



Progress on the
UNICEF and WFP
Enhanced Partnership
in Ethiopia
2021-2024

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Programme

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Introduction

Country situation

Ethiopia is the second most populous nation in Africa, with a population of over 126 million. Although Ethiopia has achieved consistently high economic growth over the last decade, gains have been undermined by regional conflict, insecurity, and repeated climatic shocks. The country remains one of the poorest in the world, ranking 176 out of 193 countries globally on the Human Development Index.

During 2024, it was estimated that **15.8 million** people in Ethiopia experienced acute food insecurity and were in need of emergency food assistance.





An estimated **39%** of children under **5 years** of age remain **stunted** in Ethiopia, and **11%** are **wasted**.

Ethiopia is highly vulnerable to climatic changes as 85% of the population is dependent on smallholder rainfed agriculture. Current El Niño weather conditions induced drought in several regions during 2023 and 2024 (Afar, Amhara, Tigray, Oromia, northern Somali and southern regions), and caused floods in others, leading to mass loss of livelihoods. Elsewhere, in southern and eastern regions, communities continue their slow recovery from five consecutive failed rainy seasons between 2020 and 2023. These issues, as well as conflict and insecurity in Tigray and neighbouring Amhara and Afar, have eroded livelihoods and community resilience and led to mass population displacement and widespread food insecurity. During 2024, it was estimated that 21.4 million people in Ethiopia required humanitarian assistance, and 15.8 million people experienced acute food insecurity and required emergency food assistance.

Although there has been a steady reduction in the prevalence of stunting and wasting over the last two decades, levels of malnutrition remain very high. Results of the Ethiopian Food and Nutrition Strategy Baseline Survey (2023) found that 39% of children under 5 years of age remain stunted, and 11% are wasted. Poor maternal nutrition remains a widespread problem, and levels of overnutrition are climbing in urban areas, especially among women and school aged children and adolescents. The national Food and Nutrition Strategy (2021-2023) uses a multi-sectoral approach to address all forms of malnutrition, coordinated at federal and regional levels. The Government is also implementing the innovation phase of the Seqota Declaration in selected districts to generate evidence to support the scale up of multisectoral interventions to prevent all forms of malnutrition.

History of the UNICEF and WFP partnership in Ethiopia

UNICEF and WFP influence and support Government nutrition policy and actions and engage in direct programming, especially in regions impacted by humanitarian crises. The collaboration between the two agencies was formalised in an enhanced partnership agreement for Ethiopia covering the period July 2020 to June 2023, costing at USD 69 million. While some funds were available at the beginning of the partnership, an overall funding gap of USD54 million remained, which hindered operationalization.

A 2021 documentation of progress of the UNICEF-WFP partnership in Ethiopia reported that, despite the funding gap, the agencies had worked closely to support finalization of the Ethiopia Food and Nutrition Strategy (2021-2023) and costing budget (USD2.5 billion). Each agency had also played to strengths to support finalization of the national GAP on child wasting roadmap (UNICEF) and identification of 22 'game changing actions' in the food system to reduce undernutrition (WFP). The agencies also worked together to conduct joint nutrition assessments and a joint evaluation of the Integrated Management of Acute Malnutrition (IMAM) programme, to research feasibility of the 'egg powder initiative' and to rollout Family MUAC. However, overwhelming humanitarian needs during this period limited further progress on the partnership and led to a general shift away from development towards humanitarian programming.

Three years on, UNICEF and WFP came together again to reflect on progress of the partnership between 2022 and 2024. This report documents findings across the three areas of the prevention and treatment of child wasting, school health and nutrition and nutrition resilience.



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Prevention and treatment of child wasting

Background

Although there has been a steady reduction in the prevalence of stunting and wasting over the last two decades, levels of maternal and child malnutrition in Ethiopia remain very high. Results of the Ethiopian Food and Nutrition Strategy Baseline Survey (2023) found that 39% of children under 5 years of age remain stunted and 11% wasted. Recent nutrition assessments (2024) found concerning rates of wasting in several livelihood zones and woredas in

Somali, Amhara, Afar, Oromia, Benishangul Gumuz, Southern Ethiopia Region, and Central Ethiopia Region. Poor diets are a major driver of malnutrition in Ethiopia. Almost half (47%) of children aged 6-23 months in Ethiopia live in severe child food poverty (consuming foods from 2 food groups or less per day), and 45% live in moderate child food poverty (consuming foods from 3-4 food groups per day).

Key areas of progress

Actions taken by UNICEF and WFP to treat and prevent child wasting are detailed against the Global Partnership Framework in Table 3. Key areas of progress include:

Joint sector leadership: The agencies provided joint support to the Government for the development of a Food and Nutrition Strategy (FNS) 2021-2030, implementation plan and guideline, and a five-year multi-sectoral action plan on the prevention and treatment of child wasting (2021 to 2025) and costed plan. The agencies also worked with the Government to provide joint leadership of the National Development Partners Forum (NDPF) and jointly facilitated a consultative workshop in 2023 on progress of the Global Action Plan (GAP) on child wasting roadmap. UNICEF also co-led the Nutrition Cluster/Emergency Nutrition Coordination Unit and SUN movement with the Government, of which WFP is a key member.

Nutrition information systems: The agencies provided joint support to the Government to develop a multi-sector food and nutrition security national information system to enable the generation of evidence for use in early warning. UNICEF also developed the Unified Nutrition Information System (UNIS) to enable the collection of nutrition data from multiple sector systems and is now supporting the Government to integrate these indicators into the District Health Information System (DHIS) 2.

Strengthened prevention agenda: To help prevent child wasting, UNICEF strengthened the capacities of Health Extension Workers (HEWs) and Village Health Leaders to support implementation of the new national maternal, infant and young child nutrition (MIYCN) guidelines. UNICEF also developed context-specific recipes and counselling tools to support MIYCN counselling and began piloting Multiple Micronutrient Supplementation (MMS) in 21 woredas in 4 regions to generate evidence to support advocacy for scale.

WFP developed a nutrition Social Behaviour Change (SBC) strategy, developed a Fresh Food Voucher (FFV) programme and supported nutrition-sensitive smallholder farming, to support the diets of pregnant and breastfeeding women and young children.

Together the agencies strengthened the delivery and coordination of multi-sectoral community services (health, agriculture extension, social protection and WASH) and continued research to support scale up of the 'egg powder initiative'. In addition, UNICEF and WFP worked together to develop a joint resilience agenda, initiated by the UK Foreign, Commonwealth and Development Office (FCDO). The agenda (articulated in section 4) articulates the contribution of each agency to building population nutrition resilience to avert child malnutrition in the context of repeated climate and conflict-related emergencies.

Protocols for the management of child wasting:

In 2023, the agencies finalized an updated, simplified protocol for the management of wasting in emergency contexts in Ethiopia. The protocol outlines criteria and guidance for the use of simplified approaches including single product treatment. This has now been endorsed by the federal Ministry of Health (MoH) and is being implemented in emergency-affected areas. In response to the recent launch of the 2023 update of the [WHO guidelines on the prevention and management of child wasting and nutritional oedema](#), UNICEF and WFP worked closely with WHO and the Government to develop a roadmap for updating national guidelines on the management of wasting, with a view to starting implementation in 2025. The agencies also developed a plan to pilot the new guidelines to build the evidence base to support the transition to the new guidelines in Ethiopia.

Closer programme synergies in emergency-affected areas:

UNICEF and WFP have continued to prioritize emergency-prone areas in the Oromia, Amhara, and Tigray regions for the delivery of a package of nutrition interventions. These areas are characterized by high levels of food insecurity, weak service delivery, and limited partner support. To provide a continuum of care for wasted children, UNICEF and WFP increased the harmonization of their operations, resulting in the co-location of severe and moderate wasting treatment and supplementary feeding. Table 1 provides an example of programme convergence during the response to the conflict in Tigray in 2022. Overall results of the nutrition programme are provided in Table 2.

