Capacity Development Plan
for scale-up of UNISE and RTPM nutrition data systems in Ethiopia

August 2025

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ACRONYM LIST

BMET	Budget Monitoring and Expenditure Tracking
DHIS2	District Health Information Software 2
EPHI	Ethiopian Public Health Institute
EPRI	Economic Policy Research Institute
ETB	Ethiopian Birr
FNS	Food and Nutrition Strategy
F-PDU	Federal Program Delivery Unit
HMIS	Health Management Information System
KII	Key Informant Interview
LOE	Level of Effort
M&E	Monitoring and Evaluation
MOF	Ministry of Finance
MOH	Ministry of Health
NBTT	Nutrition Budget Tagging and Tracking
NGO	Nongovernmental Organization
NIPN	National Information Platform for Nutrition
NIS	Nutrition Information System
RTPM	Resource Tracking and Partnership Management (Tool)
SD	Seqota Declaration
SOP	Standard Operating Procedure
TOKP	Triangle of Knowledge Partnership
TOR	Terms of Reference
UNDP	United Nations Development Programme
UNISE	Unified Nutrition Information System for Ethiopia
USAID	United States Agency for International Development
USD	United States Dollar

EXECUTIVE SUMMARY

The Seqota Declaration (SD), launched in 2015 by the Government of Ethiopia, is a high-level, multisectoral initiative to end stunting among children under two years of age by 2030. As Ethiopia prepares to enter the SD National Scale-Up Phase (2026 – 2030), strengthening food and nutrition data systems is critical to sustaining and expanding progress. The SD Federal Program Delivery Unit (F-PDU) is leading the national scale-up of two digital administrative data systems—**UNISE** (Unified Nutrition Information System for Ethiopia) and **RTPM** (Resource Tracking and Partnership Management Tool)—designed to improve coordination, accountability, and evidence use across sectors.

This **Capacity Development Plan** addresses identified gaps in implementation, data quality, and use of UNISE and RTPM. Drawing from a qualitative assessment of 20 key informant interviews with government stakeholders across health, agriculture, education, women and social affairs, and planning sectors, the plan identifies critical challenges across the data value chain, including insufficient role clarity, inconsistent implementation, limited training, and weak accountability—especially outside the health sector. Respondents consistently reported low confidence in performing essential data tasks such as indicator prioritization, data collection, analysis, and communication.

To address these gaps, the plan outlines four core recommendations:

1. **Define clear roles and responsibilities** related to UNISE and RTPM across all administrative levels and sectors to support accountability and targeted capacity development.
2. **Strengthen and standardize Standard Operating Procedures (SOPs)** to ensure consistent guidance across sectors on data definitions, collection, analysis, and dissemination.
3. **Leverage the Triangle of Knowledge Partnership (TOKP)**—a collaboration between universities, policy makers, and implementers—to provide long-term, role-specific training, mentoring, and coaching.
4. **Monitor data system performance and user experience** through structured feedback mechanisms to improve data quality and promote active use.

The proposed capacity development activities were costed using an ingredient-based approach and are aligned with Ethiopia's 2024 SD Resource Mobilization Plan. Financing strategies emphasize integrating capacity development into routine budgets, engaging diverse funding sources, and improving multisectoral financial management.

By prioritizing locally owned, context-specific, and sustainable capacity development approaches, Ethiopia is well-positioned to scale its pioneering nutrition data systems and strengthen multisectoral decision-making for improved nutrition outcomes nationwide.

INTRODUCTION

Background

Launched in 2015, the Seqota Declaration (SD) is the Government of Ethiopia's high-level commitment and strategy to end stunting among children under two years by 2030. The SD roadmap is being implemented in three phases: (a) the Innovation Phase (2016 – 2020), focused on implementing prioritized, high-impact interventions in 40 woredas and identifying and testing innovative solutions for implementation challenges; (b) the ongoing Expansion Phase (2021 – 2025) which has reached an additional 294 woredas with high stunting-prevalence with multisectoral interventions and innovations; and (c) the upcoming National Scale-Up Phase (2026 – 2030), which will scale evidence-based multisectoral interventions and SD innovations throughout the country. The SD currently reaches across all regions in Ethiopia in 334 out of 1050 woredas.

A "data revolution in food and nutrition" is one of six SD innovations being scaled nationally. The SD Federal Program Delivery Unit (F-PDU) at the Ministry of Health (MOH) has developed two multisector data systems that aim to generate and aggregate data from all relevant sectors (health, agriculture, education, women and social affairs, industry, finance, transportation, water, and energy) and provide real-time data across administrative levels (Ministry of Health 2021).

The Unified Nutrition Information System for Ethiopia (UNISE) is a digitized, web-based administrative data system designed to monitor the implementation and outcomes of Ethiopia's Food and Nutrition Strategy (FNS) (Federal Democratic Republic of Ethiopia 2021). It brings together key indicators from five FNS-implementing sectors, enabling multisectoral coordination and accountability. Built on District Health Information Software 2 (DHIS2) software and hosted by the MOH, woredas report data in UNISE and data are aggregated at zonal, regional, and federal levels for reporting. The system provides decision-makers with a centralized dashboard displaying key performance indicators to support timely and informed action. Importantly, while UNISE uses the DHIS2 software, it operates independently from the national health system's DHIS2-based Health Management Information System (HMIS).

The Resource Tracking and Partnership Management (RTPM) Tool is a web-based administrative data system hosted by the Ethiopian Public Health Institute (EPHI) that tracks key indicators of the enabling environment for multisectoral nutrition at woreda level including partners involved in SD implementation, budget disbursement, and budget utilization (National Information Platform on Nutrition [NIPN] Ethiopia and Ethiopian Public Health Institute 2024).

From a global perspective, UNISE and RTPM are unique in that they both collect and compile quarterly (or monthly) woreda-level data on both the reach of programs across sectors and the enabling environment. Unlike most countries, which rely on compiling nutrition data from disparate administrative and survey data sources, Ethiopia stands out for developing dedicated multisectoral nutrition administrative data systems that routinely collect food and nutrition indicators across sectors for timely decision-making.

CAPACITY DEVELOPMENT PLAN OBJECTIVES

In 2023, the F-PDU shared concerns about the utilization and quality of the UNISE and RTPM in the woredas where the two systems are operational. Moving into the Scale-Up Phase, the F-PDU wanted to better understand the competencies required for successfully scaling up the RTPM and UNISE tools. Previous strategic planning and costing exercises for UNISE and RTPM included personnel and infrastructure but did not address capacity strengthening.

In support of the F-PDU goals, DataDENT implemented a qualitative assessment to explore three main questions guided by the data value chain framework (Heidkamp 2023; 2025) (Figure 1):

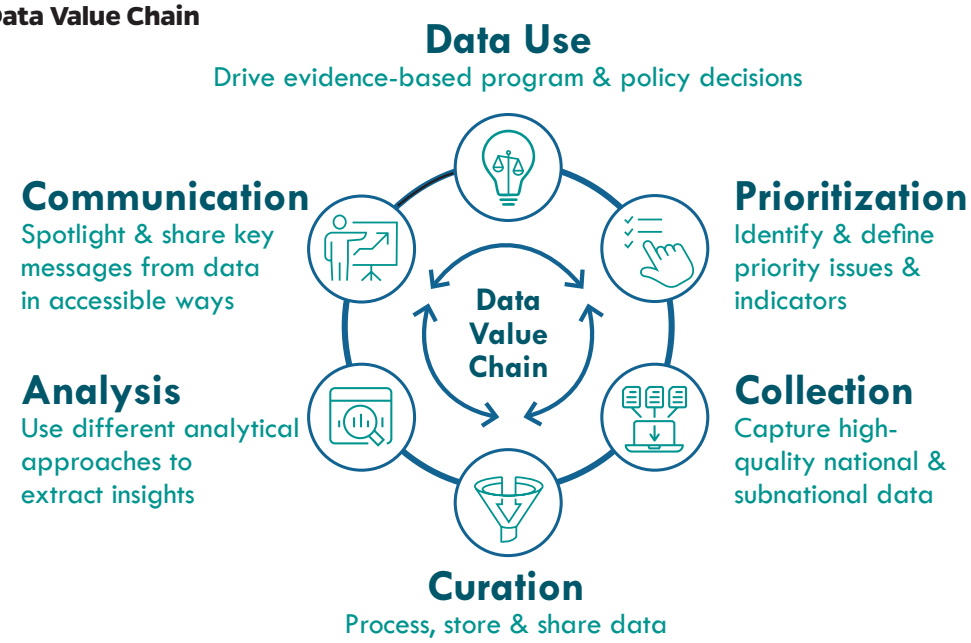
How do UNISE and RTPM currently function across sectors and administrative levels?

