



2005
Humanitarian
Appeal for
Ethiopia

A JOINT GOVERNMENT AND HUMANITARIAN PARTNERS' APPEAL

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Glossary

ARI	Acute Respiratory Infection
<i>Belg</i>	Short Rains/Season from February/March to June/July (National)
BoARD	Bureau of Agriculture and Rural Development
CARE	Care Ethiopia
CBSSP	Community-Based Seed Supply Program
Chat	Mildly Narcotic Shrub Grown as Cash Crop
CIDA	Canadian International Development Agency
CTC	Community Therapeutic Care
<i>Deyr</i>	Short Rains from October to November (Somali)
DFID	Department for International Development
DHS	Demographic and Health Survey
DPPB	Disaster Prevention and Preparedness Bureau
DPPC	Disaster Prevention and Preparedness Commission
DPPD	Disaster Prevention and Preparedness Department
EC	Editorial Committee
EFSR	Emergency Food Security Reserve
EFSRA	Emergency Food Security Reserve Administration
EGS	Employment Generation Scheme
ENCU	Emergency Nutrition Coordination Unit
EOS	Enhanced Outreach Strategy
EPI	Expanded Programme on Immunization
EPSP	Emergency Preparedness Strengthening Program
ERTE	Emergency Relief Transport Enterprise
FAO	Food and Agriculture Organization
FEWS Net	Famine Early Warning System Network
FMoH	Federal Ministry of Health
FOA	Food and Agriculture Organization
FSCB	Food Security Coordination Bureau (Federal)
FSCO	Food Security Coordination Office (Regional)
<i>Gu</i>	Main Rains from February/March to June/July (Somali)
HAPCO	HIV/AIDS Prevention and Control Office
HIV/AIDS	Human Immune Deficiency Virus/Human Immune Deficiency Syndrome
IEC	Instruction, Education and Communication
<i>Karma</i>	Main rains from July/August to September/October (Afar)
LWG	Livestock Working Group
<i>Meher</i>	Main Harvest
MoA	Ministry of Agriculture
MoARD	Ministry of Agriculture And Rural Development
MoWR	Ministry of Water Resource
NDPPF	National Disaster Preparedness and Prevention Fund
NFECS	Non-Food Emergency Contingency Stock
NGO	Non-Governmental Organizations
PSNP	Productive Safety Net Programme
SC-UK	Save the Children United Kingdom

SNNPR	Southern Nations Nationalities People Region
SSCG	Seed Security Consultative Group
TFC	Therapeutic Feeding Center
TIME	Technical Information Management Exchange
UN	United Nations
UN/OCHA	United Nation Office for Coordination of Humanitarian Affairs
UNICEF	United Nation Children and Education Fund
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WES	Water and Environmental Sanitation
WFP	World Food Program
WHO	World Health Organisation

Executive Summary

The 2005 Humanitarian Appeal has been developed as the Government of Ethiopia embarks on the Productive Safety Net Programme (PSNP), shifting from a system dominated by emergency humanitarian aid to longer-term food security initiatives. From January 2005, over 5 million chronically food insecure people will be provided assistance in the form of cash or food for labour intensive public works. It is in this new environment that the Humanitarian Appeal is launched, which aims to provide an additional 2.2 million people with emergency food, as well as humanitarian non-food assistance to identified needy populations, particularly in drought affected parts of the country. While the total number of food aid beneficiaries may not have drastically changed from that of last year, the number that now falls under the Humanitarian Appeal is significantly reduced. Emergency needs are now defined with the aim to save lives and protect livelihoods threatened by both acute and chronic emergency situations.

The Government of Ethiopia through the Disaster Prevention and Preparedness Commission (DPPC) led this joint Appeal process in consultation with United Nations agencies, international and national NGOs and donors. It is based on comprehensive countrywide multi-agency assessments of food, agriculture, health and nutrition, water and sanitation requirements. In 2004 the number of beneficiaries increased from 7.2 million to 7.8 in August as a result of poor *belg/gu* rains however the situation improved with generally favourable *meher* rains. Overall 2005 harvest prospects look promising.

The 2005 Humanitarian Appeal will focus on life-saving and livelihoods protection activities in the four key sectors where assessments were made: Food, Agriculture, Health and Nutrition, Water and Sanitation. It also attempts to mainstream cross-sectoral elements such as Capacity Building, Coordination, Gender, Child Protection and HIV/AIDS in these sectors. One of the priorities for humanitarian action in 2005 will be to address many of the recommendations laid out in the 'Evaluation of the Response to the 2002 – 2003 Emergency in Ethiopia'.

The Appeal recognises that the situation in Ethiopia is highly complex, that poverty is widespread and that vulnerability to recurrent disasters such as drought threatens millions of people each year. It therefore aims at saving lives and protecting livelihoods and targets the most affected and vulnerable groups, particularly women, children and the elderly. It stresses the importance of developing multi-year responses and the need for sustainable solutions to continue to be identified, resourced and implemented.

Chronically food insecure communities remain the most vulnerable of populations in the country with their assets seriously depleted after successive seasons of droughts. Given the fragility of the situation in these areas, field monitoring and early warning efforts will continue to be improved to identify and respond to needs in a timely and effective manner, while at the same time increasing support will be provided to the government's capacity to save livelihoods and address immediate humanitarian needs.

The humanitarian assistance requirements for both food and non-food for 2005 are summarised below.

Table 1: Summary of 2005 Humanitarian Assistance Requirements

Sector	Requirements (US\$)
Food (MTs)	387,482 ¹
Food (US\$)	159,000,000
Health and Nutrition (including supplementary food for the EOS)	83,730,245
Water and Sanitation (WES)	10,042,894
Agriculture	10,860,210
Disaster Response/Capacity Strengthening	6,539,980
Overall Co-ordination	1,567,470
Grand Total: Food and Non-Food	US\$271,740,799

¹ Food requirement includes assistance for 933,000 Safety Net beneficiaries for the first six months of 2005, who will be included under the Humanitarian Appeal for that period.

1. Introduction

The findings of the multi-agency pre-harvest season assessment led by the DPPC in November 2004 reported good harvests in most of the central and western crop producing regions of Ethiopia. Additional rains in early October eased the situation in some cropping areas in eastern Amhara and in the midlands of east Oromiya. Late but relatively good pastoral *deyr* rains have eased previously critical situations in most parts of Somali Region and pastoral lowlands in the Southern Nations, Nationalities and Peoples Region (SNNPR). There is growing concern for deteriorating conditions in Afar where July-September rains were very poor and untimely migration has been reported. It is estimated that approximately 2.2 million people will continue to require emergency food assistance and several million people will be in need of emergency assistance in health and nutrition, water and sanitation, and agriculture in 2005.

Despite overall favourable rains and harvest prospects in 2004 and increasing efforts of the Government to achieve food security through various rural development initiatives, Ethiopia has continued to suffer from the aftermath of two drought emergencies. In the last emergency of 2002/2003 a total of 13.2 million people required humanitarian assistance. In many parts of the country depletion of assets due to recurrent droughts continued to distress millions of farmers and pastoralists this year. Many were facing substantial challenges of continued intensity of vulnerability as a result of minimal health services, inadequate water and sanitation, insufficient agriculture support, and destitution.

Recognising the ongoing process related to the loss of natural resource base and chronic nature of vulnerability resulting in widespread food insecurity, Ethiopia has been focusing its efforts on improving long-term food and livelihood security for chronically food insecure citizens through various food security programmes of the “New Coalition for Food and Livelihood Security in Ethiopia”. Ethiopia’s new food security strategy has brought about changes in government structures, placing the Food Security Coordination Bureau (FSCB) within the Ministry of Agriculture and Rural Development (MoARD) at the centre of all food security matters. At the regional level, some Food Security and Disaster Prevention and Preparedness Bureaus have been merged and operate under the umbrella of the Bureau of Agriculture and Rural Development (BoARD). The new responsibilities refocus the DPPC’s mandate for emergency humanitarian assistance to save lives and protect livelihoods and it will also provide logistics support concerning delivery of food within the PSNP.

In 2004, for the first time in the history of appeals in Ethiopia, an effort has been made to differentiate between the chronically and acutely food insecure populations and two complementary plans have been developed for 2005. The 2005 Humanitarian Appeal is expected to attend to the acute needs of the unpredictable food insecure population while the new food security programme will tackle longer-term food security needs through the PSNP. Emergency needs in non-food sectors are to be defined with the aim to save lives and protect livelihoods threatened by both acute and chronic emergency situations. Those needs are stipulated by each region and *woreda* and approved by the respective line ministries so as to ensure complementarity with ongoing programmes.

The 2005 Humanitarian Appeal is a result of joint efforts by the Government of Ethiopia and the humanitarian community. Led and coordinated by the DPPC, the 2005 Humanitarian Appeal is based on comprehensive countrywide assessments in food, agriculture, health/nutrition, and water/sanitation emergency needs undertaken by the four Sector Task Forces², with analysis of the ongoing humanitarian situation in Ethiopia by the multi-agency Steering Committee. The participatory process was accompanied by the efforts of the Editorial Sub-group³ that synthesised sectoral inputs to ensure coherence and succinctness of the Appeal document.

Taking into account the changes in government structures and working modalities, the overarching policy framework on food security and the revised mandate of the DPPC, the 2005 Humanitarian Appeal will focus on life-saving and livelihoods protection activities in four key sectors: Food, Agriculture, Health and Nutrition, Water and Sanitation. It also attempts to mainstream cross-sectoral elements such as Capacity Building, Coordination,

² The four Sector Task Forces are – Food, Agriculture and Livestock, Health and Nutrition, and Water and Sanitation. Members of the Sector Task Forces are relevant line Ministries, DPPC departments, NGOs, and UN Agencies.

³ Members of the Editorial Sub-group include CARE, DPPC, FEWSNet, SC-UK, UN Agencies and USAID.

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Gender, Child Protection and HIV/AIDS in these sectors. The 2005 Humanitarian Appeal document will first review the humanitarian response in 2004, followed by a section highlighting the overall strategy for humanitarian response, then present the sector plans and requirements for 2005, and, last but not least, discuss disaster response capacity building requirements.

2. Review of the 2004 Humanitarian Response

Humanitarian conditions in 2004 were less severe than in 2003 but remained widespread as well as substantially challenged by the destitution that accompanied severe food insecurity. The year 2004 was a transitional year in which the PSNP and its working modalities have been elaborated enabling the chronically food insecure population to be assisted separately. Therefore, the overall objective of interventions in 2004 was to address the humanitarian needs of the most vulnerable populations and to reduce suffering in the aftermath of the drought and acute crisis of 2003, as well as to respond to any possible emergency situations in 2004.

Even though the total number of beneficiaries fell from 13.2 in 2003 to 7.8 million in 2004, humanitarian needs remained substantial throughout the year. Relatively good *meher* rains improved harvest prospects in western parts of Ethiopia. But in some *belg* producing areas humanitarian conditions remained precarious due to crop/harvest failure. In most of the eastern lowland parts of the country a poor *meher* harvest has been reported due to below average and erratic rainfall. Similarly, signs of growing distress were observed in pastoral lowlands due to prevailing drought conditions leading to alarming levels of shortages of water, pasture and food in affected areas in September. While the arrival of the *deyr* rains in October mitigated a widespread disaster in Somali Region, meeting acute needs in some districts are an ongoing priority at this moment since overall humanitarian conditions in the region remain fragile. Similarly, *Karma* rains have been inadequate and have not improved the situation in Afar.

