



Humanitarian interventions for food/nutrition support in Ethiopia¹

Kerina Tull

University of Leeds Nuffield Centre for International Health and Development

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Question

Conduct a review of the state of the evidence for interventions that are designed for food/nutrition support, with a focus on Ethiopia.

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¹ This report is part one of a two part query.

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1. Overview

There are many evidence gaps in the delivery of humanitarian food/nutrition aid. Evaluation of the relative cost-effectiveness of dietary response projects is confounded by the fact that different projects can have different objectives (USAID, 2015).

Ethiopia has made progress in meeting emergency needs, including through the Government of Ethiopia-led Productive Safety Net Programme (PSNP), which is a combination of food and cash assistance. Results show that the average household food insecurity gap (incidences when households cannot meet their food needs) dropped from 3.6 months to 2.3 months (The World Bank Group, 2013). A qualitative survey in Tigray, Northern Ethiopia, revealed that receipt of PSNP food-aid was linked socio-demographic attributes, among which marital status, age and size of family were decisive factors (Adazi et al., 2017). There is no evidence that PSNP reduces chronic or acute undernutrition (Berhane et al., 2017).

Realistic planning for a nutrition intervention is a critical component of implementation, yet effective approaches have been poorly documented (Schauer et al., 2017). Those that are documented and published are self-evaluations (e.g. USAID (2017), UNICEF (2017b) and World Food Programme Ethiopia (WFP Ethiopia, 2017). Government data is also a major source: the US Government's 'Feed the Future' initiative reports that it contributed to reductions in the number of underweight (low weight for age) children by 17%, child stunting (short for age) by 4%, and child wasting (low weight for height) by more than 30% from 2013 to 2015 in Ethiopia (USAID Feed the Future, 2016). However, the change in prevalence of stunting for Ethiopia was not statistically significant, meaning the margin of error of the survey sample was too great to conclusively demonstrate change. Some published estimates of need were made before the Humanitarian Requirements Document (HRD), which is conducted to facilitate early planning and resource mobilisation for donors.

Although anecdotal information exists about micronutrient powder (MNP) processes around planning, coordination, and reliable supply in emergency settings, further research and considerations are needed to generate wider knowledge and overall efficiency (Schauer et al., 2017). The evidence found for this rapid review includes food/nutrition systems for vulnerable groups, such as pregnant and lactating women, as well as children, but does not address disability issues.

2. Reported funding requirements and contributions for food/nutrition humanitarian systems in Ethiopia

Ethiopia has a population of almost 100 million people, and is currently one of the fastest-growing economies in Africa (USAID Feed the Future, 2016). Ethiopia's economy is dependent on agriculture, which accounts for 41% of gross domestic product and 90% of exports. However, only 6% of cultivated land is currently under irrigation, which is exacerbated by recurrent drought conditions, especially in the southern and eastern regions (USAID Feed the Future, 2016). The dire situation has been further compounded by poor October-to-December 2016 and March-to-June 2017 rainy seasons. Hence the need for emergency food/nutrition humanitarian intervention.

