
ETHIOPIA



2004

Mid Year Review

Joint Government

Humanitarian Partners Appeal

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Humanitarian Partners Appeal

Consolidated Appeals Process (CAP)

The CAP is much more than an appeal for money. It is an inclusive and coordinated programme cycle of:

- strategic planning leading to a Common Humanitarian Action Plan (CHAP);
- resource mobilisation;
- coordinated programme implementation;
- joint monitoring and evaluation;
- revision, if necessary; and
- reporting on results.

The CHAP is a strategic plan for humanitarian response in a given country or region and includes the following elements:

- A common analysis of the context in which humanitarian action takes place;
- An assessment of needs;
- Best, worst, and most likely scenarios;
- Stakeholder analysis, i.e. Who does what and where;
- A clear statement of longer-term objectives and goals;
- Prioritised response plans; and
- A framework for monitoring the strategy and revising it if necessary.

The CHAP is the foundation for developing a Consolidated Appeal (CA) or, when crises break or natural disasters occur, a Flash Appeal. The CHAP can also serve as a reference for organisations deciding not to appeal for funds through a common framework. Under the leadership of the Humanitarian Coordinator, the CHAP is developed at field level by the Inter-Agency Standing Committee (IASC) Country Team. This team mirrors the IASC structure at headquarters and includes UN agencies, and standing invitees, i.e. the International Organization for Migration (IOM), the Red Cross Movement, and Non-Governmental Organisations (NGOs) that belong to International Council of Voluntary Agencies (ICVA), Interaction, or Steering Committee for Humanitarian Response (SCHR). Non-IASC members, such as national NGOs, can be included, and other key stakeholders in humanitarian action, in particular host governments and donors, should be consulted.

The Humanitarian Coordinator is responsible for the annual preparation of the consolidated appeal *document*. The document is launched globally each November to enhance advocacy and resource mobilisation. An update, known as the *Mid-Year Review*, is presented to donors in June of each year.

Donors provide resources to appealing agencies directly in response to project proposals. The **Financial Tracking Service (FTS)**, managed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), is a database of donor contributions and can be found on www.reliefweb.int/fts

In sum, the **CAP is about how the aid community collaborates to provide civilians in need the best protection and assistance available, on time.**

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1. EXECUTIVE SUMMARY

The achievements of the humanitarian response to the famine following the drought in 2003 were remarkable, which to a large degree can be accredited to the concerted efforts of the Government, bi- and multilateral donors, UN-agencies, Red Cross Movement and NGOs.

In 2004, Ethiopia is focusing its efforts on improving long-term food and livelihood security for some five million vulnerable citizens through the Food Security Programme of the "New Coalition for Food and Livelihood Security in Ethiopia". Some parts of the Coalition programme have already begun to be implemented, such as the voluntary resettlement programme, which will resettle food insecure populations over a 3-5 year period. Meanwhile, the Safety Net Programme is currently under development, and the Government is planning to begin implementation in 2005. However, as these initiatives must be developed in a comprehensive manner, long-term funding secured, and implementation modalities worked out, these programmes will begin to have an impact on reducing the vulnerability of the most needy populations in Ethiopia only gradually. Funding for humanitarian assistance will continue to be required for the most vulnerable and destitute through 2004. Re-assessments will be carried out in 2004 and adjustments to beneficiary numbers made to take account of those that will begin to be covered under the longer-term initiatives of the Coalition programme.

Humanitarian conditions in 2004 are better than in 2003, but are still worse than an average year. The major concerns for the next months are issues, which have gained importance since the launch of the 2004 Appeal. These are mainly the possible humanitarian implications of the resettlement programme, upcoming *meher* rains and malaria. As some of the remote resettlement sites become inaccessible due to rains, conditions may worsen and in addition to this malaria may severely compound the situation. There are also concerns about the volatile situation in the Somali Region, which has a large Internally Displaced Persons (IDPs) population, and intensified clashes in Gambella Region, which has led UN agencies to withdraw their staff. The Ethiopia-Eritrea border dispute continues and the current situation remains in a deadlock.

Currently, the net food requirements for Ethiopia stand funded at 62% - with additional pledges under discussion - while non-food items stand at 20% funded, reflecting the general imbalance across appeals in favour of food. This means that while food aid may not be a major concern, *provided that timely deliveries of the pledges are assured*, non-food aid still remains a challenge. The sectors of Human Immuno-deficiency Syndrome/ Acquired Immuno-deficiency Syndrome (HIV/AIDS) awareness/ Child Protection and Emergency Education have received zero funding in the Appeal; the sectors of Health and Nutrition and Water and Sanitation have only received 29% and 22% of respective requirements. The agriculture sector, which is imperative for rebuilding livelihoods, has received just 45% of its requirements.

