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PROTRACTED RELIEF AND RECOVERY OPERATION ETHIOPIA 10665.0

Responding to Humanitarian Crises and Enhancing Resilience to Food Insecurity

| | |
|-------------------------------------|--|
| Number of beneficiaries | 3.8 million (yearly maximum) |
| Duration of project | Three years (1 January 2008 – 31 December 2010) |
| WFP food tonnage | 959,327 mt |
| Cost (United States dollars) | |
| WFP food cost | 275,324,284 |
| Total cost to WFP | 561,946,745 |

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NOTE TO THE EXECUTIVE BOARD

This document is submitted to the Executive Board for approval.

The Secretariat invites members of the Board who may have questions of a technical nature with regard to this document to contact the WFP staff focal points indicated below, preferably well in advance of the Board's meeting.

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* East and Central Africa Regional Bureau



EXECUTIVE SUMMARY

The second most populous country in Africa, Ethiopia's estimated 77 million population is growing at 2.9 percent a year, equivalent to 40,000 births per week. Per capita gross national income was US\$110 in 2004. About 80 percent of the population lives in rural areas, mainly in the highlands, where an estimated 50 percent of the land is degraded. The dominant agriculture sector fuels growth but is highly dependent on rainfall. About 30 million people – 47.5 percent of the rural population – live below the poverty line. The 2006 Human Development Index ranks Ethiopia 170th of 177 countries.

Despite the government's commitment to combating food insecurity, Ethiopia is still highly vulnerable to food crises. Only 10 percent of cereal croplands are irrigated; severe drought can shrink farm production by up to 90 percent. Rainfall has become more erratic since the 1990s, with more frequent occurrences of El Niño. The Government considers to be at greatest risk the 8 million rural people it defines as "chronically food-insecure" because they cannot meet their food needs even in good years. A further 7 million are at risk of periodic acute food insecurity from drought and floods. Between 1996 and 2006, an average of 6.9 million people per year required food assistance, peaking at 13 million during the 2002 drought.

Food insecurity in Ethiopia is linked to the pattern of rainfall, land degradation, population density and infrastructure development. The relationship between food production and food insecurity has been changing in recent years as a result of economic transformation. Of particular concern is the rise in food prices over the last three years despite good harvests. In towns and in rural areas the poor rely increasingly on markets, purchasing 30 percent or more of their food requirements. Access-related causes of food insecurity are therefore becoming more important. Ethiopia's population is one of the most nutritionally deprived in the world: according to the 2005 demographic health survey, the prevalence of wasting is 10.5 percent, which is above the threshold defining a nutrition alert; Ethiopia also has the highest rates in Africa for stunting – 47 percent – and underweight – 38 percent.

A mid-term evaluation concluded that WFP's current protracted relief and recovery operation portfolio is innovative and has evolved over many years of addressing the complex food insecurity problem. All four components of the operation are coherent with government policies and strategies on food security, nutrition, health and HIV/AIDS. The evaluation also noted that WFP must integrate the activities with the complementary activities of others and ensure that staff have the competence to carry out innovations.

The government's Plan for Accelerated and Sustained Development to End Poverty, approved in late 2006, focuses on investment in agriculture, education, health and disaster risk reduction mechanisms to end chronic food insecurity and recurrent food crises. This operation will maintain the existing four components supporting government programmes and aiming to prevent food crises and enhance resilience through integration with other

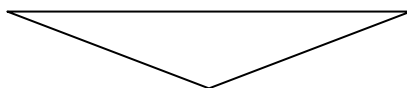


interventions. WFP's strategy will put greater focus on markets and nutrition. The components will emphasize linkages and complementarities with WFP-supported activities, especially the Managing Environmental Resources to Enable Transitions to more Sustainable Livelihoods Programme. The operation will assist food-insecure people regularly affected by droughts that are becoming more frequent because of climate change.

The operation aims to reduce people's vulnerability to acute food insecurity, and support capacities to manage risk, enabling food-insecure people to invest in more resilient livelihoods. Its four components support the government's productive safety net programme, national relief response and national child survival programme, and the strategic framework for the national response to HIV/AIDS. WFP will provide food assistance only when it is the most appropriate tool, based on vulnerability and options available at the community level. Food security is expected to improve gradually, but in Ethiopia there is always a risk of catastrophic drought, owing to erratic rainfall and inadequate water management. WFP will remain ready to support large-scale emergency response. As a humanitarian operation, most resources in this operation contribute to saving lives, protecting livelihoods and addressing the special nutritional needs of food-insecure mothers, young children and people living with HIV. The operation also supports access of HIV/AIDS orphans to education. Through all four components, WFP and its partners will strive to enhance country capacities to manage disasters and reduce food insecurity. Thus, this operation is in line with Strategic Objectives 1, 2, 3, 4 and 5 and Millennium Development Goals 1, 2, 4, 5, 6 and 7.

Resolving large-scale food insecurity in Ethiopia will take time; WFP's strategy is to work towards a hand-over to government and other partners. This relies on WFP Ethiopia's tradition for strong partnerships, innovation, linking WFP assistance to broader interventions, and developing government and community capacity to plan for, assess and respond to humanitarian crisis. Given the uncertainty surrounding future humanitarian needs, WFP's hand-over strategy is based first on partnerships to agree when food assistance can be phased out in each PRRO component, and second on government agreement that it has the capacity to provide food or other assistance as an appropriate response. WFP will also support a transition to cash-based programming through deeper understanding of market and access issues, and explore how local purchases can stimulate market development while meeting food needs.

DRAFT DECISION*



The Board approves the proposed protracted relief and recovery operation Ethiopia 10665.0 "Responding to Humanitarian Crises and Enhancing Resilience to Food Insecurity" (WFP/EB.2/2007/9-C/5).

* This is a draft decision. For the final decision adopted by the Board, please refer to the Decisions and Recommendations document (document WFP/EB.2/2007/15) issued at the end of the session.



SITUATION ANALYSIS AND SCENARIOS

The Overall Context

1. The second most populous country in Africa, Ethiopia's estimated 77 million population is growing at 2.9 percent a year, equivalent to 40,000 births a week. About 80 percent of this population – 62 million people – live in rural areas, mainly the highlands, where an estimated 50 percent of land is degraded.¹ Gross domestic product (GDP) grew by 11.9 percent in 2003/04, 10.5 percent in 2004/05 and 9.6 percent in 2005/06.² Agriculture – accounting for 47 percent of GDP – fuels this growth but is dependent on rainfall. Prices, including those for cereals, have recently increased despite record production. Inflation averaged 11.1 percent per annum from December 2002 to December 2006, but it was 18.5 percent in December 2006.³ In towns and rural areas the poor rely on markets for 30 percent or more of their food.⁴
2. Poverty has declined by 12 percent in the past decade. Per capita gross national income was US\$110 in 2004;⁵ 47.5 percent of rural people live below the poverty line.⁶ The Gini coefficient indicates that income inequality has increased in towns from 0.34 in 1995/96 to 0.44 in 2004/05; it is unchanged in rural areas. The 2006 Human Development Index ranked Ethiopia 170th of 177 countries. Environmental degradation, high population pressure, low educational levels and low levels of rural investment are major determinants of poverty; net school enrolment for 2003/04 was 52 percent; the dropout rate was 19.3 percent at the primary level. Women constitute 50 percent of the agricultural labour force: they are usually responsible for collecting water, fodder and fuelwood. Women have limited access to education, extension services, land and credit.⁷ Regional insecurity and conflict affect Ethiopia's borders and trade routes – a critical issue for a land-locked country.

The Nature of Food Insecurity

3. Despite economic growth and the government's commitment to combating food insecurity, Ethiopia is still highly vulnerable to food-security crises. Only 10 percent of cereal croplands are irrigated. Ethiopia has benefited from four years of good rains, but a severe drought can shrink farm production by 90 percent.⁸ Rainfall has become more erratic since the 1990s with more frequent occurrences of the El Niño phenomenon. About 12 percent of the population is affected by local drought each year; in the Afar and Somali regions the figure is 19 percent.⁹

¹ Central Statistical Agency (CSA), 2006; World Bank, 1999.

