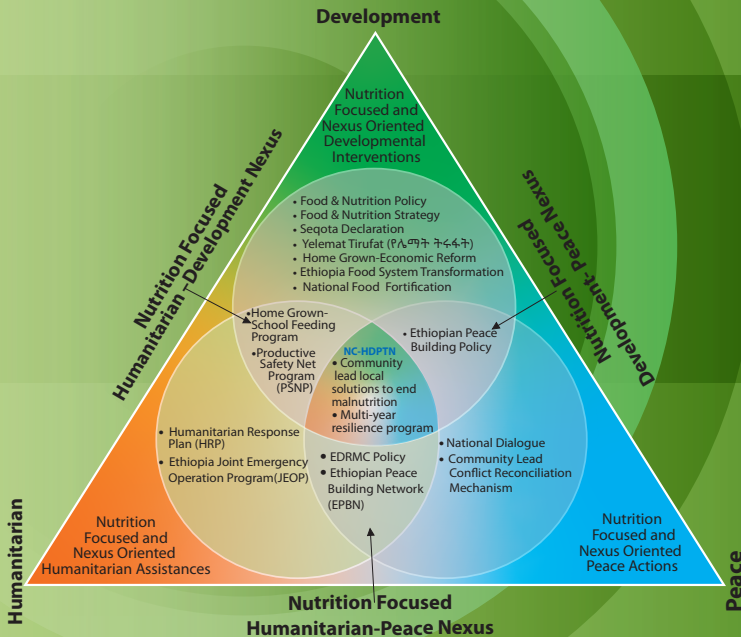ጤና ሚኒስቴር - ኢትዮጵያ
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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

OPERATIONAL GUIDE

NUTRITION CENTRIC-HUMANITARIAN, DEVELOPMENT AND PEACE TRIPLE NEXUS OPERATIONALIZATION IN ETHIOPIA

Ethiopia Specific Nutrition Centric-Humanitarian, Development and Peace Triple Nexus (NC-HDPTN) Conceptual Framework

MINISTRY OF HEALTH AND ETHIOPIAN DISASTER RISK MANAGEMENT COMMISSION

JULY 2024
ADDIS ABABA, ETHIOPIA

ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH - ETHIOPIA
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HEALTHIER CITIZENS FOR PROSPEROUS NATION!

Operational Guide

For Nutrition Centric Humanitarian, Development And Peace Triple Nexus Operationalization In Ethiopia

July 2024
Addis Ababa, Ethiopia

FOREWORD

The existing fragmented implementation of Humanitarian, Development and Peace (HDP) interventions in Ethiopia have not led to the expected outcomes. This is due to the recurrent and complex nature of the crises, absence of joint strategic plan between HDP actors, silo interventions, short term and non-flexible financing and lack of coordination among HDP actors. Hence, this is high time for actors to work together and integrate interventions by applying the HDP Triple Nexus approach to tackle these complex problems and challenges.

To avert the fragmentation among the HDP actors and address the complex and interconnected causes of nutritional problems, we have developed this Operational Guide to guide the application of the Nutrition Centric-Humanitarian, Development and Peace Triple Nexus (NC-HDPTN) approach in Ethiopia.

This Operational Guide is the first in its kind and guides how the NC-HDPTN approach can be practically exercised. This marks a significant milestone in our collaborative efforts to address nutrition-related challenges through a comprehensive and integrated approach. In this approach, the nutrition related interventions will be coordinated and aligned across the HDP actors to improve nutrition outcome, build resilience and peaceful co-existence of the population.

The Ministry of Health, on behalf of the Federal Democratic Republic of Ethiopia, extends its recognition to all professional experts and organizations who have participated and provided thorough technical input and guidance in the development of this Operational Guide. The Ministry of Health sincerely appreciates the financial and technical contribution made by Action Against Hunger and Right2Grow Ethiopia Partnership in the development of this Operational Guide.
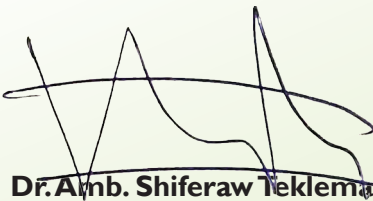
Dr. Mekdes Daba
Minister, Minister of Health
Federal Democratic Republic of Ethiopia

ACKNOWLEDGEMENT

The Humanitarian, Development and Peace (HDP) Triple Nexus approach is the 'New way of working' that frames the work of development, humanitarian and Peace actors and converges efforts to prevent crisis, prepare and build resilient system and communities to mitigate the impact of future crisis and shock, particularly, for the most vulnerable and at-risk populations. The approach balances short-term responses with longer-term solutions and allows Humanitarian-Development interventions to be implemented among the building peace actions. Therefore, in a program designed with a HDP Nexus approach, each component employs its unique interventions and works toward the achievement of collective outcome.

We believe that the application of the Nutrition Centric- Humanitarian, Development and Peace Triple Nexus (NC-HDPTN) approach in Ethiopia has potential relevance to the context to enhance both nutritional improvement and long-term development and peace outcomes through efficient and effective utilization of the limited resources to those in need.

In this regard, I appreciate and acknowledge all HDP Nexus stakeholders, organizations, and individuals (list annexed) for their commitment, dedication, and active participation through Technical Working Group and/or Advisory Team to successfully finalize this Operational Guide. I trust that all actors will contribute their resources and capacity to implement this "New way of working" at the ground level which will allow humanitarian and development actions to be more complementary and mutually reinforcing while building peace in all action.

Dr. Amb. Shiferaw Teklemariam
Commissioner, Ethiopian Disaster Risk Management Commission
Federal Democratic Republic of Ethiopia

SCOPE OF THE OPERATIONAL GUIDE

This Operational Guide is the first ever national framework, which is developed to provide information and guidance about how HDP actors can implement their interventions in NC-HDPTN approach. It assists actors to design and implement programs in the Triple Nexus approach to improve the Food and Nutrition problem with reasonable consistency based on global and Ethiopian standards to overcome the fragmentation challenges. This OG is to be used as a blueprint for all HDP actors in Ethiopia for complimenting and synergizing their interventions in the HDP Nexus programming approach. Any NC-HDPTN initiatives and programming that might be initiated by different actors are required to complement this Operational Guide and shall encompass the NC-HDPTN core elements described in this OG.

This OG is a part of the longer Implementation Roadmap developed for operationalization of Nutrition Centric-Humanitarian, Development and Peace triple nexus approach in Ethiopia and addresses the practical aspect of 'how to' implement the NC-HDPTN approach. This OG is anticipated to serve for three years and can be revised based on the learnings and experiences to be gained through implementing it into practice and as appropriate by then, to align with the national or international changes in principles or approach.

ACRONYMS

AA	-	Anticipatory Action
ACF	-	Action Against Hunger
ARR	-	Annual Rate of Reduction
B	-	Billion
COH	-	Cost of Hunger
CSO	-	Charity and Society Organizations
DAC	-	Development Assistance Committee
DFSA	-	Development Food Security Activities
DHIS2	-	District Health Information System 2
DPG	-	Development Partners Group
DRR	-	Disaster Risk Reduction
EDHS	-	Ethiopian Demographic and Health Survey
EDRMC	-	Ethiopian Disaster Risk Management Commission
EHF	-	Ethiopian Humanitarian Funding
ENCU	-	Emergency Nutrition Coordination Unit
EPHI	-	Ethiopian Public Health Institute
ETB	-	Ethiopian Birr
EPBN	-	Ethiopian Peace Building Network
FCS	-	Food consumption score
FDRE	-	Federal Democratic Republic of Ethiopia
EPBP	-	Ethiopia Peace Building Policy
FNP	-	Food and Nutrition Policy
FNS	-	Food and Nutrition Strategy
FFSNC	-	Food System and Nutrition Council
FST	-	Food Systems Transformation
GDP	-	Gross Domestic Product
GHI	-	Global Hunger Index

GNC	-	Global Nutrition Cluster
HCT	-	Humanitarian Country Team
HH	-	Household
HRP	-	Humanitarian Response Plan
HSTP	-	Health Sector Transformation Plan
IASC	-	Inter Agency Standing Committee
IDP	-	Internally Displaced People
INGO	-	International Non-Government Organizations
IR	-	Implementation Roadmap
JEOP	-	Joint Emergency Operation
LBW	-	Low Birth Weight
LNGO	-	Local Non-Government Organizations
LRRD	-	Linking Relief, Rehabilitation and Development
MERIAM	-	Modelling Early Risk Indicators to Anticipate Malnutrition
NAPA	-	National Adaptation Program of Action
NC-HDPTN	-	Nutrition Centric-Humanitarian, Development and Peace Triple Nexus
NIPN	-	National Information Platform for Nutrition
NGO	-	Non Governmental Organizations
NPS-DRM	-	National Policy and Strategy on Disaster Risk Management
NSA	-	Nutrition Sensitive Agriculture
NWOW	-	New Way of Working
MoH	-	Ministry of Health
MoP	-	Ministry of Peace
MoPD	-	Ministry of Plan and Development
MoPD	-	Ministry of Plan and Development
M&E	-	Monitoring and Evaluation

OCHA	-	United Nations Office for the Coordination of Humanitarian Affairs
OECD	-	Organization for Economic Cooperation and Development
OG	-	Operational Guide
PIN	-	People In Need
PSNP	-	Productive Safety Net Program
SD	-	Seqota Déclaration
SA	-	Situational Analysis
SHNS	-	School Health and Nutrition Strategy
SLOT	-	Strengths, Limitations, Opportunities and Threats
SS	-	Supportive Supervision
ToC	-	Theory of Change
UN	-	United Nation
UNHCR	-	United Nation High Commissioner for Refugees
UNISE	-	Unified Nutrition Information System for Ethiopia
USAID	-	United States Agency for International Development
USD	-	United States Dollar
WHO	-	World Health Organization
WHS	-	World Humanitarian Summit

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1. INTRODUCTION

The existing fragmented implementation of Humanitarian, Development and Peace (HDP) interventions have not led to the expected nutrition outcomes and impacts in Ethiopia. Addressing the HDP challenges is important to tackle the complex nutritional problems in the country in addition to immediate lifesaving interventions. For this, actors working in HDP sectors should come on board and, where possible and feasible, integrate interventions to reduce malnutrition, strengthen systems and population resilience, build peace and increase the sustainability of actions. Such an approach could have an instrumental role not only in terms of enhancing the nutritional outcome of the population, but also, in contributing to the long-term development and stability of the nation.

The ultimate goal of the Nutrition Centric-Humanitarian, Development and Peace Triple Nexus (NC-HDPTN) approach is to improve the food and nutrition security of crisis vulnerable populations in Ethiopia through:

- Reducing communities' vulnerability to anticipaed shocks and building back better following shocks.

- Preventing, mitigating and withstanding the adverse impact of malnutrition through building food and nutrition resilient communities and

- Improving social cohesion and long-lasting peace and stability

In order to implement the NC-HDPTN approach in Ethiopia, there is a need to have an Operational Guide (OG) informed by context specific situational analysis. As a relatively new field with a limited practical application in Ethiopia, the success in implementing an HDP approach relies on the commitment of all HDP actors and the availability of practical and easy to use actions as outlined in this OG.

This OG has been developed based on the information gathered through a situational analysis and feedback from rigorous consultative and peer

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Nutrition resilient communities are those that have the capacity to withstand and adapt to various shocks and stresses, while maintaining positive nutrition outcomes. Nutrition resilient communities are those that prioritize nutrition as part of their overall resilience strategy, ensuring positive outcomes even in the face of adversity.

review workshops conducted with key stakeholders from respective Government line Ministries, Donors, UN agencies, NGOs/CSOs, Community members, Networks, Private sectors and Academia.

(see the Executive Summary of the Situational Analysis in Annex I)

The Strengths, Limitations, Opportunities and Threats (SLOT) exercise was undertaken during the situational analysis to explore and inform the existing HDP situation of Ethiopia, to identify potential actors and stakeholders, to explore operational policies and procedures, to explore experienes and practical challenges and to inform the necessary governance and coordination structure effective application of NC-HDPTN approach in Ethiopia.

See the SLOT analysis result from Situational Analysis in Annex II.

This OG has considered Stakeholders Decision-Influencing Power relation ships, their potential role, contributions and impact toward the operationalization of the NC-HDPTN in Ethiopia. The power mapping result identified Government sector Ministries, Donors, UN agencies and the community as thepowerful and influential actors while the Peace Sector, CSOs, Medias, Private sectors and Networks were identified as less influential but are important actors.

(The detailed result from stakeholders' Decision-Influencing Power mapping analysis is included in Annex III).

This OG will be updated every three to five years following the lessons to be captured during the rollout phase and as appropriate to align with the national or international updates/changes in principles or approach. This OG is a component of the overall Implementation Roadmap in (IR) and focuses on the practical aspect of 'how to' implement program in the NC-HDPTN approach while the IR by contrast is concerned with milestones, visibility and strategic actions to be in place to operationalize the NC-HDPTN approach. This is shown in Table 1 below.

Table1: Summary of difference and similarities between OG and IR.

Parameters	Operational Guide	Implementation Roadmap
Purpose	Gives practical guidance on how to implement the NC-HDPTN	✓ Provides milestones in the process of NC-HDPTN implementation. ✓ Provides a visual representation of the process
Contents	Detailed, operational, practical	A high-level plan, defining the overarching steps for achieving the objectives
Focus	Implementation oriented and catered to specific tasks.	A tool that helps to communicate the overall strategic actions and strategic planning.
Duration	Cover various durations including short, medium, or longer time frames	Span wide range of time horizons (short, medium or longer time frames) based on the context and purpose

1.1. Purpose and Target Audience

The purpose of this OG is to provide information and direction about how key actors can implement HDP interventions in a nutrition centered way with reasonable reliability based on global and Ethiopian standards. It also intends to ensure that all actors are on the same page about the NC-HDPTN approach by providing more detailed background information and showing their specific role in maintaining the momentum of this approach. This OG aims to help HDP Nexus stakeholders/target audiences in the following ways:

• It provides a framework for NC-HDPTN implementers for complimenting and synergizing their interventions in the NC-HDPTN programming approach.

