

BUDGET INCREASE TO COUNTRY PROGRAMME – ETHIOPIA 200253

Ethiopia Country Programme (2012-2015) Budget Revision 1

	Cost (United States dollars)		
	Current budget	Increase	Revised budget
Food cost	155,031,400	0	155,031,400
Vouchers	0	17,952,315	17,952,315
External transport	22,649,240	0	22,649,240
LTSH	48,729,907	0	48,729,907
ODOC	35,019,636	21,431,123	56,450,759
DSC	25,150,685	7,901,513	33,052,198
ISC (7.0 percent)	20,060,661	3,309,947	23,370,608
Total cost to WFP	306,641,528	50,594,898	357,236,426

NATURE OF THE INCREASE

1. This budget revision is to expand current activities in the “Access to HIV Care, Treatment and Support in Urban Areas” component of the Ethiopia country programme (CP) 200253. The activities include support to capacity-development of HIV services, orphans and other vulnerable children, economic strengthening activities, and prevention of mother-to-child transmission services. Beneficiary numbers will increase by 196,000.
2. Specifically the budget revision will include:
 - food vouchers with a transfer value of US\$18 million;
 - an increase in other direct operational costs (ODOC) of US\$21 million;
 - increases in direct support costs (DSC) of US\$7.9 million and indirect support costs (ISC) of US\$3.3 million.

The overall budget increase is US\$50.6 million, raising the total country programme budget by 16 percent.

JUSTIFICATION FOR BUDGET INCREASE

Summary of Existing Project Activities

3. Country programme 200253 (2012-2015) comprises of five components: (i) Disaster Risk Management Capacity; (ii) Natural Resource Management Capacity including community-based watershed management development using the Managing Environmental Resources better to Enable Transitions to sustainable livelihoods (MERET) approach; (iii) Food for Education in Primary Schools; (iv) Access to HIV



Care, Treatment and Support in urban areas and; (v) Promoting Food Marketing and Rural Livelihoods, Especially to Women.

4. The budget revision only addresses the “Access to HIV Care, Treatment and Support in urban areas” component. The activities of the other components of the country programme remain as they are described and budgeted in the original document.

Conclusion and Recommendations

5. With an estimated 1.1 million people living with HIV (PLHIV), Ethiopia has one of the largest populations of HIV infected people in the world, even as the HIV prevalence is lower than many sub-Saharan African countries.¹ The HIV epidemic in Ethiopia started to emerge in the mid-1980s and spread rapidly throughout the country in the first decade of its occurrence, until it reached a peak in the mid-1990s. Since 2000, the HIV prevalence has declined in major urban areas and stabilized in rural areas. An estimated 90,000 pregnant women are living with HIV,² but only 9.3 percent of pregnant women who are eligible for HIV services are currently receiving them.³ Mothers undergoing HIV testing, as part of the prevention of mother-to-child transmission (PMTCT) services, have increased to over 70 percent⁴ but only 6 percent of births are attended by skilled health workers.⁵ Ethiopia has 4 million orphans (12 percent of all children), of whom more than half a million are children orphaned by HIV.⁶
6. HIV and poverty have had a dual cause-effect relationship. Poverty fuels the spread of the HIV epidemic which, in turn, worsens the economic situation of the household, often leading to increased poverty. Of the WFP beneficiaries receiving food assistance under the HIV activities so far, 32 percent have no means of income, while 46 percent are occasional daily labourers and petty traders.⁷
7. The HIV prevalence among adults between 15-49 years in the developing regions⁸ is above the national average of 2.4 percent: 11 percent in Afar, 5.3 percent in Beneshangul Gumuz, 5.7 percent in Gambela. Somali region presents an exception with an HIV prevalence of 2.3 percent. Ethiopia’s roadmap for the Strategic Plan for Intensifying Multisectoral HIV/AIDS Response (SPM) estimates that 89,000 PLHIV on anti-retroviral therapy (ART) and pre-ART in the developing regions and 12,700 acutely malnourished are without any access to nutrition-related interventions and are served by an underdeveloped health sector structure.⁹ All four of the developing regions lag behind the other regions of Ethiopia in the provision of basic social services, especially for people affected by HIV and AIDS.

¹ Adult HIV prevalence in 2009 is currently estimated to be between 1.4 percent in rural areas and 2.8 percent in urban areas (average prevalence of 2.3 percent). *Report on progress towards implementation of the UN Declaration of Commitment on HIV/AIDS* 2010 Federal Democratic Republic of Ethiopia.

² Single point prevalence document, Ministry of Health, 2007-2011

³ Annual Report, Federal HIV and AIDS Prevention and control Office, 2010.

⁴ *Ibid.*

⁵ *Ibid.*

⁶ Orphans and Vulnerable Children, Standard, Service Document, Ministry of Children, Youth and Women Affairs, 2010.

⁷ PLHIV and IGA study by Network of Networks of HIV Positives in Ethiopia and the Embassy of the Netherlands.

⁸ Developing regions are four regions within lowland Ethiopia which show less progress towards reaching their development outcome targets.

