results and impact. Donors also need to report their nutrition investments to ensure accountability, increase trust, track nutrition allocations against the annual Seqota Declaration matching fund target for development partners and attract new investments.

Demonstrate the Effectiveness of the Nexus Approach and Invest in Learning

The operationalisation of the nexus approach in Seqota Declaration woredas and other development partners nexus initiatives is a very positive development. To ensure integrated action across humanitarian, development, and peace initiatives, learn from each other and avoid fragmentation of these efforts, improved coordination of actors and strengthened government leadership will be needed.

As evidence accumulates through the pilot studies and knowledge of the benefits of integration into Seqota Declaration woredas is harnessed, it will be important to rapidly disseminate findings to benefit other areas where nutrition centric HDP nexus programming is needed.

1. Introduction

1.1 Purpose of the Nutrition Financing Landscape Analysis

In September 2025, the Seqota Declaration (SD) team at the Federal Ministry of Health (FMoH) and N4D conducted a light-touch donor nutrition financing landscape analysis in Ethiopia to explore opportunities and barriers to the Scale up Phase (the third five years phase 2026 - 2030) of the SD including the integration of the Nutrition Centric Humanitarian Development Peace Triple Nexus (NC-HDPTN) approach into SD Scale up Phase implementation woredas. This work is part of a wider analysis of nutrition stakeholders support for contexts that need NC-HDPTN programming and will inform a policy brief being developed by an N4D convened informal Nexus Working Group comprising senior policy makers from Niger, Yemen, Ethiopia and Afghanistan⁴.

Consultations were held with bilateral and multilateral donors (Africa Development Bank, The Netherlands, European Union, Swiss Development Cooperation, The World Bank, Irish Aid and Korean International Cooperation), foundations (Children's Investment Fund Foundation, the United Nations (World Food Programme and United Nations Children's Fund) and international non-governmental agencies (See Annex2 for a list of organisations consulted). The views of the individuals interviewed are anonymised throughout this report, although prescient quotes are included (in shaded text) to illustrate key points.

This report is divided into five short sections. Section one (this section) provides a brief overview of the SD and NC-HDPTN, section two summarises the views of those consulted on the main financing modalities and opportunities that could be seized and barriers to be addressed, section three describes views on the NC-HDPTN and other nexus initiatives, section four gives the conclusions and section five sets out the short and medium term actions needed to drive up financing for the SD and NC-HDPTN.

1.2 Food and Nutrition Policy and Strategy

The Ethiopian Food and Nutrition Policy (FNP 2018), developed with the involvement of relevant stakeholders aims to address the food and nutrition security challenges of the country through multi-sectoral integration, and collaboration of government and nongovernmental organizations at all levels. The national Food and Nutrition Strategy (FNS 2021-2030) is developed to translate FNP policy directives into action. Each policy directive is linked with strategic objectives, initiatives and actions.

Achieving the FNS objectives requires significant investment in funding and nutrition smart infrastructure development to be mobilized from the Ethiopian Government Treasury, development partners, private sector and community participation. A minimum cost of ETB 111,351.4 (USD 2,548) is required for the prioritised interventions in the Food and Nutrition Strategy (FNS) for the 2021-2030 period. Whilst no projected costs have been adjusted for inflation, budget estimates are adjusted for inflation during the annual planning process. A cost analysis for individual objectives is also prepared to understand the cost distribution over the entire 13 objectives in the FNS.

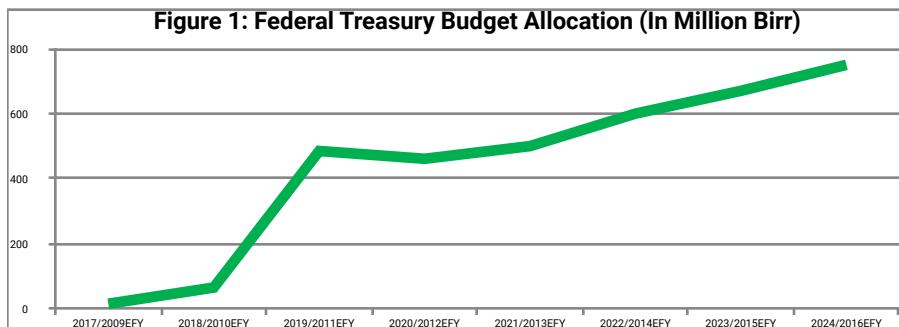
⁴ In advance of the 2025 N4G Paris Summit, a discussion paper on more and better financing was developed which the group will build on to develop a more impactful policy brief. See https://n4d.group/wp-content/uploads/2025/03/24-Mar_N4D-Discussion-Paper-March-2025.pdf

1.3 The Seqota Declaration

The SD is the Government of Ethiopia's (GoE) 15-year flagship commitment unveiled in 2015 at the highest level of the government. It employs ten innovative components to accelerate the implementation of the national Food and Nutrition Strategy (FNS). The fundamental goal of the SD is to end stunting in children under 2 years of age by 2030. The SD began with an Innovation Phase (2016 – 2020) to demonstrate proof of concept and generate learning for the Expansion Phase (2021- 2025). Rigorous evaluation of the Innovation Phase showed the delivery of a phenomenal 3% annual average reduction in the rate of stunting in SD woredas. This led to the Expansion Phase in which the SD was implemented in 240 woredas in 2021. It has now expanded to an impressive 520 woredas with a target of reaching 700 woredas by June 2026 then over the Scale up Phase, it will reach all woredas (at the current time this is about 1,219 woredas) in Ethiopia.