Additional interventions in emergency health and nutrition (particularly for women and children), basic agricultural inputs for the most affected farming families, water, sanitation, and malaria have been a key part of assistance efforts in 2004, and have addressed important shortfalls in the government's ability to meet critical humanitarian needs for affected populations.

Food Assistance: With an initial estimate of 7.2 million people requiring emergency food assistance in 2004, relief food requirements were 965,000 tonnes for the year. The first response was undertaken with carryover contributions from 2003. Unlike in previous years, the standard rate of 15 kg/person/month of cereals for general rations was maintained. Furthermore, pulses and oil were also included in the general ration and fortified blended food was more available than in previous years.

The mid-year multi-agency assessments⁴ identified the impact of poor 2004 *belg/gu* rains in most parts of the country. There were harvest failures in Tigray, along with poor yields in eastern Amhara, eastern lowlands of Oromiya and in pocket areas in SNNPR, as well as pasture and water shortages in Somali and Afar, Borena zone of Oromiya and South Omo zone of SNNPR. The drought conditions demanded that most beneficiaries scheduled to graduate out of food assistance in July had to remain on the distribution list, while additional beneficiaries were also identified for the August-December period. Hence, the peak beneficiary figure in need of food assistance between August-September rose from 7.2 to 7.8 million people, and annual requirements increased from 965,000 tonnes to 1.2 million tonnes.

In March/April, multi-agency teams assessed the resettlement sites in Oromiya, Amhara and SNNP Regions. The findings showed that some resettlement sites in Bale and Western Oromiya had alarming malnutrition among children and urgent interventions were needed. About 2,980 tonnes of food items (adequate for four months distribution of blended food, pulses and oil) were delivered to resettlement sites to complement food provided by the region.

Efforts made during the year by all the concerned agencies contributed to preventing famine-related mortality and avoided expensive and challenging therapeutic feeding operations. In 2004, roughly 856,000 tonnes of emergency food were distributed so that 70% of the annual requirement was met, as shown in the table below:

⁴ "Impact of the 2004 *Belg* Harvest and the *Gu* Rain in Pastoral Areas on Food Availability". Early Warning System Report, DPPC. August 2004.

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Table 2: 2004 Beneficiaries, Quarterly Relief Food Requirement and Distributions

	January- March	April-June	July-September	October- December	January- December
Beneficiaries (quarterly average in millions)	3.2	6.8	7.0	4.5	5.4
Requirements (tonnes)	178,856	381,080	391,936	257,462	1,209,334
Distributed (tonnes)	136,187	222,379	335,330	162,000	855,896
Coverage (%)	76.1%	58.3%	85.5%	62.9%	70.7%

Some key lessons are noted and warrant attention. In spite of strenuous efforts and policy guidelines, targeting of relief assistance to the most vulnerable families still requires continuous efforts and training of community committees in effective targeting. Continued efforts and training of community committees in efficient targeting is essential. A reduced food basket should be avoided. Donors should support the Government in providing a full food basket from the outset in future emergencies.

Health and Nutrition: The overall goal of the health and nutrition humanitarian interventions was to reduce human suffering and death due to communicable diseases, acute malnutrition, and epidemics. To achieve these goals US\$17.9 million was required. However, only 55% of the appealed amount was obtained. The shortage of US\$ 7.6 million in funding had serious implications for an effective delivery of assistance. Despite lack of funding through the Joint Appeal, UN agencies provided assistance to populations affected by outbreaks through their regular budgets.

The malaria control support team at the Ministry of Health coordinated rapid distribution of anti-malarial drugs, targeted indoor residual spraying and free distribution of insecticide treated nets that benefited 5.5 million people. To contain an expected upsurge of malaria between September and December, a special alert was issued in September mobilising US\$4.1 million. A large scale malaria epidemic was prevented primarily due to favourable climatic and epidemiological conditions in 2004.

The meningitis epidemic that prevailed until May 2004 affected several districts and in response, 2 million people were vaccinated against meningitis.

A total of 268 emergency medical kits were distributed in addition to 40 renewable supply kits that served 2.7 million people affected by other communicable diseases. Due to generous donor response, vitamin A supplementation and measles vaccination activities were fully funded and provided coverage to 9.1 million children. In addition, health workers were trained to detect and manage epidemics, and to establish and mobilise *woreda* rapid response teams.

As a result of reduced global malnutrition and overall decrease in mortality levels among severely malnourished children, especially in SNNPR, therapeutic feeding centres (TFC) that were set up during the 2003 emergency were closed early this year. Chronic caseloads are being treated in Community Therapeutic Centres (CTCs) and health units. Currently, one TFC related to emergency is operating in Hartishek in Somali Region.

Following a rapid assessment of the status of emergency obstetric care conducted in SNNPR, Amhara, and Oromiya Regions, 216 health workers were trained in emergency obstetric care in order to fill immediate gaps. Emergency obstetric kits and blood transfusion equipments were distributed to the regions to save the lives of pregnant women in drought affected regions.

Agriculture: The overall objective of the agriculture interventions was to restore the agricultural productivity of drought affected farmers and pastoralists, through provision of seeds (crop and forage seeds), livestock feed and animal health related assistance. In order to achieve this objective, about 16,100 tonnes of different crops seeds were required to address the emergency seed needs of about 450,000 households in 8 regions. Moreover, an estimated 720,000 households were in need of vaccines and drugs. After assessing the actual performance of *belg* 2004 and early stage of the 2004 *meher* rains, the emergency seed requirement was adjusted to roughly 16,900 tonnes and the number of seed needy households rose to 472,500.

The overall emergency response in 2004 is estimated to have met about 64% of the requirement in the crop sub-sector in total. However, the response to emergency seed requirements for the 2004 *belg* season was much

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below the expected level leading to critical seed shortages and carry over effects in *belg* growing areas. Only 20% of the animal health requirements were covered in 2004, leading to many problems in the livestock sector, where productivity was lower than normal. Weakened animals will produce less and are more susceptible to disease outbreaks in the coming 2005.

To strengthen sector coordination a total of US\$1.1 million was requested but only US\$ 100,000 was received. Although this contribution allowed some improvement in coordination at federal level, more support was needed to strengthen capacities at regional and *woreda* levels. Evaluation results of implementing agencies also indicate the need for improved coordination, need assessment, targeting, monitoring and evaluation as well as capacity building.

Water and Environmental Sanitation (WES): With the exception of Somali and Harari Regions and in some pocket areas of Afar, where life-saving interventions like water tankering were necessary, WES response in 2004 was mainly focused on recovery activities from the prolonged drought in 2002/2003. Over 770,000 people benefited from a variety of water and environmental sanitation emergency interventions in the first 10 months of 2004, corresponding to 31% of the people in need targeted in the 2004 Appeal. A total of US\$14 million was secured earlier in the year for the implementation of emergency WES activities, leaving a substantial funding shortfall of over US\$10 million and unmet needs for more than 1.7 million beneficiaries.

Emergency interventions focused on improving sanitary conditions in Afar, Oromiya, SNNP, Somali, Tigray and Harari Regions and targeting schools and communities by constructing latrines. Water and environmental sanitation activities, including training for pump caretakers, community water committee members, sanitarians, sanitation clubs in schools and hygiene education were implemented in partnership with UN agencies and NGOs together with the regional Water, Health and Education Bureaus in these regions.

Coordination within the sector remains critical although some level of coordination of emergency activities has been achieved through Task Forces at the federal level. Emergency WES Task Forces have been established in Somali, Afar and SNNP Regions and there are plans to replicate their experience in the other regions, notably in Oromiya, Amhara, and Tigray. Increased participation of NGOs in the Task Forces remains a high priority.

Education: As the provision of basic educational materials and equipment is a catalyst to the re-establishment of educational opportunities in emergency conditions, educational institutions at different levels were supported in 2004 through deployment of Emergency Education Assistants and emergency procurement of basic educational materials and equipment. Over 57,000 children who were at risk of discontinuing schooling, benefited from assistance provided to 144 primary schools and 56 temporary learning centres. The most limiting factor for more adequate emergency education interventions has been the low funding level (5.1%) against the needs elaborated in the 2004 appeal document.

Joint collaborative school feeding programmes on integrated basic services in 39 schools continued in 2004 in drought affected pastoral regions of Afar and Somali. To encourage increased enrolment, stabilise attendance and reduce drop-outs, especially among girls, some 400,000 children have been receiving emergency school feeding in drought-affected areas and take-home rations of 8 litres of vegetable oil per semester were provided at selected schools. In addition, a total of 13 thousand tonnes of micronutrient-fortified food has been provided for Emergency School Feeding.

HIV/AIDS, Gender & Child Protection: In the 2004 Humanitarian Appeal no funding was received for these sectors. However, agencies diverted unused resources from regular programmes and were able to implement critical awareness raising activities at community level, targeting rural population at food distribution sites. Specific tools for the assessment of child vulnerability have been developed in 2004 and are being field tested. The capacity in collecting and analysing information about the vulnerability of children and women at *woreda* level has been enhanced through training and provision of needed basic equipment.

Disaster Response/ Capacity Strengthening: The objective of this intervention is to mobilise material and financial resources necessary for improving institutional capacity of the National Preparedness and Prevention Fund (NDPPF), federal and regional DPPCs, Emergency Food Security Reserve Administration (EFSRA) and other critical disaster preparedness and response elements including early warning systems, non-food

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emergency contingency stock (NFECs) and information management. A total of US\$14,672,290 was requested for strengthening these establishments, of which less than 4% was secured.

The financial requirement to resource the National Disaster Prevention and Preparedness Fund (NDPPE) during the 2004 Joint Government Humanitarian Appeal (US\$ 7 million) was not secured. Strengthening the financial status of the Fund should be given due attention to help it discharge its responsibility to serve as a contingent mechanism aimed at maintaining a cash reserve.

The non-food emergency contingency stock which requires US\$411,400 is among the programmes that were not resourced. Despite the efforts made so far to build the stock and proposals submitted to partnering donor agencies responses were weak. Given that the establishment of the EFECs is well recognised by humanitarian agencies it is believed that actions will be taken to strengthen the operational capacity of the stock in 2005. The same is true with emergency nutrition coordination requiring a total of about US\$1.6 million.

US\$500,000 out of the requested amount of US\$1,053,650 was received for strengthening Early Warning system at federal and regional levels.

The fund required to strengthen the Information Centre in 2004 which amounts to US\$1,140,253 was not secured. Encouraging results were registered during the previous year of 2003, in efforts made to build the capacity of the Centre with manpower and material. However, the already established LAN needs to be fully operational and the regional connectivity project has to be materialised to enable it to achieve its' objective.

Coordination: At the federal level, four Sector Task Forces (STF)⁵ led by relevant line ministries have played major roles in coordinating both assessments and responses with support from the UN agencies. These task forces provide important fora at which donors, NGOs and UN organisations can share information and plan with responsible government institutions.