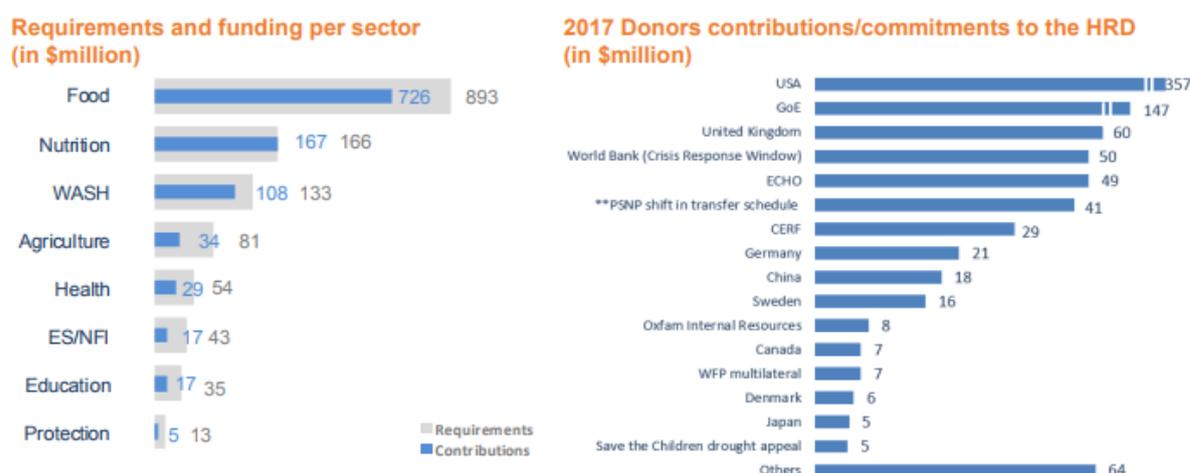
Over 31 million of the population are currently undernourished (Abduselam, 2017: 2). Undernutrition hampers both human and economic development. Though in decline, child

undernutrition rates in Ethiopia are among the highest in the world, and undernutrition contributes to over 50% of infant and child deaths (USAID Feed the Future, 2016).

According to a Government-led multi agency assessment, 10.2 million Ethiopians were considered 'food insecure' in 2015/16 (Abduselam, 2017: 2). Now, an estimated 8.5 million people in Ethiopia require relief food assistance, according to the UN Office for the Coordination of Humanitarian Affairs (OCHA); this is up from the 5.6 million people identified at the beginning of the year (Government of Ethiopia/ OCHA, 2017: 4; OCHA, 2017), and is in addition to 8 million chronically food-insecure people who receive food or cash assistance through the Government of Ethiopia-led Productive Safety Net Programme (PSNP) (USAID, 2017). Government figures note that USD487.7 million is urgently required for the multi-sector response for the remainder of 2017. It is predicted² that between 5 and 7 million people may need emergency food assistance in 2018 (Government of Ethiopia/ OCHA, 2017: 2; UNICEF, 2017b). The projection is based on analysis of previous years with similar rainfall patterns, and factoring transitory needs of chronically vulnerable people who suffered successive shocks.

Figure 1 (below) shows the 2017 funding requirements and current shortfall for food/nutrition aid in Ethiopia. Contributions to this sector are led by USA and the Government of Ethiopia, followed by the UK. The Humanitarian Requirements Document (HRD), which is conducted to facilitate early planning and resource mobilisation for donors, was revised in August. While the health, agriculture, nutrition, emergency shelter and non-food items (ES/NFI) and Water, Sanitation and Hygiene (WASH) sectors were revised upwards by USD103.5 million, the food sector increased its requirement from USD838.2 million to USD892.8 million. The updated requirements in the food sector were lower than anticipated due to the compromises made in the National Integrated Food-Cash Relief Plan released on 5 October (Government of Ethiopia/ OCHA, 2017: 3):

Figure 1: 2017 Funding Requirements and Contributions for assistance



Source: Government of Ethiopia/ OCHA, 2017: 4

² These predictions are made before the November/December HDR (or humanitarian needs assessment).

There has also been reports of substantial food-aid support from other countries this year:

- The European Commission announced new emergency assistance of €15 million (USD17.7 million) to help people in Ethiopia who are facing increasingly dangerous levels of food insecurity due to severe drought. This brings the total EU humanitarian funding in 2017 to over €91 million (European Commission, 2017). The funding aims to “help address water supply, livestock protection, shelter and protection, notably for the increasing numbers of internally displaced people (IDPs).”
- In September, the government of China pledged humanitarian relief assistance worth USD15 million to Ethiopia, according to the Embassy of China. This money is a food-aid agreement expected to be delivered to drought-stricken victims. The Embassy reports that 10,535 tons of wheat was delivered to Ethiopia in April 2016; in the same year, in a bid to help further relieve the crisis, the Chinese Government donated USD8 million to the United Nations World Food Programme (WFP), providing emergency humanitarian food assistance to the Ethiopian people.
- WFP state that they also received a contribution of €4 million (USD4.7 million) from the Federal Republic of Germany, towards the food needs of refugees sheltered in Ethiopia in 2016 (WFP, 2016).

