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UNAIDS in Ethiopia
UNAIDS is the United Nations Joint Programme on HIV/AIDS. UNAIDS serves as a secretariat to the United Nations Theme Group (UNTG) on HIV/AIDS in Ethiopia, which is established to facilitate a complementary and consistent approach by the UN organizations in support of Ethiopia's expanded response to the HIV/AIDS epidemic. ▶

UNITED NATIONS COUNTRY TEAM ETHIOPIA

HIV/AIDS a Major Humanitarian and Development Issue in Ethiopia?



Photo: UNICEF/ UN OCHA

Ethiopia is one of the four countries in the world with the highest number of HIV/AIDS infected people. Close to 6.6% of the sexually active adult population (about two million adults) and 200,000 children are currently infected with HIV/AIDS. So far, about 1.2 million children have lost one or both of their parents to HIV/AIDS and the figure is expected to double by 2014 (AIDS in Ethiopia, MoH, 2002).

Reflecting the growing concern about HIV/AIDS and its humanitarian implications in Ethiopia, UN OCHA conducted an interview with Alex De Waal, director of Justice in Africa and an advisor to UNICEF. Alex De Waal outlined the 'new variant famine' concept to UN agencies and NGO partners seeking better ways of responding to the HIV/AIDS induced humanitarian crisis in Southern Africa.

Question: what are the linkages between drought and HIV/AIDS and food insecurity and HIV/AIDS?

AdeW: There is interaction between drought and other causes of vulnerability and HIV/AIDS - they all contribute to food insecurity. They do it in different ways and they interact with each other, so that drought as we know creates food insecurity, HIV/AIDS also creates food insecurity in rural populations. It does it in a different way in that it creates a longer term problem by making the reproductive adults in a household or community fall sick and die. So this places additional burdens on the family. In the short term they have to spend more money on health expenditures. Since the sick adult is less able to work, more time and energy needs to be put into caring for sick adults. And then when that person dies there is spending on funeral expenses.

In other instances, when the head of a household is sick the household may find that some of its assets are no longer secured. For

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HAPCO requests US\$ 420 million mainly to address the problem of ART
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MoH to release a national statistical update on HIV/AIDS soon

Ministry of Health (MoH) will be releasing a national update, 'AIDS in Ethiopia' that provides full data on HIV/AIDS prevalence in Ethiopia by mid June, 2004. ▶

UNICEF funds medical university training for treatment of severe acute malnutrition

UNICEF has funded the training of trainers (ToT) for more than 100 health professionals at three medical schools so that they train their peers in the treatment and management of severely malnourished children. ▶

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example land may be taken by relatives. When adults depart, surviving adults need to work in order to feed the children and old people that remain. We may find the surviving children who are orphaned by HIV/AIDS have fewer farming skills than their parents, they have not had time to learn how to farm properly, or they may not be strong enough as they may not be fully grown yet. These are the immediate ways in which HIV/AIDS impacts on a family.

Also, many families take in the orphans of relatives putting increased strain on scarce resources. Many rural households also rely on money sent by people who are working in the towns. If those individuals also die then that source of money dries up or individuals who are in cities who fall sick may go home to rural areas to be cared for or to die. And that person is a burden on rural families.

In addition, what we find is the interaction between drought and HIV/AIDS is particularly nasty when drought clearly creates a certain degree of food insecurity and malnutrition amongst children, and HIV/AIDS the epidemic also does that. When you get HIV/AIDS and drought together the effect is worse, when the two are combined then it is a multiplicative effect.

Question: have you noticed any similarities and/or differences in the pattern of spreading of HIV/AIDS and stigmatization between other African countries and Ethiopia?

AdeW: The HIV/AIDS epidemic in Ethiopia is much less advanced than in Southern Africa. The level of HIV is lower and particularly so in rural areas. However, the amount of information that we have about HIV/AIDS prevalence in Ethiopia is very poor. There is really a lack of data. So it is hard to draw reliable conclusions. But from what we do know, the prevalence of HIV/AIDS in Southern Africa is a lot higher and it got higher earlier. So the impacts are more clearly found in Southern Africa. Stigma is still a major problem in Southern Africa. It is difficult to compare whether the stigma is greater in Ethiopia than in Southern Africa or the other way round. What we do not know is whether Ethiopia is going to follow the same track as countries like Malawi, Zambia and Zimbabwe of moving to high prevalence rates in rural areas. It may be that rural areas in Ethiopia will still continue to have a relatively low prevalence rate, or it may be that the prevalence rate within 5 or 10 years will increase and become like that of Zambia. If that happens it would be an absolute disaster for Ethiopia. The other thing that is important in comparing Ethiopian experience with Southern Africa is that in many parts of Southern Africa the key factor of production is labour, and households that are short of labour really suffer. In many parts of Ethiopia this is not the case. In thickly populated parts of say Wolayita or Sidama the key problem is land. So that there is quite a lot of rural unemployment and if people fall sick or die in those environments their families will certainly suffer and they will be a general burden on the community, but we may not see the same crisis in the rural economy here that we see in some southern African countries where labour shortages are becoming critical.