- What are the challenges encountered in implementing UNISE and RTPM to date?
- What capacities are needed for individuals to effectively implement UNISE and RTPM and to use data for design, implementation, and evaluation of food and nutrition activities?

DataDENT also conducted a literature review of guidance documents related to capacity strengthening and had networking interviews with two implementing partners to align proposed activities with best practices in the field.

This Capacity Development Plan presents qualitative methods and findings from the completed assessment, an overview of findings from the literature review, and recommendations for capacity development with detailed activities. We also present cost estimates for each recommendation. This Capacity Development Plan is accompanied by a costing workbook that presents detailed cost estimates (Annex C).

Figure 1. Data Value Chain



CAPACITY DEVELOPMENT APPROACHES: LITERATURE AND BEST PRACTICES

The United Nations Development Group defines capacity development as "the process whereby people, organizations, and society as a whole unleash, strengthen, create, adapt, and maintain capacity over time in order to achieve development results" (United Nations Development Group 2017). Early work in capacity development saw efforts to transplant American and European institutions and core skills among an administrative elite in newly independent low- and middle-income countries; this work was heavily influenced by Cold War geopolitics and largely ignored local context (Greijn et al. 2015). Since the Paris Declaration on Aid Effectiveness (2005) and Accra Agenda for Action (2008), strategies for capacity development in the international donor community have shifted more toward local ownership, transparency, and sustainability. The Food and Agriculture Organization of the United Nations outlines seven capacity development guiding principles inspired by the international debate on aid effectiveness: country ownership and leadership, alignment with national needs and priorities, use of national systems and local expertise, no "one-size-fits-all" approach, a multiple-level (individual, organizational, and environmental) approach, mutual accountability between donors and national governments, and harmonization of action and partnership (Food and Agriculture Organization of the United Nations 2010).

Process

The United Nations Development Programme (UNDP) details a five-step process for capacity development that aligns with a country-led approach (United Nations Development Programme 2015):

1. **Engage stakeholders on capacity development:** Generate a dialogue among stakeholders and facilitate inclusive consultation in the design stage to facilitate ownership. Establish accountability between all stakeholders and partners.
2. **Assess capacity assets and needs:** Use a bespoke capacity assessment framework whose goal is to move from analysis to action with clear indicators for measuring progress.
3. **Formulate a capacity development program:** Build on existing capacity assets to address the gaps identified in the capacity assessment. A capacity development plan or response should be created in collaboration with the stakeholders that would be engaged in implementation and should ideally be integrated into existing budget structures.
4. **Implement a capacity development response:** For sustainable results, implementation should be managed through national systems and processes rather than through external partnerships.
5. **Evaluate capacity development:** Measuring capacity development success must go beyond measurement of input resources (human, financial, and physical). A comprehensive capacity assessment framework measures change in performance in terms of improved effectiveness and efficiency.

DataDENT's work with the SD F-PDU has aligned with the first two steps of the UNDP process. Dialogue and consultation with the SD F-PDU identified capacity development as a priority for action. Then, we assessed capacity needs through a tailored qualitative assessment. Next steps in the process include formulating a capacity development program, which is currently underway, and implementing and evaluating this program.

BEST PRACTICES

While any capacity development process should vary depending on the geographic and technical context of the activities at hand, there are several best practices that can support successful outcomes, particularly in the nutrition space:

- **Invest in local ownership of capacity development activities.** Local ownership is critical in the capacity development process for several reasons: target groups' commitment is indispensable in analyzing context and understanding existing constraints, strong ownership among stakeholders is needed to identify appropriate participants for initiatives and ensure that participants are dedicated to learning; and stakeholder and target group buy-in facilitates greater long-term adherence to learning initiatives (Food and Agriculture Organization of the United Nations 2013; Asian Development Bank 2011). Ownership is best achieved when it originates organically among stakeholders. Employing local methods of collaboration and decision-making from the outset and facilitating an inclusive design process can situate an initiative within existing development priorities (United Nations Development Programme 2015).
- **Connect with others in the local context to learn from strengths:** Linking partners to other organizations and stakeholders in their country or region can facilitate locally led peer learning. Each group brings a unique set of strengths and constraints to the work, and collaboration allows each partner to capitalize on each other's successes, further improving local ownership (United States Agency for International Development [USAID] Advancing Nutrition 2023a; 2023b).
- **Prioritize mentoring and coaching:** Short-term (three to five days) trainings are a familiar approach to capacity building, and yet they are often insufficient to change performance in complex, adaptive subjects (USAID Advancing Nutrition 2023a). Long-term technical support in the form of mentoring, coaching, or periodic technical assistance from local universities, nongovernmental organizations (NGOs), or other partners can deepen skill development (USAID Advancing Nutrition 2023b; United Nations Development Programme 2015). Due to the varying nature of nutrition-sensitive interventions in particular, workforce preparation and continuing professional development should be targeted to the appropriate sector and level (system, organizational, workforce, and community) (Shrimpton et al. 2014). It is important that existing national systems and expertise fill this role; relying on external technical guidance or foreign consultant knowledge can both undermine existing capacities and present an obstacle to future capacity development (Food and Agriculture Organization of the United Nations 2010; 2013)
- **Consider the local nutrition context:** Nutrition landscapes—including policies, interventions, and data systems—can vary immensely between regions, countries, and localities. Effective health and social protection systems are composed of an intricate network of stakeholder interactions and motivations with specific entry points for nutrition. Local organizations and individuals are best suited to navigate these networks and identify potential impact areas (USAID Advancing Nutrition 2023a). As such, successful capacity development activities that are specific to nutrition should be tailored to their unique context (Shrimpton et al. 2014).

QUALITATIVE CAPACITY ASSESSMENT: METHODS AND FINDINGS

Methods

DataDENT conducted key informant interviews (KIIs) with relevant government stakeholders from the main FNS implementing sectors. We interviewed stakeholders at the federal ministry level and the ministries' cascaded structure at the regional and woreda levels for the following sectors: the health sector led by the Ministry of Health (MOH), the agriculture sector led by the Ministry of Agriculture, the education sector led by the Ministry of Education, and the women and social affairs sector led by the Ministry of Women and Social Affairs. In addition, we included the planning and development sector, led by the Ministry of Planning and Development, which plays a key role in policy alignment, multisectoral coordination, and resource mobilization. Multisectoral nutrition respondents are those with multisectoral roles in regional Food and Nutrition Coordination Offices.

We used purposive sampling to identify respondents including food and nutrition focal points or coordinators, health and food and nutrition officers, and monitoring and evaluation (M&E) staff. Semi-structured interview guides focused on how UNISE and RTPM function (process-related KIIs) and on the capacities needed to implement the data systems (capacity-related KIIs). At the federal level, the KIIs covered both process and capacity topics, while at the regional and woreda levels we aimed to focus on one topic and explore it in more depth. The DataDENT team conducted 20 KIIs with 17 respondents from April to June 2024 either in person or virtually. Interviews were conducted in English or Amharic depending on respondents' preference (Table 1). All interviews were recorded and transcribed in English.

We employed thematic analysis and applied a deductive codebook developed based on the assessment questions and interview guides. We coded the KIIs in ATLAS.ti and analyzed the coded data and themes by administrative level and health vs. non-health sectors to disaggregate patterns. The small sample and significant variation in UNISE and RTPM implementation across geographies limited data saturation, which constrained our ability to disaggregate findings by sector and administrative level. Structured responses were entered in an Excel file for analysis.