⁹ Ethiopia HIV and nutrition strategic plan, HIV/AIDS Prevention and Control Office (HAPCO) 2010.



Purpose of Extension and Budget Increase

Objectives of WFP Assistance

8. The objectives¹⁰ of the Access to HIV Care, Treatment and Support in urban areas component are:
 - Food-insecure and malnourished PLHIV and their households, including OVC, in urban centres have improved access to HIV prevention, treatment, care and support.
 - Increased access to education and human capital development of OVC (girls and boys) assisted in formal schools and informal settings.
 - Improved adherence to ART.
9. This budget revision will address additional requirements to expand nutrition and food security support to people affected by HIV and AIDS in the developing regional (Afar, Beneshangul Gumuz, Gambela and Somali). Specifically, it will develop the capacity in health institutions for HIV activities and will scale-up WFP food assistance to: (i) orphans and other vulnerable children (OVC); (ii) economic strengthening activities; and (iii) pregnant and lactating women attending PMTCT services.

WFP Response Strategy

10. This budget revision responds to the Ethiopian SPM II, which is the recently launched government plan to eliminate mother-to-child HIV transmission by 2015, it also takes into account new opportunities presented by the new leadership of Pact¹¹ in coordinating the response, addressing the vulnerabilities of people affected by HIV and AIDS. The United States Agency for International Development's Food-by-Prescription intervention will be implemented by Save the Children (United States) in the highland regions while WFP will focus its efforts on the lowland developing regions.
11. *Capacity development:* WFP will build the capacity of health institutions to conduct nutrition assessments, counselling and support. PLHIV on ART or pre-ART treatment will receive nutrition assessment and counselling at health institutions. This will be complemented by nutrition and ART adherence counselling at the community level, through close engagement with community-based organizations and the setting-up of cross-referral systems. WFP has built the capacity of local partners to handle the food and monitor the utilization.¹²
12. *OVCs:* Under the leadership of Pact, a new OVC care and support umbrella programme (known as *Yekokeb Berhan*) was launched to reduce vulnerability among half-a-million OVC and their families by strengthening systems and structures to deliver quality essential services and increase resilience. WFP will support this structure by providing food assistance to food-insecure OVC.
13. *Economic strengthening:* PLHIV who are food-insecure or are graduating from nutrition assistance will be linked to activities that will develop their own capacity to address their nutritional needs in a sustainable manner. Economic-strengthening activities supported by WFP will build upon existing income-generating activities and/or new,

¹⁰ Outcomes, outputs, indicators, risks and assumptions are shown in the logical framework (Annex II).

¹¹ Pact is an international NGO based in the United States that provides technical assistance.

¹² Of 89,000 people attending these services, 12,700 acutely malnourished clients are expected to receive specialized food (therapeutic or supplementary) resourced and delivered by the Management Sciences for Health, an international NGO specialized in health services (Road map of SPM II). At distribution sites, WFP is responsible for the post-distribution monitoring and beneficiary contact monitoring.



complementary and low-risk activities. For example, beneficiaries will receive food assistance while being trained on basic business-building skills by the Government's small-scale enterprise institute. Beneficiaries will acquire technical skills and planning skills, and will receive seed money based on a feasibility assessment of the individual plan by WFP's cooperating partner. Partners will be trained and supervised by WFP. The activities will concentrate on food production such as urban agriculture, poultry, and small-scale dairies. Suitable activities will be identified through a market and value chain assessment, which will allow individuals to link at different levels of the value chain. There will be awareness sessions for beneficiaries on positive living and graduation out of support.

14. *PMTCT*: Food assistance will be provided to food-insecure pregnant and lactating women conditional on attendance at PMTCT services.
15. The food assistance transfer modality will be voucher-based. The interventions will be supported by an enhanced monitoring and evaluation (M&E) system, which will not only allow capture of data for programme management, but also provide the basis for research projects.

Beneficiaries and Targeting

16. WFP's beneficiaries for the "Access to HIV Care, Treatment and Support in urban areas" component will increase from 218,000 to 414,000.
17. *OVC*: WFP will support the *Yekokeb Berhan* programme by providing food assistance to an additional 161,000 OVCs, based on the child status index. This index is based on six domains with 12 measurable indicators related to the six core services that, taken together, approximate a standard for overall child health and well-being. The domains include food and nutrition, shelter and care, protection, health, psychosocial support, education and vocational training.
18. *PLWHIV economic strengthening*: Individuals will be selected by a cooperating partner organization based on their food security status, economic situation and vulnerability, as well as their preferences and expertise. WFP will revise and scale-up its current economic strengthening activities and increase its support with food assistance to 26,000 beneficiaries not currently covered by other stakeholders.
19. *PMTCT*: The women attending PMTCT services are estimated to reach 9,000.