• It intends to create awareness by encouraging actors to focus on strengthening resilience and finding more sustainable solutions to the nutrition challenges in Ethiopia.

• It will enable actors to generate results greater than the sum of their separate interventions by engaging in a complementary, coherent and collaborative manner in conflict affected and protracted crisis contexts.

• It offers systematic guidance on how to operationalize the HDP nexus approach.

- It provides the tools, minimum standards and resource mobilization guidance that actors can use during the programming and implementation.

- It provides directions on the establishment of the coordination and learning platforms for effective joint analysis, joint collective outcome identification and joint context specific program development processes and will encourage actors to be part of the overall process.

- It encourages joint resource allocation schemes by external funding organizations including Donors, Private Sectors and Government sectors with flexible and multiyear financing principles in mind.

- Most importantly, this OG will be used as a blueprint to design programs in the NC-HDP Nexus approach with nutrition improvements as a core component.

The key stakeholders for this OG are Government organizations, Donors, UN agencies, INGOs, CSOs, Community, Networks, Media and Academia. The specific target audiences of this OG are policymakers, funding agencies, implementers, practitioners and researchers who are engaging in NC-HDPTN programming in Ethiopia at all levels from national to community level. *The specific target audience and key stakeholders with their specific needs related to NC-HDPTN implementation in Ethiopia is outlined in annex IV.*

1.2. Definition and Principles

I. Definition

The NC-HDPTN approach means that respective HDP actors will be working collectively, in collaboration and complimentarily; drawing on their comparative advantages and ensuring coherence of actions and responsibility to improve the food and nutrition security of crisis vulnerable populations.

It is a "new way of working" that aims to work together across the HDP sectors to meet peoples' needs, mitigate risks, vulnerabilities, and move toward sustainable peace and development. The approach is based

on the recognition that HDP challenges are interlinked and require joint efforts to address all the causes and impact effectively (UN, 2019). Therefore, in a program designed with a nexus approach, each community of practice retains its unique expertise, employing it in a way that achieves their individual objectives while also supporting the other communities to increase the ultimate benefit to the populations they serve (Dubois 2020).

Aim: The HDP Nexus approach aim is to prevent, prepare, and adress crises; particularly for the most vulnerable and at-risk populations (GNC, 2020), support durable solutions for internal and other forms of displacement (Mason et al., 2020), strengthen resilience and reduce vulnerability to shocks and promote s cial cohesion and peace building (UN, 2019). This approach requires national leadership and alignment with national and sub-national priorities and plans particularly the Food and Nutrition Policy (FNP) and National Food and Nutrition Strategy (FNS), in order to achieve the collective outcome of improved nutrition for all Ethiopians.

I. The NC-HDPTN Approach Principles

- **Localization:** Greater involvement of local actors (CSOs and Government) and community in NC-HDPTN programming and delivery, empowers local actors to lead, strengthens local systems, and puts local communities at the center of the programming.

- **Multiyear, Multisectoral and Multi-stakeholder Programming:** Whenever possible and based on relevant interventions informed by joint assessment, all investments and interventions are guided by long-term resilience planning and commitment with multiyear, multisectoral and multi- stakeholder intervention approaches. In the NC-HDPTN approach, Programming focus would shift towards longer-term programmes addressing underlying causes as well as treating malnutrition.

- **Joint situation analysis and needs assessment:** Nexus programming should be informed by the findings from joint situational assessment and need analysis. Priorities and collective outcome are to be identified through the assessment to design the intervention approach.

- **Collective outcome:** HDP actors align their investments and actions toward the agreed upon collective outcome and priorities identified by joint assessment and need analysis. In the NC-HDPTN approach, **the collective outcomes include all forms of malnutrition. Outputs** would include sector programming converging across the same population group.

- **One overarching plan:** There is only one context specific joint plan informed by needs assessment and developed through a Nexus programming approach. Involved actors will align their interventions with this plan to achieve the agreed up on collective outcomes.

- **Need based:** All investments and actions are guided by the needs of the vulnerable population identified and informed by joint situation analysis.

- **Multi-year flexible financing:** Moving toward multi-year funding and less earmarked, flexible and simplification of financing mechanisms for increased capacity in multiyear- multi sector programming. Based on the Grand Bargain agreement, different UN organizations and donors defined the concept of flexible funding as per their mandate. This OG shall take the definition of "Fund for Global Humanitarian Rights[2]." Flexible funding is about 'trust' and 'power': trust those directly involved in the struggle for human rights who knows best how to deploy resources to win, and 'power' to make those decisions in real time based on community needs instead of negotiating the details with donors."

- **Increased institutional capacity:** Strengthening the national and subnational capacity to coordinate and implement the Nexus programming approach.

- **Coordination:** The approach will employ principled and context specific coordination approach. The overall coordination of NC-HDPTN Programming including joint assessment, joint planning and implementation is led by government structures at national and sub-national levels.

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2 http://globalhumanrights.org/commentary/fund-101-what-is-flexible-funding/

- **Predictable, flexible and shock responsiveness:** All investments and actions are predictable but flexible to respond to changing circumstances and are able to absorb the impact of shocks and mitigate deleterious impacts on food security and nutrition.

- **Resilience building:** Supports synergies between Humanitarian, Development and Peace interventions to enable a convergence effect that builds the community ability to cope with stress and mitigate shocks.

- **Community engagement and ownership:** NC-HDPTN programming and implementation ensures meaningful community engagement and participation for the ultimate ownership of the approach and results.

- **Conflict sensitivity and peace responsiveness:** By basing interventions on a sound conflict analysis to address the drivers of conflict, reduce the chances of recidivism and ensure context specificity.

- **Sustainability:** Proper application of localization agenda and utilize innovative and local solutions for l cal problems to ensure sustainability of the results.

- **Rights-based**: The joint assessment tools, situation analysis and M&E framework are guided under the right based framework that promotes and protects human rights.

- **Local sustainable solution:** This is a process of building on local capacities and knowledge to identify locally relevant solutions for local challenges for sustainable results.

- **Accountability:** All HDP actors are accountable to the community they serve. Clear accountability mechanisms should be in place in any triple nexus programming.

- **Equity:** Ensuring fairness in all aspects of service delivery under nexus intervention is the core element of NC-HDPTN programming.

- **Gender Analysis:** Gender based assessment and needs analysis informing the NC-HDPTN approach.

2. BACKGROUND

2.1. Evolution of HDP Triple Nexus Approach

Throughout the modern history of humanitarian assistance and development interventions, there have been tensions between efforts to address the immediate needs and the root causes of humanitarian needs. The idea of HDP Triple Nexus is a continuation of long-running efforts in the humanitarian and development fields that include Relief- to-Development Continuum (RDC), Disaster Risk Reduction (DRR), Linking Relief, Rehabilitation and Development (LRRD) and Resilience (Trócaire, 2023).

i. Relief-to-Development Continuum (RDC)

The RDC envisions a linear progression from humanitaran relief to long-term development. However, this linear approach oversimpl fies the complex reality of crises and recovery. In practice, the transition between relief and development is rarely straight forward. **Limitation:** The rigid continuum model may not adequately address the dynamic and interconnected nature of crises, leading to challenges in effective coordination and resource allocation.

ii. Disaster Risk Reduction (DRR)

DRR aims to reduce the impact of disasters by enhancing preparedness, mitigation, and resilience. However, it faces the following limitations: **Complexity:** DRR involves multiple stakeholders, including governments, communities, and organizations. Coordinating their efforts has been challenging.

Resource Constraints: Limited funding and competing priorities hinder comprehensive DRR implementation.

Behavioral Change: Encouraging communities to adopt risk-reducing behaviors can be difficult.

Long-Term Perspective: DRR requires sustained efforts beyond immediate crises, which can be challenging to maintain.

iii. Linking Relief, Rehabilitation, and Development (LRRD)

LRRD seeks to bridge the gap between short-term relief and long-term development. However, it faces the following practical challenges:

Coordination: Coordinating relief, rehabilitation, and development efforts across different actors (e.g., NGOs, governments) remains complex.

Funding Disparities: Funding mechanisms often prioritize either relief or development, making it hard to allocate resources effectively.

Contextual Variability: The applicability of LRRD varies based on the specific crisis context and local needs.

Implementation Gap: Despite endorsement, translating LRRD principles into effective action remains a challenge.

iv. Resilience (Trócaire, 2023)

Resilience aims to enhance communities' ability to withstand shocks and recover. However, it faces the following limitations:

Unpredictability: Resilience activities cannot predict when or where shocks (natural or man-made) will occur.

Impact Assessment: Assessing the impact of resilience programs can be challenging due to varying contexts and external factors.

Complexity: Achieving positive impact while working on resilience is a global challenge, as resilience involves multiple dimensions and stakeholders.

Resource Constraints: Implementing resilience-building initiatives requires sustained resources and commitment.

In summary, while these concepts offer valuable frameworks, their limitations underscore the need for adaptive approaches, context-specific strategies, and improved coordination among stakeholders. This emphasizes the need for a more comprehensive HDP Nexus approach. Addressing these limitations can enhance our ability to build more effective and sustainable responses to crises and development.

The HDP Triple nexus approach well underscored during the World Humanitarian Summit (WHS) in 2016 and further enriched by the Organization for Economic Cooperation and Development- Development Assistance Committee (OECD/DAC) is the latest attempt to reconcile these fragments (OECD 2020). These HDP Triple Nexus approach appears to add two new elements: i. Including a Peace Pillar and ii. High-level structure to facilitate programs or collaborations that simultaneously address the three pillars (IASC 2020, Trócaire, 2023).

The Grand Bargain: A Shared Commitment to Better Serve People in Need: In 2016, the international community acknowledged the need to pay special attention to populations living in fragile and conflict-affected settings, and under the "Grand Bargain"; both donors and aid organizations made a commitment to work together to enhance humanitarian assistance globally. The Grand Bargain is a pledge made by various humanitarian organizations and donors to improve the effectiveness and efficiency of humanitarian action. It was launched during the WHS in 2016 with a goal of enhancing collaboration and transparency, and ultimately delivering better assistance to those in needs.

Grand Bargain Work stream 10 is dedicated to strengthening engagement between humanitarian and development actors to better deal with protracted crises and shrink humanitarian needs over the long term. The main measures include new partnerships, better and contextual and field-based coordination, joint needs assessments, joint vulnerability analysis and multi-year planning – all of which should be tailored to the context with a respect for both actual needs on the ground and the humanitarian principles. The Grand Bargain, whilst keeping humanitarian efficiency includes having more multi-annual and unearmarked funding as well as reduced reporting requirements. Aid organizations would reciprocate with greater transparency, more coordination and improved cost-consciousness.

The New Way of Working (NWoW) is a method of work where a diverse range of HDP actors work towards collective outcomes over

multiple years based on their comparative advantage. The approach is context specific and is meant to reinforce (rather than replace) existing national and local capacities. It is especially relevant in protracted crises.

The goal of the NWoW is to reduce need, risk and vulnerability in line with the 2030 Agenda. The NWoW is not a goal in and of itself and should not be confused with other approaches sharing similar aspirations. To implement the NWOW effectively, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) states that it will require overcoming political, institutional and structural obstacles at all levels; as well as realizing fundamental changes in attitudes, behaviors and approaches. It will also mean supporting new approaches in relevant contexts, measuring concrete results over multiple years, and adapting financing to diversify and layer types of investment to support the achievement of collective outcomes (OCHA, 2017).

(A Summary of World Humanitarian Summit, 2016 report is included as annex V).

2.2. The context, Nutrition trends, Policies and Plans in Ethiopia
I. Context

The protracted conflict in different parts of the country have resulted in direct and indirect consequences ranging from war related casualties to food shortage, disruption of supply chain, forced displacement and malnutrition. Climate change and conflict are the main drivers of humanitarian need as it causes mass displacement, loss of livelihoods and compromises access to food and nutrition related services in Ethiopia. According to the 2023 Global Hunger Index (GHI), out of 125 countries assessed, Ethiopia was ranked 101st with a serious level of hunger category (26.2). This requires an improvement in the overall food system of the country from production to distribution to consumption.

Currently, about 30 million Ethiopian people live below the national poverty line and the per capita gross national income in the country is at the level of $1,020 (Global Hunger Index, 2023). In Ethiopia, about 15.5 million people in need were targeted for humanitarian responses in

2024 with a total funding requirement of 3.24 billion USD. Out of these, 4 million were Internally Displaced People (IDP) and in need of humanitarian assistance and durable solutions. The main drivers of displacement are conflict, climate shocks, and social tension. The humanitarian conditions for both IDPs and returning IDPs are poor, necessitating commitment to dignified, sustainable, and principled responses despite funding challenges (HRP, 2024). Despite its internal challenges, Ethiopia maintains an open-door policy for refugee inflow and allows humanitarian access and protection to those seeking asylum in its territory. According to the United Nation High Commissioner for Refugees (UNHCR) data portal as of 31 October 2023, Ethiopia is home to 953,667 refugees from South Sudan (43.8%), Somalia (32.3%), Eritrea (17.6%), Sudan (5.3%), Yemen (0.3 %) and others (0.7 %).

Climatic shocks and conflict in Ethiopia have been exacerbating the shortage of food and thereby adversely affecting the nutrition situation of the community members. Such national challenges may have aggravated the nutrition situation in the country where the levels of malnutrition have been increasing. Applying an integrated and well-coordinated NC-HDPTN programming approach is there for vital, as it will help to address the root cause of these problems.

