

2007
Humanitarian
Appeal for
Ethiopia



A JOINT GOVERNMENT AND HUMANITARIAN PARTNERS' APPEAL

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ADDIS ABABA
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GLOSSARY

ACT	Artemisinin Combination Therapy
AHI	Avian Human Influenza (AHI)
ARI	Acute Respiratory Infections
AWD	Acute Watery Diarrhoea
<i>Belg</i>	Short rain season from March to May (National)
CDC	Center for Disease Control
CERF	Central Emergency Response Fund
CPAWDE	Control and Prevention of the AWD Epidemic
CTC	Community Therapeutic Centre
<i>Deyr</i>	Short rain season from October to December (Somali)
DPPA	Disaster Prevention and Preparedness Agency
EFSR	Emergency Food Security Reserve
EHNTF	Emergency Health and Nutrition Task Force
ENCU	Emergency Nutrition Coordination Unit
EOS/TSF	Extended Outreach Strategy/Targeted Supplementary Feeding
EW/EWS	Early Warning/Early Warning System
FAO	Food and Agriculture Organization
FMoH	Federal Ministry of Health
FSCB	Food Security Coordination Bureau
<i>Gu</i>	Main rain season from March to June (Somali)
<i>Hagaya</i>	Short rain season from September to November (Borena, Konso, and South Omo)
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HNEs	Health and Nutrition Emergencies
HRF	Humanitarian Response Fund
IC	Information Centre
IDSR	Integrated Disaster Surveillance Response
ITNs	Insecticide-treated Nets
kg	Kilogram
<i>Meher</i>	Long and heavy rain season usually from June to September (National)
M/BoARD	Ministry/Bureau of Agriculture and Rural Development
MoH	Ministry of Health
MoWR	Ministry of Water Resources
NCC	National Coordination Committee
NDPPF	National Disaster Prevention and Preparedness Fund
NFCS	Non-food Contingency Stock
NGOs	Non Governmental Organisations
NID	National Immunisation Days
NMA	National Metrology Agency
PIM	Programme Implementation Manual
PLWHA	People Living with HIV/AIDS
PSNP	Productive Safety Net Programme
RDT	Rapid Diagnostic Test
Region	The higher administrative structure to look after all zones and woredas
SAM	Severe Acute Malnutrition
SDMT	Strategic Disaster Management Team
SNNPR	Southern Nations, Nationalities & Peoples Region
STDs	Sexually Transmitted Diseases
SSCG	Seed Security Consultative Group
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund

UNOCHA	United Nations Office for Coordination of Humanitarian Affairs
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene Emergency
WES	Water and Environmental Sanitation
WFP	World Food Programme
WHO	World Health Organization
Woreda	District, consisting of kebeles or peasant associations, which are the lowest administrative unit of the government
WPV	Wild Poliovirus
Zone	Administrative unit (consisting of several woredas)

EXECUTIVE SUMMARY

Ethiopia enters 2007 with anticipation of improved food security situation due to the increased harvest expected in many parts of the country. The good food security prospect has led to a new approach in the way the Government, with assistance from the humanitarian partners, is addressing emergency needs and allocating resources. In 2007, allocation of resources will be determined following more specific area-by-area- and case-by-case assessments, in order to ensure those in most need of relief items are reached. The assessment results, however, will be used as a broad national estimate for the purpose of planning and resource mobilization for emergency needs. As part of the new approach, emergency beneficiaries identified in Productive Safety Net Program (PSNP) woredas will be addressed through the existing safety net mechanism.

Despite the improved food security prospects, however, an estimated 1.36 million people will require emergency food assistance, due to the severe impacts of flooding, localized agricultural production failure and other shocks. The total emergency food required for the year is estimated to be 150,580 MT, of which 90,000 MT is considered to be carry-over pledges and stock from 2006, leaving a net requirement of 60,580 MT. Furthermore, approximately US\$ 128,944,676 is required to address the need in the non-food sector including flood rehabilitation/recovery gaps. The humanitarian assistance requirements for both food and non-food for 2007, estimated at US\$179,338,641 are summarized below.

Table1: Summary of the 2007 Humanitarian Assistance

Sector	Gross Requirements (US\$)	Available Resources (US\$)	Net Requirements (US\$)
Food <i>Gross: 150,580 MT</i> <i>Net: 60,580</i>	82,066,100	49,050,000	33,016,100
Supplementary food component of the EOS/TSF: <i>Gross: 53,461 MT</i> <i>Net: 27,592 MT</i>	33,460,536	16,082,671	17,377,865
Food Sub-total	115,526,636	65,132,671	50,393,965
Health and Nutrition	83,771,508	0	83,771,508
Water and Sanitation	20,570,869	1,416,095	19,154,774
Agriculture	3,053,994	0	3,053,994
Flood Rehabilitation/Recovery	22,000,000	7,000,000	15,000,000
Disaster Preparedness and Response/ Capacity Strengthening	5,664,400	0	5,664,400
Overall Co-ordination	2,300,000	0	2,300,000
Non-food Sub-total	137,360,771	8,416,095	128,944,676
Grand Total	252,887,407	73,548,766	179,338,641

1. INTRODUCTION

In 2007 an improvement of the overall food security situation is anticipated due to timely and sufficient rains creating favourable conditions for crop production with increased harvest expected in many parts of the country. Nevertheless, severe impacts of flooding, consecutive dry spells in pastoral areas particularly in Somali Region, localized agricultural production failure and other shocks have left an estimated 1.36 million people in need of emergency food and non-food assistance. The improved food security prospects coupled with the decision to address any additional needs in the safety net woredas through existing safety net mechanism has resulted in lower estimate of emergency food aid beneficiaries for the year.

The new approach has been introduced by the National Disaster Prevention and Preparedness Committee (NDPPC), to determine detailed emergency response requirements and resource allocation on a more flexible case-by-case, area-by-area needs assessment during the year, in order to ensure that those most in need of food and non-food assistance are reached.

The 2007 Humanitarian Appeal focuses on life-saving and livelihoods protection activities in four key sectors: food, health and nutrition, water and environmental sanitation and agriculture. In addition, the outstanding rehabilitation/recovery requirements to address the adverse impacts of the floods are incorporated. The appeal also outlines strategies for the implementation of the 2007 response.

This Appeal is the outcome of a joint effort by the Government of Ethiopia and the humanitarian partners led and coordinated by DPPA. The process is based on assessments undertaken by the four sectoral taskforces. The analysis of the ongoing humanitarian situation in Ethiopia was undertaken by the Multi-Agency Steering Committee assisted by the Editorial Sub-Committee which consolidated sectoral inputs.

2. REVIEW OF THE 2006 HUMANITARIAN RESPONSE

In 2006, the Government and partners launched a Joint Humanitarian Appeal and two Joint Flash Flood Appeals for humanitarian assistance. The Appeals focused on life-saving and livelihoods protection activities. In the four key sectors.

During the year, the Government of Ethiopia and humanitarian partners faced several major humanitarian challenges. Severe drought was experienced in the first half of 2006 adversely affecting the southern parts of Somali Region and Borena zone of Oromiya Region. On the heels of the drought, unprecedented nationwide flooding occurred during the main rainy season, affecting most parts of the country apart from Addis Ababa and Beneshangul-Gumuz.

The year started with drought in pastoral and agro-pastoral areas of Borena zone and southern parts of Somali Region. The failure of two successive rains in these areas resulted in severe food insecurity and increased malnutrition rates. The Government and its humanitarian partners responded with emergency food and non-food assistance including therapeutic feeding. Moreover, the drought exacerbated the spread of communicable diseases such as measles, which led to the conduction of an emergency

catch up immunisation campaign. Mobile health teams were deployed to support regional health bureau's emergency response efforts to these areas.

