NUTRITION FOR GROWTH PARIS 2025

Government of Ethiopia Commitment Goals and Actions 2026 – 2030

World Health Assembly Target

Stunting
TARGET: 40% reduction in the number of children under-5 who are stunted

Wasting
TARGET: Reduce and maintain childhood wasting to less than 5%

Anemia
TARGET: 50% reduction of anemia in women of reproductive age

Low birth weight
TARGET: 30% reduction in low birth weight

Childhood overweight
TARGET: No increase in childhood overweight

Breastfeeding
TARGET: Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%

March 2025

NUTRITION FOR GROWTH
PARIS 2025

Government of Ethiopia Commitment Goals and Actions 2026 – 2030

FORWARD

Malnutrition is a health and developmental issue which affects the economic and human development of nations. It requires multidimensional and multi-stakeholder approaches to address the immediate, underlying and root causes. In this regard, the government of Ethiopia has put in place the Food and Nutrition policy and launched the ten years costed Food and Nutrition strategy in (2021-2030). In addition, we are implementing the Seqota Declaration (SD), the government of Ethiopia's innovative and bold commitment to end stunting in children under two by the year 2030. The Seqota Declaration Expansion Phase (2021 – 2025) is being implemented in 240 woredas since 2021 and expanded to 334 woredas this year. As outlined in the SD roadmap, we aim to expand the implementation to 700 woredas in the coming years.

During the N4G Japan 2021 summit, Ethiopia has made a commitment entitled 'Accelerate food and nutrition strategy implementation together with Seqota Declaration Expansion & Scale up' with the aim of reducing all forms of malnutrition. To attain this, the government and its development partners took actions that contribute to the attainment of the Nutrition for Growth Japan 2021 political and financial commitment goals through effective implementation of the National Food and Nutrition Strategy and Seqota Declaration Expansion phase. As we reflect back, we made measurable progresses in our political and financial commitment goals and contributed in improving the nutritional status of millions of our citizens.

Our N4G Paris 2025 Summit commitment is prepared thorough consultative process with all Scaling Up Nutrition stakeholders. This process enabled us to review our previous commitment goals and make revised and new commitments. In the process, we also identified the challenges that hindered the attainment of the N4G Japan 2021 commitments. The government and development partners' joint effort to deliver these actions in the past five years has enabled us to prevent worsening of some of the indicators and curb the impact of COVID 19, food price escalation, drought or flooding, conflict and diseases outbreaks on nutritional status of pregnant and lactating women, children and the entire population. Based on the lessons learned, we prioritized key actions that we will implement to drive the attainment the N4G Paris 2025 political and financial commitment goals. In this regard, I call upon all food and nutrition implementing sectors, civil society organizations, donors, the UN family, academia, private sectors and other stakeholders to join hands together to effectively implement the prioritized actions to make the N4G Paris 2025 commitment goals a reality by 2030.

Dr. Mekdes Daba

Minister, Ministry of Health, Ethiopia

ACKNOWLEDGMENT

The development of the Government of Ethiopia Nutrition for Growth Paris 2025 Government of Ethiopia commitment goals and actions (2026 – 2030) was made possible through a collaboration of the Scaling Up Nutrition (SUN) Movement Multi-stakeholders members with the technical support of the SUN Anglophone Secretariat. To facilitate the process we developed the Ethiopia Road to N4G Paris 2025 Action Plan which enabled us to take the process forward. In this regard we would like to acknowledge the technical and financial support of organizations that supported this process and the leadership provided from the Focal Person, the SUN Networks Leads and members of the SUN Networks from the government, Ethiopian Civil Society for Scaling up Nutrition, Academia, UN Nutrition, Donors and SUN Business Networks.

We would also like to acknowledge the team who took part in the Mombassa N4G familiarization workshop for their commitment and dedication in developing the Ethiopia Road to N4G Paris 2025 Action Plan and mobilizing the stakeholders for the consultation and draft report review and validation workshops. We also would like to extend our appreciation and thankfulness for the team of experts and nutrition leaders from ACF, CARE, SUN- Academia, ECSC-SUN, Ministry of Industry, Hawassa and Gondar Universities, GAIN, Nutrition International, R2G, SUN Business Network (SBN) and UNICEF for taking the lead in the write up of the previous and the N4G Paris 2025 commitment goals. Special thanks also goes to the technical team at the Multi-sectoral and Seqota Declaration Desk team members at Nutrition Coordination Office who have made extensive contributions in reviewing and finalizing the draft document.

We look forward to work together with all stakeholders to implement the actions to accelerate the attainment of the 2030 financial and political commitment goals.

Hiwot Darsene
Lead Executive Officer,
Nutrition Coordination Lead Executive Office, MoH, Ethiopia

TABLE OF CONTENTS

SUMMARY:

ETHIOPIA'S N4G PARIS 2025 COMMITMENT

Government of Ethiopia makes the following N4G Paris 2025 Commitments aligned with national strategies, regional and global targets. These are 15 commitments of which 12 are political (8 renewed and 5 new) and 2 financial commitments (1 renewed and 1 new) that the government will jointly work with development partners to attain them by 2030. These commitments aligned with FNS, SD and Food System Transformation Roadmaps and aligned WHA Targets and Africa Union Commission Food and Nutrition strategic goals, the SDGs.

Table 1: Government of Ethiopia N4G Paris 2025 Revised and New Commitments

Commitment type	Commitment goal	Alignment
Revised Political commitments	Reduce prevalence of stunting in under five children from 39% to 23.4% by 2030	**WHA, AUC, SDG, FNS**
	Reduce prevalence of stunting in under two children from 28% to 0% by 2030	**FNS, SD**
	Reduce prevalence of wasting in under five children from 11% to 5% by 2030	**WHA, AUC, SDG, FNS**
	Reduce prevalence of anemia among women of reproductive age group from 20% to 13% by 2030	**WHA, AUC, FNS**
	Reduce prevalence of low birth weight from 5.4% to 3% by 2030	**WHA, AUC, FNS**
	Prevalence of childhood overweight and obesity not more than 5%	**WHA, AUC, FNS**
	Reduce prevalence of women who are overweight and obese to no more than 11% by 2030	**FNS**
	Increased proportion of Infant (0-6) exclusively breastfeed from 59% to 85% by 2030	**WHA, AUC, FNS**

New Political Commitments	60% wheat flour Processing industries fortify their products by 2030	**NFFS, FNS**
	Increase proportion of children 6-23 months meeting the minimum diet diversity from 8% to 50% by 2030	**WHA, FNS**
	Increase diet diversity among women of reproductive age from 7% to 50% by 2030	**WHA, FNS**
	Reduce multiple micronutrient deficiencies among women by half by 2030	**FNS**
	Establish food system and nutrition councils and conduct performance review with score card at all levels	**FNS, FST, SD**
Renewed Financial Commitments	Mobilize $638 million USD (25% of the 2.55 Billion USD funding requirement) for nutrition by 2030	**FNS, SD**
	Establish a robust system to ensure effective and efficient allocation, tagging and tracking of financial resources by 2030	**FNS, SD**

SUMMARY:

N4G JAPAN 2021 COMMITMENT PROGRESS STATUS

The government conducted a multi-stakeholder review to assess the progress of the N4G Japan 2021 commitment progress. Food and nutrition strategy and Seqota Declaration implementing sectors, donors' representatives, civil societies, private sectors, UN family, academia and research institutes that work on nutrition under the Scaling Up Nutrition took part in the review process as per the Road to Paris 2025 Action Plan. The following table summarizes the progress made in the past five years and the actions taken to attain these commitments by all the stakeholders are outlined in the following sections.

Table 2: N4G 2021 Japan Commitment Progress

Commitment type	Commitment Goal	Quantitative progress in 2025*	Progress Status
Political commitment	Reduce prevalence of stunting in under five children from **37%** to **13 %** by **2030**	**39%**	**Stagnant**
	Reduce prevalence of stunting among children under two from **28%** to **14%** by **2025**	**No data**	
	Reduce prevalence of wasting in under five children from **7%** to **5%** by **2030**	**11%**	**Off track**
	Reduce prevalence of anemia among women of reproductive age from **24%** to **10%** by **2030**	**13%/20%**	**On-track**
	Reduce prevalence of low birth weight from **13%** to **3%** by **2030**	**5.4%**	**On-track**
	Reduce prevalence of women overweight and obesity from **8 %** to **3%** by **2030**	**11%**	**Off-track**
	Decrease Prevalence of childhood overweight and obesity not more than	**5%**	**On-track**
Financial Commitment	Mobilize **50%** of the **2.55 Billion USD** funding requirement for the Food and Nutrition Strategy (FNS)) by **2030** Mobilize **25%** of the **2.55 Billion USD** funding requirement by **2025**	Available data shows about **25%** of the fund is mobilized from the government and partners**	**Positive trajectory**

*Qualitative Progress Data Source: (All the progress data are from EPHI, FNS baseline 2022)

**NPF workshop proceeding report

PART 01

NUTRITION LANDSCAPE AND N4G COMMITMENTS PROGRESS REVIEW PROCESS

The burden of under nutrition in Ethiopia is a significant public health and developmental issue. According to the EDHS and FNS survey reports (2022), the overall prevalence of stunting, wasting, and underweight is 39%, 11%, and 22%, respectively. Based on the World Health Organization's (WHO) classification for assessing the severity of malnutrition, Ethiopia has a very high prevalence of child stunting (over 30 percent).

Malnutrition affects health, socio-economic development, and cognitive ability. The findings of the 2009 Cost of Hunger study revealed that Ethiopia loses 16.5% of its GDP, or 55.48 billion ETB annually due to stunting. The costs associated with health, education, and productivity losses due to stunting, as a percentage of GDP, are 0.55%, 0.03%, and 15.9%, respectively. Malnutrition contributes to 45% of under-five child deaths. Stunted children tend to perform poorly in school and are less productive as adults. The government of Ethiopia recognizes that investing in nutrition is essential to tackle these challenges and achieve its goal of becoming a lower middle-income country. It is projected that every dollar invested in nutrition yields a significant return in health and productivity outcomes (as high as 138 USD for every dollar investment), contributing to national growth and development. In light of this fact, the Ethiopian government is implementing the national food and nutrition strategy (2021 – 2030) and the Seqota Declaration 15 years' roadmap (2015 – 2030) divided in to three phases Innovation (2016 -2020), Expansion Phase (2021-2025) and Scale-up Phases (2026-2030). In 2025, the Expansion Phase covered 334 woredas across the country delivering impactful, cost-effective nutrition-direct, nutrition-indirect and climate-smart infrastructure interventions.

Ethiopia has joined the SUN Movement in 2012 and established the SUN Multi-stakeholders platform (MSP) that to facilitate the coordination and working together among Scaling Up Nutrition Movement network members including civil society, donors, businesses, UN agencies and academia are organized into Networks. These networks bring together active members (stakeholders) that can regularly exchange information and support implementation of the country food and nutrition priorities that are identified through joint consultative processes during the SUN Joint Annual Assessment. The SUN Multi Stakeholders Platform is led by the SUN Focal Point and closely working with each Network members to effectively implement the SUN Movement Strategy in alignment of the countries food and nutrition strategy and policy.

Government of Ethiopia jointly with its nutrition development partners has made a commitment to improve nutrition during the N4G Japan commitment held in 2021. This document is the result of the various consultations made with nutrition stakeholders to review the commitment made in 2021 and define the renewed and new political and financial commitments for Paris 2025 Nutrition for Growth Summit. The N4G Review has been conducted based in consultation with wide range of nutrition stakeholders as outlined in the road to N4G Paris 2025 Action Plan.