2. CHANGES IN THE CONTEXT AND HUMANITARIAN CONSEQUENCES

The Ethiopian Government, the UN and humanitarian partners appealed for US\$ 85 million of non-food assistance to meet humanitarian needs in 2004. Meanwhile, 980,000 MTs of food was originally sought, but this requirement was adjusted downward to 871,000 MTs following the pastoral areas assessment in January and because carry-over stocks and contributions were higher than originally anticipated. The number of beneficiaries is estimated to be 7.1 million people, about 10.5% of the total population, which is a 45% reduction from the population assisted in 2003. The reduced food requirement results from a reduction in the number of months that some beneficiaries are estimated to require assistance; it is not a reduction of the number of beneficiaries. Needs for 2004 were reduced from those of last year as a result of satisfactory performance of the *meher* - the main rainy season - in most parts of the country, combined with massive recovery interventions in certain sectors. However, the situation in many lowland crop growing and pastoral areas has been less than favourable. Despite the overall better rains and harvest prospects, Ethiopia still suffers from the aftermath of the emergency, in addition to chronic food insecurity, and faces substantial challenges in 2004. To avert a humanitarian crisis, non-food interventions should be given equal importance to food aid assistance. Implementing partners for agricultural recovery in particular have raised their concerns about the very limited and delayed donor response to seed requirements. The relatively low rates of contributions to non-food assistance so far in 2004 are delaying the recovery process.

Summary of revised humanitarian assistance requirements for 2004 – all sectors

Sector	Original Requirements (Net) US\$	Revised Requirements US\$	Contributions US\$	Unresourced (US\$ or MTs)	Unresourced (%)
Health and Nutrition	17,930,340	--	5,274,670	12,655,670	71%
Water and Sanitation	24,830,080	--	5,513,040	19,317,040	78%
Agriculture	13,150,200	--	5,865,368	7,284,832	55%
HIV/AIDS, Child Protection	2,699,500	--	0	2,699,500	100%
Education	10,449,330	--	0	10,449,330	100%
Disaster Response / Capacity strengthening	14,672,290	--	0	14,672,290	100%
Overall Coordination ¹	1,333,000	1,573,000	620,000	953,000	60%
Total Non-food	85,064,740	85,304,740	17,273,078	68,031,662	80%
<i>Food (MTs)</i>	<i>980,000</i>	<i>871,000</i>	<i>552,000²</i>	<i>319,000</i>	<i>37%</i>
Food (US\$)	410,000,000	365,000,000	226,000,000	139,000,000	38%
Grand Total Food & Non-food	495,064,740	450,304,740	243,273,078	207,031,662	46%

The resettlement programme, which was initiated in 2003, has gained momentum during 2004. As part of the overall New Coalition for Food and Livelihood Security, it is intended to resettle 2.2 million people over the next three to five years to address problems of highland resource degradation, mounting population pressures, small farm size and limited off-farm employment opportunities in chronically vulnerable areas. According to unofficial estimates, more than 300,000 people have been resettled in four regions in 2003 and 2004. However, donors and UN agencies have concerns about short- and long-term implications of the programme. Joint assessments have shown that some sites are not prepared and there is a lack of food, water, shelter and services such as clinics and schools. Malnutrition of both adults and children is a problem in some sites. Many sites lack all-weather roads, which will make them inaccessible as the main rainy season begins in June, not ending until September. As resettlers have not yet been able to farm allotted lands, it is imperative that food aid is pre-positioned and properly stored before rains set in. The humanitarian implications of the resettlement programme are not accounted for in the current appeal and discussions are ongoing with the Disaster Prevention and Preparedness Commission (DPPC) to provide assistance to assist those affected using existing humanitarian resources and possibly seeking additional resources.

¹ This covers UN coordination for 2004. Sectoral coordination included within overall requirements for each sector.

² This includes 325,000 MTs carryover from 2003 + 227,000 MTs confirmed 2004 contributions.

Gambella National Regional State, in the south-western part of the country, bordering Sudan, has experienced an increased rate of attacks and clashes since December 2003. The conflict between Nuer and Anouak also involves other groups such as Highlanders, so called because they have progressively moved into the region from other parts of the country, often highland areas. All international staff were withdrawn from Gambella in December 2003 and currently only the International Committee of Red Cross (ICRC) retain operations in certain areas. The humanitarian needs of the IDPs in Gambella are yet to be assessed at central level or to be incorporated in the current appeal. Restricted access makes preparing an appeal revision problematic, although it remains clear that needs exist in the region. The Government has appointed an "Independent Fact Finding Committee" to enquire into the roots of the conflict and to propose solutions.