While the country was recovering from the effects of drought, unusual and widespread flooding occurred posing a new humanitarian challenge. The impact was particularly severe, partly due to limited preparedness and response capacity for quick-onset emergencies. The floods claimed considerable human life especially in Dire-Dawa, South Omo zone of SNNPR and Gode zone of Somali Region. The flooding caused mass displacement and sizeable damage to property and infrastructure in all the affected areas. In this regard, over 700 people were reported to have died and about 240,000 were displaced out of the over 670,000 people affected.

The Government and its partners made concerted efforts to respond to the flood and drought crises and to minimize the adverse effects of the disasters. Relief food, shelter materials and essential household items, potable water tankering and health care were provided to the victims as well as veterinary services to their livestock in a timely manner. Helicopters and life saving boats were deployed for rescue operations and to supply relief items to the victims stranded by the floods in SNNP and Somali regions. Experts from various federal institutions were deployed to Somali Region, Dire-Dawa and SNNPR with a view to bridge the gaps in regional capacity to coordinate large scale emergency operations.

The nationwide flooding increased incidences of waterborne diseases including Acute Watery Diarrhoea (AWD). AWD first appeared in Gambella Region in April on the heels of a similar epidemic in neighbouring Sudan. It quickly spread to West Arsi zone of Oromiya Region and its location on a main trading route facilitated its migration to most parts of the country, except Dire Dawa, Harari and Beneshangul-Gumuz. The Government and humanitarian partners collaborated on a holistic response to contain the disease. Significant resources were mobilised and case management, treatment and prevention interventions have been ongoing throughout the year.

2.1 Relief Response to the 2006 Humanitarian Appeal

The 2006 Appeal estimated US\$ 166 million for emergency food and non-food assistance. UN agencies, donors, NGOs and other humanitarian partners have contributed approximately US\$ 56 million towards the non-food requirements covering 50 percent of the required US\$ 111 million for non-food assistance¹. A significant amount of emergency food resource was carried over which reduced the amount required for the new appeal to 269,576 MT worth US\$ 55 million, of which 65 percent was funded.

2.1.1 Food

As it was indicated in the 2006 Humanitarian Appeal, 2,579,651 people were estimated to require relief food assistance, translating into 339,090 MT of food. With the failure of *belg* performance notably in the lowland areas in eastern and south eastern parts of the country and the unexpected floods, relief requirements increased during the second half of the year. This raised the total requirement for the year 507,600 MT.

¹ Contributions towards the non-food sectors include: US\$ 34 million for Health and Nutrition; US\$ 15 million for Water and Environmental Sanitation; US\$ 5 million for Agriculture; US\$ 1 million for Over-all Coordination and US\$ 115,000 for Disaster Preparedness and Response/Capacity Strengthening.

For the early response to food needs, carry-over stocks and pledges from 2005 amounted to 238,024 MT were used to reach the affected population in various parts of the country in time. As a result, net relief food requirements were 269,576 MT.

Food aid pledges (2005 carry-overs and 2006 pledges) reached 431,063 MT, through inadequate to meet the requirement for the year. Because of this, in the second half of the year, due to higher beneficiary numbers than expected, prioritization of resources became necessary.²

Poor road infrastructure, delay in the delivery of relief commodities and security situation challenged humanitarian operation in Somali Region thereby resulting in an intermittent response. Altogether, 329,221 MT of relief food was distributed through DPPA and some NGOs in 2006, as shown in Table 2 below.

Table 2: **2006 Beneficiaries, Relief Food Requirement and Distribution by Quarter**

Description	January-March	April-June	July-September	October-December	January-December
Beneficiary (quarterly average, in million)	2.22	2.63	2.28	2.20	2.33
Requirement (MT)	122,752	144,768	122,877	118,533	508,930
Distributed (MT)	92,014	131,538	41,506	64,073	329,221
Coverage (percent)	75	91	34	54	65

As part of the Enhanced Outreach Strategy, the Targeted Supplementary Food (EOS/TSF) Programme estimated that 1,092,334 malnourished children under five and pregnant and lactating women required supplementary feeding rations in 2006. This translated into gross requirements of 59,877 MT of blended food and vegetable oil for the year. The considerable carry-over stocks from 2005, however, brought the requirements down to 15,495 MT providing flexibility to adapt the programme roll-out in ten regions, marking a major expansion of the programme. Furthermore, the carry-over stocks provided an opportunity to support NGO nutrition programmes, in areas with rapid deterioration of nutritional status either in non operational EOS/TSF areas complementing the response or in EOS/TSF operational areas supporting the existing structure and capacity.

As of November, the EOS/TSF programme provided 39,622 MT of supplementary food, equivalent to 1,422,386 rations to 579,034 beneficiaries out of whom 393,742 were children under five and 185,292 pregnant and lactating women. The EOS/TSF supplementary food ration distributed to the identified malnourished individuals (pregnant and lactating women and children under 5) is 25 kg of blended food and 3 litres of oil/person/, per quarter. Overall, 100 percent of the annual food requirements for this Programme were covered

² The standard relief ration was maintained at a rate of 15 kg, 1.5 kg, 0.45 kg/person/month of cereals, pulses and vegetable oil respectively, while 35 percent of the relief population in hot-spot areas received 4.5 kg of blended food in addition to the general ration.

2.1.2 Health and Nutrition

The overall objective of the 2006 Preparedness and Response Plan (PRP) of the sector was to respond to major health and nutrition emergencies and to minimize human suffering and save lives from communicable diseases, acute malnutrition, and epidemics of an emergency nature. To achieve this goal the 2006 Appeal sought US\$ 73.3 million out of which US\$ 34.3 million (47 percent) has been contributed by donors, with a shortfall of US\$ 43 million. Furthermore, the NDPPF donated close to US\$1.15 million to the MoH in support of AWD emergency operation. Tracking of break-down of sectoral contributions was a challenging exercise, which calls for solutions in the future.

In response to the drought in southern parts of Somali Region and Borena zone of Oromiya Region, the Regional Health Bureaus deployed mobile health teams to reach highly mobile pastoralist populations. Sixteen teams across Somali Region and seven in Borena zone were reported to have reached more than 1.3 million people with life-saving health interventions including mobile nutritional screening and treatment of malnutrition.

The nationwide flooding also aggravated health emergencies contributing to increased cases of malaria and waterborne diseases, including Acute Watery Diarrhoea (AWD). The spread of AWD posed a challenge and remains a major concern for 2007. The case was first reported in April in Gambella Region on the heels of an outbreak in neighbouring Sudan. Inadequate access to clean drinking water, absence of adequate sanitation facilities and unsafe hygienic practices are among the major factors that have exacerbated the outbreak. The country-wide floods have amplified the occurrence of cases in different parts of the country, particularly in Somali Region.

In response to the ongoing AWD epidemic, the FMoH established a National Coordination Committee (NCC) for the Control and Prevention of the AWD Epidemic (CPAWDE), composed of relevant governmental, non-governmental, and UN agencies.³ The Ministry has also prepared and distributed a National Implementation Guideline for the Control and Prevention of the AWD epidemic, which among others, indicates the need for having coordination committees and subcommittees at different levels with corresponding duties and responsibilities. Moreover, the FMoH has been collaborating strongly with the Federal Ministry of Water Resources and its sectoral taskforce to holistically respond to the emergency. In addition, FMoH in collaboration with UN agencies and NGOs established CTCs in affected areas to help treat and manage cases. Community awareness campaigns have been ongoing since its onset with messages translated into local languages and disseminated to affected populations.

Other challenges in 2006 included measles epidemic in 35 woredas across the country. An impressive response included case management and Vitamin A supplementation in all regions with additional catch up immunisation in Tigray and Afar regions. Nearly 28 percent of the suspected measles cases have been positive for measles-specific IgM antibodies, which is much higher than the global target (10 percent).