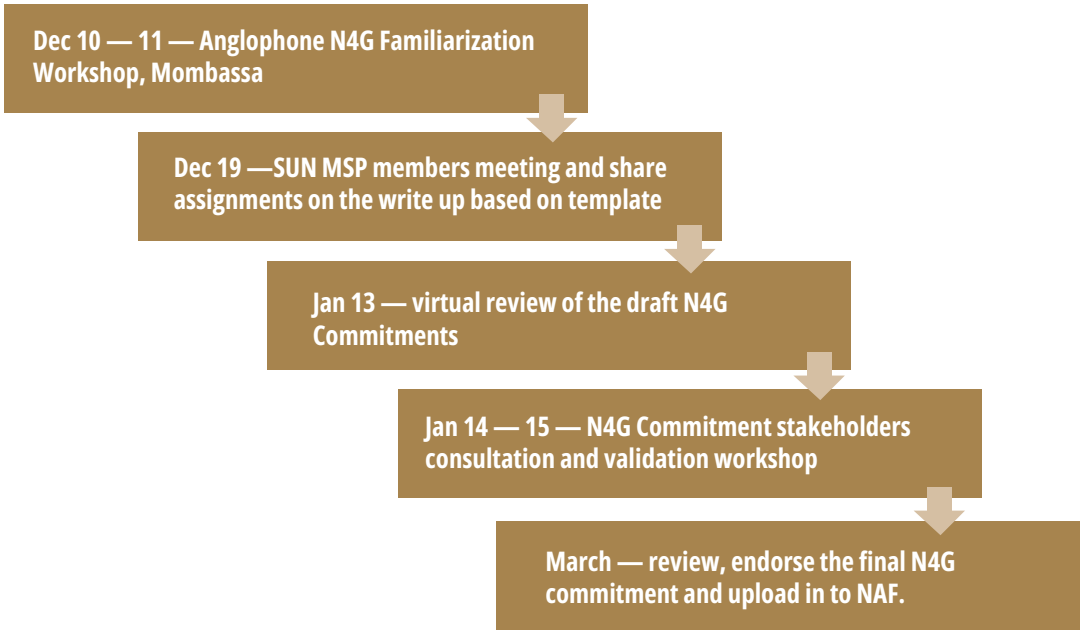


Figure 1: The Ethiopian Road to N4G Paris 2025 Action Plan

Figure 2: Dec 19, 2024 SUN MSP Workshop

Figure 3: Jan 15 – 16, 2025, MSP workshop to review and validate N4G Commitments

PART 02

ETHIOPIA'S COMMITMENT ALIGNMENT WITH AFRICA UNION AND WHA GLOBAL NUTRITION TARGETS

Building on the Maputo and Malabo phases of the CAADP, the post-Malabo agenda adopted in Kampala on January 11, 2025, introduces an agri-food systems approach. This approach empowers stakeholders to tackle challenges across the entire food value chain while aligning policies with broader development objectives. This strategic shift is based on recognizing the complex connections between agriculture, nutrition, economic development, and other sectors. To address trade-offs and inter-linkages, policies must be better integrated, considering sustainable practices from farm to fork, value chain complexity, and the impact on diets and nutrition. The agri-food systems approach prioritizes environmental sustainability to protect future food production and combats all forms of malnutrition—such as under-nutrition and micronutrient deficiencies—by promoting diverse, nutritious, and affordable diets.

World Health Organization's Member States have endorsed Global Nutrition Targets for improving maternal, infant and young child nutrition and are committed to monitoring progress. The targets are vital for identifying priority areas for action and catalyzing global change. The World Health Assembly (WHA) has set global nutrition targets to improve the health of mothers, infants, and young children. The targets were established in 2012 and are intended to be achieved by 2025. These targets were reviewed in 2024 among wide range of nutrition stakeholders and are ready for extension until 2030 during the upcoming WHA Assembly.

The World Health Assembly Global Nutrition Targets

STUNTING

TARGET: 40% reduction in the number of children under-5 who are stunted

WASTING

TARGET: Reduce and maintain childhood wasting to less than 5%

ANEMIA

TARGET: 50% reduction of anemia in women of reproductive age

LOW BIRTH WEIGHT

TARGET: 30% reduction in low birth weight

CHILDHOOD OVERWEIGHT

TARGET: No increase in childhood overweight

BREASTFEEDING

TARGET: Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%

PART 03

ETHIOPIA'S N4G TOKIYO 2021 COMMITMENT PROGRESS STATUS

3.1 N4G Japan 2021 Political Commitments Progress

3.1.1 STUNTING

Table 3: Progress on stunting commitment goals for under 5 and under 2 years of age

Commitment type	Commitment Goal	Quantitative progress in 2025*	Progress Status
Political	Reduce the prevalence of stunting in under five children from 37% to 13 % by 2030	39%	Stagnant
	Reduce the prevalence of stunting in U2 children from 28% to 14% by 2025	No data	

3.1.1.1 Actions taken to achieve the Stunting Commitment Goals

The government implemented the following actions: -

- Developed and implemented the Food and Nutrition policy, and different frameworks, strategies, and initiatives.
- Building on the Innovation Phase (2016-2020), the government launched the Expansion Phase (2021-2025) high impact, multi-sectoral interventions in 240 woredas which is currently expanded to 334 woredas to reach 700 woredas in the coming two years.
- Multi-sectoral approach for stunting reduction project (MASReP): This project focuses on improving access to health services for children under-five years and PLWs.
- Scaled up nutrition direct preventive nutrition treatments for young children, adolescents, and pregnant women to address immediate nutritional deficiencies.
- Recognizing the importance of community engagement, the government implemented SBC interventions to promote optimal IYCF practices, improve dietary diversity, and maternal nutrition.
- The government with partners implemented large scale WASH interventions by recognizing their role in reducing childhood stunting to improve access to clean water and adequate sanitation.
- Institutionalized nutrition governance structure at federal level through Food System and Nutrition Inter-ministerial steering committee and at regional level Food System and Nutrition Council.
- Mobilized Scaling Up Nutrition [SUN] Movement networks through Multi-stakeholder platform.
- Lead and implement productive safety net nutrition sensitive Agriculture interventions.

The Civil society organizations in their part undertaken the following actions:-

CSOs implemented community-based nutrition programs focusing on child nutrition, maternal health, and WASH; supported food and nutrition security through women-centered approaches, resilience-building initiatives. Moreover, CSOs empowered communities through awareness creation to demand and invest in basic services, provided technical assistance to the Seqota Declaration,; provided policy advocacy and support capacity building on gender and nutrition Leadership, support evidence generation and additional funding.

The United Nations family undertaken the following actions;- The UN family provide technical and financial support, support alignment of the global food and nutrition frameworks to the country context; facilitate large-scale initiatives like the Scaling Up Nutrition (SUN) movement and promoting multi-sectoral approaches in health, agriculture, water, industry to combat malnutrition. In addition the UN support national health and nutrition strategies, emergency nutrition and food aid such as the National Food and Nutrition Policy and strategies, SD and PSNP; support in evidence generation and PSNP.

The Nutrition Donors has conducted the following actions:- The donors provide funds for programs targeting maternal and child nutrition, supporting infrastructure development; integrated health, nutrition, and water, sanitation, and hygiene (WASH) projects; supporting policy development and finance innovative programs to improve child nutrition and reduce poverty. Moreover, donors initiated localization agenda and support humanitarian, development and peace actors to work for common outcomes.

The Academia and research institutes undertaken the following actions:- The academia take part in conducting research on stunting prevalence, drivers of stunting, and high impact interventions, to inform policies, evaluating the effectiveness of interventions, and building capacity through training and education programs. Moreover, they tested innovative tools and technologies for more effective delivery of nutrition services.

The private sectors also conducted the following actions:- To improve nutrition the private sectors take part in enhancing supply chains for nutritious foods, investing in fortified food production, and supporting sustainable agriculture practices and developing affordable and accessible fortified foods targeted at young children and mothers. Private sectors also engaged in food fortification and production of nutritious food efforts, such as the production of fortified cooking oils and iodized salt. They also promoted innovative solutions for improving water access, hygiene products, and nutritious food availability.

The Community in their part made contribution in the following areas:- The community took part in community-based nutrition practices leading to reductions in child stunting. Moreover, they participate in mother-to-mother support groups; share best practices in child feeding and care; grow nutrient-rich foods through home gardening and participate in local food production initiatives and educate peers on hygiene, sanitation, and clean water usage to prevent infections linked to malnutrition. The community also plays a critical role in Health, Agriculture, Water and Sanitation activities through community platforms like Women Development Armies and WASHCO.

3.1.2 WASTING

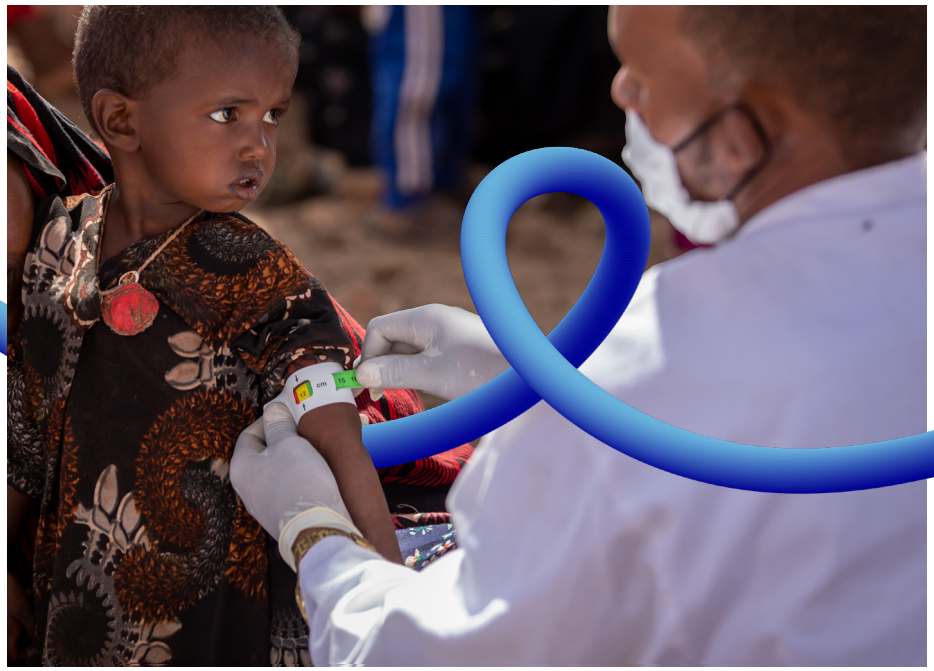
Table 4: Progress on wasting commitment goal

Commitment type	Commitment Goal	Quantitative progress in 2025*	Progress Status
Political	Reduce the prevalence of wasting in under five children from 7% to 5% by 2030	11%	**Off track**

3.1.2.1 Actions taken to achieve the Wasting Commitment Goal

To reduce the commitment goal on wasting the action taken by the government conducted regular nutritional screening and sustained community outreach initiatives via healthcare extension programs; incorporated preventive measures and therapeutic interventions for children with wasting into the healthcare system; encouraging adoption of the family MUAC for timely identification, referrals and care; developed and started the roll-out of simplified and combined approach protocol for the management wasting in emergencies; developed the nutrition-centric humanitarian-development-peace triple nexus (NC-HDPTN) operational guide and implementation roadmap.

The CSOs in partnership with the government are engaged in deployment of mobile health and nutrition teams (MHNTs) in hard-to-reach and inaccessible areas for the provision of life-saving services, provided technical and financial support in the development of NC-HDPTN operational guide and implementation roadmap; supported the rolling-out of find and treat campaign in hard-to-reach areas and strengthen and link social behavioral change communication activities in local approaches.



Higlolay woreda (district), Somali region Ethiopia, 20 January 2022 ©UNICEF Ethiopia/2022

The UN are mobilized resources for logistics procurement and delivery to the health facilities; supported the government for procurement of nutrition supplies (RUTF) with public finance; supported the government to manage wasting in prioritized food insecure woredas through integration into the health system. In food insecure areas, create access to use of local fresh foods to increase consumption and availability of diverse foods.

The private sectors took part in the production of therapeutic foods and essential medicines needed for treatment of severe acute malnutrition; rehabilitation of moderate acute malnutrition.

The donors allocated finances needed for logistics procurement; capacity building, research; conducting community mobilization and outreaches.

The academia in partnership with CSOs and the government are piloting of innovative approaches including Research on Improving the Screening for Wasting and Identification and Treatment of Wasted children (R-SWITCH) and Modified dosage for acute malnutrition (MODAM) as part of evidence generation, conducted baseline survey for food and nutrition strategy and policy of Ethiopia; pilot alternative approaches of using local foods for management of moderate wasting in Ethiopia to generate evidence for future programming.

The community took part in social behavioral change communication activities in local approaches and use of local foods for rehabilitation of underweight children and preventions of wasting.

3.1.3 ANEMIA

Table 5: Progress on anemia commitment goal

Commitment type	Commitment Goal	Quantitative progress in 2025*	Progress Status
Political	Reduce prevalence of anemia among women of reproductive age from 24% to 10% by 2030	20%	**on-track**

3.1.3.1 Actions taken to achieve the Anemia Commitment Goals

To achieve the commitment goal the government has undertaken the following actions:-

Iron and Folic Acid Supplementation: Providing iron and folic acid supplements to pregnant and lactating women is a cornerstone of the government's strategy to reduce anemia among pregnant women. IFA has been included in the Government's drug supply chain management system and the government funds from treasury.

Food Fortification: Efforts are underway to fortify staple foods like wheat flour with folic acid to improve the micronutrient intake of the population and reduce Folate deficiency Anemia.

Dietary Diversification: Promoting dietary diversification through nutrition education programs, such as the Seqota Declaration that encourages the consumption of iron-rich foods such as meat, poultry, fish, legumes, and dark leafy green vegetables. Vulnerable community groups receive support, such as vegetable seeds, poultry and sheep or goat as part of the effort to have secured access to diversified food sources.

