



United Nations  
Country Team

UPDATED APPEAL  
FOR REHABILITATION AND  
RECOVERY PROGRAMMES  
FOR INTERNALLY DISPLACED PERSONS  
IN ETHIOPIA

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# 1 Executive Summary

On 18 June, 2000, Ethiopia and Eritrea signed a Cessation of Hostilities Agreement to end two years of fighting. The agreement was brokered by the Organisation of African Unity (OAU) under the leadership of then-OAU Chairman and Algerian President Abdulaziz Bouteflika with the support of the United Nations, the United States, and the European Union. Under the terms of the agreement, both parties agreed to cease all land and air attacks and to seek a resolution to their disputes through peaceful and legal means. They also agreed to modalities of deployment whereby Ethiopian troops will withdraw to positions under civil administration prior to 6 May, 1998 when the fighting began, while Eritrean troops will maintain their troops at a distance of 25 km from Ethiopian positions. A peacekeeping mission, sponsored by the United Nations and under the auspices of the OAU, will be established to patrol the border area between the two redeployed armies to monitor the implementation of the Cessation of Hostilities Agreement and to support efforts to accommodate the return of displaced civilians in both countries. This peacekeeping mission, known as the United Nations Mission to Ethiopia and Eritrea (UNMEE), has been directed to closely coordinate and share information with the United Nations Country Teams in both countries as appropriate. Ultimately, an international team of experts is expected to lead negotiations on exact border demarcation between the two countries.

In January 2000, the Ethiopian government estimated that 349,837 people were displaced from the conflict area in the northern regions of Tigray and Afar as a result of the border conflict.<sup>1</sup> Most were integrated into host communities, but where local populations were not able to bear the burden of hosting large numbers of displaced, people were settled in camp-like settlements, makeshift shelters and caves.

The signing of the Cessation of Hostilities Agreement has changed the situation for the internally displaced persons (IDPs) in northern Ethiopia significantly. For the more than 300,000 IDPs in Tigray Region and over 30,000 in Afar Region, there is now an opportunity for them to move back to their places of origin and resume their economic activities. As of August 2000, according to the Ethiopian Government, rough estimates indicate that 30% percent of the total displaced populations are now in the process of reestablishing their presence in their places of origin. The UN Country Team (UNCT) is closely monitoring reports from the Government, UN field officers and assessment teams to obtain the most accurate overall depiction of the displaced movements, the conditions in the areas of return, and the conditions of those who are unable to return to their homes at this time.

Most people who were displaced from their homes lost all of their possessions. In order to make their return viable, they will need assistance in practically all sectors. The most critical obstacle to safe return and resumption of normal life is the presence of landmines and unexploded ordnances (UXOs) along the border area. Many villages, roads, pathways and hectares of farmland have been planted with landmines or exposed to UXOs, and many people returning to their homes or farmland have already been injured or killed. The presence of mines/UXO also impedes the planning process for developing assistance programs in these areas, as many areas are not possible to visit for assessment. Mined areas will also hamper the

<sup>1</sup> This figure includes those who have been returned from Eritrea since the start of the conflict.

effective deployment of the peacekeeping force unless mine infested areas are surveyed prior to the peacekeeping operation.

The Government has already undertaken demining operations in the conflict zones, but due to the enormity of the situation, the Government of Ethiopia has requested the United Nations Country Team in Ethiopia (UNCT) to assist urgently in the undertaking of an Emergency Survey to determine the nature and extent of the landmine/UXO threat. The UNCT will work in collaboration with the United Nations Mine Action Service (UNMAS), who will assume overall responsibility for coordinating the larger mine action framework in the context of the Peacekeeping Operation.

In areas where return is already possible and in areas hosting IDPs who are unable to return to their homes, there is an immediate need to provide food, health and nutrition, water and sanitation, education, and special protection support. The health, water and education infrastructure has been destroyed or damaged during the war, and need replacement or rehabilitation. In addition, the regional, zonal, wereda (district), and local administrations need assistance to re-establish social services within the areas of return. Such assistance includes provision of medicine and vaccination supplies, equipment, educational materials, and training of staff within the respective line departments. In areas of return, agricultural and livestock support is needed to help people resume their economic activities so that they are eventually not dependent upon relief food.

Of increasing concern over the last few days has been the plight of Ethiopians returning from Eritrea and special arrangements will be needed to ensure that they receive immediate food and non food assistance.

The Disaster Prevention and Preparedness Commission (DPPC) issued its Appeal for the Year 2000 for Victims of Natural Disasters and Internally Displaced Persons on 21 January 2000. This document outlined a programme of assistance for the displaced, which included relief food aid as well as shelter, water and sanitation, health care, education, and livestock support.

In support of the Government's Appeal, on 28 January 2000, the United Nations Country Team issued a Relief Action Plan and Appeal for Internally Displaced Civilians in Ethiopia, which contained proposals for a total of US\$27.5 million in combined food and non-food assistance. As of June 2000, donor response to this request amounted to some US\$19.7 million, meeting 80% of the food requirements but only 22% of the non food requirements. These interventions have included both food and non-food assistance to the IDPs. On the non-food side, activities have included construction and rehabilitation of water points, emergency education assistance, provision of medical supplies, distribution of shelter materials, mine risk education, and agricultural interventions.

This Updated Appeal for Rehabilitation and Recovery Programmes for the Internally Displaced Persons, issued by the UNCT in Ethiopia, is an update of requirements contained in the January Appeal in accordance with the changing circumstances. Like the January appeal, it is intended to supplement the ongoing efforts of the Ethiopian government to provide assistance to the displaced population. Acting as an immediate measure and building on previous programmes for IDPs, this Appeal will aim to facilitate the return of the displaced to their homes while ensuring their care and maintenance. Interventions are in priority areas to start the recovery process and will cover the period from the beginning of September to end January 2001, in anticipation of the expected upcoming Appeal in January 2001, which will cover remaining needs and longer-term programmes for rehabilitation.

The UN Country Team will work closely with the government in developing the necessary reconstruction and rehabilitation programmes. Projected interventions are based on a UN inter-agency technical mission to Tigray carried out from 25 June to 1 July 2000, reports on the IDPs in the Afar region, discussions with regional officials and on-going technical assistance and programme collaboration provided by operational agencies. The assessment team was made up of technical specialists in each of the sectors. This Appeal represents individual agencies' willingness to support the Government's initiatives for the IDPs, based on their respective areas of specialization, considerations of the amount and kind of assistance likely to be made available through UN headquarters, individual UN agency budgets, and supplementary pledges from donors. Components of this appeal are also designed to be consistent with the kind and amount of assistance to the displaced that the UN agencies have been involved in since the beginning of the conflict. It is hoped that in this way, the effectiveness and sustainability of individual inputs will be maximized.

This document outlines actions that the UNCT has already undertaken as well as that which it proposes to take in support of the displaced, and identifies immediate actions to be carried out with funding from existing or re-programmed resources within the UN system and with new contributions from the donor community. Additional funds requested total US\$ 15,127,704 for food assistance in either cash or kind and US\$ 15,329,064 in pledges for non-food assistance to meet the most critical and urgent needs. The proposed activities and programs outlined here will be further developed and refined in conjunction with the DPPC and/or appropriate line ministries, local administrations and, where appropriate, NGOs. A number of arrangements are available to the donor community to handle donations:

- Donors can pledge to meet the non-food requirements in the appeal by directly contacting the specific UN agency concerned.
- Additional food aid pledges are urgently needed and donors can pledge food directly to the DPPC, WFP in support of its current Emergency Operation for the internally displaced, or to NGOs conducting programmes with the displaced population.
- The UNCT, through UNDP, can receive funds in support of the activities outlined in this Action Plan and then re-allocate these resources to individual specialized UN agencies to meet the most urgent needs.
- Many NGOs working with the displaced will need additional funding for non-food assistance as well and can receive funds directly.

## 2 Context

### 2.1 Background

The main areas of tension during the conflict were along the 1,000 km border between Ethiopia and Eritrea: Badme and Sheraro, in the western border area known as the “Yirga Triangle” between the Tekezze and Mereb rivers (Western Zone of Tigray Region); Tsorona - Zalambessa - Alitena in the central border section (Eastern Zone of Tigray Region) near the main road leading from Ethiopia to the Eritrean capital Asmara; and Bure in the eastern border section (Zone 1 of Afar Region) on the main road to the Eritrean Red Sea port of Assab. These were among the main areas that the IDPs were displaced from and are now returning to.

In Tigray Region’s Eastern Zone, the displaced originated from the conflict areas in Irob and Gulomeheda weredas and were relocated in Adigrat town and the surrounding rural areas. In the Central Zone, most people were displaced from the town of Rama and the surrounding areas and relocated southwards to Adwa town and its environs. In the Western Zone, most of the displaced originated from the disputed Yirga Triangle and were relocated in areas south of the Triangle as far as, and including, the town of Shire (also known as Endasselassie). Others were displaced from Humera town (in the far west of the region close to the Sudan border) and its environs and moved further south to the villages of Bereket and Ba’eker. These IDPs are now beginning to return back to their homes.

In Afar Region, most of the displaced were living near Bure and Elidaar. They have been served by the Government of Ethiopia (through the Regional Administration), Medecins du Monde, and the Afar Pastoralist Development Association (a local NGO), and also indirectly supported by UNICEF, WHO and other UN agencies.

In Tigray, there was some shifting in displaced populations during 1999. Following the conflict in the Badme area in February 1999, many of those who had been displaced to Zeben Gedena from Sheraro town returned. Following their return, the town was bustling with activity, and became a host community for other IDPs who remained displaced from Badme and other areas close to the border. A new settlement known as Wahla Ni’hibi, located closer to the areas from which people had been displaced, was opened and became a priority for providing shelter, water, health and sanitation services.

In addition to the loss of agricultural production, many of the displaced lost their other means of livelihood as well. Many people left their homes with few personal belongings, and lost most of their livestock. Most were unable to support themselves. Cross-border petty trade, which previously made up a significant portion of the local economy in border areas and included livestock sales as well as sales of vegetables, spices, and *gesho* (used in brewing local drinks), was completely suspended. This has resulted in dramatically reduced access to cash for the displaced and those living close to the border. To some extent, the livestock trade (particularly the sale of sheep and goats) has been buoyed by the demand from the military, but in general a decline in purchasing power of the local residents has been observed.

In addition to the stress created by the war environment, most of the displaced came from areas that are chronically drought affected, and many have been dependent upon external assistance for many years. Many host families, who were already at the end of their coping

strategies, have been relying upon assistance themselves due the fact that they suffered significant reduction in crop production due to erratic distribution of rain during the 1999 *meher* season.

Many IDPs are now traveling to their place of origin. In some cases, households are splitting up temporarily, with some members returning to recover their land use rights, plant their fields, and rebuild their houses or businesses while other household members remain in the areas of displacement so that they may receive whatever food and non-food assistance is distributed. This is to be considered an expectable and necessary strategy in the initial months of return. Return to one's place of origin should not necessarily be taken to signify a return to self-sufficiency. Rather, conditions in the areas of return must be monitored to determine the most appropriate time to phase out assistance.

Upon returning to their homes, many have found that they are not able to adequately cultivate their fields due to the suspected presence of landmines and UXO. Many deaths and injuries have already been reported, and it is suspected that more are unreported since they occur far from health care facilities and thus are not treated. Although there has been a critical landmine/UXO problem in Ethiopia for the last 60 years, the recent conflict has exponentially compounded the problem.

In Tigray Region, assistance to the displaced is coordinated by the Tigray Emergency Coordination Committee, which is composed of regional government administration and bureaux and relevant NGOs. A joint UN office has been maintained in Mekele since March 1999 with the full time presence of WFP and UNICEF, supported by UNDP.

