

PROGRAM BRIEF

## **Towards Community Resilience:**

An Integrated Multi-Sectoral Program Approach to Cyclic Drought-Induced Household Food Insecurity Targeting Productive Safety Net Program (PSNP) Beneficiaries in Wolayta, Ethiopia



## FINDINGS & LESSONS LEARNED

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- > Beneficiary households receiving multi-year, multi-sector support improved more in select key welfare indicators than those receiving intermittent, single-sector support, in subsequent years of endured food insecurity shocks.
- > It takes time (multiple years of monitoring the same target households) to be able to demonstrate resilience and often humanitarian donor funding cycles do not easily facilitate this as they tend to support short duration projects.
- > Developing appropriate, e.g. social determinant indicators for monitoring and methodologies for measurement to demonstrate resilience, is critical vis-à-vis traditional/classical humanitarian emergency project indicator selection.
- > There is need for cost-effective, efficient, and simplified measures for gauging the shock, well-being, and absorptive/adaptive/transformational capacities of intervention target groups.
- > There is a need for intra-consortium rationalization of monitoring and evaluation (M&E) efforts where project implementation is undertaken by multiple implementing partner organizations.
- > There is a need to rationalize M&E efforts, where donor funding lines often have non-resilience friendly, pre-scripted indicators, which can also be different from the Government of Ethiopia (GoE) indicator and productive safety net program (PSNP) indicators, the latter of which is serving as the basis for beneficiary client targeting.
- > There is considerable value add in a consortium approach in the context of joint advocacy, reach/coverage, and intra-consortium skills-building and capacity transfer.
- > Sector integration contributes significantly to building resilience and addressing complex/multi-faceted problems.
- > Good communication, collaboration, and joint planning with different governmental sector agencies is critical.
- > Capacity strengthening of the government and community institutions is essential to successful program accomplishment.
- > Behavior change models should be adapted to pre-existing community systems.
- > Existence of community-based structures (Health Emergency Workers (HEW)) and Health Development Armies (HDAs)) at the grassroots level is vital for accessing the community at the household (HH) level for the transfer of capacity building in life-saving skills.

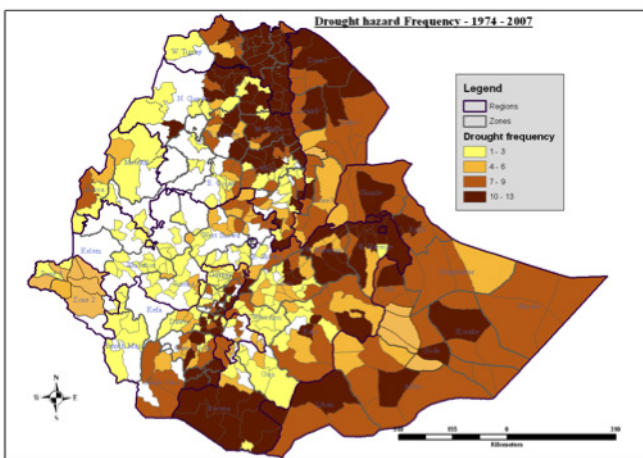






## BACKGROUND

Despite significant economic gains over the last decade evidenced by GDP growth, poverty reduction gains, and increased access to basic health, sanitation, and education services, a considerable segment of the rural population of Ethiopia remains highly vulnerable to drought-induced transitory and chronic food insecurity<sup>1</sup>. About 10% of country's population is chronically food insecure with this figure rising to more than 15% during drought years<sup>2</sup>.



**FIGURE 1:**

**Frequency of Drought Hazard in Ethiopia 1974-2007**

Source: Olthof, W.; Svedin, S. (2014): *Resilience in Practice. Ethiopia Case Study. A presentation made by ECHO & DEVCO officers to the European Commission.*

Reducing this vulnerability, stabilizing the net volatility in the number of households exposed to periodic drought induced shocks, and ultimately building their resilience is a significant, complex and perennial task requiring coordinated, integrated, effective, and innovative interventions.

Over time, and in response, the Government of Ethiopia (GoE) has evolved and is continuing to develop, refine, and strengthen its strategies and operational frameworks for resilience actions. The Disaster Risk Management Strategic Program and Investment Framework (DRM-SPIF) and the Ethiopia Country Programming Paper to End Drought Emergencies in the Horn of Africa are two recent (2012) seminal guiding strategies developed to advance the operationalization of resilience.

