



**The World Bank**

Response - Recovery - Resilience for Conflict Affected Communities in Ethiopia Project - Additional Financing 1 (P181168)

# Project Information Document (PID)

Appraisal Stage | Date Prepared/Updated: 13-Mar-2024 | Report No: PIDA36863



**BASIC INFORMATION**

**A. Basic Project Data**

Country Ethiopia	Project ID P181168	Project Name Response - Recovery - Resilience for Conflict Affected Communities in Ethiopia Project - Additional Financing 1	Parent Project ID (if any) P177233
Parent Project Name Response - Recovery - Resilience for Conflict-Affected Communities in Ethiopia Project	Region EASTERN AND SOUTHERN AFRICA	Estimated Appraisal Date 27-Mar-2024	Estimated Board Date 17-Apr-2024
Practice Area (Lead) Social Sustainability and Inclusion	Financing Instrument Investment Project Financing	Borrower(s) Federal Democratic Republic of Ethiopia	Implementing Agency Ministry of Finance

Proposed Development Objective(s) Parent

To (i) rebuild and improve access to basic services and climate-resilient community infrastructure and (ii) improve access to multi-sectoral response services for Gender-Based Violence (GBV) survivors; in selected conflict-affected communities in Ethiopia.

Components

- Rebuilding and Improving Access to Basic Services and Climate-resilient Community Infrastructure
- Improving Access to GBV Response Services
- Adaptive Project Management
- Contingent Emergency Response Component

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

<b>Total Project Cost</b>	32.40
<b>Total Financing</b>	32.40
<b>of which IBRD/IDA</b>	0.00
<b>Financing Gap</b>	0.00



**DETAILS**

**Non-World Bank Group Financing**

Trust Funds	32.40
Early Learning Partnership	3.00
Miscellaneous 1	29.40

Environmental and Social Risk Classification

High

Other Decision (as needed)

**B. Introduction and Context**

Country and Sector Context

- Recent and on-going conflict in northern Ethiopia has resulted in large scale displacement and created significant humanitarian needs, while post-conflict reconstruction needs place additional demands on public finances.** The Agreement for Lasting Peace through a Permanent Cessation of Hostilities was signed between the Government of the Federal Democratic Republic of Ethiopia (GoE) and the Tigray People’s Liberation Front (TPLF) in Pretoria on 2 November 2022 after two years of conflict, paving the way to deliver much needed humanitarian assistance and start the recovery and reconstruction of the affected areas in parts of the country. Despite this progress, however, around 2.5 million people remain displaced –from a peak of over 4 million in 2021<sup>1</sup>—and over 20 million people remain reliant on humanitarian assistance due to the conflict.<sup>2</sup> The fighting in Tigray, Amhara and Afar regions and the re-emergence of old conflicts in Benishangul Gumuz, Oromia and in Konso in the Southern Nations Nationalities and Peoples’ regions (SNNPR) have also resulted in significant physical damage to buildings and other infrastructure. Recent intensification of conflict in the Amhara region has been a source of significant damage on infrastructure and harm to conflict-affected communities more generally. It is estimated that damages from the recent conflicts across the country amount to 20.4 percent of Gross Domestic Product (GDP) and total reconstruction and recovery needs to about US\$ 20 billion.<sup>3</sup>

<sup>1</sup> IOM. 2021. Ethiopia National Displacement Report 10 (August-September 2021), published 13 December 2021.

<sup>2</sup> Federal Democratic Republic of Ethiopia, 2022, Ethiopia Damage and Needs Assessment, based on IOM Displacement Tracking Matrix.

<sup>3</sup> Federal Democratic Republic of Ethiopia, 2022, Ethiopia Damage and Needs Assessment.