TABLE 1: BENEFICIARIES BY COMPONENT

Component	Category of beneficiaries	Current	Increase	Revised
Component 2 – Natural Resource Management Capacity including community-based watershed management development using the MERET approach	Food-insecure rural households	649,000	0	649,000
Component 3 – Food for Education in Primary Schools	Primary school age children	917,000	0	917,000
Component 4 – Access to HIV Care, Treatment and Support in urban areas	OVC, PLHIV, PMTCT	218,000	196,000	414,000
TOTAL		1,784,000	196,000	2,198,000

* These numbers take into account an average increase of 10 percent in enrolment per year.

**9,000 pregnant and lactating women attending PMTCT services, 161,000 orphans and other vulnerable children and 26,000 PLHIV participating in economic strengthening activities.

Nutritional considerations and value of voucher transfers

20. Vouchers are considered appropriate for those intervention areas located in major towns with functioning markets. Market and retailer assessments have confirmed that in these locations: staple food commodities are available; there is easy access to markets; there are reliable private and government financial institutions; and the security situation is generally stable. Vouchers are expected to be more effective in addressing inadequate food consumption scores and will mitigate the risk of beneficiaries selling food assistance to cover transportation costs, milling and preparation.
21. The vouchers will be commodity-based rather than cash-based to address the high price fluctuations and ensure that adequate food can be accessed. Vouchers are preferred to cash transfers because stakeholder consultations indicate that vouchers will empower individuals while minimizing domestic violence and abuse of resources by other family members. The experience of the Government and non-governmental organizations also suggests that food vouchers, when compared with cash transfers, can lessen the division between OVCs and their guardians.
22. Vouchers will be tailored to the specific requirements of the target group and will provide 49 percent of energy requirements for PLHIV and 59 percent of requirements for PMTCT clients. The food voucher basket is composed of cereals, pulses, edible oil and green vegetables (see Table 2). For pregnant and lactating women, products containing animal proteins (dairy) are included in the food basket. The outcomes of the voucher transfer will include household food consumption score.
23. There will be three different voucher categories: (i) US\$18.59/ month for pregnant and lactating women attending PMTCT services; (ii) US\$13.32/month for PLHIV and AIDS attending economic strengthening activities; and (iii) US\$8/month for orphans and vulnerable children. Voucher values are indicative and will be based on prevailing market prices of the selected commodities and adjusted when necessary. While pregnant/lactating women, and orphans and vulnerable children will receive support for 12 months a year, the support for PLHIV attending economic strengthening activities will be for six months. The voucher transfers will be gradually scaled-up in the first year.



TABLE 2: RATIONS AND EQUIVALENT MONTHLY VOUCHER TRANSFER VALUE

Orphans and other Vulnerable Children (US\$0.27/person/day)									
Commodity	kcal/gram	g/day	kg/month	Energy kcal/day	Protein g	Fat g	Birr/kg	Cost, Birr/month	US\$/ month
Cereals	3.50	189	5.67	662	23.0	2.0	14.4	82	4.76
Pulses (Lentils)	3.40	50	1.50	170	10.0	0.3	17.4	26	1.52
Vegetable oil	8.90	33	0.99	294	0.0	33.0	30.0	30	1.73
Total				1125	33.0	36.0		137	8.00
People Living with HIV (US\$0.44/person/day)									
Commodity	kcal/gram	g/day	kg/month	Energy kcal/day	Protein g	Fat g	Birr/kg	Cost, Birr/month	US\$/ month
Cereals (wheat flour)	3.50	300	9.0	1,050	36.9	4.5	14.4	130	7.55
Pulses (lentils)	3.40	50	1.5	170	10.0	0.3	17.4	26	1.52
Vegetable oil	8.90	34	1.0	303	0.0	34.0	30.0	31	1.78
Green veg.	0.26	100	3.0	26	1.7	0.4	14.2	43	2.48
Total				1,549	48.6	39.2		229	13.32
Prevention of Mother-To-Child Transmission Services (US\$0.62/person/day)									
Commodity	kcal/gram	g/day	kg/month	Energy kcal/day	Protein g	Fat g	Birr/kg	Cost, Birr/month	US\$/ month
Cereals (wheat)	3.50	300	9.0	1050	36.9	4.5	14.4	130	7.55
Pulses (lentils)	3.40	33	1.0	112	6.6	0.2	17.4	17	1.00
Vegetable oil	8.90	34	1.0	303	0.0	34.0	30.0	31	1.78
Milk, fresh	0.70	250	7.5	165	8.0	9.8	13.3	100	5.79
Green veg	0.26	100	3.0	26	1.7	0.4	14.2	43	2.48
Total				1,656	53.0	49.0	89.0	320	18.59

Implementation arrangements

24. Based on a study by implementing partners and two government counterparts (Ethiopian Red Cross, Organization for Social Services for AIDS, Mojo and Awasa Health Offices) to assess the feasibility and appropriateness of shifting from food transfers to vouchers transfers, WFP chose four cities (Awasa, Bahir Dar, Debre Berhan and Mojo) representing different market sizes and beneficiary groups.
25. The food voucher activity will be gradually scaled-up based on the evidence gathered on the cost effectiveness of a voucher intervention in urban settings and additional operational impact reviews. WFP will distribute food vouchers through cooperating partners while enrolment of beneficiaries will be through health institutions and community-based and gender-sensitive coordination committees. An implementation manual has been developed to clearly identify the new roles and responsibilities of the partners.
26. Initially, different coloured and coded paper vouchers will be used for the vouchers and lists of reference numbers with ration entitlements shared with the retailers. The activity is expected to graduate to an electronic voucher system (either web or SMS-based)¹³ that will link the implementing partners, beneficiaries, retailers and WFP.

