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Photo: UNICEF/UN-EUE/Nicholson

MSF-H Expressed Concern on the Ongoing Settlement Process in Bale

MSF-Holland has expressed serious concerns about the settlement process as the area of settlement has not been adequately prepared to receive the IDPs from Shawa in terms of shelter, water, food and health services. ▶

UNITED NATIONS COUNTRY TEAM ETHIOPIA

Humanitarian Community to Gear Up for Second Half of the Year



Photo: UNICEF/UN-EUE Jon Nicholson

The current re-assessment of food needs for 2003 in selected areas of the country is likely to bring an increase in beneficiary numbers. The DPPC and NGOs are currently distributing food assistance according to the estimates from the last multi-agency *meher* assessment in November. To update this information there is another Government-led rapid assessment in four regions of the country comprised of eight teams that started 24 March 2002 for a period of 15 to 20 days. There is the concern that some of the three million needing close monitoring will shift to the category of population in need of immediate assistance, to add to the 11.3 million beneficiaries. Parallel to this expected increase in beneficiary numbers is the anticipated seasonal and unpredictable rise of malnutrition and the potential increase of communicable diseases in the country. Emergency water needs are still high and the focus is now on seeds for the upcoming *meher* season. In response to the bleak situation in the country, there is a need for the humanitarian community to gear up for the second half of the year.

Still a Need for Emergency Water Measures

As expressed in the last month's Focus on Ethiopia, the current drought crisis has pushed the humanitarian community towards emergency measures like 'tankering', transporting water from available sources to distant areas with critical water shortage to assist the population, improve hygiene, prevent the spread of diseases and avoid massive displacement. Nevertheless the high cost of transport and logistics clearly makes this solution a very temporary one, and limited to emergency life saving.

At the same time the more typical water interventions like water well construction, extension of existing systems and capacity building of institutions and village water committees, are strengthened and accelerated, to offer both an immediate and long-

NEWS ▶

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US Contributes 186,540 MT As a Response to the Addendum

United States Government pledged an additional 186,540 MT of food assistance valued at US \$ 84 million (714 million birr) as a response to the second DPPC appeal. ▶

UK Pledges 61 Million Birr in Response to the Addendum

The United Kingdom has pledged a further 61 million birr (US\$7.1 million) to support the fight against the effects of the drought in Ethiopia. ▶

Intra-regional Voluntary Resettlement in Amhara:

A possible way out of the chronic food aid dependency? UN-EUE Field Officer traveled to Amhara to assess resettlement program in the area. ▶

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term solution. This attitude has allowed a general improvement in the water coverage especially in the drought-affected areas.

While generally Ethiopia has one of the lowest coverage levels in the world for both water and sanitation, in the last few years the clean water coverage has considerably improved in the very regions that are prone and normally more affected by recurrent drought crises. In 2001, after several drought emergencies, the regional government in Tigray reported a coverage level of 34% of the households, while other regions like Oromiya, Benishangul-Gumuz and SNNPR, reported between 27 % and 30 %. All these regions reported a marked development throughout crisis years. In Gambella, the coverage level has grown from 10% in 1996 to 16.9% in 1998. Amhara reported an increment from 5% coverage in the rural areas in 1995/1996 to 23.3% in 1999/2000 in the same areas.

UNICEF, with all its implementing partners, therefore remains committed to a mix of long-term strategy and relief in the provision of water supply in Ethiopia. Still too many factors are chronic obstacles to full water sector development: unsustainable schemes and inappropriate technologies, lack of community leadership & participation, inefficient management, poor development of local maintenance skills are the very factors, which UNICEF targets in both its regular and emergency support interventions.

In this perspective, it is envisaged that this UNICEF mix of emergency-but-long-term approach will further improve the water supply provision, during both normal times and critical drought, thus progressively diminishing even the need for high-cost and extreme solutions, like water tankering, in times of acute crisis.

It is during emergencies that communities are looking most for support. Assisting the drought-stricken communities with even temporary relief solutions like water tankering gives a very good start to partner with these very communities to build long-lasting improvements in all water related areas, including longer-term strategies for hygiene and environmental sanitation.