Outbreaks of Meningococcal meningitis were reported in Tigray, SNNP, and Oromiya regions. The highest case load was reported from SNNPR. Control measures including

³ The NCC for CPAWDE has five subcommittees namely: Advocacy, Communication, and Social Mobilisation subcommittee; Environmental Health, Sanitation and Hygiene Subcommittee; Surveillance and Information Exchange Subcommittee; Case Management and Laboratory Investigation Subcommittee; and Resource Mobilization, Distribution and Utilization Subcommittee.

intensified surveillance, case management and vaccination campaigns covering nearly one million people were implemented.

Wild polio virus continues to be detected in some parts of the country most likely transmitted from neighbouring countries and has remained a major challenge. The FMoH, in collaboration with UNICEF and WHO, conducted seven rounds of Polio Sub-National Immunisation Days (SNIDs) benefiting 16 million children.

Despite these challenges the health sector has faced in 2006, there have been remarkable achievements in the prevention of major epidemics of malaria even in areas affected by flooding with no malaria epidemic reported.

Furthermore, increased efforts were made to address malnutrition especially amongst vulnerable groups, through the EOS programme. Approximately 11.9 million children were provided with vitamin A supplementation, and 10.5 million were de-wormed. In addition, 6.6 million children were screened for malnutrition, out of which 475,000 (7.2 percent) were referred for targeted supplementary feeding supported by WFP.

In 2006, the country's health system capacity has increased to treat 18,000 malnutrition cases per month, compared to 10,215 cases in December 2005. Furthermore, the capacities of 160 health facilities and two Medical Universities (Jimma and Gondar) were strengthened for the treatment of severe acute malnutrition cases with over 50,000 severely malnourished children admitted during the year.

According to MoH, mid term (three years) national plan of preparedness and response to the threat of Avian Human Influenza (AHI) pandemic has been prepared and remains to be endorsed by the National Coordination Committee for AHI. Training for RHBs on AHI preparedness and response has been conducted, and a suspected outbreak of AHI in Tigray region has been investigated with the support of the FMoH's Rapid Response Team. The case was negative for AHI. Moreover, the FMoH has participated in different international trainings on AHI prevention and control organised by WHO and Centre for Disease Control (CDC). Moreover, the capacity of ENHRI laboratory for preliminary detection of H5N1 has also been strengthened with the support of CDC through training of essential personnel and equipping the laboratory.

2.1.3 Water and Environmental Sanitation (WES)

The 2006 Humanitarian Appeal for the WES Sector called for US \$11.9 million to address to the needs of approximately 1.9 million people in order to address water and sanitation issues in areas of emergency need. An additional 95,000 people in flood affected areas were included by the August 2006 Flash Appeal increasing the financial requirement to US\$ 15.1 million. As reported by the Ministry of Water Resources (MoWR) donors contributed US\$ 15.3 million, funding over 100 percent of the requested amount.⁴

Major interventions included water tankering, the rehabilitation, maintenance and expansion of water schemes, supply of water purification and treatment chemicals and such equipment as water bladders, electrical submersible pumps and hand pumps.

⁴ This figure includes the response to the Flood Flash Appeal as the financial tracking for both drought and flood response was difficult to breakdown, which necessitates further efforts for verification in the future.

Moreover, plastic squatting slabs, hygiene and sanitation kits, body and laundry soaps were distributed. In addition, AWD Case Treatment Centre kits were provided as well as mass production and distribution of hygiene promotional materials in resettlement sites and other areas affected by AWD, flooding and drought.

2.1.4 Agriculture

The overall objectives of the 2006 emergency agricultural interventions were to address the emergency needs of the most vulnerable farmers and pastoralists, and to restore the agricultural productivity of disaster affected communities through provision of minimum crop and livestock support. To achieve these goals, a total of US\$ 18.6 million was requested in the Joint Humanitarian Appeal, in anticipation of poor livestock conditions and disease due to shortage of water and animal feed; and critical shortage of crop and forage seed.

According to MoARD, the overall emergency seed response to the joint appeal was inadequate, accounting for only 11.6 percent of the requested US\$ 5.4 million⁵. The response to the livestock sub sector, however, was somewhat better with 26.5 percent of the requested US\$ 10.3 million contributed. Under this sub sector, animal disease prevention received 49 percent of the requested US\$ 4.5 million, while the contribution to feed and forage seeds was poor – with only 7.3 percent of the required amount contributed for emergency livestock feeding, and nil for forage seeds supply and consequent fodder development.

2.2 Relief Response to the Flash Flood Appeals

In 2006, unprecedented heavy rains resulted in flash floods and overflow of rivers affecting approximately 670,000 people in Ethiopia. The Government, in collaboration with its humanitarian partners, issued two Joint flood Flash Appeal requesting US\$ 34 million to mobilize resources to meet the emerging relief and rehabilitation requirements in food and non-food sectors.

Humanitarian partners, donors and the Ethiopian public contributed around US\$ 15 million to meet the emergency requirement and US\$ 7 million to meet the rehabilitation/recovery needs, which constitutes 60 percent of the emergency and 82 percent of the rehabilitation requirements respectively. In response to a request by the government for an air operation to assist in the assessment and delivery of food and non-food items to inaccessible areas, following the flooding in Somali Region, the UN Humanitarian Coordinator was able to organize an air support operation in November, under the management of WFP. From 30 November to 18 December a total of 143 MT of food and non-food items were delivered to affected woredas and kebeles. According to WFP, the cost of the operation, approximately US\$ 1.4 million, was covered by UN CERF and USAID/OFDA funding provided through WFP.

2.2.1 Food Sector

The nationwide flood flash appeal launched in August indicated approximately US\$ 5.2 million to fund 10,178 MT of food assistance for a period of three months. Following the Flash Appeal, the pipeline for the flood response improved considerably, and

⁵ Although the overall seed response to the Joint Humanitarian Appeal was low, the response to the seed requirements of Flood Flash Appeals was good as donors contributed US\$ 970,883 (68.8 %) of the requested amount.

contributions from donors assured that 95 % of the needs were covered. Another Flash Appeal was launched late November to respond to the unprecedented heavy floods affecting up to 362,000 people in Somali Region. As the DPPA, WFP and some NGOs were able to cover the food needs through existing relief resources, food was not included in the appeal with the understanding that the Humanitarian Appeal would cover the additional needs ensuing from this latest crisis in the first few months of the year.

2.2.2 Non – Food Sector

More than US\$ 20 million was sought to meet the emerging requirements in the non-food sectors by the two Joint Flood Flash Appeals. The relief emergency requirements include non-food items, shelter, healthcare, water supply, agriculture and search and rescue. Out of this, a total of US\$ 10.8 million was contributed by donors and humanitarian partners.

2.2.3 Rehabilitation Response

A large number of households in many parts of the country lost their means of livelihoods to the catastrophic floods. The need for a reasonable level of rehabilitation support, therefore, was imperative. In this regard, rehabilitation requirements including housing, water supply, agricultural, educational, health services, and infrastructural rehabilitations needs were included in the Joint Flood Flash Appeals. The two Appeals sought a total of US\$ 8.7 million to meet the emerging rehabilitation requirements. In addition, further assessments were conducted raising the total rehabilitation requirement to US\$ 22 million, out of which over US\$ 7 million, constituting 32 percent was contributed.

2.3 Other Funding Mechanisms to Respond to the Joint Appeals

In 2006, two critical new funding mechanisms were available to the United Nation’s Humanitarian Coordinator and were utilised in response to the 2006 Joint Government and Humanitarian Partners Appeal as well as to the two Joint Flood Flash Appeals.

The Central Emergency Response Fund (CERF) managed by the Emergency Relief Coordinator in New York was established in early 2006 for quick response to new and under-funded emergencies. According to UN OCHA, the fund provided approximately US\$ 10 million towards the Appeal and Flash Appeals.

Furthermore, the Humanitarian Response Fund (HRF) was also established in 2006 specifically to address quick onset emergencies and fill gaps. The fund managed by UNOCHA on behalf of the UN Humanitarian Coordinator provided US\$ 14 million towards the Appeal and Flash Appeals.