## **2.2 Host Country Institutional Framework**

The National Policy on Disaster Prevention, Preparedness and Management, promulgated in November 1993, provides the legal and institutional framework for the Government of Ethiopia's response to this emergency. The main Government counterpart for co-ordinating the UN Country Team response is the Federal Disaster Prevention and Preparedness Commission (DPPC), which works in close co-operation with the administrations of affected regions (in this case, the Tigray Regional State and the Afar Regional State), the technical bureaux, principally Health, Water and Education, the concerned DPPBs and non-governmental organisations such as the Relief Society for Tigray (REST). The Federal DPPC also plays a central role in organising and co-ordinating joint needs assessment with the UN Country Team, NGOs and donors, and is responsible for preparing consolidated appeals for international assistance and managing the allocation and delivery of relief resources.

## **2.3 UN Country Team Framework**

Under the overall leadership of the UN Resident Co-ordinator, the UN Country Team (UNCT) in Ethiopia has developed a co-operative framework for the design, implementation and monitoring of a comprehensive humanitarian response to the Ethiopian Government's appeal for international assistance to meet the needs of civilians displaced by conflict with Eritrea.

This Updated Appeal for Rehabilitation and Recovery Programmes for Internally Displaced Persons has been formulated under the authority of the UNCT as a joint, inter-agency exercise aimed at providing a flexible mechanism for the rapid utilisation of a variety of funding sources and arrangements, including donor emergency funding given in direct support of the UNCT multi-sectoral humanitarian program. The practical implementation of the programme will be

achieved by UN agencies (primarily WFP, FAO, UNICEF, UNHCR, WHO, IOM, UNAIDS and UNDP/UN-EUE/UNMAS but other agencies may also participate) using established operational mechanisms and modalities. As a UNCT initiative, however, the overall assistance programme comes under the UN Resident Co-ordinator while decisions concerning co-ordination, planning, monitoring and reporting will be handled co-operatively within the mandate of the UN Disaster Management Team (UN-DMT), which comprises the senior management of the operational UN agencies.

Generic/contextual reporting on the humanitarian situation as well as general narrative reporting to donors on the programme will be managed by the UN-DMT, supported by the UN Emergencies Unit for Ethiopia (UN-EUE).

### **3 Project Outline**

#### **3.1 Problem to be addressed**

Internally displaced civilians in Afar and Tigray regions of Ethiopia have begun to reestablish their presence in and ownership of their places of origin. This poses an issue of immediate concern, as the areas they are returning to lie in the former war zones and are in many cases, heavily mined. Many of the places of origin from which people were displaced or evacuated are high-risk areas. Even places that were never occupied were shelled and the risk of injury from unexploded ordnance is real. Given the tremendous eagerness of people to return to the areas from which they were displaced, the option of demining or verifying that areas are free from explosive hazards first before anyone returns is not realistic. People have already begun to return to areas that they know may be dangerous, but feel that they must take the risk in order to resume their economic activities. Rehabilitation and recovery programmes must be undertaken within these constraints.

The agricultural activities in all the weredas along the border with Eritrea were affected by the war. While the main impediment for the returning farmers is the risk of landmines, farmers are also short of seeds, oxen, farm tools, fertilizer, and storage facilities. The period when planting long-cycle crops for the *meher* – or main cropping – season in Tigray Region has passed and the only crops which still can be planted at this late stage are crops such as teff and chickpea whose planting dates may be extended to early September if rains are adequate and continue into October. It is critical, however, to begin mobilizing resources now for the 2001 planting season to ensure that the maximum area is planted so that recovery can begin.

As agricultural production has been severely disrupted among the displaced, food assistance to most IDPs and returnees will be required through November 2001, at which time the next *meher* harvest is expected. To support the return of IDPs to safe areas, food assistance will be a major component of the relief and rehabilitation plan.

The main health problems in the war-affected areas are related to the collapse of the pre-existing health services due to destruction of the health facilities, the presence of some specific health problems related to the war situation, and the increased risk for specific diseases due to environmental deterioration, interruption of normal health preventive services, and damage to water systems and other infrastructure. There is an increase in landmine casualties and a lack of sufficient trauma care, a significantly higher risk of transmission of HIV and other sexually transmitted diseases (STDs), and an increased risk for spread of malaria and water borne diseases.

Water and sanitation conditions are poor throughout the displacement and return areas. The majority of the most important water points were identified as destroyed or damaged and are in need of rehabilitation. In addition, most of the shelter and household items provided to the IDPs in camps have become worn and are no longer usable; replacement is necessary and the vast majority of IDPs who stayed with host families (rather than in shelters) never received shelter support. There is also a shortage of blankets, plastic sheeting, tents, and clothing.

In most areas, schools have been destroyed or damaged. Some temporary schools have been operating in areas of displacement, but many students have had their education disrupted in general turmoil of the last two years. The academic year will restart in September and in many places it will be necessary to conduct classes in the open air, without proper classrooms. In addition to the need for temporary classrooms and rehabilitation of schools, there is a need for textbooks and other school supplies.

Of additional concern to the international humanitarian community is the need to provide immediate food, shelter and other relief assistance for Ethiopians who are returning from Eritrea. On 18 August, the Government of Ethiopia issued an appeal for assistance to returnees from Eritrea. According to a letter issued to all UN agencies and donors, a total of 30,750 people have returned already (1,201 via Assab, 29,454 through various entry points in Tigray, and 95 via Djibouti). The Government of Ethiopia says that it expects another 33,000 people to arrive from Eritrea soon. Prior to 18 August, approximately one third of the total 30,000 returnees had been escorted across the border by the International Committee of the Red Cross (ICRC). There is growing concern on the part of the Ethiopian government and the international community that the safe return of these returnees cannot be ensured without full participation by the ICRC, and that agency must be informed and given access to those returning, in accordance with the provisions of the Geneva Conventions. In this Appeal, the UNCT is requesting food aid to support 25,000 of these returning Ethiopians from Eritrea, which was the estimated number in need of assistance as of 16 August 2000. In addition to food assistance, non food interventions will be needed as well.

Where possible, the approach of the UN has been to build on existing long-term development programmes in the affected areas, especially in the health, water and education sectors. By doing so, though financially modest, the UN response has been strategically significant in enabling the regional authorities to assist the displaced through an expansion of existing services rather than through the creation of a parallel infrastructure, as so often happens in such emergencies. This experience has proven to be effective, although shortage of resources has meant that the UN has not been as able to be as pro-active a partner to the government as it would have liked.

### **3.2 Target Beneficiaries**

The direct beneficiaries of the UNCT Humanitarian Programme are war-affected civilian populations in the Tigray and Afar administrative regions of Ethiopia, targeting especially the displaced now reestablishing their presence in their places of origin, those who are still displaced, people who are returning from Eritrea, communities continuing to host displaced populations and other vulnerable groups such as unaccompanied minors, women and children. WFP is appealing for food aid for 25,000 of those Ethiopians returning from Eritrea who have entered Ethiopia in recent weeks.

## IDPs Distribution Sites for WFP Food Distribution as of July 2000

| Distribution Site   | No of Beneficiaries |
|---------------------|---------------------|
| <b>Western Zone</b> |                     |
| Humera*             | 13,975              |
| Baeker*             | 12,891              |
| Bereket             | 5,086               |
| Sheraro             | 36,000              |
| Adihageray          | 14,166              |
| Adi-Nabrid          | 13,000              |
| Shire               | 21,000              |
| <b>Sub total</b>    | <b>116,118</b>      |
| <b>Central Zone</b> |                     |
| Abak                | 25,000              |
| Enticho             | 20,515              |
| Edaga Rebue         | 18,463              |
| <b>Sub total</b>    | <b>63,978</b>       |
| <b>Eastern Zone</b> |                     |
| Kerseber            | 33,474              |
| Araro               | 31,344              |
| Adigrat             | 42,587              |
| <b>Sub total</b>    | <b>107,405</b>      |
| <b>Total</b>        | <b>287,501</b>      |

\*These figures include 15,501 additional IDPs in receipt of support from July 2000

### 3.2.1 Women and children as specific target groups

Out of the estimated 350,000 internally displaced people in Ethiopia more than 75 per cent are assumed to be children and women. Among displaced populations, women, children and the elderly generally suffer the most. They often have fewer income generation opportunities, and thus are more likely to be impoverished, particularly in areas such as Tigray and Afar, which are among the poorest parts of a country that ranks 171 out of 174 in the world in terms of wealth.<sup>2</sup> Women and children – including a number of orphans – who were separated from other family members and find themselves in a strange social environment are often traumatized and disorientated. They are consequently more vulnerable to abuse, marginalisation and discrimination. Situations of social dislocation, such as that prevailing in northern Ethiopia, pose particular dangers to women during pregnancy, childbirth, and post-partum recovery. These situations also expose women and adolescents to greater risks of sexual exploitation, abuse and violence. Displaced people, particularly women, are more at risk of contracting sexually transmitted diseases including HIV/AIDS, since many families are split up and experience greater poverty as a result of having fewer income generation opportunities. This situation has forced many displaced women into prostitution to support themselves and their children.

<sup>2</sup> UNDP Human Development Report, 2000.

### **3.3 Programme strategy**

The UNCT humanitarian programme is intended to strengthen federal and regional government efforts to assist civilians displaced by the conflict, using an approach which is consistent with the overall development priorities of the Government of Ethiopia and which emphasizes support to the existing social and relief services infrastructure.

This Appeal summarises the overall objectives, operational strategies, reporting responsibilities and budgets of the UN agencies that will be most directly concerned with the implementation of the programme.

### **3.4 Resource mobilisation**

This Updated Appeal for the IDPs will require a number of quick interventions using a variety of funding strategies and approaches if the highest priority needs are to be met. The UN Country Team, through this document, is appealing to the international community for additional resources and pledges through either of the following two mechanisms: 1. Donors can fund individual UN agencies, the Government, or NGOs directly through their regular channels. 2. Donors can provide funds to the UNCT directly; the Disaster Management Team, acting on behalf of the UNCT and in collaboration with the Government, will then allocate the funds to priority interventions to be carried out by UN agencies with relevant government and/or NGO partners.

In addition, UN Agencies will be requesting funding from their respective headquarters for programmes serving the displaced from the various agency special emergency funds that exist. Where possible and in agreement with government, some UN programmes could be re-targeted to the most vulnerable areas or resources could be reallocated to undertake specific interventions.

### **3.5 Implementation arrangements**

This programme is a collaborative effort of the Government of Ethiopia and the UN Country Team. It has been designed to make the optimal use of the management capacities, expertise and resources available from the operational and technical agencies working in the country, while avoiding any duplication of effort and making the best use of existing working arrangements with government and other partners.

WFP will take the lead in providing relief food assistance, including supplementary food and logistics through its existing Emergency Operation for IDPs. This is currently undergoing a budget revision to incorporate newly affected populations and modalities of operations.

WHO, UNFPA and UNICEF will cover health issues from their respective areas of demonstrated expertise and specialization. UNICEF will also apply its extensive programme and operational experience at national, regional and sub-regional levels in supporting EPI outreach services, with backing from WHO. UNICEF will also expand access to safe drinking water and community sanitation; assisting in providing uninterrupted basic education to displaced children, promoting landmine awareness education and providing blankets, soap and plastic sheeting for the most needy. WHO will coordinate reconstruction of health facilities destroyed or damaged, including provision of equipment and furniture. WHO will also ensure delivery of services related to prevention and treatment of malaria, tuberculosis, HIV/AIDS, leishmaniasis, psycho-sociological distress and will improve assistance to landmine victims through better health management. UNFPA will concentrate on reproductive health (RH) and the prevention of HIV/AIDS transmission. In the process, all

agencies will work with each other and with national, regional and wereda level Government counterparts and NGOs. The UN Emergencies Unit for Ethiopia (UN-EUE), which acts under the authority of the UN Resident Co-ordinator, will assist with operational support services to the agencies working in the field as well as general monitoring, information management and overall reporting.

FAO will provide assistance to the IDPs to help them restart their farming activities, increase agricultural production and improve food security. IDPs will be provided with seeds, tools and given support for land preparation. FAO will also start to restock small ruminants (sheep, goats) of local origin and provide support to backyard rearing of poultry.