Hopefully, if the *belg* rains are sufficient, it will alleviate the problem to some extent in parts of Ethiopia.

Too Early to Determine Success of *Belg* Rains

Normally, *belg* (short) rains start around mid-February and continue through mid-May, with frequent dry spells in between. In the *belg*-dependent crop producing of the northern highlands that have mostly black cotton soils, alternating periods of wet and dry weather are particularly useful as these soils tend to become waterlogged easily. This year, there was a normal start to the *belg* season characterized by light to moderately heavy rains during the last ten day period of February. This was followed by an extended dry period until mid March. From mid March onwards, the rains increased in amount and geographic spread. Near to above normal rainfall were recorded in many *belg* rain dependent areas. The Drought Monitoring Center in Nairobi (DMCN) also reported that much of Ethiopia is likely to experience near to above normal rainfall towards the end of March.

It is too early in the season to assess the impact of rains or lack of them although thus far the overall situation seems cautiously positive. This will require constant monitoring and acknowledgement that rains in Ethiopia, particularly in recent times, are erratic and unpredictable. Positive outcomes of the *belg* rains may maintain the existing number of food aid beneficiaries as they were appealed for in January 2003 (not taking into consideration the likely increase in beneficiary numbers mentioned

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on the first page), but any other deviation may entail a significant increase in the number of beneficiaries for the second half of the year.

Food Aid Concerns for End Year

The head of the fund raising team at DPPC recently noted that in his 23 years experience at the DPPC he has never seen such a positive response by the donor community in such a short time. WFP confirms that a total of over 1,000,000 tons has been resourced, covering 70 percent of the 1.46 million tons needed for 2003. New contributions need to be confirmed so that there is not a break in the pipeline in August. It is important that needs are covered in the "hungry season" starting in July, the period before the harvest when traditionally food reserves are low, and when this year over 10 million people will continue to be highly dependent on food aid. Pre-positioning of food will be taking place in May and June, as 80,000 tons are needed for those areas that are inaccessible due to the *kiremt* rains from July to September. Donors support for Ethiopia is still needed, especially in view of new competing global requirements, to ensure a continuing programme of assistance into the end of 2003.

Some 50 percent of the supplementary food aid needs are covered for 2003. Local production capacity cannot keep up with current demand by NGOs and government for local procurement of blended food at this time, thus the humanitarian community is encouraged to buy internationally to meet the needs of the current crisis.

Many members of the humanitarian community are also stressing the need for the ration distributed to be at the standard ration of 15 kg/per person/per month. In order to ensure maximum coverage of targeted beneficiaries, cereal rations have been reduced from the planned level of 15kg/person/month to 12.5kg/person/month so far in 2003. While this has also been the practice in previous years, as food insecurity is especially acute this year, a reduction in ration risks that household food availability will be unacceptably low. An inadequate cereal ration can lead to supplementary food (i.e. blended food and vegetable oil) being consumed by all family members rather than only the intended vulnerable members. The reduction in rations and the shortage of blended food has meant that some of the nutritional requirements so far in 2003 have not been met and has contributed to high rates of malnutrition in some parts of the country. Only with a higher percentage of the needs for the year met can restoration of the planned ration size be considered.

Therapeutic Feeding Plays a Key Role

There is an anticipated seasonal and unpredictable increase in malnutrition in Ethiopia. Therapeutic feeding will play a key role in controlling the situation. There are an estimated 57,200 severely malnourished children in the country based on two percent of 2.86 million children under five in drought affected areas. One metric ton of F-100 rehabilitates around 85 children; therefore 675 MT of F-100 is required without considering relapses. Relapse rates are expected to be high if there is no targeted supplementary feeding program to refer the child upon discharge. The current 175 MT in UNICEF stock would rehabilitate approximately 14,875 children out of the 57,200. The minimum amount of therapeutic food that is still needed in the next few months is 500 MT, and much more if relapse rates are high.