While malaria is a constant factor, a development in 2004 is that the Government through a pilot study has preliminary confirmation of a 30% resistance rate to the drug SP (Fansidar), and in response is expected to announce the adoption of the more effective drug combination Artemisinin-based Combination Therapy (ACT). United Nations Children's Fund (UNICEF) and World Health Organization (WHO) received approval in mid-May to procure and distribute the more expensive ACT. Another development is that WHO approved long-lasting mosquito nets in December 2003, which means that they and UNICEF will no longer procure conventional nets for Ethiopia. The new nets are more expensive but considered cost-effective in the long run. Both of these factors will have implications for the appeal increasing the costs of non-food requirements.

3. REVIEW OF THE JOINT APPEAL

3.1 SUMMARY

This Mid Year Review mainly reflects activities and progress made by UN agencies in cooperation with Government line ministries and NGOs. OCHA Ethiopia has consulted with all relevant agencies to ensure that reporting mechanisms capture ongoing emergency and recovery activities. The major issue confronting the appeal is underfunding - mainly for non-food items, although even the food sector has only 62% of net requirements confirmed so far.

3.1.1 Impact of Funding Levels on Strategy Implementation

The shortfall in non-food funding so far in 2004 has had serious implications for the effective delivery of assistance. WHO has not received any funding for activities indicated in the 2004 Joint Appeal, but has assisted the populations affected by outbreaks of e.g. meningo-coccal meningitis and malaria from its limited regular budget resources, and by shifting funds from less prioritised activities. These funds will need to be repaid if those programmes are not to be seriously affected. UNICEF also faced constraints due to delays in the arrival of funds for its malaria programmes in 2003, constraining UNICEF ability to react to the epidemic.

There remains a shortfall of over 38% of net food requirements. Donors are being encouraged to confirm pledges under negotiation and make new commitments so that needs beyond mid-year can be covered. Around 75% of the supplementary food aid needs are covered for 2004. This sector needs to be fully covered for children in general, but especially for children in resettlement sites who are currently only provided with unsuitable food in the form of unmilled cereals.

Due to a lack of contributions the Food and Agriculture Organization (FAO) has been unable to supply seeds in time for sowing for the *belg* harvest. Contributions to this component of the appeal are urgently required now to address seed needs for the upcoming *meher* sowing season. Failure to secure funds will result in 450,000 farming households missing both cropping seasons in 2004 with a consequent impact on the need for food aid for these beneficiaries.

3.2 SCENARIOS

The Joint Appeal scenario of addressing needs arising from the drought of 2003 still applies at this stage of 2004. The mid case scenario developed for Somali Region, where drought conditions were considered late in 2003 as giving rise to serious concerns, persists. The conditions in Somali region are exacerbated by localised unrest but not to the extent of affecting the scenario.

The performance of the rains was sufficient overall in much of the *Belg* crop producing parts of the country. But since the onset was delayed, especially in the south, the continuation of the rains up to early June is very important for the *Belg* harvests. In parts of Somali region, the *gu* rains started on time or early in some zones, spreading to other areas of the region and bringing relief to the pastoralists who have been facing water and pasture shortages. Although the current climate/harvest situation is looking hopeful, it is worth remembering that this is a tentative prognosis, not a guarantee of a better season.

While recording of nation-wide malaria cases is poor, the Ministry of Health (MoH) lists malaria as the leading cause of admissions to health facilities, outpatient visits and mortality. Up to 15 million people are facing a high-risk malaria season, peaking in September – December. Funds are urgently needed to assist WHO, UNICEF and the MoH to address the situation. The malaria situation as 2004 progresses depends largely on two main factors: the extent of the *meher* rains; and the approval of ACT drugs. The latter will have a pronounced impact on the required funding, as more would be needed for the five to ten times more expensive drugs. The rains will have an impact on the numbers at risk of getting malaria (in general, more rain means more malaria). UNICEF is currently seeking at least US\$ 3 million to procure ACT drugs in time for the expected epidemics in September-December. Without the new drugs, mortality and morbidity can be expected to increase because of the resistance to the current drug protocol. The numbers of resettlers, most of whom are moving from non-malarial highland areas to lowland malaria infested areas, add to the potential malaria caseload due to their non-resistance and poor nutritional status. Securing ACT supplies in sufficient quantities remains

problematic for two reasons: the money is not there to purchase the supplies, and the supplies are limited on a global scale.