¹³ Short Message Service (SMS) text messages through mobile telephones.



Performance monitoring

27. An urban HIV and AIDS information system, a database capturing information at all levels including by gender, will be designed and rolled out to all implementation areas. This information system will be aligned to the Government's Health Information System and the Community Information System and will serve as a data source to these national systems on PLHIV, nutrition and economic strengthening interventions. In order to build data storage, the project towns will be equipped with information technology equipment. Data will be compiled at regional and national levels and will be systematically shared with all stakeholders. This will require training of all Health and HIV/AIDS Prevention and Control Office (HAPCO) focal persons, partners and service providers.
28. The HIV component will engage local universities, especially in the new regions, to assist with selected operational research areas. The outcomes of the research will provide evidence for refining the implementation strategy. The proposed research areas include: (i) the appropriateness of the body mass index (BMI) cut-off point applied for enrolling PLHIV to nutrition support; (ii) the importance of preserving household food security to maximize the impact of therapeutic and/or supplementary foods provided to malnourished PLHIV; (iii) the right combination of foods for PLHIV with a maximum positive impact on nutritional status; and (iv) identification of the most appropriate economic strengthening activities for PLHIV.
29. Regular commodity quality assurance assessments will be conducted jointly by WFP, government counterparts, cooperating partners and beneficiaries. Post-distribution monitoring will provide regular feedback on the quality and quantity of food received by beneficiaries.
30. Monthly or quarterly price reviews and price-setting exercises will be instituted with a bi-weekly or monthly retailer payment schedule and system. Commodity wholesale prices will be monitored by WFP's vulnerability analysis and mapping unit, while retail price assessment and monitoring will be conducted quarterly by the respective WFP sub-offices. Cut-offs for maximum acceptable price inflation will be set based on these assessments.
31. Food assistance will be provided using vouchers as long as this transfer modality is considered to be the most cost-effective way to reach the programme objectives for the additional beneficiaries in this budget revision. The transfer modality will be periodically reviewed by WFP and its partners, taking into account market prices, cost-efficiency, beneficiary preferences and other elements of effectiveness. The transfer modality may be changed to in-kind food or cash transfers if necessary.

Risk management

32. Using vouchers will require continuous market monitoring to ensure that transfer values meet food needs and that markets respond to new demand with increased supply, and not increased prices. At the macro-level, large-scale food shortages could be caused by recurring natural disasters (mainly droughts). At a micro-level, the major risks include the shortages of supplies of specific commodities, poor quality produce, inflation, the possible exchange of vouchers for cash, and resource abuse (such as high inclusion errors).
33. The food basket is designed to be flexible within the different food groups to allow the compensation of other items, with the possibility to provide less-expensive but high-



calorie foods. Risk mitigation measures also include beneficiary satisfaction surveys and quality control through monthly supervision and monitoring visits by WFP and its cooperating partners. Beneficiary consent forms to be used to inform all on what their rights and obligations are and what the consequences will be if vouchers are abused.

REQUIREMENTS

34. The main cost elements of the budget revision are for: (i) voucher transfers for 196,000 beneficiaries (US\$18 million); (ii) for direct operational costs related to capacity-development activities (US\$21 million); and (iv) the associated direct support costs (US\$8 million). There are no additional in-kind food requirements in this budget revision.
35. Nearly half of the budget increase is allocated for operational costs¹⁴ related to capacity-development activities for counterparts and for beneficiaries. WFP will cover costs of:
 - Training for health workers in anthropometric measurements, nutrition counselling for PLHIV and appropriate treatment of those identified as acutely malnourished.
 - Community worker training on: (i) monitoring of the food utilization; (ii) monitoring graduation of beneficiaries; (iii) house-to-house community-based nutrition education; (iv) monthly anthropometric screening (mostly mid-upper arm circumference) and referral to health institutions; (v) ART adherence counselling; and (vi) monitoring ART adherence of all targeted PLHIV.
 - Capacity to dispensaries to request, handle and dispense ready-to-use supplementary food and ready-to-use therapeutic food.
 - Economic strengthening activities, including costs for market and value chain analysis by counterparts, business-building skills training and business start-up funds.
 - Expenses to set-up the urban HIV and AIDS information system and the voucher system, including the relevant equipment, associated training and counterpart staff.

¹⁴ "Other direct operational costs" (ODOC) is a WFP budget category that includes staff resources, non-food items, and services exclusively for use by beneficiaries, the government and implementing partners.



APPROVAL

As the costs of this budget increase are to be covered by an additional contribution from a major donor, the Executive Director is recommended to approve the revision to country programme 200304 for US\$50.6 million, bringing the revised budget to US\$357 million.