UNAIDS in partnership with the National AIDS Council Secretariat (NACS) and WHO, UNICEF, UNFPA, WFP, and IOM will work together to coordinate and monitor HIV/AIDS activities that aim to prevent HIV infection among the IDPs, provide care and support for those already infected and affected by HIV/AIDS, and to mitigate the impact of HIV/AIDS on households and communities.

The UN Country Team Humanitarian Mine Action (HMA) Programme will provide an integrated approach to landmine/UXO threat reduction. UNICEF will strengthen and expand its existing landmines/UXO awareness education programme. UNDP will provide technical assistance to the Government of Ethiopia (GoE) to determine the nature and extent of the landmine/UXO threat in order to develop a comprehensive plan of action for humanitarian mine action and to establish clear priorities for threat reduction so as to improve the GoE's capacity to fulfill its demining responsibilities. UNDP will also provide technical and material support to the Ethiopian Demining Project (EDP). WHO will coordinate the health-related aspects for war affected civilians, and will assist the GoE to incorporate a landmine accidents surveillance system into its regional healthcare management system.

### **3.6 Co-ordination and collaboration arrangements**

The overall response of the United Nations to this crisis in Ethiopia is being managed by the UN Resident Coordinator acting in close consultation with the UN Disaster Management Team (UN-DMT), which meets weekly under his chairmanship. Comprising the heads of the operational agencies, their emergencies officers and staff of the UN Emergencies Unit for Ethiopia, this forum is an opportunity for the senior UN staff to share information on developments, establish priorities and responsibilities and recommend appropriate inter-agency action.

At the Government's request, the UN Resident Coordinator and Heads of Agencies are also available to meet with the Commissioner of the DPPC. This is the forum where issues concerning policy, resource mobilisation and operational co-ordination can take place. Ensuring sectoral coordination will be a responsibility of the UN Resident Coordinator with each agency held accountable through the UN-DMT mechanism for ensuring that there is free flow of information regarding their individual plans and activities. At the working level, the agencies involved in field operations will be responsible for ensuring their activities are coordinated with other partners - government and NGOs - to avoid duplication of input and effort and to maximise available resources. At the operational level, the agencies involved in field operations will be responsible for ensuring that their activities are co-ordinated with other partners – government and NGOs – to avoid duplication of inputs and efforts and to maximise available resources.

### **3.7 Reasons for UN Country Team assistance**

The collaborative approach being advocated in this Appeal is largely derived from the UN Secretary General's on-going reform process and in continuation of earlier joint approaches taken by the UNCT in Ethiopia on the issue of the internally displaced. This places a strong emphasis on decentralisation of authority and the achievement of a unity of purpose among the specialised UN agencies at the country level.

Apart from the potential organisational advantages of a collective response to this emergency, the UNCT approach is also seen as the best way to maximise the potential impact of the UN's contribution to the overall humanitarian effort. The pooling of expertise and resources under the joint authority of the UNCT is expected to greatly improve overall co-ordination and provide the basis for a more coherent and cost-effective response.

### **3.8 Principles of interventions**

The Cessation of Hostilities Agreement signed between Ethiopia and Eritrea is the first step towards ending the hostilities between two well-organised, legitimate and stable governments, the armed forces of which are disciplined, professional and acting under a formal command and control structure. The agreement is not a peace treaty, however, and the peace that has ensued since its signing must continue to be seen as extremely fragile.

The importance of implementing a programme of humanitarian assistance that takes into account the special circumstances of the conflict resolution process and that is subject to thorough and independent monitoring is fully recognised. To provide a high degree of accountability and transparency, this UN Country Team humanitarian programme has been designed with a strong monitoring and reporting element, a provision that should also help guarantee that the assistance provided is proportional, balanced and delivered in accordance with internationally accepted standards of impartiality and neutrality. The implementation of the UNCT humanitarian programme as described in this Appeal will be in accordance with the "Guiding Principles on Internal Displacement", issued by the UN Economic and Social Council in February 1998; in particular, Section IV, "Principles Relating to Humanitarian Assistance".

## **4 Programme Objectives**

The overall objectives of this programme are to facilitate the safe return of the displaced to their homes and to assist in meeting essential needs. This also includes those unable to return due to continuing mine and UXO risks. Linked to the overall implementation strategy, a secondary objective is to further the overall development aims of the federal and regional governments by linking the provision of relief assistance to strengthening the existing services infrastructure. By channeling the bulk of the assistance through local counterparts and other partners especially at community levels, it is also intended that the programme will contribute to the building and strengthening of local capacities for both relief and development.

In addition to the sectoral and monitoring components of the programme, funds will also be allocated for the provision of common support services, including telecommunications and the continued operation of the joint UN field office which was established for this purpose in Mekele in 1999. These aspects of the programme have proven to provide a solid basis for collective action in the field and have enabled agencies to avoid the costly duplication of effort that would result from the establishment of parallel coordination and administrative mechanisms in the field.

## **5. Sectoral Activities and Support Components**

### **5.1 Relief Food Assistance and Logistics**

WFP began to provide assistance to 272,000 people displaced by the border conflict in April 1999 under EMOP 6080, with an appeal for 45,351 MT of food (including cereals, pulses, vegetable oil, blended food, sugar and iodized salt. Originally covering the period April – December, this was later extended to March 2000 with the same target group and food basket. Subsequently, an expansion phase of EMOP 6080 was launched (EMOP 6080.01), requesting 46,452 MT food assistance for the same targeted population of 272,000 individuals in Tigray Region from April 2000 – December 2000. The food basket was amended following the recommendations of a WFP-sponsored nutrition study undertaken in December 1999. Sugar and iodized salt were omitted, with blended food being distributed to a higher percentage of the target population and the ration of vegetable oil increased.

However, as EMOP 6080.01 remains under-resourced, the details given below reflect the need for pledges in support of this operation for the period September 2000 to January 2001 for the existing 272,000 IDPs, as well as pledges needed to reach an additional 40,500 people in need of support:

- 15,500 additional IDPs in Western Tigray displaced as a result of the renewal of hostilities in May 2000.
- 25,000 returnees<sup>3</sup> from Eritrea (as at August 16<sup>th</sup>) who are passing through transit camps in Adwa.

An official request for food and non food items for returnees was received from the DPPC on August 18<sup>th</sup>, with a total of 63,750 people estimated to be in need of assistance, of which 23,000 are expected to arrive. WFP, with other agencies, will try to verify these figures as soon as possible, after which an upward revision of the number of returnees requiring assistance will be prepared. This will be reflected in a budget revision to EMOP 6080.01, which is currently being prepared to meet the needs of those newly affected by the conflict as well as those currently in receipt of support. This budget revision will be based on official requests from the GoE for support such as that referred to above.

#### **5.1.1 Objectives**

1. Provide for the basic food needs of 312,500 displaced people, mostly women and children, in order to save lives;
2. Ensure a minimal nutritional level for 312,500 displaced people;
3. Minimize the overall burden on already food insecure host communities and host families.

#### **5.1.2 Proposed activities**

WFP appeals for 29,767 MT of food, including cereals, pulses and vegetable oil, for 312,500 people for the period September 2000 – January 2001 inclusive, while supplementary food will be provided to the most vulnerable, estimated to be 35 percent of beneficiaries.

<sup>3</sup> Returnees refer to Ethiopians living in Eritrea who are returning to their country of origin.

## Details of Commodities and Rations

| Commodity                 | Monthly Ration | No. Beneficiaries | Total Requirement MT |
|---------------------------|----------------|-------------------|----------------------|
| Cereals                   | 15 kg          | 312,500           | 23,530               |
| Pulses                    | 1.2 kg         | 312,500           | 1,883                |
| Vegetable Oil             | 1.2 kg         | 312,500           | 1,883                |
| Blended Food              | 4.5 kg         | 109,375           | 2,471                |
| <b>Overall Total Food</b> |                |                   | <b>29,767</b>        |

The above table includes support to 25,000 returning Ethiopians for a five month period which is based on the premise that these people will continue to need assistance when they return to their places of origin, many of which are nearby existing IDP distribution sites. Furthermore, provision is made for these people receiving assistance for one week during their stay at the transit camps.

In addition, WFP appeals for the following non food items:

- Institutional cooking pots and other cooking utensils for the Adwa transit camps as well as cooking kits to be given to families upon their departure from the camps (further information under section 'Special Feeding in Transit Camps').
- 25,000 family cooking kits for families who have no cooking utensils. These will be distributed to some IDPs already in receipt of support as well as those recently identified as being in need of assistance. This figure represents approximately 50 percent of families being assisted and requires verification from monitors present at distribution sites.
- Three Portable Storage Units to be used at new distribution sites.

Neutrality and impartiality in distribution will be ensured by WFP working with all levels of government, undertaking independent monitoring, supervising food stores and food movements, and collecting reports on food distributions from REST and local government.

### 5.1.3 Implementation and Coordination Arrangements

#### Food Supply

WFP will be responsible for transportation of the food commodities to the distribution sites.

For collective transit centres, WFP will work with government partners, the Adwa Women's Association and a missionary organization currently working with these groups, i.e. Don Bosco Salesian Sisters.

WFP will liaise with DPPC concerning the food pipeline, and keep NGOs and government informed of expected deliveries to the region.

#### Storage, transport and handling.

WFP will manage a central warehousing operation in Mekele, while peripheral warehouses at every distribution site will be managed by the implementing partner. WFP will ensure timely transportation of food deliveries to the peripheral warehouses. New distribution sites at locations to which people are returning have already been identified and new portable storage units are in the process of being erected there.

## Registration

Registration is currently carried out by local government for the returnees from Eritrea, while REST undertakes this task for the IDPs. WFP will undertake regular checks of these registration figures for verification purposes. Should it be necessary, alternative mechanisms of registration may be proposed based on information gathered by WFP, implementing partners and local authorities.

## Special feeding in Transit Camps

At present DPPC and the Ethiopian Red Cross are managing the transit camps in Adwa for returnees from Eritrea. WFP is in the process of supporting a proposal to establish collective kitchens in the transit camps to be run jointly by the Adwa Women's Association and Don Bosco Salesian Sisters. The food aid delivered by WFP will be complemented by support from the local authorities, with commodities to be cooked in communal kitchens.

### **5.1.4 Assessment and Monitoring**

WFP will monitor food distributions at times of actual distribution and end-use monitoring. To this end, WFP has set up a system of distribution reporting where all distribution agencies, including WFP, report on the number of beneficiaries, opening stocks, food received, food distributed, losses/damages and closing balances. Explanations should be given for changes in beneficiary numbers and over or under distributions.

WFP will hire six international monitors (two in each zone i.e Central, Eastern and Western) in addition to the four national food monitors already in place. Monitors will be responsible in particular for:

- Monitoring the receipt of food in secondary warehouses
- Monitoring population numbers at each site
- Monitoring end-use of food aid by beneficiaries
- Supervising the implementation of distribution
- Monitoring other humanitarian aspects of the region and focusing on emerging needs

This information will be forwarded on a regular basis to the WFP Mekele sub-office.

For the duration of this appeal, IDPs and deportees/returnees will be considered as requiring assistance, and therefore will be entitled to receive the full food basket. During this time, monitors will investigate other sources of food available to these groups. It is anticipated that some beneficiaries will have external sources of income and will thus be able to meet some of their food needs themselves. Subsequently, based on information from monitors, recommendations will be made for amending the ration and target beneficiaries. In addition, there will be a transition from free food distribution to EGS projects where feasible.

## 5.1.5 Indicative Budget Summary

### Relief Food Assistance and Logistics

| Item                           | Amount (US\$)       |
|--------------------------------|---------------------|
| Commodities                    | 6,288,200           |
| Transport/Logistics            | 6,727,568           |
| Other Direct Operational Costs | 231,944             |
| Direct Support Costs           | 668,264             |
| Indirect Support Costs         | 1,211,728           |
| <b>Overall Total</b>           | <b>\$15,127,704</b> |

## 5.2 Agricultural Rehabilitation

A United Nations Inter-Agency mission that visited Tigray in July 2000 to assess the magnitude of the situation, reported that: “On the basis of the average family size of five persons and assuming that 90 percent of the population are farmers, it is considered that 60,000 farm families are potential returnees, of which already about 15,000 families have returned to their places of origin. In order to resume their agricultural production the returnees require support with land preparation, seed, and farm tools. Provision of small ruminants and poultry for backyard rearing would also provide a valuable source of protein and cash income, especially for women.”