Table 1. Number of KIIs

Administrative level	Locations	Sectors	Topical Interview Guides			Total KIIs
			Capacity only	Process only	Capacity & process	
Federal	Addis Ababa	Health, education, women and social affairs, planning and development	0	0	7	**7**
Regional	Afar, Amhara, Benishangul Gumuz, Central Ethiopia, Oromia, Sidama, Southern Ethiopia	Health, multisectoral nutrition	4	4	1	**9***
Woreda	Lalo Asabi, Boricha	Health, planning and development	2	2	0	**4****
Total			**6**	**6**	**8**	**20**

- * Total of 7 unique respondents at the regional level as 2 respondents were interviewed twice (both capacity- and process-related).
- ** Total of 3 unique respondents at the woreda level as 1 respondent was interviewed twice (both capacity- and process-related).

Because there was no formal documentation outlining roles or data flows for either UNISE or RTPM, we relied on the KIIs and additional meetings with the F-PDU to construct process maps for each system. These maps were developed from two distinct perspectives to capture the flow of information and responsibilities across sectors and administrative levels (see Annexes):

1. KII responses were used to develop process maps illustrating how the systems are *currently implemented*. Color-coding communicates the level of agreement among respondents and data saturation. Green boxes are steps where respondents agreed on the process. Yellow and orange boxes are steps where there is less corroboration between respondents, which suggests there may be a lack of clarity about or variation in how the data system operates.
2. Consultations with the F-PDU informed the development of process maps depicting how the systems were originally designed to operate. Color-coding in these process maps represents the administrative level responsible for each activity.

These process maps served as a tool to identify key challenges and opportunities for strengthening the capacity to implement both systems.

FINDINGS

Key finding 1: UNISE and RTPM are perceived as useful, but implementation varies by data system, administrative level, and sector.

UNISE and RTPM are led by different government institutions, supported by different partner institutions, and are not implemented in a coordinated manner. An early version of UNISE was in place at the start of the SD and has since expanded to over 200 woredas. In contrast, RTPM was launched in 2023 and is currently becoming operational in 66 woredas. Across sectors, respondents described less use of RTPM than UNISE and respondents discussed little implementation of RTPM outside of the health sector.

When data is of adequate quality, respondents noted that both UNISE and RTPM are valuable tools for tracking resources and implementation progress. However, we found significant variations in the implementation between both data systems, and between sectors and administrative levels within each system.

Comparing the two process maps for UNISE—one based on design and the other on actual implementation—we found alignment for data prioritization, collection, and communication. However, some discrepancies emerged in data curation, analysis, and use, where respondents noted additional steps or involvement of different administrative levels than what was planned. For example, several regional and woreda-level actors reported using data from UNISE to monitor nutrition program implementation, sharing their findings with other administrative levels, and modifying implementation activities, and some federal-level actors also reported that they used data that regional actors reported from UNISE in their work. Yet other staff members at all administrative levels, especially from non-health sectors, reported that they do not communicate with other administrative levels about data from UNISE or use UNISE data in their work.

The health sector consistently demonstrated stronger implementation of UNISE than other sectors, likely due to greater human resource capacity and more established administrative data systems. As an example, UNISE relies on data collected at the kebele (community) level, primarily through paper-based tools, and the integrity and reliability of this data vary significantly between the health and non-health sectors. The health sector has standardized tally and register (point of service) tools that are reliable at the kebele level, while other sectors typically use less consistent and reliable tools.

Similar variations in implementation exist for RTPM. Variation in RTPM implementation is particularly visible when considering data quality assurance. The SD F-PDU team asserts that data quality assurance is conducted through supportive supervision to woredas. While some respondents reported that regional- and federal-level staff do review data in RTPM and follow up with woredas in cases of clear errors, respondents did not widely report supportive supervision activities.

Respondents noted a lack of communication and feedback regarding RTPM data, which limits its visibility and use at lower administrative levels.

Implications for capacity strengthening: Capacity strengthening activities across sectors and administrative levels could support standardized implementation of UNISE and RTPM. Targeted investments in human resource skills, standardized data collection tools beyond the health sector, supportive supervision practices, and mechanisms for cross-level feedback and data use could address the current unevenness and enhance the effectiveness of both systems.

Figure 2. Data quality and uptake

Key finding 2: Accountability and implementation challenges for UNISE and RTPM contribute to data quality issues and limited data use.

Respondents indicated that non-health sectors lack commitment, accountability, and ownership related to food and nutrition data generally, and to using UNISE and RTPM more specifically. Food and nutrition are not seen as a priority by all sectors.

Several implementation challenges were also identified, especially at the woreda level, including limited sensitization on the importance of food and nutrition data collection, a lack of standardized documentation and guidance for UNISE and RTPM tools, and inadequate technological infrastructure. In some non-health sectors, data collection relies on aggregated administrative reports rather than point-of-service records, limiting the granularity and timeliness of data. Additionally, in both health and non-health sectors, the data captured in sector-specific data systems may differ, meaning the same indicators are not always consistently tracked across systems. Lastly, data may be available from only a limited number of woredas; for example, in Oromia region, UNISE is implemented in 24 of 357 woredas compared with all 10 woredas in Sidama region.

> **For sectors other than health, there is no one assigned for nutrition data. For example, in [Disaster Risk Management Commission], water, women, and children focal persons, they are not accountable for nutrition data. They have their own official work/job description and consider nutrition data as a secondary job and they are not accountable for that data.** *– Regional-level, health sector*

These challenges create a cycle where low data coverage within regions and poor data quality lead to limited use of the UNISE and RTPM data for decision-making. Because the data is not used, there is little accountability or motivation to improve its quality, further reinforcing disinterest and weaker data systems (Figure 2).

I*mplications for capacity strengthening:* Breaking this cycle requires strengthening both technical and institutional capacities. Priority areas include (1) building cross-sectoral commitment and accountability for food and nutrition data, (2) providing clear operational guidance and standardized tools for UNISE and RTPM to improve data quality, (3) investing in woreda-level staff training, and (4) harmonizing indicators to improve data quality. Strengthening these capacities could increase data ownership, improve quality, and ultimately enhance use in decision-making.

Key finding 3: Capacity gaps present a significant barrier to effective multisectoral nutrition data system implementation and scale-up.

Respondents commonly discussed capacity gaps across the data value chain that pose barriers to multisectoral nutrition data system implementation and scale-up:

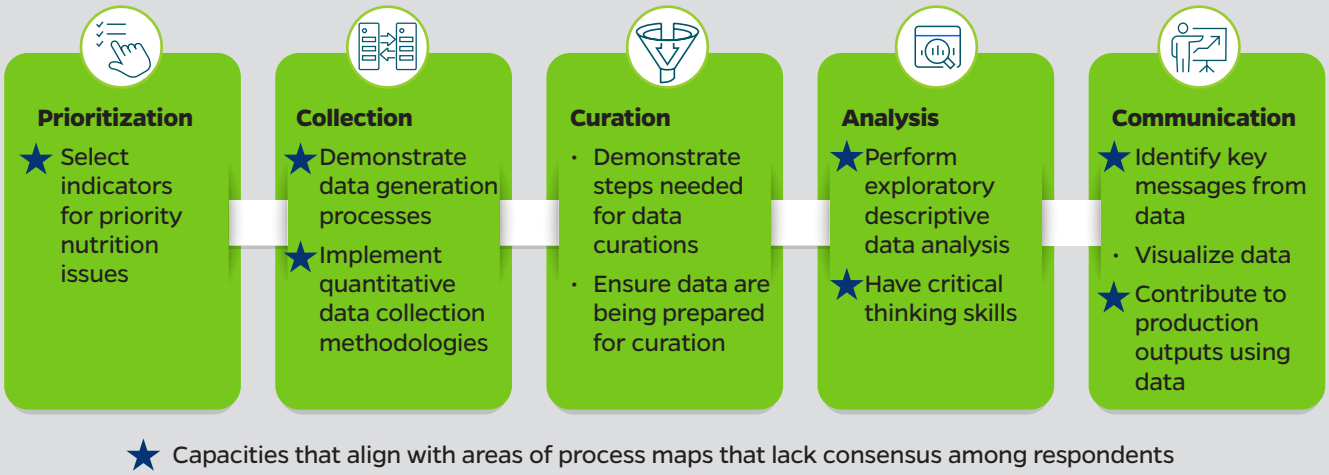
- **Prioritization:** Respondents reported that there are limited guidelines about prioritized indicators, which contributes to a lack of understanding of definitions and about how to measure them.
- **Collection:** Respondents shared that data collectors had insufficient knowledge about how to collect food and nutrition-relevant data including how to use data collection tools and how to ensure high data quality.
- **Curation:** At the woreda level, respondents discussed a lack of capacity on data entry generally and how to do it in UNISE and RTPM specifically.
- **Analysis:** Federal- and regional-level officials had more capacity than woreda-level officials related to data analysis. Woreda-level actors typically did not analyze or synthesize data.
- **Communication:** Dissemination often occurs via reports to higher administrative levels but that is not seen as sufficient for promoting actual data use. Respondents reported limited capacity in interpreting and presenting data for decision making.