For the SD Expansion Phase, (2021-2025), the federal government has made an incremental investment while the regions have fully met their co-financing obligations for 2024/25 fiscal year implementation. In 2025 the federal government has fully met its 3,000,000 billion Ethiopian Birr (ETB) (equating to about 20 million USD) financial obligation and it is hoped that regional governments will follow suit. If the regions fully meet their co-financing obligations it is expected that, equivalent to 40 million USD will be provided through domestic resources (federal and regional matched 1:1 funding). Figure 1 below shows the incremental federal government allocation in ETB for the SD.

Figure 1: Federal budget allocations for SD 2021 to 2024



The SD Resource Mobilisation Plan sets out that fifty percent of funding for the Expansion and Scale Up Phases is expected to come from GoE with the other 50% to be provided from development partners. The SD Scale up Phase, which will start in mid-2026, aims to achieve complete national coverage at a cost of \$1.92 billion USD over the five-year period (2026 to 2030).

The Seqota Declaration has set a new benchmark for multisectoral leadership on nutrition in Africa. What is needed now is sustained investment and clear evidence of impact.

1.4 The Nutrition Centric -HDPTN

In 2023, GoE, under MoH leadership, developed the NC-HDPTN approach. This initiative was shaped by the need to move away from cyclical humanitarian nutrition programming towards a more sustainable and resilient means of strengthening the systems and approaches that underpin the prevention of malnutrition in the longer term.

During 2024, the MoH formed a Technical Working Group (TWG) comprised of government sectors and its development partners to develop an operational guidance (OG) and implementation road map (IR) for the NC-HDPTN approach. After considerable work, these documents were officially launched by high level government officials in July 2024⁵.

Subsequent work has entailed the development of a nexus situation assessment and needs analysis tool which supports operationalisation of the approach. Pilot studies of this tool have been completed in two SD woredas and further pilots are underway and planned. In addition, a generic national assessment and needs analysis tool is under development alongside other key resources to support the integration of the NC-HDPTN approach into SD woreda level planning.

2. Nutrition Financing Landscape

2.1 Global Funding Contraction

Ethiopia's development partners financing environment, like other countries, is tightening as global funding budgets contract amongst the major donors.

As the SD prepares for the Scale-up Phase with plans to integrate the nutrition centric HDP nexus approach into SD woredas, it is the right time to better understand the evolving nutrition-financing landscape and stakeholder priorities in order to explore opportunities and constraints and discuss perspectives towards achieving the SD goals as well as the GoE commitment made at the N4G Summit.

Several bilateral donors have reduced budgets while others are maintaining theirs. Prioritising where to invest, according to some donors, implies a growing pivot toward resilience and peace building and climate adaptation investments as well as interest in programmes that address the underlying drivers of humanitarian need and reduce factors triggering instability caused by, and leading to, population displacement.

Now is a critical time for the nexus approach to protect and sustain the gains made through the SD, particularly in conflict-affected areas.

For the period for which data are available, up until 2023, development spend exceeded humanitarian spend by a significant margin (figure 2). In 2023, this was 67% of overall humanitarian, development and Peace ODA. Humanitarian spending has been increasing significantly since 2020 despite the growing priority for investment in resilience building and sustainable development. At the same time, unmet funding needs for humanitarian programmes as set out in the Humanitarian Needs Overview (HNO) has often increased year on year since 2013. Figure 3 below shows the numbers of people in

⁵ The learning underpinning the development of the NC-HDPTN OG/IR was published [Reducing malnutrition in Ethiopia requires urgent change including a nexus approach to nutrition](#)

humanitarian need and the funding requests and allocations between 2013 and 2024. In 2025, the HNO estimated a need of around \$2 billion USD with a funding gap of just under \$500 million USD reported in February 2025⁶.