Although this Appeal Update covers the period from September 2000 until the end of January 2001 for all other sectors, agricultural support needed for the **next meher** season (starting in May 2001) is included because of the time needed for the purchase and delivery of seed and other agricultural inputs. This will assure that the required agricultural inputs will be in the hands of farmers on time. Some of the proposed activities, i.e. the restocking of small ruminants of local origin and backyard poultry rearing, are anticipated to be implemented immediately.

### 5.2.1 Objectives

The overall objective of the project is to assist in the rehabilitation of the destitute returning IDP families in northern Ethiopia, by enabling them to restart farming activities. Ultimately, the aim is to increase overall regional agricultural production, to improve the food security of the target beneficiaries and thereby decrease their reliance on external food aid.

### 5.2.2 Proposed activities

#### **A. Agriculture (Provision of seeds and tools and support to land preparation)**

A total of 1,570 tonnes of cereal seeds, pulses and vegetable seeds are required, as well as 120,000 agricultural hand tools. Each household that is able to plant 0.5 hectare (the average landholding size in the areas of return) should be able to harvest an average of 580 kg of grain if climatic conditions are favourable.

The resumption of agricultural production will be hampered unless returnees are supported in land preparation. Initially 5,000 oxen will be purchased from the region and will be provided to farmers, based on a loan agreement between farmers and regional/local financial institutions. The repayment collected will be used as a revolving fund for purchasing additional oxen. The oxen will be provided after veterinary examination along with an animal health package. FAO is also proposing to hire tractors and provide farmers with direct assistance in land preparation. There are currently about 450 tractors available for hire from commercial farms in the area at the rate of US\$12 per hectare.

#### **B. Livestock (Restocking of small ruminants and provision of poultry)**

It is proposed to start restocking small ruminants (goats and sheep) of local origin on a cost recovery basis. Initially, 10,000 farm families will be selected, each receiving one small ruminant. It is also planned to purchase local breed cockerels and pullets for backyard poultry rearing which will initially benefit 5,000 farm families by improving their diet and providing a source of income for them. On the basis of five pullets and one cockerel per family, the total number required is 25,000 pullets and 5,000 cockerels.

### **5.2.3 Implementation and coordination arrangements**

The proposed activities will be implemented through the Regional Bureau of Agriculture, the rural credit institutions and NGOs operational in the region. FAO will recruit two international consultants, a crop consultant and a livestock consultant, assisted by national consultants, to set up project operations and to prepare a detailed work plan. The team will be involved in working out an agreement on the provision of a cost recovery scheme for the purchase of livestock. They will also assist in the identification of local suppliers and in the monitoring of project activities.

FAO will ensure that the procurement of the agricultural inputs is in accordance with its established procurement rules and regulations. Due to the very specific environmental requirements of the selected crops, good quality seeds will be purchased from local markets or from markets in the neighboring regions. The project will seek local suppliers of hand tools, including local artisans. FAO, in collaboration with appropriate agencies, will assure seeds and tool quality control at procurement.

Seeds and hand tools will be delivered to the Office of Agriculture stores at zonal level, and be distributed to the beneficiaries through the stores at wereda level. Whenever possible, seed and tools will be distributed along with WFP's food aid rations.

Beneficiaries will be selected by local communities and concerned authorities. FAO's consultants will carry out regular field visits to monitor the distribution of inputs to beneficiaries and to assess the impact of the interventions.

### **5.2.4 Government contribution**

The Bureau of Agriculture and Natural Resources Development of Tigray National Regional State will be the government counterpart agency responsible for the execution of the project assisted by FAO. The Bureau will provide administrative and logistical support to complement the FAO assistance and will ensure adequate information flow, documentation and consultation on all matters related to the project.

## 5.2.5 Budget Summary

### Agricultural Rehabilitation

| Activities  | US\$               |
|---|--------------------|
| <b>A. Agriculture and support to land preparation</b>   |                    |
| Provision of 1,570 tonnes of cereal seed, pulses & vegetable seed & 120,000 agricultural tools including transport cost, monitoring & other technical support costs | <b>1,200,000</b>   |
| Purchase of 5,000 oxen with plough & other tillage equipment including handling & other technical support costs   | <b>1,000,000</b>   |
| Tractor hiring for land preparation: primary tillage, disc plowing for 10,500 hectares  | <b>250,000</b>     |
| <b>B. Livestock</b>   |                    |
| Purchase of small ruminants (10,000 head)   | <b>250,000</b>     |
| Purchase of 25,000 pullets & 5,000 cockerels including veterinary drugs & vaccines & technical support cost   | <b>300,000</b>     |
| <b>Personnel Costs for A and B</b>  | <b>142,000</b>     |
| International Consultants (8 p/m)   |                    |
| National consultants (12 p/m)   |                    |
| <b>Training Costs for A and B</b>   | <b>20,000</b>      |
| <b>General Operation Costs for A and B</b>  | <b>150,000</b>     |
| <b>Direct Operation Costs (5 %)</b>   | <b>165,000</b>     |
| <b>Total</b>  | <b>\$3,477,000</b> |

## 5.3 Health

The vast majority of health centers in the conflict-affected areas have been damaged. The extent of the damage varies from complete destruction, as with the health centers in Zalambessa, to limited infrastructure damages due to improper maintenance. Furniture, medical equipment, supplies and drugs have been damaged or looted. In Tigray Region, health experts from the UN inter-agency technical mission in June 2000 identified 11 clinics and 8 health posts that were completely damaged and requiring immediate rehabilitation to serve returning IDPs and host communities, as well as four health station/health posts in Afar Region that require rehabilitation and support.

According to the UN technical mission, the top ten causes of morbidity among IDPs in Tigray were reported to be malaria (34%), acute respiratory infections (28%), intestinal diseases (12%), diarrhoeal diseases (9%), gastritis (4.3%), STDs (4%), common cold (3%), eye infections (2.2%), skin infections (2%), and ear infections (1.5%). Additionally, HIV/AIDS is considered to be one of the major problems for IDPs.

Epidemic surveillance needs to be strengthened and mechanisms for quick response need to be in place in such an environment.

Malaria is one of the leading causes of morbidity and mortality. The displacement of the population together with the coverage limitations of the government's Malaria Control Programme has greatly increased the incidence of malaria in endemic areas. The initiation of specific support to the malaria control programme is essential. The returnee population in

Western Tigray is also threatened by leishmaniasis, a disease carried by sand flies. There is a high risk of disseminating the diseases to new areas because of the population movement caused by the conflict.

Tuberculosis surveillance and treatment along the border zones and weredas in Tigray has been disrupted as a result of the conflict. Afar Region has not been included in the National TB and Leprosy Control Programme and the Directly Observed Treatment Short course (DOTS) is also not implemented. Anecdotal reports suggest a high incidence and prevalence of TB. An intensified tuberculosis programme must be initiated to render services in these border areas to at least the level of the areas of Tigray and Afar region weredas outside the displacement areas.

Women, children and adolescents in particular suffer from mental and social stress as a result of the war and require support mechanisms, preferably from their own group. Usually it is the older generation and the traditional/spiritual or grass roots health care providers who are responsible for the care of people with various physical or emotional manifestations. Hence, training these existing community support groups to provide support is a constructive way to supply mental health care and increase the coping mechanism of the community.

There is a high risk of measles outbreaks among the IDP population. Children under five years are estimated to constitute a higher than normal percentage of the total IDP population and are exceptionally vulnerable to measles. Support will be provided to strengthen and intensify routine immunization and vitamin A supplementation.

The project area will include eight weredas in three zones of Tigray region, and five weredas in two zones of Afar Region.

### **5.3.1 Overall objectives**

The overall objectives of this health programme are to reduce morbidity and mortality due to major communicable diseases among returnees and displaced people and their hosts, particularly women and children, and to provide curative and preventive care including public health services to the returning IDPs

### **5.3.2 Specific objectives**

- To support the rehabilitation of selected damaged health facilities
- Strengthen the managerial capability of the two Regional Health Bureaux to coordinate, supervise and provide support to the five affected zones and 13 affected weredas
- To make available drugs, medical supplies and equipment to all IDPs for a period of six months
- To strengthen epidemic surveillance and disease control
- To strengthen malaria control programmes
- To strengthen tuberculosis control measures
- To support the development of mental health care and psychosocial response capacities

- To intensify social mobilization activities to strengthen routine Expanded Programme on Immunization (EPI) including measles and Vitamin A supplementation
- To fully equip selected health centers, clinics and health posts with reproductive health (RH) drugs and supplies
- To support the provision of refresher, in-service training and technical support in the organization of RH and Family Planning (FP) programmes

### **5.3.3 Proposed Activities**

1. Six health posts/health stations in Tigray and four health posts/health stations in Afar will be rehabilitated and provided with necessary furniture (WHO).
2. Essential drugs will be provided to alleviate the major cause of morbidity and mortality in the IDPs, mainly for the control of malaria, acute respiratory infections (ARI), diarrhoeal diseases, intestinal parasites and other infectious diseases. Basic emergency medical supplies and equipment will be provided to 15 clinics and eight health posts damaged as a result of the conflict (UNICEF). Reproductive health drugs and equipment will also be provided (UNFPA).
3. Refresher training in emergency management will be given to the regional and zonal health managers, together with logistic and operational support (WHO). Training in Family Planning will be organized (UNFPA).
4. Training of health workers on disease surveillance, epidemic control and response will be supported. Drugs and laboratory materials will be supplied (WHO).
5. Refresher training for malaria staff in diagnosis, treatment, follow-up, vector control and laboratory services will be organized. Insecticide for spraying and laboratory supplies will be provided (WHO). Insecticide Treated Nets (ITNs) (permanently treated) will be procured and communities will be mobilized for early prevention using ITNs, detection, and treatment (UNICEF).
6. The health units serving the displaced population of Western Tigray and the host population will be supplied with diagnostic equipment such as dip sticks, supplies and drugs for leishmaniasis control (WHO).
7. Health personnel will be trained and provided with laboratory equipment and supplies, drugs and Information Education Communication Material (IEC) for the control of tuberculosis (WHO). The TB programme will be strengthened to include establishment of referral mechanisms between TB and HIV/AIDS interventions.
8. Support will be given to developing a mental health training programme for grassroots/community level workers, including training of trainers and training of voluntary health workers (WHO).
9. Support will be given to strengthening routine EPI including intensifying community mobilization, supporting outreach and operational aspects and capacity building of health workers as well as provision of vitamin A supplements (WHO). All children under five years and possibly higher age groups will be screened for measles and vaccinated as necessary. Cold chain equipment essential for EPI will be provided (UNICEF).

10. Medical screening, preventive treatment and collection and analysis of information on the health condition will be gathered to identify the most vulnerable IDPs, returnees, and host communities (IOM).
11. Provision of transport and logistics support for outreach health services, delivery of supplies and supervision in the region (UNICEF).
12. Technical support will be provided through recruitment of one national public health professional with emergency related experience for Afar Region and one national officer to assist in financial management for Tigray (UNICEF) and to support to the follow up of rehabilitation of health facilities (WHO).

#### **5.3.4 Project Implementation**

##### Central Level

WHO, UNICEF, UNFPA and IOM will work in close collaboration with MOH; the role of DPPC is also important in facilitating coordination and follow up at the central level.

##### Regional Level

WHO, UNICEF, UNFPA and IOM will coordinate the inputs at regional level and will liaise with the Regional Bureaux of Health. In each region, the Regional Health Bureau, through the Zonal Health Departments and in collaboration with Regional Disaster Prevention and Preparedness Bureau, will follow up the day-to-day implementation of the projects. For specific activities such as rehabilitation of damaged health facilities, the Regional Health Bureau will identify partners such as private contractors to implement the construction work. The selected contractors will be responsible for ensuring the quality of the physical construction work.