In 2003 UNICEF and UNICEF supported NGOs (MCDO, MSF Holland, IMC, WVE and Concern) have delivered therapeutic foods to Hartisheikh IDP camp and Jijiga Health Center in Somali Region, Bale IDPs camp, East and West Hararghe and Harar in

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Oromiya, Silte and Gurarge in SNNPR, Kalu, Dessie in Amhara and Sodo in Welayita. Current therapeutic feeding interventions in Government health facilities with UNICEF involvement which have started in March or will begin in April 2003 are Besidimo Hospital and other health facilities along with Hiwot Fana Hospital in Harar, the National Hospital, Awash, Assayita and Afambo health centers in Afar and Butajira Hospital in Silte and Gurage.

Efforts to Improve Emergency Food Aid Targeting

In addition to the push for a higher ration, targeting continues to be a very serious issue for government as well as for donors, NGOs and more importantly for the population being targeted. A National Food Aid Targeting Steering Committee was established in 1998 to establish a guideline on food aid targeting. The committee is chaired by the Disaster Prevention and Preparedness Commission and Save the Children United Kingdom is the secretary. Members of the committee include WFP, UNEUE, USAID, CARE, BoA and Oxfam GB. The National Emergency Food Aid Targeting Guideline was developed in 2000. The guideline was based on a rigorous field study in 1996/97 and a consultative process with various stake holders.

After the development of the guideline, a simplified handbook was developed in 2001/02. The handbook is designed to be used at the lowest level of household targeting. The handbook was tested in two pilot woredas to check whether it is easy to use by the community who it is intended for and also whether the use of the new guidelines would bring an improvement on the targeting process. A review team went to the two woredas to check the success of the project and found the handbook to be positive on both accounts of usability as well as improving the targeting process.

The wider dissemination process of the handbook is currently underway. Training at regional levels is being conducted to familiarize regional officials with the handbook while simultaneously, training is being conducted in 30 selected woredas of Amhara region.

The handbook is planned to be translated into three major languages so that it can easily be used by people in the field. Currently the translation to Amharic is complete while the translation to Oromiffa and Tigrigna is still pending.

Substantial amount of resources have been expended to develop the guideline and more resources are still required to cover the remaining woredas that need to be familiarized with the handbook. Since targeting is a very serious issue in ensuring the provision of food to those who need it the most, supporting such an effort is a worthwhile investment in improving food aid management in Ethiopia.

Targeting Problems in Parts of SNNPR: When Poor Must Select the Poorer

Despite the emphasis on improved targeting and ensuring that food is reaching the intended beneficiaries, there are still problems in some pocket areas in many of the zones of the country. A recent field trip by the UN Emergencies Unit for Ethiopia (UN-EUE/OCHA) to SNNPR has discovered serious problems with targeting which must be attributed to irregularities during the selection process of beneficiaries at the grassroots level. While symptomatic of the areas investigated, this is not typical of the entire country.

The UN-EUE received reports about an increase of malnutrition cases in pocket areas of SNNPR, mainly Silti and eastern Guraghe

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zones, which were badly hit by last year's lack of rainfall. A mission was sent out and discovered serious and worrisome cases of targeting problems at local level, which resulted in extensive suffering and malnutrition mainly among small children. It's not easy for poor people to select the poorest when food aid is on the way to be distributed.

In Lanfaro and Dalocha woredas of Silti zone for example, woreda officials selected beneficiaries reportedly without consultations at the grassroots level and village people complained about widespread favouritism. According to them whole villages were left out and surpassed during the evaluations. They complained that those in charge for selecting the beneficiaries - poor people as well - targeted their own relatives and friends and not primarily the really needy, the poorest of the poor.

Due to the complaints, that zonal officials later confirmed, all beneficiary lists had to be cancelled, and the whole process of selecting beneficiaries repeated. The UN-EUE mission witnessed one such retargeting exercise in Wotambo Kebele, where new beneficiary lists were established. Hundreds of people gathered with their malnourished children as proof of their plight. The irregularities have delayed food distribution for weeks, which caused the malnutrition rate to increase. At present the NGO Project Mercy, which is based in Butajira, is distributing supplementary food and the situation is gradually improving.