Question: how do you evaluate the governments', NGOs and other partners' interventions? Why is it so difficult to bring change?

AdeW: Everywhere you travel in Ethiopia you see posters, bill boards for HIV/AIDS and clearly there are big attempts to inform the public. However, I think Ethiopia has special obstacles to information reaching the majority of people. First of all, so few people go to school and many are illiterate. Secondly, the human resources and infrastructure in the health and education centers are so poor. For example last week I visited one wereda called Melokoza in SNNPR and in this wereda there are around 140,000 people and the most senior medical staff member was a sanitarian. There was not even a medical assistant for the whole area. In these circumstances it

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is very hard to run any sort of serious health and information campaign and make it stick. The additional problem we should mention in this respect is that even in countries with much higher literacy and much greater capacity such as the central areas of Uganda, South Africa, Namibia, Botswana, the effect of information, education and communication campaigns has been very limited. It has not really changed that much in terms of people's behaviour, so we need to recognize that these campaigns are important but also that they will not succeed on their own. What is necessary for them to succeed are the kinds of socio-economic programs that maintain social cohesion, that reduce poverty and in particular give women more control over their own lives and their own sexuality. And it's the combination of those two, education and socio-economic empowerment, that will make the difference. You can't just give information and then education and expect it to make an impact.

Question: is there a criterion for declaring the pandemic an emergency in Ethiopia? Do you think the government should declare it an emergency?

AdeW: The WHO declared HIV/AIDS a global emergency in September 2003. The World Health Report which came out on May 11, is entirely on HIV/AIDS calling it a global health emergency. If it is a global health emergency then it certainly is a health emergency in Ethiopia, which is one of the countries with the largest number of people living with HIV/AIDS in the world. In the Africa Development Forum in December 2000, the former president of Ethiopia Negasso Gidada declared war on HIV/AIDS. He said that the government would treat HIV/AIDS on the same basis as a war emergency; I do not however think that statement was actually translated into policy. There is no war - military style or emergency style mobilization - against HIV/AIDS after that but there is no question that it ought to be regarded as an emergency.

I have seen some statistics and have heard some statements that imply the government believes that HIV/AIDS rates are coming down in Ethiopia, for example that the level of HIV in Addis Ababa has been reducing in recent years. I do not think that the data exists to allow you to make that statement with any confidence. The data are simply too poor and too unreliable to be able to say that this is happening.

Question: what humanitarian actions should be taken against HIV/AIDS?

AdeW: In terms of what is required for a humanitarian response to HIV/AIDS, there are a number of issues, for instance a significant number of children are orphaned by HIV/AIDS and there needs to be a sound program to assist them. The number will continue to grow and that should be considered as an emergency too. The other issue is that in all African countries more women are infected than men. They are infected at younger ages and also women have to bear the greater burden of care. It is women who look after orphans; it is women who look after the sick; it is women who do the majority of food preparation as well. So when there is an HIV/AIDS epidemic in a society it means the burden falling on women is substantially increased. Any assistance that can be given to lessen that burden, so that women don't need to work so many hours, walk so far for water or fire-wood, spend so much time on basic domestic duties - anything that can be done in that respect would be positive.

Question: do you think addressing HIV/AIDS is also addressing developmental issues?

What is necessary for the campaigns to succeed are the kinds of socio-economic programs that maintain social cohesion, that reduce poverty and in particular give women more control over their own lives and their own sexuality.