Figure 2: ODA disbursement 2019 to 2023 by HDP pillar

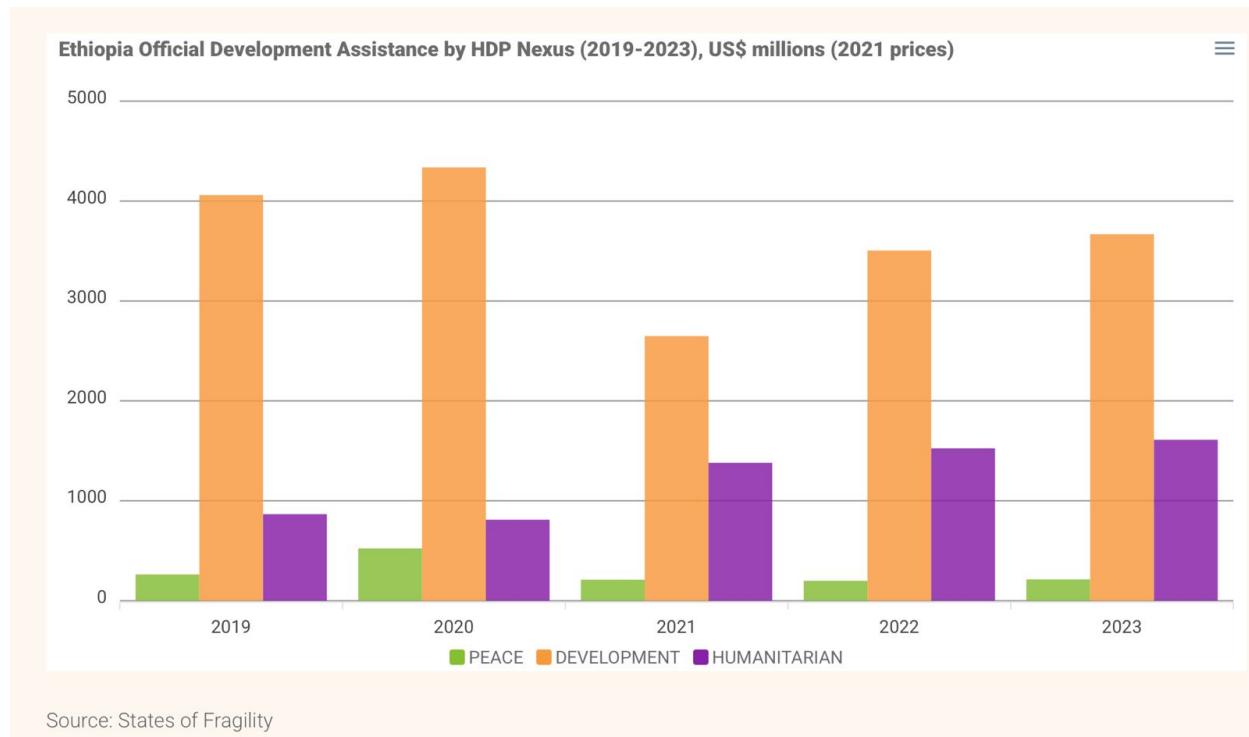
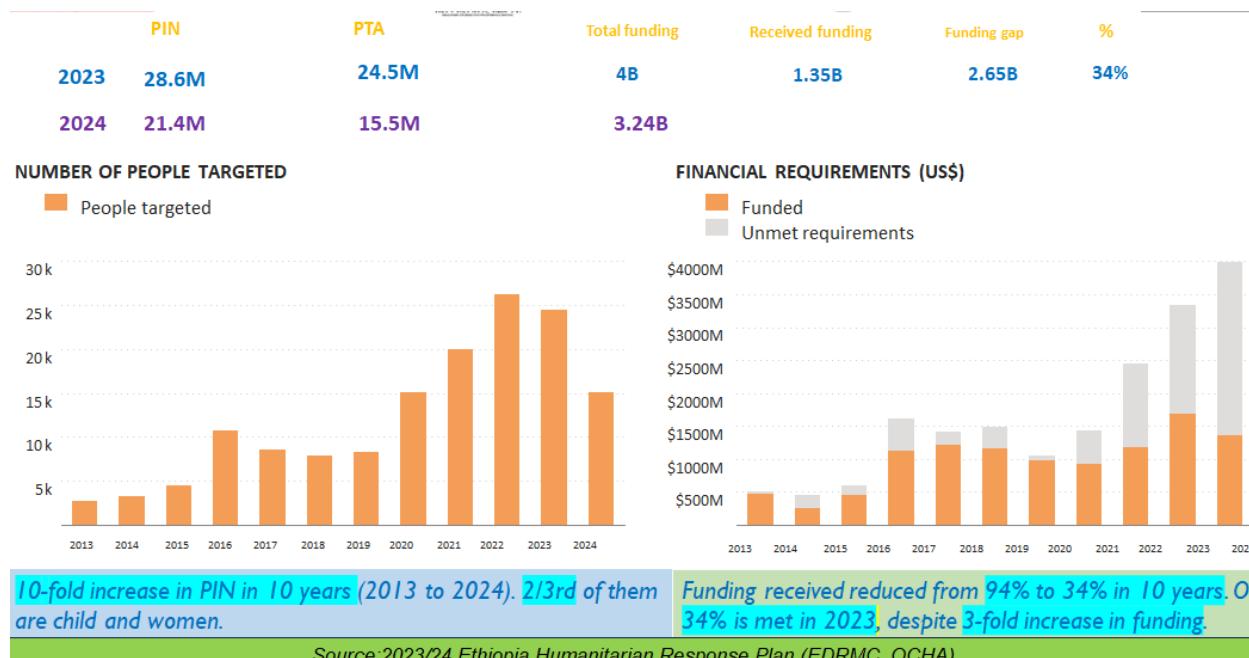


Figure 3: Humanitarian needs and funding 2013 to 2024



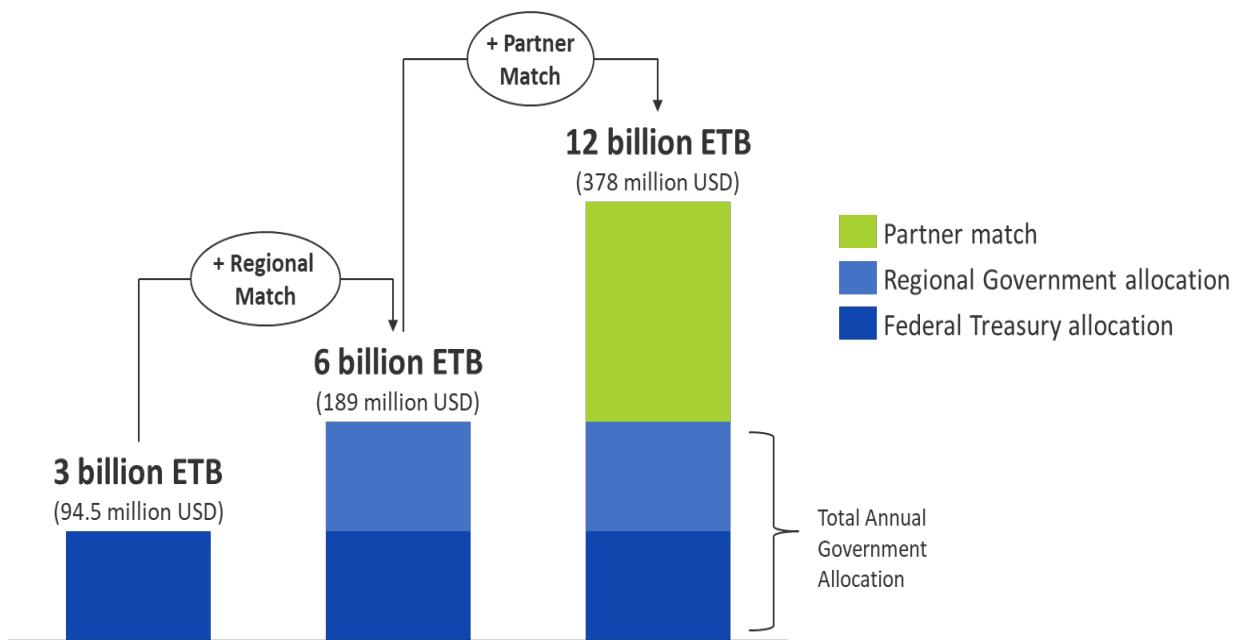
⁶ <https://www.unocha.org/publications/report/ethiopia/ethiopia>