3. Impact of food/nutrition humanitarian intervention systems in Ethiopia

The evidence found on humanitarian food/nutrition intervention systems in Ethiopia focuses on the following at-risk groups:

Mothers and young children: An estimated 3.6 million pregnant and lactating mothers and children are suffering from acute malnutrition (European Commission, 2017).

Older/school-aged children: In 2017 376,000 children needed treatment for severe acute malnutrition (SAM) (UNICEF, 2017b). 1.9 million school-aged children require emergency school feeding (UNICEF, 2017b).

Refugees: The drought in Somalia, as well as conflict in Sudan, Somalia, South Sudan and Eritrea, have resulted in an influx of refugees into Ethiopia, which hosts more than 838,000 refugees in total. In 2017, 103,263 new refugees arrived in the country mainly from South Sudan (more than 73,900), Eritrea (more than 20,700) and from Somalia (more than 6,600) (UNICEF, 2017b).

People living with HIV/AIDS (PLHIV): According to the World Health Organisation there are nearly 1.2 million people living with HIV/AIDS in Ethiopia. The adult prevalence rate is estimated at 2.4% and the incidence rate is 0.29%. The prevalence and incidence rates significantly vary between geographical areas and gender.

The major support programme used for these at-risk groups is the **Ethiopia Strategy Support Programme (ESSP)**³. ESSP provides relevant updated information and analysis for policy makers, including: Productivity, technology adoption and agricultural transformation; Agricultural markets, value chains, and agroindustry; Food and agricultural prices; Risk, insurance, and investment; Land and water management; Poverty, nutrition, and safety nets (e.g. Productive Safety Net Programme, PSNP); Agricultural Growth Programme impact evaluation; Feed the Future (FTF) Programme impact evaluation; Social Cash Transfer Programme; Macro-economic analysis of Ethiopia's new Growth and Transformation Plan 2015 - 2020; Agriculture and nutritional linkages, and Urbanisation and food system transformation (IFPRI, 2017).

The impact of the two main ESSP initiatives are noted below:

Productive Safety Net Programme (PSNP)

The Government of Ethiopia-run **Productive Safety Net Programme (PSNP)** is the first line of response in targeted areas during any food security crisis (USAID, 2017). It provides cash or food assistance to the poorest families selected on the basis of having been humanitarian assistance beneficiaries for the past three years, and is a large-scale social protection intervention. The PSNP is closely linked to key government national health and nutrition programmes, including the Health Extension Programme, HIV/AIDS programme, the National Nutrition Programme. It provides assistance to both people working in the public sector as well as non-workers, who receive unconditional transfers; therefore it provides a predictable response to chronic food insecurity by stabilising asset levels.

Ethiopia's PSNP is currently in its fourth phase (PSNP4) and total expenditure under the programme, between 2015 and 2020, has been estimated as USD4 billion (The World Bank Group, 2013). Approximately 4 million public workers will also require sustained PSNP assistance to the end of 2017, at a cost of USD300 million (OCHA, 2017). Of the total annual requirement for the food sector, estimated at USD1.259 billion, the current gap is estimated at USD283 million (FEWS NET, 2017). The National Disaster Risk Reduction & Management Council (NDRMC) approximate humanitarian needs for 2018 to be similar to those in 2017; with approximately 5 to 7 million people in need of food support and required humanitarian funding of between USD895 million to USD1 billion. However, it is noted that the estimated requirements will be revised based upon the HRD findings (UNICEF, 2017b).