Table 1: UNICEF and WFP partnerships in Tigray 2022

Zone	Total number of WOREDAS	Number of WOREDAS with WFP Partners (BSF/TSF)	Number of WOREDAS with UNICEF Partners (PD) & mobile H&N teams	Number of WOREDAS with both UNICEF and WFP	Number of WOREDAS with of no UNICEF or WFP partner
Central	21	20	21	20	
Eastern	19	13	8	6	4
Mekelle Special	7	7*	7	7	
North Western	15	15	15	15	
South Eastern	8	6	8	6	
Southern	14	12	12	10	
Western	9		3		6
Grand Total	93	73	74	64	10

Adapted modalities for hard-to-reach populations: Where access to health and nutrition sites is limited or disrupted, UNICEF used mobile health and nutrition teams to deliver essential services, especially among pastoralist communities. The agencies also worked together to implement 'Find and Treat campaigns' in Somali, Oromia, Afar and

SNNPR regions – an innovation to provide rapid early detection and treatment of children with severe and moderate wasting, and to delivery other essential services (Figure 1). 'Find and treat' campaigns were also used to collect nutrition data in hard-to-reach areas where nutrition surveys are not possible.

Figure 1: Find and treat campaign results 2023-2024

Global Acute Malnutrition (GAM) proxy rate - F&T, 2023-2024

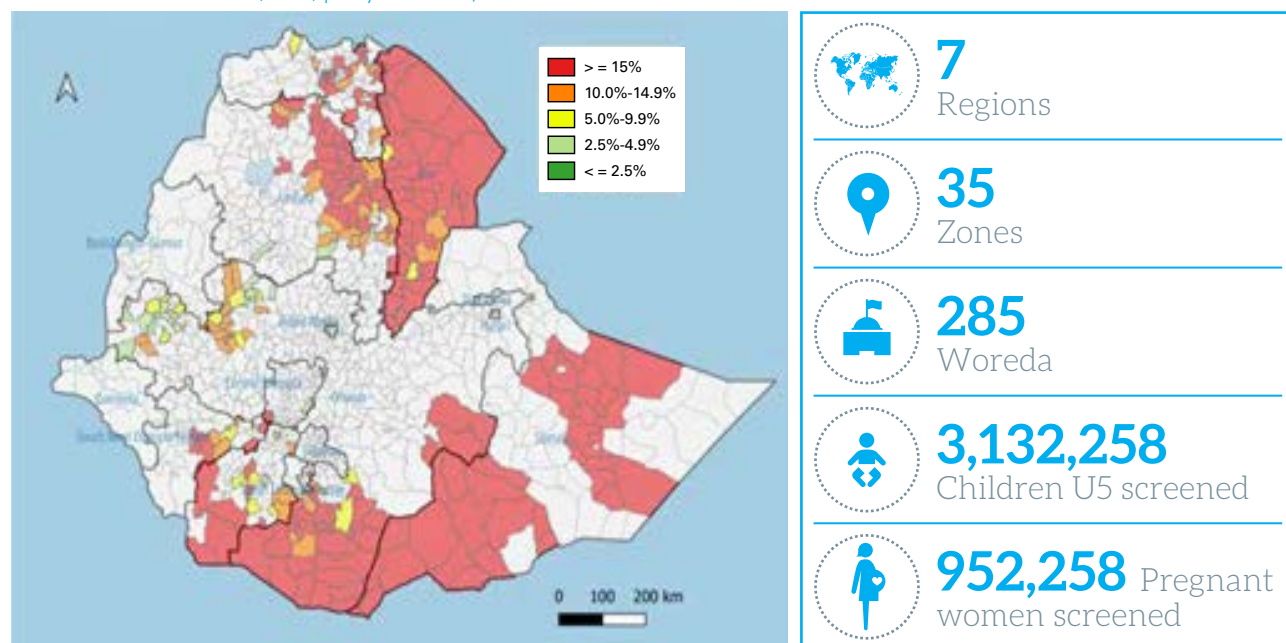


Table 2: Results 2020-2024

	2020	2021	2022	2023	2024
Children reached with SAM treatment	438,760	521,191	700,610	674,564	671,258
% SAM burden reached	77%	89%	58%	55%	69%
Children reached with supplementary feeding for MAM	1,169,616	1,531,739	1,979,582	1,684,104	1,344,737
% MAM burden reached	53%	47%	55%	56%	59%
Caregivers of children aged 0-23 months reached with IYCF counselling	NA	850,991	809,755	1,380,324	1,574,051
Health and nutrition workers trained in IYCF counselling	851	166	1,469	11,747	3,245
Health and nutrition workers trained in CMAM protocols	1,544	2,885	3,453	3,129	1,100
Children reached with services to prevent acute malnutrition	5,986,719	6,531,146	9,120,695	7,940,837	12,023,720
Pregnant and breastfeeding women reached with services to prevent acute malnutrition	1,787,774	2,504,900	2,349,859	2,995,547	4,159,731

Gaps and challenges

Overwhelming humanitarian needs: Frequent conflict and climatic disasters have greatly hindered the reduction of malnutrition and prevented gains from being sustained.

Limited funding: The lack of donor support for the nutrition programme and humanitarian needs has severely limited the implementation of the nutrition programme in Ethiopia and led to frequent disruptions in the nutrition supply pipeline. The high cost of malnutrition treatment and low public finance contributions provide an ongoing threat to programme sustainability.

Commodity diversion and loss through misappropriation, theft or looting pose an additional challenge. To address this problem, UNICEF deployed 60 third party monitors (TPMs) at a cost of over USD 2 million, to monitor and ensure appropriate utilization of nutrition commodities including RUTF at facility and community levels. WFP collaborated with regional authorities to take action against the misuse of commodities and the MoH has now included Ready-to-use Supplementary Food (RUSF) on the

essential medicines list so that it is considered as a medicine rather than a commodity for sale.

Further harmonization in the management of implementing partners was prevented due to sub-optimal coordination and collaboration at zonal and woreda levels. This hindered the provision of a continuum of care for wasted children in some areas and reduced programme efficiencies.

Lack of representative nutrition assessments in conflict zones has made it difficult to assess the scale of the crisis for informed response planning.

Gaps and lack of clarity on agency mandates in the management of moderate wasting: Supplementation of moderate wasting is only included in the public health system in 155 woredas, with the rest relying on ad hoc support and supplies. WFP currently works in around 295 woredas with the remaining woredas receiving no support. This is an enormous programming gap that neither agency has funds to fill, putting children at high risk of deterioration into severe wasting.

Widespread child food poverty: Children's diets are of extremely poor quality in Ethiopia, which is driving poor nutrition. Children's needs are not currently central in food systems transformation agendas, plans and programming and the issue is not being adequately addressed.

Lessons learned

UNICEF and WFP can work together at a strategic level to support the development and updating of key national policy and guidance related to child wasting and to support adherence to standards in the delivery of a package of wasting treatment and prevention services.

Experiences during the Tigray crisis demonstrated how the agencies can provide a continuum of care for wasted children through co-location, use of the same implementing partners and adapted modalities for hard-to-reach populations. This experience changed how the agencies think of complementarity and led to new opportunities to scale this model and collaborate more fully.

Addressing commodity losses and the generation of quality evidence of programme impact are critical to provide donor confidence and inform advocacy for resources for the nutrition programme.

Recurrent emergencies and increasing climate pressures require a shift towards the building of resilient systems to prevent malnutrition. This includes climate adaptation actions that aim to prevent malnutrition in the face of climate shocks and stresses. Development of a joint UNICEF-WFP resilience framework is a first step in ensuring that individual agency programmes of work are complementary and contribute to a broader resilience agenda.

Community-based approaches and food-based solutions are urgently needed to address the extremely poor quality of child diets to prevent child wasting. Innovative solutions that leverage existing platforms and workforce cadres across multiple systems (especially food, social protection and health) and unified monitoring are needed to help address this critical gap.



Next steps and future opportunities

The updated WHO guidelines create an opportunity to address the large burden of moderate wasting in Ethiopia. Quality evidence is needed to guide Government implementation, and to bring clarity around the providers of services in different operational contexts. The planned pilot implementation of the protocols will help to generate much needed evidence.

The resilience framework will be used for joint resource mobilisation and to guide complementarity in actions moving forward. At implementation level, the agencies can use the framework to identify linkages between the services they each provide, including fresh food vouchers in areas where both agencies are working.



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A comprehensive food systems for children agenda is needed for Ethiopia, supported by FAO, UNICEF and WFP in collaboration. This agenda must go beyond micro projects and support the scaling up of local food solutions to increase the accessibility of nutritious, affordable, safe and sustainable foods for pregnant women and children.

UNICEF's leadership of SUN UN presents an opportunity for resource mobilisation for the resilience and humanitarian-development nexus agenda. This needs to be developed further with support from both agencies.