2. **Climate change is widely recognized as a ‘threat multiplier’ due to its role in exacerbating conflict.** Most affected by the negative impacts of climate change is the agriculture sector which contributes 37% of the GDP<sup>4</sup> and employs 67% of the population. More than 16%<sup>5</sup> of the population is already food insecure, making them more vulnerable. At the same time, the country has been affected by internal fighting and border conflicts which have displaced hundreds of thousands of Ethiopians over several decades, affecting already vulnerable communities.
3. **Protection challenges in Ethiopia are generally pronounced and present a significant barrier to women’s full engagement in social and economic life.** The Government of Ethiopia’s 2016 Ethiopia Demographic and Health Survey indicates that 26 percent of all women aged 15 to 49 reported having experienced physical or sexual violence in their lifetime, with 23 percent reporting physical violence and 10 percent experiencing sexual violence.<sup>6</sup> These data, however, likely belie the full extent of the challenge. A survey conducted by the UN Population Fund (UNFPA) in 2010 among youths between the ages 12 and 24 in select regions indicates that GBV prevalence may be even higher,<sup>7</sup> with 15 percent of young women reporting having experienced sexual violence in their lifetime.<sup>8</sup> Experience of intimate partner violence is particularly pronounced; more than one third of women (34 percent) have experienced some form of spousal violence – physical, sexual, or emotional. The survey found that acceptability of use of violence at home was high, with 63 percent of women and 27 percent of men believing that wife beating was justified for at least one specified reason.<sup>9</sup> More recently, a UN Women report notes that, “the number of people in need of GBV services in 2022 increased to 5.8 million from 3.5 million in 2021,” extending in large part from the impacts of conflict.<sup>10</sup> Help-seeking behavior among survivors is limited – only 23 percent of women who experienced physical and/or sexual violence sought help, while 66 percent of women never sought help nor told anyone about their experience. As in other countries, fear of stigmatization, retaliation, and rejection likely impede women from reporting experiences of violence or seeking care. Harmful practices persist in Ethiopia, with 65 percent of women having experienced some form of female genital mutilation/cutting and four in 10 women married before their eighteenth birthday.<sup>11,12</sup> Girls living in rural and poor areas or in households with lower levels of education are at a particularly high risk in this regard.<sup>13</sup>
4. **Compounding risks related to conflict and displacement, worsened by climate change, have exacerbated incidence of GBV, including widespread reports of physical and sexual violence.** The November 2021 report of the Ethiopian Human Rights Commission (EHRC) and the OHCHR on human

<sup>4</sup> Ibid.

<sup>5</sup> Pacillo and Ramirez Villegas (2021) [https://docs.wfp.org/api/documents/WFP-0000137637/download/?\\_ga=2.232305375.1311849902.1683105082-2055022512.1683105082](https://docs.wfp.org/api/documents/WFP-0000137637/download/?_ga=2.232305375.1311849902.1683105082-2055022512.1683105082)

<sup>6</sup> <https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf>.

<sup>7</sup> Survey locations included the Addis Ababa, Afar, Amhara, Benishangul-Gumuz, Oromia, and SNNPR regions.

<sup>8</sup> Population Council and UNFPA, 2010. The age of the survey also highlights the lack of data in this area.

<sup>9</sup> Ethiopia Central Statistical Agency. 2017. Ethiopia Demographic and Health Survey 2016. Addis Ababa.

<sup>10</sup> <https://africa.unwomen.org/en/stories/news/2023/10/in-ethiopia-a-rapidly-changing-humanitarian-crisis-demonstrates-the-need-for-a-flexible-response>

<sup>11</sup> Ethiopia Central Statistical Agency. 2017. Ethiopia Demographic and Health Survey 2016. Addis Ababa.

<sup>12</sup> The prevalence of child marriage in Ethiopia is higher than both the regional average for Eastern and Southern Africa (35 percent) and the global average (21 percent). United Nations Children’s Fund, Ending Child Marriage: A profile of progress in Ethiopia, UNICEF, New York, 2018.