Improved Access to Healthcare: Expanding access to quality healthcare services for women, including regular check-ups, antenatal care, and access to iron-folic acid supplements, is a key priority of the Government and other development actors.

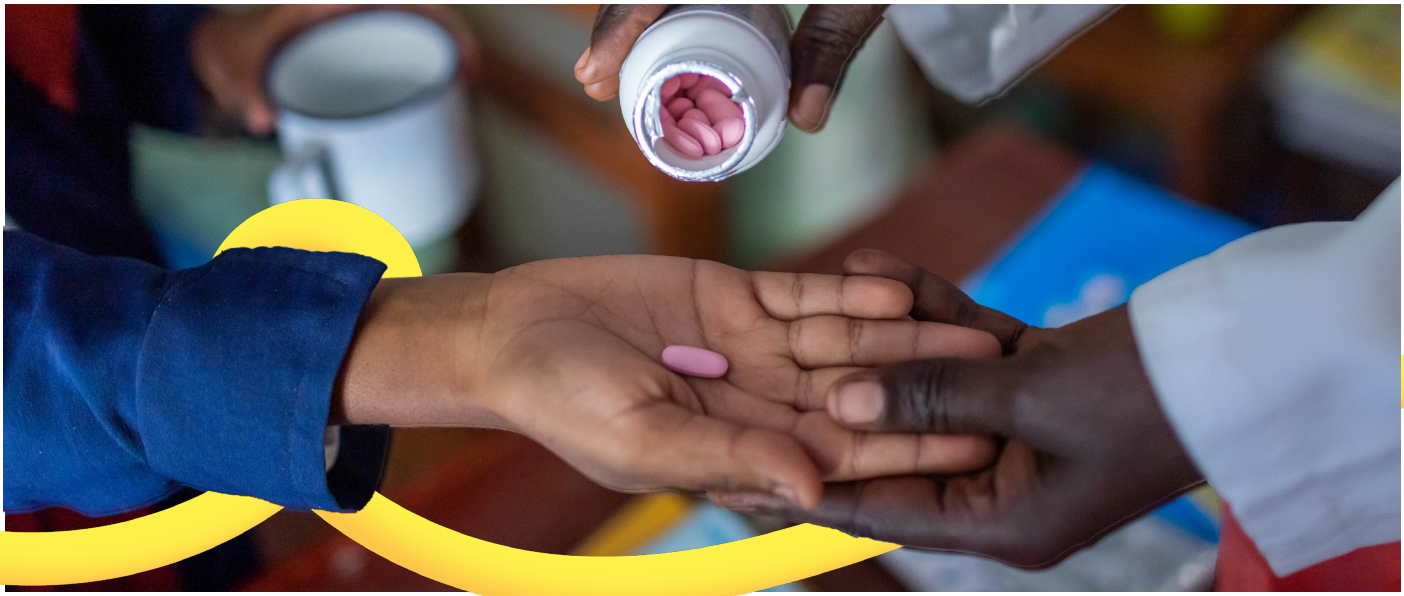
Addressing Underlying Causes: Efforts are being made to address underlying causes of anemia like malaria, hookworm, and other chronic infections (TB and HIV/AIDS) through effective prevention and treatment programs. Pregnant women deworming has been included as national nutrition indicator

The Civil society organizations also undertook the following:-

The school-based weekly IFA supplementation program has been initiated and expanded to 74 districts. The program, every year, reaches close to 400,000 in-school adolescent girls with WIFAS and more than 1 million girls and boys with nutrition education messages.

The United Nations family actions were:-

The school-based weekly IFA supplementation program has been expanded to 100 districts. The program, every year, reaches close to 600,000 in-school adolescent girls with WIFAS and more than 4 million girls and boys with nutrition education messages.



Eleham benefits from a UNICEF-supported iron and folic acid supplement programme at her school in Sire, Oromia, Ethiopia. © UNICEF Ethiopia/2023

The Donors

The donors provided funding for weekly IFA programs for adolescents and IFA supplementation through the health system. Moreover, donors support the implementation research on multiple micronutrients supplementation.

The Academia

Develop the study protocol and conducted operational study on anemia, multiple micronutrient supplementation and dietary practices. The academia also led the development of the Food Based dietary guideline (FBDG) and conducted study on its operationalization.

Private sectors

The private sectors are engaged in the delivery of IFA through private health facilities and pharmacies; are taking part in the implementation research for multiple micronutrient supplementation.

The Community has made the following contributions:

Community-based programs are implemented to raise awareness about anemia, promote healthy diets, and encourage women to seek healthcare. Seqota Declaration is one of the long-term Government program addressing the multi-sectoral challenges in Nutrition including anemia among vulnerable communities in 334 woredas. Multiple development actors are also contributing to this effort.

3.1.4 LOW BIRTH WEIGHT

Table 6: Progress on low birth weight commitment goal

Commitment type	Commitment Goal	Quantitative progress in 2025*	Progress Status
Political	Reduce prevalence of low birth weight from 13% to 3%	5.4%	**On-track**

3.1.4.1 Actions taken to achieve the LBW Commitment Goals

To achieve the LBW commitment goal the government undertaken the following actions:- developed guideline to strengthen preconception nutrition services; increased access to quality prenatal and mental health services; strengthen WASH service access to health facilities; promoted access and use of insecticide-treated nets to pregnant women; provided de-worming for pregnant women in the second trimester of pregnancy; strengthened health facilities for timely initiation and coverage of antenatal care services; strengthened access to facility and community-based prenatal nutrition counseling and education; strengthened nutritional screening at ANC contact points; enhanced utilization of family planning services; Strengthening monitoring and evaluation activities for prenatal nutrition services.

The CSOs supported the health system and community structures in promoting adolescent nutrition, WIFAS for adolescent girls, coverage of preconception care, conducted capacity building supports to the health care providers to deliver quality antenatal care; support designing evidence-based informed and gap filling capacity building for ANC, pre and post-natal services; delivering awareness-raising interventions on adolescent and preconception nutrition in schools; implement innovative adolescent nutrition program; strengthen prenatal nutrition and mental health community mobilization, awareness creation, and demand-generation.

The UN support in strengthening preconception and prenatal nutrition services through technical and financial support to improving nutrition capacity-building support (training, supportive supervision, etc.) to healthcare providers; ensuring the availability of essential commodities and supplies at health facilities; support the government to enhance nutrition data analytics and information; use capacity of the primary health care providers and health managers to provide quality ANC and PNC services.

One-day-old Musa Mohammed is weighed on a set of scales at a UNICEF-supported health center in Homosha, in the remote Benishangul-Gumuz region of Ethiopia, Tuesday 16 January 2018. © UNICEF Ethiopia

Private sectors support engaged in the production and market access to fruits, vegetables, and animal products and production of medical supplies that are needed for improving adolescent nutrition and nutrition care during pregnancy, delivery and after delivery.

The donors supported the implementation of national nutrition and maternal health and nutrition guidelines and programs that improve antenatal care, delivery, nutrition screening and counseling and provision of quality service delivery. Moreover, donors supported the health system to access to commodities to provide services.

- The Academia fostered collaboration with research institutions, took part in monitoring and evaluation respective services utilization among socially or geographically disadvantaged pregnant women, i.e., poor, rural, and less educated women; generated evidence to inform implementation and learning documentation related to low birth weight; conducted evaluation of community engagement and involvement strategies in planning and implementation of prenatal nutrition services, conduct evaluation of the socio-cultural responsiveness cost effectiveness and integration of maternal, prenatal and child health and nutrition interventions implementation strategies and enhancing evidence generation support to evidence-informed program decision.

The community engaged in preventing teenage pregnancy; take part in promoting prenatal nutrition and health services, such as giving priority to socially or geographically disadvantaged pregnant women, i.e., poor, rural, and less educated women; and improving community engagement in prenatal nutrition service planning and delivery, i.e., women, health and women development army.

3.1.5 WOMEN OVERWEIGHT AND OBESITY

Table 7: Progress on women overweight and obesity commitment goal

Commitment type	Commitment Goal	Quantitative progress in 2025*	Progress Status
Political	Reduce prevalence of women overweight and obesity from 8 % to 3%	11%	**Off-track**

3.1.5.1 Actions taken to achieve Women Overweight and Obesity Commitment Goal

To achieve the commitment goal the Government has undertaken the following actions: It established policies, strategy and guidelines promoting healthy dietary habits and physical activity; provided capacity-building training for health professionals on obesity prevention; engaged community-based networks to promote healthy eating and exercise; conducted awareness campaigns about the risks of overweight and obesity; implemented national programs promoting physical activity and nutrition education; developed training manuals for healthcare providers on obesity prevention and integrated obesity prevention strategies into the health extension program.

Civil Society Organizations in their part conducted: Advocacy for policy implementation supporting obesity prevention; supported training programs for health professionals and health extension workers; facilitated awareness campaigns promoting healthy lifestyles; assisted in implementing community-based obesity prevention programs and contributed to the development of obesity prevention training manuals.

The United Nations Family: Supported the implementation of national obesity prevention programs; promoted awareness campaigns on healthy eating and physical activity; and helped develop training materials for obesity prevention.

The Donors: provided funding for obesity prevention programs and initiatives.

Academia and Research institutes: They advocated for policy development supporting obesity prevention; conducted research on obesity trends, risk factors, and challenges; integrated obesity prevention into health worker training programs; and promoted awareness through academic and community outreach.

©UNICEF Ethiopia/2024

The Private Sectors: Private sectors established wellness programs in workplaces promoting healthy lifestyles; supported marketing campaigns promoting healthy food choices; developed products facilitating healthy eating and exercise and ensured responsible marketing of food and beverage products.

Community: Created community support groups promoting healthy living.

3.1.6 EXCLUSIVE BREASTFEEDING

Table 8: Progress on exclusive breast feeding commitment goal

Commitment type	Commitment Goal	Quantitative progress in 2025*	Progress Status
Political	Increased proportion of Infant (0-6) exclusively breastfeed from 59% to 85% by 2030	61%	On-track

3.1.6.1 Actions taken to achieve the Exclusive Breast Feeding Commitment Goal

The actions taken by the government to attain the EBF commitment goal are: The government established policies, strategies and guidelines that promote, protect and support exclusive breastfeeding as part of maternal and child health initiatives; revised the National Baby Food Directive to prevent Breast Milk Substitute code violence and enforced regulatory mechanism, developed directive on workplace day care center establishment; provided capacity building training for health professionals and HEW; engaged community-based networks to promote exclusive breast feeding; conducted awareness campaigns about the importance of EBF; developed training manual and implemented Baby Friendly Hospital Initiative (BFHI) and integrated EBF into health extension program.

The Civil society organizations in their part: The CSOs advocated for the implementation of policies, strategies and guidelines that promote EBF; supported the capacity building trainings for health professionals and HEWs; supported awareness campaigns using World Breast Feeding Weak event; supported the development of BFHI training manual development and implementation of BFHI.

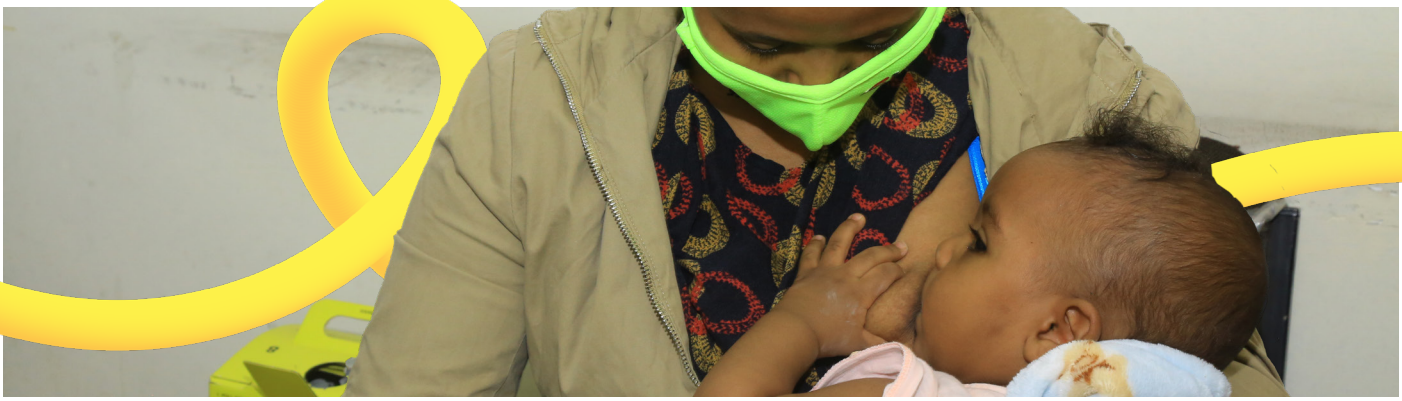
The United Nations family: The UN family supported the implementation of EBF programs and initiatives like BFHI; supported awareness creation campaigns and the development of BFHI training manual.