Strengthened Government capacity to deliver nutrition services: UNICEF and WFP have signed an MOU with the Ministry of Health and Disaster Risk Management Commission (DRMC) to enhance the capacity of health workers in 150 woreda. This represents a significant opportunity to support a continuum of care for children with moderate and severe wasting, with potential for national scale up.

Continued advocacy for national commitments for nutrition: UNICEF and WFP will continue to advocate for the allocation of public finance for the procurement of essential nutrition supplies and integration of RUTF into the essential medical list, in addition to other essential nutrition products. This is critical to support programme sustainability.

Research on the prevention of malnutrition: The ongoing Joint UN Initiative for the Prevention of Wasting (JUNIPr) aims to generate evidence on nationally-led approaches for the prevention of child wasting. This collaborative effort between WHO, UNICEF, WFP and the International Food Policy Research Institute (IFPRI) provides an opportunity to accelerate malnutrition prevention efforts in Ethiopia and beyond.

Development of a Climate Nutrition agenda: Updates of key national plans on climate including the Nationally Determined Contributions (NDCs) provide a key moment of opportunity to advocate for the needs of children, led by UNICEF, including children at risk of malnutrition due to climate shocks and stresses. This will pave the way for the development of a national agenda on climate and nutrition.



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Partnership on school health and nutrition

Background

Ethiopia has made significant progress towards achieving universal primary education over the last decade, with net primary school enrolment reaching 89% by 2022. However, approximately 17 million children in Ethiopia remain out of school and an estimated 3.5 million children are at risk of dropping out of primary and secondary levels. Education is also severely disrupted in conflict-affected areas of the country. The quality of education in Ethiopia is poor. An estimated 90% of children in Ethiopia experience learning poverty, defined as being unable to read and understand age-appropriate text by age 10. For girls, poor school attendance and learning outcomes

are influenced by high levels of child marriage and early childbearing. Overall, according to the Human Capital Index, it is estimated that a child born in Ethiopia today will only reach 38 percent of his or her potential.

Poor education and learning outcomes are associated with poor nutrition as children who are poorly nourished are less able to learn, and poor learning increases risks of future poverty and malnutrition within the next generation. Malnutrition among adolescent girls is highly prevalent in Ethiopia, with girls aged 15-19 years consuming food from

only three food groups per day and 45% living in food insecurity households. Across this age group, an estimated 22.4% of children and adolescents are stunted, 17.7% underweight, 23% experience anaemia and 10.6% overweight and obesity. Levels of obesity are rising, especially among urban and wealthier households, while the risk of undernutrition remains high in urban and poorer households. The recent Food and Nutrition Policy and its implementation strategies have emphasized the need to improve adolescent nutrition. While the country has some strategies and intervention programmes for adolescents, a comprehensive approach is currently lacking.

Key areas of progress

Actions taken by the agencies are detailed against the Global Partnership Framework on school health and nutrition in Table 4. Key areas of progress include:

Policy level actions: The agencies supported the Government of Ethiopia to develop an Adolescent Nutrition Guideline, endorsed in 2022, that outlines the range of adolescent nutrition services that the Government intends to deliver through multiple platforms, including schools, health facilities and community structures. UNICEF is now supporting the Government to rollout the guideline. During this period UNICEF also supported the Federal Ministries of Health and Education to develop an assessment tool and guide to support healthy school food environments in Ethiopia. This aims to support the Government to assess the state of existing school food environments to develop and prioritize actions to support healthy school meals and wider food environments to address all forms of malnutrition.

School meals: WFP implements school meals in 1,117 primary schools across five regions in Ethiopia, providing school meals to over 400,000 children to support nutrition and education outcomes. In collaboration with UNICEF, WFP also provided daily school meals to 61,461 children under the school feeding programme in post-conflict areas of Afar, Amhara, and Tigray to alleviate hunger and promote school attendance and learning. To further enhance the nutritional quality of school meals, WFP launched a pilot Fresh Food Inclusion Programme to incorporate fresh vegetables, fruits, and animal products into school menus. This initiative has

benefited over 50,000 children in the Southern Ethiopian Region and Afar, fostering healthier growth and development. WFP is also working closely with local communities and smallholder farmers to source food supplies for school meals, boost local economies and promote sustainable agricultural practices.

Health and nutrition services: The package of intended adolescent health and nutrition services, outlined in the national Adolescent Nutrition Guidelines, includes weekly iron and folic acid (IFA) supplements, deworming, and nutrition education and life-skills. While institutional implementation capacities are being strengthened, UNICEF is providing direct and indirect support for the rollout of these services in high and moderate risk woredas. During 2023, a total of 513,848 adolescent girls received weekly IFAS, with 184,320 directly supported by UNICEF, and 5,276,514 school aged children and adolescents were reached with deworming tablets supported by UNICEF. A deworming information campaign was also implemented to support the latter, including the development and dissemination of a deworming implementation guide, education materials, and training for health workers.

In addition, UNICEF provided training to 4,265 teachers, 2,629 health workers, and 4,520 female health extension workers (HEWs) on the delivery of health and nutrition services, including sexual and reproductive health (SRH) information. UNICEF also established and rehabilitated 84 menstrual hygiene management (MHH) safe spaces in schools and strengthened 35 gender clubs, promoting boys' engagement through new guidelines. Furthermore, 346 teacher facilitators from 235 schools were trained to deliver life skills education, resulting in 42,715 adolescents completing 31 life skills sessions.

To support the health and nutrition of out-of-school adolescents, UNICEF established 267 community safe spaces were established to reach 4,782 out-of-school girls during 2023. UNICEF also continued to support the Government with the rollout of the 2017 Youth-Friendly Health and Nutrition Services guideline by training health managers, health workers and health extension workers on the delivery of adolescent-friendly health and nutrition services at health facilities and clinics.



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Nutrition education and social and behaviour change (SBC): The agencies worked together, led by UNICEF, to support the Ministry of Education to include nutrition as a subject in the national school curriculum. UNICEF is now supporting implementation through the development of learning resources for teachers and pupils, including a supplementary nutrition textbook. UNICEF is also supporting selected schools in 100 woredas to establish school gardens to support nutrition and agriculture education as well as provide nutritious foods to supplement school meals.

Both agencies are implementing SBC interventions in schools and health facilities to support healthy eating among school-aged children and adolescents and to raise awareness of available services for this age group. UNICEF is reaching 134 schools with nutrition SBC and WFP 166 schools. UNICEF is also partnering with the international NGO Girl Effect, to support the rollout of SBC interventions focused on school nutrition, health, WASH, and gender through national TV broadcasts and rural school programmes.

Adolescent-led Food Urbanism: During 2024, UNICEF developed a demonstration model of ‘youth-led food urbanism’. The model aims to improve the lives of vulnerable young people by providing social services and life skills beyond schools. Centres have been established at urban sports and youth centres

to provide training in food production using climate-smart nutrition agriculture techniques, including drip irrigation, intercropping and vermicomposting, and smart chicken feeding using Alfalfa plant and black soldier fly larvae. Food is used to provide post-training meals, and any surplus is offered to the local community at affordable prices to help address household food insecurity. The programme has demonstrated a positive return on investment, UNICEF is now scaling up in three conflict-affected areas with Mastercard funding at the request of the Government of Ethiopia.

Gaps and challenges

Poor institutional capacity: While the Government of Ethiopia has clearly shown its commitment to improving adolescent nutrition at policy-level, Government resource commitments are low, and institutional capacity to deliver across multiple systems is weak.

Lack of workforce capacity: There remains inadequate knowledge and understanding of how to deliver adolescent-friendly health and nutrition services among many healthcare providers, teachers and community members. Many adolescents in the country also have limited access to health and nutrition service providers, particularly in rural and marginalized areas.

There is a lack of coordination between UNICEF and WFP on school-based actions, due to the absence of a bi-lateral partnership agreement between the agencies to support joint actions in this area. This means that the agencies often go to Government separately, and individual programmes are not converged, so that children and adolescents do not receive an integrated package of services.

Many children remain out of school in Ethiopia:

More modalities and innovations are needed to reach this large group with multi-sectoral services to support their health, nutrition, education and wellbeing and ensure their future productivity.

Lack of resources to support school feeding:

Escalating food prices and humanitarian needs have limited Government capacity to integrate the school meals programme into the national budget and take it to scale. In addition, many schools in Ethiopia have poor infrastructures, which makes food preparation, hygiene and sanitation challenging.