² Ministry of Finance and Economic Development; National Bank of Ethiopia.

³ Rashid, S. Assefa, M. and Ayele, G. 2006. *Distortions to Agricultural Incentives in Ethiopia*. Agricultural Distortions Research Project Working Paper. Washington DC, World Bank.

⁴ World Bank. 2005. *Well-being and poverty in Ethiopia*.

⁵ World Bank. December 2006.

⁶ Destitution study, April 2003.

⁷ Ethiopian Economic Association. 2002. *Land tenure and agricultural development in Ethiopia*. Addis Ababa.

⁸ World Bank. 2007. *Ethiopia Risk and Vulnerability Assessment*. (Unpublished)

⁹ CSA. 2004. *Welfare Monitoring Survey*.



4. Geographical disparities in vulnerability to food insecurity are linked to rainfall, population density and infrastructure development. A grain surplus is normally produced in the central and western regions; the northeastern, south central and southeastern highlands are the most densely populated areas and have fragile ecosystems. Unsustainable farming practices mean that poor communities consistently fail to meet subsistence needs. Pastoralism predominates in the dry eastern and southeastern lowlands. A shortage of grazing and cultivable lands causes conflicts; border insecurity affects trade-based livelihoods. Between 1996 and 2006, 6.9 million people per year required food assistance, peaking at 13 million after the 2002 drought. An estimated 34 percent of rural households experience food shortages each year.⁹ Rapid-onset emergencies, especially lowland floods, are becoming more prevalent. Drought remains the most serious risk for large-scale food security.
5. Recent economic transformation has changed the relationship between food production and food insecurity: 40 percent of rural households are net cereal buyers; many rely on selling their labour.¹⁰ Of particular concern is the rise in food prices over the last three years despite good harvests.¹¹ Access-related causes of food insecurity in both rural and urban areas are becoming more important.¹²
6. The Government defines chronically food-insecure households as most at-risk because they cannot meet food needs even in good years. Approximately 8 million rural people are estimated to be chronically food-insecure; a further 7 million are at risk of periodic acute food insecurity from drought, floods, animal diseases, HIV/AIDS and civil conflict.¹³ Chronically food-insecure households in rural food-deficit areas are generally: (i) resource-poor; (ii) landless or land-poor; (iii) poor pastoralists; (iv) headed by women; (v) elderly; (vi) disabled and sick; or (vii) poor and non-agricultural. The acutely food-insecure are rural households that may not meet their food needs during a shock and are: (i) less resource-poor but vulnerable to shocks; (ii) in drought-prone areas; (iii) pastoralists; or (iv) vulnerable to economic shocks. In towns, food insecurity is relatively recent because food prices increase faster than poor households can earn income. The urban food-insecure are typically low-income employed in the informal sector, outside the labour market and vulnerable to economic shocks.

¹⁰ International Food Policy Research Institute. 2006. *Commercialization Survey*. Ethiopia Strategy Support Program.

¹¹ The food component of the national consumer price index has risen by 62.3 percent since 2000, but real price increases have been highest for *teff* (Ethiopian cereal grass) and wheat. The real price of maize has declined in the last 18 months.

¹² As market dynamics between urban and rural areas change, several agencies are investigating the linkages among markets, prices and rural/urban disparities in food insecurity. Results should be available in late 2007 and 2008.

¹³ Ministry of Finance and Economic Development. 2006. *Ethiopia, building on progress: Plan for accelerated and sustained development to end poverty*. Addis Ababa.



7. Disease also threatens household food security: 40 percent of the population is at risk of malaria; 24 percent live in areas where risk exceeds epidemic levels. Acute watery diarrhoea affects most regions and is a threat after every rainy season. Poor food-insecure people in towns are more likely to adopt risky survival strategies, making them vulnerable to HIV/AIDS. HIV prevalence is 10.5 percent in towns and 1.9 percent in rural areas.¹⁴

The Nutrition Situation

8. According to the 2005 demographic health survey, wasting is 10.5 percent, above the threshold defining a nutrition alert. Stunting is 47 percent, underweight is 38 percent; every year, 1 million children suffer from wasting, 5.8 million are stunted and 4.7 million are underweight. Malnutrition is more prevalent among rural than urban children. Under-5 mortality is 123/1,000. Only 49 percent of lactating women breastfeed exclusively for the first 6 months.¹⁵ Child malnutrition and mortality are linked to limited health services, inadequate consumption of nutrient-rich foods and poor care and weaning practices, resulting from cultural traditions and low levels of women's education.

Scenarios

9. During this protracted relief and recovery operation (PRRO), food security in food-deficit rural areas is expected to improve; non-food responses, especially cash transfers, will increase. With improvements in education, health and nutrition services, child malnutrition should diminish. Urban food insecurity and HIV/AIDS are likely to remain problems.
10. More than 1 million people remain vulnerable to rapid-onset shocks such as floods. As markets develop, economic adjustments may result in price shocks that affect access to food, particularly in marginal rural areas. The security situation in the Horn of Africa periodically results in internally displaced people (IDPs). Shocks are therefore likely: people's ability to cope depends on the location, scale and severity. Food assistance will not necessarily be the required response.
11. However, in Ethiopia there is always a risk of a catastrophic drought because of erratic rainfall and inadequate water management. A consequent harvest failure would make 15 million people vulnerable to acute food insecurity.¹⁶ Women, children and people living with HIV/AIDS (PLHIV) are particularly vulnerable; malnutrition rates would rise sharply. A large-scale emergency response would require expanded food assistance and supplementary feeding.

¹⁴ National average prevalence is 3.5 percent. Ministry of Health. 2006. *AIDS in Ethiopia: Sixth Report* (available at http://etharc.org/aidsineth/publications/AIDSinEth6th_En.pdf).

¹⁵ CSA. 2005. *Demographic Health Survey*.

¹⁶ Such vulnerability affects the 8 million chronically food-insecure people and the 7 million vulnerable to periodic acute food insecurity. During the 2002 drought, about 13 million people required humanitarian assistance.



POLICIES, CAPACITIES AND ACTIONS OF THE GOVERNMENT AND OTHERS

The Government

12. The Government's Plan for Accelerated and Sustained Development to End Poverty (PASDEP), approved in late 2006, focuses on investment in agriculture, education, health and disaster risk reduction mechanisms to end chronic food insecurity and recurrent food crises. PASDEP is aligned with the Millennium Development Goals (MDGs); it is a product of the Government's leadership in ending hunger, which started in 2003 with the New Coalition for Food Security.
13. In 2005, the Government launched its food-security programme (FSP) managed by the Food Security Coordination Bureau (FSCB). One of the three pillars of the FSP, the productive safety-net programme (PSNP), is a major component of the government strategy to reduce vulnerability to famine. Since 2005, the PSNP has expanded from 5 to 7.2 million people; further expansion to the Somali region is envisaged. It provides a multi-annual predictable transfer – usually a mix of cash and food – in exchange for labour in environmental rehabilitation and drought mitigation. FSCB leads the Government's participation in the Horn of Africa Initiative, which is supported by WFP and the Food and Agriculture Organization of the United Nations (FAO) and aims to reduce food insecurity by identifying and scaling up interventions in the Horn of Africa.
14. The Disaster Prevention and Preparedness Agency (DPPA) responds to relief needs based on the 1993 National Policy on Disaster Prevention and Management, which emphasizes emergency preparedness, rapid response and crisis management to reinforce capabilities and promote self-reliance. A revision of this policy is expected to increase the emphasis on disaster prevention and multi-sectoral responses to hazards. The DPPA Emergency Nutrition Coordination Unit, supported by the United Nations Children's Fund (UNICEF), monitors and manages nutrition emergencies.
15. DPPA is responsible for managing Ethiopia's early-warning and emergency needs assessment systems. Livelihood-based analyses will be enhanced and complemented with nutrition and market surveys to increase understanding of the nature and causes of food insecurity in highland and pastoral communities.
16. The government Emergency Food Security Reserve (EFSR) manages disaster risk. Through EFSR, food can be dispatched immediately against guarantee of repayment, allowing emergency response before pledged relief resources are available.
17. The health service extension programme (HSEP) will encompass the Ministry of Health national child survival programme. A national nutrition strategy will soon be passed, including interventions for child survival. The National AIDS Policy and Strategy Framework for the National Response focuses on HIV/AIDS treatment uptake and adherence and support to orphans and vulnerable children.