<sup>13</sup> United Nations Children’s Fund, Ending Child Marriage: A profile of progress in Ethiopia, UNICEF, New York, 2018.



rights violations and abuses extending from the conflict in the Tigray Region found that GBV—including varying forms of physical and sexual assault, such as rape and gang rape, abduction, detention, and intentional transmission of HIV—has been a prominent feature of the recent violence, committed by all parties to the conflict.<sup>14</sup> More recently, in Amhara, at least 34 cases of sexual violence were formally reported in January 2024 alone, including attacks against health workers, bringing the total number of reported cases in the region to 646 since July 2023.<sup>15</sup> During the conflict and after, displaced women and girls have been further vulnerable to other forms of GBV, including harassment and separation from families; and while conflict-related sexual violence has predominantly affected women and girls, including women and girls with disabilities, men and boys have been targeted as well.<sup>16</sup> Climate change worsens the risks related to conflict and displacement, and exacerbates incidence of GBV. Women and girls are disproportionately vulnerable to the impacts of both climate change and conflict, the effects of which often compound one another, increasing the incidence of GBV. Experiencing GBV, in turn, reduces survivors' adaptive capacity to prepare effectively for and manage any future shocks and stresses, climate-related or otherwise.

5. **The impacts of conflict and GBV are far-reaching on individuals and communities.** Experience from conflict settings globally, including in the region such as in the Democratic Republic of Congo, Rwanda, and South Sudan highlight that the impacts of violence, if not addressed, can have long-term consequences, including on the economy, social structures, and basic services demand. In Ethiopia, a significant number of people require comprehensive care to manage impacts of conflict and GBV, in particular case management, medical care and mental health and psychosocial support (MHPSS) support, given the large-scale violence experienced by communities, households, and individuals during the conflict.<sup>17</sup> A rapid assessment conducted under the parent project in target communities in the 5 regions found that of GBV survivors and community members surveyed, the majority suffered or witnessed multiple traumatic events, including physical or sexual assault, contributing to a high accumulative trauma load with experiences of diverse forms of trauma.<sup>18</sup> Clinical interviews conducted demonstrate very high rates of Post-Traumatic Stress Disorder (PTSD), depression and appetitive aggression. Critically, GBV survivors surveyed also demonstrated higher levels of 'appetitive aggression', reflective of pleasure experienced through the perpetration of violence by survivors themselves. This higher rate of aggression means that the lived experience of violence may contribute to violent behavior by the survivors, especially within their households and families, either as appetitive aggression or as a consequence of reactive aggression/survivor behavior.
6. **The social and economic costs of GBV are also severe.** Beyond the devastating impacts on health and well-being of GBV survivors and their communities, selected country studies globally highlight that the

---

<sup>14</sup> EHRC and OHCHR. 2021. Report of the EHRC/ OHCHR Joint Investigation into Alleged Violations of International Human Rights, Humanitarian and Refugee Law Committed by all Parties. Published 3 November 2021.

<sup>15</sup> UN-OCHA. 2024. Ethiopia – Situation report. Published 16 Feb 2024.

<sup>16</sup> GBV Area of Responsibility and iMMAP. 2023. Ethiopia Secondary Data Review: Assessment. Published February 2023.

<sup>17</sup> World Bank. 2020. *Inclusive Development in Local Areas of Violence and IDP Hosting Areas: Risks and Opportunities*. Washington, D.C. See also Armed Conflict Location and Event Data Project. 2021. 2021 Conflict Dimensions in Ethiopia; Stockholm International Peace Research Institute, 2020, Ethiopia's Transition: Implications for the Horn of Africa and Red Sea Region, SIPRI Insights on Peace and Security No. 2020/5. Stockholm: SIPRI.

<sup>18</sup> Vivo. 2023. *Assessment for MHPSS Needs, Service Provision, and Training Needs of Service Providers*. Draft needs assessment conducted in December 2023. Report Forthcoming.



economic costs of GBV can amount to up to 2 to 4 percent of GDP in out-of-pocket medical expenditures, lost income and lost productivity.<sup>19</sup> In Ethiopia more specifically, a 2022 UN Women report estimates that the economic cost of intimate partner violence (IPV), inclusive of out-of-pocket expenses, loss in household income and productivity loss, amounts to 52 million birr or roughly US\$1 billion (as of 2022), accounting for nearly 1 percent of Ethiopia's GDP in 2020. Combined with the cost of service provision, which presents a significant drain on the health sector, criminal justice services, civil legal services and social services, the economic impact of IPV in Ethiopia in 2022 was estimated to be \$1.3 billion or 1.21 percent of GDP.<sup>20</sup>

### C. Proposed Development Objective(s)

#### Original PDO

7. To (i) rebuild and improve access to basic services and climate-resilient community infrastructure and (ii) improve access to multi-sectoral response services for Gender-Based Violence (GBV) survivors; in selected conflict-affected communities in Ethiopia.