Unhealthy food environments: School-age children and adolescents in Ethiopia often experience poor access to affordable, nutritious, safe and sustainable foods, and easy access to cheap, unhealthy, ultra-processed foods in and around schools.

There is a lack of timely data on the nutrition status of school aged children and adolescents and the drivers of malnutrition in this age group. This hinders advocacy for resources and the appropriate setting of targets for action.

Lessons learned

Schools provide an important platform for the delivery of multiple services to school-aged children and adolescents to support improved health, nutrition and education outcomes and build resilience in current and future generations.

A joint approach is needed to deliver a comprehensive package of health, nutrition and education support to children in schools to address multiple forms of malnutrition in this age group, involving Government, UNICEF, WFP, and multiple partner agencies.

The scale up of an integrated school-based programme requires a bi-lateral partnership agreement between UNICEF and WFP, a comprehensive framework of action involving health, nutrition and education sectors, and commitment to converge and coordinate school-based programming actions.

School age children and adolescents require healthy school food environments to ensure access to nutritious foods and to support healthy food choices. This requires strong Government commitment and legislation to protect children from the influence of as well as school meals standards and guidelines.

The development of platforms to deliver multi-sectoral services to this group, including skills development, food production, and actions to support equity and inclusion, is a worthwhile investment in human capital.

Next steps and future opportunities

Results of the school food environment assessment will be used to identify priority actions, including the development of nutrition standards and legislation to support healthy school food environments, to support rollout of the Adolescent Nutrition Guideline.

The agencies will support the Ministry of Education to define a costed minimum package of multi-system interventions through schools to support multiple outcomes for school age children and adolescents in diverse settings. This will provide critical information to support advocacy for scale up.

UNICEF and WFP will explore development of a bi-lateral partnership agreement on school-age children and adolescents including an action framework that defines each agency's contributions to the strengthening of institutional capacities to deliver the minimum package of services at scale.

The agencies will continue to work on demonstration models that showcase different options for improving the nutritional value of school meals whilst supporting local food production and livelihoods, including exploring linkages with the private sector and PSNP. Evidence will be collected to inform scale up.



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Progress on nutrition resilience

Background

According to the most recent National Food and Nutrition Strategy baseline survey, child stunting and wasting levels remain high in Ethiopia at 39% and 11% respectively. Child food poverty is a major driver of the problem, and is now at dire levels, exacerbated by climate and conflict related shocks and public health emergencies. Ethiopia ranks among the 15 countries in the world worst affected, with a burden of 46% (approximately 8.2 million children) living in severe child food poverty. These issues put pressure on already vulnerable households and fragile systems and place increasing demands on unsustainable food and nutrition supply chains. In recognition

of this issue, catalysed by a request from the UK Foreign, Commonwealth and Development Office (FCDO), UNICEF and WFP came together in 2023 to develop a coherent plan to address the root causes of population nutrition vulnerability in Ethiopia to build nutrition resilience.

The agencies used available evidence to assess the population deprivations that drive malnutrition, system capacities, and global and national guidance on wasting prevention and treatment. A set of priority actions that utilize each agency's comparative advantage were identified to address

population vulnerabilities and build system and community resilience to help prevent maternal and child malnutrition. The resulting framework, entitled 'Building resilience for nutrition in Ethiopia through Collective Impact (CI) of WFP and UNICEF (2022-2025)' is shown in Figure 2. The framework articulates individual and joint UNICEF and WFP actions across multiple systems, built around three pillars: 1. Actions to build the resilience of communities for the early prevention, detection and treatment of child malnutrition; 2. Actions to build resilient systems to address multiple drivers of child malnutrition; and 3. Actions to develop the evidence-base for multi-sectoral resilient programmes for nutrition.

Actions under the first pillar largely articulate those already being undertaken by UNICEF and WFP, but with stronger emphasis on linkages and complementarity between each agencies'

contributions to provide a full package of support to vulnerable communities. Actions align with the national GAP on child wasting, and National Food and Nutrition Strategy that emphasizes the need to provide a multi-sectoral package of preventive and curative nutrition service as part of 'response to needs' during emergencies.

Actions under the second and third pillars represent somewhat of a shift away from 'business as usual' towards the strengthening of multiple systems capacities to address the underlying drivers of population nutrition vulnerability. Some of these actions were already being undertaken by the agencies, but not at scale, and others represent new actions that aim to contribute to the national food transformation roadmap and Seqota Declaration's objective of eliminating stunting by 2030 through multi-sectoral action.

Progress on implementation of the joint resilience framework 2022-2024

Between 2023 and 2024 UNICEF and WFP used the Resilience Framework to formulate joint resilience-focused funding proposals, successfully mobilizing over USD45 million from the Children's Investment Fund Foundation (CIFF), KfW (of the German Development Bank) and FCDO. This has enabled delivery of a package of essential nutrition services in emergency-affected regions, as well as the implementation of some new actions, for example

use of Small Supplements for the Prevention of Malnutrition in Early Childhood (SQ-LNS) to prevent wasting among young children, implementation of a nutrition-responsive young child cash transfer, and the first-ever mass deworming campaign for children aged 12-23 months in Ethiopia. Specific progress under each of the three pillars of the framework is as follows:



Pillar one: Actions to build the resilience of communities for the early prevention, detection and treatment of child malnutrition

Actions under this pillar focus on responding to the immediate needs of children, pregnant women, and lactating mothers during emergencies, including the early identification and treatment of wasting alongside improved access to preventive services and nutritious foods. UNICEF and WFP are prioritizing emergency-prone areas in the Oromia, Afar, Amhara, and Tigray regions to deliver the following services:

To improve household food security and healthy diets: Throughout this period WFP supported small-holder production of nutritious foods including fruits and vegetables, animal-sourced foods (ASFs) and biofortified crops, and post-harvest processing to reduce nutrient loss and increase shelf life of nutritious foods. WFP also provided fresh food vouchers in priority woredas to address poor diets and help prevent malnutrition.

During 2024, UNICEF reached over 4,000 households with pregnant women and children under one year with regular cash transfers alongside nutrition services to empower vulnerable households to purchase nutritious foods to support maternal and child diets. UNICEF also initiated several small-scale food systems transformation pilot projects to demonstrate potential interventions to increase access to nutritious foods for women and children in fragile contexts. These are described under pillar two below.

To improve access to essential services for nutrition:

UNICEF provided a package of essential nutrition services through nutrition sites and mobile health and nutrition teams, find and treat campaigns and catch-up campaigns in hard-to-reach areas. Services include IFA or Multiple Micronutrient Supplementation (MMsS) during pregnancy; Vitamin A Supplementation and deworming; Maternal, Infant and Young Child Feeding Counselling; Growth monitoring and promotion (GMP); early detection and referral of child wasting; and post-discharge relapse prevention including supplementation with SQ-LNS. UNICEF also actively engaged community members in Social and Behaviour Change (SBC) activities using

multiple community platforms to create demand for services, and to understand the deprivations that households face.

WFP worked closely with UNICEF to treat moderately wasted children and wasted pregnant and breastfeeding women at nutrition sites and through mobile platforms, as described in Section 2 above. WFP also trialled the use of Fresh Food Vouchers (FFVs) to treat moderate wasting, to inform future programming.

To improve care practices for children, adolescents and caregivers:

UNICEF worked with the MoH to develop over 65 context-specific recipe cards to support the use of locally available, nutrient-dense and affordable foods to feed young children. These were used to support 2,800 cooking demonstrations reaching over 3.4 million children aged 6-23 months in the most food insecure woredas. UNICEF also supported the integration of Early Childhood Development (ECD) information into the nutrition counselling package to support uptake of optimal care practices and established an online platform for monitoring and reporting violations of the National Baby Food Control Directive (The Code).



Pillar two: Actions to build resilient systems (agriculture, health, social protection, WASH, education and child protection) to address multiple drivers of child malnutrition

Under the second pillar, UNICEF and WFP aim to strengthen multiple systems in emergency-prone regions to address the multiple drivers of malnutrition, as follows:

Health system: UNICEF worked with the MoH and regional health bureaus in 128 districts to strengthen existing Kebele Health Nutrition Platforms (quarterly Child Health and Nutrition Days (CHNDs)) to revitalize the delivery of community-based nutrition services. During CHNDs days community members are brought together with Health Workers and Health Extension workers to receive child health and nutrition services, including immunisations, micronutrient supplementation, deworming, nutrition screening, MIYCN counselling and cooking demonstrations, alongside entertainment and SBC activities to support the uptake of services and

optimal practices. Other community staff cadres also attend including social workers, WASH committees and Agricultural Extension Workers, to provide other sectoral services.