II. The Nutrition Situation in Ethiopia

Malnutrition in all its forms is high in Ethiopia despite the country having made encouraging progress in terms of reducing malnutrition over the past two decades. Levels of child stunting, wasting, underweight and micronutrient deficiencies are high; likewise, the infant and young child feeding practices remain sub-optimal. According to the 2019 Ethiopia Demographic and Health Survey (EDHS) report, 37% of children under five years old were stunted showing a reduction from 58% in 2000. Moreover, 7% were wasted and 21% were underweight with wide geographic disparities (Ethiopian Public Health Institute (EPHI), 2019). According to a more recent 2023 National FNS baseline survey conducted by the EPHI, the stunting, wasting and underweight preva-

lence among under 5 years old children are reported to be 39%, 11% and 22% respectively with 6% of under 5 years old children being overweight.

The main underlying drivers of malnutrition in Ethiopia are interrelated and complex. The 2023 survey identified food price inflation, crop failure, desert locusts, climate change-induced droughts and floods, conflict and public health emergencies to have contributed to the higher levels of malnutrition in the country (EPHI, 2023). Moreover, poor maternal and child feeding practices, high incidence of infectious diseases, limited access to quality nutrition, inadequate finance, education, and health services were also identified as drivers of malnutrition in Ethiopia (WHO, 2019, Lemessa, R. et al, 2023, USAID, 2020).

	EDHS 2000	EDHS 2005	EDHS 2011	EDHS 2016	EDHS 2019	EPHI- FNS 2023
Stunting	58	51	44	38	37	39
Underweight	41	33	29	24	21	22
Wasting	12	12	10	10	7	11
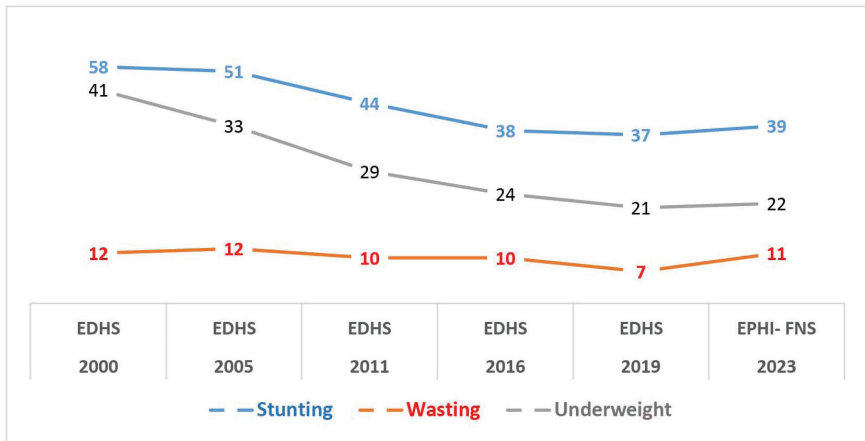
Figure 1. Trends in nutritional status of under 5 years old Children in Ethiopia

The Social and Economic Impact of child undernutrition in Ethiopia, analyzed through the Cost of Hunger (COH) study in Ethiopia indicates that the total losses associated with undernutrition are estimated at ETB 55.5 Billion or USD 4.7 billion for the year 2009. These losses were equivalent to 16.5% of GDP in that year. The study also estimated that 67% of the working age population in Ethiopia were stunted. The study-estimated reduction of underweight by 5% and stunting 10 % can reduce losses by ETB 148 Billion by 2025. The COH study

illustrated the need for all partners to work together to implement the Food The Social and Economic Impact of child undernutrition in Ethiopia, analyzed through the Cost of Hunger (COH) study in Ethiopia indicates that the total losses associated with undernutrition are estimated at ETB 55.5 Billion or USD 4.7 billion for the year 2009. These losses were equivalent to 16.5% of GDP in that year. The study also estimated that 67% of the working age population in Ethiopia were stunted. The study-estimated reduction of underweight by 5% and stunting 10 % can reduce losses by ETB 148 Billion by 2025. The COH study illustrated the need for all partners to work together to implement the Food and Nutrition Strategy and collaborate to improve nutrition more broadly.

On the other hand, the Government of Ethiopia Seqota Declaration (SD) program has shown promising results in terms of stunting reduction and prevention of deaths during implementation of its Innovation Phase. Based on the Impact Analysis at the end of the Innovation Phase, about 109,000 cases of child stunting were averted, over 1030 infant young child deaths were prevented and the program achieved about 3 percent annual rate of stunting reduction. The key success factors were high level leadership commitment, implementation of Innovations, women empowerment approach, use of data for informed decision making and sustained government and development partners financial commitment. The lessons from this are considered in this OG.

a. The Impact of Conflict on Nutrition trends

As outlined above, conflict is one of the key drivers of food insecurity and malnutrition, alongside climate change including drought and flooding, impact of COVID19 and food crises. There is ever-increasing humanitarian need in Ethiopia. The protracted and recurrent conflict in Ethiopia left significant numbers of people vulnerable to food

Drought Frequency, Severity, and Duration Monitoring Based on Climate Change in Southern and South-eastern Ethiopia. Magarsa   Abara1, Komariah2 and Sri Budiastuti2
Extreme drought, worsened by global climate change rages through Ethiopia, Relief web.

insecurity and thus, more susceptible to dietary inadequacy by increasing the risk of malnutrition in all its forms. Conflict has further caused high damage to infrastructure and basic services and exposed the population to food and nutrition insecurity and protection risks. Displacement and the destruction of educational facilities during the conflict has deprived millions of children of their right to education. Women and children are disproportionately affected during times of crisis and make up more than two- thirds (75.2%) of the estimated people in need (PIN) in the 2024 HRP of Ethiopia.

b. The climate change and its impact on Food and Nutrition Security
In Ethiopia, climate change and extreme weather aggravates the risks of malnutrition through various mechanisms. It can affect all dimensions of food and nutrition security in complex ways. The frequency and intensity of some disasters such as droughts, floods and storms result in adverse impacts on livelihoods and food security. In recent years, pastoralist communities have lost their cattle and camels that were a good supply of milk and long-term fruits that were sources of food and income. In addition, climate change increases the prices of major crops. For the most vulnerable people, lower agricultural output would mean lower income. Under these conditions, the poorest people who already use most of their income on food would have to sacrifice additional income to meet their nutritional requirements.
(Ethiopia Position Paper on the Impact of Climate Change on Nutrition, 2022)

Climate change risks extend beyond agricultural production to other elements of global food systems that are critical for food security, including the processing, storage, transportation, and consumption of food. The National Adaptation Program of Action (NAPA) prioritizes agriculture and food security as the most vulnerable sectors to the adverse effects of climate change and variability. Food security is among the most climate-sensitive sectors in Ethiopia. In Ethiopia, several climate related factors including recurrent drought, floods and locust invasions are challenging the progress and the gains made for improved nutrition.

According to the Ethiopian Panel on Climate Change, more than 50% of the chronic drought-affected people in Ethiopia are from the pastoral areas. The drought has caused a severe shortage of water, livestock deaths due to lack of pasture and animal diseases, and famine in Ethiopia. With increasing changes to the climate, drought is worsening and becoming more frequent. Ethiopia is also one of the largest humanitarian aid recipient in the world and experiences significant climate-induced drought and water-related stresses on crop and livestock productivity, and hence affecting the food and nutrition of its populations.

Therefore, Ethiopia is committed to avert the impact of climate change on nutrition through scaling up of the Seqota Declaration and other innovative local solutions to implement game changing solutions that provide climate resilient food and nutrition interventions. These game changing solutions are outlined in the national Food and Nutrition Strategy (FNS), Seqota Declaration Expansion Phase investment case (2021-2030) and the Ethiopia Food Systems Transformation Roadmap. *(Ethiopia Position Paper on the Impact of Climate Change on Nutrition, 2022).*

III. Relevant policies and plans to the NC-HDPTN

Ethiopia has formulated the FNP and FNS, which are the overarching multisectoral nutrition guidance to improve the food and nutrition security of the Ethiopian population. Likewise, different strategies and programs have been implemented to ensure food and nutrition security, as part of its national development agenda. Some of the major programs includes Seqota Declaration (SD), National Food Security Strategy, Nutrition Sensitive Agriculture (NSA) Strategy, School Health and Nutrition Strategy (SHNS) and Productive Safety Net Program (PSNP). All these efforts have brought positive change in improving food and nutrition security of the Ethiopian population.

(A summary of the FNP, FNS, relevant strategies and programs is included as annex VI).

The National Policy and Strategy on Disaster Risk Management (NPS-DRM) provides a framework that enable withstanding the impacts of hazards and related disasters and reduce damage caused by a disaster through multi-hazard and multi-sectoral approaches. The Ministry of Peace also developed the Ethiopia Peace Building Policy (EPBP) to ensure peace, democracy, and development in the country (MoP, 2022). The HRP has been integrating resilience building components into plans while at the same time urgently calling for increased engagement and coordination with development and peace actors to address the root causes and drivers of humanitarian needs and vulnerabilities (EDRMC 2023).

Moreover, the government has recognized the importance of private sector involvement in driving economic growth and development in the country. Overall, the legal provisions in the country favor promoting external funding and diplomatic relationships to support the development efforts in the country. Among others, the country has established procedures and regulations to facilitate the inflow of foreign aid in the country.

There have also been development partner's efforts using innovative approaches of multisectoral nutrition programming in Ethiopia. These programs have brought significant impacts in strengthening institutional capacity at all levels to implement multisector nutrition interventions and to scale up quality nutrition services across the service delivery points.

The new CSO proclamation promotes mobilization of external funding to support the development of the country except the use of funds dedicated for political agendas (FDRE, 2019). There are promising initiatives by the international community and donors to fund the HDP nexus approach at international and national level. In concurrence with global efforts, mobilizing local resources through risk financing initiatives has been practiced in EDRMC policy through health insurance and the Health Sector Transformation Plan (HSTP). However, there has been inadequate multi-sectoral coordination in responding to food and nutrition security

demands. Thus, chronic and recurrent food and nutritional insecurity remain a serious challenge. Significant pre- and post-harvest losses along the food value chain are still formidable impediments to the food and nutrition security of the country that require concerted collective effort.

Several plans and programs in Ethiopia already align well with an NC-HDPTN strengthening approach. For example, Building Resilience in Ethiopia is a humanitarian program supporting governments to respond to shocks (focusing on social protection and health), and to address humanitarian needs. The National Information Platform for Nutrition (NIPN), which was launched in Ethiopia in 2018 to promote evidence-based decision-making for nutrition and support the implementation of the FNP using the existing data sources.

2.3. Current challenges and Relevance of NC-HDPTN Approach for Ethiopia

The need for NC-HDPTN approach application in Ethiopia remains high and continues to be triggered by the combined effects of recurrent climate shocks, protracted conflicts and disease outbreaks. The capacity of local government is overstretched to respond to the needs, and the unmet needs are significant and increasing whilst there is a declining trend in funding. In 2023, around 24.5 million people out of the 28.6 million in need of humanitarian assistance were targeted requiring $4 billion of funding. However, only 34% of the required funding has been received from international donors leaving significant unmet needs. Likewise, 4.9 million people out of the 7.2 million in need of Nutrition humanitarian assistance were targeted requiring 359.2 million of funding. However, only 1/3rd of the required funding has been received from international donors leaving significant unmet needs for nutrition interventions.

The landscape Situational Analysis revealed the following limitations and existing challenges, which underscore the relevance and urgent need for the application of NC-HDPTN approach in Ethiopia to reduce the number of unmet needs and funding gap.

Government Sectors:

- Lack of Nexus oriented governance structures to coordinate takeholders and ensure accountability.

- Lack of joint assessment and need analysis among FNS implementing sectoral offices for achieving collective outcome.

- Inadequate coordination for multi-sectoral initiatives and accountability for delivery

- Sub-optimal capacity of government to translate strategies into a detailed plan of action to monitor and account for the multi-sectoral initiatives and sectors.

- Fragmentation of efforts among and within HDP actors

- Resource limitation

- Inadequate experience in integration of peace interventions

- Sub-optimal capacity at the lower structures

- Insufficient devolution of response capacity allowing earlier responses to shock.

- Limited private sector engagement

- Weak monitoring and evaluation system at the lower structure

- The lack of multi-sector nutrition information system covering humanitarian, development and peace needs;   and hence,limitations in data collection and sharing across sectors for effective program design and monitoring.

- Lack of agreed upon framework to guide on the HDP Nexus approach application.

- Difficulty in ensuring alignment of international development partners investments with government priorities.

- Protracted and recurrent conflicts destabilizing systems and causing population displacement.

Donors and UN Agencies:

• Short-term and earmarked funding for humanitarian responses

• Difference in time framework for humanitarian assistance and development interventions

• Fragmentation and lack of coordination of efforts among and within actors working in the HDP Pillars

• The differences in targeting geographic areas for humanitarian assistance and development interventions.

• Limited funding for peacebuilding efforts

• Prioritizing humanitarian activities over development actions

• Lack of investment in national system strengthening and financing local institutions or organizations; tendency to set up parallel implementation systems, limited progress in supporting localization of response through local NGOs.

• Inadequate emphasis on preventing malnutrition which would be partly addressed through multi-sector convergence at household and community level.

CSOs /NGOs:

• lack of capacity building by international actors

• Inappropriate financing mechanisms to sustain organizations or to help organizational growth and development.

• Limited-service coverage

• Lack of adequate experience and expertise in implementing peace interventions

Community:

• Limited engagement in program design, implementation and monitoring

• Low awareness on rights, entitlements, and low capacity of local platforms to account the public sectors, implementers, and funders.

With these constraints in mind, the NC-HDPTN approach could have immense relevance in the Ethiopian context to accelerate efforts towards averting malnutrition through addressing the underlying humanitarian, development and peace related challenges of the country. The approach will contribute to the long-term development and long-lasting peace and stability of the nation.

By integrating Nutrition in the HDP interventions across the cycle, efforts will be converged to address the complex challenges related to nutrition to improve the nutritional outcomes and helps to improve nutritional status of vulnerable population, achieve Sustainable Development Goals (SDG), promote peace and contribute to long-term stability and enhance resilience to shocks and crises. This will help to raise more resources, use them efficiently and reach the most in deprived people timely and effectively.