AdeW: HIV/AIDS is a particular crisis because it is both developmental and humanitarian. There is a tendency to conclude that it must be treated as a developmental issue, but if you treat it only as a developmental issue, you run the risk of missing the immediate humanitarian needs. And if you treat it as a purely humanitarian or medical crisis, you run the risk of overlooking the developmental dimension. So both dimensions need to be addressed at once. There is also a danger in a country like Ethiopia where you have major problems of hunger, malaria etc and more people die from malnutrition every year, more people die from malaria than die from HIV/AIDS. Therefore it could be said “let us make HIV/AIDS less of a priority”, but the danger with that is that you overlook two things. The first is that HIV/AIDS kills the most productive sector of society, and while any human death is a tragedy, the socio-economic impact of killing young children is not as grave as that of killing women in their 20’s or men in their 30’s, and for that hard socio-economic reason alone HIV/AIDS is special. The second is that if HIV/AIDS is not addressed over a longer period of time, the higher the prevalence gets, the harder it is to tackle it. If you tackle it early, when prevalence is still low, it is much easier. And the costs that you save by early prevention are much greater. So even though some people may not see it as the most immediate crisis facing this country, action to address HIV/AIDS now will have much greater payoff in five, ten or twenty years time than would be the case if HIV/AIDS is neglected and we wait until it becomes a crisis before addressing it.

Question: what is your opinion of how HIV/AIDS might influence sending and receiving areas in the resettlement program? How can the spread of HIV/AIDS be reduced in such areas?

AdeW: Well ... any program or initiative that involves moving people, and especially that involves separating spouses, is increasing the risk factors for HIV/AIDS transmission. Because when people move around, particularly when spouses are separated, they are more likely to have sexual relations with other individuals. This is just a fact. Whatever is done in terms of education is not going to prevent the increased risk of HIV associated with something like the resettlement program.

Question: what do you think is the cause of the huge discrepancy between official HIV statistics and other data?

AdeW: I think that the Ethiopian data are just not good enough. There hasn’t been enough of an investment in actually obtaining real data. For example, there are only around 23 sentinel sites where HIV/AIDS prevalence is monitored. For a country of 70 million people this is almost nothing. It is only by getting really good coverage and much higher levels of reliable information that we can seriously say whether HIV is going up, down, stabilizing or it is higher in some areas than in other areas.

Question: What are the lessons Ethiopia can learn from other countries’ experiences?

AdeW: A couple of things ought to be mentioned. One is that even in a poor country like Ethiopia, it is still economically logical to give anti-retroviral (ART) treatment. This is because the price of the drugs has now come down so much, and the benefits of extending peoples’ lives also gives hope to people who have HIV/AIDS and encourages people to come for Voluntary Counselling and Testing (VCT). The government should not hesitate to begin providing ART drugs. The second point related to that is that Ethiopia has just achieved its completion point on a big debt relief last month, and the precondition was that Ethiopia keep its deficit very low. Ethiopia had to actually

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reduce its public spending so that the key allocations in the national budget, including health, have not increased over recent years. They have actually been kept, even during the drought of 2002/2003, even when logic and humanitarianism would have dictated increasing spending. I think Ethiopia needs to re-negotiate with the international community, especially the IMF, the macro-economic framework under which its spending ceiling is set, because it needs to spend a lot more money on education, health and food security. Ethiopia has no chance of achieving food security or development goals unless a lot more money is spent, and Ethiopia cannot wait for economic growth to make the country that much richer. It needs to spend the money, so let's change the macro-economic framework and spend the money now!

UN Agencies' HIV/AIDS Activities

UNICEF strives to halt the devastating impact of HIV/AIDS on children

In close partnership with the national HIV/AIDS Prevention and Control Office (HAPCO), regional AIDS secretariats, NGOs and other UN agencies, UNICEF is striving to halt further escalation of the pandemic and its devastating impact on children. To this end, UNICEF has mainstreamed its response to the pandemic in all programmes including education, gender and child protection, health and nutrition, and water and sanitation and it provides technical and financial support to the Prevention of Mother-to-Child Transmission (PMTCT) services at four sites around the country. In underlining life-skill training and income generating activities UNICEF involves young people in prevention efforts, not only to educate them about HIV but also to give them a sense of responsibility. As a result the number of anti-AIDS youth clubs in Ethiopia is increasing rapidly. In addition, UNICEF is undertaking HIV/AIDS awareness activities in collaboration with many partners at food distribution sites, therapeutic feeding centers, supplementary feeding sites and camps for internally displaced people. Furthermore, UNICEF is advocating inclusion of HIV/AIDS awareness and skill training as part of formal and informal education. Mobile schools, operational in some drought-stricken pastoral areas, also educate their pupils on the dangers of HIV/AIDS.