2.4 Lessons Learned in 2006

While Ethiopia’s humanitarian structure is better prepared for slow onset emergencies, the various hazards experienced in 2006 have emphasised the need for comprehensive disaster risks management and mitigation. The nationwide flood crisis and the AWD epidemic reinforced the need for better preparedness for all emergencies, particularly those of fast on-set such as flood and health epidemics. There is a need for an enhanced sectoral early warning mechanisms and contingency planning to facilitate early response and support for early recovery.

Emergency preparedness at all levels is crucial for timely and effective response. Poor infrastructure, inaccessibility and security particularly in Somali Region were barriers to

the timely distribution of relief items. Thus, resources and capacities for air operations, when land access is limited, as well as life saving arrangements need to be in place to allow early initiation and support for such operations that require quick response. Furthermore, monitoring of food and non-food relief items must be intensified especially at beneficiary level to ensure that relief items reach those who are most in need. Standard operating procedures need to be enhanced for more harmonised, timely and inclusive assessments to identify needs.

The AWD epidemic has also highlighted the need to improve existing water, sanitation and hygiene services particularly to populations of humanitarian concern. Moreover, it has reinforced the need to greatly enhance epidemic preparedness. Such measures as the procurement of essential medical supplies, strengthening of surveillance mechanisms and the importance of mass public health awareness campaigns should be established and strengthened.

3. STRATEGIES FOR 2007 HUMANITARIAN RESPONSE

The National Disaster Prevention and Preparedness Committee (NDPPC), chaired by the Deputy Prime Minister, initiated a significant shift in the way the government with assistance from the humanitarian partners has been determining emergency needs and allocating resources to meet those needs in 2007. In the past, the *meher* assessment, conducted in November/December has been the basis for determining the population in need of emergency food assistance for the coming year. Resources are prescribed in advance for each woreda on a monthly basis and are provided after requests are received from the regions based on the quantities of food required for the established population in need. For 2007 however the *meher* assessment results will be used as a broad national estimate of emergency food aid needs for planning and resource mobilization purposes, but specific allocations of food aid resources will be determined and made only after more specific area-by-area and case-by-case assessments are performed to determine acute needs. As the transition to the new system is likely to take some time, it is crucial to ensure that food needs will be met in critical areas during the transitional period. Likewise, broad assessments carried out in 2006 for most of the non food emergency needs have been used to identify indicative requirements that will be confirmed by more detailed assessments during the year.

This decision to undertake a significantly modified humanitarian strategy is based on several factors. The low number of emergency food aid beneficiaries identified for 2007 as the result of an anticipated bumper harvest, as well as the implementation of PSNP has created an opportunity for advances in the calculation of humanitarian assistance. The new approach also recognizes the need for improved humanitarian needs assessments for better ensuring that those in most need are actually provided assistance. Therefore, improved monitoring and targeted assessments are proposed to be applied for use this year, thus giving more assurance that resources are appropriately allocated and that impacts are realized.

As in previous years, response will give priority to addressing acute needs of vulnerable populations affected by natural disasters such as prolonged drought, flooding and other shocks, as well as by localized conflicts. In Ethiopia, vulnerable segments of society that are in need of specific attention include women, children under-five, youth, adolescents, the elderly and emergency induced displacements. Mechanisms will be designed to

address both food and non-food needs of these populations so as to support longer term development objectives of affected communities to the greatest extent possible. Furthermore, continued close monitoring is required in pastoral areas.

In addition to requesting direct contributions from donors towards this Appeal, UN CERF and the UN HRF will be available to address gaps in assistance to respond to sudden emergencies and to address under-funded areas of emergency needs. A target of US\$ 15 to 20 million has been set for contributions towards the HRF and US\$ 6 million been allocated for Ethiopia through the under-funded window of the CERF as of 8 February 2007.

3.1 Strategy for Non-Food Needs within the Humanitarian Appeal

For this Appeal, sector task forces have attempted, where possible, to differentiate between emergency and recurrent or predictable non-food needs. It is necessary to develop a clear strategy before the end of 2007 to address, with multi-annual funding, unmet predictable and recurrent needs in the health and nutrition and water and sanitation sectors. Such strategies must link to regular plans and programmes for these specific sectors.

3.2 Linkage with PSNP and Managing Humanitarian Risks

The *meher* assessment in December 2006 identified several thousands of people who have been reported to be food insecure within safety net woredas. The government plans to utilize the safety net contingency resources to cover the food needs for these people in 2007.

Close monitoring by the Early Warning Systems at all levels and humanitarian partners will provide information on pockets of severe malnutrition, if they develop, which can be addressed through provision of appropriate nutritional interventions. Similarly, non-food interventions in health, nutrition, and water and environmental sanitation will cover vulnerable populations in PSNP woredas based on clearly identified needs from assessments as appropriate.

3.3 Cross-cutting Issues

3.3.1 HIV/AIDS

Ethiopia has an HIV/AIDS prevalence rate of 3.2 percent. The effects of HIV/AIDS on individuals, households and communities are multiple – compounding aspects of vulnerability, including food insecurity and loss of livelihoods, and exacerbating emergencies. Social instability, disease, violence, conflict and poverty that prevail in emergency situations facilitate the spread of HIV/AIDS. In emergencies, as conditions worsen and social norms breakdown, abuse, exploitation and sexual violence against women and children and risky livelihood strategies increase vulnerability to HIV/AIDS. The aim of including HIV/AIDS components in emergency interventions is to ensure that the emergency response does not increase beneficiaries' vulnerability to HIV infection, and to minimise the impact of emergencies on the HIV/AIDS situation by providing minimum standards of prevention, awareness, protection, care and support within the humanitarian response. To be effective, it is necessary that such activities are appropriate for the specific needs, vulnerabilities and skills of different groups, such as adolescents, young people, and women. Humanitarian partners operating in emergency areas should link their activities with existing HIV/AIDS structures of the government at all levels.

3.3.2 Gender and Child Protection

Because gender is a key element in defining social attitudes, economic inequalities and division of labour at family and community level, it both affects and is effected by people's response to humanitarian situations. The same applies to issues relating to children and adolescents, whose position in their families and communities are seriously affected by humanitarian situations. Without bearing in mind the specific needs of women, men, children and adolescents in these situations, interventions may lead to inadequate or inappropriate responses.

Gender and child protection activities require that all actors are committed to conducting a gender and age disaggregated vulnerability analysis (rapid assessment) and then implementing and following up on gender and age responsive programmes. This will require capacity development of organisations working in humanitarian situations, which includes training in codes of conduct relating to sexual exploitation and abuse. Five main areas should be addressed: registration, tracing and reunification; nutrition and food security; health and reproductive health; protection and security; and participation in decision-making and implementation. In addition, education also has to be given due attention during emergencies in order to insure children's access to continue education.

4. THE 2007 FOOD AND NON-FOOD HUMANITARIAN REQUIREMENTS

4.1 Needs Assessment Process for 2007 Appeal

Apart from SNNP Region where the Household Economy Approach (HEA) was applied, traditional methods of emergency needs assessment were employed to identify the expected emergency requirement for 2007 throughout the country. Two separate DPPA-led multi-agency assessments were conducted; the first covered cropping areas between 18 November – 8 December 2006 and the second pastoral areas from 25 November – 15 December 2006. The overall objectives of the assessments were to evaluate the performance and distribution of *meher* season in cropping areas and the impact of October-December rains on food security of pastoral areas. It also assessed the impacts of rapid onset emergencies such as the widespread flooding witnessed in 2006 to identify the population requiring emergency food assistance in 2007.