Serious cases of malnutrition occurred also in Mesken and Marako woredas of eastern Guraghe zone. Like in Dalocha the problem was the result of an unfair selection of beneficiaries. But here it was the village officials who made the selection over the heads of their own villagers. Also here the selection committees favoured their family members and the whole selection process had to be repeated, this time by their superiors. Cereals that were on stock in large quantities in local warehouses could not be distributed for more than a month and those that needed it most, had to wait until they were found to be really the poorest of the poor.

The federal DPPC reacted quickly to the problem and dispatched a special mission to the area comprising of DPPC and UN-EUE experts.

Meher Season Offers Second Chance for Seed Assistance

All eyes are also on the seed issue as we are in the midst of the *belg* season rains but, while the *belg* cropping season will play an essential role in early recovery for farmers, the *meher* is the main cropping season for the majority of the country. Only if both 2003 *belg* and *meher* seed requirements can be met will a rapid and appropriate rehabilitation of crop production in the country become a reality. In many areas of the country (particularly Southern Tigray and Amhara, as well as certain areas in Oromiya), the *belg* rain is already a fact. In many areas the Ministry of Agriculture, FAO and various NGOs have ongoing seed distribution interventions. For some farmers, however, the agricultural assistance is too late to fully benefit from the *belg* season. For those farmers, early action is critical to assure access to long-cycle crop seeds that need to be planted within the coming month. The *meher* rain will offer a second chance for short-cycle crops in most of the drought-stricken areas. Planting time for these crops will be from end of May to mid-July.

A concentration of seed assistance can be observed in East and West Hararge (Oromiya), and Sidama (SNNPR), that are among the most drought-affected areas. Apart from these areas and Shinille zone in Somali Region, a shortfall in seed interventions remains. The major requirements, as well as the major shortfall in

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terms of seed requirements, can be found in Tigray (requirement US\$5.1 million, shortfall US\$3.7 million) and Amhara Region (requirement US\$4.4 million, shortfall US\$3.3 million).

As mentioned in previous Focus on Ethiopia articles, after the failure of the short rains in 2001 and delays and poor performance of seasonal rains in 2002, farmers have to cope with a serious agricultural crisis in the current year. With some exceptions for the better-off farmers, most farmers in the drought-stricken areas are having serious difficulties to meet planting requirements for a reasonable harvest. Hot spot areas in the country include: Tigray: eastern woredas of Eastern and Southern zones, as well as some northern and lowland woredas of Central Zone; Amhara: Wag Hamra, eastern woredas of South Wollo, North Wollo, Oromiya, and North Shoa, and lowland woredas of South Gonder, North Gonder and North Shoa and East Gojam (along the Nile Gorge); Oromiya: lowland woredas in East and West Hararge, Arsi, East Shoa, North West Shoa, Bale and Borena; SNNPR: many woredas in South Omo, Konso, Siltie, Gurage, Hadiya, Amaro, Sidama, Banch Maji, Wolaita, Derashe, Gedeo, Kembata, Gamu Gofa; Somali: Shinille zone; Afar: specific areas in Zones 1, 2 and 3 that either have rain fed agriculture, or make use of irrigation from the Awash River; Dire Dawa: pocket areas.

Measles is Serious Threat in Ethiopia

Besides the lack of seeds, measles is one of the major current threats to the population in Ethiopia, mostly children, and the spread is exacerbated by drought conditions. Data on measles cases collected from 1997 to 2002, through routine reporting and facility based survey shows that 70% of the cases occurred in children under five year of age and 30% in the age group of five to fifteen years. (Total cases reported 2,596). Measles campaigns were conducted in late 2002 in the whole of Afar Region and East and West Hararghe zones of Oromiya Region.

However since 2002 the number of cases has been increasing with reports of small outbreaks in different parts of the country. At present some areas/woredas are reported to have conducted containment measles campaigns on their own, using measles vaccines and Auto Destructive (AD) syringes from their routine (Expanded Program on Immunization) EPI quota. Such campaigns lack sound epidemiological rationale and as such are of no value. Taking into consideration the urgency this situation demands, the Inter Agency Coordinating Technical Committee since February met several times to endorse and implement a plan of action for emergency measles campaign in 2003 and 2004.