The Donors provided funding for programs that promote EBF.

Academia and research: Academia and research institutes advocated for policy development; generated evidence on EBF status and challenges; incorporated EBF into health workers training program; and created awareness on EBF through their community service

The Private sectors: established breast-feeding corner for lactating mothers.

The Community: established community support group that provide mother to mother supports and advises.



Mother breastfeeding while waiting her daughters turn to be vaccinated at the woreda 03 health center in Addis Ababa

©UNICEFEthiopia/2020

3.2 N4G Japan 2021 Financial Commitment Progress

3.2.1 Financial Commitment Goal

Table 9: Progress on financial commitment goal

Commitment type	Commitment Goal	Quantitative progress in 2025*	Progress Status
Financial	Mobilize 50% of the 2.55 Billion USD funding requirement for the Food and Nutrition Strategy (FNS)) by 2030 Mobilize 25% of the 2.55 Billion USD funding requirement by 2025	**Available data shows about 25% of the fund is mobilized from the government and partners****	**Positive trajectory**

3.2.1.1 Actions taken to achieve the Financial Commitment Goals

The actions taken by the government to Government to attain the funding target are: - The government treasury funding for the SD has risen significantly from 15 million ETB in 2017 to 1.4 billion ETB (24.5 million USD) from national and regional government matching (750 million ETB federal and 664 million ETB regional match). Overall the government has allocated over 100 million USD for Seqota Declaration since 2021. Moreover, the government allocated co-financing for acute malnutrition, productive safety net and one WASH program. In addition, to track nutrition financing it initiated Nutrition Budget Tagging and Tracking (NBTT) system at national level and a web-based Resource Tracking and Partnership Management (RTPM) tool is used to map and track the performance, resource allocation, and expenditure of nutrition stakeholders at woreda levels.

The donors: sustained financing for nutrition for community based nutrition interventions, governance and coordination, accountability, technical assistance deployment, conducting research and assessments and humanitarian response.

CSOs: mobilized resources from in-country and international financers to effectively implement the developmental, emergency and capacity building related activities

Private sectors: utilized their resources to produce nutrient dense foods and engage in food fortification.

Academia: mobilized researchers to conduct research, survey and conduct

Community: mobilized local resources for demonstration, rehabilitate children with malnutrition, rehabilitate and manage local assets and resources that contribute for improved nutrition.

PART 04

CHALLENGES AFFECTING THE ATTAINMENT N4G JAPAN COMMITMENT

The major challenges that the attainment of the N4G Japan 2021 commitment and the actions planned to attain the commitment goals are the following. These are:

COVID-19 Pandemic, Public Health Emergencies: Diseases outbreak and public health emergencies (COVID-19, measles, malaria, cholera…) further strained existing systems, food supply chain interruption, exacerbating vulnerabilities for pregnant and lactating women and children. Infections such as malaria, hookworm, and other parasitic infections contribute significantly to malnutrition especially anemia by interfering absorption and use of nutrient.

Conflict and Internal Displacement: Conflicts and displacement lead to loss of livelihoods, food insecurity, and disrupted healthcare systems, leaving vulnerable families unable to access adequate nutrition or healthcare for young children.

Climate Change induced Droughts, flooding and locust invasion: Extreme weather events and prolonged droughts diminish agricultural productivity, leading to crop failure, food shortages and reduced dietary diversity. This is also exacerbated the humanitarian and development imbalance.

Poverty, Food Insecurity, food price escalation and inflation: poverty, price escalation, and inflation limit families' ability to afford nutrient-rich foods, healthcare, and essential commodities. Economic instability further reduces public and private investments in health and nutrition programs.

High post-harvest loss:- Nutritious foods are subject to high post-harvest loss and waste, and given their perishability, they often do not reach remote rural markets, and when they reach the markets, the price is too high for most households to afford.

Inadequate access to and uptake of nutrition information and hygiene and sanitation practices: Many women in rural areas have limited access to quality healthcare services, including antenatal care and access to iron-folic acid supplements. Limited access to maternal education and healthcare further hinders effective caregiving practices and early nutrition. This resulted in low uptake of services coverage (ANC4 is 32% and IFA 17%). There is still low awareness among women about the causes, consequences, and prevention of malnutrition. Geographical barriers, lack of transportation, and inadequate health infrastructure hinders access to healthcare facilities. Poor sanitation and hygiene expose children to pathogens that damage the gut lining, impairing nutrient absorption and contributing to stunted growth despite sufficient food intake.

Inadequate Policy and strategy implementation and coordination: Fragmented and poorly coordinated efforts across sectors limit the impact of the interventions to reduce malnutrition. Moreover, full scale functionality of the coordination platforms at all levels creates gaps in translating policies into action impede progress. Limited control of BF substitutes, paternity leave and fragmented implementation of baby friendly community initiatives resulted in inadequate progress in breast feeding.

Sub-optimal Investment and inadequate utilization of accountability mechanism: Despite increasing investments by the Ethiopian government in the FNS and SD, significant challenges persist in nutrition financing and resource tracking mechanisms. Resource constraints, human resource limitations, Lack of alignment of national programs with international nutrition investment an shortage of program funding also limited program operation and logistics. Moreover, significant gap remains in the availability of timely, consolidated financial data from government, donors, non-governmental organizations, and other stakeholders, primarily due to the different mechanisms used to manage nutrition budgets in the country. Although efforts to track nutrition funding and expenditures through the Nutrition Budget Tracking Tool (NBTT) and the Resource Tracking and Partnership Management (RTPM) tool represent promising innovations, they remain in the early stages of implementation and require further consolidation.

Cultural Beliefs and Practices: traditional feeding practices, food taboos, and gender disparities in caregiving limit children's and women access to adequate nutrition. Addressing these cultural factors is crucial for sustainable change. Cultural and social norms that limit women's access to food and healthcare also contribute to the high prevalence of malnutrition. In addition, harmful social and gender norms are powerful drivers of poor diets and make it harder for adolescent girls and women to access essential nutrition services and adopt positive nutrition and care practices, especially during the nutritionally demanding periods of pregnancy and breastfeeding.

Sub-optimal dietary intake and feeding practices: Poverty and Food Insecurity: High levels of poverty and food insecurity limit access to nutritious diets. Poor diets lacking in iron-rich foods such as meat, poultry, fish, and leafy green vegetables are a major contributor to malnutrition especially micro-nutrient deficiency.

Rising trend in non-communicable diseases: The rise in overweight and obesity is compounded by various factors. These include cultural beliefs and misinformation regarding healthy eating and weight management, limited awareness of the risks associated with obesity, inadequate regulation of unhealthy food advertisements, insufficient policies supporting workplace wellness programs, limited implementation of community-based obesity prevention programs and limited access to affordable healthy food options. Moreover, emerging mental health and psychosocial challenges related to body image, limited healthcare infrastructure for obesity prevention services, workplace barriers to physical activity and long working hours and food insecurity and poverty affecting healthy eating habits.

PART 05

LESSON LEARNED N4G JAPAN 2021 COMMITMENT ACTIONS

The lessons learned from implementation of the actions to attain the N4G 2021 Japan commitment goals are listed as follows. These lessons informed the actions set for the attainment of the N4G Paris 2025 commitments.

Nutrition policy and strategic investments plans were critical to drive the nutrition agenda: The Government of Ethiopia has put in place the food and nutrition policy strategy that supports the commitment into action. The main policy frameworks are the costed food and nutrition strategy (2021 – 2030), Seqota Declaration Expansion and Scale up Phases investment plan (2021-2030), nutrition sensitive agriculture strategy and agri-food system, Productive safety net program V, One WASH Program Phase II to mention few. These policies facilitated resource allocation, stakeholder coordination, and accountability mechanisms essential for program success.

Sustained high level government political commitment and leadership for nutrition: The government of Ethiopia demonstrated a sustained high-level political commitment at federal and regional level to drive the implementation of the actions prioritized to achieve the commitment goals. The government also sustained financial commitment from the treasury sources at federal and regional levels and mobilized development partners, financial institutes and donors to resources, and partnered with international organizations and donors.

High Level Leadership Commitment to review the progress of priority intervensions

Scaling Up high impact food and nutrition interventions and prioritization of high malnutrition burden geographic areas: Ethiopia scaled up high impact food and nutrition interventions as outlined in the food and nutrition strategy and the Seqota Declaration roadmap. This includes growth monitoring and promotion, vitamin A supplementation, iron and folic acid supplementation for pregnant women, WIFAS for adolescents, and management of acute malnutrition, Food fortification, nutrition sensitive agriculture interventions. The government prioritizes highest stunting or wasting burdened, conflict and disaster prone communities allowed for tailored interventions to addressing the nutrition challenges. The good examples are the context-specific approach enhanced the effectiveness of stunting reduction efforts during the Seqota Declaration Innovation and Expansion Phase and wasting response.

Productive partnerships with partners' and their commitment to provide technical and financial assistance: The government of Ethiopia works very closely with nutrition donors and development partners. These stakeholders are making a technical and financial support for the successful implementation of the food and nutrition strategy and the Seqota Declaration investment plan. Strengthening public-private partnerships is critical to bring private sectors in nutrition better.

Potential of multi-sectoral approaches for accelerated stunting reduction: The government of Ethiopia has document a success in accelerated reduction of stunting reduction. The Seqota Declaration Program, launched in 2015, exemplifies the effectiveness of coordinated efforts across various sectors. By integrating health, nutrition, agriculture, and education, women and social protection initiatives, the program accelerated the annual reduction rate of stunting from 1% to 3% and preventing stunting in approximately 100,000 children under five years old in 2022 alone.

Revitalization of Growth Monitoring and Promotion for early detection and improve access to nutrition intervention: The government of Ethiopia introduced the growth monitoring and promotion revitalization approach to facilitate monthly growth monitoring of children, early detection of children at risk of malnutrition, facilitate early rehabilitation using locally available resources and access to health and nutrition interventions. This initiative increased growth monitoring coverage from 54% to 77% by the end of 2023, with a target of 85% by June 2025.

Engaging and empowering communities through First 1000 days public movement: Educational and social behavior change communication initiatives promoting optimal feeding practices, hygiene, and healthcare utilization have positively impacted nutritional outcomes. In this regard, the government has developed and implemented the BCC strategies, SBC mainstreaming strategies, the Community Labs and other community based social behavior change approaches such as the Mother to Mother Support Groups, Care Group or pregnant women conference, cooking demonstrations to engage the community and empower them for the malnutrition challenge in their community.

The need strengthening interventions that will enhance diet diversity: Promoting dietary diversification is crucial to address the low diet diversity among pregnancy women and children under five. This includes increasing consumption of iron-rich foods like meat, poultry, fish, legumes, and dark leafy green vegetables. The accelerated expansion of poultry, homestead gardening and other nutrition sensitive intervention together with nutrition education (1000 days public mobilization campaign) through the Seqota Declaration program has demonstrated an impact on diet diversity and nutrition outcomes. The Yelemat Tirufat is also unique government initiative that fills the diet diversity gap.

The need for transition for silo approach to nutrition centric Humanitarian Development and Peace Triple Nexus (NC_HDPTN): In the past five years vulnerability to various forms of shocks is ever increasing at national level. These includes aftermath of the COVID 19 pandemic, drought, flooding, locust invasion as well as conflict, global food and agricultural inputs price escalation. Addressing these causes requires briefing together humanitarian response, development actions and peace building interventions. Understanding the interconnectedness the government developed NC_HDPTN Implementation Roadmap and Operational Guide to help all stakeholders to work together and utilize the limited resources efficiently. Operationalization is now started and when it is fully operational, we aim to attain household and system resilience and sustainable peace in our community and the nation.

Evidence generation and data-driven decision making and ensuring accountability: In order to facilitate decision making process the government has undertaken baseline and follow-up studies for a number of food and nutrition programs. The scaling up of Unified Nutrition Information System (UNISE) in over 139 woredas enabled to track performance of the woredas, regions and sectors to make decision and course corrective actions using scorecards. Regular monitoring and evaluation of the nutrition programs were conducted to track progress, identify gaps and adapt interventions based on local needs.

Strengthening actions for promoting healthy diet and promoting healthy life: In the past years, diet related non-communicable diseases are ever increasing in Ethiopia. This is manifested by increasing prevalence of women and childhood overweight and obesity. In this regard, there is a need to increase the community, women and caregivers, leaders awareness at all levels on healthy diet and life styles, continuous education for healthcare providers and community leaders and initiating the workplace health and wellness programs to catalyze overweight and obesity prevention efforts.