WHO supports MOH's activities against HIV/AIDS

WHO has been providing technical assistance to the Ministry of Health (MoH) since the early days of the HIV/AIDS epidemic in Ethiopia. The first national taskforce on HIV/AIDS was established in 1985 with support from what was then the Global Program on AIDS (WHO-GPA). After that an AIDS control department 'AIDS Bureau' was established under the MOH. WHO provided direct technical assistance to this department by seconding international professional and administrative staff. WHO also provided funding for the initial phases of the establishment of the program, used, among other things, for setting up HIV laboratories, conducting several surveys, training of health workers, and setting up an AIDS case reporting system. WHO will continue to assist the MoH and other health sector partners in the planning, implementation, monitoring and evaluation of evidence-based interventions for HIV/AIDS prevention, care and treatment. WHO is currently intensifying its support to the MOH and other health sector partners towards a successful scaling up of care and treatment in the country in line with the '3by5 targets' (three million people in year 2005).

WFP incorporates HIV/AIDS in its programming tools

Food is one of the most important needs of the HIV/AIDS infected and affected, and WFP has been providing food support to people with HIV and their families through maternal and child nutrition, home-based care and prevention of mother to child transmission

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(PMTCT) programs. WFP is incorporating HIV/AIDS programs into needs assessments, vulnerability analysis, ration designs, and other programming tools and advocating at all levels to ensure that the nutritional needs of people with HIV are addressed. Ethiopia is one of the 41 countries where WFP is implementing such HIV/AIDS related activities that include: nutritional support to HIV/AIDS infected people in urban areas, HIV/AIDS mainstreaming in rural development projects and HIV/AIDS mainstreaming in the road transport sector.

The nutritional support and capacity building project designed to reach 15,000 HIV/AIDS infected and affected households is being implemented in selected poor neighbourhoods of Addis Ababa. The project will start operation in Nazareth and Diredawa soon. Some of the activities being undertaken include provision of food to target groups including chronically sick, orphans, pregnant and nursing mothers and their infants as well as home based care volunteers. Other are training of home based care volunteers and equipping them with home care kits and training of community groups and implementing partners. The total budget of this four years project (2003-2006) is US\$ 6.3 million.

Regarding HIV/AIDS mainstreaming in rural development projects, WFP is implementing rural food for work and school feeding programs in around 70 woredas and 600 schools respectively. Currently sites for the implementation of the first phase activity are selected and preparation is underway for the training of community facilitators and school club co-ordinators. In addition WFP with a local NGO partner implemented a project to inform and educate drivers contracted to move relief food from the port in Djibouti to various points within Ethiopia on their unique role in preventing the spread of HIV/AIDS. A multi-year project aimed at promoting mainstreaming of HIV/AIDS in the polices and process of the road transport sector is also being designed. Currently a sector level assessment is being undertaken in partnership with a local NGO, which will be followed by a workshop that will define priority action areas.

UNFPA: 'Youth Friendly Health Services'

UNFPA Ethiopia, with assistance from the Norwegian government, is supporting 10 local NGOs as part of a three-year programme. They contribute to the reduction of HIV/AIDS prevalence in the country through improved behaviour change and communication (BCC) and increased utilisation of services. The assistance given to the local NGOs is a unique venture in Ethiopia. The NGOs, due the their inherent advantage of working closely with the communities, have been able to reach large target populations in remote areas of Ethiopia. They place much emphasis on youth as the 'window of hope', and many have established youth centres in the context of youth friendly health services. They have been very innovative in using the resources made available to them to maximize their outreach group. Leading NGOs such as the Family Guidance Association of Ethiopia have integrated Voluntary Counseling and Testing (VCT) services with Sexually Transmitted Infections (STI) treatment into existing family planning services, and newly established NGOs have engaged their field staff in undertaking comprehensive awareness creation on HIV/AIDS, leading to increasing numbers of community members patronising the activities of VCT centres. Whatever the means, this dedicated group of NGOs is managing to reach the Ethiopian people and bring about small changes in the remote communities of Ethiopia.

UNAIDS in Ethiopia

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UNAIDS is the United Nations Joint Programme on HIV/AIDS. UNAIDS serves as a secretariat to the United Nations Theme Group (UNTG) on HIV/AIDS in Ethiopia, which is established to facilitate a complementary and consistent approach by the UN organizations in support of Ethiopia's expanded response to the HIV/AIDS epidemic. The primary role of the Theme Group is to serve as a mechanism to facilitate collaborative action and joint programming of HIV/AIDS activities among co-sponsors and other UN organizations in order to respond effectively to national needs and priorities. The UNTG has prepared an Implementation Support Plan (ISP) document that identifies three key priority areas for the UN activities: Advocacy, District level capacity building, and UN Learning Strategy to support the national response in 2004 -2005.