Government data states that an additional 588,000 people in 10 woredas (districts) of the Somali region of Ethiopia will continue to be assisted through an HRD-PSNP integrated cash pilot, during the first half of 2018 (Government of Ethiopia/ OCHA, 2017: 2). In the Somali region, the WFP is also providing relief and PSNP assistance through a combination of modalities based on

³ ESSP is a collaborative economic research programme undertaken by the International Food Policy Research Institute (IFPRI) and the Ethiopian Development Research Institute (EDRI) (IFPRI, 2017). Phase I started in September 2004; the third phase of ESSP (November 2013- March 2017) received funding from two donors: The United States Agency for International Development (USAID) and the UK Department for International Development (DFID). The federal government and the private sector are also involved. The current phase of the programme will continue along the same research and analysis vein until the end of 2019.

needs: in-kind food assistance⁴ to approximately 3 million beneficiaries in 83 districts of the region. Key findings from evaluations are:

- According to the latest Federal Disaster Risk Management Technical Working Group report (Government of Ethiopia/ OCHA, 2017: 4-5), the NDRMC dispatched 96% of Round 6⁵ food allocation and distribution stood at 83%. In addition, NDRMC allocated ETB494.5 million (USD18 million) for 2.4 million cash beneficiaries, and the Joint Emergency Operation⁶ distributed 99% of Round 6 food allocation and reached 1.5 million beneficiaries. As of 27 November, WFP had dispatched 91% of Round 6 food allocation and reached 803,036 beneficiaries with a full relief basket (67% distribution).
- Evidence from the field reveals that PSNP has improved people's capacity to grow food by increasing land productivity, thereby enhancing community resilience (The World Bank Group, 2013). Higher crop production has been achieved by reducing soil erosion and sediment losses by 50%. The average household food gap (incidences when households cannot meet their food needs) has decreased from 3.6 months to 2.3 months (The World Bank Group, 2013).
- To date, PSNP has benefited 7.8 million inhabitants supporting the restoration of the local environment (The World Bank Group, 2013).

Although PSNP is noted as a well-targeted programme, it has taken several years before payment levels reached intended amounts (Berhane et al., 2017). The International Initiative for Impact Evaluation (3ie) found no evidence that the PSNP reduces chronic or acute undernutrition. While they cannot definitively say why this occurs, they note that child diet quality is poor. No evidence that the PSNP improves child consumption of pulses, oils, fruit, vegetables, dairy or animal source proteins was found. Most mothers did not have contact with health extension workers, nor received information on good feeding practices (Berhane et al., 2017).

Qualitative results from a survey of 479 residents of Tigray, Northern Ethiopia, revealed that targeting different households in the PSNP has been considerably linked to socio-demographic attributes among which age and size of family were decisive factors to receive food-aids (Azadi et al., 2017). Furthermore, older households with smaller family size received more direct support. Inequality between genders was another major finding of this study. When combined with the marital status, there was also a big difference in the percentage of married or unmarried women receiving food-aids. These findings could provide fundamental information for policy intervention to correct food security programmes at household level and reduce hunger, given that socio-demographic factors can help to identify particular and usually different requirements, vulnerabilities and coping strategies of

⁴ Food commodities purchased in and shipped from the United States and sold for local currency in a recipient country by the local Government or NGO.

⁵ Scheduled for August –September 2017. Round 7 is September-October 2017.

⁶ The Joint Emergency Operation (JEOP) consortium is led by Catholic Relief Services (CRS) and includes CARE, Save the Children International (SCI), World Vision (WV), Food for the Hungry (FH) and the Relief Society of Tigray (REST).

the members of the food-aid programme, so that they can be much more addressed when an emergency happens (Adazi et al., 2017).

USAID Feed the Future (FTF)

In May 2014, USAID released the 2014–2025 Multi-Sectoral Nutrition Strategy, the agency’s first overarching strategy emphasising the need to address both the direct and underlying causes of malnutrition in order to have an impact on the problem. The strategy provides a blueprint for aligning the efforts of USAID’s Bureau of Global Health, the US Government’s **Feed the Future** (FTF)⁷ and Global Health initiatives, and the Office of Food for Peace⁸’s development and emergency programmes, resilience activities, and in other nutrition investments such as PSNP (USAID FANTA, 2017). The main findings from relevant US Government sources evaluating FTF are summarised below:

- Nearly 563,000 farmers and other producers applied new technologies and practices in 2015 with FTF’s help. FTF leveraged more than USD19 million in new private capital investment in food and agriculture in Ethiopia in the same year (USAID Feed the Future, 2016). US Government programmes reached more than 6 million children under 5 across Ethiopia last year to improve their nutrition. FTF contributed to reductions in the number of underweight (low weight for age) children by 17%, child stunting (short for age) by 4%, and child wasting (low weight for height) by more than 30% from 2013 to 2015. However, the change in prevalence of stunting for Ethiopia was not statistically significant, meaning the margin of error of the survey sample was too great to conclusively demonstrate change.
- A 2015 midway evaluation of the programme notes a number of achievements worthy of remark, including success of the Women in Agribusiness Leadership Network, and ENGINE⁹’s substantial formative research that has led to the revision of behavioural change communications (USAID, 2015).
- The quality of FTF investments is assessed by USAID in terms of the direct impact of investments. There is little consistency amongst FTF projects in terms of financial investment procedures or the principles upon which such investments are based, leading in some cases to large investments that are expected to result in “trickle down” benefits to households, although the extent and nature of such is not always clear. This is not unexpected when project management is required to achieve a targeted rate of

⁷ Ethiopia was selected as a **FTF** target country under the US Government’s Global Food Security Strategy. It addresses the root causes of hunger and poverty in the developing world to improve global food security and nutrition. It is helping vulnerable households in Ethiopia increase their agricultural productivity, participate in economic activities, and generate demand for products.

⁸ With an annual contribution to the PSNP of approximately USD110 million, Food For Peace has addressed the basic food needs of approximately 1.3 million chronically food-insecure people through the regular seasonal transfer of food and cash resources, while supporting the creation of assets that generate economic benefit to the communities (USAID, 2017). However, an official evaluation is not available.

⁹ Empowering the New Generation to Improve Nutrition and Economic opportunities (ENGINE) s a five-year integrated nutrition project launched in September 2011 that aims to improve the nutritional status of women and young children through sustainable, comprehensive, coordinated and evidence-based interventions.

disbursement, and it is recommended that project output targets for grant disbursement should be avoided when the desired outcome (of business development) can be measured in other more direct ways (USAID, 2015).

- Evaluation of the relative cost-effectiveness of projects is confounded by the fact that different projects within the FTF have very different objectives. Nevertheless, from the narrow perspective of contributing towards the achievement of FTF objectives, the successful implementation of specific projects and consequent replication in the new PSNP4 has enabled it to leverage relatively modest USAID funding into national level finance. From this perspective, the project can be assessed as highly cost effective (USAID, 2015).
- Investments made through the marketing components of FTF have been designed within a multi-year framework that exceeds the FTF five-year time frame. Both financial investments and the introduction of improved technologies will require ongoing support beyond the current programme if they are to be effective in supporting the FTF objectives and goal (USAID, 2015).
- USAID state that they have provided “more effective” food assistance in Ethiopia via their Food and Nutrition Technical Assistance III (FANTA¹⁰) project, which has supported nutrition advocacy in a number of other countries (USAID, 2017). Key examples of its effectiveness in Ethiopia include: Using reformulated in-kind food products, as well as new products are being added to better meet the nutritional needs of vulnerable populations around the world; Adopting a state-of-the-art supply-chain management system that allows them to preposition food strategically, significantly reducing the amount of time it takes to reach people in need using the PROFILES tool¹¹; Complementing in-kind foods with a cash-based emergency food security programme that allowed USAID to buy some food locally and regionally (the cash programme also allows USAID to support interventions that enable hungry people to access local markets), and Using tools such as the state-of-the-art Famine Early-Warning System Network (FEWS NET) that applies remote monitoring techniques with in-country data gathering and analysis in key food insecure locations.

¹⁰ The Food and Nutrition Technical Assistance III Project (FANTA), has been working toward achieving the overarching goal of USAID’s Multi-Sectoral Nutrition Strategy: improving nutrition to save lives, building resilience, increasing economic productivity, and advancing development in both emergency and development contexts.