Overall coordination of emergency activities was enhanced at the federal level. However, compared to 2002/2003 and with the exception of the Food Aid Task Force, the participation by many partners was not satisfactory in 2004 including attendance at Sector Task Force meetings and reporting on their activities. Emergency units were established in 2003 in the Ministry of Water and MOARD and they are demonstrating improved ability to plan and manage emergency interventions. Significant progress has also been made by the Ministry of Health, which has been working closely with a consultant during the past months to strengthen emergency response, preparedness and recovery capacities with the ministry.

Coordination of humanitarian partners at the federal level by DPPC through existing coordination mechanisms such as Technical Information Management Exchange (TIME) has been supported through the establishment of the DPPC Humanitarian Information Centre in April 2003. The Centre serves as a hub for humanitarian data bases and mapping services. UN agencies work closely with the Centre to ensure regular exchange of humanitarian data and information.

Coordination and collaboration between UN agencies and NGO partners have been strengthened by the establishment of a bimonthly UN-NGO information exchange forum.

Regional coordination was further strengthened through support by UN agencies. In Awassa, SNNPR, the emergency coordination was transferred to regional structures earlier this year and remaining UN agencies have shifted to longer-term assistance activities. In June 2004, the UN enhanced its field presence in Jijiga to support the DPPB in coordination and information exchange among humanitarian actors in the Somali Region which is affected by drought conditions and continued insecurity. For overall UN strategic coordination support more than US\$ 550,000⁶ was received.

The 2004 Summary Contribution Table is illustrated in Annex 1.

⁵The four STFs are: Food Aid Task Force, Agriculture Task Force, Health and Nutrition Task Force, and WES Task Force.

⁶ This amount does not include additional Euro 250,000 which has been pledged but not yet received.

3. Strategies for Humanitarian Response

The overall objective of the humanitarian actions in 2005 is to address acute emergency needs of populations whose lives and basic livelihoods are threatened by continued drought and other climatic conditions.

The major change in strategy from previous emergency appeals is the focus on unpredictable or acutely affected populations, whereas predictable chronic food insecure populations will be addressed through a multi-year PSNP. 2005 sees a major transition away from 'business as usual' in Ethiopia. The Government and the international community are in the process of linking relief to development and tackling the underlying causes of food insecurity through the *New Coalition for Food Security*. This approach aims to improve access to food, promote preventive and curative health services and diminish livelihoods depletion of the chronically food insecure.

As part of the outcome of the *New Coalition*, and in response to the growing awareness that much of the humanitarian need in Ethiopia is not 'emergency' as such but rather the result of chronic poverty, government and donors have been working together on the development of a PSNP which will be implemented in January 2005. Once the safety net is fully operational and functioning in five proposed regions and Dire Dawa Administration, over 5 million chronically food insecure people will receive predictable assistance in a multi-year funded and planned way with greater links to development objectives. In Afar and Somali where the PSNP is expected to begin later in 2005, the humanitarian programme will respond to identified food assistance needs for both acutely and chronically food insecure families.

While maintaining a multi-sectoral emergency approach, the 2005 Appeal is seeking complementary with the safety net and other food security programmes. All efforts will be made in programme design to save lives and protect livelihoods by preventing erosion of basic household assets, while at the same time promoting self-reliance and achieving longer-term benefits for affected populations. It also aims at strengthening emergency response capacities in the regions.

Emergency needs for non-food sectors, specifically related to water and sanitation, health and nutrition, and agriculture will focus on affected populations country-wide, both within and outside of *woredas* covered by the PSNP.

Following the largely successful emergency response in 2003 and despite development efforts of the Government and its partners, there has been a recognition that droughts generate a number of food and non-food needs which need to be addressed together to ensure the most effective response. Ethiopia has suffered from the traditional 'food-first' response. People burdened by drought endure crop failure and resulting food gaps, but they are also affected by livestock disease, seed shortages, malaria outbreaks etc. A failure to address non-food needs results in heightened morbidity and mortality despite the food response and can have long term consequences on people's livelihoods. Since 2003, the DPPC, Sector Task Forces and donors have invested significantly to improve the quality of the non-food section of the Appeals. The non-food section of this Appeal is believed to be more comprehensive and emergency need based.

Coordination: As in past humanitarian programmes, activities will be addressed through the coordinated efforts of the Government, United Nations Humanitarian Organisations, NGOs and the Red Cross Movement with necessary strong donor financial support. Coordination mechanisms developed over the past years and reflected in the *Review of the 2004 Humanitarian Response* section of this Appeal will continue to operate to ensure effective response. The Federal Emergency Coordination mechanism is illustrated in Annex 2.

The Government coordination mechanisms through various sectoral Task Forces will be supported by the UN Country Team (UNCT). Over the next year coordination with the Food Security Coordination Bureau will be critical to ensure that as the needs of the chronically and acutely food insecure are met through different mechanisms and no households fall through the cracks.

Targeting: National Food Aid Targeting Guidelines were developed by the DPPC and international partners and first issued in 2000. DPPC and partners will continue training efforts in the application of the Guidelines. These

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guidelines have been adapted for the safety nets as described in the Programme Implementation Manual (PIM). Specific targeting guidelines also need to be developed for pastoral areas taking into account their particular livelihoods. Food resources channelled for emergency operation will, as much as possible, be used following safety net modalities.

Monitoring and Evaluation: The emergency response in 2005 will be monitored by DPPC, jointly with FSCB for food and relevant sectors and regions, to ensure timely, coherent and coordinated action. This includes overseeing humanitarian activities, tracking emergency contributions, managing early warning information and organising annual assessments, among others. Monitoring of sector emergency activities will be the responsibility of respective line ministries. A mid-year review of the Appeal to adjust requirements and a year-end evaluation are considered. The overall monitoring will be conducted in close collaboration with the FSCB.

Mainstreaming of Gender into Programmes and Activities: In times of stress women and girls can find themselves disproportionately vulnerable. Drought and displacement undermine traditional family and community cohesion and traditional capacities and patterns of protection and care are disrupted or destroyed. Women and girls can be particularly vulnerable to sexual exploitation; women headed households lack labour to make use of a number of coping mechanisms or to participate in employment generation schemes.

In 2005, gender considerations will be mainstreamed into the humanitarian response to ensure that women and girls have equal and unconstrained access to the necessary services. In addition to strengthening capacities of DPPC staff on gender analysis and perspectives, efforts will be made to increase participation of women and youth in planning and implementation of relief programmes.

Risks and Contingencies for Unexpected Changes in the Situation During 2005: With the introduction of the PSNP, there is a move away from the 'traditional' way of managing chronic or predictable food needs. While this change has long been required, it must be expected that the transition period contains some risk. Changes in line ministry responsibility, the move towards cash, the challenges at the local level of differentiating between chronic and acute need and the level of preparedness in pastoral areas remain some of the critical risks. Within the PSNP a rapid response mechanism is being designed to resolve problems with the new responsibility; and the ability to increase cash payments or switch from cash to food will help mitigate the first two risks. Coordination between FSCB and DPPC will be critical for addressing targeting issues. In pastoral areas the start of the PSNP will be later than in other regions. Therefore, the chronically food insecure beneficiaries in Somali and Afar are included in this Appeal for the first six months of 2005, in addition to the acutely food insecure. Should the PSNP start in these regions during this period, the Appeal will be revised downwards.

The Emergency Food Security Reserve (EFSR) will remain a key facility to overcome the time-lag for delivery of food assistance, and will also be used for food-supported safety net activities where necessary. The EFSR's total stock is 405,000 tonnes. The physical stock for the EFSR beginning 2005 is estimated to be about 240,000 tonnes. Repayments to the Reserve should keep to agreed schedules in order to allow for further loans and keep the Reserve above its minimum operational level of 100,000 tonnes.

Both Federal and Regional DPPCs will continue to monitor food security situations regularly and retain a capacity to mobilise Disaster Assessment Teams at short notice in order to confirm information concerning rapidly deteriorating situations in specific localities. Their assessments can be used to make adjustments to the emergency response. In addition mid-*belg*, pre-harvest *belg* and *gu* and mid *meher* multi-agency assessments will be conducted and revisions to the Appeal made as appropriate.

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Table 3: Overview of Emergency Beneficiaries in 2005 by Sector

Sector		Beneficiaries (millions)
Food		2.2⁷
Health and Nutrition	Acute malnutrition	1.0
	Reproductive health	0.2
	ARI, diarrheal and other communicable diseases	4.0
	Enhanced Outreach Strategy (EOS)	6.8
Water and Sanitation	Water	1.2
	Sanitation & hygiene education	0.7
Agriculture	Seeds	4.4
	Livestock	3.4
Population at Risk		
Malaria		5.3
Meningitis		3.2

4.1 Needs Assessment Process for 2005 Appeal

To identify emergency needs for the 2005 Appeal, assessments were carried out between September and November 2004 by each sector. Technical teams with members of the government, donors, NGOs and the United Nations were organised and coordinated by the Sector Task Forces and all crop producing areas as well as pastoral regions were assessed. The assessments were predominantly qualitative and in order to substantiate data from zonal and *woreda* officials, teams used rapid survey or rural assessment techniques relevant to the respective sectors where situations permitted. Interviews were conducted at *woreda* level with local officials, communities and household. The teams briefed and debriefed at the federal, regional and zonal levels and sought endorsement of 2005 emergency requirements with *woreda* details by each region and respective line ministries.

Teams evaluated relevant food security and livelihoods indicators such as weather conditions, *meher* production; market conditions and other income sources; wage labour opportunities and purchasing power; crop and livestock conditions and performance; performance of cash crops such as coffee and *chat*; movement of people/migration; access to and utilisation of seeds, water, pasture and feed; availability of veterinary and health services, etc. In health and nutrition, the sector reviewed historical data and sampled *woreda* health offices and facilities to obtain quantitative and qualitative data.

4.2 Emergency Food

4.2.1 Needs, and Assistance Objectives

Population in need of emergency food assistance: 2,182,098
 Emergency food requirements: 387,482 tonnes (approximately US\$159 million)
 Implementing agencies: DPPC (Federal and Regional), WFP, NGOs

In 2005, 2.2 million people will require emergency food assistance. The population needing emergency food assistance in 2005 is reported in detail in the DPPC Early Warning System report "Food Supply Prospect".

⁷ Safety Net transfers in Afar and Somali are scheduled to start later in 2005 and the populations of these two regions will be covered through emergency food for the first half of 2005. Thus the food requirements of 250,087 people in Afar and 682,945 people in Somali (a total of 933,032 people) for January-June 2005 are covered by this Appeal. As soon as the PSNP starts the emergency requirements will be revised accordingly.

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However, a short summary for the main regions requiring emergency food assistance, in alphabetical order, is shown below:

In **Afar**, rainfall was generally below average, from both the *sughum* and *karema* rains. Pasture is in a critical condition in zones 1, 2 and 4. Compared to recent years, rain has been normal and timely in **Amhara**, with the exception of lowlands of the Abay and Tekeze river basins, some parts of the northern highlands, and eastern areas bordering the Afar Region. In **Oromiya**, the *meher* season production is expected to be better than last year and above the five-year average. Weather has been generally favourable, use of farm inputs has increased and cultivated area has expanded. Nevertheless, there are poor crops in most lowland areas, mainly in East and West Hararghe, Arsi, Bale and East Shewa zones. For pastoralists in Borena and Guji zones, pasture and water is good in most areas, though rainfall was poor earlier in the year and livestock condition has not fully recovered. Rainfall performance was mixed in **SNNPR**. Overall crop production is anticipated to be better than last year but crops are poor in lowlands of South Omo and Gamu Gofa zones, as well as Konso, Burji and Dirashe special *woredas*. In **Somali**, following a poor *gu* season earlier in the year, the *deyr* season was close to normal in most *woredas*, with some exceptions still considered to be hotspots. Pasture and water in some *woredas* are unlikely to sustain livestock through the next rainfall season in April. In **Tigray**, rainfall was poor for *belg* and *meher* seasons, especially in the lowland areas in the eastern half of the region. The most affected were Central, Eastern and Southern zones. Crop production is lower than the five-year average.