#### Current PDO

8. The original PDO remains unchanged, and the overall design of the project will remain the same under the additional financing (AF), scaling up of activities under Component 2: *Improving Access to GBV Response Services* to address the severity and extent of need for GBV response services.

#### Key Results

9. **The activities and related funding will enhance aspects which were foreseen in the parent project.** The results framework will be adjusted to include additional intermediate results indicators (IRIs) to capture progress against new activities. The PDO indicators will not change and implementation arrangements will not change. Additional IRIs will be included in the results framework to capture the expanded focus on MHPSS, livelihood opportunities and childcare. As well, the targets for number of women and girls accessing services will be adjusted to reflect increased access through Women and Child Friendly Safe Spaces (WFSS). Implementation arrangements will not change, nor will the Economic and Financial Analysis.

### D. Project Description

10. **The project will finance the scaling up of activities under Component 2: Improving Access to GBV Response Services to address the severity and extent of need for GBV response services.** All activities fall under Subcomponents 2.1 and 2.3 and will include: (i) the adaptation and delivery of evidence-based, trauma-focused therapeutic models as part of MHPSS activities, (ii) the establishment and operation of

<sup>19</sup> World Bank, the Global Women's Institute, and IDB. 2014. *Violence Against Women and Girls Resource Guide*. World Bank, Washington, DC.

<sup>20</sup> UN Women Ethiopia. 2022. *Economic Costs of Intimate Partner Violence Against Women in Ethiopia*



WFSS, and (iii) support for complementary activities to strengthen impact and effectiveness of socio-economic empowerment activities under the parent project as related to Village Savings and Loan Associations (VSLAs) and Income Generating Activities (IGAs), including enhancement of access to quality childcare.

### **Scaling up activity 1: MHPSS**

11. **The AF will support the adaptation and application of evidence-based, trauma-focused therapeutic models to be integrated into wider MHPSS capacity building activities.** In partnership with UNICEF and international NGO, Vivo International, the AF will include training and delivery of Narrative Exposure Therapy (NET), a tested, evidence-based short-term trauma treatment for survivors of sexual or domestic violence, as well as survivors of war or natural disasters, which has been implemented in over thirty (30) countries. The individual-based therapy focuses on the reprocessing and integration of life experiences, allowing the survivor to establish a chronological narrative of her/his life, concentrating on traumatic experiences, but also incorporating some key positive events, to help foster a sense of personal identity. The therapy is meant to be delivered to those survivors and conflict-affected individuals who show signs of PTSD symptoms and who are unlikely to recover without therapeutic support.
12. **The project will finance training and delivery of the NET model, as well as adaptations of NET, such as NETfacts, a scalable community-based variation that builds on individual NET treatments with community-based interventions, KIDNET which provides NET for children, and also NET for forensic offender rehabilitation (FORNET), which adapts the NET model for traumatized offenders.** Evidence from a rigorous impact evaluation conducted by the World Bank's Africa Gender Innovation Lab in the Democratic Republic of Congo highlights the effectiveness of NET in addressing mental health and psychosocial well-being, even if delivered by non-specialized staff, indicating its benefits as a promising MHPSS intervention. FORNET aims to reduce symptoms of traumatic stress and controlling readiness for aggressive behavior that is often apparent in violent offenders, including formal or informal armed combatants. Combined, the suite of NET interventions have been found to reduce not only experiences of trauma by survivors and conflict-affected communities, but also rates of appetitive aggression and therefore rates of continuing violence. The therapeutic approaches have also been found to change social perceptions around experiences of GBV, reducing stigma experienced by GBV survivors and also perpetrators and enhancing social cohesion through increased caregiving, trust, solidarity and collective pro-social actions.<sup>21</sup> Training on the NET interventions will be integrated into the MHPSS capacity building approach under development with UNICEF, to be delivered through a ToT model in target regions.
13. **The AF will finance an initial one-year pilot in two of the five target Woredas to test the feasibility and effectiveness of the NET intervention.** The aim of the pilot will be to improve access to trauma-related mental health care for GBV survivors and community members, to prevent further cases of GBV and violence in target communities, and to work with the community to heal trauma and increase social acknowledgement and inclusion. The pilot will include capacity building through trainings on: i) NET and FORNET through a cascade, training of trainer (TOT) approach, and ii) NETfacts, through training by

