Creating Resilience through integrated multi-sectoral approach in emergency prone areas of Wolayita Zone, SNNP Region

**Background**
Many areas in Ethiopia have a history of spikes in malnutrition, especially during the hunger season. Wolayita Zone, endures chronic poverty and food insecurity which results in malnutrition, the severity of which fluctuates year to year. A high population density (364 people per square km), acute land shortages and declining land fertility are some underlying causes. These problems are exacerbated by rain failure, droughts, crop pests, livestock disease and malaria. Seasonal food shortages occur from February to June most years and from November to June in a bad year.

**Project Aims**
The project is based on the European Commission resilience approach: “the ability of an individual, a household, a community or a country to withstand, adapt and to quickly recover from stresses and shocks”\(^1\). The key components include: anticipating crises by assessing risks; focusing on prevention and preparedness and enhancing crisis response.

The project is proposed to be for 3 years encompassing a multi-sectoral response to drought with short term (early recovery) and long term efforts to treat malnutrition, access to health services & water and food insecurity. It will adopt a holistic approach by strengthening linkages at local community level as well as support regional government authorities to promote effective collaboration between sectors.

**Targeting**
The results will seek to improve nutritional status and resilience of vulnerable households with children under the age of five years and pregnant and lactating women living in food insecure targeted woredas. Building and maintaining resilience will focus on different levels (individuals, households, communities and institutional facilities) and will consider different groups of individuals identified as the most vulnerable to shocks and stresses (malnourished children; families with two or more children under the age of five, landless married youth; female headed households, etc.).

The project expects that this integrated approach will cover all target groups including malnourished children and their families and align to ‘do not harm principle’. It is expected that by targeting different groups with multiple interventions, those who are most vulnerable to inequalities and susceptible to shocks and stresses, will gain the capacity and skills to diversify their livelihood options; and the opportunity of equal access to assets. The project will be focusing on 5 sectors, Nutrition, Health, WASH, Livelihoods and DRR, that will aim for:

**Illustrative Activities**
1. CMAM implementation; Infant and Young Child Feeding (IYCF) promotion; Fresh Food Vouchers and Targeted Supplementary Feeding activities
2. Capacity building of primary health delivery system, provision of medicine and supplies; sensitization on communicable diseases (such as Malaria, Diarrhea, etc.)
3. Partnership with water officials; hygiene and sanitation promotion; rehabilitation and improvement of water schemes; community management systems and awareness campaign
4. Seeds distribution; re-stocking small livestock (veterinary support and vaccination); agricultural training and support services and natural resource management
5. Training officials on disaster risk profiles; workshop on contingency planning and preparedness planning

**Outcomes**
1. Improved quality prevention and treatment of acute malnutrition for children (6-59 months) and Pregnant Lactating Women
2. Strengthened primary health care delivery system to improve disease prevention and control on childhood illness in targeted areas
3. Improved access to WASH facilities and hygiene and sanitation knowledge and practices
4. Improved food security of vulnerable households in the targeted areas
5. DRR system led by the Government strengthened to monitor and respond to disasters

**Impact**
Global Acute Malnutrition and Severe Acute Malnutrition rates are maintained below national emergency thresholds
10% annual increase of caretakers of under 2 years children demonstrating key IYCF practices
A reduction of 20% in the Coping Strategy Index for targeted beneficiaries

Reduction in food gap for poor households

\(^1\) EU communication on Resilience
**Principles of Resilience Programming**

- **Support a transition, over time, in the balance of effort and resources** from humanitarian assistance toward disaster risk management, livelihood diversification, and strengthening social protection.

- **Recognize and respond to the different needs, capabilities and aspirations of different groups**, especially the most vulnerable groups (women, children, orphans, elderly, etc.).

- **Support greater investment in human capital** to enable households to maintain health, diversify livelihood options. Resilience programming needs to go beyond treating the symptoms of vulnerability (malnutrition, poor health status, poverty, etc.) and adopt a commitment to facilitating greater resilience to potential shocks.

- **Enable community participation** by identifying and engaging customary institutions and valuable forms of traditional knowledge for coping with climate variability and food insecurity. Community solidarity, engagement, ownership of resources, and the capacity to organize are critical for building resilience.

- **Advocate for and support improved governance** among government and other stakeholders; respect and support national ownership; and build on existing structures and initiatives.

- **Facilitate livelihood diversification** through improved access to public and productive infrastructure (roads, water infrastructure, etc.), alternative options, etc.

- **Utilize a broader range of assistance modalities**, including (but not limited to) distribution of vouchers.

- **Address gender issues that are key to achieving resilience**. Resilience programming recognizes and responds to the needs and capacities of populations that are more sensitive to shocks, thus including women and members of female-headed households.

The resilience strengthening model\(^2\) which is likely to be tested in this action will include following components:

- **Multi-sectoral approach** aimed to reduce risk and improving rapid coping and adaptation at all levels.

- **Long term integrated programming** to strengthen different dimensions of livelihood assets (i.e. social, political, human, financial, natural and physical) incorporating a DRR approach. It will link with external government programmes like Productive Safety Net Programme (PSNP), Health Extension Programme (HEP) and Community Based Nutrition (CBN).

- **Contingency planning** for responses to predictable shocks.

- **Working with the government** to strengthen early signs of a food insecurity and nutrition crisis and regular monitoring them

- **Early response** to predictable emergencies: early intervention, prior to the global levels of malnutrition exceeding emergency thresholds, based on the contingency planning above.
  a. Surge capacity for nutrition treatment, health and other services such as livestock veterinary services;
  b. Targeted interventions limiting the impact of the underlying causes of under nutrition.

**Approaches: Integrated Resilience**

Alliance 2015 partners (Concern and People In Need) and International Medical Corps maintain their commitment for strong coordination and promotion of longer term interventions. Joint documentation and testing innovative models for integrating humanitarian and development assistance will strengthen the evidence base learning practices. Action research will be conducted to understand the dynamics and changes, generating knowledge to create opportunities to build resilient livelihoods.

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