Table 4: Beneficiaries and Emergency Food Requirements 2005 (in tonnes)

Region	Emergency beneficiaries	Cereal	Pulses	Vegetable oil	Blended food ⁸	Total
Afar	207,025	41,140	4,114	1,234	4,320	50,808
Amhara	114,610	12,599	1,260	378	1,323	15,560
B. Gumuz	49,500	-	-	-	-	-
Diredawa	38,454	4,038	404	121	424	4,987
Gambella	-	4,455	446	134	468	5,502
Harari	-	-	-	-	-	-
Oromiya	500,004	54,357	5,436	1,631	5,707	67,131
SNNP	325,998	31,592	3,159	948	3,317	39,016
Somali	557,861	111,673	11,167	3,350	11,726	137,916
Tigray	388,646	53,897	5,390	1,617	5,659	66,563
Total	2,182,098	313,751	31,375	9,413	32,944	387,482

The general ration for emergency feeding is 15 kg of cereals (per person per month or ppm) 1.5 kg of pulses ppm and 0.45 kg of vegetable oil ppm. The general ration supplies around 2000 kcal/person/day. The duration of emergency assistance in 2005 for beneficiaries varies, averaging 7 months. Micronutrient-fortified blended food for supplementary rations will continue to particularly vulnerable groups as take-home ration. Where possible, these will be targeted by nutrition screening of individual children under-5, pregnant women and nursing mothers through the Extended Outreach Strategy (EOS – see section “4.3.1 Health and Nutrition Needs and Response”). In other areas that do not have nutrition screening facilities, supplementary food will be distributed to particularly vulnerable groups.

The emergency food requirements are based on the assumption that the 2005 *belg* season and the main rainfall season in the pastoral areas will be normal. Thus, requirements may be revised following the mid-year assessment in *belg* cropping areas and pastoral areas.

⁸ Blended food requirements are for 'blanket' distributions to particularly vulnerable groups, such as children under 5, pregnant women and nursing mothers. Where the Enhanced Outreach Strategy is operational, supplementary rations will be targeted to children and women based on nutrition screening and the food requirements are included in the Health and Nutrition sector.

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4.2.2 Implementation Approach and Sector Monitoring

Because the DPPC's primary mandate is to respond to the food and other basic needs of people affected by acute, unpredictable disasters under emergency appeal circumstances the DPPC will manage the food component only for people affected by acute unpredictable disasters. Implementation details in this Appeal apply only to emergency food requirements. As in previous years, resources for emergency food operations will be mobilised through bilateral donor contributions to the DPPC and contributions channelled through WFP or NGOs. In each case, emergency food activities will be coordinated and implemented through the framework of multi-agency assessments led by the DPPC.

Resource mobilisation: The DPPC will coordinate efforts to provide accurate and timely information to donors and the media. United Nations agencies and NGOs will continue to provide their support to ensure that adequate resources are mobilised for emergency needs in 2005.

Local purchases: Between 2000-04, an average of 190,000 tonnes of cereals, pulses and blended food was locally purchased in Ethiopia for humanitarian operations. The availability of cereals for local purchase in 2005 is expected to be substantial and will be assessed by the forthcoming "Cereal Availability Study". Local purchases encourage farmers' production through timely access to market and better prices, especially in the early part of the year. Production capacity for blended foods ("famix" or "faffa") is now more than 200 tonnes/day. Local purchases are normally subject to prices at most being equivalent to import parity price and should also meet schedules for timely distributions or repayment obligations to the EFSR.

Targeting: Geographical targeting is based on the multi-agency assessment, which identifies (approximately) the number of people and duration of assistance for each *woreda*. The allocation to the *woreda* is targeted at community level to the most vulnerable households. Household targeting involves direct participation of community. Nutritional surveys assist in targeting of supplementary food. However, when it is found necessary to other areas due to changing situations, the DPPC in consultations with concerned donors will retarget food resources.

Distribution: DPPC and regional authorities determine food allocation plans by *woreda*, based on assessed requirements. When resources are inadequate, prioritisation may be necessary on the basis of current early warning data. Relief agencies may borrow cereals from the EFSR against guarantee of a repayment. A well-established coordination system is in place for DPPC, WFP, NGOs and the EFSR for food receipts, dispatches, loan withdrawals and repayments. Donors normally make provision for costs for transport, storage and handling to final food distribution points. Commercial transporters are contracted for primary and secondary transportation. *Woreda* committees, composed of community members and local officials, manage food distribution to beneficiaries after peasant associations have targeted the households. Emergency food will be provided where possible through food-for-assets activities to able-bodied beneficiaries but where affected households are unable to participate in food-for-work, rations will be provided "free" to targeted populations.

Monitoring: The commodity tracking system of WFP/DPPC will continue to monitor and report on food dispatches from port to warehouses and distribution sites. DPPC and WFP compare food allocations against requirements and allocations against dispatches by *woreda* (including NGO and bilaterals). Relief agencies undertake periodic food utilisation studies, complementing the regular post-distribution monitoring by DPPC and relief agencies sub-offices.

Ports, overland transport, warehousing and inland transport: For imported food, Djibouti will be the major port, though Berbera can also be used. In 2004, Djibouti handled 580,000 tonnes of food aid (in 2003, Djibouti proved able to handle over 5,000 tonnes of relief food/day and averaged 130,000 tonnes/month). If good coordination is maintained, including transport of food for the PSNP, there is adequate road and rail transport capacity between port and warehouses. The DPPC and EFSR have adequate warehouse space to receive and promptly offload relief cargo. Where required, DPPC can lease additional commercial storage. WFP will continue HIV/AIDS training for 3,000 transport workers.

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4.2.3 Coordination

Relief food agencies will coordinate food distribution activities based on the national requirements disaggregated to *woreda*-level. The coordination body is the DPPC and the Food Aid Task Force (DPPC, WFP, NGOs and donors) reviews the relief food situation regularly. In order to ensure proper utilization of resource, DPPC and the FSCB will be working closely and coordinate emergency and PSNP activities.

4.3 Non-Food Needs and Response

Vulnerability to any kind of external shocks is one of the major threats of subsistence farmers and pastoralists who rely on crop/livestock production under rain-fed agricultural and pasture conditions. In times of drought affected communities have been hampered to deal with normal farming or pastoralist activities. Recurrent and persisting droughts have gradually depleted coping mechanisms of rural households and further exacerbated their vulnerability to external shocks. Some households have exhausted their livelihoods by selling their productive assets in response to a shock. Others are already facing destitution and require hand-outs. Their vulnerabilities are heightened by increased prevalence of malnutrition, especially among children, common drought related health hazards such as acute respiratory infection, diarrhoea, measles and communicable diseases, as well as seasonal malaria and meningitis epidemics. Minimal health services, poor water and sanitation conditions and inadequate agriculture support remain chronic deficiencies of emergency response in Ethiopia. Urgent and adequate non-food emergency interventions are essential to protect farming and pastoral livelihoods and to rapidly re-establish a minimal foundation for basic economic activities.

4.3.1 Health and Nutrition Needs and Response

4.3.1.1. Population in Need, Requirements and Assistance Objectives

Total population affected: See table in annex 3
Total requirement: US\$ 83,730,245
Implementing agencies: MOH, RHB, ZHD, WHD, health facilities, and NGOs
Partner agencies: UNICEF, WHO and UNFPA

The overall objective of the proposed health and nutrition emergency response in 2005 is to save lives by responding to major diseases and epidemic, support emergency delivery, and address acute malnutrition. Diseases such as malaria, acute respiratory infection (ARI), meningitis, diarrhoea, and measles are the most common drought related diseases in Ethiopia. Malaria and meningitis are considered based on risks at national level whereas communicable and diarrhoeal diseases, ARI and malnutrition are aimed at population in the drought affected areas of the country.

Malaria: Due to Ethiopia's diverse topography and climatic conditions, the epidemiology of malaria is more variable and unstable than in any other country of Africa. Highland fringe and lowland arid areas are prone to malaria epidemics. Cyclic epidemics with a period of five to eight years occur in most parts of the country following climatic changes. Some 5.4 million cases of epidemic malaria are expected during 2005. The new anti-malarial drug whilst highly effective is significantly more expensive. Requirements for the 2005 response include provision of insecticide-treated nets for children under-five years of age and pregnant women, anti-malarial drugs, Rapid Diagnostic Tests, insecticides and operational cost for indoor residual spraying, epidemic investigation and surveillance, training at all levels, and IEC.

Meningitis: Although epidemics can occur in any part of the world, part of sub-Saharan Africa, which commonly known as the African "meningitis belt" is affected by large epidemics. The meningitis belt stretched from Senegal to Ethiopia. Massive outbreaks of meningococcal disease strike populations intermittently. Although these outbreaks invariably occur during the dry season, numerous attempts have been unsuccessful at predicting the interval between epidemics and the occurrence of smaller outbreaks. In 2005, approximately 3.2 million people could be considered as most at risk of a meningitis epidemic. Requirements include provision of drugs, vaccines and supplies, IEC, training and support for operational costs to deliver services.

Diarrheal Diseases, ARI, and other Common Diseases: During 2005, acute respiratory infection and diarrheal diseases could be a major threat and with malaria and measles they represent the major causes of death in children under-five years of age. Interventions will focus on 4 million children under-five years of age as well as pregnant and lactating women. Requirements for 2005 include procurement and distribution of emergency health

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kits and renewable supplies, training of health workers, and operational costs to undertake key health interventions, treat common diseases, and provide health education particularly on hygiene and HIV/AIDS.

Measles and Vitamin A supplementation: Thanks to the extensive measles immunisation, which covered all children from 6 months to 15 years during 2002-3 and 4, the 2005 measles immunization and vitamin A supplementation will focus on children under-five years of age to provide them with a second opportunity for measles immunisation. The 2005 measles exercise will cover 6.8 million children aged 6 to 59 months. This will be implemented through the *Enhanced Outreach Strategy* (EOS) that is going to take place twice in a year. Requirements include provision of vaccines, vitamin A capsules, supplies and operational cost for measles vaccination, vitamin A supplementation and IEC activities. Inputs for the EOS such as cold chain equipment and training will support the strengthening of routine EPI.