2.4. Enabling environment and opportunities for NC-HDPTN approach in Ethiopia

The Food Systems Pathway Commitment and Position Statement that was formulated based on the call to action initiated by the UN has promoted partnership among the donors, implementing partners and the private sector for building resilience to shocks. Food Systems Transformation (FST) is intrinsically about people, the planet, prosperity, peace and partnerships and recognizes the importance of a peace element for attaining the food and nutrition security in the country.
(*A synthesis report: Game changing solutions to transform Ethiopia's Food System, January 2022*).

The Constitution of the Federal Democratic Republic of Ethiopia (FDRE) declares the state's responsibility for the protection of public health. It provides a favorable policy environment to interpret relevant articles into policies, strategies, programs, and guidelines that promote the effectiveness of nutritional interventions. The Ethiopia HRP 2024 indicated the need to integrate efforts and advocate a stronger HDP

Triple nexus focus from the perspective of humanitarian actors. A longer term and sustainable reduction of humanitarian needs and vulnerabilities requires close coordination, investment and action to support longer-term resilience, development, and peace. Various sectors and clusters are currently starting collaboration on developing a joint HDP Nexus thinking and approaches. For example, the Development Partners Group (DPG) and the Ethiopian Humanitarian Country Team (HCT) aim to develop a common HDP Triple Nexus Framework. Somali Region is already implementing a Multi-Year Resilience Plan though it is in an early piloting stage.

In order to operationalize the NC-HDPTN approach in Ethiopia, the existing coordination mechanisms could be adapted and include the NC-HDPTN approach as a standing agenda, since nexus coordination mechanism requires integrated efforts from all actors. The fact that the national Food System and Nutrition Council (FSNC) currently under establishment is to be led by the Prime Minister Office and the same hierarchy will be cascaded down to regional, zonal, woreda and kebele level will significantly address the issue of Nexus coordination in Ethiopia. Embedding NC-HDPTN governance structure in the FSNC governance structure will ease the operationalization of this approach. Therefore, the aforementioned policies, strategies and program initiatives will create a favorable opportunity to operationalization the NC-HDPTN approach in Ethiopia.

2.5. Current Multi-sector Coordination and Planning Approaches

Since publication of the 2008 Lancet series on nutrition, it has been widely understood that multi-sector nutrition programming is key to address up to 80% of the malnutrition burden. As such, multisector programming is a key element of the NC-HDPTN approach. Sectoral strategies and programs create opportunities to mainstream nutrition into responsible sectors to enforce key nutrition interventions such as the Nutrition Sensitive Agriculture, National Food Security Strategy, National Health Sector Transformation Plan, National Food Fortification and National School

Health and Nutrition strategy. However, until now, the multi-sectoral coordination and integration of nutrition sensitive actions into sector programming has not been strategic and has lacked a suitable governance structure that can convene and influence the implementing line ministries and sectors. The overall responsibility has been left to the Ministry of Health alone. Similarly, Humanitarian, Development and Peace programming has been implemented in silos with limited coordination.

The government does have well-established coordination structure at all levels and rich experience in implementing new initiatives and innovations, such as the Seqota Declaration, Productive Safety net Program (PSNP), Development Food Security Activities (DFSA) and Joint Emergency Operation (JEOP).

The Ethiopian Humanitarian Funding (EHF) allocates funding through consultative process, based on humanitarian needs and priorities informed through need assessment. It continued to play an important role as a timely and flexible financing mechanism, supporting the humanitarian community by funding the most critical humanitarian needs. Donor contributions to EHF are un-earmarked.

The application of a NC-HDPTN approach requires building on the existing coordination platforms. While the Food and Nutrition Policy and Food and Nutrition Strategy of Ethiopia creates a conducive environment for the NC-HDPTN approach, there is a need for a clear roadmap and overarching nexus oriented coordination structure for linking humanitarian, development, and peace actors to support their convergence to ensure that this approach can be fully implemented going forward.

3. APPLYING THE NC-HDPTN APPROACH IN ETHIOPIA

3.1. Theory of Change for NC-HDPTN Approach in Ethiopia

Below is a proposed Theory of Change (ToC) for NC-HDPTN approach operationalization in Ethiopia. It is acknowledged that this ToC is a 'live' framework that may change over time as appropriate to align with global and national recommendations to prioritise context specific outcomes, strategies and activities. Furthermore, some elements of this ToC may be enhanced as the OG is further advanced in line with the development of the Implementation Roadmap and lessons are captured from the rollout of the approach.
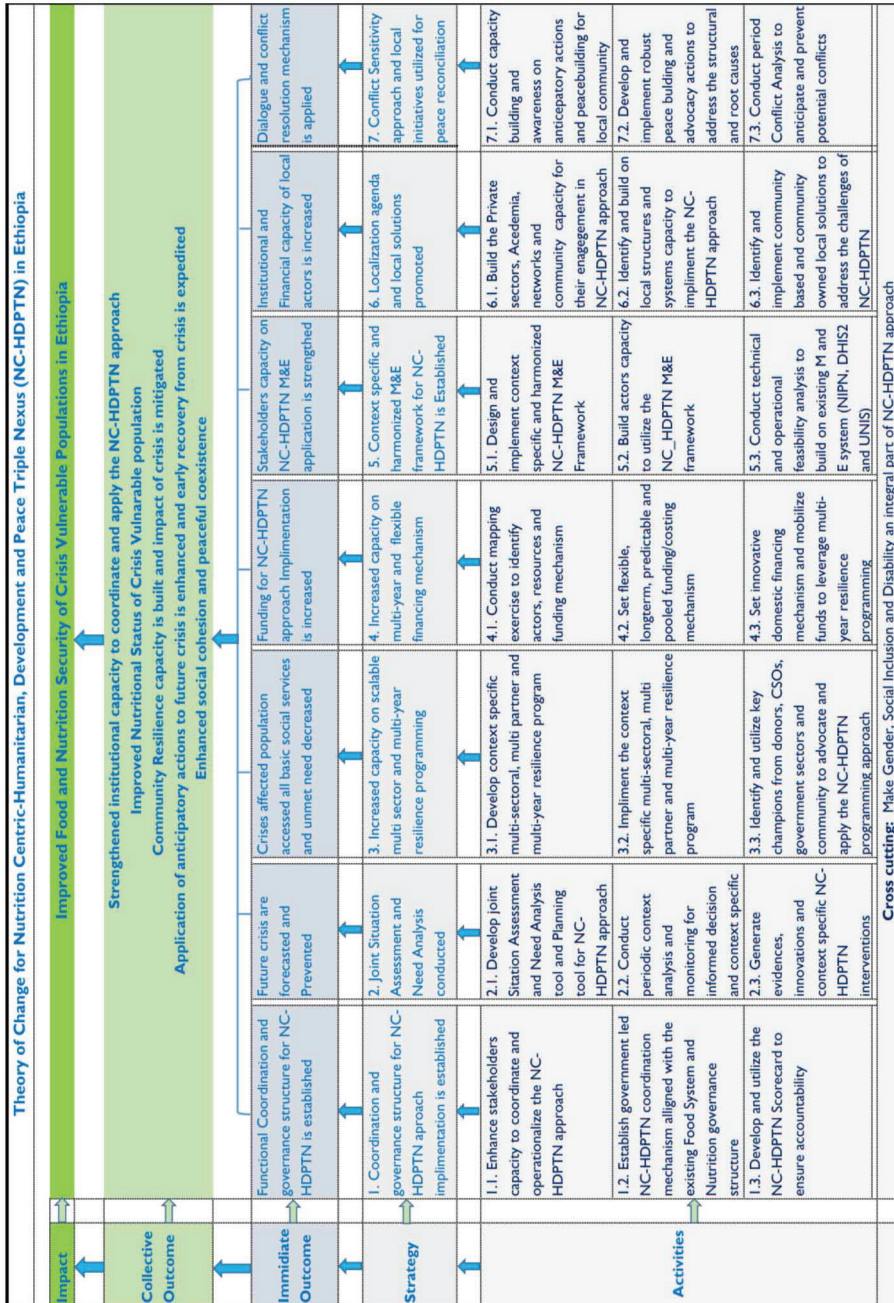
Theory of Change for Nutrition Centric-Humanitarian, Development and Peace Triple Nexus (NC-HDPTN) in Ethiopia

Impact: Improved Food and Nutrition Security of Crisis Vulnerable Populations in Ethiopia

Collective Outcome:
- Strengthened institutional capacity to coordinate and apply the NC-HDPTN approach
- Improved Nutritional Status of Crisis Vulnerable population
- Community Resilience capacity is built and impact of crisis is mitigated
- Application of anticipatory actions to future crisis is enhanced and early recovery from crisis is expedited
- Enhanced social cohesion and peaceful coexistence

	1	2	3	4	5	6	7
Immidiate Outcome	Functional Coordination and governance structure for NC-HDPTN is established	Future crisis are forecasted and Prevented	Crises affected population accessed all basic social services and unmet need decreased	Funding for NC-HDPTN approach Implimentation is increased	Stakeholders capacity on NC-HDPTN M&E application is strengthened	Institutional and Financial capacity of local actors is increased	Dialogue and conflict resolution mechanism is applied
Strategy	1. Coordination and governance structure for NC-HDPTN aproach implimentation is established	2. Joint Situation Assessment and Need Analysis conducted	3. Increased capacity on scalable multi sector and multi-year resilience programming	4. Increased capacity on multi-year and flexible financing mechanism	5. Context specific and harmonized M&E framework for NC-HDPTN is Established	6. Localization agenda and local solutions promoted	7. Conflict Sensitivity approach and local initiatives utilized for peace reconciliation
Activities	1.1. Enhance stakeholders capacity to coordinate and operationalize the NC-HDPTN approach	2.1. Develop joint Station Assessment and Need Analysis tool and Planning tool for NC-HDPTN approach	3.1. Develop context specific multi-sectoral, multi partner and multi-year resilience program	4.1. Conduct mapping exercise to identify actors, resources and funding mechanism	5.1. Design and implement context specific and harmonized NC-HDPTN M&E Framework	6.1. Build the Private sectors, Acedemia, networks and community capacity for their enagement in NC-HDPTN approach	7.1. Conduct capacity building and awareness on anticepatory actions and peacebuilding for local community
	1.2. Establish government led NC-HDPTN coordination mechanism alligned with the existing Food System and Nutrition governance structure	2.2. Conduct periodic context analysis and monitoring for informed decision and context specific	3.2. Impliment the context specific multi-sectoral, multi partner and multi-year resilience program	4.2. Set flexible, longterm, predictable and pooled funding/costing mechanism	5.2. Build actors capacity to utilize the NC_HDPTN M&E framework	6.2. Identify and build on local structures and systems capacity to impliment the NC-HDPTN approach	7.2. Develop and implement robust peace building and advocacy actions to address the structural and root causes
	1.3. Develop and utilize the NC-HDPTN Scorecard to ensure accountability	2.3. Generate evidences, innovations and context specific NC-HDPTN interventions	3.3. Identify and utilize key champions from donors, CSOs, government sectors and community to advocate and apply the NC-HDPTN programming approach	4.3. Set innovative domestic financing mechanism and mobilize funds to leverage multi-year resilience programming	5.3. Conduct technical and operational feasibility analysis to build on existing M and E system (NIPN, DHIS2 and UNIS)	6.3. Identify and implement community based and community owned local solutions to address the challenges of NC-HDPTN	7.3. Conduct period Conflict Analysis to anticipate and prevent potential conflicts

Cross cutting: Make Gender, Social Inclusion and Disability an integral part of NC-HDPTN approach

Fig. 2:Theory of change for Operationalization of Nutrition Centric- Humanitarian, Development and Peace Triple Nexus (NC-HDPTN) approach in Ethiopia.

3.2. How to start NC-HDPTN programming

NC-HDPTN approach implementation could be initiated through different approaches.

    a. Adapting existing programs and projects- this is through integrating the NC-HDPTN Nexus approach and principles in existing strategies, policies and implementation plans

    b. Designing new programs in HDP Nexus lens with full application of Nexus principles and strategies.

    c. Taking the best practices of other countries that implemented the nexus approach building on their achievements and learning from their challenges.

    d. Combination of all.

The Landscape Situation Analysis recommended adapting the 'Howe Nexus framework' for the Ethiopian context as it could be applied to protracted conflict and other crisis contexts (Howe, 2019). Accordingly, the Ethiopia Specific Nutrition Centric-Humanitarian, Development and Peace Triple Nexus (NC-HDPTN) Conceptual Framework, July 2024 has been developed and illustrated on Figure 3 in the below.

