



WFP Ethiopia
Proposal to the Government of Belgium
Country Strategic Plan (2020-2025)

Country: **Ethiopia**

Executing Agency **World Food Programme Ethiopia**

Project Title: **Country Strategic Plan (2020-2025)**

Total Budget of Proposal: **EUR 1,500,000**

Project sites: **Northern Ethiopia (Tigray, Afar and Amhara regions)**

Estimated Number of Beneficiaries: **A total of 24,900 malnourished beneficiaries comprising 16,600 moderately malnourished children 6 to 59 months and 8,300 malnourished pregnant and lactating women**

Project Duration: **6 months**

1. Description of the context

The Northern Ethiopia conflict has been highly uncertain and unpredictable for over 18 months since it started in November 2022. The active fighting started in Tigray, but eventually spread into Amhara and Afar with the Tigray forces notably temporarily taking over major towns including Lalibela, Dessie and Kombolcha in the last quarter of 2021, with the Federal Government Forces re-claiming the towns before the end of 2021. There have been improvements in the security situation since, but the situation remains unpredictable. Although areas with active fighting have significantly reduced over time, there are some locations where hostilities continue to be reported, especially in the Northern parts of Tigray, and along the borders with Afar and Amhara regions. The impact of the ongoing impasse includes impeded access for humanitarian actors, such as in zones where Tigray borders with Amhara (Wag Hamra and North Gonder zones) and Afar (Zone 2) regions.

The conflict has directly resulted in significant displacements as people fled their homes for security reasons, with over 2 million **Internally Displaced Persons (IDPs)** documented across the three regions. Additionally, over 60,000 fled the country and sought refuge in neighbouring Sudan. These IDPs are settled in camps, but for many of them, the conditions are not as favourable, with many of them reportedly overcrowded with inadequate access to basic services for the IDPs in these sites. These conditions expose the IDPs to other hazards, including the risk of health outbreaks of communicable diseases such as cholera and measles. Additionally, essential social services such as education and health have not been fully restored in the regions, exposing the populations to health and other protection risks.