The Health and Emergency task force used the findings of different assessments conducted for the preparation of the Contingency Plan and Appeal for potential HNEs in 2006, the assessment conducted in June 2006 in *belg* growing and pastoral areas of Ethiopia for monitoring hazards, HNEs, related responses and the existing coping capacity to address HNEs. In addition other assessments conducted/compiled by the malaria support team, ENCU, FMOH, RHBs, and partners, have also been used. Information from appeals prepared by different regions, annual reports of the year 2005/06 and plan of action for 2006/07, information gathered by IDSR were also considered. Relevant information was also obtained from Disaster Prevention and Preparedness Agency (DPPA), Central Statistical Agency (CSA), and Ministry of Water Resources (MoWR). Furthermore the fact that the response to the emergencies that prevailed in 2006, some of which are still ongoing, that suggested the need for FMOH and partners to work more closely with the regions has created the opportunity of getting necessary information for preparing the PRP from each region periodically.

More importantly, the Ministry recently deployed a number of mobile teams to different Regions in order to monitor ongoing epidemics as well as to assess other major health and nutrition needs for 2007. The teams have worked together with regional health professionals and other pertinent partners regarding the prevailing and potential health problems. The findings of these teams have been used in the preparation of the health and nutrition emergency requirement for the year.

The Federal Ministry of Water Resources, with the strong support of the Federal Emergency WASH task force, prepared a National Contingency Preparedness Plan for 2007 that adequately estimated the distribution and type of water and environmental sanitation related hazards, risks and vulnerabilities that are likely to affect each region in 2007. The national preparedness plan was developed in September 2006 and was circulated to all regional water and health bureaus, whose feedback is incorporated. In 2007, the task force aims to conduct detailed Woreda level assessments and analyses in unison with all WASH partners.

On the other hand, in November and December 2006, the MoARD, with the support of the Emergency Agriculture Task Force conducted an assessment on the performance of *belg* and early *meher* seasons by deploying three teams in *belg* benefiting pastoral, agro-pastoral and crop growing areas of the country. The assessment was conducted with participation of regional, zonal and woreda agricultural offices, including communities affected by disasters using standard data collection guidelines and formats. The quantitative data and qualitative information was collected from secondary and primary sources using group discussions, interviewing key informants, direct field visits and market surveys in some hotspot areas. The assessment identified the type and extent of damage and risks to proper performance of the crop and livestock including impacts on crop production, availability of water, pasture and livestock conditions, and on the food security of the communities. The information collected was gradually updated with regular monitoring data, generated both by the federal ministry and regions. A joint FAO/WFP crop and food supply assessment carried out from 16 November to 3 December 2006, provided valuable information on the overall weather conditions and on 2006 crop performance.

In general, the assessments noted above are intended to give a broad estimation of expected emergency food and non-food needs for 2007. Nevertheless, as noted in section 3. Humanitarian Strategies for 2007, the allocation of emergency resources will be done based on more detailed assessments on an area by area and case by case basis, and on specific requests from regions based on real identified emergency need. Therefore the schedule and amount of allocations of food and non-food resources will be designated during the year based on these assessments and not as quotas set out in advance. All efforts will be made to ensure that decisions are made in a timely manner so as not to increase humanitarian risks of the most vulnerable and in need. Funding, however, needs to be provided early in the year, based on these broad estimates to ensure that response can be made in a timely manner, also utilizing government, UN and other contingency funding resources and stocks of pre-positioned food and non-food items.

4.2 Relief Food Needs

4.2.1 Objectives

The emergency food intervention proposed for 2007 will have as its main objectives saving lives in crisis situations, protecting livelihood and enhancing resiliency to shocks, as well as supporting the improved nutrition and health status of children, mothers and other vulnerable people.

4.2.2 Requirements

The food needs assessments for 2007 show a general vast improvement in the food security prospects of the country. The good rainfall that was both timely and sufficient created favorable conditions for crop production with increased harvest expected for many parts of the major cropping areas. Pasture and water availability as well as livestock conditions significantly improved across the country.

While the rains were generally positive, adverse conditions such as flooding, landslides, hailstorms, water logging, crop pests and diseases, erratic rains in the lowlands and the unseasonal rains in cropping areas that affected the harvest have created pockets of food insecurity. In particular, unprecedented heavy rains received in August and October in the highlands caused severe flooding at different times in Dire Dawa, lowland areas of SNNP Oromiya, Gambella, Amhara and Somali regions. The flooding resulted in deaths, large numbers of displacement, damage to infrastructure and loss of assets disrupting livelihoods. On the other hand, in the aftermath of the flooding, many lowland areas were able to benefit from crop production from the receding flood waters, for example South Omo zone, one of the worst affected areas, is now also expecting an increased harvest.

Nevertheless, in the agro-pastoral and rainfed farming areas of Somali Region, the cumulative effects of natural hazards have resulted in delays in the livelihood recovery. The droughts of 2002 and 2005/2006 resulted in significant number of animal deaths and loss of livelihoods, which caused an interruption in the rebuilding of the livestock herd which requires several years. While most of the poor households were still recovering from the effects of the droughts, severe floods along the Weib, Ganale, and Shabelle rivers resulting from the *deyr* rains of 2006 in Somali region have furthermore affected over 362,000 people, washing away crops, livestock, infrastructure and other assets. Other factors such as the prevalence of an undiagnosed camel disease, fluctuating market prices and impacts of various diseases have contributed to food insecurity and the need of emergency food assistance.

Accordingly, a total of 1.36 million people will require emergency food assistance, out of which, around 71% are from Somali Region alone. The total contingency food aid requirement for these people is estimated at 150,580 MT (Grain-124,630 MT; Blended Food – 9,747 MT; Oil – 3,740, and Pulses – 12,464). The carry over stock is estimated at 90,000 MT which gives a net requirement of 60,580 MT, valued at approximately US\$ 33 million. On the other hand, the present assessment result indicated that Tigray, Afar and Benishangul Gumuz Regions are not part of the 2007 emergency food requirement.

Unlike the previous years, relief food intervention may not take place on a regular period and pre-scheduled time frame. This is due to the satisfactory production performance and the localized nature of the problem in many parts of the country this year. Relief intervention requires close follow up and monitoring of the food security situation in the

vulnerable areas. To achieve this, the Early Warning Working Group will form a technical committee at federal level which will work closely with the regional DPPB structures to closely monitor/assess the needs in the assessed woredas so that intervention will take place only when the actual situation on the ground demands.

Description of population in need: The people in need of relief food assistance are highly vulnerable crop-dependent farmers or livestock-dependent pastoralists and agro-pastoralists affected by acute shocks such as adverse weather conditions, below normal or erratic rainfall, floods and extended dry spells during critical periods of the cropping cycle. The lingering effects of the multiple shocks they have sustained in recent years, leading to a gradual depletion of their household asset-base and limited income options have further exacerbated the food security situation of these acutely affected populations. As needs arise particularly vulnerable groups will be targeted for either blanket distributions of supplementary fortified blended food or, where possible, through targeted supplementary feeding to individuals identified as malnourished, including children under-five, pregnant/nursing women and the sick and the elderly.

Food basket/strategies for implementation: Emergency food aid needs will be covered by a full food basket, comprising (in kg/person/month) 15 kg cereals, 1.5 kg pulses and 0.45 kg vegetable oil. The planned supplementary ration for “blanket” distributions to particularly vulnerable groups consists of 4.5 kg of corn soya blend. The general ration supplies around 2,000 kcal/person/day, whilst the supplementary ration supplies 570 kcal/person/day.

The modalities for implementation of relief food operations will consist of a general food distribution provided in exchange of labour, gratuitous distributions to labour-poor and other particularly vulnerable beneficiary households, as well as through supplementary feeding schemes. Supplementary feeding is designed to support joint efforts to address global acute malnutrition (GAM) and mortality rate; targeted supplementary feeding under the EOS/TSF has been scaled up in 2006, from 156 districts covered in 2005 to 264 in 2006. Blanket supplementary feeding will be provided to vulnerable groups in areas with critical food insecurity and defined as “areas of concern”. It is assumed that regular supplementary feeding needs for 2007 will be captured under EOS/TSF, which will provide 53,461 MT of food for an estimated 544,000 children under-five and 256,000 pregnant/nursing women. Carry-over stocks and pledges of blended food and oil for this initiative amount to 25,869 MT; net requirement for 2007 stands at 27,592 MT, valued at US\$ 17 million.