> **We have limitations in analyzing, interpreting, and presenting it for decision-making. We have a skill gap in interpreting it and presenting it to management in a user-friendly and easy way.**
>
> *– Regional-level, education sector*

During capacity-related KIIs, respondents assessed 20 core capacities spanning the data value chain. For each, they rated its relevance to their work, their confidence in their team's ability in performing it, and its priority for further development. While all capacities were viewed as at least somewhat relevant, we suggest a prioritized subset of capacity gaps—those that respondents rated highly relevant/low confidence, and those that they saw as a high priority. Based on these criteria, 10 out of 20 assessed capacities emerged as key gaps (Figure 3). These span the stages of prioritization, data collection, data curation, analysis, and communication.

To further refine the focus, we mapped these gaps against areas of the UNISE and RTPM process maps where respondent consensus was weakest (indicated with blue stars in Figure 3). This cross-check confirmed critical areas where targeted strengthening is most needed. The F-PDU should therefore tailor its capacity-building efforts to these specific gaps to improve clarity, enhance skills, and support more consistent implementation across systems and levels.

Figure 3. Key capacities for development



According to respondents, insufficient training is a common issue that contributes to these capacity gaps, in addition to a lack of staff with relevant qualifications at lower administrative levels. All respondents reported participating in at least one multisectoral nutrition data system training that included information about data entry into UNISE and/or RTPM, data analysis, and data visualization. However, many said that the trainings were delivered to large groups and would be more effective if tailored to specific roles. Universities, international organizations, and nongovernmental organizations support the government in delivering these trainings; however, they typically provide one-time sessions rather than long-term technical assistance or capacity strengthening support.

> **"If people do not practice it, they forget. Training should be practical and related with people's interests."**
>
> *– Woreda-level, finance sector*

The Triangle of Knowledge Partnership (TOKP) is an SD partner activity that aims to increase human capacity to support food and nutrition data generation, quality assurance, and use to strengthen capacity, but has not been fully implemented. It consists of three main stakeholders: universities, policy makers, and woreda-level implementers. Regional university researchers are supposed to provide mentoring and training to woreda-level implementers to strengthen data quality and management and support federal policy makers in evidence-based decision making, while woreda-level implementers and federal policy makers collaborate to use relevant, timely, and accurate data to measure food and nutrition interventions. While a Memorandum of Understanding has been signed for the TOKP and the government has mandated portions of university funding to be devoted to TOKP activities, implementation of these capacity strengthening activities has not started.

Implications for capacity strengthening: Addressing these gaps requires moving from one-off trainings toward sustained, role-specific, and institutionalized capacity strengthening. Priorities include (1) developing clear guidance on prioritized indicators and measurement; (2) strengthening woreda-level skills for data collection, entry, and analysis; (3) enhancing interpretation and communication capacities to support decision-making; and (4) operationalizing existing initiatives like TOKP to institutionalize long-term mentoring, training, and technical assistance. Without closing these capacity gaps, scaling up UNISE and RTPM as effective multisectoral nutrition data systems will remain limited.

RECOMMENDATIONS AND ASSOCIATED ACTIVITIES

The DataDENT team co-developed recommendations with the F-PDU based on research findings and capacity development best practices.

Recommendation 1: Create job descriptions at all administrative levels and in each sector that include roles related to UNISE and RTPM.

The F-PDU should clearly define staff roles and responsibilities related to UNISE and RTPM at each administrative level and in each sector, including key capacities required for each role. This can help ensure that data system-related tasks are included in staff job descriptions and that teams have the functional capacity needed to implement the systems. Additionally, teams can identify staff members for targeted capacity development based on the capacities relevant to their specific role.

Recommendation 1 Activities

1.1. Understand goals for UNISE and RTPM in different sectors and at different administrative levels to develop job descriptions.

1.1.1 Conduct a three-day meeting to define desired outcomes and scope of work for potential staff positions at each administrative level.

1.1.2 Conduct a one-day meeting to identify necessary tasks and activities that potential staff would need to fulfill to achieve the desired outcomes for their role.

1.1.3. Conduct a one-day high-level advocacy workshop on the creation of the proposed HR structure.

1.2. Create distinct roles with clearly outlined responsibilities and tasks for each position, including deliverables, timelines, and performance metrics.

1.2.1. Conduct a two-day consultative meeting to evaluate which roles and capacities are required on each team.

1.2.2. Compile roles into a clear document outlining each role, responsibilities, and performance standards that could be used as a reference when making staffing decisions.

1.2.3. Conduct a two-day consultative meeting to validate the compiled document.

1.3. Evaluate which roles and capacities are currently filled on each team and which roles need to be filled via recruitment.

1.3.1 Conduct a three-day workshop to evaluate each existing team member's skills and expertise to match them with roles that best leverage their abilities.

1.3.2. Conduct a two-day workshop to evaluate how role and capacity gaps could be filled with additional staff.

1.4. Recruit additional staff to fill gaps.

1.4.1. Recruit technical assistants to work as nutrition focal points and nutrition M&E staff members at each administrative level at 50% level of effort (LOE).

Recommendation 2: Bolster current SOP documents for tailored support per sector.

Each FNS implementing sector currently has SOP documents to guide food and nutrition-relevant data collection for their sector. The content of these SOPs, however, is not standardized across sectors: different sectors may or may not include indicator definitions, numerators, denominators, and detailed data collection guidance in their SOP documents. Guidance for conducting data analysis and communication is also not standardized across sectors or included in SOPs. These are all necessary components of SOPs to ensure high-quality data. The SD F-PDU should provide tailored support to each sector to further refine and standardize their SOP documents.

Recommendation 2: Activities

2. 1. Refine UNISE SOP documents by identifying existing strengths and weaknesses and updating them accordingly.

- 2.1.1. Conduct field-level assessments to identify existing strengths and weaknesses of SOP implementation for each sector.
- 2.1.2. Conduct a four-day workshop to further refine sector SOP documents according to findings from field assessments.

2.2. Develop SOP document for RTPM.

- 2.2.1. Conduct a scoping assessment for SOP development and create draft.
- 2.2.2. Conduct a series of three-day workshops to refine and validate the SOP document for RTPM.

2.3. Review RTPM and related financial data systems for strategic alignment and necessary revision.

- 2.3.1. Review RTPM data system (indicators, validity, reliability, user friendliness) and identify intersections and differences between RTPM and existing financial tracking systems such as Budget Monitoring and Expenditure Tracking (BMET) and Nutrition Budget Tagging and Tracking (NBTT), ensuring their strategic alignment.
- 2.3.2. Conduct a consultative meeting to validate findings from RTPM review and align RTPM with BMET and NBTT.
- 2.3.3. Revise and standardize RTPM training materials.

2.4. Conduct data quality assurance for UNISE and RTPM.

- 2.4.1. Conduct data quality assurance for UNISE and RTPM in selected regions using a standard data quality assurance tool.

Recommendation 3: Leverage the Triangle of Knowledge Partnership (TOKP) for tailored capacity building.