The goal of the global measles campaign for 2003, implemented by the Ministry of Health (MoA) with various partners including UNICEF and WHO, is to reduce measles cases by 90% and measles deaths by 90% in comparison with 2002 data with a budget of US\$13 million. Plans are to vaccinate at least 90% of children 6 months to 14 years in 2003 and 2004 in phases and to provide Vitamin A capsule supplementation to at least 90% of children 6 to 59 months during measles supplemental immunization. The target population in 2003 is 16,438,263 children 6 months to 14 years of age.

The campaign will be conducted in phases and in selected areas in accordance to their priority. Phase one activities cover Bale, Shinile, Gurage and Silti in SNNPR, Oromiya and Somali regions targeting 1.9 million people and started on March 26 continuing through April 29th.

Your comments are welcome: un-eue@un.org

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Intra-regional Voluntary Resettlement in Amhara: A possible way out of the chronic food aid dependency?

UN-EUE Field Officer traveled to Amhara to assess the resettlement programme in the area. According to the mission report, given the fact that millions of rural farmers are faced with chronic and acute food insecurity year after year, there is no question that the Ethiopian government is to think of a more sustainable solution to Ethiopian rural communities' poverty and food aid dependency. However, the government should not be over ambitious in its plans to relocate too many people at once (increasing numbers from the originally planned 15,000 individuals to 100,000), before putting adequate essential social services at resettlement sites. Resettlement should be a process, starting as a pilot and replicated at a wider scale if proved successful. It must be realized that effective social service delivery induces people to voluntarily move to resettlement areas. There is significant infrastructure that needs to be in place at the resettlement sites, but understandably the government unilaterally will not be able to fulfill all the necessities. It is recommended (and agreed by government authorities) that a call for NGO support by the government should be initiated without further delay. On the positive side, some lessons have been learned from the mistakes of previous resettlement programs. The current resettlement initiative is a way of moving people from the same ethnic, language and cultural background. Furthermore, they are all (at least in the first phase) from lowland areas so that they would easily adapt the hot climate at resettlement sites. Finally the resettlers' land at their place of origin will be reserved for the next two years and until then people are free to go back and forth between their new home and original localities. These provisions clearly show an important step forward compared to the Derg's resettlement scheme where people from completely different cultural background were forced to live together, and movement of people out of resettlement areas was virtually impossible. (This does not necessarily reflect the views of the United Nations).

World Vision Starts a NRU/TFC in Soddo Hospital, Welayita Zone

Welayita zone in SNNPR is one of the areas hit by the current drought in Ethiopia. Soddo Zuria woreda with a total population of about 255,000 is affected with severe food shortage. Levels of Global Acute Malnutrition (GAM) in children under five years of age are 20.4% as seen in the nutrition survey conducted by World Vision (WV) in March 2003 and the Severe Acute Malnutrition (SAM) rate was 4.1% (confirmed by Emergency Nutrition Coordination Unit-DPPC). The Soddo Hospital is overburdened by the increasing caseload of malnourished children with clinical complications and proportionally decreased manpower and materials. This needs to be addressed immediately in order to prevent further deterioration of services and increased mortality. In order to curb this growing crisis and prevent further nutritional decline of beneficiaries, World Vision Ethiopia decided to establish a nutritional rehabilitation unit (NRU) and provide therapeutic feeding to severely malnourished children with medical complications. The project will run for four months, starting March 2003. UNICEF also provides the TFC supplies, mainly F75 and F100 therapeutic milks, registration materials and anthropometrics equipment. As of 27 March 2003, the TFC has admitted 32 severely malnourished children according to the latest criteria for admission as indicated in the draft UNICEF guideline for the treatment of severely malnourished children in Ethiopia. The unit

Levels of global acute malnutrition in children under five years of age in Soddo Zuria woreda are 20.4% as seen in the nutrition survey conducted by World Vision (WV) in March 2003 and the severe acute malnutrition rate was 4.1%.

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has a capacity to handle 80 malnourished children and their caretakers at a time. UNICEF is also providing technical support and training for the unit's staff.