¹¹ The PROFILES tool consists of a set of computer-based models that calculate consequences across sectors if malnutrition does not improve over a defined time period. The tool also calculates benefits over the same time period of improved nutrition, including lives saved, disabilities averted, equivalent school years of learning gained, and economic productivity gains. Updates over the past six years have made the PROFILES tool more effective for promoting multi-sectoral engagement to improve nutrition (USAID FANTA, 2017: 2)

WFP and UNICEF have also evaluated their own humanitarian food-related aid programmes in Ethiopia, targeting specific at-risk groups:

WFP - Women and children

WFP has provided nutrition assistance, particularly in emergency settings, to 1.6 million vulnerable people, including pregnant women, nursing mothers, children under 5 years and orphans. They are also working to prevent stunting through **Fresh Food Vouchers**, which help children to eat a diverse and healthy diet. These new activities were introduced in the Budget Revision (BR) of the PRRO 200712 (July 2015 – June 2018) (WFP Ethiopia, 2017). By providing nutritious meals, WFP has supported nearly 400,000 school children living in the Afar, Oromia, SNNPR¹² and Somali regions of Ethiopia by working with the Government and local partners (WFP Ethiopia, 2017). In January to August 2017, 26% of total SAM admissions were reported from the Somali region, which was worst affected by the current drought - a radical increase from 5% in normal years (UNICEF, 2017a).

WFP and UNICEF - Refugees

In the Somali region, IDPs were prioritised for the **Blanket Supplementary Feeding Programme (BSFP)**,¹³ supported by WFP and the Government. In the absence of this programme in Oromia, UNICEF released a total of 12,550 cartons of high energy biscuits to reach 21,500 pregnant and lactating women and 87,161 under-five displaced children in early December 2017. In addition to regular screening activities, delivery of vitamin A supplementation, de-worming, growth monitoring promotion, and Infant and Young Child Feeding in emergency counselling was provided to IDPs in Oromia and Somali regions with financial and technical support from UNICEF (UNICEF, 2017b).

In the Somali region, the **Communication for Development (C4D) response** incorporated Nutrition and WASH messaging in a C4D tailor-made response strategy. This design is based on the findings of a Knowledge Attitude and Practices survey in Somali region. UNICEF signed a partnership agreement with a local non-government organisation (NGO) to mainstream key messages on infant and young child feeding (UNICEF, 2017b). During the reporting period, nutrition and C4D teams conducted a two-day orientation with the NGO to start implementation of **Breastfeeding Safe Spaces (BSSs)** in 20 IDP settlements. 6,100 mothers were targeted as part of protecting and supporting appropriate feeding for infants and young children in emergencies. In preparation for the 2018 HRD, the nutrition cluster estimates a caseload of 320,000 children with SAM to be admitted for treatment next year. However, this figure is likely to change after results from the Meher assessment are finalised (UNICEF, 2017b).

¹² Southern Nations, Nationalities, and Peoples' Region.

¹³ The Protection Cluster is working with the Food Security Cluster on protection approaches during the implementation of the BSFP (Government of Ethiopia/ OCHA, 2017: 2).

Together with ARRA (the Government's Administration for Refugees and Returnee Affairs), WFP has been distributing high energy biscuits at entry points and providing a monthly food ration of cereals, pulses, Super Cereal, iodized salt and vegetable oil. They also report that they support selected refugee households with livelihood activities, such as vegetable gardening and poultry farming. Along with ARRA and the UN Refugee Agency (UNHCR), WFP are implementing **biometric verification** to ensure that their assistance is cost-efficient and goes to those who need it the most (WFP, 2016).

The WFP Protracted Relief and Recovery Operation (PRRO) 200700 (April 2015 – March 2018) provides food assistance to 650,000 refugees in Ethiopia. Of this, 19% are assisted through a combination of cash-based and in-kind transfers in 13 camps (WFP Ethiopia, 2017). So far in 2017, a total of 25,534 children aged under 5 have been treated for acute malnutrition in all the Refugee Camps. In 52% (11/23) of the camps assessed, the prevalence of global acute malnutrition is below the WHO emergency threshold of 15%.