The scale of humanitarian funding, even though it has declined, is a cause for concern, and some donors would like to see this reduced as typically, humanitarian funding has limited flexibility, predictability, and its short-term nature means it is often not able to support systems strengthening or longer-term approaches.

2.2 Financing modalities

The financing situation for nutrition presents a complex picture. Impressively, the GoE reports that it has exceeded its N4G 2025 pledged level of domestic resourcing for the SD and remains committed to providing 50% of the projected resource needs for the Scale up Phase of the SD including through federal and regional matched funding arrangements. Figure 4 below shows the intended annual contributions from federal, regional governments and development partners to the SD Scale Up Phase 2026-2030.

Figure 4: Intended annual contributions for the SD Scale up Phase



Many stakeholders are of the view, however, that Ethiopia needs to transition from its current form of external financing for nutrition to a more sustainable, predictable and aligned form of financing some of which may leverage new innovative financing opportunities.

To move to a more diverse and sustainable nutrition financing footing, however, many of those consulted feel there needs to be higher-level leadership and budget transparency based on improved tracking of nutrition spend, by government, donors and development partners. Targeted advocacy and more evidence generation on the effectiveness of SD and the potential for the NC-HDPN approach to accelerate progress towards nutrition goals and contribute to wider social and economic development goals is also required.

Below is a summary of some of the current and potential financing arrangements for nutrition which were most frequently mentioned by those consulted. It is worth noting that many questions remain to better understand the financing landscape and it is hoped that these can be answered through subsequent validation of this report, targeted follow up and the possibility of a round table meeting with those already consulted and those still needing to be engaged.

2.2.1 Sustainable Development Goals Health Pooled Fund

Ethiopia has a wide range of experience with pooled funding mechanisms in the pursuit of various sectoral or multi-sectoral priorities.

The Sustainable Development Goals Health Pooled Fund (SDG-HPF) is a collective donor resource fund for the health delivery system (including nutrition). Managed by the MoH, decisions on disbursement of the fund are made on an annual basis and signed off by the Ministry of Finance (MoF). For 2024/25 close to \$128.7 million USD has been pledged with 13 donors contributing. This compares favorably with the \$150 million USD pledged for 2020/21 and 2021/22 when only 49% and 24.1% of these pledges were realised respectively.

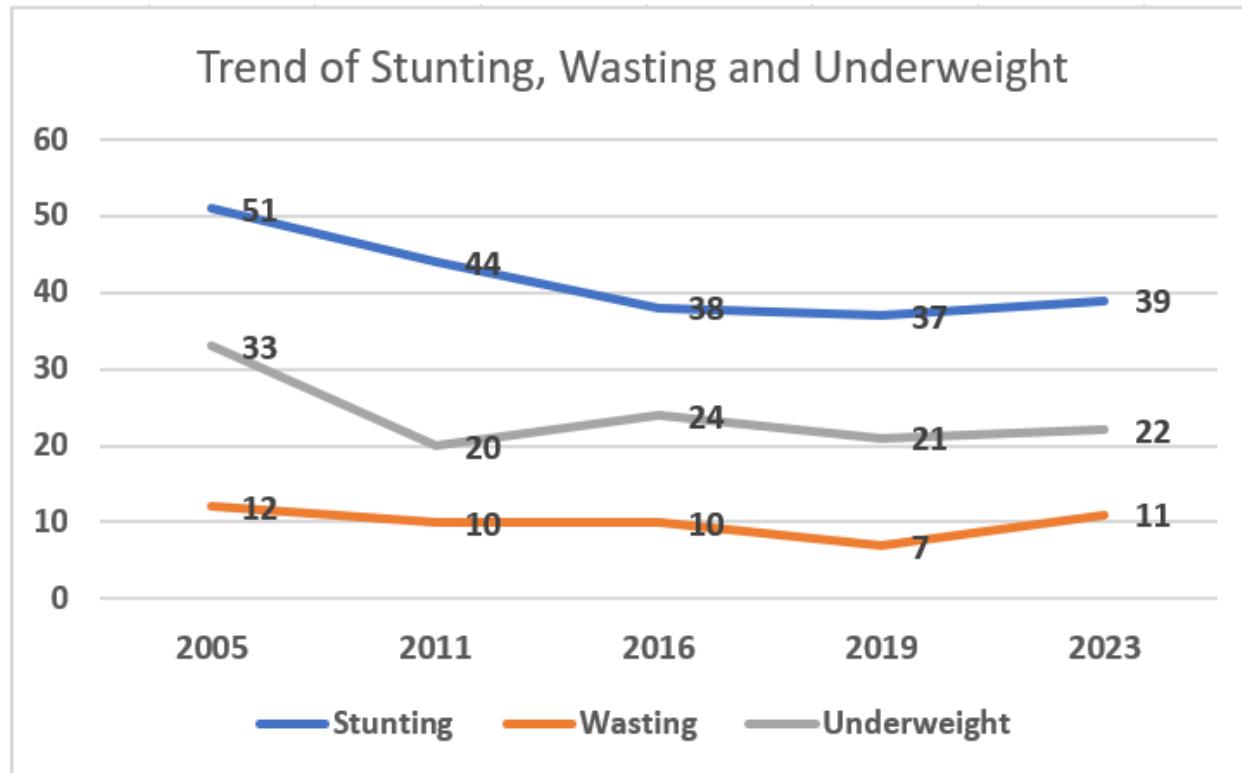
One large SDG-HPF donor noted that in recent years, the funds allocation for nutrition has been low relative to the widespread nutrition needs in country. In their opinion, this may reflect the competing health sector priorities and a need to bring more attention to the funding allocation team of the resource needs of the SD especially in relation to sector level budgeting and allocations.