PART 06

ETHIOPIA'S N4G PARIS 2025 COMMITMENTS

6.1 N4G Paris 2025 Revised Political Commitments

6.1.1 STUNTING

Table 10: Commitment progress for stunting among children under 5 and under 2 years of age

Commitment type	Commitment Goal	Commitment Alignment
Renewed Political commitment	Reduce prevalence of stunting in under five children from 39% to 23.4% by 2030	WHA, AUC, SDG, FNS
	Reduce prevalence of stunting in under two children from 28% to 0% by 2030	FNS, SD

6.1.1.1 Action needed to attain the Stunting Commitment Goals

i. Government

Action 1: Promote maternal nutrition, exclusive breastfeeding and complementary feeding, micronutrient supplementation for children

Action 2: Improve Access to Maternal and Child Health Services, address maternal and child infection, expand access to interventions that address diarrhea, malaria, and pneumonia, including oral rehydration therapy, insecticide-treated nets, and antibiotics; integrate Nutrition into Primary Health Care; scale up early childhood development (ECD) program

Action 3: address underlying causes through multi-sectoral and structural interventions including Water, Sanitation, and Hygiene (WASH), Improve Food Security and Agricultural Productivity, enhance Girls' and Women's Empowerment

Action 4: Implement innovative actions such as NC_HDPTN, Yelemat Tirufat, and green legacy.

Action 5: Increase public awareness for behavioral change and expand nutrition smart social protection programs, malnutrition free villages initiatives, community labs

Action 6: Establish FSN council and strengthening multi-sectoral coordination.

Action 7: Strengthen the multi-sectoral food and nutrition Information system including UNISE, SOP, RTPM and NBTT

Action 8: Increase agricultural productivity, diet diversity and nutrition education and safety net programs

ii. Civil society organizations

Action 1: Strengthen community based nutrition programs and promoting gender equity.

Action 2: Advocating for prioritize child and maternal nutrition agenda and increased funding.

Action 3: Play proactive educational, representing, collaborative and communicative roles on nutrition.

Action 4: Provide technical assistance and expert knowledge to support policy and program implementation and cascade international and national frameworks.

Action 5: Support progress tracking and evaluating the effectiveness of nutrition programs.

iii. United Nations

Action 1: Provide technical and financial support and promote multi-sectoral approaches.

Action 2: Provide emergency food aid during crises to prevent malnutrition.

Action 3: Support the monitoring and reporting on progress toward global nutrition targets, N4G.

Action 4: Promote policies such as FNS, FS and SD to address nutrition funding needs of the country.

Action 5: Advocate for and protect the rights of children to access to quality basic services.

Action 6: Link NC_HDPTN in health, agriculture, education, social protection and WASH sectors.

Action 7: Support the coordination and response to humanitarian response efforts in emergencies caused by manmade or natural disasters through nexus approach.

iv. Donors

Action 1: Fund food and nutrition programs targeting maternal and child nutrition

Action 2: Support policy development and multi-sectoral coordination efforts.

Action 3: Assist in strengthening the capabilities of local organizations and government bodies.

Action 4: Modify funding scheme [flexible and non-earmarked] as outlined in NC_HDPTN programming.

v. Academia

Action 1: Conducting research on stunting prevalence, causes, and interventions.to inform policies,

Action 2: Training health professionals and community workers on optimal food and nutrition practices.

Action 3: Identify context-specific Causes to address the regional disparity on stunting prevalence

Action 4: Test the effectiveness of nutrition-specific and nutrition-sensitive interventions.

Action 5: Research the effects of climate change and food insecurity on nutrition outcomes.

Action 5: Research on food fortification and bio-fortification of staple crops to enhance nutrient intake.

Action 6: Coordinate knowledge and evidence sharing through Triangle of Knowledge Partnership.

vi. Private sectors

Action 1: Promote Nutrition-Sensitive Agricultural Practices; enhance Food fortification and production.

Action 2: Enhancing supply chains for nutritious foods, investing in fortified food production, and supporting sustainable agriculture practices targeted at young children and mothers.

Action 3: Invest in local health and nutrition projects, contributing to community well-being

Action 4: Enhance public-private partnerships through collaborations for food fortification initiatives and enhancing availability of nutritious foods.

Action 5: Collaborate with government and NGOs to enhance nutrition outcomes.

vii. Community

Action 1: Promote exclusive breastfeeding and appropriate complementary feeding practices.

Action 2: Establishing and participating in community based support groups to share best practices in child feeding and hygiene and sanitation practices

Action 3: Grow nutrient-rich foods through home gardening and local food production initiatives.

Action 4: Utilize and address leadership, communication, resources mobilization capacity

6.1.2 WASTING

Table 11: Renewed N4G Paris 2025 Commitment to reduce Wasting among children under five

Commitment type	Commitment Goal	Commitment Alignment
Renewed Political commitment	Reduce prevalence of wasting in under five children from 11% to 5% by 2030	WHA, AUC, SDG, FNS

6.1.2.1 Action needed to attain the Wasting Reduction commitment goals

i. Government

Action 1: Review, adapt, and implement World Health Organization 2023 Global recommendations for wasting prevention and management.

Action 2: Strengthen Evidence Generation and implementation of local and sustainable food solutions through community-based multi-sectoral and health system approaches.

Action 3: Operationalize and scale up nutrition nutrition-centric humanitarian, peace, and development HPD triple nexus.

Action 4: Enhance human resource capacity, supply chain management, public financing for RUTF, and information management for effective nutrition service delivery through health institutions.

Action 5: Support implementation and scale-up of various initiatives on wasting prevention and management in collaboration with UN agencies, CSO partners, and other stakeholders.

Action 6: Strengthen nutrition data and information management systems.

Action 7: Reaffirm, maintain and strengthen continuous political commitment at all levels of government administration.

ii. Civil society organizations

Action 1: Align and support the implementation of various program initiatives and interventions of Government including the Global Action Plan (GAP) on prevention and management of child wasting

Action 2: Strengthen community-based structures and networks for routine nutrition screening, referral, and follow-up of children with wasting to ensure complete recovery.

Action 3: Promote local food-based solutions, including the production and utilization of diversified nutritious foods, to achieve sustainable gains in malnutrition and resilience of vulnerable communities.

iii. United Nations family

Action 1: Coordinate with nutrition-sensitive sectors, including food security, social protection, WASH, and education systems, to execute and monitor nutrition-sensitive actions.

Action 2: Pilot and implement strategic approaches for prevention and management of wasting in humanitarian emergencies.

Action 3: Coordinate, pilot and implement the Joint UN Initiative on Prevention of wasting including evidence

generation and standardization of prevention packages.

Action 4: Global Action Plan: Roll out the Global Action Plan (GAP) on child wasting prevention and treatment in collaboration with UN agencies and partners.

Action 5: Strengthen community-based structures and networks for routine nutrition screening, referral, and follow-up of children with wasting to ensure complete recovery.

Action 6: Support local food-based solutions, including the production and utilization of diversified nutritious foods, to achieve sustainable gains in malnutrition and resilience of vulnerable communities.

iv. Donors

Action 1: Support the GoE Commitments and initiatives for prevention and treatment of wasting through funding and grants to the Government, UN, local and international CSOs, and the Academia.

Action 2: Continued support and funding for prevention and management of child wasting in humanitarian settings.

Action 3: Support initiatives for Prevention of wasting and finance projects to pilot, synthesis and develop prevention package of interventions.

Action 4: Support the research and production of alternative formulation of RUTF using locally available raw materials for treatment and prevention of wasting.

Action 5: Support and funding for life-saving prevention and treatment of wasting as part of the emergency nutrition response plan.

v. Academia

Action 1: Support Evidence Generation and synthesis for innovative, local and sustainable food solutions

Action 2: Support the research and production of alternative formulations of RUTF using locally available raw materials for treatment and prevention of wasting.

vi. Private sectors

Action 1: Scale up and engage in nutrition initiatives through business for results, public financing for children, and production of first foods to support the prevention and treatment of wasting.

Action 2: Initiate, pilot, and scale up the production of cheaper and alternative RUTF formulation using locally available raw materials to manage child wasting sustainably.

vii. Community

Action 1: Support the implementation of community-based nutrition intervention projects and preventive interventions using local solutions through multi-sectoral and health system approaches.

Action 2: Support the implementation led by Government, UN Agencies, CSOs and Academia on wasting prevention and management wasting through the alliance for developments and community structures

Action 3: Support in coordination, monitoring and reporting: Support the health system and other sectors to monitor and report on the community component of the interventions, including the UNISE.

6.1.3 ANEMIA

Table 12: Renewed N4G Paris 2025 Commitment to reduce ANEMIA among WRA

Commitment type	Commitment Goal	Commitment Alignment
Renewed Political commitment	Reduce the prevalence of anemia among women of reproductive age group from 20% to 13% by 2030	**WHA, AUC, FNS**

6.1.3.1 Action needed to attain the ANEMIA Reduction commitment goal

i. Government

Action 1: Strengthen Health Systems:

- Increase the availability and accessibility of quality healthcare services, particularly in rural areas.
- Improve transportation, referral system, capacity to diagnosis, manage, and prevent anemia
- Improve the quality and coverage of antenatal care services, including regular check-ups, iron-folic acid supplementation, and health education. Support a smooth IFA to MMS transition.
- Equip health facilities with the necessary resources for anemia diagnosis and treatment.
- National Scaling Up of Weekly Iron and Folic Acid Supplementation (WIFAS) to Adolescent Girls
- Prevention of early pregnancy, including education, and uptake of modern contraception.
- Address gynecological conditions that cause anemia and post-partum hemorrhage
- Strategies during the delivery such as timing of cord clamping (protocols, guidelines, training)

Action 2: Improve Nutrition:

- Implement nutrition education programs to promote the consumption of iron and folate-rich foods, such as meat, poultry, fish, legumes, and dark leafy green vegetables. Support initiatives to increase the production and availability of these foods.
- Expand the coverage and effectiveness of food fortification programs, particularly for staple foods like wheat flour.
- Implement programs to address food insecurity and improve household food security, such as social safety nets, agricultural support programs, and disaster preparedness and response mechanisms.

Action 3: Prevent and Control Infections:

- Scale up the use of insecticide-treated nets, indoor residual spraying, and early diagnosis and treatment of malaria.
- Increase coverage of malaria chemoprophylaxis among vulnerable groups - pregnant women and children.

- Implement regular deworming programs to reduce the prevalence of intestinal parasites.
- Improve access to clean water, sanitation facilities, and promote good hygiene practices to reduce the risk of infections.

Action 4: Strengthen response capacity during Conflict and Disasters:

- Ensure the continuity of essential health services, including IFA/MMS, WIFAS supplementation programs, during emergencies and in conflict-affected areas.

Action 5: Foster Multi-sectoral Collaboration: Strengthen collaboration among government agencies, development partners, civil society organizations, and communities for effective response to anemia.

ii. Civil society organizations

Action 1: Support the Government effort in reducing anemia among women of reproductive age through: Health System strengthening initiatives, Improved access and use of diversified food by women and children, Prevent and Control Infections, support Multi-sectoral Collaboration, and Optimize service delivery across platforms and sectors

Action 2: Foster Community engagement:

- Support Conduct community awareness campaigns on anemia, its causes, consequences, and prevention strategies and available services.
- Utilize community-based approaches to engage women and their families in anemia prevention.
- Empower women to make informed decisions about their health and nutrition.
- Address gender inequalities and empower women to access healthcare and resources

iii. United Nations family

Action 1: support Health Systems to improve nutrition services

- Support the availability and accessibility of quality healthcare services.
- Support the strengthening of iron-folic acid/MMS supplementation, deworming, and nutrition counseling in the antenatal care services
- Support a smooth IFA to MMS transition, expansion and scale up of MMS.
- Support the capacity building efforts of health facilities for the diagnosis and treatment of anemia
- National Scaling Up of Weekly Iron and Folic Acid Supplementation (WIFAS) to Adolescent Girls and strengthen collaboration with Education system

Action 2: Support food production, SBCC interventions and national fortification to Improve nutrition:

- Support the Implementation of social and behavioral change communication on the consumption of iron and folate-rich foods,
- Support initiatives to increase the production and availability of nutrient dense foods.
- Support the implementation of mandatory food fortification
- Support household food production and linking vulnerable community in s social safety nets, agricultural support programs.