UNICEF also supported the Government to digitize the Community Health Information system to improve the collection and use of health and nutrition data by village authorities to identify trends (for example in child wasting) and inform early response.

Social protection: UNICEF trialled the use of various forms of social protection to help prevent child malnutrition to demonstrate proof of concept. CIFF funding was used to target a regular child cash transfer to caregivers of young children in Somali Region over 12 months, alongside a package of nutrition services and WASH services. CIFF funding

was also used to pilot micro savings groups for women in Oromia Region, to build the productive capacity of women to support positive child health and nutrition outcomes.

WASH: As well as providing water supply and sanitation services, UNICEF explored the use of WASH in the production of nutritious foods for children, including through small scale irrigation, water for livestock and the use of bio-gas to support home gardening. Various small-scale interventions were piloted to demonstrate proof of concept.

Education: As described in section 3, UNICEF and WFP supported the Government to scale up the delivery of health and nutrition services in schools and to reach out of school adolescents. This included actions to deliver and strengthen the school meals programme and nutrition services in schools. During this period WFP supported school gardening and smallholder farm activities in Southern region, Afar, Amhara and Oromia regions as part of the fresh food inclusive school meal project. Primary schools were supported to engage in school gardening to support nutrition education and produce diverse, nutritious foods to improve the diversity of school meals.

Food systems: UNICEF is currently working on a portfolio of actions to support the transformation of the food system to help address child food poverty. This includes continued investments in the 'egg power initiative' as an example of medium-to-large scale production of a food-based solution to treat and prevent malnutrition. During this period, the

prototype development and testing phase was completed, an egg powder product standard was endorsed by the Ethiopian Standards Agency, and equipment was procured to produce egg powder at scale. UNICEF collaborated with Addis Ababa University (AAU) to carry out a value chain analysis and finalize a business plan for egg powder production and distribution and entered a partnership with the International Egg Foundation (IEF) to provide technical support for scale.

During this period, UNICEF carried out a mapping of food-based solutions being tested and used by NGO partners in Ethiopia. Solutions with potential to improve maternal and child access to nutrient-dense foods were identified including hydroponics (growing vegetables outside of soil), aquaponics (use of nutrient-rich aquaculture water to feed hydroponically grown plants), and the processing of low food chain protein sources (e.g. worms and black flies) and nutrient-rich plant sources for consumption. UNICEF partnered with Tigray Development Association (TDA) to carry out a small-scale pilot of hydroponic technology to support food production in an area of water scarcity. The pilot demonstrated the versatility of the technology, which is now being scaled up to reach 9,000 households, 16 schools, and 14 farmer training centres. Findings will be used to understand implementation costs and impact on food production and child dietary diversity.

WFP has engaged in the development of nutrition-sensitive school gardens to support the production of nutritious foods for schools. UNICEF and WFP



also worked together to strengthen national systems for large scale food fortification. UNICEF and WFP advocated for and supported the establishment of mandatory fortification of wheat flour and oil, culminating in the development, endorsement, and launch of the mandatory fortification of wheat flour and oil in 2024. UNICEF also supported industry readiness assessments for food fortification. During this period, 24 out of 32 oil refineries and 36 out of

359 wheat industries were pre-qualified to initiate fortification. Between June 2022 and June 2024, domestic production reached 39,873 metric tons (MT) of fortified edible oil, 32,000 MT of fortified wheat flour, and 311,630 MT of iodized edible salt. Since full fortification enforcement began in March 2024, imports have totaled 291,114.72 MT of fortified edible oil, 149,954.62 MT of fortified wheat flour, and 34,155 MT of iodized edible salt.



Pillar three: Actions to develop the evidence-base for multi-sectoral resilient programmes for nutrition

The agencies have prioritized the generation of evidence to inform national rollout of multi-sectoral resilience programming for nutrition. This includes development of a multi-sector food and nutrition security national information system to generate evidence for early warning, and the Unified Nutrition

Information System (UNIS) led by UNICEF to support the national collection of data to track progress across multiple systems. Where the agencies are piloting and demonstrating new programme approaches, evidence is also being collated to inform learning and advocacy for scale.

Gaps and challenges

Lack of donor support to address nutrition

resilience: Securing funding to action multi-system resilience building actions has been challenging as donors remain primarily interested in life-saving actions. Public sector finance commitments for nutrition are also inadequate and there is a lack of visibility of public finance expenditure across multiple nutrition influencing systems to demonstrate shortfalls.

Lack of evidence of impact of resilience

strategies on nutrition: Despite efforts to strengthen nutrition information systems in Ethiopia, there is currently no strategic approach to generate evidence on the nutrition impacts, cost benefit and sustainability of combinations of interventions that aim to address the underlying causes of nutrition vulnerability.

Nutrition does not feature in the national

climate resilience agendas: Maternal and child nutrition are not considered in current national climate mitigation and adaptation plans and in general there is a lack of understanding of climate-nutrition vulnerability in Ethiopia.



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Food systems transformation for children efforts

currently small scale: Food systems in Ethiopia need urgent transformation to address the nutrition needs of women and children. Current efforts to address this problem lack coherence and scale.

Chronic poverty and the lack of comprehensive

social protection: Chronic poverty remains a primary driver of widespread nutrition vulnerability in Ethiopia. While the PSNP is wide-reaching, its effectiveness is limited by operational problems and the very small transfer value size. This is a huge programming gap that requires innovative social protection and livelihoods solutions.

Lessons learned

In a context of ongoing fragility, there is a need to move out of traditional agency mandates to address the root causes of nutrition vulnerability – this is necessary to build nutrition resilience to recurrent shocks and prevent perpetual increases in malnutrition.

The development of a joint resilience framework enabled UNICEF and WFP to open their thinking and identify new opportunities to address the underlying causes of malnutrition, and to ensure that their programming contributes to the building of nutrition resilience. The framework has also created opportunities for joint resource mobilisation.

Building nutrition resilience at scale requires public financing commitments, and commitment from partner and donors to invest in long-term programming in fragile contexts. This requires socialization, a coherent narrative, and quality evidence that demonstrates nutrition impact.

Addressing household poverty and the lack of availability of nutritious foods for children are critical for building nutrition resilience in Ethiopia. This requires the positioning of nutrition in key sector strategies (especially food systems transformation and social protection) and a coherent, coordinated approach by the UNICEF, WFP and multiple other partners.

Addressing water scarcity is key for addressing the lack of nutritious foods for children in Ethiopia in drought-prone areas of the country – this is projected to be an increasing problem due to the impacts of climate change and must become a key part of nutrition resilience programming, with WASH and nutrition colleagues working closely together.

Maternal and child nutrition must become central in the climate agenda to address the impacts of climate change on child nutrition and to access climate finance to address this problem. This requires the identification of climate smart nutrition actions with advocacy to align these with country climate plans and strategies.

Next steps and opportunities

Develop a more strategic, multi-agency approach to building the evidence base for nutrition resilience programming, focusing on the generation of quality evidence of impact, cost-benefit and sustainability of combinations of multi-sectoral interventions and continue to advocate together for joint resources to address the root causes of nutrition vulnerability.

Advocate for increased public finance commitments for nutrition, starting with the rollout of a nutrition expenditure tracking system to track money spent on nutrition across multiple sectors, and identify funding shortfalls. The agencies can also see innovative finance opportunities for novel forms of programming, for example UNICEF is working with City of Addis Ababa to explore use of a City Tax to sustain the school feeding programme, and a sugar tax to support the delivery of other nutrition services.

Influence updates of national climate plans, including the Nationally Determined Contributions (NDCs) and National Adaptation Plan (NAP) to include strategies to build climate nutrition resilience, and build Government capacity to develop and implement a climate nutrition agenda.

Develop a comprehensive food systems transformation for children agenda for Ethiopia in partnership with Government and multiple partners including the private sector that includes a clear route to scale up promising food-based approaches, in line with the Governments localization agenda. This includes the egg powder and other ‘first foods’ initiatives, and the fresh food voucher programme.

Work together to influence the design of the PSNP 6 to support maternal and child nutrition in Ethiopia and explore use of innovative solutions alongside this to address chronic poverty, including income generation linked to local food solutions, and micro-credit and savings and loans for women.