### 5.3.5 Budget Summary – Tigray Region

#### Health – Tigray Region

| Activity   | US\$             |                  |                |               |                    |
|--|------------------|------------------|----------------|---------------|--------------------|
|  | WHO              | UNICEF           | UNFPA          | IOM           | TOTAL              |
| Health services rehabilitation including furniture of 6 health stations                                | 600,000          | -                | -              | -             | 600,000            |
| Essential drugs, equipment & supplies  | -                | 235,000          | -              | -             | 235,000            |
| RH drugs and equipment   | -                | -                | 225,000        | -             | 225,000            |
| Training in RH and FP  | -                | -                | 20,000         | -             | 20,000             |
| Strengthen Reg. Health Bureau management capacity  | 60,000           | -                | -              | -             | 60,000             |
| Epidemic surveillance  | 180,000          | -                | -              | -             | 180,000            |
| Malaria control: training health workers, lab. supplies, insecticides for spraying                     | 230,000          | -                | -              | -             | 230,000            |
| Malaria control: permanently Insecticide Treated Nets (ITN), community awareness raising of use of ITN | -                | 400,000          | -              | -             | 400,000            |
| Supplies, equipment and drugs for leishmaniasis control in Western Tigray                              | 132,000          | -                | -              | -             | 132,000            |
| TB control   | 135,000          | -                | -              | -             | 135,000            |
| Mental health  | 40,000           | -                | -              | -             | 40,000             |
| EPI strengthening  | 50,000           | 90,000           | -              | -             | 140,000            |
| Medical screening, preventive treatment  | -                | -                | -              | 60,000        | 60,000             |
| Collection/analysis of health conditions of mobile populations   | -                | -                | -              | 10,000        | 10,000             |
| Purchase of motorcycles, transport and delivery  | -                | 160,000          | -              | -             | 160,000            |
| Technical support /operational cost  | 50,000           | 165,000          | 11,000         | 15,000        | 241,000            |
| <b>Total</b>   | <b>1,477,000</b> | <b>1,050,000</b> | <b>256,000</b> | <b>85,000</b> | <b>\$2,868,000</b> |

### 5.3.5 Budget Summary – Afar Region

#### Health-Afar

| Activity  | US\$             |                  |                |                |                  |
|---|------------------|------------------|----------------|----------------|------------------|
|   | WHO              | UNICEF           | UNFPA          | IOM            | TOTAL            |
| Health services rehabilitation including furniture of 4 health stations                     | 400,000          | -                | -              | -              | 400,000          |
| Essential drugs, equipment and supplies   | -                | 35,000           | -              | -              | 35,000           |
| RH Drugs and equipment  | -                | -                | 75,000         | -              | 75,000           |
| Training in RH and FP   | -                | -                | 10,000         | -              | 10,000           |
| Strengthening Reg. Health Bureau management capacity  | 40,000           | -                | -              | -              | 40,000           |
| Epidemic surveillance   | 80,000           | -                | -              | -              | 80,000           |
| Malaria control: training of health workers, laboratory supplies, insecticides for spraying | 100,000          | -                | -              | -              | 100,000          |
| Malaria control: Insecticide Treated Nets (ITN), community awareness raising of use of ITN  | -                | 65,000           | -              | -              | 65,000           |
| TB control  | 365,000          | -                | -              | -              | 365,000          |
| Mental health   | 20,000           | -                | -              | -              | 20,000           |
| EPI strengthening   | 20,000           | 28,000           | -              | -              | 48,000           |
| Medical screening and preventive treatment  | -                | -                | -              | 60,000         | 60,000           |
| Collection/analysis of health conditions of mobile populations                              | -                | -                | -              | 10,000         | 10,000           |
| Purchase of motorcycles, transport and delivery   | -                | 85,000           | -              | -              | 85,000           |
| Technical support /operational costs  | 20,000           | 37,000           | 11,000         | 15,000         | 83,000           |
| <b>Total</b>  | <b>1,045,000</b> | <b>250,000</b>   | <b>96,000</b>  | <b>85,000</b>  | <b>1,476,000</b> |
| <b>Grand Total Tigray and Afar</b>  | <b>2,522,000</b> | <b>1,300,000</b> | <b>352,000</b> | <b>170,000</b> | <b>4,344,000</b> |

### 5.4 Nutrition

Even without the effects of conflict and displacement, Tigray region normally suffers some of the highest average levels of stunting and wasting in Ethiopia. The UN inter-agency technical mission in Tigray conducted in June 2000 also found that there were serious cases of malnutrition among the returnees from Eritrea living in the transit camps. In the camps, where the mission was told that children under five years constituted a large percentage of the total IDP population, the population was reportedly receiving cooked meals only on an irregular basis. Grain rations were provided to those of Central zone origin, while those of other localities were being told to go to their zones of origin to receive food rations. The nutritional status of the newly arriving returnees from Eritrea, IDPs living in settlements and host communities, as well as those returning to their homes will need to be carefully assessed in the coming months so that appropriate measures can be taken.

UNICEF's focus will be on nutrition surveillance and education, as well as vitamin A supplementation of children aged 6-59 months (integrated with EPI) and providing services to pregnant and lactating women, rather than on the provision of supplementary and therapeutic food. All food needs will be met through WFP.

If there is a need, nutrition rehabilitation units for the severely malnourished will be supported by WHO. Assistance could include capacity building, the provision of medical supplies and drugs.

UNICEF and WHO will also provide technical assistance through emergency health/nutrition consultants, who will provide support to the nutrition surveys, nutrition education and capacity building activities.

#### **5.4.1 Objectives**

- To support the Regional/Zonal Health Bureaux to undertake nutrition surveillance to ensure up to date information on the nutritional status and needs of the IDPs, so that appropriate actions for the malnourished can be taken.
- To support the Health Bureaux to conduct regular growth monitoring in combination with nutrition education activities aimed at reducing malnutrition.
- To provide Vitamin A capsules for supplementation of all children aged 6-59 months and ferrous/folic acid tablets for pregnant and lactating women.
- To provide technical support for strengthening the delivery of health and nutrition services for IDPs and capacity building activities.

#### **5.4.2 Proposed activities**

1. Procurement of nutrition survey kits (primarily for Afar Region).
2. Capacity building of Regional and Zonal staff and health workers to conduct nutrition surveys, growth monitoring, nutrition and rehabilitation of the severely malnourished.
3. Support to undertaking nutrition surveillance among the affected population.
4. Support to conducting growth monitoring and nutrition education.
5. Procurement of Vitamin A capsules (100,000 IU) and ferrous/folic acid tablets.
6. Provision of technical support through health/nutrition consultants (budgeted under the health component of the proposal).

#### **5.4.3 Implementation and coordination arrangements**

The modalities of implementation for the Tigray IDPs emergency nutrition project will involve close collaboration between the Tigray and Afar Regional and Zonal Health Bureaux, DPPB, UNICEF, WHO, WFP and NGOs. The Regional Health Bureaux will be responsible for coordination and implementation of the project.

#### 5.4.4 Budget Summary

##### Nutrition

| Activity  | UNICEF<br>(US\$) | WHO<br>(US\$)   | Total<br>(US\$)  |
|---|------------------|-----------------|------------------|
| Nutrition survey kits   | 5,000            |                 | 5,000            |
| Vitamin A capsules and ferrous/folic acid tablets   | 7,000            |                 | 7,000            |
| Training in nutrition surveillance, growth monitoring and nutrition education                                   | 26,000           |                 | 26,000           |
| Nutrition surveillance & education  | 42,000           |                 | 42,000           |
| Support for rehabilitation of severely malnourished, including training and provision of medical supplies/drugs |                  | 30,000          | 30,000           |
| Technical support/operational costs   | 13,000           |                 | 13,000           |
| <b>Total</b>  | <b>\$93,000</b>  | <b>\$30,000</b> | <b>\$123,000</b> |

#### 5.5 Emergency Water Supply, Sanitation and Hygiene Education

About 25% of the total IDP population are women and children. They have not only been displaced but have been subjected to very difficult living conditions through the last two years. Many are still living in caves and open fields under plastic sheets. Supply of domestic water to these people has been one of the most difficult tasks for the Regional Administration.

Already many returnees are returning to parts of Irob, Tahtay Adiabo, Laelay Adiyabo and Atsbi Weredas in Tigray Region. A recent assessment of the water supply situation in these areas revealed that many of the previously functioning schemes have been damaged. Hence, rehabilitation and/or construction of new water points is a prerequisite to the return of many displaced people.

Since the water rehabilitation and development needs of the entire area affected by displacement are vast, it is necessary to prioritize the most urgently needed interventions. The water projects contained in this appeal are therefore intended to address the needs of up to 85,000 IDPs, who are returning to their areas of origin now, or who are expected to return before December 2000. The IDP communities will fully be involved in the implementation of project activities and the completed schemes will be handed over to them for operation and maintenance, after training water caretakers and management committees. WHO will also implement activities in the project areas such as water quality control and environmental health activities. The water and environmental sanitation (WES) needs of IDPs who are unable to return and remain displaced are being addressed from the funds received from the UNCT appeal launched in early 2000.

##### 5.5.1 Overall Objective

To provide potable water and sanitation facilities to the IDPs returning to their home areas and thereby improve their quality of life and reduce the spread of water borne diseases.

### **5.5.2 Specific Objectives**

- Involve local government in assessing water sources, preparing plans and designs and monitoring implementation.
- Engage returnees in the implementation, operation and management of the completed schemes by establishing Water, Sanitation and Hygiene Education (WASHE) committees and Water Caretakers. The committees and water caretakers will be trained as required on the operation, maintenance and management.
- Utilize local government and private construction enterprises to implement the project.
- Implementation of the water and sanitation activities will be integrated with the health, nutrition, education and other disaster mitigation activities in the same locations.
- All activities will be carried out in close collaboration and coordination with other organizations working in the same areas.

### **5.5.3 Project Activities**

1. The conditions of existing water sources, possibilities for developing new water sources, and required support to improve environmental sanitation in each locality will be assessed.
2. Damaged and defunct schemes will be rehabilitated.
3. New water supply schemes and sanitary facilities will be constructed.
4. Pump operators, hand pump caretakers, WASHE committee members and sanitarians will be given appropriate training.

### **5.5.4 Project Areas and Beneficiaries**

In the first phase of the programme, some 30 locations in nine weredas in Tigray Region and eight locations in two weredas in Afar Region will be supported. IDPs from Tigray and Afar will benefit from this project.

### **5.5.5 Implementation and Coordination**

The Regional Water Bureaux will be fully responsible for the implementation, monitoring and supervision of activities. Major materials required for the project will be procured and delivered by UNICEF. Based on the detailed plan of action and activity proposal, funds will be released to the Regional Water Bureaux. Most of the construction and installation activities will be carried out either through the Water Enterprise or private contractors. The Water Bureaux will carry out training activities. UNICEF will provide necessary technical support and monitor the project activities through field visits. At the end of the project, a detailed report will be prepared and submitted to the donors.

Activities supported by WHO and UNICEF will be coordinated such that there will be no duplication of efforts and the impact of the assistance provided by donors will be maximized. UNICEF will post two national WES specialists in the project area, who will provide technical support in the planning, implementation, monitoring and evaluation of WES activities in IDP resettlement areas.