In the Ethiopia Specific NC-HDPTN Conceptual Framework, a triangle depicts the full range of possible Nutrition Centric HDP interventions, and each point of the triangle represents one of the three pillars. Within a triangle, there are three overlying circles where each overlying circle indicates one of the double nexus relationships; with significant flexibility in how directly individual activities or programs address various pillars, positioning themselves at various points within the triangle. This is found to be more comprehensive and identifies the range of potential nexus relationships that actions could support including the triple nexus, double nexuses, and nexus-sensitivity. The actions listed under each part of the triangle are indicative of the types of actions related to each pillar but are not comprehensive.
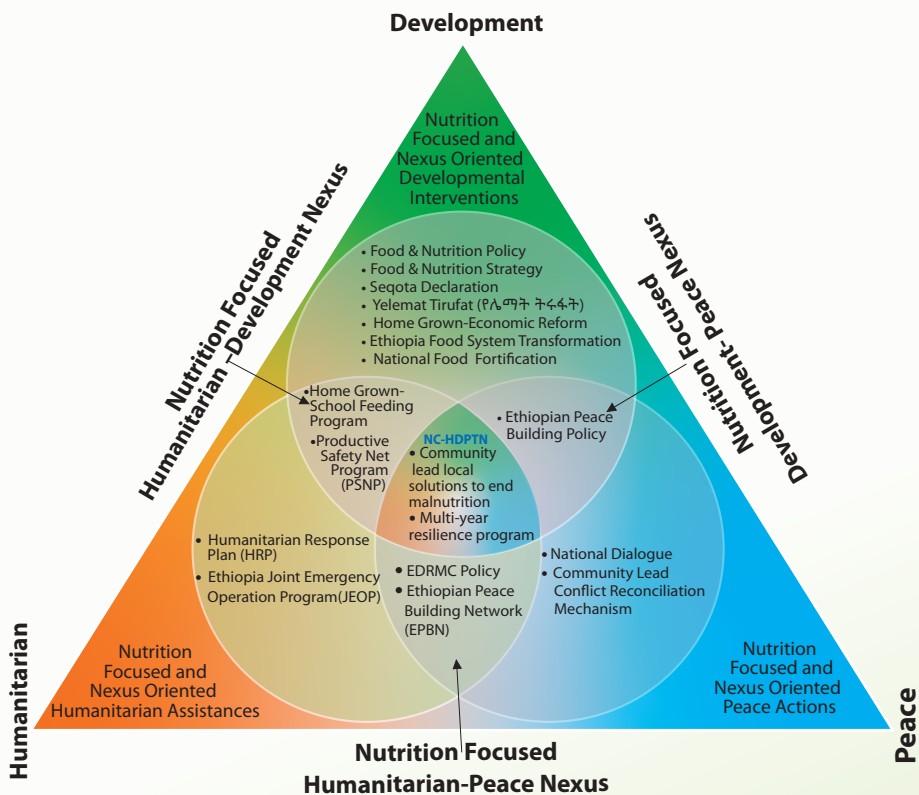
Figure 3: Ethiopia specific Nutrition Centric -Humanitarian, Development and Peace Triple Nexus (NC-HDPTN) Conceptual Framework, July 2024 (adapted from Howe 2019 Framework.)

Accordingly, the context for Ethiopia could be categorized into a sub-set of contexts with ensuring analysis and different emphases for the three pillars of the nexus approach.

i. Contexts with equitable need and opportunity for all three pillars

ii. Stable, but non-conflict crisis prone, underdeveloped contexts

iii. In contexts where there is insecurty and instability, but with few humanitarian needs.

iv. In complex and protracted crises in under-developed contexts. [i.e. all are highly needed]

3.3. Minimum thresholds for NC-HDPTN programmingin Ethiopia

Considering that the application of NC-HDPTN approach in Ethiopia is new, it is critical to have agreed up on parameters, which should be fulfilled for a program to qualify as having been designed or adapted to take account of a nexus approach. Below are key considerations as a minimum threshold for nexus programming. These thresholds are structured in a way that it is aligned with the strategies reflected in the above ToC.

Note: The applicability of some of the below thresholds will be subject to further consultations and the buy-in amongst donors and other funding entities.

I. Coordination and governance structure

• There should be a functional coordination, governance and leadership structure for HDP Nexus programming and implementation as outlined under section 3.4.

II. Joint Context Assessment and Need Analysis

• Periodic joint context assessment and need analysis should be part of the proposed interventions approach for informed decision-making and context specific planning. It shall be done at the beginning of the NC-HDPTN programing (i.e. for planning purpose) and then in every

6 month until the district classified as non-priority for humanitarian response.

- There shall be evidence informed needs identified through joint need assessment and need analysis exercise

- The programming should target the reduction of unmet needs in all three HDP Nexus pillars.

III. Scalable multi sector and multi-year resilience programming

- The programming shall target and address the root causes of humanitarian needs

- The programming shall target to ensure multi-sector convergence and system strengthening to ensure sustainability.

- The programming shall be designed in a way that one in tervention should enhance the coherence and complementarity with the other intervention; and hence, build resilience of that specific community to the same or similar crisis.

- The planned programming shall entail the interventions from all three HDP pillars based on the contextual nature of the cause of the humanitarian need as follows;

  o If the cause of humanitarian need is conflict, the programming should entail all the three pillars (humanitarian assistance, resilience building development interventions and Peace building actions).

  o If the cause of humanitarian need is other than conflict, the programming shall entail at least two pillars (humanitarian assistance and resilience building development interventions).

  o However, even though the existing humanitarian need is not emanated from active conflict; and but, there is predictable cause related to peace issues, programming shall include the peace building initiatives using the conflict sensitivity approach. E.g. addressing the root causes in the case where migration caused by natural disaster,

climate change, natural resource utilization etc. may cause conflict with the hosting community in the area.

- The programming should be multisectoral based on the nature of the needs identified

- The programming should have nutrition indicators as collective outcome for all actors in the three pillars.

IV. Multi-year and flexible financing mechanisms

- Funding mechanisms should be less earmarked, flexible and multi-year.

- Programs should be financed for at least 3 years and beyond.

- A minimum of 35% of the total funding needs to be allocated to resilience building interventions (both at system and community level) in the first year and to be increased in subsequent years based on the nature of the cause of the humanitarian need

- The flexibility of budget reshuffling within one pillar should be 100% flexible if the outcome of that specific pillar is not affected.

- The flexibility of budget reshuffling from one pillar to another is to be up to 50% of the budget allocated for that specific pillar with implementing partners collective agreement in terms of level of impact at specific pillar outcome and the decision made at FSNC level and/or if it does not affect the outcome for that specific pillar.

- This can be up to 75% up on Donor approval and affects the out come planned for that specific pillar.

- The budget should not be ear marked at the budget line and budget category level.

- If there is an emerging/new crisis happened after certain period of NC-HDPTN program implementation in a specific site, donors shall allow spending of up to 10% of the total remaining budget of the existing program to save lives and then refund the 10% amount in the next 3-6 months.

- There should be an inclusion clause in the agreement stating, "the possibility of additional immediate add-on/supplementary funding", if there is new emerging crises at a scale that cannot be managed within existing funding.

V. Context specific and harmonized M&E framework

- The NC-HDPTN program should have context specific M&E Framework developed based on the existing Theory of Change and findings from periodically updated assessment and analysis.

- There should be an agreed up on collective outcome which is in formed through the joint assessment and needs analysis.

VI. Localization agenda and local solutions

- The programming should be multi partner and should include at least one local actor based on the expertise and capacity of that local actor.

- A minimum of 30% of the total funding should be allocated and managed by the local actors.

- Appropriate budget should be allocated for local Academia to have meaningful engagement in the NC-HDPTN programming, implementation and evidence generation. Up to a maximum of 3% of funding needs to be allocated for learning agenda and research linked to NC-HDPTN.

- There should be significant community and local government en gagement in the project cycle management with empowered influential leadership role.

- Local solutions to the root cause are prioritized and financed sufficiently.

- Empower the Woreda level FSNC to decide on real-time budget flexibility and reshuffling based on community needs.

Local solutions within the HDP Nexus emphasize collaboration, context-specific approaches, and active engagement of local actors. By working together, they contribute to lasting positive change in communities. These solutions aim to address local challenges effectively and foster sustainable outcomes. The range of those local solutions includes shared understanding of the problem, community based solutions, Gender inclusive approaches, inclusion of local actors, aligning financing with collective outcome, local peacebuilding initiatives and etc.

VII. Conflict Sensitivity approach

- The program should address the peace building and advocacy actions to address the structural and root causes of conflict as a primary intervention to anticipate and prevent potential future conflicts.

- Programs should be risk informed, regularly updated and hence, are shock absorbent for both forecasted and unexpected crisis.

- There should be engagement of local media, private sectors and networks based on the need to leverage financing, advocate, and disseminate learnings during the course.

3.4. Establishing NC-HDPTN Coordination Structures

There are existing parallel coordination structures established in Ethiopia. Food System and Nutrition coordination structures, Peace structures and EDRMC structures are running side by side and yet, all propose to be led by the Prime Minister at the council level. There is huge potential to provide the right leadership and governance for NC-HDPTN approach, if coordination platforms between these three parallel structures are converged. Engagement of all relevant stakeholders and getting buy-in and commitment from the government is vital in realizing this.

Furthermore, there is an ongoing establishment of an overarching multi-sectoral nutrition coordination platform, the "Food System and Nutrition Council (FSNC)". The council will have its own Secretariat, Inter-ministerial Food System and Nutrition Steering Committee and Food and Nutrition Technical Committee to lead and coordinate food and nutrition issues.

The FSNC platform is being established at national level first and will then be cascaded down to the Regional, Zonal, Woreda and Kebele level with clearly defined roles and responsibility. The Inter-ministerial Food System and Nutrition Steering Committee, and Food and Nutrition Technical Committee are already esta lished to lead on technical aspect of the food system and nutrition issues and will provide advice to the council and the secretariat.

It is envisioned that the FSNC will be repurposed to make it nexus oriented and embed the NC-HDPTN approach and principles in all its coordination structures. The overall leadership for the NC-HDPTN at the National level will be provided by the FSNC. The Nutrition Centric-Humanitarian, Development and Peace Triple Nexus Steering Committee will be established under the FSNC at national level and will lead and provide direction on the affairs related with NC-HDPTN. The NC-HDPTN steering committee will be endorsed by FSNC and established following the endorsement of this Operational Guide.

As it stands now, the Inter-ministerial Food System and Nutrition Steering Committee has three standing agendas to oversee. These are, Food System Transformation, Food and Nutrition Strategy and Seqota Declaration. As a new approach, the "Nutrition Centric-Humanitarian, Development and Peace Triple Nexus"will be the **Fourth agenda** item for the Inter-ministerial Steering Committee. This agenda will be approved by FSNC and will embed through all the FSNC coordination structures from national to Kebele level. One new addition is that the Ministry of Peace will be a new standing member to join the FSNC for the first time ever and will be a standing member of the Food System and Nutrition Steering Committee, the NC-HDPTN Steering Committee   and Food System and Nutrition Technical Committee at all levels.

The Prime Minister office will chair the new proposed Nexus Oriented FSNC at national level, Regional President at regional level, Zonal Administrator at zonal level, Woreda administrator at Woreda level and Kebele Chair at Kebele level per the initially proposed Food and Nutrition Policy.

The Roles and responsibilities of NC-HDPTN Oriented Food System and Nutrition Council is included as annex VII.

Four key line ministries; the Ministry of Health (MoH), Ethiopia Disaster Risk Management Commission (EDRMC), Ministry of Peace (MoP)

and Ministry of Plan and Development (MoPD) will take the principal role in operationalizing the NC-HDPTN approach by coordinating other Sector ministries and key international and national stakeholders. These are selected because of the diversity of their sectoral interventions and coverage of significant elements of the HDP interventions in their scope of operations. They will pioneer taking this approach to the community level and be the prime line ministries to realize financing for the NC-HDPTN approach through the development of a robust Domestic Financing Strategy to leverage external funding.

The representatives from Government Sectors, Local CSOs, Donors, INGO, Development Partners Group (DPG), Humanitarian Country Team (HCT), DPG-HCT Nexus accelerator group, UN OCHA Cluster Coordinations and Emergency Nutrition Coordination Unit (ENCU) will be a member of NC-HDPTN Steering Committee at national level and at all coordination structures at respective levels. The NC-HDPTN Steering Committee will be jointly led by the Ministry of Health and EDRMC at the national level. The Ministry of Peace and Ministry of Plan and development will co-chair the NC-HDPTN steering committee. The Humanitarian and Development donors will play a secretary role for the NC-HDPTN steering committee. UN Agencies, INGOs and LNGOs/CBOs will be invited and be members of the Food system and Nutrition technical committee at each level when addressing issues related to the NC-HDPTN agenda.

To provide technical support to the national level NC-HDPTN steering committee and Food System and Nutrition Technical Committee, dedicated technical lead organization/ consultant/Focal point will be designated at all levels. The designated technical lead /focal point will be a member of both NC-HDPTN steeing Committee and Food System and Nutrition Technical committee and will work to ensure the effective coordination and embedding of the NC-HDPTN agenda at all levels including at national, regional, zonal, woreda and kebele levels.

Some of the critical activities to ensure effective coordination of the NC-HDPTN approach under the FSNC should include.

- The designation of capacitated Nexus Focal Points/technical lead at all levels

- Mapping of nutrition actors, budgets, and activities/interventions

- Identification of gaps, interlinkages, overlaps, complementarity, and potential areas of synergy from the mapping exercise

- Orientation of key HDP Nexus stakeholders on the approach and ongoing advocacy

- Monitoring of the operationalization of the program using national level program and impact indicators