The SD is not always clearly understood as a nutrition programme, it may also be unclear who owns it given it is multi-sectoral. We need more alignment to push the multi-sectoral agenda and a greater understanding of what it entails as it is often hard to understand multi-sectorality.

In addition, given the findings of the recent 2023 FNS baseline survey showing stagnation of the rates of stunting (non-significant) compared with the 2019 DHS and increases in prevalence of wasting (significant), some donors expressed the view that the SDG-HPF needs to be increased for nutrition⁷ (see figure 5 below).

⁷ The current situation shows stunting at 36% and wasting at 12% of children under five with high rates of child and maternal anaemia (56% and 24% respectively) as well as low dietary diversity and high maternal underweight at 28%). However, it is noteworthy that the hard-won gains in Ethiopia have been affected by multiple crises in recent years and whether the nutrition situation would be worse without the SD and other initiatives such as the Productive Safety Net Programme is important to consider.

Figure 5: Trends in undernutrition 2005 to 2023



The door is always open to negotiate the allocations from the SDG-HPF and were government to signal a strong desire to skew more of the annual allocation to the SD, donors can help negotiate this within the Donor Partner Group.

Some donors are also of the view that the nutrition team should seek support from the MoH Strategic Affairs Team as they can influence levels of resources for the SD.

Whilst the pooled funding mechanism is a preferred modality and is trusted by many donors, the loss of traction around what priorities the fund meets is causing some donors to question whether other financing mechanisms like donor matched funding could prove a more effective modality in the future for the SD.

The Reproductive, Maternal, Newborn and Child Health (RMNCH) COMPACT which is managed by the MoH, provides an interesting comparative experience. The \$300 million USD three years COMPACT is widely viewed as having been successful in generating interest and significant investment. COMPACT is viewed as both highly aligned with donor and foundation priorities, and it attracts government domestic financing.

The COMPACT's combination of bi-directional alignment is viewed as being catalytic in that the more investors join in, the more pooled funding it attracts.

Donors feel that the SD could replicate some of the success of COMPACT but also recognise that it has a simpler modus operandi. COMPACT had a Beginnings Fund for supply chains and commodities and had a 1:1 matched fund principle. The SD on the other hand is more complex because it is multi-

sectoral, involves detailed costed woreda based planning and is funded through a variety of mechanisms. However, there is a view that if the different elements of the SD can be more clearly packaged for potential donors and investors, e.g. the main priorities, the gaps, the asks, GoE commitment and the opportunities for investors, then there is greater likelihood of attracting more resources.

The SD is well known but it needs to command more attention by being louder within the Donor Partner Group and even at Ambassador level.

Other pooled funding mechanisms exist such as ONE WASH and the long-standing Productive Safety Next Programme (PSNP). In addition, the MoF has its own SDG Pooled Fund underscoring the popularity amongst donors to combine their resources through this modality.

2.2.2 Direct budget support

Direct Budget Support (DBS) is the preferred modality of a few donors such as Development Banks. The SD has been receiving DBS via MoH for four years and Development Banks have sustained their support for a fifth year with no apparent intention to change course. In their view, the transaction costs of working through other partners and the need to strengthen government systems and capacity (as agreed in the Paris Declaration) are the key reasons DBS is needed.

However, DBS is not the main financing mechanism donors use to support nutrition in Ethiopia although many emphasised their off budget but on plan commitment to the FNS and SD. However, some donors suggested that DBS could become a modus operandi as GoE continue to demonstrate greater financial transparency and results from programme investments. For other bilateral donors, their own government aid policies, frameworks and ways of working clearly prevent DBS. In these situations, there is preference for funding through UN agencies and international NGOs who align their planned activities with government priorities.

It should not be the default position of donors to go off budget even where they are on-plan.

2.2.3 Matched funding

Matched funding can be implemented through pooled funding or direct budget support. Indeed, as outlined in the previous section, domestic financing for the SD is based on the federal level matching Birr for Birr with regional governments investments, and this approach was recognised as an exemplar by one donor with interest in seeing this model shared with other countries.

The PSNP has thrived for many years on a matched funding approach with government gradually increasing its proportionate contribution. The attractiveness of the approach to donors is that it demonstrates government commitment and offers the opportunity for a gradual exit strategy for donors and longer-term sustainable funding as government takes over more responsibility.