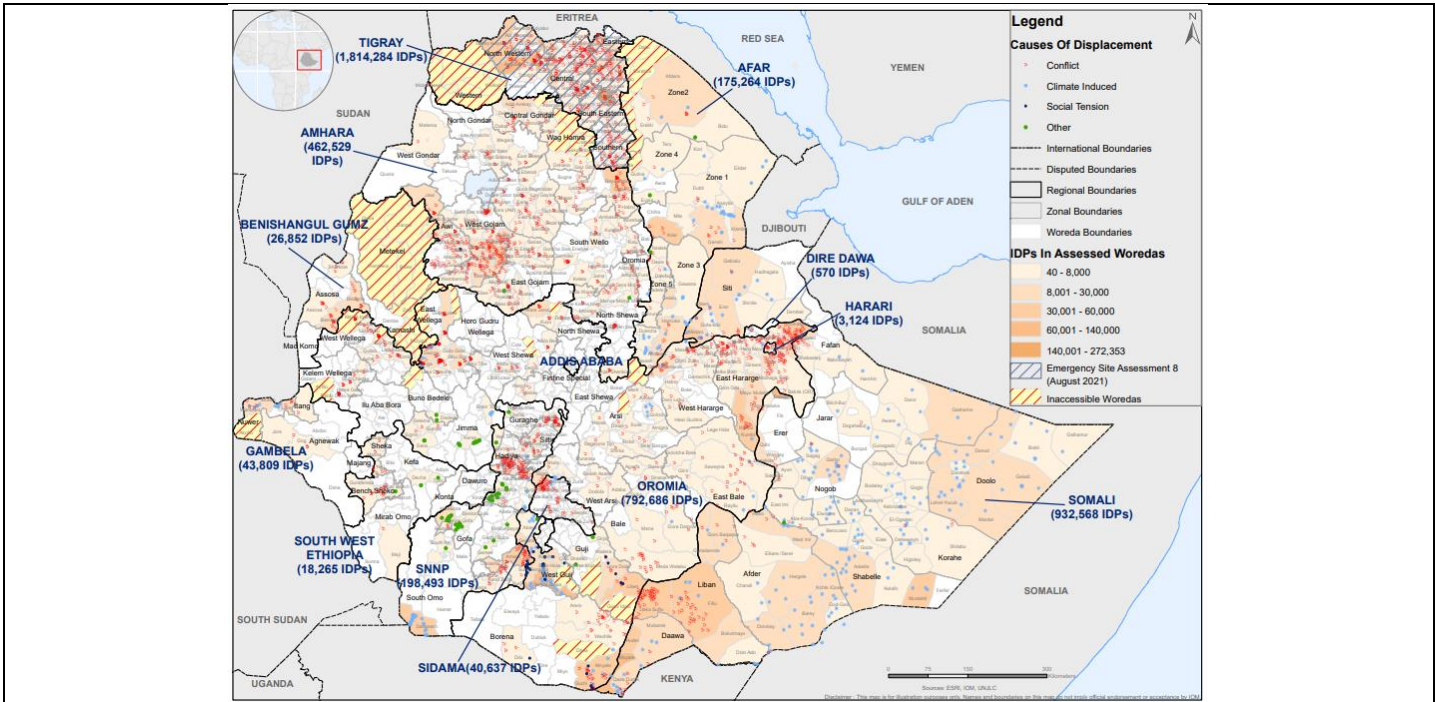


Figure 1: National Displacement Caseload as of February 2022 (Source: Ethiopia Displacement National Report)¹

Although humanitarian efforts have continued since the conflict started, the humanitarian actors have faced serious challenges and hurdles in the operations. For example, the scale-up of the nutrition response in Tigray since early 2021 was gradual, reaching its peak around August, owing to the limitations imposed by the security and access situation. Even as the security situation inside Tigray improved, new challenges of limited fuel, limited cash and limited humanitarian supplies emerged.

The supply of food commodities in Tigray was erratic as the movement of convoys into the region was temporarily interrupted. Towards the end of 2021 into early 2022, operations were seriously constrained inside Tigray – not due to security – but mainly due to inadequate availability of specialized nutritious food commodities in the region, as no convoys of humanitarian supplies were moving into Tigray for nearly the whole first quarter of 2022. However, there have been some improvements, as 18 humanitarian convoys, comprising nearly 900 trucks have entered Tigray since 1 April 2022, delivering about 3,800 MT of nutrition commodities into the region².



Figure 2: Nutrition Commodities delivered into Tigray by the WFP Convoys

Fuel and cash shortages persist to date and are affecting humanitarian operations. This means that the current interventions are not meeting all the needs, for example, not all children and pregnant and lactating women (PLW) with signs of wasting³ are receiving the much-needed nutritional rehabilitation due to these limitations. The effect of existing cases of malnutrition not being treated, and compounded by new cases, will mean an increase in the overall caseload.

The drought conditions prevailing across the country have further worsened the effects of the conflict. For example, the Afar Regional Authorities have estimated that over 85% of pastoralists have lost their livestock and food sources due to the combined effects of the conflict and drought in most parts of the Region. The region further noted that there were no '*Sugum*' rains in the month of April across the whole region. With the months of May and June expected to be hot and dry, the region foresees the local communities, particularly the pastoralists facing difficulties in accessing food and water during the dry months. Similar conditions exist in the other Northern Regions. The net effect of this would be an increase in the number of food-insecure people in the regions, as noted by a Food Security Assessment conducted by WFP in January and February 2022.⁴

2. Needs analysis

Nutrition Situation: During the first quarter of 2022, Nutrition Partners have supported the Government to conduct nutrition assessments, including campaigns across the three regions. The assessment findings across the three regions show a rise in wasting among both children 6 to 59 months and PLW. The proxy-Global Acute Malnutrition (GAM) among children was found to be consistently above 15 percent, and greater than 40 percent for PLW^{5,6}. Further, the routine screening activities conducted by Nutrition Partners as they deliver nutrition support and reported in the Northern Ethiopia Situation Update also confirm similar trends⁷. The nutrition situation has also deteriorated increasing the need for support, against the resource situation which is critically low.

Resource Situation: Currently, WFP is facing a pipeline shortfall to support the entire package of nutrition rehabilitation for mothers and children from wasting. In April, WFP reached only 49 percent of the targeted 700,000 beneficiaries in Ethiopia. In northern Ethiopia, WFP reached about 35% of the targeted 325,000 beneficiaries in the same month. Based on the resource situation and projections for the coming 6 months from July until the end of the year, WFP is faced with a critical gap, with a resource shortfall of \$69 million. The biggest shortfall is for Super Cereal Plus, which is projected for nearly 100% shortfall starting in October. This contribution will therefore go a long way in reducing this gap, and most importantly reach the vulnerable women and children who are in need of this lifesaving intervention proposed under this project.

¹ Ethiopia National Displacement Report of April 2022. Available ([here](#))

² Northern Ethiopia Situation Update of 11 June 2022. Available ([here](#))

³ As per the national protocol on Integrated Management of Acute Malnutrition ([here](#)).

⁴ Food Security Assessment of January 2022. Report available ([here](#))

⁵ Northern Ethiopia Nutrition Update: UNICEF (11 February 2022). Available ([here](#))

⁶ Find and Treat Campaign Summary Report for Afar, Amhara and Tigray. Available [here](#).

