



## SECTION 2: PROJECT/PROGRAMME/INITIATIVE DESCRIPTION

<p>Main objectives of the project including nutritional objectives (please specify if these objectives are included in the logical framework)</p>	<ul style="list-style-type: none"> <li>• Rehabilitate moderately malnourished children 6-59 months and pregnant and lactating mothers</li> <li>• Reduce morbidity and mortality among children 6-59 months</li> <li>• Promote key nutrition messages</li> </ul> <p>This is included in the log frame</p>
<p>Main food security and nutrition issues addressed by the project (including issues of target groups, causes of food insecurity and malnutrition)</p>	<p>In the country the largest part of communities are dependent upon rain fed agriculture and some livestock. Whenever there is a shortage of rain or hazard that contributes to the reduction or complete failure of harvest communities have very limited resources to cope up with the situation. Following the shock food availability in both the pastoralist and agricultural communities/households is affected and this in turn contributes to the increase in malnutrition rates.</p> <p>In order to respond to the needs of the communities affected and prevent the increase in malnutrition, mortality and morbidity the emergency nutrition response programme is designed. Children and pregnant and lactating mothers are the most vulnerable groups in the community and the programme addresses the needs of the group.</p> <p>The target woredas for the programme are identified as priority based on the government bi annual food security assessment results. The assessment indicators include food security and nutrition situation.</p>
<p>Implementation process and activities</p>	<p>Once woredas/districts are identified for nutrition assistance, the implementation process include:</p> <ul style="list-style-type: none"> <li>• Beneficiary identification/ screening to identify malnourished individuals is conducted by health using the Health Extension and other health staff</li> <li>• Once beneficiaries are identified and figures compiled by district health it will be shared to the regional health Bureau</li> <li>• Based on the beneficiary figures received from Health WFP allocate food for the beneficiaries</li> <li>• Food transportation is made by the Regional Disaster prevention/Early Warning offices</li> <li>• Once food is transported to the food distribution sites women selected from the community distribute the food and provide key nutrition messages to the mothers/caregivers</li> </ul>
<p>Actors/ coordination mechanisms involved</p>	<p>The programme is implemented in collaboration and coordination with the government Health and DPPB offices and supported by WFP and UNICEF.</p> <p>There is also a coordination meeting at national level with partners. The emergency nutrition coordination unit is also responsible for coordinating the efforts for emergency response</p>
<p>How gender and accountability are taken into consideration?</p>	<p>In the beneficiary identification both boys and girls have equal chance being screened and selected. At community level the community leaders are supporting the women food distribution agents who are responsible for handling and distributing the food. This way gender equality is addresses.</p>

Specific tools/methodology (developed or used)	At the initial stage the programme impact was monitored through an annual impact study. However, based on evaluation results and reviews made during the programme implementation nutritional monitoring and beneficiary identification process is now modified and done every month where outcome indicators are collected and compared with sphere indicator.
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### SECTION 3: LESSONS LEARNED IN INTEGRATING FOOD SECURITY AND NUTRITION PROGRAMMING

How the outcomes/ impacts has been measured (process and indicators; existence of base/endline)	The outcome and impact is measured through annual impact assessment studies conducted every year and from the monthly outcome data
Main results/impacts achieved	The programme was able to rehabilitate recover children and PLW
What has worked and was has NOT worked or difficulties and why?	As this is a food based programme some delays in the food delivery process and delays. Screening quality/targeting was also a problem.  In addition to the lack of integration and purposeful linkages of the programme beneficiary households to the available Productive Safety Net and Relief programmes
Main enabling/success and hindering/failure factors	The availability of the health extension workers at community level is an opportunity to timely identify beneficiaries deliver programme inputs.  Resource availability because of limited donor funding is also a factor affecting the programme implementation
Key messages to communicate	To increase the programme impact it is important to systematically link the nutrition beneficiaries to existing food security and livelihood programmes.
Recommendations for the up-scaling of successful practices	Work on successful linkages with other programmes and scale up based on evaluation and impact study results

### SECTION 4: REFERENCE/ILLUSTRATIONS

References for documentation (e.g. reports, surveys, etc.).	The outcome study results are attached.
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