A UN-EUE field officer recently took part in a mission organized by the government to the area to look at the targeting issue and humanitarian situation in general. The mission found that the food security situation of Wolayita zone Sodo Zuria woreda is worrying. There was severe malnutrition observed with deaths reported (whether this is directly linked with hunger is to be investigated). There has been no rain at all in the month of October and November (Sapi rain) and therefore, sweet potatoes, an important transitional food source, could not be planted. Shortage of seed is also critical. Additionally, the livestock condition is very poor. Abnormal numbers of livestock have died because of lack of pasture, water and disease.

MSF Holland Expressed Concern on the Ongoing Settlement Process in Bale Zone

Oromiya DPPB stated that the settlement program to move IDPs from Shawe camp, Bale zone is underway and as of 28 March about 9,000 people are settled to the new location, Bidri woreda. Bidri is 72 km away from Shawe camp where around thirty thousand IDPs from East and West Hararghe and Arsi have been settled for about 10 months. MSF-Holland, has worked in the Shawe IDP camp since the beginning of January with the supply of potable water, measles campaign and health services including a Therapeutic Feeding Center (TFC). MSF Holland reports that the Crude Mortality Rate (CMR) was reduced from 2.4 to 0.3 while the population remained very fragile due to a lack of adequate food distribution. MSF-H has expressed serious concerns about the settlement process as at the time of settlement 220 severely malnourished children were still under treatment in the TFC. All the children have now left despite the fact that their treatment was not finished. The area of settlement has not been adequately prepared to receive the IDPs from Shawe in terms of shelter, water, food and health services. Noting the fragile status of this displaced population, MSF-H believes that the CMR will inevitably rise once more. MSF-H is committed to this population and is now in the process setting up an emergency mobile clinic while looking at ways to continue the TFC activities. Norwegian Church Aid (NCA) on the other hand is providing food aid for the settlers for March and April. According to the DPPB, three water wells were dug and water tankering is underway in the new site. The government is also providing plastic sheets, which are in short supply, and planning to distribute seeds and hand tools. The settlement is expected to finish within one month.

United States Contributes 186,540 Metric Tons As a Response to Addendum

United States Government pledged an additional of 186,540 MT of food assistance valued at 84 million dollars (714 million birr) as a response to the second DPPC appeal to meet emergency requirements in Ethiopia. Commodities will be shipped as emergency food relief under a program administered by the U.S. Agency for International Development. They will be distributed mainly through private voluntary organizations and are expected to arrive over the next few months.

Since the crisis in Ethiopia emerged in July 2002, the US Government has been working with the Government of Ethiopia and all partners to tackle the food crisis. The US Government has, to date, provided over 712,000 MT of food aid assistance, valued at approximately 316 million dollars, or 2.7 billion birr, to meet emergency food needs. In addition, the US Government has

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provided 28 million dollars, or 238 million birr, in non-food assistance to meet other needs such as water and sanitation, seeds and agriculture rehabilitation, and primary health care and nutrition.

UK Pledges 61 Million Birr in Response to Latest Appeal

The United Kingdom has pledged a further 61 million birr (US\$7.1 million) to support the fight against the effects of the drought in Ethiopia. The pledge came following the appeal on 14 March, which confirmed that Ethiopia's food, and non-food humanitarian needs remained substantial. According to the release, 34 million birr of the amount would support UNICEF health, nutrition and water for human consumption programs, while 27 million birr would help to underpin WFP's food distribution programs. The pledge came on top of UK's contribution of over 445 million birr in humanitarian support during 2002, and would bring the UK's total contribution towards the current crisis to over half a billion birr.

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Number Of TB Patients On Rise In Drought Hit Areas In Somali Region

The Somali State Health Bureau said that number of Tuberculosis (TB) patients were reportedly on the rise in drought hit areas in the state. So far 1,200 new patients have been admitted in four hospitals and 18 health centers in the State. To control the spread of the disease, the Bureau has finalized preparations to launch Direct Observed Treatment (DOTs) in Afder, Liben and Degehabur zones over the coming six months.

Focus on Ethiopia is produced by the United Nations Emergencies Unit for Ethiopia. For further information contact the Information Unit at un-eue@un.org. Tel.: 44 44 14 or 51 37 25