---

<sup>21</sup> Robjant et al. 2022. NETfacts: An integrated intervention at the individual and collective level to treat communities affected by organized violence. Published 28 October 2022. PNAS 2022 Vol. 119 No. 44 <https://doi.org/10.1073/pnas.2204698119>



dedicated NETFacts facilitators. Treatment will be delivered by specialists and non-specialists in targeted Woredas and local communities, with a focus on local non-specialist delivery of NETfacts. Key entry points for delivery of treatment will be identified, ideally to include health facilities, OSCs and community-based organizations (CBOs). The pilot will further seek to raise training and supervision capacity through the development of a Centre of Excellence of Psychotraumatology to facilitate ongoing high quality service provision. Assessment and evaluation of the pilot will be conducted throughout the first year with intention of scaling up pilot activities to the other three regions if deemed successful.

#### **Scaling up activity 2: Women and Child-Friendly Safe Spaces**

14. **To increase access of GBV survivors to needed multi-sectoral response services, the proposed AF will also finance the establishment of or support operating costs of existing Women and Child Friendly Safe Spaces (WFSS) in each region.** Global evidence indicates that WFSS have potential to reduce risks and prevent further harm during complex emergencies. These spaces provide women and girls with a safe entry point for life-saving GBV services and a place to access information, as well as safe gathering points to build social cohesion and further connections, solidarity and support with other women and girls. In Tigray under UNFPA and implementing partners, WFSS have been a critical point of entry for GBV survivors seeking care. Effective models for WFSS offer integrated services including GBV response services, caregiver/parental interventions, life skills activities, sometimes nutrition and health care, etc. There is a history of WFSS interventions within Ethiopia, including with the Ministry of Women and Social Affairs (MOWSA), and organizations with established experience in implementing these spaces. The AF will build on models with demonstrated effectiveness in Ethiopia to establish new WFSS in underserved communities or to provide ongoing financial support to existing facilities, ideally partnering with experienced organizations while building government capacity to manage WFSS in the longer-term. The AF will finance at least one WFSS per region, with potential to support additional facilities depending on demand for services.

#### **Scaling up activity 3: Socio-economic empowerment**

15. **The AF will also support complementary socio-economic empowerment activities targeting GBV survivors and vulnerable women.** As part of a package of multi-sectoral response interventions to support recovery and reintegration of GBV survivors into communities, and as a critical mechanism to increase socio-economic resilience of women in conflict-affected communities, the AF will support economic empowerment interventions targeting vulnerable women under component 2. This activity will build capacity and infrastructure to increase women's income through sustainable livelihood enhancements and improved access to financial and non-financial services. The activity will target GBV survivors as well as vulnerable women [and men], among IDP and host communities.
16. **The proposed AF will support complementary activities to strengthen impact and effectiveness of the parent project activities as related to VSLAs and IGAs.** The proposed activities will include inter alia:
  - i. **Personal Initiative training:** a psychology-based training program developed by a German University in Luneberg which has been proven to build up self-starting, future-oriented, persistent behavior integrated into VSLA/livelihoods activities.





- ii. **Additional VSLA interventions:** provision of revolving funds for VSLAs as they mature, supporting group enterprises/collectives formed from VSLAs as they mature, and/or providing digital financial services for VSLAs which can help them build a credit history.
- iii. **Provision of start-up assistance for women engaged in income-generating activities:** providing start up assistance for targeted women, including potential small-scale individual business development grants and/or in-kind contributions in the form of e.g. seeds, tools and other inputs for business activities.