Targeting: Geographic targeting is derived from multi-agency assessments, using triangulation of data on crops, income sources and nutrition. At woreda level, allocations are targeted to the most vulnerable households within communities. National Guidelines for Food Aid Targeting form the basis for the process that selects the neediest households for assistance. Targeting of emergency beneficiaries at household level should involve direct participation of communities. Should changing situations require retargeting, the DPPA will allocate resources according to the most urgent outstanding requirements. Supplementary food is targeted to individuals identified as malnourished through nutrition screening, or, where this is not possible, to particularly vulnerable groups, including children under-five, pregnant/nursing women and sick/elderly people.

Distributions: Regions prepare food distribution plans by distribution sites based on early warning data and assessment results verified by relevant bodies. The distribution plans are submitted to the DPPA for final approval and resource allocation. District committees, composed of community members and local officials manage food distributions to the beneficiaries. The Emergency Food Security Reserve (EFSR) will remain an important source of food from where resources can be immediately dispatched against guarantee of repayment. In view of the generally serious nutrition situation in Ethiopia, it is crucial that nutritionally adequate ration be distributed to beneficiaries through the full food basket as outlined above.

Ports, overland transport, warehousing and inland transport: In 2006, the Djibouti port handled about 380,000 MT of food aid, and the capacity is assessed as sufficient for handling of 2007 requirements. The construction of new bulk terminal with 30,000 Mt capacity flat silo for cereals and 40,000 Mt capacity for fertilizer is completed. WFP, being one of the humanitarian actors, has contracted with the new agent (STDV) to use the new terminal facilities. Therefore, Djibouti Port will continue to be an important entry for relief cargoes, along with other feasible ports. The road infrastructure from the port to major logistic hubs is in good operational condition, and the trucking fleet has satisfactory capacity to deal with the quantities to be delivered to various food distribution points around the country. The DPPA and EFSRA have adequate warehouse space to receive and off-load trucks promptly. The direct delivery from vessels to trucks is supported by use of transit warehouses in the port whenever there are needs. When required, on short notice, additional commercial warehouses are available for lease.

4.3. Non-Food Needs

Estimates of funding required to address emergency non-food needs in Health and Nutrition, Water and Sanitation and Agriculture are presented in the following paragraphs of this section.

4.3.1 Health and Nutrition

4.3.1.1 Objectives

The overall objective is to minimize human suffering and loss of life by ensuring prompts and adequate response to Health and Nutrition Emergencies (HNEs).

4.3.1.2 Requirements

The estimate for potential HNEs nationwide totals US\$ 83.8 million as detailed in table 3.

Severe Acute Malnutrition: The EOS implementation has led to the identification of hundreds of thousands of severely malnourished children at the community level and has led to an increased demand from communities for therapeutic care. Despite the support being provided to increase the national capacity for treatment of severely malnourished children, sustaining the capacity for therapeutic feeding and building the overall national capacity to address nutrition in all its aspects remains a series challenge.

Requirements for treatment of the estimated 207,353 severely malnourished children include procurement of anthropometric material, therapeutic products, and drugs that are part of the protocol, and training of health workers. This requires US\$ 31.5 million.

Enhanced Outreach Strategy: EOS will be pursued in 2007 targeting 6.3 million children under five years and 1.4 million pregnant and lactating women living in drought

prone woredas by providing vitamin A supplementation, de-worming, screening of children, pregnant and lactating women, and the referral of malnourished children to Targeted Supplementary Feeding (DPPA / WFP) twice a year and Therapeutic Feeding as necessary. The requirement for implementing EOS in 2007 amounts to US\$ 7 million.

Measles: Considering the likelihood of hazards that reduce the effectiveness of measles immunization, such as flood, drought, and displacement, there is a need for supplementary immunisation activities particularly to protect vulnerable children. There is also a need for shortening the interval between catch up and follow up campaigns to two years rather than three. Therefore, the requirements for measles indicated in this appeal document solely addresses the necessary supplementary immunisation needed to prevent outbreaks of measles both in the general population and in particular for those made susceptible to emergencies. In 2007, an estimated 396,500 children will need to be reached to avoid measles outbreaks in the various regions. Requirements include vaccines, consumables and operational costs with an estimated total funding need of US\$ 1.18 million.

Malaria: Ethiopia is one of the most malaria-epidemic prone countries in Africa. Rates of mortality and morbidity dramatically increase (3-5 fold) during epidemics. The country experienced intense widespread epidemics in 1988, 1994/1995, and 1998/1999. From March until December 2003, an epidemic had devastating effects in 3,689 villages in 211 woredas, resulting in over 6.1 million cases with an estimated 45,000 to 114,000 deaths. These figures reflect the serious consequence of malaria infection in Ethiopia, against the background of one of the highest malnutrition rates in the world. Approximately, 3.3 million people are estimated to be at risk of epidemic malaria in 2007. Recently, the level of control achieved in major epidemic areas of malaria is encouraging. Approximately, 75 percent of the budget requirement for addressing epidemic malaria will be met through regular health programs. An additional 25 percent, however, is required for ACTs, RDTs, consumables, insecticide for IRS and operational costs. A total of US\$ 14 million is needed to meet the requirements for addressing malaria epidemics in 2007.

Meningitis: Outbreaks of meningococcal disease strike populations intermittently. In 2007, approximately 2.85 million people will be at increased risk of meningitis outbreaks. Requirements include drugs, vaccines, consumables and operational costs. A total of US\$ 4.93 million is required.

Acute Watery Diarrhea: Since it first emerged in April 2006 in Gambella Region, the AWD epidemic is running a protracted course, affecting all regions except Harari, Dire Dawa and Beneshangul Gumuz. In order to contain the outbreak and avoid its potential to become endemic to the country, US\$ 8.5 million is required for essential supplies to treat severe cases. The necessary provision of safe water is considered to be addressed by the Ministry of Water Resources and hence cost for it is not included in this section.

Preparedness for Avian Human Influenza: Avian Human Influenza (AHI) remains a real concern for Ethiopia in 2007. The threat of an outbreak in Ethiopia has been increased recently with neighbouring countries reporting cases in poultry. On the basis of the three year plan for AHI discussed previously, the total cost for AHI basic preparedness has been estimated at US\$ 4.8 million. This will cover the strengthening of an early warning mechanism for detection and containment, the strengthening of the

national laboratory capacity to confirm cases, the establishment of preparedness and response coordination system, and the production and dissemination of IEC materials in the regions.

Other Communicable Diseases and ARI: An estimated 10 million people could become vulnerable to common diseases such as acute respiratory infections, relapsing fever and diarrhoeal diseases in the case of drought, floods, displacement and other shocks. The intervention will focus on children under five as well as pregnant and lactating women. Requirements include emergency drugs and consumable kits, operational costs for training, health education and mobile teams amounting to US\$ 11.9 million.