Donors are generally of the view that there should be a greater GoE emphasis on matched funding alongside other modalities to widen the resource base and increase sustainability. For the SD, matched funding would encourage more donors, private sector partners and foundations to invest in tandem with

GoE domestic investments and avoid the current view that nutrition funding is overly dependent on traditional donors.

Matched funding from government remains the clearest signal of ownership—we will go further when Ethiopia invests alongside us.

2.2.4 Foundations, Private Sector and Innovative Mechanisms

These sources of financing can sometimes be conflated in discussion whereas they are quite distinct both in terms of opportunities and challenges. While stakeholders interviewed as part of this light-touch mapping often referred to these potential sources of finance, discussions were quite general and lacked detail. Nonetheless a few perspectives and issues were raised which merit highlighting. It is also worth noting that the SD Resource Mobilisation Plan highlighted the enormous scope for mobilising resources from foundations, the private sector and several innovative mechanisms.

Foundations

Foundations offer enormous potential for resource mobilisation for the SD. A critical step will be to develop a communication and advocacy toolkit to provide clear understanding of the nutrition investment priorities and needs of the SD, what the government will contribute, what is needed from partners and the expected outcomes and impacts of these investments. This information will enable each foundation to better understand how the SD (or elements of it), align with their priorities and how best to frame their support whilst maintaining the integrity of the SD objectives and activities. Foundation priorities range from breaking the intergenerational cycle of malnutrition to scaling up multiple micronutrient supplementation, wasting prevention, multi-sector high impact interventions and nutrition accountability and governance. Foundations may also be open to pooled or matched funding arrangements.

There is a sense, however, that the foundation's branding would need to be visible and that the process of securing foundation resources may take time (estimates ranged from 6-12 months or more). However, once secured, this type of funding can be long-term with negotiable flexibility.

Private Sectors, Banks and Firms

This type of funding often (but not exclusively) refers to corporate social responsibility funds. Again, there are no examples of this type of funding being used for the SD or any other large-scale government programme. There are clearly opportunities to expand this type of funding in Ethiopia with well recognised government and private firms and at least 30 different private banks. There are anecdotal reports of some banks being swamped with requests for funding and during the landscape assessment we heard examples of INGOs efforts to secure this type of funding in Ethiopia. We also understand that the SUN Business Network has an implementation plan for mobilising this type of private sector financing, but there is no framework yet available for how this could work.

One common message we heard in stakeholder meetings was that the MoF could rapidly progress collaboration with the private sector through developing a framework for their engagement with the government. It was also emphasised that banks would need to see a centrally managed system for matched funding investments which avoids fragmentation.

It was also suggested that for the private sector and foundations to consider the SD, there needs to be greater clarity about the precise resource gaps as well as an alignment between the priorities of the potential funder with the SD activities. For example, where adolescent girls or maternal anemia is the funders area of interest, they would need an arrangement whereby their resources are specifically earmarked and visible in terms of quantifiable outputs and outcomes.

Interested parties suggested they could be brought together into a small discussion group to further explore the above and start to drive commitments to the SD.

Innovative financing

There are a multitude of innovative financing mechanisms that may be available (at least theoretically) to capture private sector or philanthropic financing. These include Outcome Funding, Impact Bonds, Impact-linked Finance⁸, Debt and Equity Instruments, First-Loss Capital and Guarantees, Sovereign Wealth Funds, and Social Bonds. However, during this light-touch mapping we were unable to find any examples of these instruments being used for nutrition financing in Ethiopia.

3. Perspectives on the NC-HDPN

Several donors view the NC-HDPN as a logical evolution of the SD, bridging humanitarian response and development to create resilient systems that lead to the prevention of malnutrition. However, there is significant variation between donors in their interest in, and engagement with, nexus discussions and activities in Ethiopia. Some donors have the nexus approach front and centre of newly developed global and country strategies, while others sit more on the periphery partly because of lack of involvement in humanitarian response and/or marked separation between humanitarian and development departments and activities within their own organisations.

Getting the HDP partners to converge is critical given the current and projected resource gaps, in Ethiopia. We need to make much better use of existing resources.

There is also an emerging narrative amongst some donors that a nexus approach may be a logical response to the increasingly constrained funding resource environment and the need of traditional donors to address other emerging priorities through targeting population groups most vulnerable to chronic vulnerability and shocks.

Some donors were not aware of the NC-HDPTN approach and OG and IR which provide the first national framework for embedding a nexus approach at sub-national level. Others noted that the nexus concept still needs clearer operational and implementation guidance and a unified GoE framework. In addition, there was interest (and the potential for resource support) amongst some donors to support the further piloting of the approach using the situation assessment and analysis tool in SD woredas. At the same time, donors are keen to understand the specific costs of further developing and rolling out the NC-HDPTN approach as part the SD scale up phase.

⁸The World Bank is already using Disbursement Linked Indicators (DLI) to drive financing of the Human Capital Operation Project with SD (learning Poverty and Stunting Reduction outcomes) in 52 SD and non-SD woredas. This is under a Special Purpose Grant

As discussed during the consultations, these costs are likely to include further assessment tool development and its finalisation through pilot studies in two additional woredas, sensitisation and familiarisation workshops at woreda, zonal and regional level, development of a monitoring, evaluation and learning framework to guide implementation of the NC-HDPN approach and the development of communication and advocacy materials.

3.1 Opportunities and challenges in advancing the NC-HDPN approach

There is clear interest from some donors to be more involved in the NC-HDPTN approach and its application. This may involve resource provision as described above or the sharing of technical inputs. For example, some donor agencies have expertise in the integration of peace building into sector support, which has been a particularly challenging area in developing the NC-HDPTN.