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Ertharin Cousin
Executive Director,
United Nations World Food Programme

Date:.....

ANNEX I-A

PROJECT COST BREAKDOWN			
Food ¹⁵	Quantity (mt)	Value (US\$)	Value (US\$)
Voucher transfers		17,952,315	
Subtotal food and transfers			17,952,315
Other Direct Operational Costs			21,431,123
Direct Support Costs ¹⁶ (see Annex I-B)			7,901,513
Total WFP direct costs			47,284,951
Indirect Support Costs (7.0 percent) ¹⁷			3,309,947
TOTAL WFP COSTS			50,594,898

ANNEX I-B

DIRECT SUPPORT REQUIREMENTS (US\$)	
Staff and staff-related costs	
Local staff - national officers	648,315
Local staff - general service	3,729,677
Staff duty travel	175,212
Subtotal	4,553,204
Recurring expenses	
Rental of facility	159,992
Utilities	28,800
Office supplies and other consumables	71,768
Communications services	131,384
Equipment repair and maintenance	12,481
Vehicle running costs and maintenance	2,104,536
Office set-up and repairs	162,548
Subtotal	2,671,509
Equipment and capital costs	
Vehicle leasing	571,200
Subtotal	676,800
TOTAL DIRECT SUPPORT COSTS	7,901,513

¹⁵ This is a notional food basket for budgeting and approval. The contents may vary.

¹⁶ Indicative figure for information purposes. The DSC allotment is reviewed annually.

¹⁷ The ISC rate may be amended by the Board during the project.



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance Indicators	Assumptions and Risks
Country Programme Component 1: Disaster Risk Management Capacity		
Strategic Objective 2: Prevent acute hunger and invest in disaster preparedness and mitigation measures		
United Nations Development Assistance Framework (UNDAF)/WFP Outcome 1.1 By 2015, national and sub-national institutions and disaster prone communities have systematically reduced disaster risks and impact of disasters and have improved food security ¹⁸	➤ Disaster Risk Management Systems Index ¹⁹	Assumption: The Government continues to support roll-out and strengthening of multi-sectoral, multi-hazard DRM system, empowering regions' capacities Risk: -Sustained capacity of Disaster Risk Management institutions is not developed fast enough to respond to the sudden onset of a large-scale shock
Output 1.1.1 Disaster Mitigation measures in place with WFP capacity development support	➤ Risk reduction and disaster preparedness and mitigation systems in place, by type (woreda risk profiles, food management, and contingency planning)	Assumptions: - Funds available on a timely basis - The Government assigns adequate staff to implement activities Risk: - Limited government capacity, particularly at <i>woreda</i> level
UNDAF/WFP Outcome 1.2 By 2015, national and sub-national institutions start rolling out a minimum package of social protection in accordance with a legislated and funded national action plan	➤ Number of regions that have started (at least in one woreda) rolling out a minimum package of social protection Target: 8	Assumption: - Funds are available to implement regional social protection plans of action Risk: -Some form of national disaster might push back the priority given to social protection
Output 1.2.1 Staff of national and sub-national institutions who were trained in social protection action planning	➤ Number of staff from national and sub-national institutions who were trained Target: 100	Assumptions: - Adequate funding will be available - Programme managers and decision-makers participate Risks: - Coordination and commitment across relevant sectors is weak

¹⁸ Equivalent to corporate outcome: Early-warning systems; contingency plans; food security monitoring systems: in place and enhanced with WFP capacity development support.

¹⁹ This is the Government of Ethiopia's index: based on the Hyogo Framework of Action and equivalent to the WFP corporate Disaster Preparedness Index.



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance Indicators	Assumptions and Risks
UNDAF/WFP Outcome 1.3 Capacities of national, local and community institutions strengthened for evidence-based planning, implementation, M&E, leadership and decision making	➤ Number of nationally representative surveys conducted and made accessible Target: 3	Assumptions: - The Central Statistical Agency, National Meteorological Agency and other agencies will have the required capacity to timely collect data, analyze and also produce and disseminate reports for beneficiaries. - Extension system capacitated to work with communities to strengthen community planning, Monitoring & Evaluation and decision-making Risk: - Turnover of skilled manpower
Output 1.3.1 Central Statistics Agency, National Meteorological Agency and other agencies which conduct nationally representative surveys supported	➤ Number of nationally representative surveys supported by type Target: 3	Assumption: - Adequate funding will be available Risk: - Survey results will not be released timely Unwillingness of agencies to share information
Country Programme Component 2: Natural Resource Management		
Strategic Objective 2: Prevent acute hunger and invest in disaster preparedness and mitigation measures		
UNDAF/WFP Outcome 2.1 By 2015, national and sub-national institutions and disaster prone communities have systematically reduced disaster risks and impacts of disasters and have improved food security ²⁰	➤ Household food consumption score Target: 75% of targeted households have an acceptable Food Consumption Score ➤ Household asset score Target: Household Assets Score has improved in at least 80% of targeted households	Assumption: - National Resources Management Sector coordinates effectively with Disaster Risk Management and Food Security Sector Risk: - Sustained capacity of communities to implement the MERET approach is not developed fast enough to respond to the onset of a large-scale drought

²⁰ Equivalent to WFP corporate outcomes: adequate food consumption over assistance period for targeted households at risk of falling into acute hunger; hazard risk reduced at community level in targeted communities.