Other Major Actors

18. The United Nations country team supports government programmes, incorporating humanitarian strategies into the United Nations Development Assistance Framework (UNDAF) II (2007–2011). The UNICEF/WFP joint Enhanced Outreach Strategy for Child Survival with Targeted Supplementary Food (EOS/TSF) supports the



government child-survival programme. The joint United Nations programme on HIV/AIDS corresponds to the Government HIV/AIDS policy, focusing on capacity-building.¹⁷ Aid agencies support federal and regional programmes, and are involved in policy and strategy discussions. National and international non-governmental organizations (NGOs) contribute to the Government's food-security and disaster-response strategies, supported by research institutes and national universities.

Coordination

19. Given the scale of need in Ethiopia, partners work through the Government, which coordinates humanitarian and recovery interventions at the federal and regional levels: this includes the PSNP Joint Coordination Committee, the Early Warning Working Group (EWWG), the Food Aid Task Force and others related to health and nutrition. HIV/AIDS prevention and control offices (HAPCOs) coordinate HIV/AIDS response.
20. OCHA coordinates United Nations and NGO humanitarian support to government. WFP leads the logistics and the information and communications technology (ICT) clusters. UNICEF leads the nutrition cluster. UNAIDS coordinates the joint United Nations programme on AIDS. WFP chairs the UNDAF joint programmes on humanitarian response and recovery and on food security. FAO coordinates and links food security information and needs assessment systems. Coordination between donors and agencies is mainly through the Donor Advisory Group.¹⁸ Its Rural Economic Development and Food Security Working Group aims to ensure effective aid to rural livelihoods and food security.

OBJECTIVES OF WFP ASSISTANCE

21. This PRRO supports Government programmes to reduce vulnerability to acute food insecurity and support capacities for managing risks to enable food-insecure people to progress towards more resilient livelihoods. By preventing the erosion of livelihood assets, including human capital, the PRRO supports the achievement of MDGs 1, 2, 4, 5, 6 and 7.
22. The objectives of the PRRO are to:
 - stabilize and/or reduce acute malnutrition among people affected by unpredictable acute food insecurity resulting from natural disasters or conflict (Strategic Objective 1);
 - increase the ability of PSNP beneficiaries to manage shocks and invest in activities that enhance their resilience (Strategic Objective 2);
 - rehabilitate children under 5 with moderate acute malnutrition and pregnant and lactating women identified during EOS screening in food-insecure districts (Strategic Objective 3);
 - enhance the basic nutrition knowledge of mothers and other women in communities targeted by EOS/TSF (Strategic Objective 3);

¹⁷ The government sees WFP's nutrition support as essential to service delivery; provision has been made to continue this support until a hand-over strategy is realized.

¹⁸ Co-chaired by the World Bank and the United Nations Resident Coordinator.



- improve the nutritional status and quality of life of food-insecure people living with HIV/AIDS through home-based care (HBC), anti-retroviral (ARV) therapy and prevention of mother-to-child transmission (PMTCT) (Strategic Objective 3);
- increase school enrolment and attendance of orphans and vulnerable children in HIV/AIDS-affected urban communities (Strategic Objective 4);
- increase the capacity of government, particularly at local levels, and communities to identify food needs, develop strategies and carry out hunger and disaster risk reduction programmes (Strategic Objective 5).

WFP RESPONSE STRATEGY

Nature and Effectiveness of Food Security-Related Assistance to Date

23. In 2003, the Coalition for Food Security recognized the need for partnerships and linkages between humanitarian interventions and programmes that promote more resilient livelihoods. WFP contributed to policy development, advocacy and technical inputs in support of this strategic shift. PSNP resulted from this process and aims to make linkages to move people out of food insecurity. WFP's experience in community-based soil and water conservation through its Managing Environmental Resources to Enable Transitions to more Sustainable Livelihoods Programme (MERET)¹⁹ helped to guide PSNP activities and supported local capacities to implement activities that promote environmental regeneration and enhance resilience. EOS/TSF grew from the need for nutritional services to address the immediate and underlying causes of malnutrition.
24. The government recognizes the importance of a disaster risk reduction strategy that uses a multi-sector response. Contingency financing pilots for early response include the WFP drought-insurance project, the United Nations Humanitarian Response Fund and contingency financing mechanisms to be launched under PSNP in 2008.
25. A mid-term evaluation concluded that WFP's current PRRO portfolio is innovative and has evolved out of many years' experience addressing the complex food insecurity problem. The four components are coherent with government policies and strategies on food security, nutrition, health and HIV/AIDS. Linkages with interventions such as income-generation and urban HIV/nutrition have begun, but internal and external linkages need to be enhanced. Greater focus on monitoring and impact assessment is required to ensure innovations that improve food security.
26. The evaluation also noted that attainment of the objectives requires the integration of PRRO activities with those of others, and that staff are competent to carry out innovations. This will require investment in staff capacity to build partnerships and further capacity-building for government counterparts. WFP can enhance the PRRO's impact through capacity-building, improved monitoring/impact assessment and advocacy. Lessons include the need to continue innovation and risk-taking to maximize impact, the importance of a network of field monitors to generate operational experience and build local capacity and the need to reinforce WFP's capacity for analysis and lesson learning.

¹⁹ *Meret* means "land" in Amharic. MERET is a WFP-supported food-for-assets development activity that evolved from projects in soil and water conservation and local-level planning approaches.



Main Strategic Directions

27. WFP consulted stakeholders at all levels to develop this strategy.²⁰ Two fundamental principles of WFP's operations in Ethiopia are: (i) to work through the government, contributing to its disaster risk reduction, food security, child survival and HIV/AIDS programmes; and (ii) to build partnerships in programming, advocacy and innovation to reduce humanitarian risks.
28. Responses will apply the most appropriate tools based on a thorough understanding of vulnerability and the options available at the community level. WFP and partners will harmonize efforts to mainstream HIV/AIDS in government programmes. Priority areas for this PRRO are supporting disaster risk reduction strategies, exploring approaches for pastoralist interventions, putting the United Nations reform into practice, forging multi-sectoral links for nutrition and HIV/AIDS and focusing on markets.
29. Given the scale and complexities of vulnerability to acute food insecurity in Ethiopia, this PRRO is multi-faceted: each component contributes to a different government programme with the common aim of preventing food crises and enhancing resilience through integration with other interventions. Increased focus on markets and nutrition will be central to WFP's strategy. PRRO components emphasize linkages. In implementing the PRRO, WFP will advocate for inclusion of all eligible beneficiaries, especially women and children; work with the government to increase understanding of access, through livelihood analysis; and build the capacity of government and communities to manage risks. Capacity building efforts will be integrated with the broader capacity development strategies of the government and partners.

Safety Net Component

30. PSNP protects chronically food-insecure people²¹ from acute food insecurity so that they can progress towards more resilient livelihoods. It provides about US\$200 million per year in transfers, about half in food, donated through WFP or NGOs or purchased by the government; PSNP is funded by donors.²² The mix of cash and food transfers is based more on season than location. Greater linkages will be made to complementary investments such as credit and training, and to broader initiatives such as the sustainable land management agenda. WFP will continue to build local capacities and use learning from MERET to support the graduation from assistance. It will promote consideration of gender, nutrition and HIV/AIDS, working with partners to expand the use of HIV/AIDS community conversations. Government capacity will be enhanced in disaster risk management and

²⁰ This included two technical workshops, an NGO/United Nations partner consultation, a heads-of-agency meeting and individual interviews. Recommendations included the need to: forge greater linkages and partnerships, including increased coherence of programming and integration of the United Nations approach with more partners; use food appropriately and in the right mix; phase down food aid where appropriate; assist the government in enhancing response capacity to major shocks; strengthen engagement in emerging policy debates; increase engagement with market issues; advocate more, especially with NGOs and by sharing lessons and technical experience; innovate and pilot; and focus on capacity-building.