Acute Malnutrition: Based on the malnutrition data provided by the DHS, screening and anthropometric surveys, children might suffer from severe and moderate acute malnutrition. In emergency situation, 16% global acute malnutrition and 4% severe acute malnutrition can be expected. Subsequently, active screening will be conducted during the *Enhanced Outreach Strategy* by MOH/UNICEF and moderately malnourished women and children will be referred to supplementary feeding programs, managed by WFP, DPPC and NGOs, if situations demand. The severe cases will be referred to the nearest hospital/ health centres for therapeutic feeding. Screening data will be transmitted to the Early Warning Department of DPPC to provide information for a more timely response and generate data which can be used in the development of a nutritional surveillance system. This indicates the linkage between EOS and the ENCU activities of the DPPC Early Warning Department. In 2005, around 700,000 (10%) moderately malnourished children and an additional 277,000 (4%) severely malnourished children are estimated to require a specific nutritional intervention. Requirements include procurement of anthropometric material, therapeutic products and drugs that are part of the protocol, training of health workers and operational costs.

Reproductive Health: Emergency reproductive health interventions started in 2004 helped to fill a critical gap during emergency situations and to save the lives of mothers and their newborns. Mothers in drought affected areas find themselves at increased risk of morbidity and mortality related to pregnancy and childbirth due to stress, poor nutritional status, poor sanitation and limited access to health services and essential drugs. In 2005, emergency reproductive health services will focus on 205,450 pregnant women in drought-affected areas. Requirements include training of health workers in emergency obstetric care, life saving procedures, maternal nutrition, newborn care and infant feeding, and procurement of emergency obstetrics kits.

4.3.1.2. Linkage with Enhanced Outreach Strategy

The 2005 health and nutrition response will mainly be undertaken through the Enhanced Outreach Strategy (EOS) that is going to take place twice in the year targeting 6.8 million children aged 0 to 59 months in more than 320 drought affected *woredas* (emergency and safety net) of the country.

The EOS offers the following key child survival activities: Vitamin A supplementation every 6 months for all children 6 to 59 months of age and de-worming; in addition, the nutritional status of children and their mothers will be assessed. If children or mothers are malnourished they will be referred to Targeted Supplementary Feeding (supported through WFP/DPPC and NGOs). Children who were not reached by the previous measles campaign will also receive measles immunisation. Mothers and other caretakers receive IEC on improved infant and young childcare, feeding and hygiene practices.

This integrated multi-sectoral approach will have a significantly greater impact than previous approaches through which various sectors were responding in a non-synergistic manner.

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Table 5: Health & Nutrition Requirements, 2005

Area of Need	Estimated Beneficiaries	Requirements (US\$)
Malaria epidemic prevention & control	5,366,999	11,142,538
Meningitis prevention and control	3,187,216	3,436,741
ARI, diarrhea, and other common diseases control	4,030,546	3,096,503
Enhanced Outreach Strategy (vitamin A supplementation, Measles immunization and active screening)	6,779,867	6,800,000
EOS ⁹ Targeted Supplementary Feeding (76,661 tonnes of fortified blended food and 12,266 tonnes of vegetable oil)	1,022,141	53,000,000
Emergency nutrition	271,195	5,000,000
Emergency reproductive health	205,450	1,254,463
Total		83,730,245

4.3.1.3. Implementation Approach and Sector Monitoring

The major implementer is the Government through its health system at various levels. NGO partners will support Regional Health Bureaus (RHBs) and *woreda* Health Offices in their target areas of intervention. UNICEF and WHO will provide financial, supply, logistics and technical support. Special attention will be given (i) to ensure community participation in the emergency intervention programmes, (ii) to develop proper communication mechanisms for monitoring the timeliness of distribution of supplies, (iii) to provide technical assistance to MOH, RHBs and ZHDs, and (iv) to periodically evaluate implementation, identify problems and future actions. The Enhanced Outreach Strategy will also provide an effective vehicle for convergence and integration of response components as well as a much stronger data availability and analysis than previous responses.

4.3.1.4. Sector Capacity Strengthening

Overall the health sector acknowledges the recommendations contained in the Joint 'Evaluation of the 2002-2003 Emergency Response' and seek to address those from 2005 onwards. Capacity building in the health sector will include the development of institutional capacities in emergency preparedness and response, training of health workers on management of the health and nutrition aspects of an emergency response, on management of epidemics, and on drugs and logistics management. In addition, separate and more specific training might be required on malaria case management and emergency obstetric care. Capacity building efforts in emergency nutrition including prevention, assessment, and treatment will need to be pursued.

4.3.1.5. Coordination

The Emergency Health Response Taskforce, chaired by the FMOH will continue its coordinating role and serve as a forum for discussions, exchange of views and sharing of experiences among the Government, UN agencies and NGOs. Moreover and as indicated in the Joint Evaluation, regions will be encouraged to promote coordination aimed at strengthening response mechanisms as well as linkages with more sustainable programmes.

4.4. Water and Sanitation Needs and Response

4.4.1. Assistance Objectives and Requirements

The prime objective of the 2005 emergency assistance in the WES sector is to provide access to improved water and sanitation services for the needy population in Afar, Amhara, Dire Dawa, Harari, Oromiya, SNNP, Somali and Tigray Regions. An estimated 1.2 million people, including safety net beneficiaries, in the above regions are going to suffer due to acute shortage of water and related poor hygiene and sanitation. This is attributed to the unsatisfactory 2004 rains to restore groundwater tables and surface water sources including ponds, *birkas*,

⁹ Targeted supplementary food for the malnourished children and women screened in the EOS will be under the coordinated management of DPPC/ WFP/ FMOH. In areas covered by safety net activities, targeted supplementary feeding will be coordinated with the Food Security Coordination Bureau

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streams and rivers, especially in some areas of Afar and Somali, eastern lowlands of Oromiya and southern and eastern Tigray, and South Omo in SNNPR.

The interventions include rehabilitating and maintaining non functional water schemes that are out of order as a result of drying and water level draw down, and developing new water schemes, promoting sanitation and hygiene education. A life saving intervention, emergency water tankering, will also form an integral part of the response in areas where no other alternatives exist. Key activities and the estimated beneficiaries is summarised below (Table 6) and the corresponding financial requirement in Table 7.

Table 6: Number of People to be addressed in 2005 by WES Interventions

Region	Water Tankering	Water Scheme Maintenance and Rehabilitation	New Water Schemes Development	Sanitation and Hygiene Education	Total Beneficiary Population
Afar	53,156	9,350	45,000	124,167	231,673
Amhara	0	82,360	0	273,800	356,160
Dire Dawa	0	2,500	8,500	17,523	28,523
Harari	7,500	0	0	3,000	10,500
Oromiya	10,000	379,708	0	50,000	439,708
SNNPR	0	60,500	0	121,612	182,112
Somali	451,553	0	0	0	451,553
Tigray	0	23,000	0	97,280	120,280
Total	522,209	557,418	53,500	687,382	1,780,229
<i>People to be jointly addressed by both Water Supply & Sanitation and Hygiene Education Activities</i>					611,042
Net beneficiary population in 2005					1,169,187

Table 7: Financial Requirements for 2005 Emergency WES Interventions

Region	Water Tankering (USD)	Water Scheme Maintenance and Rehabilitation (USD)	New Water Schemes Development (USD)	Sanitation and Hygiene Education (USD)	Capacity Building & Community Mobilisation (USD)	Total (USD)
Afar	637,872	81,609	1,209,195	310,417	179,885	2,418,978
Amhara	0		0	967,500	107,647	1,075,147
Dire Dawa	0	27,700	88,735	61,333	12,069	189,837
Harari	92,300	0	0	57,586	186,781	336,667
Oromiya	67,493	190,805	0	480,460	576,782	1,315,540
SNNPR	0	416,667	0	425,000	0	841,667
Somali	587,356	0	0	0	1,478,794	2,066,150
Tigray	0	138,391	0	290,235	70,282	498,908
MoWR	0	0	0	0	1,000,000	1,000,000
MOH	0	0	0	0	300,000	300,000
Total	1,385,021	855,172	1,297,930	2,592,531	3,912,240	10,042,894

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4.4.2. Linkage with Enhanced Outreach Strategy

To bring a better impact in addressing the need of affected population, particularly children, the WES response plan in 2005 is designed to link with the EOS intervention of the health sector. All the *woredas* targeted by the EOS will benefit from the software component of the sanitation interventions such as hygiene education and emergency latrine constructions. The water and sanitation sector hardware emergency response will target about 200 *woredas*, which are all included in the EOS plan and which will also benefit about 20% of the EOS targeted children and other communities. In addition, temporary water purification activity will reach about 30% of the EOS targeted children and other community members.

4.4.3. Implementation Approach and WES Sector Monitoring and Evaluation

Woredas will be capacitated to be able to lead and guide the emergency WES response programmes. Besides, Regional Water and Health Bureaus play a crucial role by coordinating, supervising and by providing technical assistance and backup services in the implementation process. Multi-pronged approach will be pursued to speed up implementation of planned activities by involving regional water and health bureaus, NGOs and other partners active in each region.

At the federal level, the Ministry of Water Resources and Environmental Health Department of the Ministry of Health are the main coordinators and supervisory bodies. As usual, donor support can be channelled either through Government, UN system (UNICEF, UNDP, WHO, etc.) or through national and international NGOs. However, any donation pertaining to the emergency water supply will have to be communicated to the MoWR and adherence to the Appeal should be ensured by all partners.

4.4.4. Sector Capacity Strengthening

The relatively recent experience of the emergency response in the water and sanitation sector showed that lack of capacity at the regional and *woreda* level is a major constraint to respond quickly to acute emergencies. Capacity building should go beyond technical trainings and inputs, to include wider management and work skills, particularly at the regional level. Therefore the capacity building activities in 2005 will focus on the establishment of permanent emergency water and sanitation unit in the MoWR and to build the capacities of the Regional Water bureaus and DPPBs in order to enable them to respond in a timely manner to emergencies in the water sector. This will be enhanced through supplying of water tanker mounted trucks, crane mounted trucks, emergency drilling equipments, emergency water purification units.

Pre-positioning of emergency water supply and sanitation equipments and items such as pumps, generators, pipes, casings, plastic water tanks, pillow tanks, transport bladders, family water receptacles, plastic squatting plates, heavy duty gloves, etc. will also be one of the preparedness strategies in order to respond to emergencies whenever they happen. The limited technical know-how at *woreda* and regional level has been one of the constraints in the timely reporting of emergency situations. One important constraint that has been reported was the lack of monitoring system of water supply and sanitation situations during assessments. It is therefore imperative to consider proper training of regional and *woreda* staff and this is also one of the major focuses of the capacity building interventions in 2005. This training will include data collection, analysis, information sharing, stock management and sectoral coordination. Strengthening the Water and Sanitation Task Forces at the federal and regional levels will also be one of the focus areas of capacity building.

4.4.5. Coordination

The MoWR, through its WES Task Force, together with DPPC is responsible to coordinate the whole sector response process. The good experience obtained from the Emergency WES Task Forces formulated in Somali, Afar and SNNP Regions in 2003 will be replicated in the other regions in order to provide a coordinated service for the drought affected people. In this regard, Emergency Task Forces will be established in bigger regions such as Oromiya, Amhara and Tigray to deal with the situation closely based on regional perspectives.

The coordination framework established at the federal level, as the Water and Sanitation Task Force, will continue to function in a more organised manner in 2005. Regular information exchange mechanisms/arrangements will be developed to share data/information among the various levels of task forces. Members of task forces will include representatives of donors and NGOs, water and health bureaus, UN and other international organisations.