Humanitarian needs arising from the voluntary resettlement programme are not part of the 2004 appeal and present worrying scenarios. Assessments of the humanitarian situation have found that in areas where there has been adherence to the principles and guidelines set by Government i.e. sufficient preparation, capacity and resources, conditions in resettlement sites appears to be moving in a positive direction. However, numerous serious humanitarian concerns including widespread malnutrition, problems with health, shelter and water, as well as environmental concerns due to deforestation were found in many sites - in Oromiya Region in particular, but to a lesser extent also in other regions - and immediate humanitarian action has been recommended. Department for Prevention and Preparedness Commission (DPPC) completed an assessment of resettlement sites in May with UN and other partners, and the report calls for immediate support to address problems noted above. A decision concerning the need to amend the current appeal has not yet been made.

According to the UN Mission to Ethiopia and Eritrea (UNMEE), the current border situation remains a "stalemate". The UN Security Council in early May expressed concern both over movement restrictions of UNMEE vehicles and the detention of local staff members of UNMEE monitoring the peace accord by the Government of Eritrea, and of the general "lack of progress" regarding the peace accord and willingness to solve the demarcation issue. While a stalemate persists there are not expected to be further humanitarian implications - in addition to the 62,000 conflict-displaced IDPs currently receiving assistance - arising from this situation until border demarcation and land transfers occur, which will result in further population displacements.

3.3 STRATEGIC GOALS

2004 is considered to be a transition year and numerous activities associated with the Coalition for Food Security are in train to reduce Ethiopia's dependency on emergency relief. While agencies have undertaken activities to achieve transition, providing relief to the caseload of 7.1 million beneficiaries in addition to managing assistance for resettlers and displaced persons as a result of the Gambella situation are stretching human and financial resources.

An evaluation of the performance of humanitarian agencies in meeting the needs of the 13.2 million Ethiopians assisted in 2003 is planned for mid 2004. The results of this work will be used to learn lessons and further develop systems to improve responses for when the next shock strikes.

3.4 RESPONSE PLANS

3.4.1 Food Assistance

The gross food requirements were estimated in December 2003 to be 980,000 MTs, which was subsequently reduced to 871,000 MTs after the assessments in pastoralist areas were completed in January 2004. The World Food Programme (WFP) is covering up to 50 % of the overall relief food requirements, with the remainder to be met from bilateral donations to the DPPC or to NGOs. Thus, WFP is to provide for up to 3.44 million beneficiaries (peak monthly figure). Among these, 1.4 million are to receive supplementary rations and 400,000 children will receive emergency school feeding. Of the total needs for the national emergency food requirements, by mid-May, carryover 2003 contributions and confirmed 2004 contributions to NGOs, WFP and the Government stood at 552,000 MTs (415,000 MTs cereals, 45,000 MTs pulses, 18,000 MTs vegetable oil and 74,000 MTs blended food). This represents 63% of 2004 needs.

As of mid-May, contributions towards the WFP plan total 214,000 MTs (130,000 MTs cereals, 31,000 MTs pulses, 7,000 MTs vegetable oil and 46,000 MTs blended food), representing 46% of WFP emergency requirements for the year of 464,000 MTs.

Planned distributions vs. allocations (DPPC, WFP and NGOs) - January to March 2004

Month	Planned (MTs)	Allocated (MTs)	% of needs covered
January	42,257	26,734	63%
February	60,068	32,153	54%
March	84,666	71,572	85%

The reduced food deliveries during the period January – February were due to a combination of factors. There was concern from the DPPC on overall resources for 2004, which led to the reservation of food for the peak demands from May to September. Some regions prioritised the areas most in need. Planning and organising Employment Generation Schemes has also delayed food distributions in some areas. Timely confirmation of pledges will facilitate meeting distribution planning figures in the coming months, and fulfilling the cereal rations at the planned 15 kg of cereals/person/month, pulses 1.5 kg/person/month; and vegetable oil 0.45 kg/person/month for all areas. Supplementary monthly rations of 4.5 kg of protein-rich blended food are targeted to children under five, pregnant and lactating women.

Future food requirements depend largely on rainfall, and although the *belg* and *gu* rains are generally expected to be satisfactory this year, the short-season assessment in July historically leads to an upward revision of requirements for the second half of the year, particularly for pastoralists.