²¹ In Ethiopia, the Government defines chronically food-insecure households as those that predictably face acute food shortfalls. A main criterion for PSNP eligibility is whether the household regularly received relief aid in the past.

²² Current donors are the Canadian International Development Agency (CIDA), the European Commission, the United Kingdom's Department for International Development (DFID), Irish Aid, the Swedish International Development Cooperation Agency, the United States Agency for International Development (USAID) and the World Bank.



community-based environmental transformation. WFP will support linkages to the government's relief programme should a large-scale emergency occur. Food is expected to continue to support consumption smoothing during lean seasons and in areas where financial and market capacity is weak. Following pastoral safety net pilots, PSNP will be rolled out in the Somali region. Although food beneficiary numbers will increase, the duration of food assistance will be much shorter.

Relief Component

31. The government's relief programme assists people facing periodic acute food insecurity caused by natural disasters or conflict. WFP supports efforts to use livelihood analysis, especially the household economy approach, to assess food and non-food needs, focusing on regional and local capacities for early warning and emergency needs assessment. Through the logistics and ICT clusters and the Food Aid Task Force, WFP will support the government's capacity for fast, efficient and large-scale response to unpredictable multiple hazards. WFP will lead United Nations efforts to support DPPA in developing a package of rapid HIV/AIDS interventions for humanitarian emergency response. Through food security investments and PSNP expansion in the Somali region, relief food needs are expected to decline during the PRRO. In the event of widespread disaster, WFP will use contingency plans and funding mechanisms to respond to needs.

Targeted Supplementary Food Component

32. The EOS/TSF programme is unique in its large-scale, holistic approach to malnutrition and child survival. It will remain an important bridge for HSEP implementation, and will be part of the sector-wide approach to nutrition. EOS/TSF is both curative and preventive, addressing basic health, food, and maternal and child care issues. Linkages to other humanitarian programmes, especially therapeutic feeding centres, and to wider health, social and food security programmes, such as PSNP, will be forged. WFP will advocate for and support partners in incorporating HIV/AIDS considerations, particularly through expanding community conversations. Women food distribution agents will play a greater role in community nutrition services. As community health and nutrition programmes strengthen, EOS/TSF needs are expected to decline.

Urban HIV/AIDS Component

33. The joint United Nations programme on AIDS will increase its support to the strategic framework for the national response. WFP will integrate with this programme and link to other HIV/AIDS services. Pending resource availability, WFP intends to cover more towns and increase the coverage in existing towns. With food assistance, food-insecure urban households maintain HIV/AIDS treatment programmes and education for orphans. Food-for-treatment programmes have a built-in hand-over strategy: once nutritional status is stabilized and treatment has taken hold, the person moves to partner programmes supporting income-generating activities.

Handover Strategy

34. Resolving large-scale food insecurity in Ethiopia will take time; WFP's strategy is to work progressively towards hand-over to government and other partners. This relies on WFP Ethiopia's tradition of forging strong partnerships, innovating, linking WFP assistance to broader interventions, and developing government and community capacity to



plan for, assess and respond to humanitarian crises. Priorities for the United Nations and partners in Ethiopia include multi-sectoral humanitarian response capacities, income-generating opportunities in rural areas, and community health and nutrition programmes.

35. Given the uncertainty surrounding future humanitarian needs, WFP's hand-over strategy is based first on partnerships to agree when food assistance can be phased out in each PRRO component, and second on government agreement that it has the capacity to provide food or other assistance as an appropriate response. WFP will also support a transition to cash-based programming through increased understanding of market and access issues and exploration of how local purchases can stimulate market development while meeting current food needs. The transitions for specific components are described in the section Main Strategic Directions, but external food assistance is expected to decline as complementary government food and nutrition security programmes are scaled up.

BENEFICIARIES AND TARGETING

36. This PRRO aims to assist people identified as the most food-insecure in Ethiopia and those who are vulnerable to acute food insecurity. Based on vulnerability assessment and stakeholder consultations, the following groups will require food assistance:
- food-insecure households enrolled in PSNP in areas with poor access to markets or low financial capacity to implement cash transfers;
 - disaster-affected food-insecure households identified through an emergency food security assessment as requiring food assistance;
 - pregnant and lactating women, and children under 5 years identified through EOS screening as suffering from acute malnutrition; and
 - food-insecure people infected/affected by HIV/AIDS, including orphans and vulnerable children living in towns.
37. Needs assessment and targeting vary by component and are described below. WFP-assisted beneficiaries will be located in all ten regions of Ethiopia.²³

Safety Net Component

38. PSNP reaches 7.2 million people in 262 districts that used to be chronic recipients of relief food aid. In each district, communities select food-insecure households that have regularly received relief assistance and households that have recently become vulnerable owing to severe loss of assets, including through illness or injury. Households typically receive assistance for six months a year for at least three years. In the Somali region, 200,000 people will be assisted through pastoral pilots in 2008, increasing to 500,000 by 2010.
39. Outside NGO-supported districts,²⁴ food needs are determined in terms of seasonal and spatial access to markets and districts' financial capacity to implement cash transfers. Most food is given in the lean season between June and August.

²³ See Annex III for distribution of WFP programmes and beneficiary numbers per *woreda* (district).

²⁴ NGO-supported areas currently provide only food transfers.



Relief Component

40. The government's relief programme targets disaster-prone areas through the DPPA early-warning system and multi-agency seasonal assessments, for which the household economy approach is being rolled-out as the standard method. Based on estimated need, multi-agency rapid assessment teams in disaster-affected districts determine the type, scale and duration of emergency assistance. At the local level, community representatives select beneficiary households by following national targeting guidelines, which recognize the special vulnerability of children, pregnant women, the elderly and the disabled.
41. Estimated relief food needs for 2008 to 2010 are based on the average number of relief beneficiaries in the past five years per region, minus needs in PSNP areas.²⁵ This leaves anticipated relief needs mainly in Somali and Oromiya regions, with some localized needs in Gambella. PSNP expansion into the Somali region will reduce needs. Each year, WFP expects to assist about 50 percent of relief beneficiaries nationwide, excluding catastrophic droughts, other large-scale natural disasters or conflict, which will require additional resources and for which contingency plans are regularly updated.

Targeted Supplementary Food Component

42. TSF beneficiaries will be identified through six-monthly EOS nutrition screening by regional health bureaux and UNICEF.²⁶ Between 80 and 100 percent of children under 5 are screened. All children between 6 and 59 months with mid-upper arm circumference (MUAC) of less than 12 cm, and all pregnant and lactating women with MUAC less than 21 cm will be referred to the TSF programme. The 12 cm cut-off point for children was decided with stakeholders in the Ethiopian nutrition community to ensure that children with high mortality risk benefit from TSF. During the PRRO, needs are expected to reduce by 10 percent a year as HSEP and other food security programmes expand.

Urban HIV/AIDS Component

43. Towns are selected based on their HIV/AIDS prevalence rates. Targeting criteria for food assistance is agreed between federal and regional HAPCOs and their cooperating partners. Through involvement of NGOs, community associations, representatives of kebele (administrative unit of communities) and edirs (traditional burial associations), communities select people based on assessment of household food security status. Patients on ARV therapy and PMTCT are referred from health facilities; communities identify HBC clients and households supporting orphans and vulnerable children. Support to such children is contingent on 80 percent school attendance; the take-home ration is provided through town distribution centres. Given increasing levels of food insecurity and HIV/AIDS in towns, WFP support is expected to reach 50 percent more people than at present.

²⁵ PSNP will meet moderate relief food needs in PSNP districts.