Specific activities of UNAIDS include: provide support to the development of the National Strategic Framework (2001-2005) and development of federal and regional implementation plans; support the preparation, revision and submission of all proposals to mobilize resource; and serve as secretariat to the National Partnership Forum and the donors' sub forum of the National Partnership Forum (NPF) against HIV/AIDS.

UNAIDS in collaboration with UNDP and UNICEF also supports religious groups to organize national religious AIDS week aimed at mobilizing such organizations to use their extensive networks, goodwill and influence among followers and strengthen their future collaboration and fight stigma and discrimination. UNAIDS also works with UNFPA and HAPCO to form the establishment of the Network of Associations of PLWHA, which is a sub forum of the NPF.

UNAIDS participates in different assessments such as: an assessment of the status of the epidemiology of HIV/AIDS in Ethiopia; HIV/AIDS communication framework and guidelines; situation assessment of VCT and development of guidelines; assessment and proposal for VCT to establish centres of excellence; situation assessment of PMTCT, accelerating access to Care and Support; Scaling up of Community and Home-Based Care for people living with HIV/AIDS in Ethiopia; KAPB study among Internally Displaced Persons; Gender and HIV/AIDS; Mapping of HIV/AIDS Activities; etc.

Moreover, UNAIDS is facilitating the development of a strategy on HIV/AIDS to focus African Union's programme and directions. To this end, UNAIDS has agreed with New Partnership for African Development (NEPAD) to include HIV/AIDS in the Peer Review Mechanism of NEPAD and to mainstream HIV/AIDS in all NEPAD's sectors. With ECA, UNAIDS provides regular support to the Commission on HIV/AIDS and Governance in Africa.

NEWS

HAPCO requests US\$ 420 million mainly to address the problem of anti retroviral drugs

HIV/AIDS Prevention and Control Office (HAPCO) has submitted its proposal to the fourth round of calls from the Global Fund (GF), in which US\$ 420 million is requested to address different issues in the HIV/AIDS epidemic in the coming five years. The fourth call was made mainly to address gaps in the HIV/AIDS programs. Thus HAPCO's proposed amount among other things mainly focuses on Anti-Retroviral (ART) therapy program. The proposal is under review and reply is expected around the end of June 2004. At the beginning of this year, the GF approved US\$ 55 million (for two years) from HAPCO's 2002 (second round) proposal requesting US\$

139 million for five years. So far, US\$ 21 million is already received for the first two quarters. This fund is being used to accomplish major objectives of HAPCO that include: strengthen and expand Voluntary Counseling and Testing (VCT) services, expand and improve community home based care and support for People Living with HIV/AIDS (PLWHA), expand Sexually Transmitted Infections (STI) syndromic management; ensure availability and accessibility of safe blood, improve the safety of medical practices, expand and strengthen Information Education Communication /Behavioral Change and communication (BCC) and condom promotion throughout the country, and strengthen HIV/AIDS surveillance and operational research etc.

HAPCO was established in 2002 as a federal government body, mandated to coordinate and facilitate the implementation of the country's HIV/AIDS policy. HAPCO also coordinates regional HAPCO offices at the regional level and federal level actors. For further information contact: HAPCO, tel: 251-1-503506 or email: hiv.aids@telecom.net.et

MoH to release a national statistical update on HIV/AIDS

Ministry of Health (MoH) will be releasing a national update, 'AIDS in Ethiopia' that provides full data on HIV/AIDS prevalence in Ethiopia. The report which is expected to be launched latest by mid June 2004, is prepared with technical support from Centers for Disease Control (CDC) and WHO. MoH in its activity to fight HIV/AIDS is vastly involved in provision of ART for a minimum price (240-700 Ethiopian birr per month), prevent mother to child transmission, surveillance and voluntary counseling and testing (VCT) services. The activities are supported by humanitarian partners such as USAID, CDC, World Bank, Global Fund, WHO and UNICEF.