The Ethiopian disaster response system is complex, with support meant to cascade from federal to regional and sub-regional (woreda and kebele) levels based on scales, magnitude, and duration of impact. Currently, the system has largely evolved for supporting drought-related hazard events. Proportionately and historically, droughts have been the highest impact hazard observed and consequently these events have been accorded an elevated priority of focus as a result of the significant food insecurity (disaster risk) they generate. In the past, this risk resulted in substantial mortality and morbidity as evidenced in the '73 and '83-85 famines. Climate change and increasing climate variability as can be manifested by protracted El Niño conditions, substantially exacerbates this risk, rendering a greater percentage of population vulnerable.

At the ground-level, the frontline national disaster response key functions are discharged in part or whole by food security task force disaster prevention and preparedness committee representatives at both the woreda and kebele levels; development agents; health emergency workers; and agriculture sector focal points. Principally, the national system comprises (a) food security reserve; (b) early warning & early response committee; (c) incident command system; (d) hotspot classification and analysis facility; and (e) links to the productive safety net program (PSNP).

This is informed by early warning forecast information provided by systems such as Family Early Warning Systems Network (FEWSNET), seasonal emergency needs assessments, and routine damage and loss/needs assessment-reporting (kebeles to woreda and regional bureau levels). The national disaster management system classifies hotspot zones, estimates agriculture production/yields, and identifies distressed households. Ultimately, scale-specific and resource-appropriate contingency responses are triggered. Initial front-line responses fall under the domain of woredas. When surpassed by scale of need/demand, regional bureaus then provide support, and for higher threshold responses, the federal level engages. Based on hotspot zone

trends and reported distress levels, households identified as eligible to be permanent or transitory “safety net” beneficiaries are identified. The current common/universal “disaster response” system trigger at household level for receiving productive safety net assistance (PSNP) in the form of food or cash transfer assistance is “nutrition status.”

While the national disaster risk management (DRM) system (Figure 2) and its interface with the PSNP is well articulated, challenges remain in optimizing its functionality, efficacy, and efficiency at woreda, kebele and lower levels. International Medical Corps discussions (2015) with the Food Security Coordination

Directorate of the Disaster Risk Management Food Security Sector (DRMFSS) confirm that interventions to build capacities at the woreda and kebele levels, as well as strengthening the systems and interface between regional bureaus and woreda levels remain necessary and highly desirable. As a strategic imperative, International Medical Corps programming in country seeks to support this decentralized capacity building, wherever possible.

**FIGURE 2:**  
Summary of Ethiopia's National  
Disaster Risk Management System



## WOLAYTA PROJECT CONTEXT

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Wolayta zone (Figure 3) is situated approximately 300 kilometres south of Addis Ababa and is one of 13 zones in the Southern Nations and Nationalities Peoples Region (SNNPR). It encompasses an area of 4471.3 km<sup>2</sup> and is home to a population of 1,750,569 persons of whom approximately 16% are children under five.

Wolayta experiences a mixture of low, mid, and highland climatic conditions and is known to be part of the “green hunger zone” of Ethiopia. Similar to other areas of rural Ethiopia, the zone is characterized by recurrent droughts, high population density (386 p/km<sup>2</sup>), acute land shortages, land degradation, decreasing soil fertility, and inadequate resource management. Forty percent of the population lives below the poverty line and 45% suffer from food shortage<sup>4</sup>.

The high population density results in very small landholdings (0.2-0.5 hectares), which do not permit families to sustainably live off the land. It is calculated that at a minimum 1.5 hectares are needed per household. Typically, Wolayta has two harvest seasons: the Belg, which occurs between mid-March to mid-May, and the Meher, which occurs between July to September. Poverty and malnutrition are high with child malnutrition appearing to be as much related to issues of health (malaria) and hygiene (water) as with feeding practices and food availability<sup>5</sup>. The zone is further at-risk due to low institutional capacities for disaster risk management at woreda and kebele levels. Generally, levels of preparedness across the zone are insufficient to cope with repeated shocks.

For decades, the zone has been targeted with emergency interventions in response to food insecurity and malnutrition. From 2011, two consecutive years of harvest failure and persistent drought have diminished food reserves and have led to a need for concerted nutrition programming to address chronic malnutrition. Delayed Belg rains, crop pests, livestock diseases, and malaria and meningitis outbreaks all struck the zone in 2012. These conditions resulted in significant increases in the number of people requiring relief assistance.