²⁶ TSF is currently implemented in 264 districts in ten regions, and EOS in 325 districts. Screening will become more regular as EOS transitions into HSEP.



| TABLE 1 : BENEFICIARY NUMBERS, BY YEAR AND COMPONENT, EXCLUDING DOUBLE-COUNTING²⁷ | | | |
|---|------------------|------------------|------------------|
| Component | 2008 | 2009 | 2010 |
| Safety net | 2 390 000 | 2 420 000 | 2 460 000 |
| Relief | 853 000 | 792 000 | 688 000 |
| TSF | 737 000 | 663 000 | 597 000 |
| Urban HIV/AIDS | 155 000 | 164 000 | 164 000 |
| Adjusted total | 3 796 000 | 3 734 000 | 3 634 000 |

NUTRITIONAL CONSIDERATIONS AND RATIONS

44. PRRO rations address humanitarian needs or special nutritional requirements. Accepted foods are wheat, maize, sorghum, pulses and vegetable oil. Fortified blended foods are accepted for special nutritional needs.
45. As both the safety net and the relief components assist households facing periodic food gaps, either individual general rations through general food distributions or household rations through food for work (FFW) are provided. Both rations²⁸ supply approximately 2,000 kcal/person/day. In areas identified through the early-warning system as at risk of increasing global acute malnutrition, DPPA provides a blanket supplementary ration of fortified blended food with the general ration, reaching an estimated 35 percent of the targeted relief population.
46. The TSF ration aims to reduce the nutrient gap between individuals' actual consumption and their nutritional requirements. It is composed of micronutrient-fortified blended food and fortified vegetable oil.
47. The HIV/AIDS component has two rations for food-insecure people: one for ARV therapy, PMTCT and HBC patients; and one for orphans and vulnerable children. Patients receive household supplementary rations, based on household size, macro- and micronutrient requirements and palatability, according to HIV/AIDS and nutrition national guidelines.²⁹ Orphans and vulnerable children receive individual rations providing the full nutritional needs of a child under 18 years.

²⁷ Following WFP's beneficiary counting guidelines, all totals are adjusted to avoid double-counting within and between years. Each year, approximately 46 percent of TSF beneficiaries also receive either safety net or relief assistance. Beneficiaries of each component receive food assistance for different periods, averaging three months for safety net and relief components, six months for TSF, and 11 months for HIV/AIDS.

²⁸ Participants' FFW rations are calculated to cover the needs of five people, assuming an average family size of 5.2 people.

²⁹ Federal Democratic Republic of Ethiopia. June 2006. *National guidelines for HIV/AIDS and nutrition*. Addis Ababa.



| TABLE 2: FOOD BASKET BY COMPONENT AND RATION | | | | | |
|---|-----------------|--------------|-----------------|--------------------|----------------|
| Food basket composition | kg/month | g/day | kcal/day | Protein (g) | Fat (g) |
| Safety net and relief components | | | | | |
| General and FFW rations | | | | | |
| Cereal | 15.00 | 500 | 1 690 | 55 | 15 |
| Pulses | 1.50 | 50 | 169 | 11 | 1 |
| Oil | 0.45 | 15 | 133 | 0 | 15 |
| Total | 16.95 | 565 | 1 992 | 66 | 31 |
| Blanket supplementary ration | | | | | |
| Blended food, for identified vulnerable groups only | 4.5 | 150 | 570 | 27 | 9 |
| TSF component³⁰ | | | | | |
| Blended food | 8.33 | 278 | 1 056 | 50 | 16.7 |
| Oil | 1 | 32 | 283 | 0 | 32 |
| Total | 9.3 | 310 | 1 339 | 50 | 48.7 |
| Urban HIV/AIDS component | | | | | |
| ART, PMTCT and HBC patients | | | | | |
| Cereal | 9 | 300 | 990 | 37 | 4.5 |
| Pulses | 1.5 | 50 | 168 | 10 | 0.6 |
| Oil | 0.6 | 20 | 177 | 0 | 20 |
| Blended food | 3 | 100 | 380 | 18 | 6 |
| Total | 14.1 | 470 | 1 715 | 65 | 31.1 |
| Orphans and vulnerable children | | | | | |
| Cereal | 15 | 500 | 1 650 | 61.5 | 7.5 |
| Pulses | 1.5 | 50 | 168 | 10 | 0.6 |
| Oil | 1 | 33 | 292 | 0 | 33 |
| Blended food | 3 | 100 | 380 | 18 | 6 |
| Total | 20.5 | 683 | 2 490 | 89.5 | 47.1 |

³⁰ TSF is provided to beneficiaries quarterly.



| Component | 2008 | 2009 | 2010 | Total* |
|------------------|----------------|----------------|----------------|----------------|
| Safety net | 152 191 | 144 086 | 149 440 | 445 717 |
| Relief | 94 756 | 88 031 | 76 416 | 259 203 |
| TSF | 65 697 | 59 127 | 53 215 | 178 039 |
| Urban HIV/AIDS | 22 067 | 27 151 | 27 151 | 76 368 |
| Total* | 334 710 | 318 395 | 306 222 | 959 327 |

* Totals are rounded from the WFP Information Network and Global System (WINGS).

IMPLEMENTATION ARRANGEMENTS

48. In this PRRO, WFP will use existing systems to strengthen the ability of the government and communities to manage disaster risks and respond to acute food security crises with timely, predictable and appropriate resources. WFP will engage in policy debates and continue to innovate, pilot and replicate what works, bringing field-level experience into wider forums. WFP will strengthen partnerships, especially in needs assessment, programming and advocacy, to ensure linkages that enhance resilience to shocks for food-insecure people.
49. The safety net component is implemented through FSCB, agreeing with regional governments the annual allocations of food and cash transfers to each district. Transfers are distributed monthly or every two months, beginning in February. Typically, the first three months are cash and the last three months food. FSCB is responsible for allocating, distributing and reporting on the utilization of WFP-supplied food; DPPA provides transport. PSNP contingency financing mechanisms will be used to address moderate relief food needs in PSNP districts, in coordination with the DPPA needs-assessment system.
50. Able-bodied members of PSNP beneficiary households will work for approximately 20 days each month on community works in exchange for the monthly transfer. Approximately 20 percent of PSNP beneficiaries receive transfers through general distributions, owing to disability, age or pregnancy.³¹ Extension workers help communities develop works programmes to improve management of environmental resources as part of broader development plans.
51. WFP, FSCB and DPPA will ensure timely and predictable food transfers to beneficiaries. Partners will analyse markets and food access issues. MERET experiences of community watershed management will provide technical guidance and operational backstopping and support linkages to the sustainable land management agenda. WFP will collaborate on piloting approaches in pastoral areas.
52. Relief assistance will be provided through the DPPA national relief programme based on case-by-case assessment. With regional authorities, DPPA allocates food monthly. District committees of community members and local officials manage food distributions to beneficiaries. The average duration of assistance to households is three months, but needs occur throughout the year according to seasonal rain and production calendars.

³¹ Currently, all PSNP beneficiaries in pastoral areas receive food through general distributions, owing to lack of suitable community FFW activities for pastoral areas. Such activities will be piloted from 2007.



53. Food is distributed mainly through general food distributions. Where possible, able-bodied households will participate in labour-intensive works. In areas at high risk of severe acute malnutrition, where TSF is not available or sufficient, blanket distribution of supplementary food will be provided. DPPA will allocate, distribute and report on the utilization of WFP-supplied food.
54. FAO, WFP, OCHA, the Famine Early-Warning System Network (FEWS-NET) and Save the Children UK will work to strengthen the food security needs assessment system. There will be greater focus on capacity strengthening for disaster risk reduction, particularly at the federal level, and for contingency planning and other preparedness measures. Partners will improve relief responses in pastoral areas, particularly regarding appropriate use of food, targeting and food management capacity.
55. TSF will continue as an integral part of EOS. Ministry of Health regional bureaux, supported by UNICEF, are responsible for the EOS health package and MUAC screening. DPPA regional bureaux provide logistics support and coordinate food management. Community women selected as food distribution agents manage distributions and provide nutrition awareness to mothers and pregnant and lactating women receiving TSF support. Community women's role as nutrition agents will be strengthened to support HSEP roll-out.
56. The TSF ration is distributed quarterly. In order to increase effectiveness, WFP will pilot ways to reduce the time between screening and food distribution. With HSEP roll-out, more regular screening will take place at the community level; modalities for more frequent distributions will also be piloted.
57. In EOS/TSF districts, strengthened linkages to community therapeutic centres and therapeutic feeding units will ensure that children discharged from treatment for severe malnutrition in those districts are enrolled on TSF beneficiary lists and receive food support. Severe cases identified during EOS screening will be referred for medical treatment, wherever possible. Harmonization with NGO supplementary feeding will be strengthened, particularly in "hot spots". WFP will support the transition to HSEP, especially through strengthening the implementation capacities of the Ministry of Health and DPPA.
58. Federal and regional HAPCOs, NGOs and community-based organizations implement food assistance to people living with HIV. Arrangements for food management and reporting depend on the town and the coordination between HAPCOs and implementing partners.
59. HIV/AIDS food will be distributed monthly. Graduation of beneficiaries on ARV therapy will be based on their physical improvement and stabilization of nutrition status, and linked to income-generating activities or other employment opportunities offered by the government and NGOs.
60. With NGOs, WFP will continue to implement a transport sector HIV/AIDS initiative, coordinating with the Road Transport Authority, the International Labour Organization (ILO) and UNICEF. HIV/AIDS committees and support groups will be formed within companies, and information materials disseminated to drivers to increase their access to HIV/AIDS-related services and promote positive living.