## 5.5.6 Estimated Budget

### Water and Sanitation

| Activity   | US\$               |                 |                    |
|--|--------------------|-----------------|--------------------|
|  | UNICEF             | WHO             | TOTAL              |
| Studies, surveys and designs   | 25,000             |                 | 25,000             |
| Rehabilitation of Water Schemes:   |                    |                 |                    |
| a) Hand-dug wells  | 30,000             |                 |                    |
| b) Springs   | 40,000             |                 |                    |
| c) Shallow boreholes with handpumps  | 80,000             |                 |                    |
| d) Deep boreholes with motorized pumps   | 100,000            |                 |                    |
| e) Distribution systems including water points, reservoirs, pipelines, pump houses & all civil works | 75,000             |                 | 325,000            |
| 3. New Water Scheme Construction:  |                    |                 |                    |
| a) Hand-dug wells with handpumps   | 80,000             |                 |                    |
| b) Protection of springs   | 70,000             |                 |                    |
| c) Shallow boreholes with handpumps  | 108,000            |                 |                    |
| d) Deep boreholes with motorized pumps   | 175,000            |                 |                    |
| e) Distribution systems including water points, reservoirs, pipelines, pump houses & all civil works | 175,000            |                 | 608,000            |
| 4. Environmental sanitation:   |                    |                 |                    |
| a) Construction of sanitary facilities: VIP latrines, sanplats, etc.                                 | 190,000            |                 |                    |
| b) Hygiene promotion: supply of soap & hygiene education   | 50,000             |                 | 240,000            |
| 5. Water Tankering   | 125,000            |                 | 125,000            |
| 6. Training: pump operators & attendants, WASHE committees, sanitary guards & health staff           | 60,000             | 20,000          | 80,000             |
| 7. Well rehabilitation equipment   | 150,000            |                 | 150,000            |
| 8. Capacity building including operational & logistical support, fuel & lubricant costs              | 150,000            |                 | 150,000            |
| 9. Provision of water testing kits   | -                  | 50,000          | 50,000             |
| 10. Monitoring & evaluation  | 30,000             |                 | 30,000             |
| 11. Technical assistance & direct support costs  | 302,000            | 10,000          | 312,000            |
| <b>Total estimated budget in US\$</b>  | <b>\$2,015,000</b> | <b>\$80,000</b> | <b>\$2,095,000</b> |

## **5.6 Education and psycho-social programmes for children**

The conflict and its aftereffects in six weredas (Tahtay Adiabo, Kafta Humera, Mereb Lehe, Ahferom, Irob, Enticho and Gulomekeda) in three zones of Tigray Region and six weredas (Dubti, Elidar, Afder, Dallol, Berhale and Erebti) in two zones of Afar Region deprived thousands of displaced primary-school age children of adequate and appropriate opportunities for meeting their educational needs. The major factors hindering their educational activities are the lack of infrastructure in the areas to which the internally displaced persons (IDPs) are returning since most schools were damaged or destroyed, the inability of some children to attend school due to illness, the lack of basic amenities like drinking water supply and sanitation in schools and communities, and the inability to meet the cost of educational materials.

The Regional Education Bureau in Tigray estimates that some 34,000 primary-school pupils were displaced, of whom 18,000 are reported to have returned to their home areas. In six weredas in Tigray, 26 schools (14 lower primary, 11 complete primary and 1 secondary school) have been totally destroyed, and 41 schools (11 lower primary and 30 complete primary schools) severely damaged. Classroom furniture, stock of textbooks and other teaching-equipment have also been destroyed. Albeit at a much smaller scale, the situation in Afar, and about 1,000 children and 15 schools need support to resume educational activities.

### **5.6.1 Objectives**

The overall objective of the education project is to rapidly re-establish learning opportunities for children affected by conflict and contribute to ensuring the fulfillment of their right to quality education, with focus on ensuring girls' access to primary education of good quality.

Implemented in collaboration with the Federal Ministry of Education, Regional Education Bureaux in Tigray and Afar, the zonal education departments, the wereda educational offices and the communities in the conflict-affected regions, the UNICEF-supported activities will focus on the provision of necessary educational materials for 34,000 children from conflict-affected areas in six weredas.

UNICEF-supported activities for IDPs and returnee children in the education sector seek to:

- strengthen institutional capacity at the regional, zonal and wereda levels for planning and implementing educational and psycho-social programmes for the children affected by the conflict
- build linkages between the education, health and water sectors for providing school-based health services and to introduce an effective school health programme that focuses on provision of adequate sanitation facilities and practical hygiene education
- provide essential educational materials to students so as to reduce costs to families and facilitate regular attendance and retention of pupils who are at risk of dropping out
- provide materials for establishment of temporary classrooms in severely damaged schools and for improving the physical facilities and learning environment in partially damaged schools. The community will provide support in the form of labour to facilitate the establishment of temporary schools/classrooms

## 5.6.2 Proposed Activities

- A rapid assessment will be conducted of the educational and psycho-social needs of children who have returned to their villages as well as children who are unable to return in the near future due to the danger of landmines.
- An orientation programme for educational administrators will be given to help them plan and implement educational and psycho-social programmes for these two groups of children.
- Teachers will be trained in activities relevant to the psycho-social and educational needs of children, emphasizing introduction of child-centred and participatory/interactive learning approaches, psycho-social trauma/stress counseling; education for peace, conflict resolution and tolerance; and environmental awareness and hygiene education.
- A school health programme will be introduced that emphasizes improved sanitation facilities and provision of separate toilet facilities for girls and boys in 25 primary schools in Tigray and 10 primary schools in Afar.
- Educational materials will be provided (in Tigray Region) to 18,000 children who have returned to their villages as well as 16,000 children of IDPs who will be unable to return in the near future in Tigray, and in Afar Region 1,000 children, especially girls, who are at risk of dropping out of school.
- Textbooks will be provided to 25,700 primary school pupils in Tigray and 1,000 pupils in Afar.
- Shelter materials and classroom furniture will be provided for the establishment of 100 temporary classrooms in completely/severely damaged primary schools in Tigray and 10 classrooms in Afar for organising educational activities.
- WFP will consider opportunities to expand its school feeding programme given the positive impact this has had on children in schools in drought affected areas.
- Guidelines and communication materials will be developed to promote a positive interaction between the school and the community, build an effective partnership between teachers and health workers, and between the education, health and water sectors for the sanitation and hygiene education activities in schools.

### 5.6.3 Estimated Budget

#### Education - Tigray Region

| <b>Activity description</b>   | <b>Cost (US\$)</b> |
|---|--------------------|
| Rapid assessment of the educational and psycho-social needs of children who have returned to their villages as well as children who are unable to return in the near future.  | 1,000              |
| Orientation of educational administrators   | 10,000             |
| Training of teachers in psycho-social and educational needs of children, emphasizing child-centred, participatory/interactive learning approaches, counseling; education for peace, conflict resolution and tolerance; environmental awareness & hygiene education              | 31,500             |
| Introduction of a school health programme emphasizing improved sanitation, hygiene education & provision of separate sex toilet facilities in 25 primary schools (14 lower primary and 11 complete primary schools which have been severely damaged ) ( \$ 2,640 X 25 schools ) | 66,000             |
| Educational materials ( exercise notebooks, ball-point pens, pencils, pencil sharpeners, rulers, and erasers ) for 34,000 children (@ \$3 per student), textbooks to 25,700 pupils (@ \$8 per pupil)  | 307,600            |
| Shelter materials & classroom furniture for 85 temporary classrooms on the compounds of 25 completely/severely damaged primary schools (\$3,200 x 85 classrooms )   | 272,000            |
| Development of guidelines & communication materials to promote sanitation & hygiene education activities in schools.  | 11,000             |
| Transportation of educational materials, shelter materials & school furniture to project areas  | 28,000             |
| Direct support costs  | 128,000            |
| <b>Total</b>  | <b>\$855,100</b>   |

## Education - Afar Region

| <b>Activity description</b>  | <b>Cost (US\$)</b> |
|--|--------------------|
| Rapid assessment of the educational and psycho-social needs of children who have returned to their villages as well as children who are unable to return in the near future.   | 500                |
| Orientation of educational administrators  | 4,000              |
| Training of teachers in psycho-social and educational needs of children, emphasizing child-centred, participatory/interactive learning approaches, counseling; education for peace, conflict resolution and tolerance; environmental awareness & hygiene education | 9,500              |
| Introduction of a school health programme emphasizing improved sanitation, hygiene education & provision of separate sex toilet facilities in 10 primary schools ( \$ 3,000 X 10 )   | 30,000             |
| Educational materials ( exercise notebooks, ball-point pens, pencils, pencil sharpeners, rulers, and erasers ) for 1,000 children who have returned to their villages as well as children of IDPs who are unable to return in the near future (@ \$11 per student) | 11,000             |
| Shelter materials and classroom furniture for 10 temporary classrooms (\$ 3,200 x 10)  | 32,000             |
| Development of guidelines & communication materials to promote sanitation & hygiene education activities in schools.   | 5,000              |
| Monitoring of programme implementation   | 5,000              |
| Transportation of educational materials, shelter materials & school furniture to project areas   | 20,000             |
| Direct support costs   | 20,000             |
| <b>Total</b>   | <b>\$137,000</b>   |

|  |                  |
|--|------------------|
| <b>Grand Total Afar and Tigray Regions</b> | <b>\$992,100</b> |
|--|------------------|

## 5.7 Relief and Special Assistance

### 5.7.1 Emergency Project for Household Supplies

Although the displaced people face a vast array of urgent needs, regardless of their current status or plans for return, most are in need of basic shelter and household supplies. Much of the previous shelter assistance provided to the IDPs has worn out due to the effects of sun, rain and daily use.

UNICEF has been the main provider of shelter assistance to the IDPs and has already provided shelter assistance for 4,000 IDP/returnee families since May this year with an additional 40,000m<sup>2</sup> plastic sheeting for 2,000 families now under procurement. UNICEF's interventions will now be assisted by other agencies, as with many assistance interventions for both victims of drought and displaced people, the proposed shelter assistance program for

the IDPs will be a joint UNCT effort to fully utilize the strengths of each of the concerned agencies.

### **5.7.2 Objectives**

The main objective is to mitigate the effects of exposure with the overall target to supply one basic shelter/household set to each of the most needy displaced families. As a planning figure the Working Group on Shelter (UNHCR, UNICEF and WFP) has agreed on a target of up to 50,000 families. This target includes the current IDPs as well as the reported 3,100 newly displaced households that WFP has been requested to provide food assistance to in Tigray Region and a portion of the IDPs in Afar Region. In addition, 25,000 cooking utensil kits will be provided by WFP to cover the needs of people returning from Eritrea and other high priority cases among those already receiving food assistance.

### **5.7.3 Proposed Activities**

The shelter program for IDPs will seek to provide target families with a basic family shelter/household kit consisting of one or all of the following items:

- 1 - 4 x 5 meter plastic sheet
- Jerrycans of 10 liters capacity each
- Blankets

The completion date for the full program will depend on the ability of the local suppliers to meet the demands of the program but in any case all distributions will be completed within four months.

### **5.7.4 Implementation Arrangements and Coordination**

UN Agency responsibility for the shelter/household supplies project will be as follows: UNHCR will supply plastic sheeting, UNICEF will supply blankets and jerrycans and the UN-EUE will act as the focal point for the shelter program.

Both imported and locally procured materials will be delivered to a UN warehouse to be established in Mekele. It is planned that distribution of the household items will be done through the existing WFP/REST food distribution system with the distribution of the household items taking place at the same time as the food distributions. Both WFP and UNICEF have international and local personnel permanently assigned to the common UN Field Office in Mekele. The existing staff in Mekele will be supplemented with additional monitors, warehouse keepers and other necessary staff to ensure that distribution of the household kits is fully monitored. In addition to UN mechanisms, a number of NGOs are potential partners.

## 5.7.5 Budget Summary

The initial budget for the program, including purchasing, delivery of imported supplies by air and locally procured supplies by truck, warehousing costs, distribution expenses and monitoring costs is estimated at US\$ 939,214

### Shelter

| Item                   | Quantity (Pieces) | UNICEF (US\$)    | UNHCR (US\$)     | US\$ Total       |
|------------------------|-------------------|------------------|------------------|------------------|
| Blankets*              | 35,000            | 332,000          |                  | 332,000          |
| Jerry Cans*            | 35,000            | 91,000           |                  | 91,000           |
| Plastic tarpaulin**    | 50,000            |                  | 425,000          | 425,000          |
| Transport and Handling |                   |                  | 60,714           | 60,714           |
| Direct support costs   |                   | 30,500           |                  | 30,500           |
| <b>Total</b>           |                   | <b>\$453,500</b> | <b>\$485,714</b> | <b>\$939,214</b> |

\*includes transport costs \*\*Specification: 4m x 5m = 20 sq. m at US\$8.50 a piece.