Nutrition is the bridge between peace and productivity—if it fails, everything else collapses.

Other partner initiated broader nexus initiatives are taking place in Ethiopia. These include commitment to a nexus way of working using an area-based approach (rather than thematic) which seeks to provide integrated approaches and shared goals to contribute to resilience as a pathway out of vulnerability.

Interviewees currently engaged in regional HDP triple nexus work. identified three main challenges existing in Ethiopia that the HDP nexus is trying to address

- Fragmentation of developmental and humanitarian assistance
- Weak development assistance delivery systems, a pervasive lack of trust and lack of data
- A lack of evidenced based dialogue to address the challenges

Accordingly, these partners are working closely with wide range of stakeholders committed to nutrition through the United Nations Nexus Accelerator Group (NAG). The NAG and the Team Europe vision for the nexus is to overcome the above limitations across European Union supported programmes and whilst it will not bring in new money, the approach is slowly being piloted in a small number of zones in Somali Region with regional government involvement and other partners providing the required technical support. More recently, because of the NC-HDPTN, the approach has included a nutrition objective in its broader framework. The intention is to build institutional nexus capabilities to be the convenors of the nexus approach in Ethiopia.

Added to this, the SD team is actively working with two partners to operationalize the NC-HDPTN via two other key initiatives in Oromia and Central Region both of which have received donor funding. In Afar region the SD with the third partner has conducted a regional level sensitisation but the plan for woreda level piloting of the tool is still in progress. These partners work closely with the SD team at the MoH on the NC-HDPTN activities and use the OG/IR as their framework for operationalisation. One partner is employing and adapting the NC-HDPTN context assessment and needs analysis tool.

These government partner initiatives provide a considerable opportunity for learning and evidence accumulation for how to integrate the nexus approach into the SD. They also signify the growing

commitment to a nexus way of working in Ethiopia but with this comes the inherent risk of duplication or need for alignment of these approaches. Thus, it will be essential for the MoH to continue providing leadership and coordination for these efforts and maintain its engagement with the UN led NAG.

Many donors are prioritising their programme investments amidst multiple requests for support. They need to see how well aligned health and nutrition programmes are and that duplication is being avoided.

Furthermore, a common view amongst donors is that an effective communication and advocacy plan should be in place to garner support for the NC-HDPTN approach highlighting proof of concept and how the nexus approach influences planning and SD implementation in crisis vulnerable woredas. Specifically, the value adds of the NC-HDPTN in mitigating risks by building a greater level of household and community resilience to shocks is key and within this, evidence that levels of malnutrition are either stabilised or reduced through the implementation of prevention efforts.

We need to study what is working with the nexus approach by seizing the learning opportunities and good evaluation of resilience outcomes. There will be funding for a nexus learning approach as there is broad interest in resilience building.

The NC-HDPTN turns the rhetoric of resilience into a real planning tool—if Ethiopia leads it clearly, partners will follow.

3.2 Financing the NC-HDPTN approach

As the NC-HDPTN approach is one of the 10 innovations in the SD and will be integrated into the SD Scale up Phase, there is no need for separate NC-HDPTN financing. However, additional resources are needed to continue the development of this innovative approach while there may be additional costs for each SD woreda where the approach is needed and implemented. It will be important to set out these additional costs as these are better understood. For example, there are costs associated with further nexus tool development, sensitisation and familiarisation workshops, woreda level coordination mechanisms and meetings, monitoring the approach, development of advocacy material, etc.

However, until more experience and evidence of how the approach impacts SD planning and implementation at woreda level, it will be difficult to estimate these additional costs with any accuracy. As more experience of how a nutrition nexus approach translates into modified coordination and programming approaches between development, humanitarian and peace actors in SD woredas, it will become clearer how financing approaches will also need to change to support a nexus way of working.

Financing will need to be better coordinated, more flexible and longer-term to respond to increased vulnerabilities and to mitigate the negative effects on child and maternal nutrition outcomes. It is well documented that where risks are not mitigated through early anticipatory actions, increases in levels of malnutrition can arise, particularly for the main forms of undernutrition. Hence, anticipatory actions need to be embedded in the nexus program planning and implementation.

NC-HDPTN planning will need to be more closely coordinated and managed between different actors and adapt to either predictable or unpredictable seasonal, climate and insecurity related events. This adaptability and flexibility will in turn require early risk mitigation and surge capacity to respond to shocks through health, livelihoods and agriculture, social protection, water and sanitation and peace building, and other key services and sectors. Programme activities may also need to be context specific as well as adaptable to the needs of the community.

One foreseen potential funding constraint for operationalisation of the NC-HDPN approach within the SD is that where the need for flexible programming involving contingency funding, surge capacity or early risk mitigation activities are indicated, some donors may not have sufficiently flexible administrative procedures to support this. However, it would be hoped that through ongoing dialogue, these donors may be able to adapt their procedures as the benefit of the approach becomes more evident.

4. Conclusion

This report provides timely insights into the current financing context in Ethiopia based on the collective and individual views of those consulted. The GoE intends to continue this constructive and open dialogue with current and potential donors specifically to validate the findings and recommendations set out at the top of the report as well as the short to medium term actions set out below which provide a pathway for coordinated efforts. It is essential to make further progress with financing for the SD and the nexus approach to sustainably reduce levels of malnutrition in Ethiopia.

5. Next Steps

A set of short and medium-term actions to sustain momentum and translate donor, private-sector, CSOs, UN, foundations and philanthropic engagement into tangible financing outcomes for the SD and NC-HDPTN are outlined below (not in priority order) which are intended to deliver the following outcomes.