61. In all PRRO components, WFP will seek to support government and community capacity. Partners suggest that WFP's comparative advantage lies in supporting local administrations' ability to implement programmes and communities' capacity to manage risks. Capacity strengthening strategies will be developed collaboratively for each sector, ensuring a harmonized approach.

Emergency Food Security Reserve Administration

62. WFP will continue to support EFSR through the multi-agency technical committee and regular borrowing and replenishment of EFSR stock.

Local Food Procurement

63. WFP will support local purchases and enhance government capacity for prompt and efficient procurement. WFP aims to increase local procurement, subject to availability of donor funds and market conditions. With partners, especially FAO and the International Food Policy Research Institute (IFPRI), WFP will explore ways of enhancing local procurement's impact on pro-poor market development.

Logistics Arrangement

64. Ethiopia is a land-locked, low-income country with limited cash resources. WFP covers 100 percent of the landside transport, storage and handling (LTSH) costs for imported commodities and those purchased locally. As in the current PRRO, differential rates will be applied to imports and local purchases. Estimated LTSH costs are US\$116.84/mt for imported commodities and US\$78.51/mt for local purchases.
65. Djibouti will remain the major port for delivery; it can handle food shipments of up to 1.5 million mt per year. A fleet of more than 3,600 trucks and railway capacity are sufficient for transferring food inland. Alternate import corridors are Berbera and Port Sudan.
66. Primary storage locations are Mekele, Kombolcha, Dire Dawa and Nazareth. The government will remain responsible for primary storage and transport to distribution sites. As part of internal transport, storage and handling (ITSH) costs, WFP will reimburse government implementing partners at an agreed rate for all costs incurred after food is handed over. A coordination system is in place for WFP, DPPA and EFSR liaison on food receipts, dispatches, loan withdrawals and repayments.
67. WFP's Commodity Movement, Processing and Analysis System (COMPAS) will allow WFP and DPPA to track food accurately. Regular dispatch data from COMPAS inform monitors on food dispatches to final distribution points.
68. Over the three years, training in commodity management is planned for up to 500 counterparts at secondary warehouses and final distribution points. Training of regional government staff in transportation contracting and management will be continuous for all PRRO components.

PERFORMANCE MONITORING

69. The performance monitoring system for each PRRO component is in line with the monitoring and evaluation (M&E) systems of the respective government programmes. Through WFP's sub-office network, both the needs and the implementation of this PRRO



will be monitored. Monitoring will include beneficiary interviews, community discussions and stakeholder consultations/coordination meetings on implementation. WFP's M&E system will report on:

- (i) verification of targeting in PSNP and relief programmes, identifying and reaching those most in need of food assistance;
- (ii) timely arrival and utilization of inputs to all programmes;
- (iii) impact on people's livelihoods in PSNP and HIV/AIDS programmes;
- (iv) impact on people's nutritional status in relief, TSF and HIV/AIDS programmes; and
- (v) evaluation of the efficiency and effectiveness of all components.

70. In line with audit and evaluation recommendations, WFP's monitoring coverage and reporting will be strengthened. WFP's action-based monitoring (ABM) software tool will incorporate requirements from each programme's M&E system.³² WFP will incorporate indicators and routines for monitoring WFP corporate priorities such as the Enhanced Commitments to Women and HIV/AIDS mainstreaming.

71. Whenever possible, outcome-level indicators will be measured through annual or biennial surveys with counterparts. An internal mid-term evaluation of the PRRO will be conducted in mid-2009.

RISK ASSESSMENT AND CONTINGENCY PLANNING

Risk Assessment

72. The main risks identified are:

- natural hazards, especially widespread drought causing failure of agricultural and pastoral livelihoods, resulting in large-scale relief food needs;
- market risk: local and imported inflation from global cereal prices and rising transport costs, reducing food access for the food-insecure;
- lack of timely, predictable resources, preventing adequate response to food assistance needs – including lack of diversified donors for nutrition support in HIV/AIDS programming, preventing scale-up to meet needs. Predictability is a fundamental principle of PSNP, so WFP's planned contribution is limited to reliable donor resources;
- insecurity, especially clan conflict in pastoral areas and border conflict, disrupting livelihoods and increasing food needs, while hampering access to beneficiaries; and
- institutional, including lack of rapid response mechanisms in PSNP, causing delays in responding to emergency needs, and uncertain Government and donor support to the provision of nutritional supplements under HSEP, leaving a gap in large-scale assistance to acute malnutrition once TSF phases out.

³² PSNP has established an M&E system: M&E Task Force. May 2006. *Food Security Programme Monitoring and Evaluation Plan*. Addis Ababa. WFP is a member of the FSCB M&E Technical Task Force. Government regional counterparts adopted ABM for TSF in 2007.



Contingency Planning

73. WFP's internal advance financing mechanisms provide the facility to borrow funds against forecast contributions. WFP can also borrow internally from other WFP projects. The United Nations Central Emergency Response Fund and EFSR are external mechanisms that WFP can draw on. These are critical in ensuring timely response to sudden needs and preventing food pipeline breaks owing to resource shortfalls.
74. WFP is engaged in regular internal contingency planning, and is a member of the inter-agency coordination mechanisms for emergency preparedness coordinated by OCHA. Contingency plans have been prepared for crises ranging from internal displacements caused by border insecurity, to large-scale droughts. Plans are reviewed regularly in line with changing circumstances. Contingency planning for flood crises will also be undertaken.
75. In the event of a large-scale crisis, WFP will immediately engage in a budget revision to meet increased requirements.

SECURITY CONSIDERATIONS

76. Security is at various risk levels in areas where WFP is present. United Nations security phase III covers Afar, Gambella and Somali regions in full, some parts of Tigray and Borena zone in Oromiya. The rest of the country is under phase I.
77. WFP has the most field staff of any United Nations agency in Ethiopia. The country office and sub-offices meet minimum operating security standards (MOSS) according to the United Nations Department of Safety and Security (UNDSS). Maintaining the current security structure at the country and sub-office levels is essential, including: (i) frequent security and communication training; (ii) adequate security guards; (iii) maintaining safety equipment; (iv) upgrading facilities and vehicles for compliance; (v) maintaining a vehicle/mission tracking system and a 24-hour communications network with common connectivity and e-mail; (vi) planning staff relocation/evacuation; and (vii) legal advice.
78. UNDSS covers the basic costs of a field security officer and administration. All United Nations agencies contribute to the common radio room. WFP's Security Unit liaises with the United Nations Security Coordinator and supports field security.