## 5.7 Return, Resettlement and Rehabilitation Assistance for IDPs

The findings of the UN inter-agency technical mission to Tigray carried out from 25 June to 1 July 2000 indicated that of the 315, 956 persons displaced in Tigray, an estimated 15,746 households (25%) had returned to their places of origin, a further 47% were expected to return and about 28% of the population were not in a position to return due to the deployment of mines in their places of origin particularly in the eastern and central zone. In the Afar region it is estimated that 33,901 IDPs are in need of assistance.

The mission report further noted that most of the displaced are subsistence farmers and their return must be immediate to enable them to resettle in their communities. The transport assistance they may require would be in the form of hired trucks, tractor-trailers, animal drawn carts etc. to move their belongings, women, children and the injured. In addition, they urgently require shelter materials, blankets, utensils, seeds or cash grant to sustain themselves. Although it is difficult to determine the exact number of displaced who may require assistance, for planning purpose the following estimates will be used for Tigray and Afar region.

### 5.7.1 Objectives

IOM will provide return, resettlement and reintegration assistance to approximately 50% of the IDPs willing to return to their pre-war places of origin who are currently settled in IDP camps in central (Adwa), eastern (Adigrat), and western (Sheraro) zones of the Tigray region of Ethiopia and in Afar region, zones 1 and 2.

In collaboration with REST, IDPs requiring immediate transport assistance based on level of vulnerability, need and distance to final destination will be identified. This assistance will

target the elderly, war injured, women and children to help them move their belongings and shelter material.

Pre-departure assistance consisting of medical screening will be carried out to guard against the introduction of communicable diseases into the settlement communities. As part of the screening procedure, the required immunizations against preventable diseases that affect the returnees ability to travel are provided.

## **5.7.2 Activities**

### **Phase I: Immediate Transport Assistance for IDPs and Returnees**

Identification of returnees needing transport assistance

Registration of IDPs and returnees willing to return

Conduct pre-departure movement-associated health assessments

Establishment of reception centres

Provide transport assistance based on the level of vulnerability

Provide resettlement package to returnees

Receive caseload on arrival at places returned

### **Phase II: Reintegration Support Scheme**

The objective of this phase is to ensure that the resettled communities have necessary tools, shelter materials and agricultural inputs to enable them to return to their normal life and activities. Smooth reintegration of the IDPs and returnees as well as the empowerment of the host community to absorb the returnees will be targeted during this phase. This will entail the following activities:

- Building of comprehensive database on population profile, concentrations of displaced populations, areas of relocation, community development needs, etc.
- Mapping existing opportunities in the framework of sustainable opportunities and capacity building efforts;
- Making available to selected target population a reintegration fund to facilitate the accelerated creation of income-generating opportunities such as self-employment, food for work, training, agriculture, and reconstruction, to name a few;
- Attending to the special needs of the particularly vulnerable cases (Women single head of households, children, elderly, handicapped etc)

## 5.7.4 Budget Summary

### Return, Resettlement and Rehabilitation Assistance

| Activity                     | US\$           |
|------------------------------|----------------|
| Phase I                      | 80,000         |
| Phase II                     | 140,000        |
| <b>Total funds requested</b> | <b>220,000</b> |

Contributions in kind will be used for distribution as relief packages

## 5.8 Humanitarian Mine Action

The United Nations Country Team has initiated a series of studies and actions in the Humanitarian Mine Action (HMA) sector since June 1999 to mitigate the landmine and unexploded ordnance (UXO) threat to civilians in Ethiopia.

Since October 1999, UNICEF has provided technical support to a landmine and UXO awareness project targeting displaced populations in Tigray Region. The Relief and Development Organisation (RaDO, an indigenous NGO), together with the Tigray Regional Authorities have implemented this project. UNDP has provided a platform for collaborative action, presenting an HMA Strategy paper to the Government of Ethiopia. It has also provided technical assistance to the Conflict Management Centre of the OAU, the Ethiopian Demining Project (EDP), the Ethiopian Physiotherapists Association (EPtA) and the Prosthetic Orthopedic Centre (POC), and has carried out field studies on the nature of the landmines/UXO pollution and the implications of these threats to Ethiopian civilians and the UN/OAU peace support mission.

### 5.8.1 Objectives

Displaced civilians face the greatest danger from landmines/UXO. Entire families and individuals have started to return to their homes, many of which are located in areas contaminated by explosive hazards.

The UNCT will work in collaboration with the United Nations Mine Action Service (UNMAS), which will assume overall responsibility for coordinating mine action within the wider framework of the UN Observers and Peacekeeping Operation.

Integrated within an overall UN Country Team Humanitarian Mine Action programme, UNICEF will strengthen and expand its existing landmines/UXO awareness education project among the most vulnerable populations in Tigray and Afar Regions. UNDP, through a collaborative project with UNMAS and technical experts, will provide technical assistance to the Government of Ethiopia for an Emergency Survey to determine the nature and extent of the landmines/UXO threat in order to develop a comprehensive HMA plan of action and establish clear priorities for threat reduction in areas affected by the conflict. This Emergency Survey will also be in direct support of the Peacekeeping operation that will be fielded in the

near future. UNDP is also appealing for funds for technical assistance and material support to improve the GoE's capacity to fulfill its demining responsibility. WHO will focus on and coordinate the health-related aspects for war affected civilians, and will incorporate a landmine accidents surveillance system into the GoE's regional healthcare management system.

### **5.8.2 Proposed Activities**

UNICEF will:

- Provide direct mine awareness technical support to a newly formed civilian Mine Action Liaison Office (MALO).
- Conduct a rapid assessment to strengthen overall baseline data and monitor project impact based on a sentinel site methodology.
- Incorporate primary first aid care training into the existing mine agent component of the community mine agent network in order to mitigate the effects of injury trauma.
- Strengthen methodologies targeting vulnerable groups, particularly children, focusing on civilians returning to their locales in advance of mine-clearance.
- Expand information dissemination through radio and other media and establish mine awareness focal points.
- Support the Information Management System for Mine Action (IMSMA) model developed by UNMAS through regular reporting of incidents.
- Coordinate mine awareness activities with related child advocacy and protection training initiatives, including HIV/AIDS targeting, to returnee and displaced populations in hazardous areas.

WHO will:

- Coordinate emergency surgical trauma care for landmine victims between the different levels of health services: referral hospitals for major surgery, peripheral health units for first line treatment and life saving procedures.
- Provide technical support and training for the development of the landmines accidents surveillance system as a component of WHO's general health surveillance activities.
- Provide training and equipment for longer-term physical rehabilitation of landmines/UXO victims in the regional rehabilitation centres.
- Coordinate, with Regional Health Bureaux, UN agencies and NGOs, the health activities related to mine action.

UNDP together UNMAS will:

- Undertake, in collaboration with the GoE, a landmines/UXO Emergency Survey on the nature and extent of the landmines/UXO threat in the areas affected by the conflict.
- Provide an HMA detailed analysis and plan of action, including sectoral and geographical priorities.

- Provide technical assistance and equipment to the Ethiopian Demining Project (EDP) for Humanitarian Mine Action in order to strengthen governmental capacity to undertake mine action in adherence with international/UN standards.
- As feasible, undertake socio-economic study of the landmine threat to the civilian population in conflict-affected areas.

### 5.8.3 Budget Summary

#### Humanitarian Mine Action

| <b>Item</b>   | <b>UNDP/<br/>UNMAS<br/>(US\$)</b> | <b>WHO<br/>(US\$)</b> | <b>UNICEF<br/>(US\$)</b> | <b>Total<br/>(US\$)</b> |
|---|-----------------------------------|-----------------------|--------------------------|-------------------------|
| Emergency Survey  | 350,000                           |                       |                          | 350,000                 |
| Technical and Material Support to EDP   | 625,000                           |                       |                          | 625,000                 |
| Project Supervision   | 50,000                            |                       |                          | 50,000                  |
| Surgical and orthopedic material/equipment to referral hospitals and health units |                                   | 130,000               |                          | 130,000                 |
| Training on emergency trauma care and landmine surveillance system                |                                   | 70,000                |                          | 70,000                  |
| Support to the rehabilitation centers in the region                               |                                   | 50,000                |                          | 50,000                  |
| Staffing and technical support  |                                   |                       | 185,000                  | 185,000                 |
| Transport, communications, and logistics  |                                   |                       | 180,000                  | 180,000                 |
| Materials   |                                   |                       | 84,000                   | 84,000                  |
| Training  |                                   |                       | 11,000                   | 11,000                  |
| Administrative support  |                                   |                       | 40,000                   | 40,000                  |
| <b>Total</b>  | <b>1,025,000</b>                  | <b>250,000</b>        | <b>500,000</b>           | <b>1,775,000</b>        |

## **5.9 Children and Women with Special Protection Needs (CWSPN)**

Displacement has undermined traditional family patterns and community life and in many cases, placed women and children at physical risk. More recently, the plight of returning populations from Eritrea has placed a huge burden on the capacities of local counterparts and humanitarian agencies to ensure basic care, counseling and follow up assistance can be provided given the large numbers of persons arriving. At the same time, with the return of many formerly displaced families to their original villages within what remains a militarized environment, UNICEF will work with regional womens' affairs counterparts and NGOs to ensure adequate and appropriate care is provided to the most vulnerable. Based on assessments and data collected at the regional level, it is estimated that over 50,000 women and children are at higher risk, mostly in Tigray region but also in Afar, Desse/South Wollo, and elsewhere where, due to the conflict with Eritrea, the sudden and prolonged effects of displacement, mandatory relocation and difficulties in re-integration prove almost overwhelming and severely demoralizing. The increasing prevalence of HIV/AIDS, separation of children and families and related trauma call for a well coordinated and appropriate response.

### **5.9.1 Objective**

The overall objective is that of assisting the most vulnerable displaced women and children through basic counseling and special care linked to the overall provision of basic services.

### **5.9.2 Budget Summary**

#### **Children and Women with Special Protection Needs (CWSPN)**

| <b>Item</b>  | <b>US\$</b>    |
|--|----------------|
| Support to special assessments                       | 15,000         |
| Training and establishment of community care centres | 75,000         |
| Project support costs                                | 15,000         |
| <b>Total</b>   | <b>105,000</b> |

## **5.10 HIV and AIDS**

Ethiopia is one of the countries that have been hardest hit by the HIV/AIDS epidemic. Current estimates suggest that about 2.6 Million people (9% of the total global caseload) are living with HIV/AIDS in Ethiopia, out of whom 250,000 are children. Unlike other tragedies such as traumatic accidents arising from explosive devices or malnutrition from starvation, HIV is a silent and invisible scourge. It is only when people start getting sick that they become aware of the existence of the infection.

There are many links between HIV/AIDS and war and the special vulnerability of communities ravaged by conflict and post conflict situations. Internally displaced persons (IDPs) as well as returnees and refugees have many immediate needs related largely to their survival. Although, the fear of HIV is often not be among these needs, recent visits by WHO to the affected regions indicate that people have started worrying about HIV/AIDS. Their HIV/AIDS knowledge, attitude and practice, in particular, in relation to preventive care and support interventions was however noted to be extremely poor. To date an assessment of this has not been done and the exact magnitude of HIV/AIDS among IDPs is not known. The UN Inter-Agency Technical Mission to Tigray identified that sexually transmitted diseases (STDs) stood sixth (3.9%) among the top 10 diseases in the internally displaced population. Malaria, respiratory tract infections and diarrhea accounted for 33.7 %, 28.4 % and 8.9 %, respectively, of the caseload at health facilities. It is possible that the unavailability of HIV/AIDS voluntary counseling and testing (VCT) services were in part responsible for the non-diagnosis of HIV/AIDS which may in fact have been the underlying problem in some of the cases.