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Strategic next steps

In this next period, priority areas for joint UNICEF-WFP action include:

- Joint support to the MoH to operationalize the updated WHO recommendations on the prevention and management of acute malnutrition. In this phase, the agencies will focus on generating quality evidence from the pilot phase to inform scale up, and exploring the best modalities to ensure last mile delivery to the hardest to reach communities.
- Jointly invest in strengthening the national nutrition information system, including hot spots woreda system and early warning systems, including with climate data, to inform anticipatory action to prevent malnutrition.
- In line with the Government's localization and local food production agenda, and as a complement to other agency efforts, invest in 'downstream' food value chain initiatives with potential to address child food poverty (especially processing of first foods, fresh food vouchers, market shaping and demand creation).
- Joint advocacy to position maternal and child nutrition in national climate plans, support the development of a national climate nutrition agenda, and demonstrate innovative ways to build climate nutrition resilience to support the evidence base for action.

➤ Jointly support the Government to develop a sustainable model for school health and nutrition, with different models for different contexts, and explore linkages with other system initiatives to support wider community benefits (e.g. local production of nutritious foods for school meals, and links with the PSNP).

➤ Joint strategic advocacy for increased nutrition sensitivity of the Productive Safety Net Programme (PSNP) 6, to ensure that it reaches vulnerable families with a package of services to address nutrition vulnerability.



Tables of actions

Table 1: Progress on the UNICEF-WFP enhanced partnership framework on child wasting in Ethiopia

Global commitments		Ethiopia actions 2022-2024	
Areas of focus	Specific interventions	Progress to date/results	Plans and future opportunities
Global, regional and national technical leadership and coordination.	Leadership and coordination of national efforts to prevent and treat wasting in all contexts.	<p>Joint support to Government to finalize the Food and Nutrition strategy (FNS) 2021-2030. UNICEF supported development of a costed plan for implementation of the FNS (USD 2.5 billion) and a multi-sectoral nutrition coordination implementation guideline.</p> <p>Joint support to Government for development of a five-year multi-sectoral action plan on the prevention and treatment of child wasting (2021 to 2025) and costed plan (USD 227 million) focusing on actions in the health, food and social protection systems.</p> <p>UNICEF co-led the National Development Partners Forum (NDPF) with government to coordinate development partners, UN agencies, civil society organisations and donors engaged in nutrition.</p> <p>Joint facilitation of a consultative workshop on the Global Action Plan (GAP) in June 2023 to discuss progress on implementation of the GAP Ethiopia roadmap.</p> <p>Joint workshop held on 12-13 November 2024 for the finalization of GAP woreda and monitoring framework</p> <p>Joint support for the development of the UN cooperation framework with the Federal Government (2020-2025) including UN nutrition objectives, areas of support and outcomes.</p> <p>UNICEF co-led Nutrition Cluster/Emergency Nutrition Coordination Unit with Government. Both agencies participate in strategic advisory group (GAP), technical working groups on CMAM and information systems and support sub-national coordination.</p> <p>UNICEF co-led SUN movement with Government.</p>	<p>Implementation of new FNS guidelines.</p> <p>Revamping of the SUN movement to support joint UN agency and multi-stakeholder coordination.</p> <p>NDPF will focus on sharing innovative approaches for the prevention of malnutrition as a contribution to the nutrition resilience agenda.</p>
	Support WHO's lead with provision of normative guidance for prevention and treatment of wasting.	<p>Joint participation in a regional workshop on the updated WHO guidance and joint facilitation of a national workshop in March 2023 to contextualize the recommendations for Ethiopia. Joint support to Government for development of a roadmap for updating the national guidance, led by a new Guideline Adaptation Technical Working Group (under the CMAM TWG), with technical support from UNICEF and WFO recruited consultants.</p> <p>UNICEF and WFP worked together to develop a simplified and combined protocol for the management of acute malnutrition in emergency contexts in Ethiopia, endorsed by MoH. This provides guidance on the use of simplified approaches, including criteria and protocols for single product treatment.</p>	<p>Rollout of the finalized roadmap and begin process of supporting MoH to update the national guideline ready for implementation in 2025.</p> <p>Use of emergency guideline in areas that meet government criteria.</p> <p>UNICEF will begin treating high risk MAM with RUTF alongside SAM in emergency-affected areas where WFP is not providing services. This will provide evidence to support scale up of new protocols.</p> <p>WFP will explore use of nutrient-dense foods for management of MAM.</p>

Global commitments		Ethiopia actions 2022-2024	
Areas of focus	Specific interventions	Progress to date/results	Plans and future opportunities
Situation analysis and nutrition information systems	Support national government with analysis of nutrition and food security situation facing children and women, its determinants and drivers and potential pathways for positive change.	<p>Data from the 2020 joint WFP and UNICEF 'Fill the Nutrient Gap' analysis was used to inform the design of a fresh food voucher scheme by WFP.</p> <p>UNICEF worked with GAIN to conduct a complementary feeding affordability analysis to inform national programme actions.</p> <p>UNICEF and WFP provided regular support to the Ethiopia Disaster Risk Management Commission (EDRMC) on the 'hotspot analysis' carried out in January and July each year to provide woreda-level information to help prioritize emergency programming.</p> <p>The agencies jointly supported the Government to develop a multi-sector national information system on food and nutrition security to contribute to the national early warning system.</p>	
	Support national governments with data collection – including Nutridash – to forecast needs and track progress, as well as with evidence and information on best programming practices.	<p>UNICEF developed a united nutrition information system (UNIS) to support the collection of nutrition data from multiple nutrition systems through the District Health Information System (DHIS) 2.</p> <p>In July 2023 UNICEF released a GAP tracking tool to enable the quarterly tracking of progress against the Global Action Plan (GAP) on child wasting in Ethiopia. Baseline data from all agencies was collected.</p>	<p>Implement and scale up UNIS by UNICEF and WFP.</p> <p>Support Government to review DHIS2 and enhance nutrition indicators.</p> <p>Implement GAP tracking tool to track actions.</p>
Prevention of maternal and child wasting	Support national governments in expanding coverage and quality of primary health care and related services and practices for pregnant women, children under five years and their mothers, with emphasis on first 1,000 days.	UNICEF supported the Government to revitalize community health and nutrition services through capacity strengthening of Health Extension Workers (HEWs) and Village Health Leaders in their nutrition functions. UNICEF also began piloting the integrated delivery of community multi-sectoral community services (health and nutrition, agriculture, social protection and WASH) to inform future scale up.	UNICEF to continue strengthening community-level nutrition capacities and generate quality evidence from the integrated community services pilot to inform Government scale up.
	Support implementation of nutrition services for children and women to improve breastfeeding, complementary foods and feeding, ensure adequate weight gain, linear growth and development in infancy and early childhood and support maternal health, nutrition and well-being.	<p>The UN Nutrition network and MoH released a joint statement on Infant and Young Child Feeding in Emergencies (IYCF-E) calling on all stakeholders to support, promote and protect breastfeeding during emergencies. UNICEF working on actions to enforce the Code.</p> <p>Joint support to Government for development of first national operational guide for IYCF in emergencies in Ethiopia, endorsed by MoH in January 2022 and launched during World Breastfeeding Week in August 2022.</p> <p>UNICEF supported development of AMIYCN national guidelines and Micronutrition deficiency prevention and control guidelines – both now endorsed, and rollout of the guideline through capacity strengthening of HEWs (on MIYCN counselling, GMP and ECD).</p> <p>UNICEF supported development of context-specific recipes and counselling tools to support young child diets.</p> <p>Joint implementation of SBC for nutrition to improve nutrition practices and demand for services. WFP developed a nutrition SBC strategy to guide actions.</p>	Adoption and implementation of new guidance and tools.