RECOMMENDATION

79. The Board is requested to approve the proposed PRRO Ethiopia 10665.0.



ANNEX I-A

| WFP PROJECT COST BREAKDOWN | | | |
|---|--------------------------|---|-------------------------|
| | Quantity (mt) | Average cost (US\$) per mt | Value (US\$) |
| WFP COSTS | | | |
| A. Direct operational costs | | | |
| Food ¹ | | | |
| – Cereals | 656 761 | 233.00 | 153 025 313 |
| – Pulses | 67 249 | 340.38 | 22 890 215 |
| – Vegetable oil | 39 864 | 1 000.00 | 39 864 000 |
| – Mixed and blended food | 195 453 | 304.65 | 59 544 756 |
| Total food | 959 327 | | 275 324 284 |
| External transport | | | 95 195 722 |
| Landside transport | | | 42 267 948 |
| Internal transport, storage and handling | | | 66 612 245 |
| Total landside transport, storage and handling | | | 108 880 193 |
| Other direct operational costs | | | 9 103 854 |
| Total direct operational costs | | | 488 504 053 |
| B. Direct support costs ² (see Annex I-B) | | | 36 679 821 |
| C. Indirect support costs (7.0 percent) ³ | | | 36 762 871 |
| TOTAL WFP COSTS | | | 561 946 745 |

¹ This is a notional food basket used for budgeting and approval. The contents may vary.

² Indicative figure for information purposes. The direct support costs allotment is reviewed annually.

³ The indirect support cost rate may be amended by the Board during the project.



ANNEX I-B

| DIRECT SUPPORT REQUIREMENTS (US\$) | |
|---|-------------------|
| Staff | |
| International professional staff | 12 849 660 |
| National professional officers | 1 719 690 |
| National general service staff | 7 563 308 |
| Temporary assistance | 176 265 |
| Overtime | 1 050 |
| Incentives | 465 000 |
| International consultants | 410 000 |
| National consultants | 485 000 |
| United Nations volunteers | 1 360 200 |
| Staff duty travel | 2 400 000 |
| Staff training and development | 220 000 |
| Subtotal | 27 650 173 |
| Office expenses and other recurrent costs | |
| Rental of facility | 1 700 713 |
| Utilities (general) | 298 923 |
| Office supplies | 413 314 |
| Communications and IT services | 1 135 938 |
| Insurance | 412 210 |
| Equipment repair and maintenance | 451 275 |
| Vehicle maintenance and running cost | 2 547 006 |
| Other office expenses | 1 062 225 |
| United Nations Organizations Services | 615 000 |
| Subtotal | 8 636 604 |
| Equipment and other fixed costs | |
| Furniture tools and equipment | 100 044 |
| Vehicle leasing | 150 000 |
| Communications and information technology equipment | 143 000 |
| Subtotal | 393 044 |
| TOTAL DIRECT SUPPORT COSTS | 36 679 821 |





ANNEX II: LOGICAL FRAMEWORK SUMMARY

| Outcomes and outputs | Performance indicators | Risks, assumptions |
|--|---|---|
| <p>Outcome 1</p> <p>Stabilized and/or reduced acute malnutrition among people affected by unpredictable acute food insecurity as a result of natural disasters or conflict (Strategic Objective 1).</p> | <ul style="list-style-type: none"> ➤ Prevalence of acute malnutrition among children under-5 in identified population, by gender, assessed using weight-for-height.¹ | <ul style="list-style-type: none"> ➤ Complementary activities, especially water, sanitation and health, are implemented by other stakeholders/partners. ➤ Insecurity may hamper humanitarian assistance in some areas. ➤ Government continues to support WFP programmes. |
| <p>Output 1.1</p> <p>Timely provision of food in sufficient quantity for targeted beneficiaries in conflict- and disaster-affected areas.</p> | <ul style="list-style-type: none"> ➤ Actual beneficiaries receiving WFP food assistance as % of planned beneficiaries, by gender and age group. ➤ Actual tonnage of food distributed as a % of planned distributions, by food type. | <ul style="list-style-type: none"> ➤ Sufficient and timely resources secured by bilateral agencies, NGOs and government for remaining 50% of national caseload. |
| <p>Output 1.2</p> <p>Increased participation of women in the management of food distribution.</p> | <ul style="list-style-type: none"> ➤ Proportion of women in leadership positions in food management committees. | <ul style="list-style-type: none"> ➤ Women are encouraged and willing to participate in the management of food. |
| <p>Outcome 2</p> <p>Increased ability of PSNP beneficiaries to manage shocks and invest in activities that enhance their resilience (Strategic Objective 2).</p> | <ul style="list-style-type: none"> ➤ % of households reporting reductions in food deficit of at least two months. ➤ Proportion of beneficiaries with access to and/or benefiting from created assets. | <ul style="list-style-type: none"> ➤ Cooperating partners have complementary funding. ➤ Sufficient provision of non-food items and funds to cover capital costs. ➤ Secure environment. |

¹ A baseline and follow-up survey are planned for only one district/region as it is not possible/feasible to conduct surveys everywhere.



ANNEX II: LOGICAL FRAMEWORK SUMMARY

| Outcomes and outputs | Performance indicators | Risks, assumptions |
|--|--|---|
| <p>Output 2.1</p> <p>Timely provision of food in sufficient quantities for PSNP beneficiaries.</p> | <ul style="list-style-type: none"> ➤ Actual beneficiaries receiving WFP food assistance as % of planned beneficiaries, by gender and age group. ➤ Actual tonnage of food distributed as % of planned distributions, by type. | <ul style="list-style-type: none"> ➤ Funding available for capacity building. |
| <p>Output 2.2</p> <p>Beneficiaries supported in the creation and maintenance of assets.</p> | <ul style="list-style-type: none"> ➤ Numbers and types of community assets created in WFP-assisted woredas vs. planned. ➤ Number of development agents trained in food for assets through WFP support vs. planned. ➤ Numbers and types of training sessions held. ➤ Actual tonnage of food distributed as % of planned distributions, by type. | <ul style="list-style-type: none"> ➤ Cooperating partners have the capacity and are willing to support asset creation. ➤ Targeted beneficiaries are willing to participate in asset creation. |
| <p>Outcome 3</p> <p>Rehabilitated moderate/acutely malnourished children under 5 and pregnant and lactating women identified during EOS screening in food-insecure districts (Strategic Objective 3).</p> | <ul style="list-style-type: none"> ➤ Defaulter rate (%) of children. ➤ Recovery rate (%) of children. | <ul style="list-style-type: none"> ➤ Adequate provision of services and non-food items by NGO and United Nations partners and government to address other causes of malnutrition and morbidity. |
| <p>Output 3.1.</p> <p>Timely provision of nutritious food in sufficient quantity for targeted young children.</p> | <ul style="list-style-type: none"> ➤ Actual number of children receiving WFP food assistance as % of planned. ➤ Actual tonnage of food distributed to children. | <ul style="list-style-type: none"> ➤ Strong food pipeline. |