- Ensure accountability across the partnership, coordination, collaboration, and complementarity of the program.
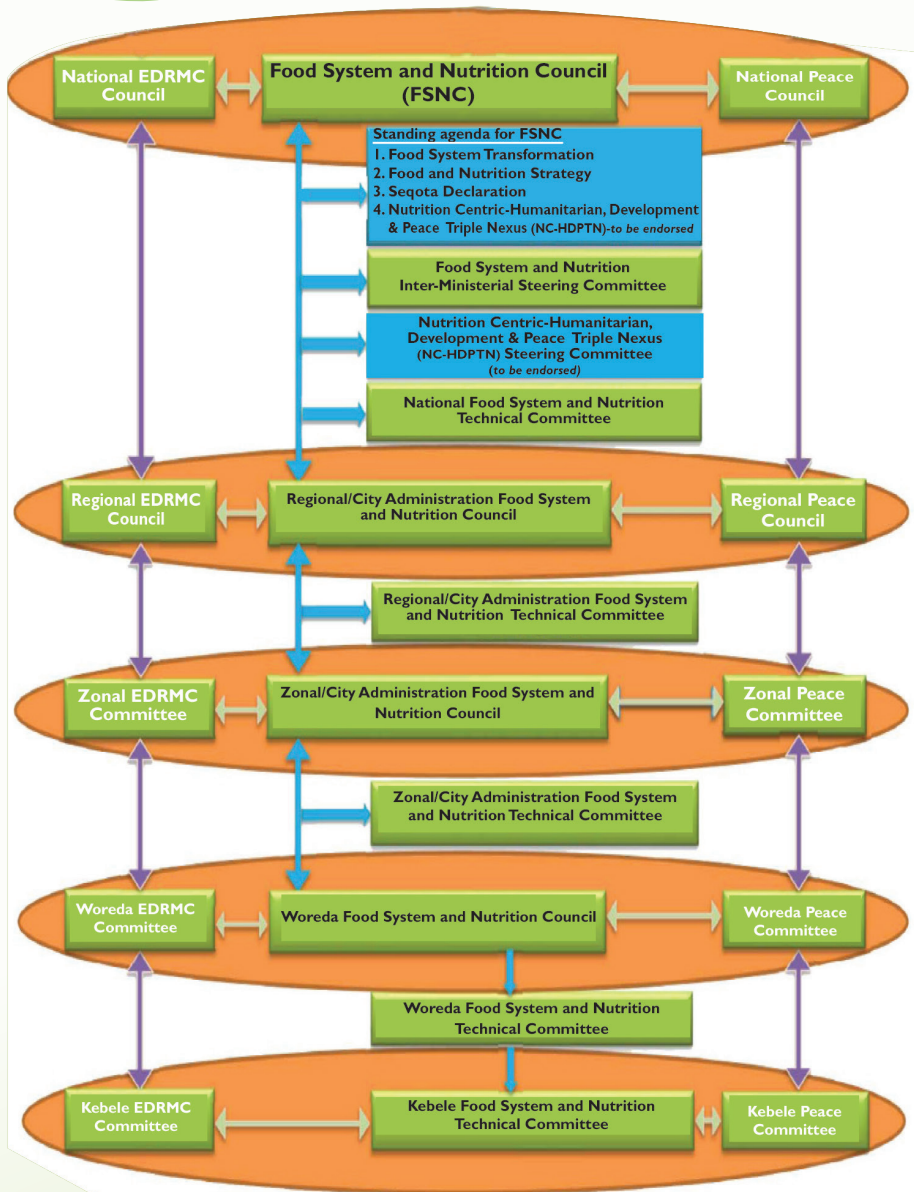
Figure 4: NC-HDPTN Oriented Food System and Nutrition Council coordination structure

3.5. Joint NC-HDPTN Situation Assessment and Need Analysis

A significant challenge in operationalizing the NC-HDPTN is the lack of technical expertise, tools and guidance on undertaking integrated assessment and making joint assessments practical. Humanitarian, development and peace assessments and analysis are undertaken separately in the current practice. With the new NC-HDPTN approach, the Situation Assessment and Need Analysis is to be coordinated by the Technical Committee within the FSNC at respective levels with technical and coordination support from the designated technical lead/ focal point. When relevant, the Technical Committee can establish the "NC-HDPTN operational team" from existing stakeholders operating in the area to conduct the Situation Assessment and Need Analysis and to execute the follow-on tasks.

The Situation Assessment and Need Analysis exercise is to be chaired by local relevant government sectors including EDRMC, Health, Peace, and Plan and Development offices in partnership with NGOs, local CSOs, donors, community members, private partners, academies', net works and other key stakeholders as required. The nationally designated technical lead and/or institution/consultant shall facilitate and technically support the Situation Assessment and Need Analysis exercise to ensure the quality. Before the Situation Assessment and Need Analysis team deployed to the actual exercise, there shall be orientation/training provided by the designated technical lead/consultant at respective level.

The Situation Assessment and Need Analysis is to be undertaken at the beginning and then, every six months by using the agreed upon generic assessment tool. The Situational assessment and need analysis findings shall be validated by respective FSNC Technical Committee and will be disseminated to the relevant stakeholders in two weeks' time following the completion of the exercise for timely action, close follow up and informed decision-making.

The Situation Assessment and Need Analysis tool is included as annex VIII.

Critical to strengthening the NC-HDPTN approach is inclusion of conflict analysis in the situation assessment and need analysis. The Minimum requirements for integrating peace and conflict elements into the situation assessment and need analysis are as follows.

1. Conflict analysis trainings and development of context specific analysis tools

2. Undertaking joint conflict and context assessment

   a. **Standalone assessment:** is an assessment that is undertaken to understand the overall conflict context in an intervention area: broad in nature and covers many aspects.

   b. **Integrated assessment:** Conflict assessment integrated ade quately as part of any needs assessment. It will give information on specific intervention area and covers information regarding the profile of conflict, actors, causes, dividers and connectors in the community.

3. Undertaking conflict sensitivity assessment of project intervention: This is undertaken to see how our interventions are interacting with dividers and connectors and give opportunity to readjust our intervention.

4. Conflict sensitivity training to staff and sector government offices
   • Preparing or adopting conflict sensitivity manual

5. Implementation of Conflict sensitive projects, monitoring and evaluation of progress

6. Integrating peacebuilding activities at different level

   a. **Activity level integration:** Integrates peacebuilding training compo nents into other training manuals and covering this during trainings.

   b. **Output level integration:** Includes activities that address local level conflict issues, capacity building for local actors, community dialogues, youth peace dialogue etc.

   c. **Outcome level integration:** Address more broadly peace needs of the community.

The Conflict Analysis tool is embedded in Situation assessment and Need Analysis tool as "section b". The peacebuilding framework is included as annex xix.

3.6. NC-HDPTN Joint Planning

For effective and comprehensive NC-HDPTN planning, it is important to adhere to the Nexus ToC so that the envisioned goal, context specific interventions and agreed up on collective outcome are clearly identified along with interventions that aligned with the overall goals of the approach. The NC-HDPTN Oriented "Food System and Nutrition Council" will be an overarching platform to which all Nexus actors will align their plans over time at all levels. This must be coordinated by the NC-HDPTN steering committee/NC-HDPTN focal point within the FSNC coordination structures at all levels. The Situation Assessment and Need Analysis findings will inform the joint planning exercise and the composition of the joint planning team. Hence, in the joint planning exercise, the Situation Assessment and Need Analysis team, all actors and the designated technical lead should work together under the leadership of the FSNC focal points.

The NC-HDPTN Planning tool is included as annex IX 'b'.

While producing the NC-HDPTN plan, it is important to give due prominence to the inclusion of the following elements.

- Peace building pillar is the most neglected element in multi-sectoral planning in Ethiopia. Hence, maximum efforts should be made to prioritize the nutrition-oriented peace building interventions across the Nexus planning as applicable.

- The proposed interventions should aim to address the evidence informed findings from Joint Situational Assessment and Need Analysis.

- There should be a greater focus for life saving assistance and Resilience Building Interventions that include system strengthening and devolved decision-making provided that the humanitarian principles are not undermined.

- Innovative and local solutions to the identified problems are priori tized and adequately financed in addition to selecting the high impact and low-cost interventions for improved nutrition outcomes.

- There should be agreed upon collective outcomes to which all actors will align their interventions and be held accountable. These collective outcomes should come through the prioritization matrix done using the findings from the Situational Assessment and Need Analysis.

The Collective outcome Prioritization matrix tool is included as annex X.

The following are examples of existing Multisectoral plans where there will be opportunity to adjust and strengthen the NC-HDPTN approach.

- The Ethiopia Humanitarian Response Plan (HRP)

- The Productive Safety Net Programme (PSNP)

Detailed Guidance and Checklist for starting a joint NC-HDPTN Planning included in annex IX 'a'.
The Risk Management Plan Template is included as Annex XIX

3.7. NC-HDPTN Financing Mechanism

Financing for the implementation of NC-HDPTN in Ethiopia might be challenging at the initial stages and may require a scenario-based approach with a number of potential options to realize a stronger NC-HDPN application. The financing mechanism need to adopt a comprehensive approach that considers the overall financing architecture, options for government, public and private financing, domestic resource mobilization and international resources from funding agencies to achieve the planned objective.

There should be a financial commitment from government and donors to achieve the application of the NC-HDPTN approach. Pilot financing of an integrated NC-HDPTN programming and learning from the practice would encourage others to come to appreciate the approach and commit to finance the NC-HDPTN approach.

In principle, financing shall consider assumptions around increased localization of response and the necessity in local capacity building to achieve this. Furthermore, financing should help to inform an investment case whereby the reduction of humanitarian need over time through increased development and peacebuilding activities, translates into less need and resulting more investments on resilience building developmental interventions.

Cost effectiveness of the NC-HDPTN approach will also be achieved through risk reduction interventions, earlier responses to shock and devolved decision-making. A Resource tracking and monitoring mechanism shall be designed with flexible resource tracking tool. *The checklist, budgeting and guidance on financing for NC-HDPTN programming is included as annex XI.*

Minimum Package for NC-HDPTN Financing

The minimum package for NC-HDPTN Financing includes the estimated minimum budget required per key activities/strategies to start programming and implementation in the NC-HDPTN approach per specific woreda per year. Accordingly, the minimum budget package for starting programs in the NC-HDPTN approach is etimated to be at 1,500,000.00 USD per woreda per year. This amount is believed to be sufficient to start the application of the NC-HDPTN approach in full and can be increased in the following years as required based on the actual need and scenario in the specific woreda. *The details of the minimum package for NC-HDPTN financing per woreda per key activities/strategies is included as annex xxiv.*

Table 2: Visual representation of the main elements of humanitarian- development-peace collaborate for costing (source: HDP CollaborationCooperation Framework Companion Piece, July 2020)

Common Country Analysis	Cooperation Framework	Programming & Implementation	Funding & Financing
Key HDP elements: - Joint multi-dimensional risk analysis and interactions among risks - Conflict analysis (to be inclusive & participatory) - Identify vulnerabilities and risks - Identify the vulnerable and marginalized groups and those at risk of being left behind - Capacity building - Analyse how and why different communities and population groups are differently affected by a crisis, even within the same country - Broad consultation and stakeholders engagement (incl.affected populations)	- Develop collective outcome (s) that span across the HDP nexus - Identify actions to reduce risks and vulnerabilities - Build synergies, avoid duplications and cover gaps - Develop/strengthen multi-hazard early warning systems - Focus development interventions on those furthest behind - Strengthen accountability mechanisms towards affected population	- Ensure programmes are coherent, complementary and mutually reinforcing across the HDP dimensions - Develop and implement risk-informed programs that reduce risks and vulnerabilities and build nations' and communities' resilience to threats and hazards - Ensure programmes minimize the negative effects on conflict dynamics, i.e Do no harm - Design and implement programmes that contribute to sustaining peace and are conflict sensitive - Monitor collective results and their contributions to achieving the SDGs.	- Identify and map funding and financing streams across the HDP - Explore sources of funding and financing or global mechanisms (CERF, joint SDG Fund, PBF) - Identify comparative advantages of actors (AFPS, mission, government, banks, NGOs, private sector, etc.) to deliver across the nexus - Strengthen partnerships and engagement with non-UN actors
In humanitarian settings: - Joint analysis - Humanitarian needs analysis feeds into the CCA - Development planners to participate in the HRP planning cycle and viceversa	- Ensure developement interventions are complementary to humanitarian assistance - Reduce chronic vulnerabilities and needs, address root causes and support strengthening public service provision through national or local structures		- Advocate for predictable, risk-informed, flexible and multiyear financing, including to ensure the complementarity of humanitarian and developing funding streams and to avoid gaps between traditional development funding streams
In contexts with SPMS/PKOS: - Joint analysis (SPMs and PKOs participating CCA) - Draw on political analyses and prevention mechanisms, including Regional Quarterly Reviews (RQRs)	- Consider alignment or merge with ISF or transition plans - Reflect shared objectives and means through which the mission and UNCT willpromote peace consolidation - Preserve humanitarian space		- Prepare transition plans that address ongoing long-term resource requirements and include strategies on how to fill resource gaps (the PBF could be explored to fill emergency gaps; bilateral partners should also be engaged)

3.8 Localization, Capacity building and Systems Strengthening

National and local actors possess unique advantages and have an important role in the NC-HDPTN approach. Their intrinsic understanding of local cultures, deep-rooted relationships within communities, and localized expertise enable them to design targeted and context-specific programs. Engaging with national and local actors fosters community trust, active participation, and seamless integration of NC-HDPTN approach initiatives into daily life. The proximity of these actors allows for swift responses to emergencies, conflict management and peace building ensuring rapid resource deployment during critical situations. In conflict zones, local actors may be critically important for negotiating community access.

Collaborative synergy between national, local, and international actors, leveraging these comparative advantages, forms the foundation for a comprehensive and effective approach. All efforts of capacity building and system strengthening shall be designed to act proactively towards prevention of factors that negatively affects the NC-HDPTN approach application.

The NC-HDPTN programming should emphasize placing communities and community actors at the forefront of initiatives. Communities are valuable repositories of local knowledge, understanding contextual factors influencing nutrition, development, and peace. Involving local communities in planning and execution ensures cultural sensitivity and ownership, increasing the likelihood of sustained impact.

Empowering community actors, including local leaders and influencers, is integral to developing sustainable solutions, building their capacity for self-reliance, and contributing to social cohesion and resilience. Effective feedback mechanisms during monitoring and evaluation ensure community voices are heard, making programs more responsive to dynamic community needs and contributing to evidence-based adjustments.

The table annexed as XII 'a' includes key challenges for localization, capacity building and national system strengthening, the solutions and responsible Stakeholder to implement solutions.

i. Capacity Building strategies

Below are key capacity-building strategies for stakeholders involved in the NC-HDPTN programming and implimentation.

a. Implementing Conflict Prevention Activities:

Stakeholders can engage in activities that address the peace-security-development nexus. This involves working with government, UN agencies, or other peace-building actors to prevent conflicts and promote stability.

b. Joint Delivery Platforms:

Piloting the implementation of activities through joint delivery platforms at the country level can enhance coordination and effectiveness. These platforms allow different stakeholders to work together in delivering humanitarian, development peace assistance.

c. Capacity Building for NC-HDPTN Actors:

Providing training and support to HDP actors is crucial. This includes addressing implementation challenges in fragile, conflict-affected, and violent settings. Strengthening their skills and knowledge helps them navigate complex contexts and contribute effectively to peacebuilding and development. NC-HDPTN aims to foster collaboration and shared data analysis platforms to better plan, coordinate, and anticipate humanitarian and development operations. By building the capacity of stakeholders, we can enhance their ability to address the challenges posed by fragility, conflict, and violence, ultimately contributing to more resilient and peaceful societies.