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance Indicators	Assumptions and Risks
Output 2.1.1 Food and non-food items distributed to MERET-supported communities	<ul style="list-style-type: none"> ➤ Number of women, men, girls and boys receiving food as a percentage of planned ➤ Tonnage of food distributed as a percentage of planned 	Assumption: - Timely and adequate availability of Food and Non-food resources Risk: - Lack of donors contributions
Output 2.1.2 Community based integrated watershed development approach supported and promoted	<ul style="list-style-type: none"> ➤ Percentage of MERET and Productive Safety Net Programme (PSNP) communities with watershed plans with multi-disciplinary approach ➤ Percentage of PSNP sites promoting integrated watershed management approach 	Assumption: - Existence of strong sector and inter-disciplinary integration Risk: - PSNP cannot adjust design to reflect learning on watershed development
UNDAF/WFP Outcome 2.2 By 2015, the use of technologies and practices, and financing mechanisms that promote a low carbon climate resilient economy and society are improved at all levels	<ul style="list-style-type: none"> ➤ US\$ of finance mobilized through the Clean Development Mechanism 	Assumptions: - Continued government commitment and leadership in climate change agenda - Effectiveness of climate financial mechanisms Risk: - Slow implementation of policy and action plans
Output 2.2.1 Carbon financing mechanisms adopted	<ul style="list-style-type: none"> ➤ Project for attracting carbon credits launched through Clean Development Mechanism 	Assumption: - Availability of fuel-efficient stoves at community level Risk: - Bureaucracy of Clean Development Mechanism prevents launching of project



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance Indicators	Assumptions and Risks
Country Programme Component 3: Access to Primary School Education		
Strategic Objective 4: Reduce chronic hunger and undernutrition		
UNDAF/WFP Outcome 3.1 Equitable access provided to boys and girls at primary school with a focus on the most marginalized food-insecure areas and vulnerable children	<ul style="list-style-type: none"> ➤ Enrolment: Gross enrolment rates for grades 1-8 in Afar and Somali regions Target: 90% for girls and boys ➤ Attendance rate: number of schooldays in which girls and boys attend classes as % of total number of schooldays Target: 99% for girls and boys ➤ Ratio of girls to boys (Gender Parity Index) for primary schools Target: 1.0 ➤ Pass rate in primary schools Target: 50% for girls and boys 	Assumption: - The security situation is conducive to the implementation of development activities. Risk: - Families are not able to bear the direct and indirect costs of schooling, and thereby withdraw their children from school.
Output 3.1.1 School children provided with in-school meals in sufficient quantity and quality in chronically food-insecure districts	<ul style="list-style-type: none"> ➤ Number of girls and boys receiving in-school meals in WFP-assisted schools Target: 688,469 (2012) with 6% annual increase ➤ Tonnage of food, by type, distributed to WFP-assisted schools as in-school meals Target: Project total - blended food 95,856 mt; oil 3,834 mt; salt 19.17 mt 	Assumptions: - Government provides adequate counterpart funding on time. - The community members support the school-feeding programme by providing other supplementary food and non-food items. - Local production of Corn Soya Blend is not delayed, hence ensuring timely delivery to schools. Risks: - Food is unable to reach schools in adequate time due to deteriorated road conditions and insecurity. - Schools have poor storage conditions, resulting in loss and damage of food.
Output 3.1.2 Take-home ration in sufficient quantity and quality provided as an incentive to girls to reduce gender disparity	<ul style="list-style-type: none"> ➤ Number of girls receiving take-home rations Target: 131,012 (2012) with 10% annual increase ➤ Quantity of food, by type, distributed as take-home rations Target: Project total – oil 8,936 mt 	Assumption: - Parents are willing to take their daughters to school. Risk: - Food is unable to reach schools in adequate time due to deteriorated road conditions and insecurity.



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance Indicators	Assumptions and Risks
Country Programme Component 4: Support to HIV care and treatment		
Strategic Objective 4: Reduce chronic hunger and undernutrition		
UNDAF/WFP Outcome 4.1 Food-insecure and malnourished PLHIV and their households, including Orphans and Vulnerable Children (OVC), in urban centres have improved access to HIV prevention, treatment, care and support ²¹	➤ Household food consumption score Target: 75% of targeted households have an acceptable Food Consumption Score	Assumptions: - Households engaged in economic strengthening activities as part of the care and support intervention become food-secure - Adequate and continuous pipeline Risks: - Food security interventions do not succeed - Pipeline break
Output 4.1.1 Food items distributed in sufficient quantity and quality to target groups of women, men, girls and boys living with HIV in urban areas	➤ Number of women, men, girls and boys receiving food and non-food items, cash transfers and vouchers by category (PLHIV, PMTCT and Orphans and Vulnerable Children) and as percentage of planned figures Target: 414,000 ➤ Number of beneficiaries (PLHIV and/or HIV affected) participating in food assisted business training activities and as percentage of planned figures Target: 26,000 ➤ Tonnage of food distributed, by type, as percentage of planned distribution Target: 67,780 mt ➤ Quantity of fortified foods, complementary foods and special nutritional products distributed, by type, as % of planned distribution	Assumptions: - Adequate supply of special nutritional products - Special nutritional products are easily accepted by beneficiaries - Availability of conducive and feasible outlets for accessing special nutritional products - Beneficiaries linked to economic strengthening activities as part of the care and support intervention become successful - Good pipeline of resources for food vouchers Risks: - Poor storage conditions at distribution outlets results in damaged food commodities - Low success rate of beneficiaries engaged in economic strengthening activities - Shortage of resources for food vouchers