Action 3: Support and advocate local production and domestic financing

- Support mobilization of domestic resources to increase nutrition investments
- Support local production of first food and nutrition supplements

iv. Donors

Action 1: Financing the anemia prevention effort by other stakeholders including the Government, UN agencies, CSO, the Private sector and Academia.

v. Academia

Action 1: Strengthen Research and Monitoring:

- Conduct research to better understand causes and risk factors of anemia in different contexts.
- Evaluate the effectiveness of different interventions and identify areas for improvement.
- Establish and strengthen surveillance systems to monitor the prevalence of anemia and track the impact of interventions.
- Continue supporting the piloting and further scale-up of double-fortified salt with iron and folic acid
- Utilize data to inform program planning, implementation, and evaluation.

vi. Private sectors

Action 1: Foster implementation of the national mandatory food fortification agenda

Action 2: Food processing companies to enrich foods with more iron and folate source foods

Action 3: Strive for technology transfer and start the production of premix, MMS, WIFA and IFA in the country

vii. Community

- Support the implementation of ANC program, mother waiting areas and support mechanism to pregnant women to access nutrition services in the community.
- Enhance diversified HH food production to improve women diet.
- Strengthen collaboration and enhance community movements to combat barriers on women diet during and after pregnancy.
- Mobilize community resources to strengthen support system to vulnerable women
- Support the implementation led by Government, UN Agencies, CSOs and Academia on anemia prevention

6.1.4 LOW BIRTH WEIGHT

Table 13: Renewed N4G Paris 2025 Commitment to reduce LBW

Commitment type	Commitment Goal	Commitment Alignment
Renewed Political commitment	Reduce the prevalence of low birth weight from 5.4% to 3% by 2030	**WHA, AUC, FNS**

6.1.4.1 Actions needed to attain the LBW commitment goal

i. Government

Action 1: Increasing access to tailored facility- and community-based prenatal nutrition counseling and education services

Action 2: Strengthening prenatal nutrition and mental health community mobilization, awareness creation, and demand-generation interventions

Action 3: Harnessing digital health technologies in rendering prenatal nutrition awareness creation and demand generation services, and nutritional data recording and reporting

Action 4: Increasing the quality of prenatal nutrition and mental health services

Action 5: Increasing access to quality birth spacing and preconception nutrition services

Action 6: Enhancing the coverage of prenatal micronutrient supplementation

Action 7: Strengthening implementation of WASH intervention, and access to free insecticide-treated nets (ITNs) to pregnant women in all malaria-endemic areas

ii. Civil society organizations

Action 1: Promote maternal nutrition interventions at community level that contribute for the prevention of low birth weight.

Action 2: Implement adolescent nutrition and support WIFAS, IFA supplementation and multiple micronutrient supplementations.

Action 3: Support diversified food production and consumption promotion during pregnancy.

iii. United Nations family

Action 1: Supporting implementation of birth spacing and preconception nutrition services

Action 2: Fostering implementation of prenatal nutrition counseling, screening, and care

Action 3: Supporting implementation of prenatal micronutrient supplementation programs

Action 4: Fostering community engagement in prenatal nutrition and mental health service delivery

Action 5: Promoting the integration of digital health technologies with prenatal nutrition service delivery

iv. Donors

Action 1: Enhancing funding allocation to support national efforts intended to increase access to quality prenatal nutrition and mental health services

Action 2: Supporting the prenatal nutrition service quality improvement initiatives

Action 3: Promoting the integration of digital health technologies with prenatal nutrition service delivery.

v. Academia

Action 1: Enhancing evidence generation support to evidence-informed program decision to switch iron-folate supplementation to micro-nutrient supplementation

Action 2: Enhancing evidence generation on the effectiveness and cost-effectiveness of prenatal nutrition and mental health interventions and implementation strategies

Action 3: Strengthen epidemiological evaluations to monitor the burden and trends of prenatal under-nutrition

Action 4: Enhancing further investigation on the causal pathways of prenatal under-nutrition to develop evidence-informed interventions and implementation strategies

Action 5: Evaluating the socio-cultural responsiveness and integration of prenatal nutrition and mental health interventions and implementation strategies

Action 6: Further scrutiny of the existing prenatal nutrition capacity building supports to the health care providers to support designing evidence-based informed and gap filling capacity building schemes

Action 7: Evaluation of community engagement and involvement strategies in planning and implementation of prenatal nutrition and mental health services.

vi. Private sectors

Action 1: Improving timely initiation and access to antenatal care services (for private health facilities)

Action 2: Increasing access to prenatal nutrition and mental health services (for private health facilities)

Action3: Enhancing the coverage of prenatal micronutrient supplementation (for private health facilities)

Action 4: Strengthening the production and access to fortified food (food industries)

vii. Community

Action 1: Improving community engagement in prenatal nutrition service planning and delivery, i.e., women, community based volunteer health development agents.

6.1.5 WOMEN OVERWEIGHT AND OBESITY

Table 14: Renewed N4G Paris 2025 Commitment to reduce women overweight and obesity

Commitment type	Commitment Goal	Commitment Alignment
Renewed Political commitment	Reduce the prevalence of women who are overweight and obese to no more than 11% by 2030	**FNS**

6.1.5.1 Actions needed to attain the women overweight and obesity commitment goal

i. Government Actions:

Action 1: Enforce and revise policies supporting obesity prevention.

Action 2: Expand workplace wellness programs promoting physical activity.

Action 3: Require healthy food options in schools and workplaces.

Action 4: Conduct nationwide awareness campaigns.

Action 5: Expand implementation of community-based obesity prevention programs.

Action 6: Support the establishment of public physical activity spaces.

Action 7: Promote male engagement in household nutrition and exercise planning.

Action 8: Increase budget allocation for obesity prevention initiatives.

ii. Civil Society Organizations:

Action 1: Advocate for policy implementation and revision.

Action 2: Support capacity-building for health professionals and HEWs.

Action 3: Lead public awareness campaigns on obesity prevention.

Action 4: Support implementation of obesity prevention programs.

Action 5: Facilitate financial support for targeted obesity prevention projects.

iii. United Nations Family:

Action 1: Advocate for policy support and revision.

Action 2: Assist in implementing national obesity prevention programs.

Action 3: Promote obesity prevention awareness campaigns.

Action 4: Provide funding for obesity prevention initiatives.

iv. Donors:

Action 1: Continue financial support for obesity prevention initiatives.

v. Academia and Research:

Action 1: Advocate for policy revisions based on research.

Action 2: Generate evidence on obesity trends, challenges, and policy recommendations.

Action 3: Integrate obesity prevention into health training programs.

Action 4: Promote awareness through academic and community outreach.

vi. Private Sector:

Action 1: Establish workplace wellness programs promoting healthy living.

Action 2: Promote healthy eating through responsible marketing.

Action 3: Develop products supporting healthy lifestyles (e.g., nutritious snacks, fitness equipment).

Action 4: Ensure responsible advertising of food and beverage products.

vii. Community:

Action 1: Establish community health clubs promoting physical activity and healthy eating.

Action 2: Encourage male engagement through community programs.

Action 3: Create public spaces for exercise and wellness activities.

Action 4: Conduct community conversations to promote behavioral change in obesity prevention practices.

6.1.6 EXCLUSIVE BREAST FEEDING

Table 15: Government of Ethiopia N4G Paris 2025 Commitment to increase EBF

Commitment type	Commitment Goal	Commitment Alignment
Renewed Political commitment	Increased proportion of Infant (0-6) exclusively breastfeed from 61% to 85% by 2030	**WHA, AUC, FNS**

6.1.6.1 Actions needed to attain Exclusive Breast Feeding

i. Government

Action 1: Enforce and revise policies that promote, protect and support EBF.

Action 2: Extend the existing maternity leave up to 6 months

Action 3: Enforce the implementation of national baby food control directive

Action 4: Enforce and expand the establishment of breast-feeding corners and workplace daycares

Action 5: Conduct awareness creation campaigns on EBF

Action 6: Expand the implementation of Baby Friendly Hospital Initiative (BFHI)

Action 7: Establish breast milk bank

Action 8: Promote male engagement for improved maternal care

Action 7: Increase budget allocation for EBF programs and initiatives

ii. Civil society organizations

Action 1: Advocate for the implementation and revision of policies and guidelines that promote EBF

Action 2: Support the capacity building trainings for health professionals and HEWs

Action 3: Support public awareness creation campaigns on EBF

Action 4: Support the implementation of BFHI

Action 5: Facilitate financial support through targeted projects on EBF

iii. United Nations family

Action 1: Advocate for the implementation and revision of policies and guidelines that promote EBF

Action 2: Support the implementation of BFHI

Action 3: Support public awareness creation campaigns on EBF

Action 4: Provide funding for EBF programs and initiatives

iv. Donors

Action 1: Provide funding for EBF promotion and protection programs and initiatives

v. Academia

Action 1: Conduct research and generate evidence on EBF status, challenges and policy recommendations

Action 2: Integrate EBF into health professionals training program

Action 3: Create awareness on EBF through their community service

vi. Private sectors

Action 1: Promote and implement baby food control directive;

Action 2: Adhere to the Codex and baby foods control directives in the production and promotion of the foods that are produced at manufacturing industries;

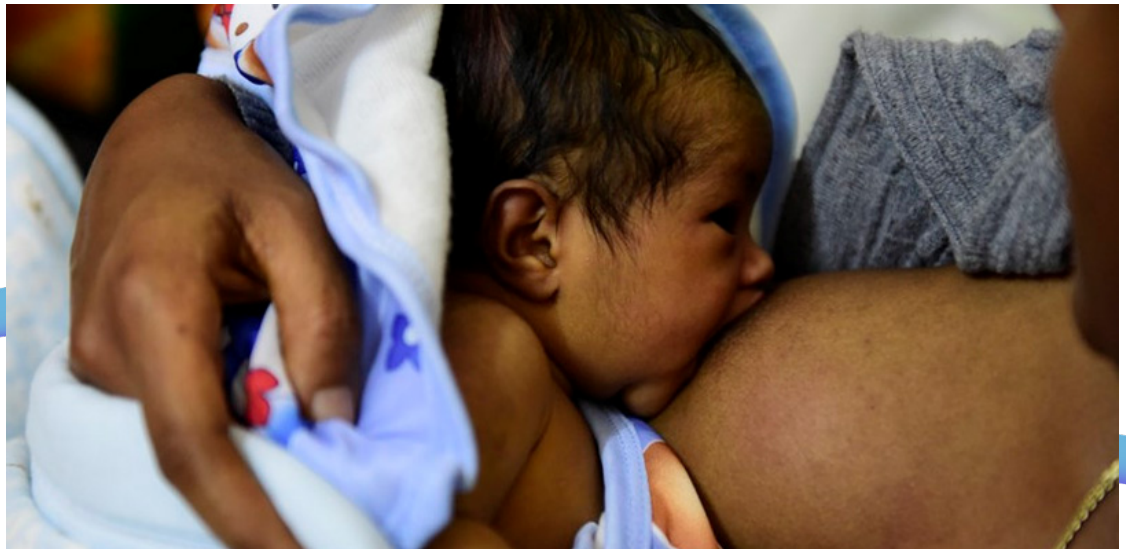
vii. Community

Action 1: Establish maternal care/mother to mother support group

Action 2: Promote male engagement through community groups

Action 3: Establish community daycare centers and breast-feeding corner

Action 4: Conduct community conversation on EBF to bring behavioral change



A mother breastfeeding her child

6.1.7 CHILDHOOD OVERWEIGHT AND OBESITY

Table 16: Government of Ethiopia N4G Paris 2025 Commitment to reduce childhood overweight and obesity

Commitment type	Commitment Goal	Commitment Alignment
Renewed Political commitment	Reduce prevalence of childhood overweight and obesity not more than 5%	**WHA, AUC, FNS**

6.1.7.1 Actions needed to attain the prevalence of childhood overweight and obesity

i. Government

Action 1: Governs the development policies, guidelines, and program

Action 2: Implementing school based programs promoting healthy eating and physical activity

Action 3: Influences food production and availability promoting the production of nutritious foods

Action 4: Integrating nutrition and physical activity interventions into primary health care services

Action 5: Strengthening monitoring and evaluation to track progress in the burden of childhood obesity

Action 6: Increasing access to capacity building supports (training, supportive supervision, etc.) to the primary health care providers and health extension workers

Action 7: Ensuring the availability of commodities and supplies for childhood obesity screening and treatment

Action 8: Strengthen the FMHACA's regulatory efforts on food industries in reducing the production of unhealthy food

Action 9: Enhancing urban agriculture

Action 10: Strengthening school nutrition curriculum, clubs advocating healthy dietary habits and lifestyle and enhancing urban agriculture

Action 11: Strengthening school nutrition curriculum and clubs advocating healthy dietary habits and lifestyle

Action 12: Fostering collaborations with different stakeholders or nutrition-sensitive sectors

Action 13: Enhancing evidence generation on the effectiveness and cost-effectiveness of childhood overweight and obesity prevention interventions and implementation strategies

Action 14: Strengthening monitoring and evaluation of the nutritional quality of food and food products

Action 15: Conduct epidemiological studies to monitor the burden and trends of childhood overweight and obesity

Action 16: Enhancing further investigation on the causal pathways of childhood overweight and obesity to develop evidence-informed interventions and implementation strategies

Action 17: Evaluating the socio-cultural responsiveness of childhood overweight and obesity interventions and implementation strategies

Action 18: Disseminate research findings to policymakers, practitioners, and the public through policy briefs, journal publications, conferences, workshops, community dialogues, etc.