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4.5. Agriculture

4.5.1. Assistance Objectives and Requirements

The agricultural emergency requirements have been estimated based on prior and comprehensive assessments on the prevailing disaster conditions and their impacts on agriculture. The overall objectives of the 2005 agricultural emergency intervention is to address the humanitarian needs of the most vulnerable households and restore the agricultural productivity of the affected farmers and pastoralists. A total of about US\$ 10 million is required to cover costs of emergency interventions in both crop and livestock sub sectors. Additional US\$1 million is needed to cover cost of capacity building and coordination activities. The 2005 emergency requirement is 20 percent lower than that of last year.

The underlying causes of food insecurity are more structural in nature in the country but the poor performance of 2004 *belg* rains and failure of the *gu* rains in pastoral and agro pastoral areas are the triggering factors for the present agricultural emergency crises. Though the 2004 *meher* rain in general was better than last years, some pocket areas especially in drought prone areas were adversely affected by late on-set, erratic distribution and early cessation of the 2004 *belg meher* rains. Furthermore, sporadic man-made conflicts as well as existing caseload and slow recovery from previous droughts aggravated the acute crises.

The crop sub sector within the agricultural emergency intervention intends to address the critical seed insecurity in hotspot areas and respond to the carryover effects of recent recurrent droughts through provision of about 18,000 tonnes (which is less than 3 percent of annual national seed requirements) of good quality seeds to about 887,930 drought -affected seed -insecure households in Tigray, Amhara, Oromiya, SNNP, Somali, Dire Dawa and Gambella Regions. A total of about US\$ 6 million is required to cover the cost of seed interventions.

Table 8: Emergency Seed Requirements by Region/Cropping Season for 2005

Region	No of woredas	No of Beneficiary Households			Total Seed Need (Tonnes)			Fund Requirement (US\$)		
		Belg	Meher	Total	Belg	Meher	Total	Belg	Meher	Total
Tigray	20	30,728	142,620	173,348	211	3,576	3,787	79,151	1,032,601	1,111,752
Oromiya	35	140,585	125,795	266,380	1,589	4,047	5,636	689,623	1,518,297	2,207,920
SNNPR	30	133,550	93,784	227,334	1,164	2,285	3,449	460,770	584,082	1,044,852
Amhara	26	23,816	55,663	79,479	1,098	2,396	3,494	349,213	828,748	1,177,961
Somali	20	123,328	-	123,328	1,205	-	1,205	238,912	-	238,912
Gambela	6	13,077	-	13,077	305	-	305	122,219	-	122,219
Dire Dawa	1	4,984	-	4,984	99	-	99	31,163	-	31,163
Total		470,068	417,862	887,930	5,671	12,304	17,975	1,971,051	3,963,728	5,934,779

Note: These figures are based on the assumption that the 2005 *belg* season and the main rainy season in the pastoral areas will be normal. Needs for the second half of the year may be revised, following the June 2005 *Belg* and Pastoral Area Assessment.

In the livestock sub-sector, a total of 11 million livestock (out of the estimated total national livestock population of about 77 million) requires emergency animal health services in drought affected and food insecure *woredas* in Somali, Afar, Oromiya, Amhara, SNNP, and Tigray Regions. The livestock intervention intends to supply vaccines, drugs and equipments, including provision of technical and logistic supports in livestock disease surveillance, and early response. About US\$ 4 million is needed for the livestock related intervention.

Table 9: Emergency Livestock Interventions and Requirements by Region for 2005

Region	No. of Target			Fund Requirement, US\$				
	Woredas	Households	Livestock	Vaccine	Drugs	Equipment	Operation	Total
Somali	20	94,000	3,214,550	260,425	390,155	68,140	27,500	746,221
Afar	16	86,580	1,501,715	289,365	872,011	111,812	149,074	1,422,262
Tigray	20	204,899	1,367,149	206,020	376,447	0	0	582,467
Amhara	38	197,834	3,651,023	0	730,595	176,744	88,372	995,711
Oromiya	5	10,829	415,460	67,106	6,682	0	9,129	82,915
SNNPR	4	86,117	848,537	4,803	88,687	0	2,365	95,855
Total	103	680,259	10,998,434	827,719	2,464,577	356,696	276,440	3,925,431

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4.5.2 Implementation Approach and Sector Monitoring and Evaluation

The emergency response plans (in both the crop and livestock sub-sectors) envisage to timely launch appropriate interventions to address the urgent humanitarian requirements of the poorest of the poor households as determined through systematic assessments. The response interventions will be implemented with due focus to build-on the experiences acquired in the recent years. The Agricultural Task Force will set directions, communicate alert messages, ensure readiness for performing response tasks. The respective regions, *woredas* and implementing agencies will prepare their own action plans in line with the national plan of the Agricultural Task Force. Once operational action and responsibility is allocated to resource organisations, agencies are required to start accomplishment of the planned tasks. At the time of response, agencies are required and encouraged to consider for prioritisation of interventions, proper targeting of beneficiaries and timely deployment of relief resources and accomplishment of tasks as planned. Female-headed disaster-affected households will be a priority in the process of selection of beneficiaries susceptible to receive emergency relief.

Implementing partners: Government bodies, local and international NGOs' and FAO (in collaboration with regional, zonal and *woreda* agricultural offices) will implement the emergency interventions. Basically, the agricultural humanitarian interventions will be implemented through the government channels using community structures. Tasks will be monitored and coordinated by the Agriculture Task Force (national level) and the respective Regional Bureaus of Agriculture (local level). Linkage, coordination and joint mobilisation among the various partners including UN/FAO, NGOs and Government bodies would be further enhanced through the existing emergency coordination units in MoARD and FAO. This will enable smooth access to information, sharing of experiences and avoid duplication of efforts.

Inputs distribution: Seeds and veterinary inputs will be purchased and distributed as per the preference of affected areas and the community. Efforts will be given to ensure that farmers obtain good quality seeds of adapted varieties. Quality test will be undertaken both on improved and local varieties to ensure the minimum purity, germination and health of seeds. Farmers will be given adequate seed to plant on an average of 0.5 ha per household. The seed assistance will be given through: direct distribution; Community- Based Seed Supply Programme (CBSSP); creation of access opportunity through organizing seed/livelihood fairs, distribution of vouchers and/or provision of cash. Veterinary services will be provided through the existing government system with the support of Community Animal Health Workers (CAHWs) In order to reduce dependency sentiment among beneficiaries and to enhance capacity building, the emergency seed and livestock assistance will be distributed through cost -recovery system (recovery in kind, in cash or in any labour support systems (like EGS)). The recovered resources will be utilised to establish emergency seed or drug stock or revolving fund at local level.

Monitoring and evaluation: Implementing agencies will carry out monitoring and evaluate emergency responses. Monitoring will aim beyond routine assessment of logistic performance. The purchase, distribution, quality control, targeting, timeliness of activities will be regularly monitored. The Agricultural Task Force will regularly monitor the work progress of agencies, identify gaps, reallocate or look for additional resources to fill the gaps. The immediate and overall impacts of interventions will be evaluated with due focus to issues like, timing, variety issue, effects on production, and impacts on the livelihoods of beneficiaries and seed system of affected communities. The agricultural task force will further update the requirements depending on the performances of different seasons during the year.

4.5.3. Sector Capacity Building and Introduction of New Methodologies

Inadequate technical and logistic capacity, (in particular at regional and *woreda* levels) was the prime constraint encountered during the recent years; capacity-building is an essential area of support required in 2005. The intended capacity building interventions, altogether, will continue to address issues like monitoring, surveillance, early warning, relief distribution, and cost- recovery.

Capacity building is necessary in the following areas: i) improve the existing data collection and analysis capacity at all levels; ii) preparation of standard guidelines to harmonise approaches for need assessment, targeting of beneficiaries, implementation and evaluation of relief operations; iii) strengthening emergency response, surveillance and targeting system including extension of early warning works for pastoralist areas; iv) provision of technical assistance and trainings to government, non government bodies and community members at all levels

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on early warning, disaster assessments, planning, implementation and evaluation of emergency operations; v) provision of logistic supports to government partners on disaster assessment (establishment of data base and supply of GIS software, mapping kits, computers, fax machines, office supplies) and on seed quality control (provision of seed quality testing kits and guidelines); vi) promote cost-recovery approaches within relief activities and initiate establishment of emergency seed stocks and revolving funds; vii) as required, provision of technical assistance and sharing of experiences to PSNP that intend to launch seed and or livestock -based interventions in food insecure *woredas*.

4.5.4. Coordination

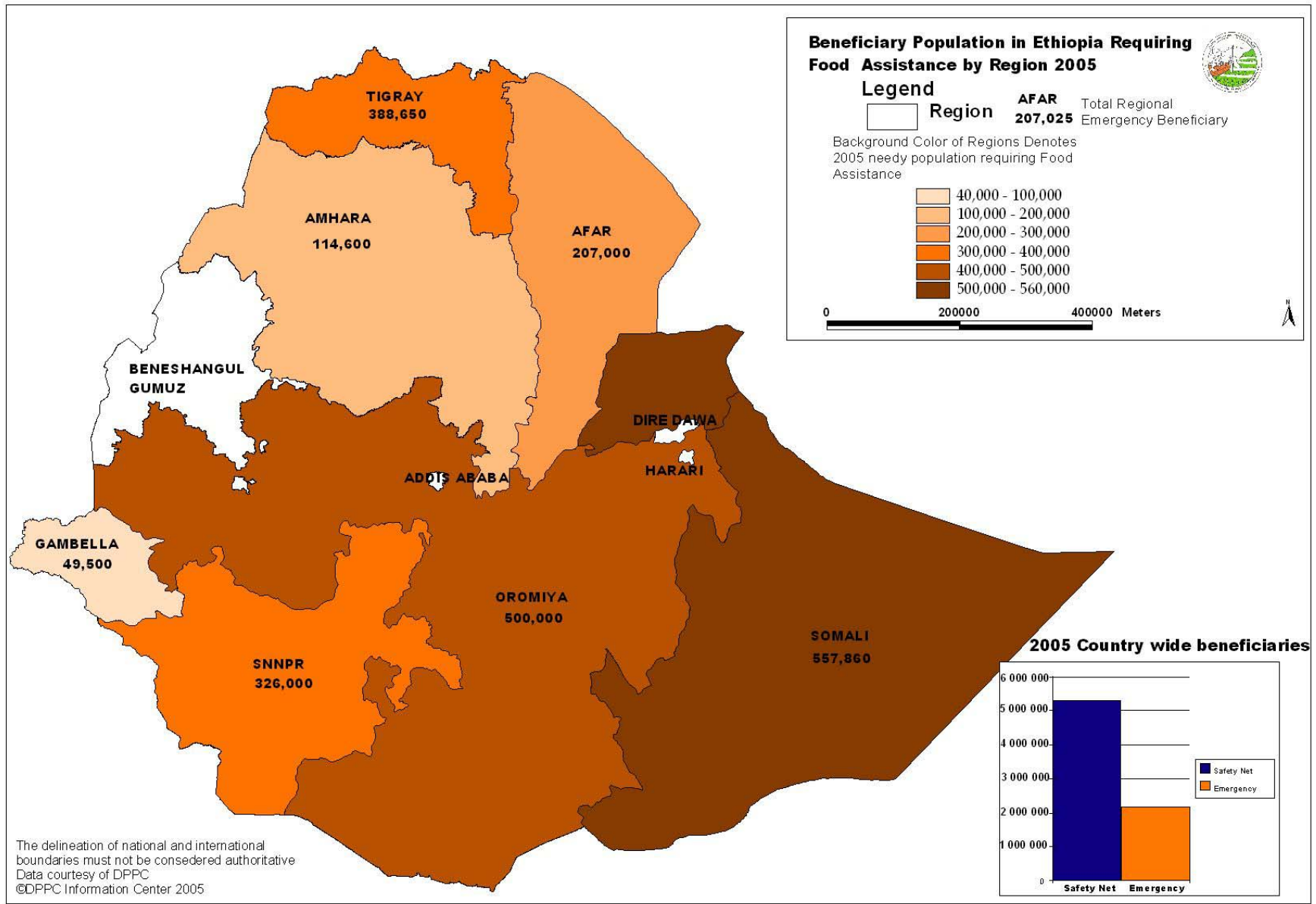
The Agriculture Task Force, which is chaired by the Ministry of Agriculture and Rural Development, at federal level, is mandated for coordination of the agriculture emergency interventions. Both the Seed Security Consultative Group (SSCG) and the Livestock Working Group (LWG) provide technical support to the Task Force. In the absence of common coordination fora, the responsibility for coordination of tasks at regional level lies with the Bureaus of Agriculture. Weak coordination, existence of diverse relief supply modalities and inadequate information management systems were some of the challenges encountered during the recent period, especially at more local levels. Hence, it is essential to set effective strategies for improved coordination and information management.