Table 3: Health and Nutrition Emergency Requirements

Area of Need	Number of People at Risk	Requirements (US\$)
Malaria	3,300,000	14,000,000
Meningococcal Meningitis	2,847,200	4,926,330
Acute Watery Diarrhoea	4,067,440	8,500,000
Diarrheal Diseases, ARI, and Other Communicable Diseases	10,005,180	11,864,093
Measles	396,840	1,184,007
Severe Acute Malnutrition	207,350	31,506,328
Enhanced Outreach Strategy	6,342,120	6,990,750
Avian Human Influenza	11,529,760	4,800,000
Subtotal		83,771,508

Source: FMOH

4.3.1.3 Sector Coordination, Implementation Approach and Monitoring

The FMOH and the Regional Health bureaus will take the lead in the implementation of emergency health and nutrition activities indicated in the appeal through woreda health offices and health institutions. The emergency health and nutrition task force will provide technical assistance to the Ministry. To improve the flow of information and avoid duplication of efforts, NGOs and UN partner agencies, supporting the appeal response will work in close coordination with the FMOH. In addition, the FMOH and the Health and Nutrition Task Force will monitor the response. Moreover, the Task Force may organise a special group to establish modalities for follow up and monitoring. The establishment of Health and Nutrition Emergency Coordination Unit within the FMOH will further strengthen the overall coordination, implementation, and monitoring of essential activities.

The Emergency Health and Nutrition Task Force chaired by the FMOH will be used as the main coordination mechanism at federal level. The experience gained in coordinating and collaborating for the response to the ongoing AWD epidemic will be used to sustain the necessary coordination for HNEs at all levels.

4.3.2 Water and Environmental Sanitation

4.3.2.1 Objectives

The overall objective of the 2007 WES Appeal is to reduce diarrhoeal and other infectious diseases in emergency areas and save lives through the provision of safe water, appropriate sanitation facilities and hygiene promotion.

4.3.2.2. Requirements

The 2007 WES Appeal has been developed on the basis that onset of emergencies in 2007 is anticipated to leave more than 3.5 million people critically affected by water and sanitation scarcity. Approximately US\$ 20.5 million is required to address water and sanitation needs, out of which US\$ 1.4 million is available, bringing down the net requirement to US\$ 19.2 million.

Table 4: Water and Environmental Sanitation Emergency Requirements

Major Hazard Types	Requirement (USD)	Available Resources (USD)	Gaps (USD)
Acute water shortage due to drought	10,636,428	764,873	9,871,555
Flooding	1,619,280	20,000	1,599,280
Fecal contamination/ disease outbreak	1,999,324	365274	1,634,050
Acute Watery Diarrhea	4,038,277	0	4,038,277
Stagnant water, Malaria	792,600	225,948	566,652
Water Related Conflict	604,560	40,000	564,560
Earth quake/sand storm/Land Slide	364,400	0	364,400
Capacity Building	516,000	0	516,000
Total	20,570,869	1,416,095*	19,154,777

Source: WASH Sectoral task force

*US\$286,040 is available for urban water hazard is proposed for allocation

4.3.2.3 Sector Coordination, implementation approach and monitoring

At the federal level, MoWR and MoH Environmental Health Department will remain responsible for the coordination and management of Water, Sanitation and Hygiene Emergency (WASH) interventions. The existing WASH task force will play an increased and fundamental role in coordinating WASH activities. In addition, the regional WASH task force will be further strengthened to continue and discharging their responsibilities with respect to the planning and implementation of WASH activities. Due consideration will be given to establish similar regional WASH task forces where they have not yet been established. Similarly, in order to facilitate the smooth and efficient follow up of implementation and regular exchange of information from the lowest administrative levels, efforts will be made to establish zonal and woreda task forces.

The implementation approach for emergency water, sanitation and hygiene promotion interventions will be dictated by the onset of emergencies and threats. Implementation will be tailored to the demands and requirements of each emergency.

The MoWR through its emergency unit will serve as the focal point for coordination and monitoring of water and sanitation activities in the implementation of this plan.

4.3.3 Agriculture

4.3.3.1 Objectives

The overall objective of the 2007 emergency agricultural intervention is to provide crop and livestock support to address the humanitarian needs of the most vulnerable farmers and pastoralists and to restore the agricultural productivity of the disaster-affected communities. The major anticipated threats in 2007 include critical shortage of crop and forage seeds in disaster affected and vulnerable crop producing and agro-pastoral areas, and poor livestock conditions and disease outbreaks in pastoral and agro-pastoral areas due to shortage of water and feed.

4.3.3.2 Requirements

As indicated in Table 5 below, it is estimated that a total of US\$ 3 million is required in 2007 to undertake emergency intervention in crop and livestock sub-sectors.

Table 5: Summary of Agriculture Emergency Requirements

Programmes		Costs (US\$)
Provision of emergency seeds		1,613,076
Livestock Emergency Health Interventions	Vaccines	340,527
	Drugs	591,148
	Equipment	125,335
	Sub total	1,057,010
Restocking		383,908
Total		3,053,994

Source: MoARD

Crop sub-sector: Planned emergency and recovery interventions in the sub sector includes provision of different varieties of drought-tolerant and high yielding seeds as well as striga resistant sorghum, for planting during the rainy seasons. Thus, a total of US\$ 1.6 million is required to supply 3,519.5 MT of good quality local and improved seeds to approximately 153,000 disaster-affected and seed-insecure households.

Livestock sub-sector: Emergency and recovery livestock interventions are designed to save livelihoods and enhance post-drought recovery of drought affected people. The interventions include provision of veterinary drugs, animal feeds for livestock, fodder production, market intervention (through destocking), and restocking. Approximately US\$ 1.4 million is required to address the need in the livestock sub-sector.

4.3.3.3 Sector Coordination, implementation approach and monitoring

At the federal level, the MoARD will be responsible for the overall coordination of the sector's emergency programme.

Regional and Woreda Bureaus of Agriculture and Rural Development will play a leading role in the implementation process. Generally, relevant government bodies at all administrative levels, local and international NGOs and UN agencies will be actively involved in the implementation of the emergency/recovery interventions. The overall

implementation process will be monitored and coordinated by the Federal and Regional Emergency Agriculture Task Forces and the respective Regional Bureaus of Agriculture and Rural Development. The implementation will give due attention to ensuring the direct participation of target communities/households in planning and implementation of the proposed interventions.

5. OVERALL COORDINATION

In 2006, coordination challenges were significant with unexpected disasters and emergency situations placing strains on the existing structures. In particular, the nationwide floods required strengthened regional and sub-regional coordination between the government, UN and NGOs in order to develop action plans for response. The AWD emergency required the formation of a national committee to ensure effective coordination. The year 2007 offers continued coordination challenges, with AWD continuing into the year and with recovery activities from the severe flooding in 2006. An enhanced cooperative arrangement between government, UN, donors and NGOs to ensure that the new approach for detailed assessments and resource allocation is to avoid overlaps and make the most efficient use of limited funds, while ensuring that the most in need are addressed.

Effective coordination mechanisms remain in place at the federal level under the leadership of the DPPA and line ministry led sector task forces, whilst the UN Country Team, donors and NGOs participate in the federal coordination fora and meetings. Emergency offices in the line ministries and bureaus will be created and/or strengthened to enhance emergency non-food multi-sectoral responses. In line with UN Humanitarian Reform, the establishment of the Cluster Approach under the direction of the Humanitarian Coordinator is intended to add further support to the existing government-led coordination bodies noted above at the federal and regional levels. The technical committee to be established by the Early Warning Working Group will support the implementation of the new approach for assessments, to decide on methodologies and to determine requirements to support rigorous assessments. On the other hand, the Food Aid Task Force will design a feasible mechanism that would help to avoid problem of misuse of relief food aid, particularly in Somali Region, that may occur in the course of emergency distributions.

The coordinating body, the DPPA with the support of the Food Aid Task Force will review the relief food situation regularly. The Health and Nutrition Task Force led by the Ministry of Health, the Agriculture Task Force led by the Ministry of Agriculture and Rural Development and the Water and Environmental Sanitation Task Force led by the Ministry of Water Resources, each operate in a manner similar to the Food Aid Task Force, coordinating among Government, UN, donors and NGO partner's activities to address emergency needs in their respective sectors. The DPPA is responsible for monitoring the nutritional situation in the country and advising concerned partners in undertaking coordinated, timely and comprehensive emergency response through its Emergency Nutrition Coordination Unit (ENCU).