Previous appeals for IDPs in Ethiopia have not targeted HIV/AIDS prevention and control activities in a significant manner. In the January 2000 UNCT appeal HIV/AIDS was subsumed under health education, reproductive health and disease surveillance. The money allocated to HIV/AIDS testing kits was a meager 4,000 USD. At the recent Nairobi Joint Meeting of the UNCTs of Ethiopia and Eritrea on Rehabilitation Programmes for IDPs held in July 2000, the visible threat of HIV/AIDS on the success of existing rehabilitation programs and an acknowledgment of the need to invest in HIV/AIDS activities now, rather than later, were stressed.

Addressing the HIV/AIDS challenge together with - and in as vigorous a manner - the other sectoral needs will go a long way towards preventing the epidemic from thwarting the efforts of other rehabilitation programmes. Therefore, preventing the transmission of HIV, as well as, care for those already infected should in the Ethiopian situation should be essential components of an integrated programme of assistance and protection to IDPs.

### **5.10.1 Objectives**

The objectives of the Project are:

1. To prevent the transmission of HIV infection among IDPs;
2. To provide care and support for those already infected and affected by HIV/AIDS;
3. To alleviate the impact of HIV/AIDS on IDP households and communities.

## 5.10.2 Proposed Activities

1. Rapid assessment of IDPs' Knowledge, Attitude and Practice (including sexual exploitation and violence) by UNAIDS with technical inputs from all the other partner agencies (WHO, UNICEF, UNFPA, IOM and WFP)
2. Conduct a baseline HIV/AIDS sero-survey to determine the magnitude of the problem in the affected regions (WHO and UNAIDS)
3. Reproduction of HIV/AIDS IEC materials, as well as, adaption of the materials where appropriate to suit IDP needs (UNICEF) and their distribution (IOM and WFP)
4. Establish foundation for provision of HIV/AIDS Voluntary Counseling (UNICEF) and Testing (WHO) Services. NB.UNAIDS will provide technical input.
5. Provision of reproductive health kits and condoms for STD/HIV prevention (UNFPA) with technical input from UNICEF.
6. Supply of drugs for treatment of STDs based on syndromic management and drugs for the prevention and treatment of HIV/AIDS related opportunistic infections (UNICEF) with technical in puts from WHO and UNAIDS
7. HIV/AIDS Capacity Building
  - 7.1. Peer education training in HIV prevention and behavior change (including safer sex practices) of the following: humanitarian aid workers, military, Peace-keeping troops, camp leaders, youth (UNICEF); commercial sex workers, women, traditional birth attendants (TBAs) (UNFPA) and mobile populations (IOM)
  - 7.2. Training of Health Workers in syndromic management of STIs and HIV/AIDS Case Management (WHO) with UNAIDS providing technical input
  - 7.3. Support to effective dissemination of HIV/AIDS information through local broadcasting services (UNICEF)
  - 7.4. Strengthening of existing Anti-AIDS clubs (UNICEF) with technical input from UNFPA
8. Provision of protective and safety materials and supplies for health and community counterparts including TBAs as needed (WHO)
9. Integration of Youth and Women friendly services in the general IDP population (UNICEF) and antenatal and maternity settings (UNFPA)
10. Coordination with the National and Regional AIDS Councils, NGOs, CBOs, Religious organizations, and Aid Organizations on the ground (UNAIDS) with technical input from all the partner agencies.

### **5.10.3 Implementation and Coordination Arrangements**

UNAIDS in partnership with the National AIDS Council Secretariat (NACS) and WHO, UNICEF, UNFPA, WFP, and IOM will work together to coordinate and monitor the activities. A memorandum of understanding will be signed between the NACS and the various Agencies prior to implementation of activities. Involvement of the council will ensure multisectoral response in the affected regions particularly, in the case of the Ministry of Health and the Ethiopian Military under the Ministry of Defense. In general, UNICEF will be responsible for production of HIV/AIDS IEC materials, Peer educational activities, setting the foundation for counseling services and procurement of adequate supplies of drugs for the treatment of STDs and those for prevention and treatment of OIs. WHO will be responsible for setting the stage for testing using Rapid HIV diagnostic kits, ensuring the adequate supplies of the diagnostic kits, and strengthening of the health system. UNFPA will be responsible for reproductive health interventions including the provision of condoms (*N.B. both male and female*). WFP's food distribution points will be utilized to distribute HIV/AIDS IEC materials. Using an integrated VCT/IEC mobile clinic IOM will target both resident and mobile populations (including drivers and nomadic communities). All agencies, aid organizations on the ground, the Regional Health Bureaus, the Ethiopian Military in the affected regions and the Peace Keeping Force will be involved in the HIV/AIDS campaigns.

Overall supervision at regional level will be done by the Regional AIDS Council, the Regional Health Bureaus and identified Ministry of Defense military officers in collaboration with the Zonal and Wereda HIV/AIDS offices and the various categories of Camp leaders on the ground (Government, UN Peace Keepers, NGOs, CBOs, Religious organizations, etc). UNAIDS will recruit two field coordinators based in the Tigray and Afar regions for the day to day monitoring of HIV/AIDS activities being implemented. The field coordinators will report directly to the UNAIDS-Ethiopia National Program Officer.

## 5.10.4 Budget for Proposed Activities

### HIV/AIDS Prevention and Care

|  | UNAIDS<br>(US\$) | WHO<br>(US\$)  | UNICEF<br>(US\$) | UNFPA<br>(US\$) | IOM<br>(US\$) | Total<br>(US\$)              |                  |
|--|------------------|----------------|------------------|-----------------|---------------|------------------------------|------------------|
| Rapid assessment of IDPs' beliefs, attitudes & practices (incl. sexual exploitation & violence)  | 60,000           |                |                  |                 |               | 60,000                       |                  |
| Conduct a baseline HIV/AIDS sero-survey to determine the magnitude of the problem in the affected regions  |                  | 50,000         |                  |                 |               | 50,000                       |                  |
| Reproduction & distribution of HIV/AIDS IEC materials, adaptation of materials to suit IDP needs   |                  |                | 50,000           |                 |               | 50,000                       |                  |
| Establish foundation for provision of HIV/AIDS:<br>1) counseling<br>2) testing services<br>3) mobile VCT clinic on the high risk border zone   |                  | 100,000        | 100,000          |                 |               | 100,000<br>100,000<br>70,000 |                  |
| Provision of reproductive health kits including condoms for STD/HIV prevention   |                  |                |                  | 100,000         |               | 100,000                      |                  |
| Supply of drugs for treatment of STDs based on syndromic management & drugs for prevention & treatment of HIV/AIDS-related opportunistic infections  |                  | 100,000        |                  |                 |               | 100,000                      |                  |
| 1. Peer education training of humanitarian aid workers, military, peacekeeping troops, camp leaders, commercial sex workers, women, youth & TBAs in HIV prevention & behavior change (including safer sex practices)<br>2. Training of health workers in STD Syndromic Management and effective HIV/AIDS case management<br>3. Support to dissemination of information through local broadcasting services<br>4. Strengthening of existing Anti-AIDS clubs |                  |                |                  | 50,000          | 50,000        | 20,000                       | 120,000          |
|  |                  | 50,000         |                  |                 |               |                              | 50,000           |
|  |                  |                | 50,000           |                 |               |                              | 50,000           |
|  |                  |                | 25,000           |                 |               |                              | 25,000           |
| Provision of protective & safety materials & supplies for health & community counterparts  |                  | 100,000        |                  |                 |               |                              | 100,000          |
| Integration of youth & women friendly services   |                  |                | 75,000           | 75,000          |               |                              | 150,000          |
| Coordination with NACS, NGOs, CBOs, religious organizations, & aid organizations on the ground   | 50,000           |                |                  |                 |               |                              | 50,000           |
| Technical Support/Operation Costs  | 5,500            | 15,000         | 22,500           | 11,250          | 4,500         |                              | 58,750           |
| <b>Total</b>   | <b>115,500</b>   | <b>415,000</b> | <b>372,500</b>   | <b>236,250</b>  | <b>94,500</b> |                              | <b>1,233,750</b> |

## **5.11 Monitoring and Evaluation**

The innovative nature of this collaborative Updated Appeal for Rehabilitation and Recovery Programmes requires that the UN Country Team place particular emphasis on effective field monitoring, regular reporting and the efficient management of information.

### **5.11.1 Objectives**

To provide the donor community, government, and NGOs with an ongoing review of the programme during the implementation phase, enhance transparency and accountability, and providing background and contextual information and analysis for the final evaluation exercise.

### **5.11.2 Proposed Activities**

Providing background analysis and reporting on the humanitarian situation in Tigray and Afar has been a major preoccupation of the UN Emergencies Unit since the early days of the conflict. Drawing on this experience, the Unit will continue to provide the following services within the context of the UNCT programme: (1) Analysis and reporting on the wider humanitarian and social consequences of the conflict; (2) Monitoring and reporting on the implementation of the UNCT programme in the field; and (3) Preparation of periodic and final narrative reports on the status of the UN Country Team's operations in the field. This will be complemented by regular monitoring by individual agencies in the course of their activities.

The Emergencies Unit has already added additional experienced national field officers to its staff, and has increased its capacity for reporting and field monitoring. Using information from the field, regular reports will be prepared as public domain documents intended to describe any changes in the humanitarian picture, highlight important developments and flag unmet relief needs. More specialised briefing papers and detailed studies of specific issues will also be prepared as required by the UN Resident Coordinator and donors.

### **5.11.3 Budget Summary**

| <b>Activity</b>        | <b>Agency</b> | <b>Cost (US\$)</b> |
|------------------------|---------------|--------------------|
| Monitoring & reporting | UN-EUE        | \$25,000           |

## 6 Summary of Resource requirements by Agency and Sector

| Sector   | Agency and Estimated Costs (US\$) |                  |                  |                |                  |                |                |                  |                |               |                   |
|--|-----------------------------------|------------------|------------------|----------------|------------------|----------------|----------------|------------------|----------------|---------------|-------------------|
|  | WFP                               | UNICEF           | WHO              | UNFPA          | FAO              | HCR            | IOM            | UNDP/<br>UNMAS   | UNAIDS         | UN-EUE        | TOTAL             |
| Food, logistics and related costs                | 15,127,704                        |                  |                  |                |                  |                |                |                  |                |               | 15,127,704        |
| <b>Sub total – food assistance</b>               |                                   |                  |                  |                |                  |                |                |                  |                |               | <b>15,127,704</b> |
| Agriculture Rehabilitation                       |                                   |                  |                  |                | 3,477,000        |                |                |                  |                |               | 3,477,000         |
| Health   |                                   | 1,300,000        | 2,522,000        | 352,000        |                  |                | 170,000        |                  |                |               | 4,344,000         |
| Nutrition  |                                   | 93,000           | 30,000           |                |                  |                |                |                  |                |               | 123,000           |
| Water & Sanitation                               |                                   | 2,015,000        | 80,000           |                |                  |                |                |                  |                |               | 2,095,000         |
| Emergency Education                              |                                   | 992,100          |                  |                |                  |                |                |                  |                |               | 992,100           |
| Relief and Special Assistance                    |                                   | 453,500          |                  |                |                  | 485,714        | 220,000        |                  |                |               | 1,159,214         |
| Humanitarian Mine Action                         |                                   | 500,000          | 250,000          |                |                  |                |                | 1,025,000        |                |               | 1,775,000         |
| Children and Women with Special Protection Needs |                                   | 105,000          |                  |                |                  |                |                |                  |                |               | 105,000           |
| <b>HIV/AIDS</b>                                  |                                   | 372,500          | 415,000          | 236,250        |                  |                | 94,500         |                  | 115,500        |               | 1,233,750         |
| <b>Monitoring and Reporting</b>                  |                                   |                  |                  |                |                  |                |                |                  |                | 25,000        | 25,000            |
| <b>Sub total – food assistance</b>               |                                   |                  |                  |                |                  |                |                |                  |                |               | <b>15,329,064</b> |
| <b>GRAND TOTAL</b>                               | <b>15,127,704</b>                 | <b>5,831,100</b> | <b>3,297,000</b> | <b>588,250</b> | <b>3,477,000</b> | <b>485,714</b> | <b>484,500</b> | <b>1,025,000</b> | <b>115,500</b> | <b>25,000</b> | <b>30,456,768</b> |