## SNAPSHOT OF THE 2012 PROBLEMS OBSERVED IN WOLAYTA

Key Sector Indicators	Trends
Nutrition	<p>April: Therapeutic feed program (TFP) admission increased by 200%</p> <p>For children between 6 to 59 months, moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) based on middle upper arm circumference measurements (MUAC) and oedema was: 18.2 and 5.1% in Boloso Sore woreda 8.6 and 4.2% in Damot Pullasa woreda</p>
Health & WASH	<p>January- May 80,000 malaria cases detected in Boloso Sore and Damot Pullasa woredas Meningitis outbreaks</p>
Livelihoods	<p>2,117 livestock affected by disease in Damot Pullasa 275 hectares of crop damage from hailstones in Boloso Sore woreda 255 hectares of crop damage from hailstones in Damot Pullasa woreda Yellow rust and sweet potato butterfly infestations destroying 112 hectares of crops in Boloso Sore and Damot Pullasa woredas</p>

In response, the GOE put in place a drought Early Warning System (EWS) and targeted more than 200,000 persons under a large-scale PSNP<sup>7</sup>.

## PROGRAMMING

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With financial support (Euro 4.5M) from ECHO, between 2012 to 2014, a consortium of Concern Worldwide, International Medical Corps, and People in Need (PIN) implemented a 36-month integrated, multi-sectoral household resilience building program strategy targeting four emergency-prone woredas (districts) and an estimated 385,000 persons combined in two respective phases (130,000 in phase 1/255, 000 in phase 2).

Under the program strategy interventions that sought to move target households from emergency relief through to longer term developmental assistance (LRRD – linking relief, rehabilitation, and development) were implemented. Identified target beneficiary households receive multi-year nutrition support; livelihood assistance (household asset transfer); primary health; water, sanitation, and hygiene (sanitation marketing); community preparedness; and disaster risk reduction (DRR) services and other capacity building interventions.

International Medical Corps implemented its project interventions in Damot Pullasa and Boloso Sore, while Concern Worldwide and People in Need (PIN) implement in Dugna Fango and Kindo Koysha.

## PROGRAM EVOLUTION & DESIGN

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The conceptual evolution and pursuit of this integrated multi-level, multi-partner, multi-sector resilience-building program approach that focused on households and communities in emergency-prone woredas has been driven by a convergence of factors, including but not restricted to:

- > GoE's productive social safety net program (PSNP) specific remit to target vulnerable households
- > Donor (ECHO) policy promoting an integrated, resilience-building, cluster-approaches
- > Tripartite consensus between government, donors, and implementing partners regarding the demand for a step-wise need to address immediate, intermediate, and root causes of malnutrition
- > International NGO consortium (Concern Worldwide, International Medical Corps, and PIN) preferred implementation modalities
- > Past evaluation critiques which imply that previous emergency program responses have been less well coordinated, spatially dispersed, and sector-concentrated and failed to impart/achieve any significant residual capabilities for community resilience over the long-term to recurrent crises





## OPERATIONAL APPROACH

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Specifically, the programming focused on the objective of improving the nutritional status of vulnerable households in Wolayta zone and building resilience of the community to future shocks. This was implemented by:

- Providing multi-year support to PSNP targeted (“safety-net”) vulnerable households
- Executing multi-sector: primary health, nutrition, livelihood (household asset transfer), water, sanitation, and hygiene (sanitation marketing), and disaster risk reduction (DRR) interventions
- Facilitating continuous and routine intra-consortium coordination
- Promoting reflection, lessons learned reviews, and experience sharing among and between consortium institutional partners
- Consortium coordination with GoE
- Considering and including social behavioral change in intervention design and roll-out (Positive Deviance Hearth & Care groups)
- Encouraging and incentivizing community mobilization/engagement/ participation and neutralization of dependency





In summary the main program results achieved were:

- > Community ownership created
- > Transfer of assets achieved through cooperatives
- > Improved saving and credit cultures
- > Some beneficiaries started ensuring their HH food security
- > Good relationships developed with local authorities
- > Local institutional capacities have been enhanced through trainings and other support
- > Potable water and sanitation coverage increased
- > Vegetable gardening and food diversification practices increased
- > Improvement in beneficiary, infant and young child feeding (IYCF) practices
- > Severe acute malnutrition (SAM) and global acute malnutrition (GAM) rates significantly reduced
- > Increased use of long acting and permanent methods (LAPM) of family planning (FP) and antenatal care (ANC) services
- > Malaria and diarrheal disease burden reduced
- > Immunization cold chain systems improved
- > Early detection and control of epidemics enhanced

International Medical Corps remains committed to the advancement, implementation, evaluation of integrated, multi-sector programming, including contextually relevant and appropriately adapted combinations of health; nutrition; mental health & psychosocial support (MPHSS); sexual reproductive health (SRH); gender based violence (GBV); water, sanitation & hygiene (WASH); disaster risk reduction; emergency response; and livelihood interventions, specifically targeted at building resilience of communities.

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  7. **Wolayta Zonal Agricultural Office (2013)**



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