Capacity Building Plan template is included as Annex XX.

ii. Localization Agenda

The localization agenda emerged as a response to traditional aid models, which were seen as top-down resulting in marginalized local actors. It aims to strengthen local capacities and foster resilience in affected communities by shifting power dynamics between actors. Locally led and devolved responses are considered more timely, sustainable, and economical. However, stakeholders must demonstrate commitment to improving local decision-making mechanisms. The coordination system has a dual responsibility to encourage localization and assist agencies in scaling up successful implimentation.

The Nutrition Centric-HDP Triple Nexus approach in Ethiopia prioritizes local perspectives and leadership in nutrition programming, aiming to treat malnutrition, support sustainable development, and promote peacebuilding by empowering communities and integrating locally proven solutions to local problems. However, limitations to this include capacity constraints, funding disparities, power imbalances, coordination challenges, political instability, and bureaucratic hurdles.

The role and responsibility of the stakeholders in strengthening the localization agenda is included as annex XII 'b'.

iii. Private Sector Engagement

Meaningful private sectors engagement is vital to effectively operationalize the NC-HDPTN. Private sectors, as part of the communities in which they operate, have a natural interest in supporting vulnerable populations before, during, and after crises. Private sector entities can leverage their comparative advantages to contribute to the NC-HDPTN. Private sector engagement should align with the overall goal of reducing humanitarian need, risk, and vulnerability while promoting sustainable development and peacebuilding. Below are key examples where Private Sector Involvement is vital:

- **Disaster Management and Coordination:** Private sector involvement complements efforts by traditional actors.

- **Reconciliation Process:** Private sector can engage during conflict or war in peace reconciliation activities and supporting the displaced people. Donors can cover the costs, and the government can ensure effective coordination of food delivery.

- **Food fortification**

- **Market access for smallholder farmers**

Practical Steps for Private Sector Engagement:

- **Clear Leadership:** Establish leadership structures that encourage private sector participation.

- **Mechanism for Engagement**: Create platforms for private sector collaboration with governments, humanitarian organizations, and peacebuilding actors.

- **Concrete Roadmap**: Develop actionable plans for private sector involvement in crisis response and recovery.

Private sector engagement strategies in HDP Nexus:

The following are the private sector engagement strategies in NC-HDPTN application:

- Unlocking private sector funds

- Aligning business strategies with national and community development priorities.

- Promoting policies that encourage green, inclusive economic development.

- Mobilizing private funding and investments into rural micro, small, and medium-sized enterprises (MSMEs) and small-scale agriculture.

- Expanding markets, increasing income, and creating job opportunities for IFAD's target groups

These strategies demonstrate the importance of collaboration between the public and private sectors to achieve sustainable development goals.

3.9. Advocacy and Communication

Protracted conflict, climate change, rising living costs, natural disaster, and recurrent drought and associated factors all point to the need for a new way of working towards humanitarian, development and peacebuilding challenges. The NC-HDPTN approach outlined in this OG with its collaborative, coherent and complementarity principles aim to address these challenges in context specific manner. This approach entails strong cooperation, collaboration and coordination between NC-HDPTN actors based on joint and risk informed analysis, joint planning and collective actions to reduce risk vulnerability and build resilient community and institutions.

For such interlinked efforts for collective outcome and measurable impacts, advocacy and communication are a strategic mechanism to inform and influence the understanding of the context and expectations, as well as to influence policies and strategic programs among key stakeholders towards addressing the root cause of malnutrition and vulnerability through the Nexus approach.

The Communication Strategy Template is included as Annex XXI.

Accordingly, the following advocacy and communications planning processes shall be undertaken to develop and navigate actions in the areas of Nutrition Centric-HDP Triple Nexus programming to achieve the envisioned collective outcomes.

• **Conduct issue and context analysis:** identify advocacy agenda and conduct issue analysis by using root cause analysis to understand the advocacy issue we want to address and to set advocacy goal and objectives. In addition, conducting context analysis by using PESTLE tool *(Annex XVII)* to understand the possibilities to make a change and the context in terms of socio-political context.

• **Undertake stakeholder analysis:** undertaking stakeholder mapping and power-influencing matrix helps to make networking and partnership with the right stakeholders, and to understand the external environment that influences NC-HDPTN programming.

• **Establish strategic partnership**: Based on stakeholder mapping and power influencing analysis, create and maintain networking and partnerships with various humanitarian, development and peacebuilding actors including local actors through consultative meetings, joint learning and evidence generation, and advocacy workshops. This will create shared understanding and common objectives, establish roles and responsibilities, build trust and values to ensure joint planning, implementation modalities and progress monitoring for maximum efficiency, effectiveness and sustainability among humanitarian agencies, development partners, peacebuilding actors, government bodies, community-based organizations and local communities.

• **Provide capacity strengthening:** The NC-HDPTN approach is a new way of working, which needs to equip key stakeholders including local actors and local communities on the right technical knowledge and practical skills for effective implementation of the NC-HDPTN program with clearly set results, indicators, and outcomes towards strengthening resilient communities and reduce vulnerability. It needs tailored advocacy and lobby skills among key stakeholders including local actors and

local communities to advocate and communicate evidence, operationalization gaps, and any policy agendas. This will help to achieve the envisioned collective outcomes and measurable impacts.

- **Generate evidence:** Formative research, policy analysis, budget analysis, case studies, impact stories and outcome harvesting will inform and influence NC-HDPTN actors through enhancing the use of program data and research evidence for informed advocacy efforts and influence actions towards envisioned collective actions.

- **Craft advocacy asks and advocacy messages:** Based on the findings of issue analysis, policy analysis, budget analysis and call to action recommendations, key advocacy issues and persuasive messages would be crafted with intended objective. For instance, bridging silos thinking between donors and implementers to align funding and programming toward NC-HDPTN programming approach by making it flexible and multiyear financing mechanism.

- **Lobbying and influencing:** Organizing and facilitating advocacy work shops, side events, panel discussions and policy dialogues are crucial to influence key HDP actors including donors to aligning their financing and programming strategy with NC-HDPTN approach. Preparing and disseminating various advocacy tools and techniques such as policy brief, budget brief, position paper, case studies and impact stories are vital to influence relevant NC-HDPTN actors.

- **Linking and learning**: This will create opportunities to share experience and exercise adaptive programming. Learning agenda shall be shared through advocacy calendar for practical exercise and to capitalize on existing efforts. Adaptive programming is to be exercised through reflection sessions, learning events and community practices. Furthermore, key champions and ambassadors are to be identified from key NC-HDPTN actors and local communities to seize windows of influence in advancing the NC-HDPTN agenda through bringing local experience and impact into national and global roundtable discussions.

Table 3: Designed Advocacy cycle for NC-HDPTN

HOW?	**Develop advocacy actions & tactics** • How can make about the desired change? • How to do lobbying and influencing? • How about the key moments & place for change?
WHO?	**Conduct stakeholder analysis** • Who can make the desire changes happen? • Who has the power/influence can actually make the change? • Who may be potential opponents?
WHAT?	**Conduct context & issue analysis** • What is the issue we want to address? • What is the possibilities to make a change? • What change do we want to bring about it?

3.10. NC-HDPTN Monitoring and Evaluation System

Flexible, context specific and harmonized M&E system for NC-HDPTN will be stablished to serve as a platform where the findings from situation assessment and need analysis, program data and other relevant information are collated, organized and analyzed to inform the NC-HDPTN planning, implementation, monitoring and evaluation. Opportunities will be explored to link relevant contents of the NC-HDPTN M&E system with the existing NIPN, Unified Nutrition Information System for Ethiopia (UNISE), Early Warning System Data base and District Health Information System2 (DHIS2) platforms as relevant. The Principles for NC-HDPTN Monitoring, Evaluation and learning system are the following:

• Clear responsibilities and procedures for M&E are established.

• Clear incremental goals and objectives are set and monitored.

• M&E capacity building is emphasized from the start and throughout

• M&E capacity building is emphasized from the start and throughout implementation

• Participatory monitoring and Evaluation in which all concerned stakeholders participate in monitoring and evaluation.

• Joint context assessment and need analysis for timely response and preparedness of humanitarian crisis.

The following are key points to be given high considerations in collecting data to feed into the NC-HDPTN Monitoring and Evaluation System:

- **Disaggregation:** All data needs to be disaggregated by factors like gender, age, location, and socioeconomic status to identify potential inequalities.

- **Data Quality:** Ensure the quality and reliability of data sources used for monitoring the KPIs.

- **Clarity of Definitions:** Each indicator should be defined clearly to ensure consistent interpretation and measurement for sectors.

- **Feasibility:** Review the feasibility of collecting data for all indicators within budgetary and resource constraints or using the existing mechanism.

- **Baselines:** For some indicators, baselines may not be readily available. Consider including them in the baseline surveys if needed.

3.10.1. Country level indicators under NC-HDPTN M&E System

- Proportion of NC-HDPTN programs that are funded for at least 3 years and beyond.

- Proportion of NC-HDPTN Programs that consists of interventions from all the three pillars.

- Proportion of budget allocated for resilience building interventions from the total funding of NC-HDPTN Programs

- Proportion of NC-HDPTN programs that have included Nutrition interventions and have nutrition objectives.

- Proportion of NC-HDPTN programs that have targeted nutrition indicator at outcome level as collective outcome.

Local actors in HDP Nexus refers to individuals, organizations, and institutions that operate at the community or national level. They are directly involved in providing assistance during crises, key players in achieving long-term goals and contributes to sustainable peace by addressing root causes of conflict and fostering resilience. These includes Community Based Organizations (CBOs), Local Government, Civil Society Organizations (CSOs), Private Sectors and local Peacebuilders including Community Leaders, Women's Groups and Youth Networks. These are essential in driving effective responses, sustainable development, and lasting peace within their communities Lists

- Proportion of NC-HDPTN programs that have included at least one local actors in its consortium members.

- Proportion of NC-HDPTN programs that are designed based on the evidence identified through joint Situational assessment and need analysis (evidence informed programming)

- Proportion of NC-HDPTN programs that have agreed up on collective outcome of, at least one per pillar which is informed through the joint situation assessment and need analysis.

- Proportion of NC-HDPTN programs that has transferred at least 30% of the total budget to be managed by local actors.

- Proportion of NC-HDPTN programs that has implemented Local solutions to the root cause and are financed sufficiently.

- Proportion of the funding raised from domestic resource to leverage the external funding.

- Proportion of donors funding the 'Nexus approach' with full application of Nexus principles

- Proportion of multi-year NC-HDPTN programs that target areas with recurrent or protracted crisis.

- Proportion of NC-HDPTN programs that strengthen national systems including M&E system, Institutionalization NC-HDPTN Coordination structure, policies and procedures, which strengthen NC-HDPTN etc.

- Proportion of NC-HDPTN programs which achieve multi-sector convergence on the same population.

3.10.2. Program level indicators under NC-HDPTN M&E system.

i. Impact: Improve food and nutrition security of crisis vulnerable population

Indicators

- Improved Food consumption score (FCS) among the targeted population

- Reduction in Stunting Prevalence in under five years old Child and annual rate of reduction (ARR)

- Reduction in seasonal peaks of all kinds of malnutrition

ii. Collective outcomel: Community Resilience capacity is built, and impact of crisis is mitigated

Indicators

- Percentage of households with at least one member completing secondary school. [Community resilience indicator]

- proportion of conflict cases solved with community owned endogenous conflict resolution mechanism [community resilience indicator]

- Percentage of households with access to sufficient water all year round [Community resilience indicator]

- Percentage of households with off farm or non-farm income sources. [HH level resilience indicator]

- Percentage of households with multiple sources of income activities. [HH level resilience indicator]

- Percentage of households with livestock holding of more than 200 shoats. [HH level indicator]

iii. Collective outcome II: Improved Nutritional Status of Crisis Vulnerable population

Indicators

- Reduction of Stunting prevalence in under five years old Children and annual ARR

- Reduction of Wasting prevalence in under five years old children and ARR

- Reduction of underweight prevalence in under five years old children and ARR

- Reduction in underweight prevalence in Pregnant and Lactating women and ARR

- Reduction of anemia prevalence in under five years old children and ARR

- Reduction of anemia prevalence in Pregnant and Lactating women & ARR

iv. Collective outcome III: Application of anticipatory actions to future crisis is enhanced and early recovery from crisis is expedited.

Indicators

- Proportion of Anticipatory Actions [AA] based recommendations costed and applied in the intervention sites per program per year.

- The proportion of forecasted malnourished cases [wasting and/or underweight] prevented per year following Anticipatory Action [AA] prediction and implemented recommendations.

v. Collective outcome IV: Strengthened institutional capacity to coordinate and apply the NC-HDPTN approach.

Indicators

- Proportion of HDP stakeholders that have at least 1 trained expert/ programmer who served for more than 6 months.

- Proportion of individual organizations that implement HDP program.

vi. Collective outcome V: Enhanced social cohesion and peaceful coexistence

Indicators

Socio-cultural sphere:

o Percentage of groups resolved their intragroup differences with local indigenous solutions.

o Proportion of community established connections in both their immediate community and larger society

o Percentage of diverse identity groups work together to address a divisive issue for Mutual benefit.

o Proportion of inter-communal networks and associations become more inclusive.

o People adopt a common, impartial and balanced narrative account of past violence.

Economic sphere:

o Proportion of Public resources that are equitably and transparently allocated.

o Proportion of marginalized group(s) that have access to livelihoods and all social services.

o Proportion of state institutions that provides expanded access to social services to minority individuals and groups.

Political sphere:

o Percentage of people trust that key public institutions will treat them in accordance with laws, social norms and with human dignity.

o Women are fairly represented on Nexus Governance and leadership at all levels at least 50%.

o Percentage of youth in the community exercise of their functions and responsibilities

o Number of informal dispute resolution services address grievances of key conflict groups

vii. Immediate outcome I: Functional NC-HDPTN Coordination and governance structure is established.