⁷ Northern Ethiopia Situation Update of 3 June 2022. Available ([here](#))

3. Description of the Project

Project Objective

The aim of this intervention is to provide nutritional rehabilitation to children 6 to 59 months with moderate acute malnutrition (MAM) and PLW who are wasted in 3 conflict-affected regions of Northern Ethiopia (Afar, Amhara and Tigray) through the targeted supplementary feeding (TSF) programme. The intervention will contribute to preventing excess mortality due to MAM as well as the deterioration of MAM cases to severe acute malnutrition (SAM), which has a mortality risk and is far more costly to treat.

This project will contribute to the global SDG no. 2 (malnutrition eradication) and WFP Ethiopia Country Strategic Plan (CSP) (2020-2025), Strategic Outcome 1 “Shock-affected populations in targeted areas and refugees in camps are able to meet their basic food and nutrition needs throughout the year”. This intervention falls under *Activity 2 of WFP CSP: Provide targeted supplementary feeding for nutritional rehabilitation of vulnerable children and pregnant and lactating women.*

Priority Activities

To achieve the objectives of this nutrition intervention, WFP will implement a number of activities, with support from Government and NGO Cooperating Partners (CPs) in the operational areas. The specific activities to be undertaken are listed below.

- 1) Specialised Nutritious Foods (SNF) Supply Management:** SNFs are specially formulated nutritious foods which are used for the treatment and prevention of acute malnutrition⁸. From this contribution, WFP will immediately procure and supply SNF to the target locations under this project and ensure that the commodity is available for the malnourished children and PLW who need it. WFP has a well-established supply management system which allows for quick procurement and efficient delivery of commodities to the service delivery points. This system will ensure commodities are delivered timely to destinations, which include the Regional Health Bureau (RHB) health units, and other TSF centers where beneficiaries will receive the commodity.
- 2) Screening for acute malnutrition:** Screening activities to identify children and PLW who are wasted will be led by the Ministry of Health (MOH) structures with support from NGO CPs. Health Extension Workers (HEW) under the MOH will be the lead staff conducting screening at the kebele level. The Nutrition Cluster has also supported the Government of Ethiopia to scale up the nutrition response in Northern Ethiopia by establishing and training new Mobile Health and Nutrition Teams (MHNTs). The MHNTs support by conducting nutrition screening, in addition to the work done by HEW, thus enabling better screening coverage and timely referral and treatment of the malnourished.
- 3) Case Management / Treatment of malnourished children and PLW:** The nutritional rehabilitation of children with MAM and wasted PLW will be done as per the National Guidelines for Management of Acute Malnutrition (IMAM)⁹. The National Guidelines recommend the treatment of children 6 to 59 months with MAM using Ready to Use Supplementary Food (RUSF) and treatment of wasted PLW using Super Cereal Plus. On average, children 6 to 59 months are expected to be treated for a period of 3 months, on a daily ration of 100g of RUSF (total of

⁸ List of Specialised Nutritious Foods (SNF) used by WFP. Available ([here](#))

⁹ National Guidelines for Integrated Management of Acute Malnutrition (IMAM). Available ([here](#))

3kg for the treatment cycle) while PLW will be treated for a period of six months on a daily ration of 250g of Super Cereal Plus (7.5kg for the treatment cycle).

- 4) Provision of Nutrition Messaging:** WFP and its partners will also utilize the different TSF centers where services are provided to deliver key nutrition messages. The key nutrition messages will include primarily messages on infant and young child feeding in emergencies (IYCF-e), for children below 2 years. This is aimed at ensuring children below 2 years receive optimal nutrition which is critical to supporting rehabilitation of those who are malnourished as well as preventing malnutrition among those who are well-nourished. In addition, messaging will also include how to utilize the SNF, and other complementary messages such as on hygiene, COVID-19 mitigation and protection messaging.

4. Programme implementation/Coordination

WFP will take advantage of the already ongoing nutrition emergency response in Northern Ethiopia. The response has to date established systems, structures, partnerships and implementation modalities that will enable this project to be easily integrated.

WFP Sub Offices: WFP has a strong presence in the three Northern Ethiopia regions, with Sub-Offices, manned by long-term staff including nutrition focal persons. WFP Sub Offices will lead the overall project and implementation level. This will include providing oversight over the activities implemented by CPs, monitoring project activities, supporting the pipeline and management of nutrition commodities, and overall accountability for reporting on the progress and achievements of the intervention.

Cooperating Partners: WFP will implement this activity with support from Government and NGO CPs. The main CPs include the MOH which has been leading most of the wasting rehabilitation activities with support from the Disaster Risk Management Commission (DRMC) both at the National and Regional levels. WFP has existing formal partnerships with Government CPs (Memoranda of Understanding - MOUs) and with NGO CPs (Field Level Agreements - FLAs) in all the Northern Ethiopia regions. WFP will have the opportunity to ride on some of these partnerships and be able to revise any of them to accommodate any changes as may be necessary to cover any additional needs coming with this project. These CPs are responsible for delivering the wasting treatment services to the beneficiaries at the service delivery points and accountable for reporting to WFP routinely as per agreed reporting timelines and mechanisms.