Global commitments		Ethiopia actions 2022-2024	
Areas of focus	Specific interventions	Progress to date/results	Plans and future opportunities
	Support the implementation of service to improve maternal nutrition during pregnancy and lactation, ensure adequate gestational weight gain, prevent low birth weight, and support adequate breastfeeding in infancy and early childhood.	<p>UNICEF is supporting some nutrition aspects of the national ANC guidelines and is delivering IFA to women and adolescent girls in 71 woredas in all regions.</p> <p>UNICEF is piloting MMS in 21 woredas in 4 regions.</p> <p>WFP using fresh food vouchers (FFV) to support nutrition during pregnancy and breastfeeding – implementing in 3 regions.</p> <p>UNICEF supported the development of an adolescent nutrition guideline (including guidance for pregnant and breastfeeding adolescents) which was endorsed by Government.</p>	<p>UNICEF health and nutrition will continue to support full implementation of nutrition components of ANC guideline. UNICEF will also support implementation of pre-conception care guideline and implementation of adolescent guideline.</p> <p>Plan to scale up IFAS in 130 woredas by 2030 in line with government guideline.</p> <p>Evidence generation of MMS pilot to inform potential scale up.</p> <p>WFP gathering evidence on FFV to support scale up.</p>
	Support national governments in expanding coverage and quality of water, sanitation and hygiene services and practices to prevent diarrhoea, enteropathy and infections in pregnant women, children and mothers.	UNICEF supported the development and sustaining of WASH infrastructures.	
	Provide supplementary rations targeting young children where food and social protection systems cannot ensure access to enough food of adequate quality to prevent wasting.	<p>WFP is using FFV to target PSNP beneficiaries to support access to nutrient dense foods in 3 regions.</p> <p>WFP provided high energy biscuits and BSF in emergency affected areas but ceased in mid-2022 due to lack of prioritization by Government, and reduced funding.</p> <p>UNICEF used SQ-LNS in emergency response targeted to children 6-23 months and in post-OTP discharge relapse prevention.</p>	<p>Planned scale up of FFV.</p> <p>Planned use of egg powder to support nutrition of children at risk of acute malnutrition.</p>
	Provide supplementary rations for pregnant women and breastfeeding mothers (including malnourished PLW) where food and social protection systems cannot ensure the minimum nutrient intake to support healthy pregnancy and lactation outcomes.	<p>WFP is using FFV to target PSNP beneficiaries to support access to nutrient dense foods in 3 regions.</p> <p>UNICEF piloting use of BEP to support nutrition of pregnant women.</p>	<p>Planned scale up of FFV.</p> <p>Evidence generation of BEP pilot to inform scale up.</p>
	Provide general food assistance to maintain vulnerable households' access to food where food and social protection systems cannot ensure a minimum diet due to food insecurity and/or fragility.	WFP coordination of the Food Cluster with Government (NDRMC) to co-locate food distribution and nutrition services in emergency affected areas in North.	
	Support national government with the procurement, storage, distribution and management of specialized nutritious foods for the prevention of wasting as part of national systems.	Keep here in relation to micronutrient supplementation and SQ-LNS for prevention.	

Global commitments		Ethiopia actions 2022-2024	
Areas of focus	Specific interventions	Progress to date/results	Plans and future opportunities
	Support national government to strengthen food value chains that increase the nutritional quality of children's and women's diets, particularly through improving the availability and affordability of safe, age-appropriate nutritious foods.	<p>Joint support to Ministry of Agriculture and Ministry of Health in development of a Food Systems Transformation roadmap and financial commitment to support healthy diets, including 22 'game changing solutions'. Both agencies also working to support food fortification.</p> <p>WFP has supported smallholder production of nutritious foods, including fruits and vegetables, animal-sourced food, and biofortified crops, depending on context and seasonality, and on food processing to mitigate post-harvest losses. WFP is also supporting smallholders with index insurances and irrigation and is building the capacity of agricultural extension workers.</p>	<p>Agencies to explore options to use egg powder to improve food value chain including school feeding.</p> <p>WFP to explore use of FFV to support production (food production to supply FFV).</p> <p>UNICEF planning to explore use of local food solutions to improve household food supply.</p>
	Support national government to develop policies and guidelines to improve children's diets and food environments, including through public sector policies on marketing, labelling, financial incentives and disincentives, and food environments where children live, learn, play and eat.	Joint support to Government to develop Food Based Dietary Guidelines for Ethiopia (and SBC based on the guidelines).	
	Support national governments to develop and implement nutrition-sensitive social protection policies, strategies and programmes including conditional or unconditional cash transfers to provide children and women from vulnerable families with access to nutritious diets, health services and education to prevent wasting and break the intergenerational cycle of undernutrition.	<p>Both agencies have contributed to task force to improve nutrition impact of the PSNP 5. UNICEF is also supporting development of a Child Grant and supporting HCTs.</p> <p>WFP has supplied fresh food vouchers to support child diets and actively engaging the LASS (Linking Available Social Services) soft component of PSNP. Also supporting PSNP nutrition sensitive components in 2 regions (Afar and Oromia) with generation of evidence.</p>	WFP intention to generate evidence on nutrition sensitive components of PSNP to support integration and scale up.
Early detection and treatment of child wasting.	Support national governments with the delivery of services for the early detection and treatment of maternal and child wasting, through the 3 pillars of primary health care: facility-based services, outreach services, and community-based services.	<p>In 2022, UNICEF in collaboration with R4D provided technical assistance to the Federal MoH to develop a national wasting integration action plan to integrate the screening and treatment of child wasting into routine health services.</p> <p>UNICEF in collaboration with IFPRI is supporting research for Improving Early Detection and Treatment of Wasting (R-SWITCH).</p> <p>Continued joint support to Government in rollout of Family MUAC to support the early detection of child wasting.</p>	<p>Proceed with implementation of proposed package from R-SWITCH study and implementation of guideline.</p> <p>UNICEF planning to integrate nutrition services into zero-dose strategy (including early detection and treatment).</p>
	Support Government, UNICEF and implementing partners with the delivery of services for the early detection and treatment of wasting where children and women cannot be reached as part of national systems.	<p>Harmonization of UNICEF and WFP implementing partners in Tigray to support co-location of SAM and MAM treatment services and blanket supplementary feeding to support a continuum of care for wasted children. Joint partners now used in 83 out of 93 woredas in Tigray.</p> <p>2023 cluster facilitated exercise to map and co-locate services.</p>	

Global commitments		Ethiopia actions 2022-2024	
Areas of focus	Specific interventions	Progress to date/results	Plans and future opportunities
	Support government with the procurement, storage, distribution and management of RUTF (UNICEF), RUSF (WFP) and other essential commodities for the early detection and treatment of child wasting as part of national systems.	<p>Tracking of joint pipeline for nutrition supplies by UNICEF, WFP, with support from BHA.</p> <p>In response to aid diversion, the agencies came together to identify aid diversion, to track and map diversion, field level assessment with government, and joint task force established to support addressing the issue to use data.</p> <p>Agencies have individually set up third party monitoring mechanisms in line with contracts with BHA.</p> <p>Both agencies supported set up of MoH national task force at federal level, replicated at regional levels, to mitigate risk of aid diversion and enforce control measures. All agencies supporting MoH to include RUTF on essential medicines list (EML).</p> <p>Joint advocacy for resource mobilization for nutrition supply pipeline with MoH calling on donors.</p> <p>WFP strengthened last mile delivery of supplies to reduce misuse and ensure supplies are delivered to health facilities and food distribution centres to minimize misuse.</p> <p>Both UNICEF and WFP procure a large proportion of RUTF and RUSF ("Plumpy Sup"), egg powder and enriched peanut butter from a local company - Hilina Enriched Foods and working to improve production capacity to support RUSF supply chain.</p> <p>WFP leads the logistics cluster and supports partners to deliver emergency supplies including nutrition partners.</p> <p>UNICEF and WFP working together on supply chain monitoring to support last mile delivery and prevent aid diversion.</p>	<p>Transition to monitoring of pipeline to nutrition cluster.</p> <p>Agencies to introduce new system to monitor and ensure supply chain to prevent aid diversion (third party monitoring to track commodities and end user monitoring).</p> <p>Agencies planning to use geo-seal technology to help track commodities in supply chain.</p> <p>Finalization of inclusion of RUTF in EML.</p> <p>The agencies exploring development of an investment plan to increase national production.</p> <p>Pursue feasibility study on integration of supplies into national supply chain.</p> <p>UNICEF and WHO will support integration of nutrition supplies into Dagu system (digitized tracking of supplies) (consider collaboration with WFP).</p>
	Support Government, UNICEF and implementing partners with the delivery of RUTF, RUSF and other essential commodities in hard-to-reach areas where women and children in need cannot be reached as part of national systems.	<p>Joint support for find and treat campaigns to support early identification and management of child wasting integrated with high-impact nutrition activities (VAS, deworming, IFA/MMS).</p> <p>UNICEF and WFP operating mobile health teams in populations with no access to fixed health facilities to support screening and integrated treatment of child wasting.</p>	<p>Continue modalities as long as needed.</p> <p>Where CDC tools are use continue using Find and Treat data as indicator for proxy GAM and SAM where surveys cannot be conducted.</p>
	Support government to integrate the early detection of child and maternal wasting into social protection programmes with timely referral to facility and community-based treatment services.	PSNP 5 linkages with nutrition screening and referral being piloted.	Strengthen nutrition-sensitivity of PSNP 6.