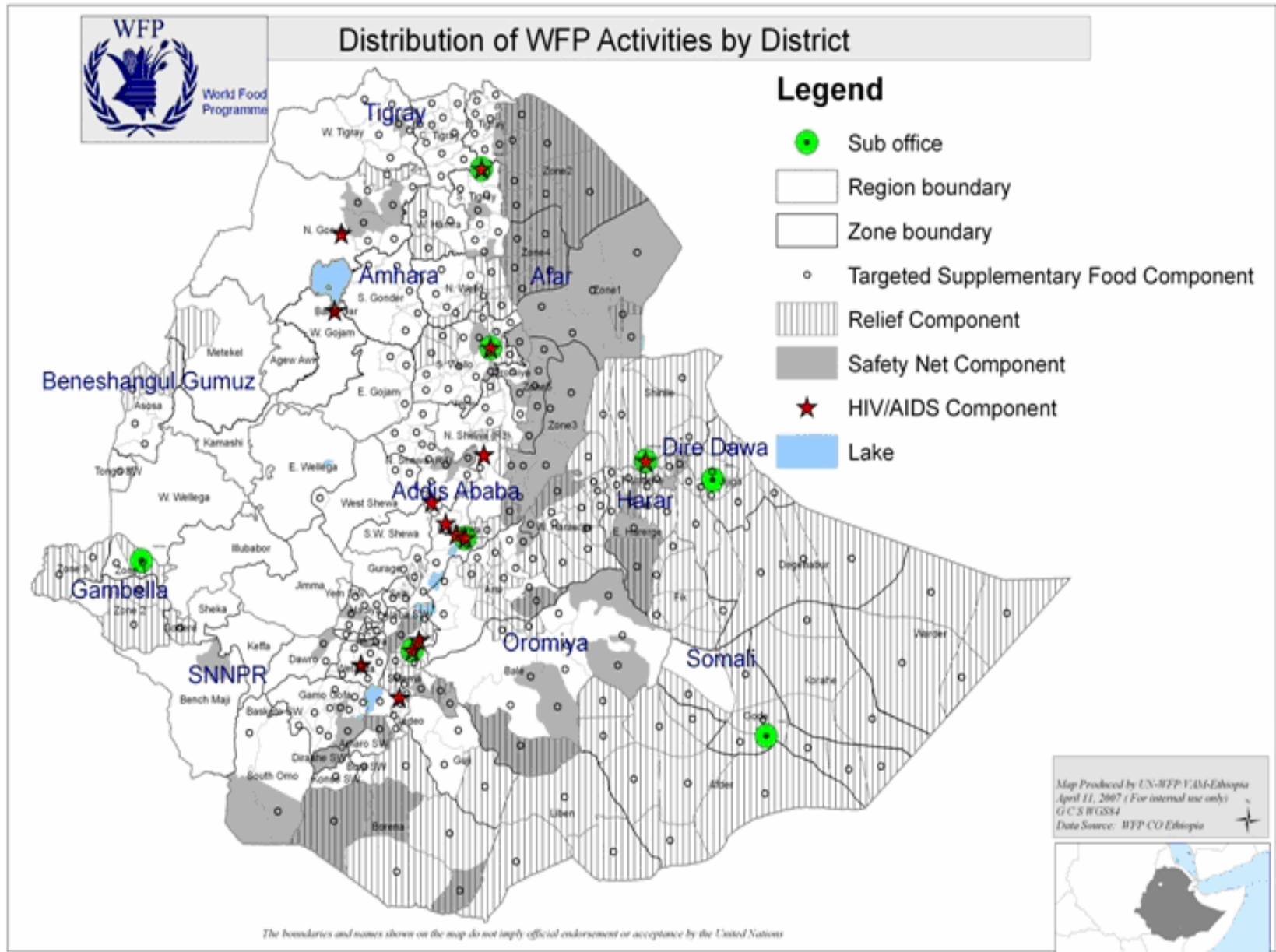
ANNEX II: LOGICAL FRAMEWORK SUMMARY

| Outcomes and outputs | Performance indicators | Risks, assumptions |
|--|---|---|
| <p>Output 3.2</p> <p>Timely provision of nutritious food in sufficient quantity for targeted women.</p> | <ul style="list-style-type: none"> ➤ Actual number of women receiving WFP food assistance as % of planned. ➤ Actual tonnage of food distributed to targeted women. | <ul style="list-style-type: none"> ➤ Food pipeline is uninterrupted. |
| <p>Outcome 3.1</p> <p>Enhanced basic knowledge on nutrition-related issues for mothers and other women in communities targeted by EOS/TSF (Strategic Objective 3).</p> | <ul style="list-style-type: none"> ➤ % of beneficiaries with improved caring and/or feeding practices through the EOS/TSF | |
| <p>Output 3.1.1</p> <p>Basic nutrition awareness provided in an efficient manner at the community level.</p> | <ul style="list-style-type: none"> ➤ % of beneficiaries receiving proper nutrition education messages. | |
| <p>Outcome 3.3</p> <p>Improved nutritional status and quality of life of food-insecure people living with HIV/AIDS on HBC, ARV therapy and PMTCT (Strategic Objective 3).</p> | <ul style="list-style-type: none"> ➤ Weight gain among beneficiaries; target at least 10% gain in 6 months. ➤ % of beneficiary patients on ART taking 95% of medication in last three months. | |
| <p>Output 3.3.1.</p> <p>Timely provision of food in sufficient quantities for HIV/AIDS beneficiaries.</p> | <ul style="list-style-type: none"> ➤ Numbers of beneficiaries targeted in HIV/AIDS-supported programmes receiving food. ➤ Actual tonnage of food distributed through HIV/AIDS-supported programmes. | <ul style="list-style-type: none"> ➤ Accurate and reliable statistics on HIV/AIDS-affected households are available. |

ANNEX II: LOGICAL FRAMEWORK SUMMARY

| Outcomes and outputs | Performance indicators | Risks, assumptions |
|---|--|--|
| <p>Outcome 4</p> <p>Increased school enrolment and attendance of OVC in HIV/AIDS-affected urban communities (Strategic Objective 4).</p> | <ul style="list-style-type: none"> ➤ Absolute enrolment of OVC from households receiving take-home rations. ➤ Attendance rate: % of OVC from households receiving take-home rations attending classes. | |
| <p>Output 4.1</p> <p>Timely provisions of take-home rations provided to OVC.</p> | <ul style="list-style-type: none"> ➤ Numbers of OVC receiving take-home rations. ➤ Quantity of food distributed as take-home rations to OVC. | <ul style="list-style-type: none"> ➤ Sufficient food stocks for take-home rations. ➤ Targeted households support the activity. ➤ Schools function without interruption. |
| <p>Outcome 5</p> <p>Increase the capacity of government, particularly at local levels, and communities to identify food needs, develop strategies and carry out hunger and disaster risk reduction programmes (Strategic Objective 5).</p> | <p><i>To be determined with partners</i></p> | |
| <p>Output 5.1</p> <p>Provision of capacity building assistance to entities involved in hunger and risk reduction programmes.</p> | <ul style="list-style-type: none"> ➤ Counterpart staff trained under WFP's technical assistance activities, as % of planned. ➤ Numbers and types of technical cooperation capacity-building activities provided. | <p>Government willing to provide staff members to participate in the capacity-building activities.</p> |





The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the World Food Programme (WFP) concerning the legal status of any country, territory, city or area or of its frontiers or boundaries.

ACRONYMS USED IN THE DOCUMENT

| | |
|----------|--|
| ABM | action-based monitoring |
| ARV | anti-retroviral |
| CIDA | Canadian International Development Agency |
| COMPAS | Commodity Movement, Processing and Analysis System |
| CSA | Central Statistical Agency |
| DFID | Department for International Development |
| DPPA | Disaster Prevention and Preparedness Agency |
| EFSR | Emergency Food Security Reserve (Ethiopia) |
| EOS | Enhanced Outreach Strategy for Child Survival |
| EWVG | Early Warning Working Group |
| FAO | Food and Agriculture Organization of the United Nations |
| FEWS-NET | Famine Early-Warning System Network |
| FFW | food for work |
| FSCB | Food Security Coordination Bureau |
| FSP | food security programme |
| GDP | gross domestic product |
| HAPCO | HIV/AIDS prevention and control office |
| HBC | home-based care |
| HSEP | health service extension programme |
| ICT | information and communications technology |
| IDP | internally displaced person |
| IFPRI | International Food Policy Research Institute |
| ILO | International Labour Organization |
| ITSH | internal transport, storage and handling |
| LTSH | landside transport, storage and handling |
| M&E | monitoring and evaluation |
| MDG | Millennium Development Goal |
| MERET | Managing Environmental Resources to Enable Transitions to More Sustainable Livelihoods Programme |
| MOSS | minimum operating security standards |

| | |
|--------|---|
| MUAC | mid-upper arm circumference |
| NGO | non-governmental organization |
| OCHA | Office for the Coordination of Humanitarian Affairs |
| PASDEP | Plan for Accelerated and Sustained Development to End Poverty |
| PLHIV | people living with HIV/AIDS |
| PMTCT | prevention of mother-to-child transmission |
| PRRO | protracted relief and recovery operation |
| PSNP | productive safety-net programme |
| TSF | targeted supplementary food |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDAF | United Nations Development Assistance Framework |
| UNDP | United Nations Development Programme |
| UNDSS | United Nations Department of Safety and Security |
| UNFPA | United Nations Population Fund |
| UNHCR | Office of the United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |
| WINGS | WFP Information Network and Global System |