²¹ Equivalent to WFP corporate outcomes: Adequate food consumption over assistance period for targeted households; increased survival of adults and children with HIV after 6 and 12 months of ART.



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance Indicators	Assumptions and Risks
	Target: 8,735 mt ➤ Total food/cash equivalent of vouchers distributed Target: US\$480,617	
WFP Outcome 4.2 Increased access to education and human capital development of orphans and other vulnerable children (OVC) -girls and boys- assisted in formal schools and informal settings	➤ Percent of OVC 0–17 years old whose households received free basic external support in caring for the child Target: 39% through WFP (UNDAF target 50%) ➤ Attendance rate for OVC (girls and boys): % of OVC from households receiving take home rations non-food items, cash transfers and vouchers attending classes Target: 98% (UNDAF target 50%)	Assumption: - Complementary educational support is provided by partners Risk: - Low partners' capacity in providing other complementary OVC care services resulting in poor attendance
Output 4.2.1 Orphans and other vulnerable children (OVC) provided with take-home rations on time	➤ Number of OVC receiving take-home rations, non-food items, cash transfers and vouchers by category and as % of planned figures Target: 161,000 ➤ Total food/cash equivalent of vouchers distributed for OVC Target: US\$3,228,120	Assumption: - Uninterrupted food and food voucher pipeline Risk: - Food and or Vouchers not reaching OVC and households on time
WFP Outcome 4.4 Improved adherence to ART	➤ ART Adherence Rate: Percentage of ART clients achieving >95% adherence to their medications during the course of the previous month Target: 98% ➤ ART Survival Rate: % of adults and children with HIV known to be on treatment 6 and 12 months after the initiation of ART Target: 85% (UNDAF target 85% at 12 months) ➤ ART Nutritional Recovery Rate: Percentage	Assumptions: - Continuous supply of medications available at health institutions - Continuous follow-up of beneficiaries adherence and adherence counselling - Adequate supply of special nutritional products Risks: - Medication running out of stock, causing breaks in ART treatment - Food pipeline break