- ✓ Continued partner engagement in national nutrition priorities.
- ✓ Stronger coordination between humanitarian, development and peace actors.
- ✓ Improved tracking and visibility of nutrition financing flows.
- ✓ Scaled, sustainable investment in the SD and NC-HDPTN

Short-Term Actions (By April 2026)

Objective Convert dialogue into coordination and actionable financing

Action	Intended Result
Convene a virtual roundtable with nutrition financing stakeholders to discuss findings from this report, explore financing opportunities, and invite feedback.	Shared understanding of context, validate the findings, identify financing gaps and opportunities.
Finalise and disseminate the report among government, development, and humanitarian partners following the discussion.	Wider awareness and alignment across stakeholders.
Hold follow-up meetings as needed to explore funding opportunities and identify constraints which need to be addressed	Concrete collaboration and financing mechanisms identified.
Begin engaging donors, foundations, philanthropic and private-sector actors interested in innovative nutrition financing.	Increased private and philanthropic contributions to nutrition.
Identify and discuss policy relevant financing question with NIPN Ethiopia	Generate evidence-based financing advocacy
Finalise and validate the national NC-HDPN situation and needs assessment tool.	Evidence-based planning and prioritisation.

Medium-Term Actions (By December 2026)

Objective Strengthen systems, partnerships, and advocacy for sustainable nutrition financing

Action	Intended Result
Develop a government-led private-sector engagement framework for nutrition and related guidance including the role of private sector in relation to NCDs.	Increased private sector partnership and business case development for nutrition investments within carefully considered parameters.
Develop a framework for DBS for donor investment.	Enhanced donor engagement on direct budgetary support for nutrition

<p>Prepare a specific advocacy strategy and investment case including consideration of multi-media channels in order to;</p> <p>Amplify the deleterious impact of malnutrition on health outcomes and emphasise the importance of preventing nutrition related NCDs.</p> <p>Monetize health outcomes in relation to nutrition to leverage innovative financing mechanisms.</p> <p>Make the case for a greater share of the SDG-HPF for the SD and NC-HDPTN</p>	<p>Command more resources for nutrition through diversified funding mechanisms.</p>
<p>Re-engage with all nutrition relevant sectors to emphasise their role in improving nutrition outcomes using sector specific advocacy briefs to showcase their vital contribution to national goals and targets.</p>	<p>Greater multi-sector understanding of nutrition and related investment through sector plans and budgets.</p>
<p>Establish a Finance Task Force which enhances collaboration and optimizes complementarity of different donors including foundations and the private sector.</p>	<p>Resources mobilized from June 2026 for the SD Scale Up Phase.</p>
<p>Engage with the Strategic Affairs Team (SAT) to explore the current SDG HPF decision making process</p>	<p>Strategy for when and how to engage with SAT to optimize allocations for nutrition including the SD</p>
<p>Based on the consensus with SAT, expand the SDG HPF and/or establish a dedicated Nutrition earmarked funding window.</p>	<p>Dedicated, predictable funding stream for nutrition including the SD priorities.</p>
<p>Strengthen financial-tracking systems through the application of the RPTM for nutrition across government and donors and in particular for the SD at woreda level.</p>	<p>Greater transparency and visibility of all nutrition investments both nationally and sub-nationally.</p>
<p>Invite donors, private-sector, UN, CSOs and foundation representatives to a virtual webinar event on multi-country learning on multi-sectoral nutrition actions and NC-HDPTN.</p>	<p>Shared learning and momentum for multi-sectoral approaches and nexus-based collaboration.</p>

Annex 1: Acronyms

COMPACT	Coordinated Maternal and Perinatal Care Transformation Programme
DBS	Direct Budget Support
MoH	Ministry of Health
FNS	Food and Nutrition Strategy
GoE	Government of Ethiopia
HDP	Humanitarian–Development–Peace
HDPN	Humanitarian–Development–Peace Nexus
HNO	Humanitarian Needs Overview
INGO	International Non-Governmental Organization
IR	Implementation Roadmap
MoF	Ministry of Finance
N4G	Nutrition for Growth
NAG	Nexus Accelerator Group
NIPN	National Information Platform for Nutrition
OG	Operational Guidance
ONE WASH	Water, Sanitation and Hygiene Programme
PSNP	Productive Safety Net Programme
SD	Seqota Declaration
SDG	Sustainable Development Goal
SDG-HPF	Sustainable Development Goal Health Pooled Fund
SUN	Scaling Up Nutrition
TWG	Technical Working Group

Annex 2 Stakeholders consulted

Action Contre la Faim (ACF) – Action Against Hunger

African Development Bank (AfDB)

Children's Investment Fund Foundation (CIFF)

European Union Delegation to Ethiopia (EU Delegation)

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) – German Agency for International Cooperation

Bill & Melinda Gates Foundation

Irish Aid – Government of Ireland's Development Cooperation Programme

Korea International Cooperation Agency (KOICA)

Embassy of the Kingdom of the Netherlands (Netherlands Embassy)

Results for Development (R4D)

SOS Children's Villages Ethiopia (SOS Ethiopia)

Embassy of Switzerland (Swiss Embassy)

United Nations Children's Fund (UNICEF)

World Bank Group (WBG)

World Food Programme (WFP)

World Vision Ethiopia



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Ethiopia Nutrition Financing Landscape Assessment
for Seqota Declaration Scale Up Phase and the
Nutrition Centric Nexus Approach

DECEMBER 2025



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