In order to attain an effective monitoring, coordination, and decision-making system, the following agricultural coordination activities will be implemented: i) strengthening the National Disaster Management Agricultural Task Force and ensure its functioning in a continuing and more effective manner; ii) establish and strengthen Regional Agricultural Task Forces and Livestock Working Groups in drought prone regions and pastoral areas; iii) coordinate and conduct additional need assessments and update the 2005 agricultural relief requirements; iv) coordinate and prepare an agricultural contingency plan for 2006; v) create linkages between the interventions targeted through the Joint Appeal and programmes under the Coalition for Food Security and provide information and technical support vi) improve the existing emergency related information management and communication system at national and regional levels.

Coordination and capacity building will be a vital area of intervention in 2005. This will enhance the effectiveness and sustainability of emergency interventions. Hence, the capacity building interventions will continue to address issues such as need assessment, monitoring and surveillance, early warning. Technical assistance, training and logistic supports will be given to government bodies at all levels. Furthermore, linkage, information exchange and technical supports will be sought between the existing emergency coordination/response system and the newly established Food Security and PSNP. About US \$ 1 million is required for the agricultural capacity building and coordination activities.

Tables indicating seed requirements and livestock related requirements at *woreda* level are available on the DPPC website at www.dppc.gov.et

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5. Overall Coordination

Effective coordination mechanisms are in place at the federal level through the DPPC- and Line Ministry-led Sector Task Forces. The UN Country Team, donors and NGOs participate in federal coordination fora and meetings that are being held regularly.

Relief food agencies will coordinate food distribution activities based on the national requirements disaggregated to *woreda*-level. The coordinating body is the DPPC and the Food Aid Task Force (DPPC, WFP, NGOs and donors) reviews the relief food situation regularly. The Ministry of Health-led Health and Nutrition Task Force, the Ministry of Agriculture-led Agriculture Task Force and the Ministry of Water Resources-led Water and Sanitation Task Force, each operate in a manner similar to the Food Aid Task Force, coordinating among Government, UN and NGO partner's activities to address emergency needs in their respective sectors. Efforts in 2005 to further strengthen coordination capacities at the regional and sub-regional levels with the DPPC and Sector Bureaus are needed and will require commitments from the UN agencies, NGOs and Federal DPPC to provide the necessary support in setting up the regional structures and training. Budgets for sector coordination activities are included under specific sector activities.

In 2005, in light of the implementation of the PSNP, the institutional changes and new operational arrangements, DPPC and the FSCB will ensure close collaboration and enhanced coordination of emergency and PSNP activities.

The UN Strategic Disaster Management Team, comprising WFP, UNICEF, WHO, FAO, UNDP, World Bank, and OCHA, serves as the key instrument for coordination of the UN humanitarian response. These agencies will work together to support federal, regional and sub-regional coordination structures in 2005. The overall budget for UN strategic coordination in 2005 is estimated to be US\$ 1.6 million.

6. Strengthening Disaster Response Capacity

The "Evaluation of the 2002-2003 Emergency in Ethiopia" concluded that while some regions of the country have developed a great deal of experience for the management of food insecurity (Tigray, Amhara and in some parts of Oromiya), in other areas, where food insecurity has been traditionally less prevalent, operational and management capacities of the regional government to respond quickly and effectively to disaster situations were weak. Effective responses in some areas of the country illustrate the success of well-designed efforts to improve disaster response capacity. During 2004, the Federal DPPC developed a work plan to address disaster response capacity called the Emergency Preparedness Strengthening Programme (EPSP). EPSP aims to address four key areas identified in the Evaluation as being critical in terms of improving disaster response capacity:

1. Improved management systems that more clearly delineate responsibilities and accountabilities for managing shocks (policy and operational guidelines)
2. Improved human capacity to anticipate and manage shocks (better trained staff and collaborators)
3. Improved physical capabilities to respond to them effectively (especially communications, logistics and storage)
4. Improved knowledge management capacity to anticipate shocks (through improved emergency assessment procedures)

During its first year, initial steps were taken in each of these areas but much more work remains and needs acceleration through support from other donors.

Management Systems: The Evaluation of 2002/03 noted the high importance of defining roles and responsibilities of different agencies in emergency response, including those at regional, *woreda* and zonal levels. Emergency related operational guidelines for relevant line ministries are required. As well, and noted in section 3, clarity related to targeting guidelines and training is needed, particularly for pastoral areas.

Emergency contingency planning at a national level involving donors and government stakeholders which first began in 2002/03, has led to anticipation of emergency needs well before they peaked, particularly in pastoral areas. In 2004 the contingency planning process was a significant result because it involved for the first time relevant regional officials and raised awareness about its importance. A priority for contingency planning in 2005 will involve not only all line agencies, but also key donors. Through training, the process will continue to emphasise a bottom-up approach from regional and federal levels of government

Human Capacity: One of the recommendations in the Evaluation of 2002/03 related to training in gender analysis and perspectives. Disaggregated data by sex and analysis on gender and children's issues in emergencies is currently weak, and needs to be more fully integrated into all relevant aspects of early warning and response planning frameworks from the outset. Women need to be encouraged to participate in local decision-making regarding all aspects of food and non-food assistance, targeting and delivery. A training needs assessment and materials development in this area could proceed immediately, in advance of a finalised national policy on disaster management. Devising and delivering this kind of short course to 600 crisis responders at the federal, regional and *woreda* levels is estimated to cost US\$168,000.

National Food Aid Targeting Guidelines were developed by the DPPC and international partners and first issued in 2000. DPPC and partners continue training efforts in the application of the guidelines.

Physical Capabilities: The EFSR will continue to be a key facility for emergency response. Capacity building for 2005 includes three weighbridges (US\$175,000), and vehicles and computers (US\$243,000). A Wide Area Network is needed to establish connectivity of the main office computers with the seven warehouse administration offices for accessing the stock monitoring and tracking system. Local training for storekeepers and quality and pest control technicians can be covered by the government budget in 2005. Warehouse materials and equipment requirements have already been covered by donations from 2004. At a national level, donors have already agreed to support the "National Non-Food Emergency Contingency Stock" managed by the EFSRA in order to pre-position items critically needed to respond to rapid-onset unpredictable emergencies. In 2005 EFSR would require a total of US\$418,000 to strengthen its capacity.

Strengthening Disaster Response Capacity

During the 2002/03 emergency, the DPPC established an Information Centre to develop and deploy critical information systems. A pilot project is currently underway, coordinated by the Information Centre, to network four regions and twenty food insecure and disaster prone *woredas*, and interconnect them with the federal DPPC headquarters. The purpose of this pilot is to create the infrastructure necessary to move data quickly from *woredas* to the federal level, a high priority recommendation arising out of the Evaluation of 2002/03. The strategic direction of the Information Centre is to act as a vulnerability data focal point to promote data standardisation and data sharing, and to avoid duplication of services. To keep the Information Centre open in 2005, US\$482,000 is required.

The Evaluation of 2002/03 observed that the present and future trucking, logistics and management capacities of private trucking companies to implement increasingly complex emergency operations must be carefully assessed, maintained and developed. Primary transportation of commodities from ports to central warehouses is done by the private sector. Secondary transportation, from central warehouses to the final destination point at local level, is undertaken by both private sector operators as well as the Emergency Relief Transportation Enterprise (ERTE). The ERTE, which has only 51 of its original 99 4x4 trucks still in operable condition, will require US\$3,840,000 to restore its fleet to the original size to provide back-up capacity to move commodities directly to the remote and less accessible areas.

Knowledge Management: Health nutrition and livelihood information needs to be explicitly incorporated into the surveillance system and systematised in assessment and early warning systems. Improvement in both the food and non-food assessments can be achieved through livelihoods analysis. Assessing crops and livestock alone, as occurred in many less sophisticated *woredas*, does not take into account the complexity of livelihoods in all areas. Such assessments include labour payment, trade, and other sources of income which may or may not be affected by drought. In 2005, a livelihood baseline that includes these other dimensions will be established for SNNPR with technical assistance. Assuming that this information proves useful in improving Emergency Needs Assessments, the approach will be expanded to other regions. In addition, work will be undertaken in 2005 to improve emergency non-food assessment methodologies.

Community outreach and sensitisation on emergency nutrition surveillance and response systems needs to be expanded as well. A pilot programme led by the Early Warning Department of the DPPC is underway with the support of UNICEF and others to develop methodologies to incorporate nutrition surveillance as an early warning indicator. In 2005, 50 *woredas* will be included in the programmes that require an estimated amount of US\$1.2 million. The federal Emergency Nutrition Coordination Unit (ENCU) has been operational since late 2000, and in 2002 regional ENCUs were established in three regions. The Evaluation of 2002/03 highly recommended the further strengthening of the capacity of ENCU to analyse nutritional risks and to advise on appropriate strategies and responses. Based on a review of the ENCU mandate in line with this new approach and necessary readjustments, additional structures will be established in three drought-prone regions. These and further strengthening of federal capacities in 2005 is estimated to cost US\$431,980. Regional ENCUs would enable to effectively plan, execute and monitor emergency and non-emergency nutrition activities in the respective areas.