UNICEF funds medical university training for treatment of severe acute malnutrition

UNICEF has funded the training of trainers (ToT) for more than 100 health professionals at three medical schools so that they train their peers in the treatment and management of severely malnourished children. The training that included 41 nurses, 12 doctors and 54 medical officers, was conducted at the Addis Ababa, Gondar and Jimma universities. UNICEF said that such training will expand to other universities to eventually be part of all medical school curricula. So far, UNICEF has assisting the training of a total of 201 health professionals from health clinics, NGOs and medical schools on Therapeutic Feeding Center (TFC) management this year. In 2003, 881 health care workers around the country were trained in TFC management. Apart from expanding the training, UNICEF plans to assist the MoA to integrate the treatment of severe malnutrition into the country's routine health care treatment.

IDP guiding principles workshop to be held next week

DPPC (Disaster Prevention and Preparedness Commission) together with UN OCHA, PCI (Pastoralist Communication Initiative), IOM and NRC is organizing a three-day IDP workshop, 24 – 27 May 2004. The main objective of the workshop is to discuss the Guiding Principles so as to increase and spread knowledge concerning the principles and humanitarian frameworks that should govern policy and practices towards IDPs in Ethiopia; to bring practitioners and policy-makers together to discuss issues related to IDPs that can be specifically addressed by government and the international community. The workshop is divided into two separate programs. The first part is a two-day workshop on the Guiding Principles on Internal Displacement and their relevance to the Ethiopian situation. Then, the Policy Level Forum for senior Officials on 27 May will focus on discussion of key issues, conclusions and recommendations

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from the Workshop, in the context of the Guiding Principles. The workshop will be facilitated by the Norwegian Refugee Council, Global IDP Project.

Brain storming event on food security

Pastoralist Communication Initiative - UN Office for Coordination of Humanitarian Affairs (PCI-UNOCHA), in partnership with the Pastoralist Affairs Standing Committee of the Federal Parliament and Pastoralist Forum Ethiopia, held a one-day brainstorming event on 12 May on issues of food security in Ethiopia. Participants attended from different federal ministries, Federal Parliament, civil society groups, academic institutions and international donors. The event looked at new ideas relating to on-going policy processes in Ethiopia in which food security is or could be a key element, in particular to the Sustainable Development and Poverty Reduction Program (SDPRP), achieving Millennium Development Goals (MDGs), the Lowland Food Security Strategy and the Safety Nets Programme. Dr Stephen Devereux (Institute of Development Studies, UK), Dr Haile Kibret (Addis Ababa University) and Dr Alex De Waal (Justice Africa/Inter Africa Group) kicked off the discussions. At the end of the day PCI-UNOCHA was requested to advocate within the UN system for different suggestions made during the day, such as the inclusion of food security issues as a central part of the SDPRP in Ethiopia, a call for wider participation in the formulating, implementation and monitoring of policy processes such as the SDPRP and alternatives to food aid in addressing food security issues. PCI-UNOCHA was also requested to arrange further similar events with broader participation in order to widen the debate.

SNNPR update

UN OCHA attended the monthly Regional Coordination meeting held on 14 May, 2004 in Awassa, SNNPR. Representatives from UN, NGOs and governmental bureaus participated in the meeting chaired by the bureau of Rural Development. During the meeting WFP field monitors reported that they found serious conditions in Dereshe, South Gamogofa, Burji and Konso Zones and Special Woredas of the region. These areas depend mainly on Belg rains, but have received insufficient rains which have now ceased altogether. Crops are wilting and there is concern about how these areas will manage the current "hunger period" and its aftermath (South Gamogofa is in a slightly better position as it relies more on Meher rains). It is being debated whether this is typical chronic malnutrition/hunger period symptoms, or whether this year is more serious.

Malnourished children are found as the UNICEF/WFP Enhanced Outreach Strategy (EOS) is being implemented. The number is expected to rise as the EOS is further rolled out. The nutritional screening which is part of the EOS has brought into light the acute malnutrition rate in SNNPR. Data on the number of children suffering from Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) are being collected. WFP is providing food supplementation to moderately malnourished children. For severely malnourished children, therapeutic feeding is required. The Regional Health Bureau is now studying the possibility of implementing Community Therapeutic Care (CTC) projects to complement the services currently offered by the existing Therapeutic Feeding Centers (TFCs).

Focus on Ethiopia is produced by the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA-Ethiopia). For further information contact the Information Unit at ocha-eth@un.org; Tel.: 44 44 14 or 51 37 25 and visit our website: www.ocha-eth.org

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was held on 12 May
on issues of food
security in Ethiopia.**