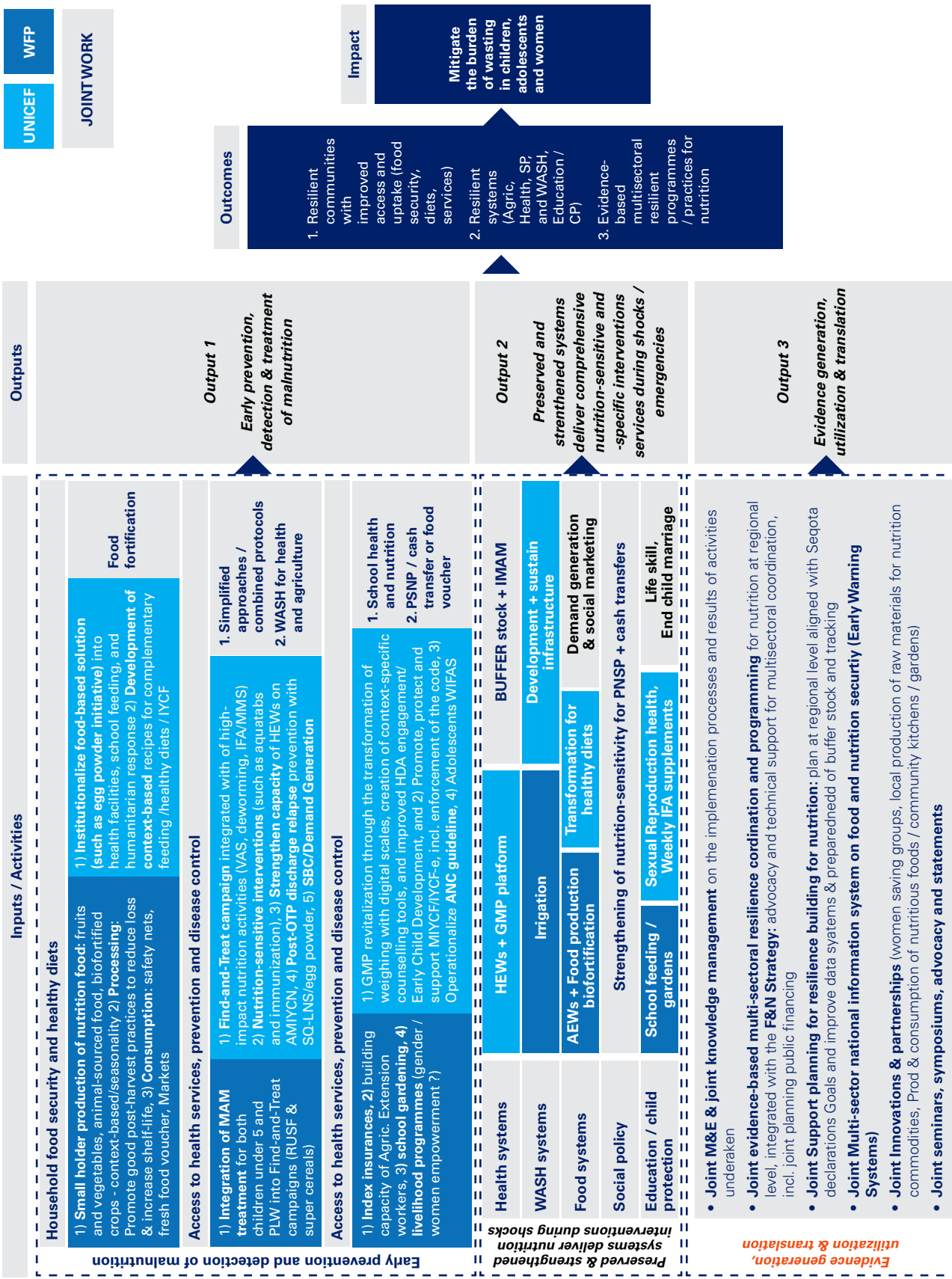
Table 2: Progress on the UNICEF-WFP enhanced partnership framework on school health and nutrition in South Sudan

Global commitments			Ethiopia actions 2022-2024	
Barriers to education and health	Intervention	Lead partner	Progress to date	Next steps
Food insecurity and poverty barriers to education.	School meals: nutritious/fortified school meals and, where possible, with locally produced fresh foods.	WFP	WFP is implementing school meals in over 1,117 schools reaching 400,000 children. 215,000 are receiving school meals using localised sourced foods.	UNICEF supporting MoE to develop school meals standards and guide.
	Conditional cash/ voucher incentives to vulnerable children and adolescent girls.	WFP		
School-based nutrition, WASH and health services gaps.		UNICEF and WFP	UNICEF is providing IFAS for adolescent girls aged 10-19 in schools in 72 target woredas in 8 regions.	Continue building the capacity of Government to implement IFAS for adolescent girls country-wide.
	Sanitation and hygiene services, rehab/construction of separate latrines and menstrual hygiene management.	UNICEF	UNICEF supported development and implementation of the national inclusive WASH in Schools Standard Design and Construction Manual for pre-primary, primary, and secondary schools. UNICEF supported construction and rehabilitation of WASH facilities and promoted hygiene and sanitation actions in target schools, including through WASH clubs and multi-media.	UNICEF to continue supporting WASH in schools.
	Comprehensive school-based nutrition, MHM, hygiene and health education.	UNICEF and WFP	UNICEF is supporting delivery of sexual and reproductive health education in schools. UNICEF is implementing SBC interventions in schools and health facilities to support healthy eating among school age children and adolescents. UNICEF is supporting school gardening activities in selected schools in 100 woredas to support nutrition education. UNICEF has supported the MoE to include nutrition as a subject in the national school curriculum.	UNICEF is now working with the MoE to develop a supplementary text book to support the delivery of nutrition education as part of the school curricula and resources for teachers.
	Deworming	UNICEF and WFP	UNICEF is supporting the MoH to deliver deworming for school age children and adolescents in schools in 672 high and moderate risk woredas in 8 regions by providing tablets and supporting an education campaign (including an implementation guide, education materials, and training for health workers).	
	Oral health (oral hygiene education, dental screening, toothbrush provision).	UNICEF		
	Audiovisual health (screening of vision and hearing, provision of corrective glasses, referrals).	UNICEF		
	Tetanus toxoid-containing vaccine booster dose.	UNICEF		
	Comprehensive school-based malaria program.	UNICEF		

Global commitments			Ethiopia actions 2022-2024	
Barriers to education and health	Intervention	Lead partner	Progress to date	Next steps
Insufficient capacities and coordination at national and local levels to address barriers.	Support to national policies to improve the health and nutrition of school-age children.	WFP and UNICEF	UNICEF and WFP supported the Government to develop an adolescent nutrition guideline (including actions within schools) to support implementation of adolescent nutrition services at health facility and community levels and in schools. WFP supported the MoE to develop a home-grown school feeding (HGSF) guideline.	Strengthen the relationship between FMOH and FMOE. Support the collaboration of schools and Health post by exchanging information for better services for children and youth. WFP to continue strengthening and supporting scale up of the HGSF approach.
	Support to integrate school health and nutrition in education sector plans.	WFP and UNICEF	UNICEF supported the school food and nutrition co-curricula manual to incorporate food and nutrition components in school reference books.	
	Support to improve food environments and related policies and legislation for school-age children.	WFP and UNICEF	UNICEF is supporting the MoH and MoE to develop an assessment tool and guide to support healthy school food environments.	UNICEF to support MoH and MoE to undertake an assessment of school food environments and develop school meal and food environment standards. Collaboration to support a nutritious school food environment in urban and rural areas through innovation and legislation (focusing on control of processed foods particularly in urban areas).
	Capacity strengthening and advocacy at central and decentralized levels.	WFP and UNICEF	UNICEF supported MoH to develop an adolescent and youth friendly service implementation guide and supported training of health workers and health extension workers and health managers.	

Problem / Context

Slight reductions in the number of wasted children were observed in Ethiopia, but these are likely to be overshadowed by another peak expected as a result of the COVID-19 pandemic, drought and civil unrest, affecting the economy, food, and health systems.



Cross cutting thematic areas - Social Behaviour Change, Care / Protection, Gender, M&E