Table 10: Strengthening Disaster Response Capacity Requirements

Areas of Need	Total (US\$)
Gender and Disaster Preparation and Management training	168,000
Information Centre	482,000
Strengthening the EW system	1,200,000
Emergency Nutrition Coordination Unit	431,980
Emergency Relief Transportation Enterprise	3,840,000
EFSR	418,000
Total	6,539,980

Annex 1. 2004 Summary Contribution Table

Sector	Original Requirements US\$	Revised Requirements US\$	Contributions ¹⁰ US\$	Unresourced US\$	Unresourced (%)
<i>Food (MT)</i>	964,690	1,203,365 ¹¹	980,289	223,076	19%
Food (US\$)	385,876,000	481,346,000¹²	392,115,600	89,230,400	19%
Health and Nutrition	17,930,340	17,930,340	8,136,507 ¹³	9,793,833	55%
Water and Sanitation	24,830,080	24,830,080	14,298,070	10,532,010	42%
Agriculture	13,150,200	13,150,200	12,518,190	632,010	5%
HIV/AIDS, Gender, Child protection	2,699,500	2,699,500	0	2,699,500	100%
Education	10,449,330	2,449,330 ¹⁴	88,740	2,360,590	96%
Disaster response/Capacity strengthening	1,4672,290	14,672,290	550,315	14,121,975	96%
Overall Co-ordination	1,333,000	1,573,000	551,940	1,021,060	65%
<u>Unspecified¹⁵</u>			13,607,607	-13,607,607	
Total Non-Food (US\$)	85,064,740	77,304,740	49,751,369	27,553,371	42%
Grand Total	470,940,740	558,650,740	441,866,969	116,783,771	21%

¹⁰ Contributions do not include pledges in the amount of US\$3,127,417 which have not yet been received by various implementing partners

¹¹ Total requirements including School Feeding Programme

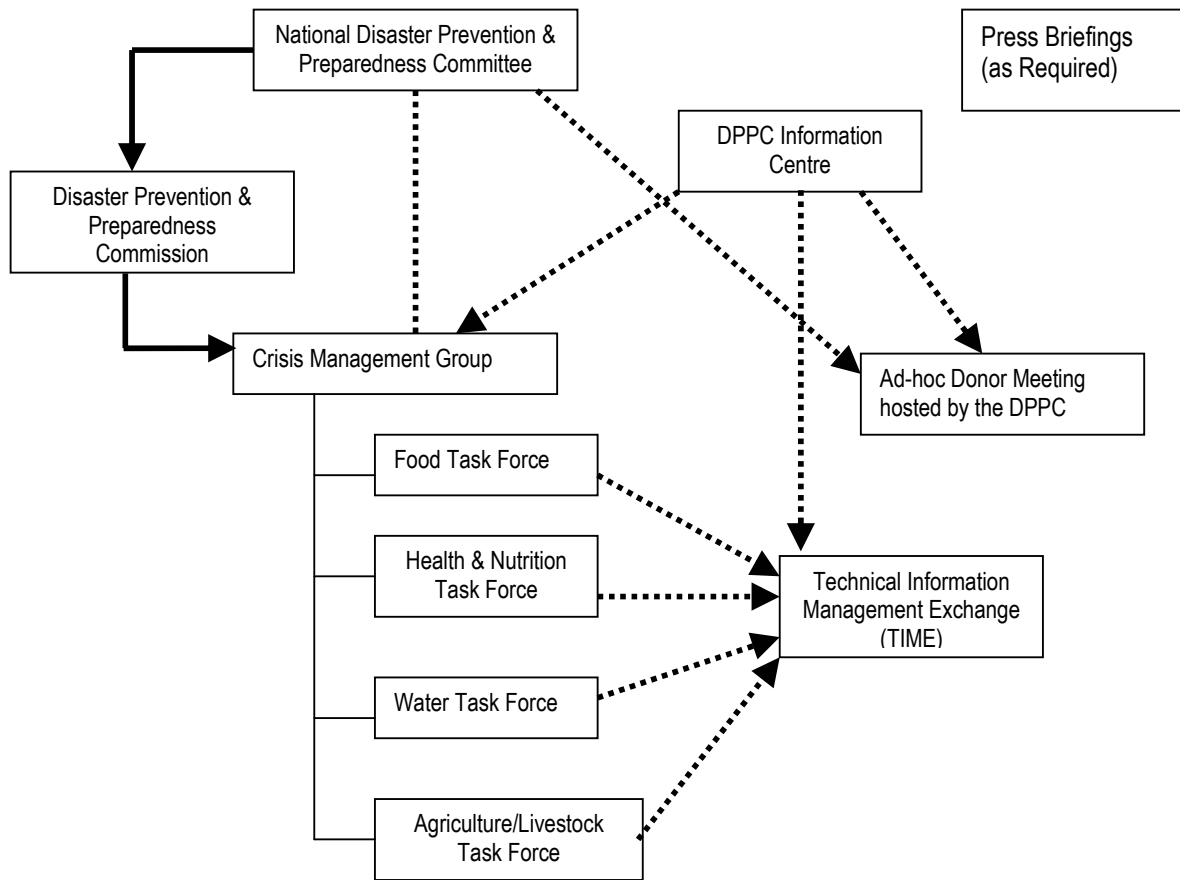
¹² Includes School Feeding Programme in the amount of US\$ 8,000,000

¹³ US\$ 2,125,135 pledged but not yet received

¹⁴ School feeding programme has been removed from education requirement

¹⁵ includes: Cash for food/work, unspecified emergency activities, research, etc.

Annex 2: Federal Level Emergency Coordination



Annex 3: Health and Nutrition Beneficiary Numbers for 2005

Regions	Population in drought affected districts ¹	# malaria cases	Meningitis Targets	Enhanced Outreach Strategy Targets	Communicable Diseases Targets	Emergency Nutrition Targets	Emergency RH Targets
Tigray	3,272,031	489,017	951,006	558,009	461,160	157,344	29,800
Amhara	10,344,722	857,362	525,358	1,764,178	917,991	35,485	6,721
Oromiya	9,387,722	1,428,658	529,838	1,600,972	947,409	216,465	40,997
SNNPR	11,164,108	1,536,429	1,045,597	1,903,915	1,165,533	144,458	27,359
B.Gumuz	151,901	41,180	22,163	25,905	14,537	1,901	360
Gambella	116,628	50,461	0	19,891	16,843	13,068	2,475
Afar	1,238,873	303,524	0	211,277	153,050	117,032	22,165
Somali	3,895,921	640,066	113,254	664,406	325,387	372,627	70,573
Harari	77,687	27,191	0	13,249	13,518	5,280	1,000
Dire Dawa	105,955	10,947	0	18,070	15,118	21,120	4,000
National	39,755,548	5,384,835	3,187,216	6,779,867	4,030,546	1,084,779	205,450

¹ Rural population in drought affected districts aggregated by Region (DPPC)

Annex 4: The 2005 Health and Nutrition Emergency Budget by Intervention and Region

Region	Malaria Epidemic Prevention & Control	Meningitis Epidemic Prevention & Control	EOS	Emergency Reproductive Health	Communicable Diseases Control	Emergency Nutrition Programmes	TOTAL (USD)
Tigray	899,687	1,017,707	5,356,581	110,893	352,128	725,237	8,462,233
Amhara	2,827,513	566,596	17,041,872	222,822	686,091	163,558	21,508,452
Oromiya	2,652,883	571,344	18,438,132	378,567	707,597	997,737	23,746,260
SNNPR	3,039,588	1,117,956	17,286,035	233,033	867,055	665,839	23,209,506
B.Gumuz	41,000	33,298	258,231	-	25,627	8,761	366,917
Gambella	54,494	-	228,552	-	27,313	60,234	370,593
Afar	409,696	-	211,903	110,893	126,886	539,426	1,398,804
Somali	1,163,893	129,839	666,378	190,963	252,872	1,717,524	4,121,469
Harari	23,218	-	132,120	3,645	24,882	24,337	208,202
Dire Dawa	30,567	-	180,195	3,645	26,052	97,347	337,806
National	11,142,538	3,436,741	59,800,000 ¹⁶	1,254,463	3,096,503	5,000,000	83,730,242

¹⁶ This requirement includes US\$ 53,000,000 for supplementary food

Annex 5: The 2005 Health and Nutrition Emergency Budget Requirement

A MALARIA EPIDEMIC PREVENTION AND CONTROL				
<i>Total number of expected malaria cases: 5.4 million in drought affected Regions</i>				
	Item description	Quantity	Unit cost	Total Cost
1	Training of on malaria epidemic management & ITNs			160,332
2	Anti-malarial drugs			2,335,694
3	Laboratory supplies			130,418
4	Procurement of ITNs	295,185	4	1,180,740
5	Procurement of insecticides for IRS			4,512,464
6	Operational cost for IRS	223,625	10	2,236,250
7	Transportation of drugs, supplies and ITNs			428,660
8	Social mobilization, health education,	267	150	40,083
9	Supportive supervision			53,444
10	Technical experts on malaria			64,453
	SUB TOTAL			11,142,538
B MENINGITIS EPIDEMIC PREVENTION AND CONTROL				
<i>Total population at risk: 3.2 million people</i>				
	Item description	Quantity	Unit cost	Total Cost
1	Training of health workers	2000	50	100,000
2	Vaccine purchase (vial/50 doses)	74,581	22.1	1,648,237
3	AD-Syringes (Box/100 piece)	25,498	8.84	329,647
4	Oily Chloramphenicol injection (box/100 vials)	717	16.25	11,673
5	Safety Box (Box/25 pieces)	10,090	26	28,341
6	Pastorex Meningitis kit	200	270	54,000
7	Operational cost (per diem, transportation)	8871	100	887,100
8	Programme support (Supervision, monitoring, technical assistance)			377,741
	SUB TOTAL			3,436,741
C CONTROL OF COMMUNICABLE DISEASES				
<i>Communicable diseases control targets: 4 million</i>				
	Item description	Quantity	Unit cost	Total Cost
1	Training of health workers on surveillance, early detection and control of epidemics			100,526
2	Emergency Health Kits			2,293,473
3	Emergency renewable medical supplies			268,703
4	Operational cost for transportation, distribution of supplies, and supportive supervision			283,801
5	Technical assistance to the Regions			150,000
	SUB TOTAL			3,096,503

D	ENHANCED OUTREACH STRATEGY			
<i>Measles Immunization, Vitamin A supplementation and Active screening targets: 6.7 million</i>				
	Item description	Quantity	Unit cost	Total Cost
1	Training of health workers on epidemic detection and control, and drug logistic management			200,000
2	Measles vaccines, vitamin A and supplies			4,700,000
3	Food commodities for Targeted Supplementary Feeding			53,000,000
4	Operational cost for transportation, distribution, measles vaccination and vitamin A distribution, outbreak investigation, supportive supervision			1,500,000
5	Technical assistance to the Regions			400,000
	SUB TOTAL			59,800,000
E	EMERGENCY NUTRITION			
<i>Number of malnourished children: 1,084,779</i>				
	Item description	Quantity	Unit cost	Total Cost
1	Establishment of TFC/SFP/NRUS			3,300,000
2	Procurement of ready to use therapeutic food			220,000
3	Training of health workers			300,000
4	Operational cost			630,000
5	Procurement of anthropometric equipments			250,000
6	Technical assistance			300,000
	SUB TOTAL			5,000,000
F	EMERGENCY REPRODUCTIVE HEALTH			
<i>Number of pregnant women in drought affected areas: 205,450</i>				
	Item description	Quantity	Unit cost	Total Cost
1	Training of health workers			150,000
2	Procurement of midwifery kits			381,667
3	Procurement of emergency obstetrics kits			337,644
4	Transportation and distribution of supplies			166,000
5	Supervision			66,400
6	Technical assistance			163,626
	SUB TOTAL			1,254,463
GRAND TOTAL				83,730,245