Indicators

o Proportion of FSNC that have incorporated the NC-HDPTN agenda in existing coordination and governance structure.

o Proportion of functional FSNC incorporated the NC-HDPTN Governance structure in specific year.

viii. Immediate outcome II: Future crisis is forecasted and prevented.

Indicators

- o Proportion of Woredas having accurate predictive models created by the MERIAM (Modelling Early Risk Indicators to Anticipate Malnutrition) effort.

- o Proportion of Woredas having community-based disaster risk manage ment plan

ix. Immediate outcome III: Crises affected population accessed all basic social services and unmet need decreased.

Indicators

- o Proportion of targeted population received all the needed basic services during the implementation period of the program.

x. Immediate outcome IV: Funding for NC-HDPTN approach Implementation is increased.

Indicators

- o Percentage of external funding in USDs for triple nexus programming implementation over 3 or more years

- o Proportion of external funding that is allocated to, and channeled through local actors (including national and sub-national government) and national structures/systems.

xi. Immediate outcome V: Stakeholders capacity on NC-HDPTN M&E application is strengthened.

Indicators

- o Proportion of stakeholders who adopted and or incorporated the NC-HDPTN M&E framework/indicators into their M&E system and report to the National Food System and Nutrition Council M and E system.

xii. Immediate outcome VI: Institutional and Financial capacity of local actors is increased.

Indicators

- o Proportion of triple nexus programming funding amount allocated for local partners in intervention sites and period.

xiii. Immediate outcome VII: Dialogue and conflict resolution mechanism is applied.

Indicators

- o Proportion of group members who have resolved their intragroup differences through local conflict resolution mechanisms.

Below are NC-HDPTN M&E framework annexes:

- *Annex XIII: The NC-HDPTN M&E framework component definitions and parameters.*
- *Annex XIV: SS checklists.*
- *Annex XV: Indicator reference table:*
- *Annex XVI: Reporting format.*

3.11. Accountability

I. NC-HDPTN Program accountability

The NC-HDPTN Program Accountability describes how actors seek to be accountable to the target group of crisis vulnerable population they assist. Those targeted groups are often in a situation of vulnerability, with their needs, rights, and ideas ignored by more powerful decision makers, including implementers. It covers how actors' practices power responsibly and builds mechanisms that empower those targeted community to hold actors to account. It embraces four practices that actors commit to: whenever engaging with the target group during all of the NC-HDPTN programming phases.

Practices[8] :

1. **Providing information** to the target group and community so that they can make informed decisions and be aware of what to expect from the actors.

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2. **Consulting with target groups and communities** to make them aware of, understand and influence key decisions related to the NC-HDPTN programming.

3. **Promoting participation** to help that target group and community are involved in and take ownership of the activities that affect their lives.

4. **Collecting and acting on feedback and complaints** to ensure that target group and community can voice their ideas and concerns, and enable the interventions to be more relevant, effective and safe.

II. Guiding Principles and Standards

In NC-HDPTN programming, whatever the entry point for response in a specific area of intervention, actors need to design program to address the root causes of the crisis (conflict, drought, hunger, malnutrition and disease outbreaks etc.). Mostly, causes of a crisis are interlinked and needs an integrated, multi-year programming and flexible funding.

As a general principles and guidance, actors need to apply applicable minimum thresholds listed under section 3.3 in designing and implementing of the NC-HDPTN program. In all of the exercises, the interventions should respect and maintain the basic HDP principles and standards stated in the global and national policies. Below are key principles and standards that need be considered in designing and implementing the NC-HDPTN program.

Table 4: Principles and Standards for NC-HDPTN programming

Programs	Principles	Standards/qualities
Humanitarian[9]	• **Humanity:** Human suffering must be addressed wherever it is found; and aiming to protect life, health and ensure respect for human being • **Impartiality:** Humanitarian action must be carried out based on need alone; giving priority to the most urgent cases of suffering and no adverse distinction on the basis of nationality, race, gender, religious belief, class or political opinion. • **Independence:** Humanitarian action are autonomous from political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented. • **Neutrality:** Humanitarian actors must not take sides in hostilities or engage in controversies of political, racial, religious or ideological nature. • **Do No Harm:** Minimizing the inadvertent harm caused by assistant or services.	• Humanitarian response is: -Appropriate and relevant -Effective and timely -Strengthens local capacities and avoids negative effects. -Based on communication, participation and feedback -Coordinated and complementary • Complaints are addressed • Humanitarian actors continuously learn and improve. • Staff are supported and treated fairly and equitably to do their job effectively. • Resources are managed responsibly; and used for intended purpose only.

Development[10]	• Direct participation
	
	• Focus on process, not individual actors.
	
	• Broad consensus
	
	• Stakeholder balance
	
	• Transparency
	
	• Global outreach to potential stakeholders
	
	• Broad coordination for coherence
	
	• Inclusiveness
		• Development program interventions should be:
		  ○ Relevant,
		  ○ Coherent
		  ○ Effective
		  ○ Efficient
		  ○ Impactful and
		  ○ Sustainable

8,9 www.corehumanitarianstandard.org

Peace[11] [12]	• Responds to the root causes of conflic	• Conduct conflict sensitivity analysis [Do Not Harm]. I.e. working most effectively 'in conflict.'
	• Address the effects and symptoms of violent conflicts.	
	• It is a long-term commitment.	
	• Uses a comprehensive approach and strategically engaging actors at middle-range and top levels.	• Peacebuilding [Do More Good]. I.e. working 'On conflict.'
	• Requires an in-depth and participatory analysis.	• Define peacebuilding outcomes.
	• Provides a methodology to achieve right relationships and integrated into all programming.	• Identify entry points for potential peacebuilding programming.
	• Strategically includes advocacy at local, national and global levels to transform unjust structures and systems.	• Develop peacebuilding theory of change.
	• Strengthens and contributes to a vibrant civil society that promotes peace.	• Define peacebuilding M&E plan
	• Adaptability	• Builds upon indigenous non-violent approaches to conflict transformation and reconciliation.
	• Creativity	• Driven by community-defined needs and involves as many stakeholders as possible.
		• Work with partners who represent the diversity of where we work and share common values.

III. Bases of the NC-HDPTN Program Accountability

Globally, Human Right Principles, Core Humanitarian Standard, UN Accountability Framework, Disaster Management Policy, Disaster Management Standards, Development Programming Approach, Transformational Development Policy and Advocacy for Justice Policy are bases for accounting the state, donors, UN agencies, INGOs/LNGOs and other implementers. In Ethiopia, the Food System and Nutrition Council will be the overarching base to ensure accountability under the NC-HDPTN programming. The FSNC has the legitimacy and capacity to coordinate and ensure the accountability of all NC-HDPTN actors to the target community through its coordination structure from the federal to Kebele level.

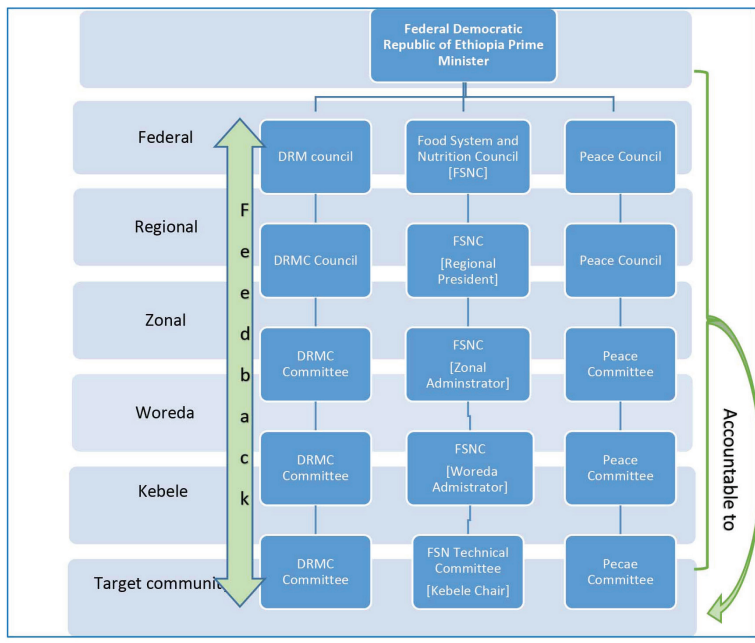Below is the Accountability Mechanism diagram for NC-HDPTN programming in Ethiopia.

Figure 5: Accountability Mechanism diagram for NC-HDPTN programming in Ethiopia.

The specific roles and responsibilities of different actors within the accountability framework is included as Annex XXII.

Feedback Mechanisms: The specific feedback mechanisms on how communities can provide feedback might include complaint boxes, hotlines, community meetings for collecting feedback

3.12. Gender, Social inclusion, and Disability in NC-HDPTN programing

I. Gender

Gender transformative programming within the NC-HDPTN aproach involves integrating gender considerations and promoting gender equality in humanitarian, development, and peace building initiatives. This means addressing the root causes of gender inequality and discrimination, challenging harmful gender norms and stereotypes, and empowering women, girls, men, and boys to participate equally in ecision-making processes and access resources and opportunities.

By incorporating a gender transformative lens into the NC-HDPTN approach, organizations can work towards more inclusive and sustainable outcomes that benefit all members of the community. Here are some key elements of gender transformativeapproaches in the NC-HDPTN approach:

- **Gender analysis:** This helps to identify the specific needs, priorities, and vulnerabilities of different genders within the context of NC-HDPTN initiatives. Templates for conducting gender analysis, and checklists for ensuring gender integration in program design are included as Annex XXIII.

- **Challenging gender norms:** This involves promoting positive masculinities and engaging of men and boys as allies and agents of change. It also includes addressing harmful practices such as gender-based violence, child marriage, and discrimination against women and girls.

- **Women's empowerment:** This involves creating spaces and opportunities for women to participate in decision-making processes, access resources, and exercise their agency. It also recognizes and supports women as key actors in peacebuilding, conflict resolution, and sustainable development.

- **Engaging men and boys:** This involves challenging traditional notions of masculinity and promoting equitable and non-violent attitudes and behaviors.
- **Intersectionality:** This recognizes that gender equality cannot be achieved in isolation from addressing other forms of oppression and marginalization.
- **Institutional and policy change:** This includes integrating gender perspectives into laws, policies, and programs across the NC-HDPTN interventions.
- **Capacity Building:** This includes capacity building activities in program design to empower women and girls and strategies for training and equipping women and girls to participate meaningfully in decision making processes.
- **Data Disaggregation:** It's important to disaggregate data by sex to identify gender gaps and track progress for women, girls, men, and boys. The M&E framework, data collection and reporting template needs to have sex disaggregation data in collecting and analyzing data.

II. Social protection

Social protection measures within the NC-HDPTN framework aim to provide assistance and support to affected populations, with a focus on addressing immediate humanitarian needs while also building resilience and promoting long-term development. Here are some key aspects of social protection in the NC-HDPTN:

- Humanitarian Assistance
- Development-oriented Interventions
- Risk Reduction and Resilience Building
- Peace building and Conflict Prevention
- Coordination and Collaboration

Examples of Social Protection Programs relevant to NC-HDPTN in Ethiopia are cash transfers programs, food security programs/PSNP, and social health insurance schemes.

III. Disability

A large and growing number of people in developing countries experience a disability, which disproportionately affects vulnerable populations.

Activities included addressing people with disability issues in NC-HDPTN approach are;

- Outreach to persons with disabilities who may have difficulty reaching services

- Provision of assistive/friendly technology such as feeding aids

- Training on inclusion for nutrition partners

- Actions to improve physical accessibility of facilities as well as accessibility of nutrition related information.

Accessibility Standards: There should be a accessibility standards for NC-HDPTN programs. This might include physical accessibility of facilities, communication accessibility (e.g., sign language interpretation, Braille materials), and information accessibility (e.g., easy-to-read formats).

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Annex A: List of Technical Working Group and Advisory Team members contributed to the development of this OG.

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Annex B: List of Annexes

- Annex I: Executive Summary of the Situational Analysis on NC-HDPTN in Ethiopia
- Annex II: SLOT Analysis Result from the Situational Analysis on NC-HDPTN in Ethiopia
- Annex III: Stakeholders Decision-Influenc9ing Power relationship.
- Annex IV: Target audience and stakeholders with their specific needs related to NC-HDPTN implementation in Ethiopia.
- Annex V: Summary of World Humanitarian Summit, 2016
- Annex VI: Summary of Relevant policies and plans to the NC-HDPTN in Ethiopia
- Annex VII: Roles and responsibilities of Nexus Oriented Food System and Nutrition Council members.
- Annex VIII: Situational Assessment and Need Analysis tool.
- Annex IX: Guidance and Checklist for starting a joint NC-HDPTN Planning
- Annex X: Collective Outcome Prioritization Matrix Tool
- Annex XI: Checklist and Guidance on Financing of NC-HDPTN programming.
- Annex XII 'a': Key challenges for localization, capacity building and national system strengthening, the solutions and responsible Stakeholder to implement solutions.
- Annex XII 'b': Role and responsibility of the stakeholders in strengthening the localization agenda.
- Annex XIII 'a'. Role and responsibilities of Nutrition-Centric Triple Nexus actors to establish NC-HDPTN M&E Framework
- Annex XIII 'b': NC-HDPTN M&E System component definitions and parameters.
- Annex XIV: Supportive Supervision checklist.
- Annex XV: Indicator reference table.
- Annex XVI: Reporting format.
- Annex XVII: PESTLE tool.
- Annex XVIII: Peacebuilding framework.
- Annex XIX: Risk Management Plan Template
- Annex XX: Capacity Building Plan Template.
- Annex XXI: Communication Strategy Template
- Annex XXII: Specific roles and responsibilities of different actors within the accountability framework.
- Annex XXIII: Templates for conducting gender analysis, and checklists for ensuring gender integration in program design.
- Annex XXIV: Minimum package for NC-HDPTN financing per woreda per key activities/strategies