The TOKP could facilitate long-term and locally led mentoring, coaching, and technical assistance around the seven priority capacities identified above and tailor support to the needs identified in specific woredas. To enhance its implementation, we recommend two key actions:

1. Develop a Terms of Reference (TOR) for the TOKP, which goes beyond the existing Memorandum of Understanding and provides a clear governance structure for collaboration among the federal government, woreda government, and woredas. The TOR should define stakeholder roles, responsibilities, and mechanisms for coordination to ensure sustained engagement and accountability. Skilled facilitation is needed to convene stakeholders, surface challenges, and co-create a framework that promotes ownership and long-term commitment.

2. Implement role-specific, demand-driven capacity development, tailored to users' specific roles and include medium- to long-term support such as mentoring and coaching. Activities may include the following:

    - Online training for woreda staff on data management
    - Coaching an e-course for university staff mentoring government actors
    - Collaborative workshops and expert-led discussions on data use
    - Supportive supervision for ongoing learning

Together, these measures will position TOKP as a dynamic, user-centered data system for building the functional skills required to engage effectively with food and nutrition data.

Recommendation 3: Activities

3.1. Contribute to sustained coordination by developing and disseminating the TOKP TOR.

3.1.1. Conduct a four-day workshop to review and finalize the TOKP TOR.

3.1.2. Conduct a two-day workshop to validate the TOKP TOR with stakeholders.

3.1.3. Conduct a two-day workshop to disseminate the TOKP TOR with stakeholders.

3.1.4. Conduct a one-day sensitization workshop with universities, decision makers, and sectoral staff.

3.2. Implement role-specific, demand-driven capacity development.

3.2.1. Conduct biannual review meetings to discuss TOKP stakeholder needs and experiences related to UNISE and RTPM.

3.2.2. Provide UNISE and RTPM trainings to university representatives and federal, regional, and woreda nutrition focal points.

3.2.3. Provide UNISE and RTPM refresher trainings to university representatives and federal, regional, and woreda nutrition focal points.

3.2.4. Facilitate mentorship on UNISE and RTPM use between university staff and woreda-level nutrition focal points.

3.2.5. Universities provide quarterly online mentoring to woreda-level nutrition focal points.

3.2.6. Conduct a three-day refresher training for university representatives.

3.2.7. Conduct a two-day training on M&E practices for woreda-level staff.

3.2.8 Conduct supportive supervision to support university and woreda collaboration.

3.3. Implement monitoring and learning activities for the TOKP.

3.3.1. Facilitate periodic learning and reflection around TOKP performance through annual participatory sensemaking workshops and pause and reflect sessions.

3.3.2. Conduct routine and ongoing monitoring of TOKP activities and knowledge outputs.

Recommendation 4: Monitor data systems to ensure they meet user needs.

It is important that the F-PDU monitors UNISE and RTPM to ensure that the data systems contain high-quality data and that users are actively leveraging food and nutrition-relevant data from UNISE and RTPM to make programming decisions. The SD F-PDU could establish a routine engagement strategy that includes formal and informal mechanisms for UNISE and RTPM users to provide feedback on the data systems, share successes and challenges, review data quality, and identify opportunities for improvement.

Recommendation 4: Activities

4.1. Establish a routine engagement strategy through which data system users are convened at least quarterly via formal and informal consultation.

4.1.1. Establish a routine engagement strategy though which data system users are convened quarterly via a formal review meeting.

4.1.2. Establish a routine engagement strategy through which data system users are convened every two months via informal consultation.

4.2 Establish a biannual review meeting to build, maintain, and strengthen UNISE and RTPM based on gaps that data system users identify and any misunderstandings in their perspectives and needs.

4.2.1. Establish a biannual review meeting to build, maintain, and strengthen UNISE and RTPM based on gaps that data system users identify and any misunderstandings in the perspectives and needs.

COSTS OF THE RECOMMENDATIONS

DataDENT calculated the cost of the recommendations for this Capacity Development Plan, as outlined above, by applying an ingredient-based costing approach from the perspective of the service provider (the SD F-PDU and other FNS-implementing sectors). Costs are categorized according to the four recommendations. The cost estimates are based on the activities included in the Capacity Development Plan recommendations and their implementation details, all defined by collaborating members of the SD F-PDU what were consulted in the development of the Capacity Development Plan.

Table 2 below presents a summary of the estimated costs for the Capacity Development Plan per recommendation and input group. The costs include the expected human resources required to carry out the Capacity Development Plan but do not include infrastructure or supplies such as laptops, computers, and internet. Cost input groups include contracted services (consultant fees, hall rent, food, refreshments, and per diem for convenings), personnel, training, and travel unrelated to training. The total cost of the Capacity Development Plan is estimated to be 3.7 billion ETB over a five-year period from 2026 through 2030.

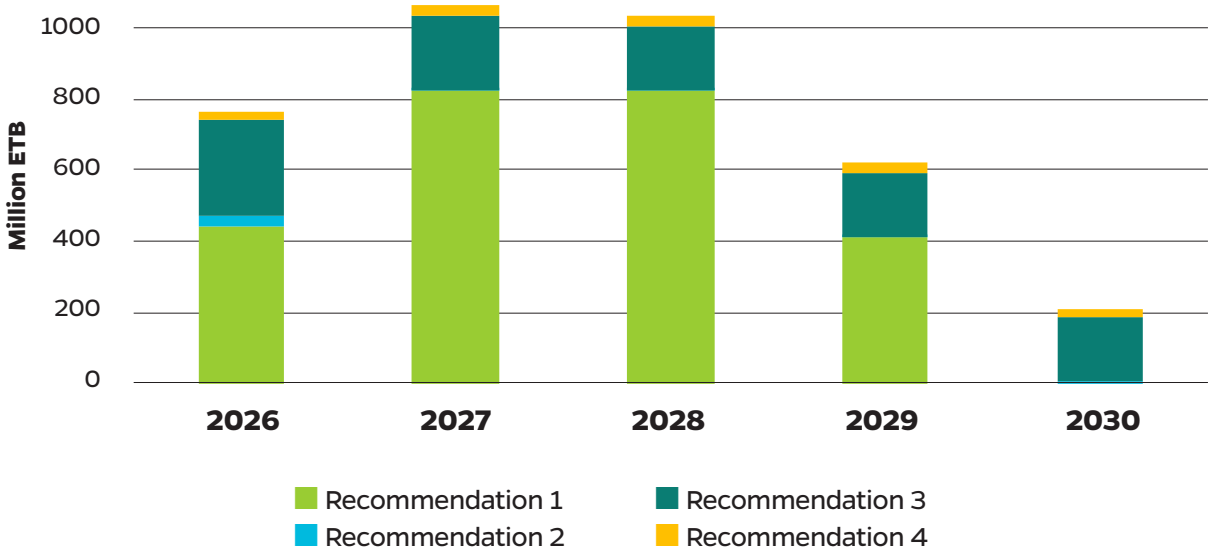
Table 2. Cost by recommendation and input group (million ETB)

Recommendation	Contracted Services	Personnel	Training	Travel (not trainings or meetings)	Total
Recommendation 1	6.5	2,457.9	22.3	-	**2,486.7**
Recommendation 2	9.6	8.00	13.9	14.4	**45.9**
Recommendation 3	101.0	518.8	351.9	49.5	**1,021.2**
Recommendation 4	22.8	-	112.1	-	**134.9**
Total	**139.9**	**2,984.7**	**500.2**	**63.9**	**3,688.7**

Table 2 indicates that Recommendations 1 and 3 require the largest share of total resources—68% and 28%, respectively—reflecting the high personnel and training costs needed to implement these components effectively. Recommendation 1 alone accounts for more than two-thirds of the total budget, driven primarily by substantial investments in staffing, while Recommendation 3's share is largely attributed to a combination of contracted services, training, and travel. In contrast, Recommendations 2 and 4 require significantly smaller resource allocations, representing just 1% and 4% of the total, respectively, with their costs spread across a mix of contracted services and training activities. This distribution underscores the labor- and skills-intensive nature of Recommendations 1 and 3, as well as the more targeted, lower-cost interventions envisioned for Recommendations 2 and 4.