17. **As part of the package of socio-economic support, the proposed AF will include a US\$3 million recipient-executed grant from the Early Learning Partnership-Multi-Donor Trust Fund, to be combined with a matching of US\$3 million International Development Association (IDA) funding under Subcomponents 2.1 and 2.3 of the parent project.** The grant will improve access to quality childcare services for children 0-5 years and enhance the economic empowerment of working caregivers (mothers) in targeted Woredas. The AF will support establishment of roughly 80 full-day childcare services to enable parents/caregivers to engage in economic activities while keeping children safe with opportunities to playfully learn and develop physical, cognitive and socio-emotional skills. The specific childcare model(s) will be informed by a needs assessment, as well as discussions with ministries and local leaders, but are likely to include childcare services within Technical and Vocational Education and Training (TVET) centers and other modalities such as community-based childcare. Set up and operating costs (including furniture, a package of materials and practitioner salaries) will be covered by the project while exploring sustainable sources of longer-term financing. Practitioners will receive training (including through a training track within the livelihood options). Training modules will be developed in line with GoE's National Early Childhood Development and Education Policy Framework (2022/23), and support further discussions regarding national childcare certification and standards under Sub-Component 2.3. Childcare services will be monitored through trained childcare managers and parent sensitization activities and materials. These training materials will also be financed by the ELP-TF grant and IDA funding. The project will also collaborate closely with MOWSA to utilize MOWSA's existing quality standards that are available for public provision, to develop feasible quality standards for alternative childcare provision that will be provided through the project and provide useful data point and results for MOWSA's childcare work program. The proposed activities will utilize materials and lessons learned from models already being implemented in Ethiopia, as well as models relevant to Ethiopia. An impact evaluation will assess the impact of childcare services on child development, women's economic empowerment and family outcomes.

Legal Operational Policies

	Triggered?
Projects on International Waterways OP 7.50	No
Projects in Disputed Areas OP 7.60	No



Summary of Assessment of Environmental and Social Risks and Impacts

18. **The AF aims to address the key challenges and problems of conflict-affected communities in Ethiopia by: (i) strengthening access to and utilization of GBV response services, (ii) enabling livelihood and social inclusion support, and (iii) addressing child care service needs in conflict-affected communities.** The AF activities have similar risks and impacts to the Project since they are related to the support of the expansion and access to GBV services under Component 2, and there is no change in terms of geographical project areas. The AF activities are not anticipated to cause conversion of natural habitats or generate large-scale pollutants given the small-scale nature of the activities. However, there are potential small-scale environmental, health, and safety risks that may result from the construction of the small-scale infrastructure for women and child-friendly safe spaces.
19. **The construction of the small-scale infrastructure for women and child-friendly safe spaces may involve minor site clearance/removal of vegetation.** Soil erosion may be caused by exposure of soil surfaces to rain and wind during site clearing and excavation activities. If not properly managed, construction can also cause noise, fugitive dust, and air, soil, and water pollution and other negative impacts of waste materials. There are various potential occupational health and safety (OHS) risks, including falls, ergonomic injuries, and communicable diseases that may result from the project activities and especially those that involve childcare services and women and child-friendly safe spaces. Given that the project will be implemented in conflict-impact areas and IDP hosting regions like Tigray, Amhara, Somalia, and Oromia, the prevailing conflict and tensions will keep affecting the project and AF implementation along the current instability and political situation. In addition, Component 2 will continue to finance either rehabilitation of existing and damaged facilities or construction of new facilities in new settlement areas, depending on community plans through a Community Driven Development (CDD) approach, which may require small-scale land acquisition and economic and physical displacement.
20. **The proposed AF supports the expansion of and access to GBV services, including in particular: (i) MHPSS activities targeting conflict-affected communities; (ii) complementary socio-economic empowerment support services including personal initiative training, additional activities to support VSLAs, and piloting of community-based childcare, and (iii) expanding support for women and child-friendly safe spaces under Component 2.** The overall contextual risks encompass conflict and fragility due to conflicts in the different part of the country as well as accessibility, potential security, and safety risks to project workers. Project-related risks include (i) inadequate stakeholder consultation/engagement, (ii) lack of functional grievances mechanism (iii) elite capture and exclusion; (iv) labor influx risks; (v) GBV/Sexual Exploitation and Abuse (SEA) risks; and (vi) protection of labor providing inputs to the project. Component 1 plans to support transitioning to sustainable solutions for displaced communities with proper community consultations and transition planning. To address and mitigate the E&S risks and negative impacts related to the ongoing project and planned AF activities, the project will continue implementing its original Environmental and Social Management Framework (ESMF) and Resettlement Framework (RF), as well as the Labor Management Procedures (LMP) and workers' Grievance Redress Mechanism (GRM), Security Risk Assessment and Management Plan (SRA/MP), Social Assessment (SA) including the Social Development Plan (SDP), and SEA/SH Prevention and Response Action Plan and GRM attached to the ESMF. The Stakeholder Engagement Plan (SEP) prepared for the Project and including the project-level GRM and updated to cover the AF will be disclosed prior to AF appraisal, along with an AF Environment