5. Monitoring and evaluation

The below table presents the results framework for this project. Detailing the specific indicators that will be monitored under this intervention and the respective targets. The expected results are presented at both outcome and output levels

Level of Results	Indicator(s)	Baseline (Dec, 2021)	Targets & Milestones	Source/Method of Verification
Outcome - TSF	MAM treatment Recovery rate	98.6%	>75%	Secondary data from CPs based on distribution reports at FDC, HCs and health posts.
	MAM treatment Mortality rate	0%	<3%	
	MAM treatment Non-response rate	0.9%	<15%	
	MAM treatment Defaulter rate	0.5%	<15%	

TSF Output	Number of children 6 to 59 months treated for moderate wasting	0	16,600	Secondary data – CP Distribution reports validated through WFP’s corporate monitoring and logistics systems – LESS and COMET.
	Number of PLW treated for wasting	0	8,300	
	Quantity of RUSF provided (mt)	0	150	
	Quantity of Super Cereal Plus provided (mt)	0	374.9	

WFP will utilise its existing monitoring mechanisms to monitor the activities under this project, using standard tools and methodology. The monitoring activities will be led at the field level by WFP Sub Offices in collaboration with CPs in their respective operational areas. WFP conducts monitoring at different levels and utilises ongoing monitoring activities for addressing programmatic issues and challenges in a timely manner.

Outcome monitoring: The outcome results are set based on the WFP’s corporate results framework and aligned to SPHERE standard indicators for a nutrition response in an emergency context. Standard computational approaches will be adopted to calculate the performance indices based on data submitted by the CPs.

Output monitoring: In accordance with partnership agreements, CPs shall compile and share regular distribution reports detailing screening, admissions and discharges using standard reporting formats and templates provided. Output data submitted by the CPs will be verified and triangulated against related data from process monitoring, such as beneficiary lists, transfer amounts, CP record keeping, food losses, etc. The verified data will be uploaded and managed internally into the Country Office Managing and Evaluation Tool (COMET), which will be the primary data source for reporting the overall programme.

Process monitoring: This process monitoring will be done both by WFP monitoring Assistants and Third-Party Monitors (TPM). The process monitoring will seek to assess compliance with the screening, adherence to set admission or discharge criteria, checking whether timely and orderly distributions are taking place, safety and COVID-19 mitigation measures in place, vulnerable groups being prioritized and counseling activities are being coordinated at the sites. The monitoring will also provide an opportunity for the Field Monitors to provide any necessary support to implementers in addressing any challenges identified on site as may be appropriate.

Products of Monitoring Activities: WFP will produce monthly dashboards¹⁰, as products of the routine monitoring activities, which will be shared with all stakeholders. These dashboards will facilitate timely decision-making, and course correction for any issues observed during implementation. They also provide a basis for technical discussions at both federal and regional levels between WFP and all nutrition actors.

¹⁰ Monthly TSF Dashboard of April 2022. Available ([here](#)). Embedded in the dashboard are additional monitoring products including Output Monitoring Dashboard and COVID-19 Brief.

6. Reporting and visibility

Reporting: WFP publishes the Annual Country Reports (ACR) at the beginning of every year. As such, this contribution will be officially reported in the 2022 ACR, expected to be published in March 2023. The ACR is the principle means through which WFP informs donors how resources for given projects were obtained, utilized and accounted for during the preceding year.

Visibility: WFP is committed to pursuing its donor visibility strategy to acknowledge the contribution and thank the people of Belgium for their generosity. The contribution will be publicized through WFP's social media channels. The prime focus will be given to the visibility of the contribution at the field locations and in our interaction with Ethiopian Government officials. Visibility banners bearing the Belgium Flag will be placed in locations where distributions take place.

WFP also disseminates monthly country briefs, external situation reports and external dashboards that showcase achievements, improvements, challenges and needs related to WFP's operation in Tigray.

Representatives from the Government of Belgium will also be invited to attend the donor meetings which take place on a monthly basis where operational and financial updates on main activities regarding Northern Ethiopia and other regular activities in the country will be shared and discussed. WFP regularly promotes and publicizes donor contributions on its website and social media through photo galleries, beneficiary stories, tweets, etc.

7. Budget

Activity Costs Summary	USD	EURO
Transfer	1,275,220	1,210,184
Implementation Costs	148,691	141,107
Direct Operating Costs (DOC)	1,423,911	1,351,291
Direct Support Costs (DSC)	60,231	57,160
Total Direct Costs	1,484,142	1,408,451
Indirect Support Cost (ISC)	96,469	91,549
Grant Total Activity Costs	1,580,611	1,500,000