Figure 4 below presents annual cost estimates per recommendation over a five-year implementation period. We find that total costs peak in 2027 at just over 1 billion ETB, remain high in 2028, and then decline sharply from 2029 to 2030. Recommendation 1 consistently represents the largest share of annual costs, particularly in 2027 and 2028, while Recommendation 3 is the second largest cost driver during the first four years. Recommendation 2 has minimal costs and is concentrated in the first three years, and Recommendation 4 accounts for a small share each year. By 2030, only Recommendations 3 and 4 incur costs, reflecting a planned wind-down of major activities after the initial intensive investment period.

Figure 4. Cost per recommendation, 2026 – 2030 (million ETB)



The annual cost details for each recommendation, disaggregated by activity, are provided in Table 3.

Table 3. Cost by recommendation and input group (million ETB)

Recommendation	2026	2027	2028	2029	2030	Total
1. Create job descriptions at all administrative levels and in each sector that include roles related to UNISE and RTPM.	**438.4**	**819.3**	**819.3**	**409.6**	**-**	**2,486.7**
1.1. Understand goals for UNISE and RTPM in different sectors and at different administrative levels to develop job descriptions.	14.2	-	-	-	-	14.2
1.2. Create distinct roles with clearly outlined responsibilities and tasks for each position, including deliverables, timelines, and performance metrics.	2.0	-	-	-	-	2.0
1.3. Evaluate which roles and capacities are currently filled on each team and which roles need to be filled via recruitment.	12.6	-	-	-	-	12.6
1.4. Recruit additional staff to fill gaps.	409.6	819.3	819.3	409.6	-	2,457.9
2. Bolster current Standard Operating Procedure (SOP) documents for tailored support per sector.	**30.0**	**4.0**	**4.0**	**4.0**	**4.0**	**45.9**
2.1. Refine UNISE SOP documents by identifying existing strengths and weaknesses and updating accordingly.	15.8	-	-	-	-	15.8
2.2. Develop SOP document for RTPM.	4.0	-	-	-	-	4.0
2.3. Review RTPM and related financial data systems for strategic alignment and necessary revision.	6.3	-	-	-	-	6.3
2.4. Conduct data quality assurance for UNISE and RTPM.	3.97	3.97	3.97	3.97	3.97	19.9
3. Leverage the Triangle of Knowledge Partnership (TOKP) for tailored capacity building.	**269.3**	**212.6**	**179.8**	**179.8**	**179.8**	**1,021.3**
3.1. Contribute to a sustained coordination by developing and disseminating the TOKP TOR.	48.1	-	-	-	-	48.1
3.2. Implement role-specific, demand-driven capacity development.	215.6	207.1	174.3	174.3	174.3	945.6
3.3. Implement monitoring and learning activities for the TOKP.	5.5	5.5	5.5	5.5	5.5	27.5
4. Monitor data systems to ensure they meet user needs.	**27.0**	**27.0**	**27.0**	**27.0**	**27.0**	**134.9**
4.1. Establish a routine engagement strategy through which data system users are convened at least quarterly via formal and informal consultation.	21.9	21.9	21.9	21.9	21.9	109.4
4.2. Establish a biannual review meeting to build, maintain, and strengthen UNISE and RTPM based on gaps that data system users identify and any misunderstandings in their perspectives and needs.	5.1	5.1	5.1	5.1	5.1	25.5
Total	**764.6**	**1,062.9**	**1,030.0**	**620.4**	**210.7**	**3,688.7**

FINANCING THE CAPACITY DEVELOPMENT PLAN

Financing strategies for this Capacity Development Plan are aligned with the 2024 SD Resource Mobilization Plan, which aims to catalyze government-led resource mobilization for the SD Expansion and Scale-up phases (Ministry of Health 2024). To meet the resource need for SD implementation, the SD Resource Mobilization Plan defines three sustainable financing goals:

1. **Strengthen multisectoral financial management for improved nutrition outcomes and evidence-based decision-making:** SD innovations such as costed woreda-based financial planning, continued RTPM and UNISE expansion, and the gender mainstreaming checklist allow for improved monitoring of food and nutrition activities. Together, these tools and processes strengthen public financial management for food and nutrition by understanding program goals and progress, tracking resources, and highlighting funding needs in woreda plans and across partners. This enables stronger alignment across development partners toward priority funding areas. UNISE and RTPM scale-up creates a positive feedback loop for strong financial management and evidence-based decision making.
2. **Increase sustainable funding sources by engaging with existing and new innovative stakeholders**: Many partners provide financial support to SD activities, but partner financing data can be difficult to capture and may not support the system strengthening needed for sustainable change. Also, funding for nutrition in Ethiopia has historically relied on a small set of donors for large multiyear programs. Enhancing funding sustainability requires increasing investment in longer-term development assistance that is focused on systems strengthening, mainstreaming nutrition in ongoing multisector and sector-specific programming, aligning external financing with government priorities, and diversifying the donor base to include private sector funding sources.
3. **Mobilize 123 billion ETB / 3.86 billion USD over the next five years (2026 –2030) for Expansion and Scale-up phases:** Financing the SD Expansion and Scale-up phases requires significant investment but is achievable. For the government, mobilizing 6 billion ETB / 189 million USD annually for the SD represents less than 1% of the 2023 – 2024 national parliament approved budget (787 billion ETB). For donors collectively, the annual financial need represents less than 7% of how much was spent annually on official development assistance to Ethiopia in 2023 (Organisation for Economic Co-operation and Development 2023). To help diversify the donor base, at least 20% of external funding should come from new sources.

This Capacity Development Plan is not exclusively included in previous cost estimates, but it would be considered as part of the SD expansion and scale-up phase since capacity strengthening is also included in SD costing. The costed capacity building plan would give more clarity on how much is required and how to mobilize resources during the budgeting cycle.

There are five relevant strategies for including the Capacity Development Plan in existing financing frameworks. These strategies align with the resource mobilization goals listed above:

- **Mainstream capacity development within annual planning and budgeting** by identifying processes and tools to elevate and optimize capacity development within budgets and institutionalize spending over time.
- Set capacity development financing **benchmarks** by sector and source that can be embedded within sectoral plans and budgets both nationally and sub-nationally.
- Conduct **resource mobilization planning** to identify priority sources of financing, funding opportunities across sectors, and engagement strategies.
- Conduct **advocacy planning** by identifying key messages uniquely targeted to key audiences that are positioned to elevate financing, such as the private sector.
- Continue efforts related to **tracking and accountability** to measure progress and hold partners accountable to elevating capacity development activities.

CONCLUSION

The implementation of UNISE and RTPM represents a significant effort by the Government of Ethiopia to strengthen the enabling environment for multisectoral food and nutrition programming. These systems have the potential to drive coordination and data-informed decision-making across sectors; however, critical gaps in implementation, accountability, capacity, and system integration must be addressed to realize their full impact. Findings from the qualitative capacity assessment highlight how variation in system uptake and use—particularly between sectors and administrative levels—limits the functionality and visibility of both data systems, with the health sector demonstrating the most consistent use. Discrepancies in how systems are used compared to how they were designed, limited communication and feedback mechanisms, weak accountability structures, and significant capacity gaps—especially outside the health sector—contribute to low data quality and reduced demand for data.

To address these challenges, the SD F-PDU can focus on improving role clarity, strengthening sector-specific implementation guidance, tailoring capacity development efforts using the Triangle of Knowledge Partnership, and expanding on data system monitoring efforts. The core capacities prioritized by respondents, particularly those that align with weak points in the current system process maps, provide a roadmap for focused skill development. Respondents emphasized the importance of practical, role-specific training and long-term technical support, which aligns with global best practices that prioritize local ownership, mentoring, and contextual relevance. By implementing a user-centered and iterative capacity development program and integrating it into existing planning and budgeting structures, the F-PDU can reinforce the foundation for sustainable scale-up. With appropriate investment and coordination, Ethiopia can continue to lead globally in developing functional, multisectoral nutrition data systems that support timely action, improved accountability, and better nutrition outcomes.