However, in July 2017 (Round 4), WFP was able to provide assistance for only 1 million people in the Somali Region (WFP Ethiopia, 2017). Funding constraints affecting the refugee operation forced WFP to reduce the cereals portion of the general distributions by more than one-third. Furthermore, the SuperCereal rations were also reduced by a third, in order to stretch available resources (WFP Ethiopia, 2017). Overall, each family received enough food to cover slightly more than two-thirds of the recommended 2100 kcal. Although, thanks to recent contributions (*noted earlier*), WFP reinstated full rations to all refugees during the October 2017 distributions (WFP Ethiopia, 2017). Food rations increased to include 13.5kg of cereals (previously 10kg, standard: 16kg) and 0.5kg of corn soya blend (standard: 1.5kg). Oil, pulses and salt are provided at full ration, while sugar remains absent, providing a total of 1737 kcal (UNHCR, 2017). One challenge that they observed is that they require USD144 million from September 2017 to February 2018 in order to meet the food and nutrition needs of drought-affected households (WFP Ethiopia, 2017).

People living with HIV/AIDS (PLHIV)

WFP Country Programme (200253), which operated from 2012 to 2015, comprised of the Food for Education Programme. Currently, support for PLHIV is implemented through a Trust Fund (WFP Ethiopia, 2017). The findings of an evaluation study suggest that engagement in interventions contributed to improved anti-retroviral treatment adherence among food insecure PLHIV (Bezabih et al., 2017).

4. Lessons learned

Based on an assessment of the best available evidence in Ethiopia for meeting emergency needs and effective food-aid delivery, the following conclusions are made in the literature:

- Previous DFID research into Kenya and Ethiopia has found that not responding to humanitarian crisis is costly for the economy (Cabot Venton et al., 2012: 80).
- Delivery of food/nutrition through Ethiopian government systems is more cost effective and more sustainable. The Ethiopian government manages large scale development programmes that deliver results at low cost. The Government run Productive Safety Net Programme (PSNP) is cheaper per beneficiary than similar UN programmes (Cabot

Venton et al., 2012: 43). However, government systems cannot take on all humanitarian beneficiaries overnight.

- There is no evidence that the PSNP reduces chronic or acute undernutrition (Berhane et al., 2017).
- Evaluation of the relative cost-effectiveness of projects is confounded by the fact that different projects within the FTF have different objectives (USAID, 2015).
- Cash programmes allow USAID to support interventions that enable hungry people to access local markets (USAID, 2017). However, be aware that PSNP payment levels will not reach intended amounts for several years (Berhane et al., 2017).
- Funding constraints affect distributions of food, especially for refugees (WFP Ethiopia, 2017).
- Multi-sectorial nutrition programming enables donors, countries, and implementers to address the multi-factorial causes of national nutrition challenges by linking and integrating programme design, delivery, and evaluation across disciplines and sectors (USAID FANTA, 2017).
- Realistic planning for a nutrition intervention is a critical component of implementation, yet effective approaches have been poorly documented (Schauer et al., 2017). Although anecdotal information exists about micronutrient powder (MNP)¹⁴ processes around planning, coordination, and reliable supply, further research is needed to generate wider knowledge and overall impact.
- Programmatic experiences in the planning stages of a MNP intervention, encompassing assessment, enabling environment and adaptation, as well as considerations for supply have been listed by Schauer et al. (2017). Methods include a review of published and grey literature, key informant interviews, and deliberations throughout the consultation process. Due to the evidence gap highlighted in this rapid review, this source may help with food/nutrition intervention responses required to meet emergency needs.

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¹⁴ MNP refers to sachets containing dry powder with micronutrients that can be added to any semi-solid or solid food that is ready for consumption. These are widely used in emergency settings.

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Key websites

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- WFP Operations Database: http://www1.wfp.org/operations?country%5B%5D=1980&operation_type=All&operation_id=

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About this report

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