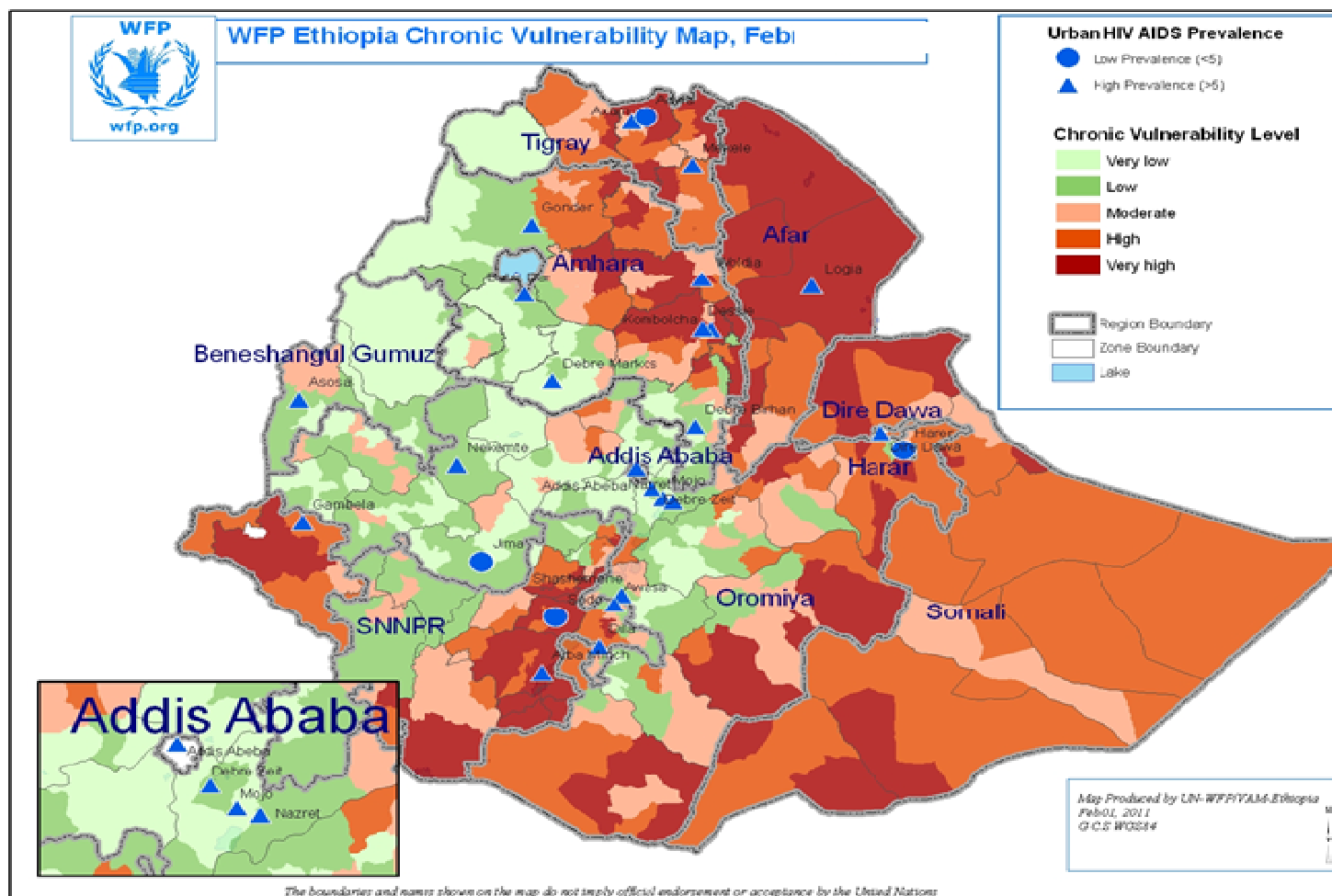


ANNEX II: LOGICAL FRAMEWORK		
Results	Performance Indicators	Assumptions and Risks
	of adult ART clients with BMI < 18.5 at initiation of food support, who have attained BMI > 18.5 within six months of food support Target: 80%	
Output 4.4.1 PLHIV receiving Nutrition Assessment Education and Counselling services	➤ Number of PLHIV linked Nutrition Assessment Education and Counselling services Target: 89,000	Assumption: - Adequate capacity at health institutions and community level to provide Nutrition Assessment Education and Counselling services Risk: - Poor quality Nutrition Assessment Education and Counselling services at both institution and community level
Country Programme Component 5: Promoting food marketing and rural livelihoods, especially for women		
Strategic Objective 5: Strengthen the capacities of countries to reduce hunger through hand-over strategies and local purchase		
UNDAF/WFP Outcome 5.1 Increased use by agricultural producers of improved institutional services, an efficient marketing system, and appropriate technology and practices for sustainable increases in agricultural production and productivity	➤ Food purchased locally as a percentage of food distributed in the country	Assumptions: - Increased production/productivity - Newly acquired knowledge and technology properly applied Risks: - Low production - Ban on local procurement - Price fluctuation of grains
Output 5.1.1 Purchase food commodities from smallholder farmers by Purchase for Progress (P4P)	➤ Number of farmer associations, cooperatives and unions selling commodities through P4P local procurement	Assumption: - Additional farmers' groups qualifying for P4P assistance Risks: - Resources not available on time - Slow cultural acceptance towards increasing women's participation
UNDAF/WFP Outcome 5.2 Women increasingly participate in advocacy, social mobilization and decision making and benefit from livelihood opportunities	➤ Percentage of women participating in IGAs who have increased assets and income	Assumptions: - Effective complementary support to the target beneficiaries is available for: social mobilization, literacy trainings and health services.



ANNEX II: LOGICAL FRAMEWORK		
Results	Performance Indicators	Assumptions and Risks
		Risks: - Natural disasters affect IGAs investments and may result in limited or no assets or increase increment.
Output 5.2.1 Income generation interventions and opportunities diversified and enhanced	<ul style="list-style-type: none"> ➤ Number of women involved in income generating interventions by type ➤ Number of women farmers linked to market through P4P ➤ Number of women linked to credit facilities 	Assumption: - The United Nations Population Fund's literacy training continues to be effective in equipping illiterate women with basic literacy and financial literacy. Risk: - Competing priorities of government partners (trainers)





List of Acronyms Used in the Document

AIDS	acquired immune deficiency syndrome
ART	anti-retroviral therapy
Birr	Ethiopian currency
BMI	body mass index
CP	country programme
DSC	direct support costs
HAPCO	HIV/AIDS Prevention and Control Office
HIV	human immunodeficiency virus
IGA	income-generating activity
ISC	indirect support costs
LIFT	Livelihoods and Food Security Technical Assistance
M&E	monitoring and evaluation
MERET	managing environmental resources better to enable transitions to sustainable livelihoods
ODOC	other direct operational costs
OVC	orphans and other vulnerable children
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
P4P	Purchase for Progress
SPM	Strategic Plan for Intensifying Multisectoral HIV/AIDS Response
UNDAF	United Nations development assistance framework
WFP	United Nations World Food Programme
<i>woreda</i>	An administrative unit in Ethiopian equivalent to “district”