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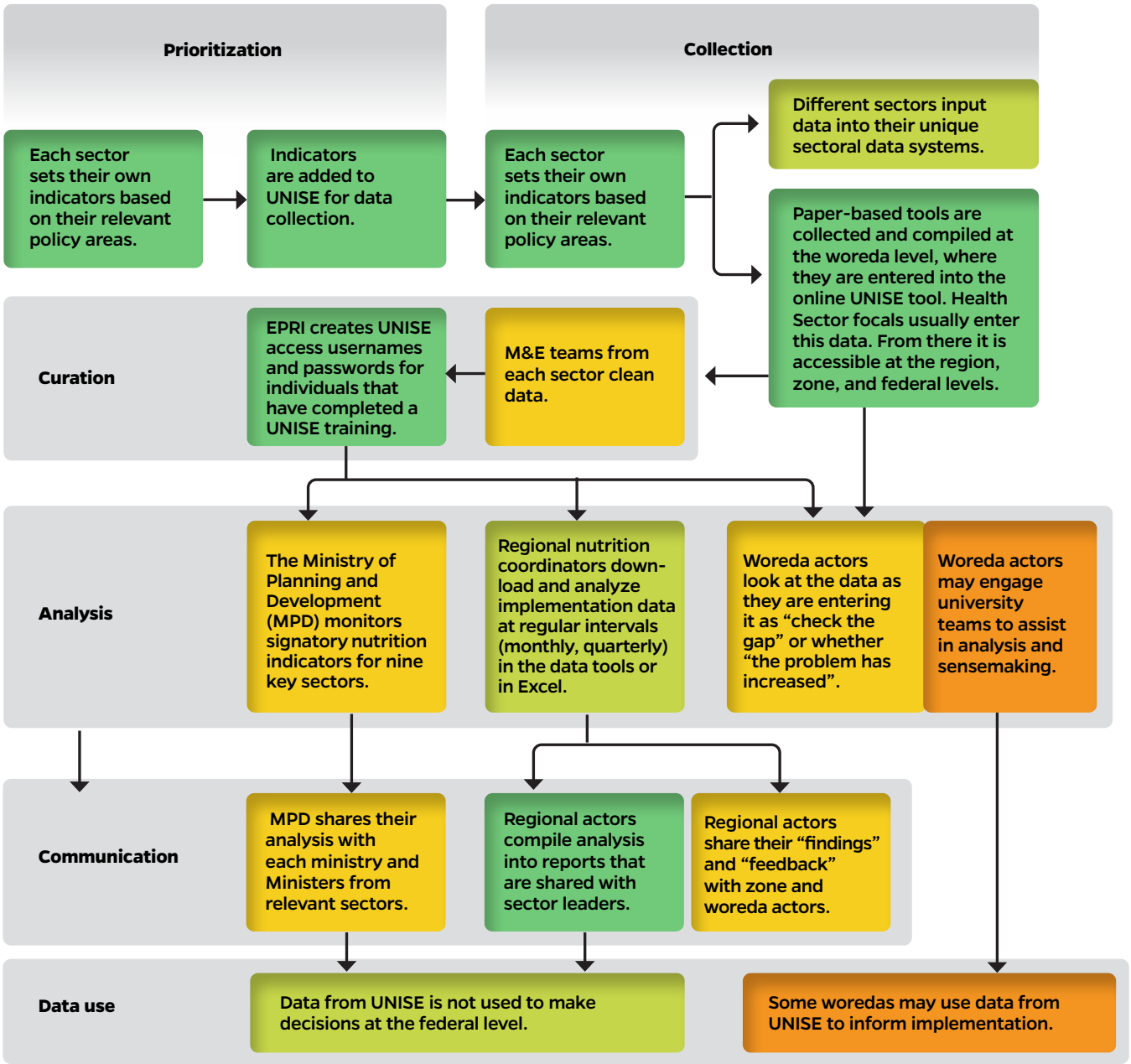
ANNEX A: UNISE PROCESS MAPS

Figure A1: Process map for how UNISE is implemented based on KII data



More respondents (e.g., >3) addressed, consensus in data

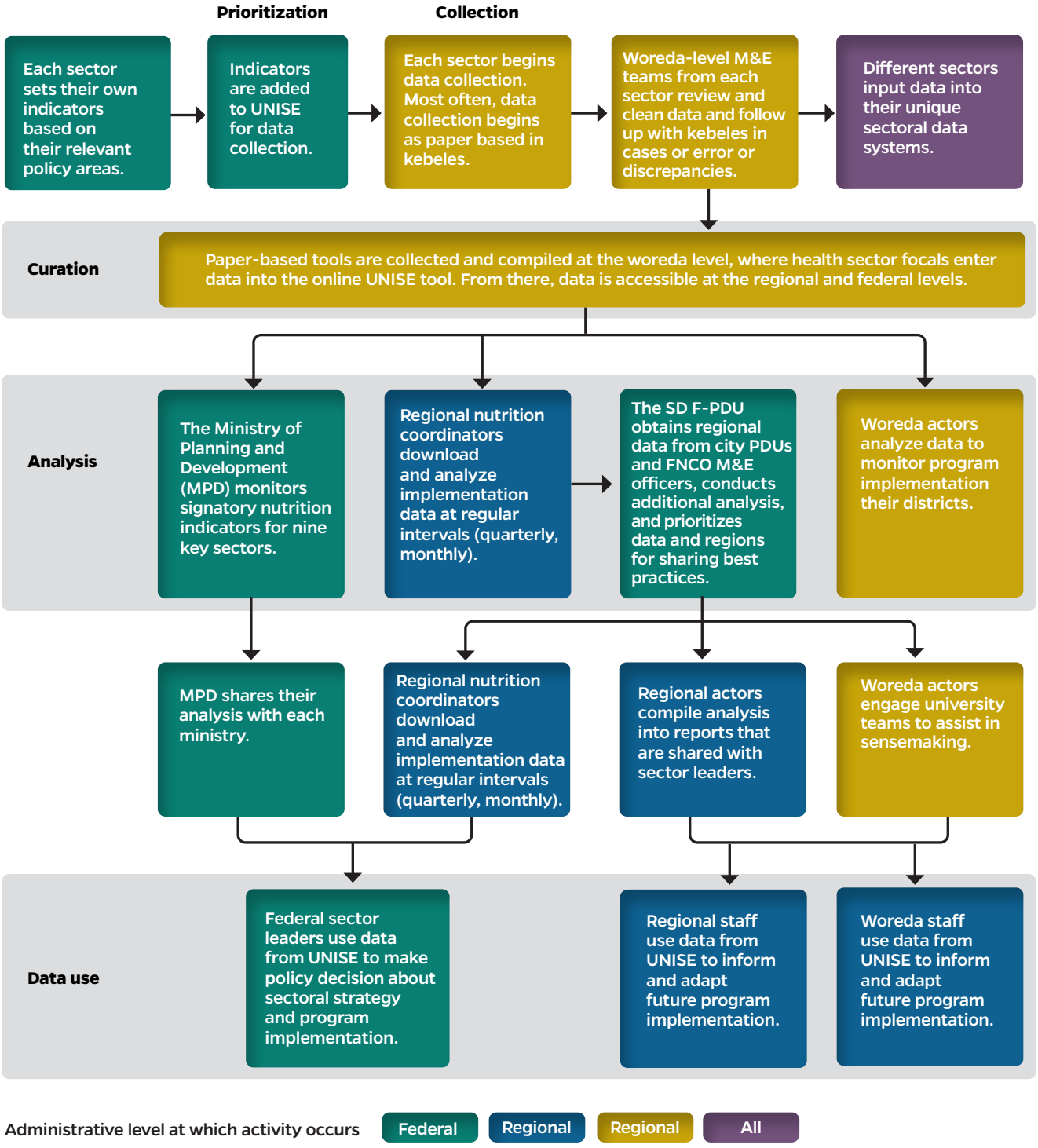
Few respondents (e.g., 2-3) addressed, consensus in data