The DPPA and the FSCB will continue working towards enhanced collaboration and coordination of emergency and PSNP activities. The DPPA is in the process of strengthening the technical capacity for the coordination of non-food emergency responses and reviewing the existing national policy.

Efforts to further strengthen coordination capacities at the regional and sub-regional levels with the DPPA and sector bureaus are needed and will require continued commitment of UN agencies and NGOs. The DPPA will provide the necessary support in setting up the regional humanitarian response structures and providing adequate training. As a part of the UN Development Assistance Framework (2007-2011) a joint programme will be implemented with DPPA and line-ministries. Regular coordination meetings with all partners at the regional level must be further strengthened and maintained in 2007.

There is a need to closely monitor donors' response against this Appeal. Thus, a joint monitoring team comprised of DPPA, OCHA, and Heads of the Sectoral Task Forces will regularly monitor the response and will report the status to DPPA's management. The Appeal Steering Committee will meet on a quarterly basis to review the reports of the monitoring team. NGOs are required to support the process.

The UN Cluster leadership approach intends to broaden UN agency and partner collaboration, and to clarify sectoral responsibilities of UN agencies and partners. The Strategic Disaster Management Team (SDMT), comprising of WFP, UNICEF, WHO, FAO, UNDP, IOM and OCHA, serves as the key instrument for the internal coordination of the UN humanitarian response. These agencies will work together to support pertinent federal humanitarian operating/coordination institutions, i.e. DPPA, MoH, MoWR and MoARD. The overall budget for UN coordination is estimated at US\$ 2.3 million.

6. RECOVERY/REHABILITATION NEEDS/GAPS

The nationwide flood crisis destroyed public and private infrastructure including roads, health and education facilities, water supply systems, grain stores, agricultural land and private housing. Significant losses of livestock were also reported. The damage has had an adverse impact on the livelihoods of many. A DPPA-led impact assessment has identified rehabilitation requirements of approximately US\$ 15 million for recovery in the most severely flood affected regions including Dire Dawa, SNNP, Somali and Amhara regions. An expedition of humanitarian support for this category of requirement is highly encouraged.

7. STRENGTHENING PREPAREDNESS/DISASTER RESPONSE CAPACITIES

Lessons learned in recent years highlight the importance of a multi-sectoral response during emergencies. In 2007, there will be greater emphasis placed on strengthening the capacity of the DPPA and the sectoral task forces to intervene with multi-sectoral responses to humanitarian crises.

7.1 Emergency Food Security Reserve (EFSR)

The EFSR is a critical preparedness modality of disaster management in Ethiopia. The reserve maintains a physical grain stock of 405,000 MT and plays a crucial role in providing grains on loan bases for emergency interventions until pledged relief resources arrive into the country and in providing grain for implementation of the PSNP. It also has a mandate to hold non-food relief items as part of the Non-Food Contingency Stock that are available for immediate use in times of quick onset disasters until additional items can

be supplied through another mechanism. In addition to the budget allocated by the Government for the management of the reserve and construction of warehouses, donors have been assisting in building up the physical capacity of the reserve and providing materials required for pest prevention and control and vehicles for supervision of stocks. The Government has also been allocating an annual budget but this is not adequate to cover all the necessary expenses that are crucial for stock management. Currently some of the vehicles and equipment which have been provided by donors have become out of use due to long years of service: consumables for pest prevention and control need to be restocked to ensure proper maintenance and management of the current size of the reserve; the stock tracking system needs to be modernized and the necessary data base established. Therefore, US\$ 555,650 is required for the improvement of stock tracking, management and monitoring system and US\$ 456,080 is required for the maintenance of stock quality and pest control activities.

7.2 National Disaster Prevention and Preparedness Fund (NDPPF)

The NDPPF is an important preparedness mechanism designed to ensure a smooth relief operation and complement the EFSRA by providing cash resources to fund the non-food side of the emergencies and the complementary inputs needed to support food aid. US\$ 113,350 is requested for information technology and connectivity development of the NDPPF in 2007.

7.3 Sector Capacity Strengthening

7.3.1 Emergency Food

Strengthening of food aid management and developing contingency plans for unexpected sudden crisis will need further attention in the year 2007. Whereas the government and the different agencies were able to respond to the unprecedented floods of the year 2006 more efficient response could have been achieved were the agencies better prepared. There is also need to strengthen the food aid management chain in order to assure timely dispatch and distribution of relief food items and proper recording of resource utilization. Solutions for transporting food aid especially to Somali Region need to be identified as the poor security situation and road infrastructure continue to challenge the deliveries of food aid and leave space for mismanagement of food resources. This in turn has led to disruption of several allocations that has further aggravated the food security of already vulnerable populations. Furthermore, in view of moving away from regular food interventions to a needs based allocation of food resources, more work needs to be done in terms of strengthening the monitoring capacity of the regional governments and food aid agencies and in developing credible indicators setting thresholds for food interventions. Therefore close to US\$ 500,000 is required to strengthen the capacity in the sector including for the purchase of vehicles and communication equipment for assessments and monitoring activities.

7.3.2 Emergency Non-Food

7.3.2.1 Health and Nutrition

The coordination and management of the health and nutrition emergencies will continue in 2007 to be addressed by the Emergency Health and Nutrition Task Force (EHNTF) chaired by the Federal Ministry of Health (FMoH). In addition, the establishment of an emergency unit under the Ministry is progressing. The capacity of Regional EHNTF's will be strengthened in 2007 and new taskforces will be established in region's where they were previously absent. Moreover, the lessons learnt from the ongoing nationwide

Acute Watery Diarrhoea response will be used to improve standard operating procedures for health and nutrition emergencies at all levels.

Coordination and management for nutrition emergencies will continue to be addressed and strengthened by the Emergency Nutrition Coordination Unit (ENCU) under the DPPA.

Health and Nutrition will require over US\$1.6 million for strengthening the capacity of the EHNTF at all levels and the ENCU.

7.3.2.2 Water and Environmental Sanitation

The lack of permanent, empowered and staffed institutional structures for disaster management within the MoWR has direct implications for emergency WASH preparedness, response and coordination. In addition, capacity at the regional and woreda level is a major constraint to respond to quickly to acute emergencies.

Additional sector support will be given to the Emergency Water, Environmental Sanitation and Hygiene taskforces at federal, regional and zonal levels in order to strengthen their capacity to respond in a timely manner to emergencies. Moreover, the capacity of emergency WASH preparedness and response units both at federal and regional levels will be strengthened. Major activities will include the hiring and training of emergency office staff and sensitization of communities on water, sanitation and hygiene issues and the procurement of emergency supplies. To achieve this goal approximately US\$ 516,000 is required in 2007.

7.3.2.3 Agriculture

Enhanced coordination efforts at all levels is vital for the effective implementation of the planned interventions. As part of capacity building, permanent units will be established within MoARD and BoARD for coordinating and monitoring emergency and recovery activities, improving needs assessment methodologies, early warning activities, and designing and introducing harmonized relief/recovery assistance modalities among other things. To implement the planned capacity building programmes a total of US\$ 300,000 is required.

7.4 DPPA's Information Center (IC)

The Information Centre (IC) will continue to be client driven and seek to provide a user-friendly data repository of all available survey, baseline and other relevant data and documentation for use within DPPA, by government ministries and by all other humanitarian actors. The IC was under funded in 2006 with only US\$115,000 contribution from UN OCHA and UNDP. To enhance its efficiency in a sustainable fashion, there is further need for technical assistance and support. The project will make use of existing level of staff seconded to DPPA to consider how best the IC might support the broader humanitarian and food security information management needs.

In 2007, US\$614,800 is required for assistance to the DPPA Information Centre. In addition, US\$ 788, 560 is required for a pilot regional connectivity project which aims to increase the level of information sharing between woreda, regional and federal levels.