ii. Civil society organizations

Action 1: Responsible in raising awareness, providing education and mobilizing communities

Action 2: Reviewing guidelines and training healthcare professionals

Action 3: Provide technical expert and responsible in raising awareness, providing education and advocate policies

Action 4: Conduct research, advocate evidence based polices and disseminate research findings

Action 5: Monitor the nutritional quality of food products and advocate for better leveling and regulations.

iii. United Nations family

Action 1: Conducted research, advocate evidence based polices and disseminates research findings

Action 2: supported raising awareness, providing education and mobilizing communities

Action 3: supported provide technical expert and responsible in raising awareness, providing education and advocate policies.

iv. Donors

Action 1: provided funding for programs that reducing prevalence of overweight and obesity.

v. Academia and research

Action 1: Enhancing evidence generation on the effectiveness and cost-effectiveness of childhood overweight and obesity prevention interventions and implementation strategies

Action 2: Strengthening monitoring and evaluation of the nutritional quality of food and food products

Action 3: Conduct epidemiological studies to monitor the burden and trends of childhood overweight and obesity

Action 4: Enhancing further investigation on the causal pathways of childhood overweight and obesity to develop evidence-informed interventions and implementation strategies

Action 5: Evaluating the socio-cultural responsiveness of childhood overweight and obesity interventions and implementation strategies

Action 6: Disseminate research findings to policymakers, practitioners, and the public through policy briefs, journal publications, conferences, workshops, community dialogues, etc

vi. Private sectors

Action 1: Reformulating product to reduce sugar, salt and adopting responsible market

Action 2: Promoting health life style and countering marketing unhealthy foods

Action 3: Reformulating product to be healthier and adopting responsible market practices

Action 4: Offering healthier menu options and promotes portion control

Action 5: Creating opportunities for physical activity and promote healthy life

Action 6: Involving in providing supplements related to obesity treatments

Action 7: Funding for research on the impact of their products on childhood obesity.

vii. Community

Action 1: established community support group that provide education, and support behavioral changes.

6.2 N4G PARIS 2025 NEW POLITICAL COMMITMENTS

6.2.1 FOOD FORTIFICATION

Table 17: New N4G Paris 2025 Commitment on food fortification

Commitment type	Commitment Goal	Commitment Alignment
Renewed Political commitment	79% edible industries, 60% wheat flour industries and 97% edible salt Processing industries fortify their products by 2030	**NFFS, FNS**

6.2.1.1 Action needed to attain the Food Fortification Commitment Goal

i. Government

Action 1: Enforce mandatory fortification standards to wheat flour, edible oil and iodized salt

Action 2: Create market linkage with institutional buyers

Action 3: Support and capacitate the regulatory institutions, industries/private sector and stakeholders with equipment and human resource

Action 4: Create a centralized data system to track fortification progress and compliance rates.

Action 5: Dedicate resource for fortification by the government

Action 6: Create conducive environment to premix suppliers

Action 7: Monitor the food fortification process companies periodically.

ii. Civil society organizations

Action 1: Raise awareness about the benefits of fortified foods to create demand

Action 2: Advocate for sustainable fortification and consumption of fortified products

iii. United Nations family

Action 1: Technically and financially support the food fortification strategic plan implementation.

Action 2: Facilitate a learning exchange programs for Ethiopian stakeholders to learn from successful fortification programs globally

Action 3: Support and strengthen the government capacity to enforce large scale food fortification programs

Action 4: Support the government to ensure effective national fortification alliances

iv. Donors

Action 1: Mobilize and allocate financial resources

Action 2: Provide financial support to CSOs and private sectors to avail quality vitamin/mineral premix and the capacity of the food industry to fortify in compliance with national standards

Action 3: Invest in digital platforms and systems to monitor and ensure fortification quality

v. Academia

Action 1: Conduct research and generate evidence to inform programs and policy decision making on food fortification.

Action 2: Conduct research of public awareness, fortified foods utilization, impact of fortified food on micronutrient status and generate policy recommendations.

vi. Private sectors

Action 1: Ensure the availability of fortified products

Action 2: Establish internal quality monitoring system

Action 3: Release annual reports containing information relevant to fortification, including the volume of fortified products produced and the volume of premix procured for fortification

Action 4: Appropriately label products as fortified, using the national fortification logo

Action 5: Educate customers about the benefits of fortified foods, for example by leading, joining, or funding a public education campaign

vii. Community

Action 1: Play active role in the community based introduction of fortified foods;

Action 2: Take part active role in community education to address misconceptions.

6.2.2 CHILD DIET DIVERSITY (CHILD FOOD POVERTY)

Table 18: Commitment progress for improving child diet diversity (child food poverty)

Commitment type	Commitment Goal	Commitment Alignment
Renewed Political commitment	Increase proportion of children 6-23 months meeting the minimum diet diversity free from child food poverty from 8% to 50% by 2030	**WHA, AUC, FNS, SD**

6.2.2.1 Action needed to attain the child diet diversity goal

i. Government

Action 1: Implement Ethiopian food system game-changing solutions to promote diverse, nutrient-rich crop and livestock production and consumption.

Action 2: Leverage primary health care systems to deliver essential nutrition services, including counseling and support on child feeding, to prevent and treat child malnutrition.

Action 3: Implement and strengthen social safety net programs, such as cash transfers, food assistance programs, and school feeding programs.

Action 4: Enhance agricultural productivity through irrigation enabling year-round cultivation, sustainable water management and ensure access to clean water, sanitation and hygiene.

Action 5: Foster sustainable local food solutions, and enhance public-private partnerships (enabling environment) for job creation and income generation.

Action 6: Include national and sub-national targets to reduce severe child food poverty in relevant sectoral and multi-sectoral plans;

Action 7: Allocate proportionate domestic and external resources; assign accountabilities to achieve targets and results; and review yearly progress.

ii. Civil Society Organizations

Action 1. Advocate with governments and influential leaders for political support and resources to eliminate child food poverty and build public awareness and opinion on the imperative to act.

Action 2. Track investments and monitor the actions of governments, partners, and donors to end severe child food poverty and bring attention to major shortfalls.

Action 3. Demand that food and beverage companies fully comply with policies, laws, and standards to protect children from unhealthy foods and beverages, unacceptable policies, practices, and products.

iii. United Nations family

Action 1. Elevate severe child food poverty reduction as a requirement for achieving national nutrition targets and as a success metric in protecting children's food and nutrition rights.

Action 2. Strengthen the capacity of national and local governments and other partners to develop, implement and monitor programme actions to reduce severe child food poverty.

Action 3. Co-invest in "First Foods" initiatives, introduce innovative food production and processing technologies, support community-based initiatives.

Action 4. Foster collaboration among governments, civil society organizations, the private sector, and others to create a multi-sectoral approach to addressing child food poverty.

Action 5. Balance investments across humanitarian, development, peace, and climate action for nutrition. Prioritize investments in hard-to-reach communities, aligning with localization strategies.

iv. Academia

Action 1: Translate data and evidence reduce child food poverty.

Action 2: Analyze factors that influence nutritious and diverse diets in early childhood across food, health, and social protection systems.

Action 3: Enhance the National Integrated Platform for Nutrition (NIPN) to assess the prevalence early detect and track progress in severity of child food poverty.

v. Private sectors

Action 1: Invest in the food system by manufacturing and promoting nutritious, safe, and affordable foods for young children. Develop innovative food preservation and processing methods, and e-commerce to improve supply chain efficiency.

Action 2: Ensure that company policies, practices, and products fully comply with policies, laws, and standards to protect children from unhealthy foods and beverages, including the International Code of Marketing of Breast-milk Substitutes and subsequent World Health Assembly resolutions (the Code).

Action 3: Supporting programs that address the root causes of child food poverty, such job creation, creating employment, education and healthcare access.

vi. Community

Action 1: Establish community gardens to grow fresh, nutritious produce for local consumption. Establish food banks to provide meals for vulnerable families.

Action 2: Build strong community networks to address the social and economic factors that contribute to child food poverty.

Action 3: Empower women and marginalized groups to participate in decision-making processes related to food security and nutrition.

6.2.3 WOMEN DIET AND NUTRITION

Table 19: Commitment progress for improving women diet and nutrition

Commitment type	Commitment Goal	Commitment Alignment
Renewed Political commitment	Increase diet diversity among women of reproductive age from 7% to 50% by 2030 Reduce multiple micronutrient deficiencies among women by half by 2030	**WHA, AUC, FNS**

6.2.3.1 Action needed to attain women nutrition commitment goal

i. Government

Action 1: Implement at scale the 24 game-changing solutions in line with the Ethiopia Food Transformation Roadmap. Foster sustainable local food solutions and strengthened value chains for nutritious foods while ensuring women's empowerment, job creation, income generation.

Action 2: Leverage primary health care systems (scale up enhanced community-based nutrition) to deliver essential nutrition services, including counseling and knowledge on healthy diets.

Action 3: Strengthening prenatal nutrition services (operationalize prenatal nutrition guidelines) and Scaling up delivery of the minimum package for maternal and adolescent nutrition (recommended proven interventions including IFA/MMS, Calcium, deworming), while ensuring the availability of essential commodities and supplies at health facilities.

Action 4: Implement and strengthen social safety net programs, such as cash transfers, and food assistance programs to improve food security and nutrition of women.

Action 5: promote triple WASH investments to enabling year-round cultivation through irrigation, increase water access and sustainable water management. Importantly, ensure access to clean water sources, adequate sanitation facilities, and hygiene promotion programs.

Action 6: Foster sustainable local food solutions, strengthen value chains for nutritious foods.

Action 7: Include national and sub-national targets to reduce all forms of malnutrition among women in relevant sectoral and multi-sectoral plans;

Action 8: allocate proportionate domestic and external resources; assign accountabilities to achieve targets and results; and review progress every year.

ii. Civil Society

Action 1: Advocate with governments and influential leaders for political support and resources to improve women's nutrition.

Action 2: Track investments and monitor the actions of governments, partners, and donors towards improving women's nutrition.

iii. United Nations family

Action 1: Elevate women's nutrition as a requirement for achieving national nutrition targets. Prioritize and invest in policies that address drivers of all forms of malnutrition among women.

Action 2: Strengthen the capacity of national and local governments and other partners to develop, implement, monitor, and evaluate program actions to improve women nutrition.

Action 3: Co-invest in nutritious foods production initiatives, introduce innovative food production and processing technologies.

Action 4: Foster collaboration among stakeholders and address women nutrition.

Action 5: Balance investments across humanitarian, development, peace, and climate action and invest in women nutrition acceleration plans including financing strategies.

iv. Private Sectors

Action 1: Invest in the manufacture and promotion of nutritious, safe, affordable, and sustainable foods and nutrition commodities for adolescent girls and women.

Action 2: Supporting programs that address the root causes of child food poverty, such as poverty reduction initiatives, job creation, creating employment opportunities, education programs, and healthcare access.

Action 3: enhance public-private partnerships (enabling environment) while ensuring job creation, income generation, poverty reduction, and contribution to circular economy.

v. Academia

Action 1: Harness data and generate evidence and learning in development settings and humanitarian setting to inform policy and program decisions and strengthen accountability for adolescent girls and women.

Action 2: Identify context-specific barriers and enablers to nutritious and diverse diets across the food, health, and social protection systems in specific contexts.

Action 3: Advance context-relevant innovations that enable multi-system actions to improve the delivery of nutrition services among women before and during pregnancy and breastfeeding.

vi. Community

Action 1: Establish community gardens to grow fresh, nutritious produce for local consumption. Establish community kitchens or food banks to provide meals for vulnerable families.

Action 2: Build strong community networks to address the social and economic factors that contribute to maternal malnutrition.

Action 3: Empower women and marginalized groups to participate in decision-making processes related to food security and nutrition.

6.2.4 GOVERNANCE AND ACCOUNTABILITY

Table 19: Commitment progress for governance and accountability

Commitment type	Commitment Goal	Commitment Alignment
Renewed Political commitment	Establish food system and nutrition councils and conduct performance review with score card at all levels	**FNP, FNS, FST, SD**

6.2.4.1 Actions needed to attain the governance and accountability commitment goal

i. Government

Action 1: Conduct Capacity building for all FNS signatory sectors.

Action 2: Standardized M& E recording and reporting tools.

Action 3: Expansion of digital unified nutrition information system for Ethiopia (UNISE) in half of woredas in the entire nation.

Action 4: Enhance the evidence based decision through capacity building, mentorship, etc.

Action 5: Conduct periodic evaluation on nutrition interventions

Action 6: Conduct and produce a policy dialog and policy brief on high level nutrition

Action 7: Establish Nutrition Information system in FNS implementing sectors.

ii. Civil society organizations

Action 1: Provide Technical and financial support to Conduct Capacity building for all FNS signatory sectors.