Few respondents (e.g., 2-3) addressed, lack of consensus in data

Limited respondents (e.g., 1-2) addressed, lack of consensus in data

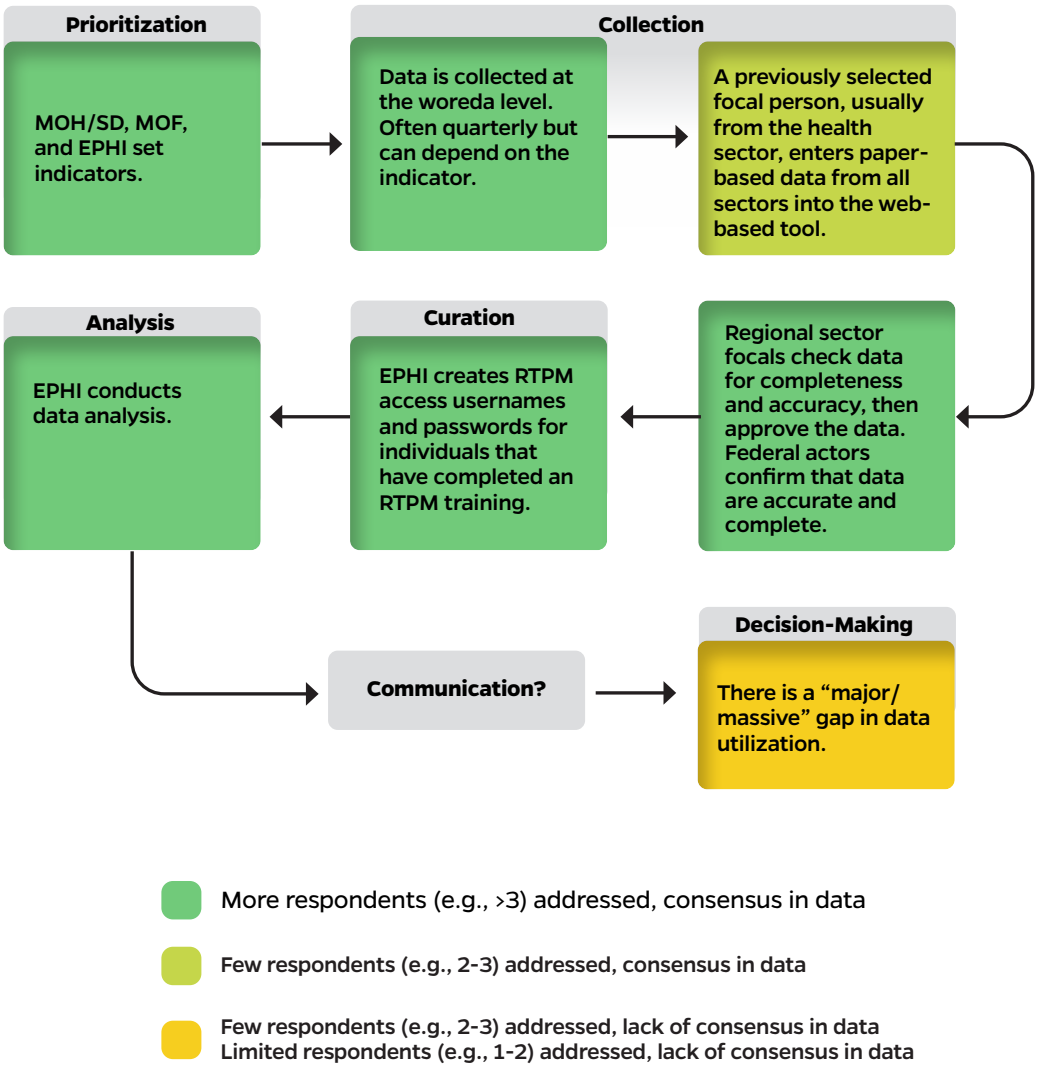
UNISE PROCESS

Figure A2: Process map for how UNISE was designed to operate according to F-PDU



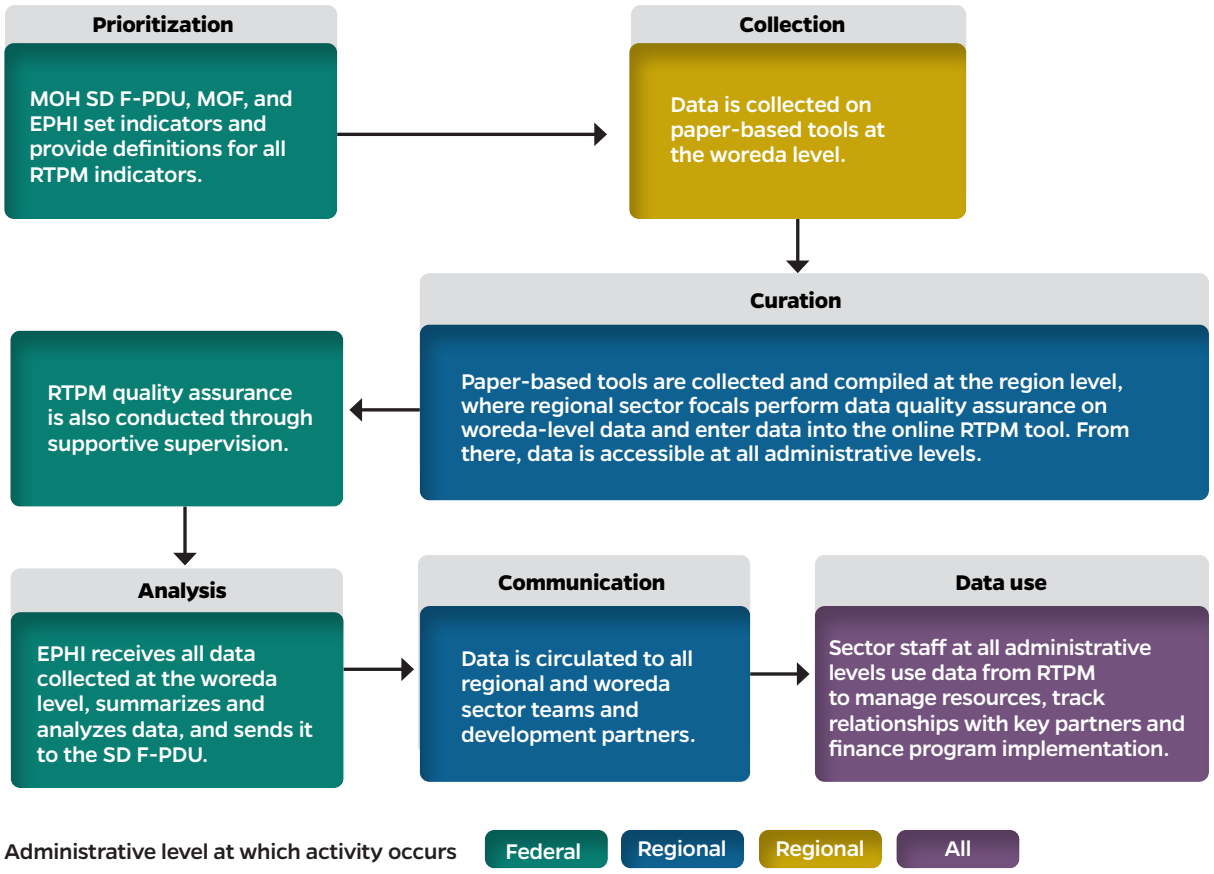
ANNEX B: RTPM PROCESS MAPS

Figure B1: Process map for how RTPM is implemented based on KII data



RTPM PROCESS

Figure B2: Process map for how RTPM was designed to operate according to F-PDU



ANNEX C: COSTING WORKBOOK

Please refer to the accompanying Excel file titled "UNISE and RTPM Scale-up Costing Workbook" for detailed costing information.

EXPANSION AND SCALE-UP PHASE OF THE SEQOTA DECLARATION:

CONSIDERATIONS FOR AN INVESTMENT PLAN TO ACHIEVE ETHIOPIA'S FOOD AND NUTRITION GOALS