and Social Commitment Plan (ESCP) including updated provisions for necessary capacity building and training.

## E. Implementation

### Institutional and Implementation Arrangements

21. **The activities and related funding will enhance aspects which were foreseen in the parent project and, thus, no changes are expected for project implementation structures.** The Federal Project Coordination Unit (FPCU) within the Ministry of Finance (MoF) and the Federal Project Implementation Unit (FPIU) within MoWSA will continue to lead on client implementation with complementary institutional offices at the regional and local levels, including at Woreda and District levels. The FPIU in particular will lead on implementation of activities under Component 2, including those proposed under the additional financing. In areas of High Risk of Ongoing Conflict (HROC), in particular in Tigray, the project has contracted key third-party implementation partners (TPIs), including the United Nations Operations Services (UNOPS) and United Nations Fund for Population Activities (UNFPA). These TPIs implement project activities on behalf of the government, while articulating a path to transition implementation to regional government as part of the Cessation of Hostilities Agreement.
  
22. **The AF will align with the parent project in procurement processes and scaling up existing activities under Component 2.** The parent project supports rehabilitation and refurbishment of existing One-Stop Centers (OSCs), or construction of new OSCs in Amhara, Afar, Oromia, and Benishangul-Gumuz, while also looking to identify community-based entry points for delivery of GBV response services. The project has contracted Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPEIGO) to conduct a mapping and quality assessment of available GBV service providers to identify organizations, including women-led organizations, with which the Federal Project Implementation Unit (FPIU) within the Ministry of Women and Social Affairs can partner in the immediate term to expand service delivery, and also to develop a longer-term strategy to strengthen capacity of frontline service providers (e.g. health personnel, social workers, community-based organizations, etc). The FPIU within MoWSA has also contracted the United Nations Children’s Fund (UNICEF) to provide technical assistance for the functioning of the FPIU, to develop and pilot an evidence-based prevention program, and to strengthen institutional capacity for delivery of MHPSS. Through the FPIU and UNICEF, and in coordination with relevant line ministries, the parent project invests in the provision of mental health care at facility and community levels based either on approaches with demonstrated effectiveness in Ethiopia and/or other conflict-affected environments. While this work focuses on building overarching country capacity for delivery of MHPSS, there has not yet been a focus on the specific trauma-related needs of conflict-affected communities.

## CONTACT POINT

### World Bank

Verena Phipps-Ebeler  
Senior Social Development Specialist



Simon Sottsas  
Senior Social Development Specialist

Yalemzewud Simachew Tiruneh  
Senior Social Development Specialist

**Borrower/Client/Recipient**

Federal Democratic Republic of Ethiopia

**Implementing Agencies**

Ministry of Finance  
H.E. Ato Ahmed Shide  
Minister  
infopr@mofed.gov.et

**FOR MORE INFORMATION CONTACT**

The World Bank  
1818 H Street, NW  
Washington, D.C. 20433  
Telephone: (202) 473-1000  
Web: <http://www.worldbank.org/projects>

**APPROVAL**

Task Team Leader(s):	Verena Phipps-Ebeler Simon Sottsas Yalemzewud Simachew Tiruneh
----------------------	----------------------------------------------------------------------

**Approved By**

Practice Manager/Manager:		
Country Director:	Doina Petrescu	02-Apr-2024



**The World Bank**

Response - Recovery - Resilience for Conflict Affected Communities in Ethiopia Project - Additional Financing 1  
(P181168)

---

---