Action 2: Provide Technical and Financial support on operationalization of Standardized monitoring and evaluation recording and reporting tools (Scope of Performance - SOP).

Action 3: Support the government effort on evidence-based decision through capacity building

Action 4: Participate on periodic evaluation on nutrition interventions

Action 5: Provide financial and technical support on government led policy dialog and policy brief development on high level nutrition

Action 6: Strengthen and support expansion of UNISE and nutrition information system in FNS implementing sectors.

iii. United Nations family

Action 1: Provide Technical and financial support to Conduct Capacity building for all FNS signatory sectors.

Action 2: Provide Technical and Financial support on operationalization of Standardized monitoring and evaluation recording and reporting tools (SOP).

Action 3: Support the government effort on evidence-based decision through capacity building, mentorship, etc

Action 4: Participate on periodic evaluation on nutrition interventions

Action 5: Provide financial and technical support on government led policy dialog and policy brief development on high level nutrition

Action 6: Strengthen and support UNISE scale up in Ethiopia and use of nutrition Information system in FNS implementing sectors.

iv. Donors

Action 1: mobilize and provide financial support to implementing partners working on Capacity building for all FNS signatory sectors and UNISE and information system expansion.

Action 2: Participate on periodic evaluation on nutrition interventions and functionality of governance and coordination

Action 3: Participate on government led high level policy dialog on high level nutrition

v. Private sectors

Action 1: mobilize and provide financial support to implementing partners working on Capacity building for all FNS signatory sectors and nutrition information system and UNISE.

Action 2: Participate on periodic evaluation on nutrition interventions and functionality of governance and coordination

Action 3: Participate on government led high level policy dialog on high level nutrition

vi. Community

Action 1: utilize community knowledge for strengthening governance and coordination at the lower level

Action 2: Participate on periodic evaluation on nutrition interventions and functionality of governance and coordination.

6.2 N4G PARIS 2025 FINANCIAL COMMITMENT

6.2.1 NUTRITION FINANCING COMMITMENT

Table 20: Commitment progress for increasing nutrition financing

Commitment type	Commitment Goal	Commitment Alignment
Renewed Political commitment	Mobilize $638 million USD (25% of the 2.55 Billion USD funding requirement) for nutrition by 2030	**FNS, SD**
	Establish a robust system to ensure effective and efficient allocation, tagging and tracking of financial resources from all sources by 2030	**FNS, SD**

i. Government

Action 1: Allocate government treasury budget for FNS and SD at federal level and engage with regions for co-financing/matching fund allocation

Action 2: Monitor budget allocation for FNS implementing sectors for FNS and SD implementation

Action 3: Operationalize the NBTT system within the Integrated Financial Management Information System (IFMIS) across all FNS-implementing sectors and at regional levels

Action 4: Monitor off-budget resources and align financing for nutrition at national and regional levels

Action 5: Conduct annual review of nutrition budget allocation and expenditure at all levels

Action 6: Utilize budget briefs to advocated for different key stakeholder on Nutrition Fiscal policy

Action 7: Increase the engagement of the private sector to support nutrition financing,

Action 8: Implement excise and sugar and sugar sweetened and unhealthy foods tax and monitor utilization for improved nutrition.

Action 9: Create pool funding mechanisms in partnership with donors and private sectors

ii. Civil society organizations

Action 1: Mobilize resources and implement interventions outlined in FNS and SD roadmap

Action 2: Conduct advocacy for different key stakeholder on Nutrition Fiscal policy

Action 3: Advocate to incentivize Private sectors/ producers of engaged in healthy food production

Action 4: Advocate tax collection from unhealthy foods (sweet beverage).

Action 5: Provide technical and financial support for annual review of nutrition budget allocation and expenditure at all levels.

iii. United Nations family

Action 1: Mobilize funding to finance the FNS and SD implementation

Action 2: Conduct advocacy for different key stakeholder on Nutrition Fiscal policy.

Action 3: Advocate to incentivize Private sectors/ producers of engaged in healthy food production

Action 4: Advocate tax collection from unhealthy foods (sweet beverage).

Action 5: Provide technical and financial support for annual review of nutrition budget allocation and expenditure at National and Regional levels.

iv. Donors

Action 1: Mobilize resources and finance the nutrition priorities as outlined in the costed FNS and SD investment case.

Action 2: Harmonize funding possibilities to maximize the budget allocation and utilization effort

Action 3: Utilize the flexible and multi-year funding modality to finance the nutrition centric HDP triple nexus.

Action 4: Support pool funding mechanisms for nutrition.

v. Private sectors

Action 1: Mobilize private sectors to contribute to the nutrition financing in Ethiopia

Action 2: Advocate to incentivize Private sectors/ producers of engaged in healthy foods production

Action 3: Advocate tax collection from unhealthy foods (sweet beverage),

Action 4: Provide technical and financial support for annual review of nutrition budget allocation and expenditure at National and Regional levels

vi. Community

Action 1: Participate and Implement modalities for local financing

Action 2: Actively participate on local level resource mobilization and enhance accountability to ensure the resources are used for the intended purpose.

Action 3: Mobilize local resources and contribute to nutrition actions at local levels.

ANNEX I: ETHIOPIA'S N4G COMMITMENT REVIEW PROCESS PARTICIPANTS

S/N	SUN Network and Name of Participant	Title	Organization	Led commitment goal writeup	MSP workshop	Commitment validation workshop	Commitment finalization workshop
	SUN Government						
1	Hiwot Darsene	LEO, Nutrition Coordination Office	MoH		Y	Y	Y
2	Yonathan Mamo	Desk Lead, MSSD, NCO	MoH			Y	Y
3	Bisrat Haile	Implementation Advisor, MSSD, NCO	MoH		Y	Y	Y
4	Kidist Woldesenbet	Desk Lead, Developmental Nutrition	MoH			Y	Y
5	Dr. Sisay Sinamo	SPM SD and SUN Focal Person	MoH	Stunting & governance	Y	Y	Y
6	Alemtsehay Sergawi	Head, Food and Nutrition Coordination office	MoA			Y	
7	Yihune Worku	Gender and Social Inclusion M & Accountability Coordination	MoWSA			Y	
8	Tarekeng Negese	M&E Advisor	MoH			Y	Y
9	Yemisirach Yirgu	NNTC Member	MoWE			Y	
10	Kenatu Tolossa	NNTC Member	MoF			Y	
11	Bekele Mekuria	Manager, Food and Beverage Industry R & D Center	MI			Y	
12	Sofonias Mendesil	Desk Lead,	MI	Food Fortification		Y	Y
13	Surafel Fekadu	Nutrition Advocacy Technical Advisor	MoH		Y	Y	
14	Tadele Deres	Nutrition Expert	MoH			Y	Y
15	Mersha Worku	NCO-DN Desk, Officer	MoH			Y	
16	Bezawit Tamiru	Senior SBCC Advisor	MoH			Y	Y

	SUN Civil Society						
1	Abebe Bimerew	National Lead, ECSC_SUN and Network Lead	ECSC-SUN	EBF	Y	Y	Y
2	Wondosen Tilahun	Sr. Communication Specialist	ECSC_SUN		Y	Y	
3	Asmamaw Eshete	R2G Project Manager, ACF	ACF/R2G	U 5 Stunting		Y	
4	Metasebia Legesse	Sr. Health and Nutrition Advisor	CARE	U 2 Stunting		Y	Y
5	Theodros Girma	Regional Advocacy Lead	R2G	U 5 Stunting		Y	Y
6	Tiringo Kifegebriel	Country Director, Ethiopia Office	NI	Anemia	Y	Y	Y
7	Genet Kebede	Sr Nutrition Advisor	FHI360		Y	Y	Y
8	Shibabaw Yisraw	Senior Research, M&E and KN specialist	ECSC-SUN				Y
9	Genet Gebremedhin	Head of policy and advocacy	GAIN	Fortification	Y		
10	Amare Dangew	Senior Policy Associate	GAIN			Y	Y
11	Wubet Girma	Country Director	GAIN			Y	
12	Abeba Mekonen	Project Manager	AMREF			Y	
13	Alemayehu Eshete	Nutrition Specialist	WVE			Y	
14	Wossen Assefa	Asso Director	R4D			Y	
15	Dr. Wuhibegzer Feleke	CEO	Yadam Foundation			Y	
16	Zemen Abera	Nutrition Team Lead	Mercy Corps			Y	
17	Kalikidan Jobir	Communication	Concern WW			Y	
	SUN UN Network						
1	Stanley Chitweke	Chief of Nutrition and UN Nutrition Network Lead	UNICEF			Y	
2	Dr. Ramadhani Noor	Nutrition Manager	UNICEF	Women nutrition, child food poverty	Y	Y	
3	Yetayesh Maru	Nutrition Specialist	UNICEF	Nutrition Financing and governance	Y	Y	
4	Nardos Birru	Nutrition Specialist	UNICEF	Women nutrition, child food poverty		Y	
5	Dr. Belaynesh Yifru	Nutrition Officer	UNICEF		Y		Y

6	Meseret Demissie	Nutrition Specialist	UNICEF			Y	
7	Sanje Kumar	Prevention and management of wasting	UNICEF				Y
8	Ifeanyi Maduanusi	Nutrition Specialist	UNICEF	Wasting			Y
9	Tafara Nduyimana	Head Nutrition	WFP			Y	
10	Anitha Seetha	Nutrition Sensitive Value Chain Specialist	FAO			Y	
11	Andualem Taye	Project Lead	WHO			Y	
12	Mellicent Kavosa	Food Security and Nutrition Officer	UNHCR			Y	
	SUN Donors Network						
1	Fikru Sinshaw	Project Management Specialist and SUN Donors Network Lead	USAID			Y	
2	Fred Grant	Senior Program Officer, Nutrition	Gates Foundation			Y	
	SUN Academia Network						
1	Dr. Masresha Tessema	Director, nutrition, environmental health and NCD Research Directorate and SUN Academia Network	EPHI			Y	
2	Hawi Tesfaye	Lecturer	Hawassa University	Low Birth weight,	Y	Y	
3	Dr. Amare Tariku	Asso. Professor	Gondar University	Women Overweight and	Y	Y	Y
4	Teshale Denebo	Ass. Professor	Mizan Tepi University,	Child overweight/ Obesity		Y	Y
5	Dr Abeba Ayelign	Academician	AAU			Y	
	SUN Business Network						
1	Melat Yosef	SBN Co-chair	SBN	Food Fortification		Y	
2	Seyoum Tadesse	Manager and Secretariat	SBN	Food Fortification	Y	Y	Y
3	Engidu Legesse	Board Members (Guts Agro Industry)	SBN		Y		
4	Eyuel Legesss	Board Member (Kaliti Foods SC)	SBN		Y		
5	Alem Greiling	Board Member (Nutridense)	SBN			Y	

ANNEX II: ACRONYMS/ABBREVIATIONS

ACF – Action Against Hunger
ANC – Antenatal Care
AUC – Africa Union Commission
BFHI – Baby Friendly Hospital Initiatives
CAADP – Comprehensive Africa Agriculture Development Program
CSOs – Civil Society Organizations
EBF – Exclusive Breastfeeding
EDHS – Ethiopian Demographic and Health Survey
EPHI – Ethiopian Public Health Institute
ETB – Ethiopian Birr
FNP – Food and Nutrition Policy
FNS – Food and Nutrition Strategy
FST – Food System Transformation
GAIN – Global Alliance for Improved Nutrition
GAP – Global Action Plan on child wasting
GDP – Gross Domestic Product
GoE – Government of Ethiopia
HEWs – Health Extension Workers
IFA – Iron Folic Acid
IYCF – Infant and Young Child Feeding
LBW – Low Birth Weight
MSP – Multi-stakeholders Platform
MUAC – Mid Upper Arm Circumference
NC_HDPTN – Nutrition Centric Humanitarian Development and Peace Triple Nexus
NBTT – Nutrition Budget Tagging and Tracking
MMS – Multiple Micronutrient Supplements
NI – Nutrition International
NIPN – National Information Platform for Nutrition
N4G – Nutrition for Growth
NGOs – Non-governmental organizations
PSNP – Productive Safety Net Program
R2G – Right to Grow
RTPM – Resource Tracking and Partnership Management
RUTF – Ready to Use Therapeutic Foods
SBC – Social and Behavior Change
SBN – SUN Business Network
SD – Seqota Declaration
SDG – Sustainable Development Goal
SFFS – National Food Fortification Strategy
SOP – Scope of Performance
SUN – Scaling Up Nutrition
ToKP – Triangle of Knowledge Partnership
UN – United Nations
UNISE – Unified Nutrition Information System
USD – United States Dollar
WASH – Water, sanitation and hygiene
WASHCO – Water, sanitation and hygiene Committee
WHA – World Health Assembly
WIFAS – Weekly Iron Folic Acid Supplementation

Government of Ethiopia
Commitment Goals and Actions
2026 – 2030