3.4.2 Health and Nutrition

The major recurring health threats in Ethiopia are meningitis, malaria and measles, especially so in drought-affected areas. UNICEF and WHO are jointly supporting the Ministry of Health in Measles vaccination and Expanded Programme of Immunisation (EPI) activities. No outbreaks of measles were reported in *woredas* covered by the campaign in 2003 – 2004; the average vaccination coverage was 92%. The measles campaign is extended into 2004 to cover remaining zones, and between January and April, 6.3 million children have been vaccinated.

Malaria is widespread in Ethiopia and is a major threat especially during and after the rainy seasons. Resistance to the conventional drug SP (Fansidar) has been documented in other countries, and the Government in 2004 undertook a pilot study, which confirmed resistance of around 30% to the drug (although outcome have yet to be *officially* confirmed). Significant progress has been made by UNICEF and WHO, in working with the Government to gain the official permission to use ACT in mid-May, and while supplies worldwide of this drug combination are limited, action is now underway to secure supplies prior to the onset of the rains.

WHO priorities remain the same throughout 2004. These are control of communicable diseases including malaria, meningo-coccal meningitis, measles, nutritional disorders and building response capacity of the Federal, Regional, Zonal and district level health workers – realising this, however, depends on donors responding to WHO requirements.

Since the beginning of 2004, NGOs are scaling down emergency nutrition programmes as the global nutrition situation improves, especially in the Southern Nations Nationalities Peoples Region (SNNPR). However, the population is highly vulnerable and many children are still suffering from acute malnutrition. UNICEF continues to support 40 Therapeutic Feeding Centres (TFC) across the country (24 TFCs managed by NGOs, 16 integrated therapeutic feeding units within the existing health structure), providing the therapeutic products and necessary equipment.

A concerted response to the effect of chronic food insecurity on children is the joint UNICEF/WFP Extended Outreach Strategy/Child Survival Programme (EOS/CSP), which contributes towards the Government of Ethiopia's Extended Health Package (EHP). The EOS will be a three-year project. The target population is 6 to 8 million children, 6 to 59 months old, living in the most food insecure and worst drought-affected *woredas* on the country. The overall objective is to enhance child survival rates by reducing mortality and morbidity in children under-five. UNICEF service package will include activities such as nutritional screening of malnourished children, pregnant and lactating women, vitamin A supplementation and deworming. WFP role is to complement and strengthen the UNICEF programme with a comprehensive supplementary food component.

A joint MoH/UNICEF/WHO capacity building initiative was introduced in 2003 and continues in 2004. The aim has been to introduce the new standard protocol on the management of acute malnutrition developed by UNICEF and adopted by the MoH in June 2003. Over 900 health professionals were trained during 2003, and the next step is to build capacity of health institutions to include the protocol in their regular curriculum. The MoH, WHO and UNICEF have developed a joint capacity building initiative for training health professionals/training institutions on the Integrated Management of Child Illness (IMCI) and acute malnutrition management. This will mitigate the problem of high staff turnover, build up a crisis response team and promote cost effectiveness of interventions.

3.4.3 HIV/AIDS and Child Protection

During the period December 2003 - April 2004, much effort has gone into developing a longer-term programme to address HIV/AIDS in food insecure areas. An emergency preparedness HIV/AIDS Task force was established, which was an important step to guide the emergency response. With partners, UNICEF delivered HIV/AIDS education in drought-affected communities in SNNPR, and in collaboration with Goal and Sidama HIV/AIDS secretariat office, conducted trainings focusing on emergency affected people. Effort has gone into ensuring that the activities that were developed to target rural populations at former food distribution sites continue after the food distribution ceases.

In SNNPR, an HIV/AIDS early warning and preparedness working group has been established to monitor situations and take prompt action when problems are encountered. Such an experience is planned for the rest of the regions. UNICEF is working to develop an HIV/AIDS prevention and control strategy within the new resettlement context together with Government and NGO partners. This new priority will mean that the UNICEF financial request will increase. So far, UNICEF has not received any funding for HIV/AIDS against the 2004 appeal.

UNICEF, despite receiving no additional funds from the Joint Appeal, has created a temporary post in Tigray for Emergency Child Protection to focus on the escalating street children problem, communities of IDPs and refugees, patients living with HIV/AIDS (PLWHA) and other vulnerable groups.

3.4.4 Agriculture

During 2004, more than 450,000 farming households and 720,000 farming and pastoral households are in need of seeds and veterinary assistance, respectively. The total 2004 emergency needs for agriculture are around US\$ 13.2 million; so far only 43% has been pledged. No funds were provided for *Belg* season seeds, and as a consequence about 50,000 farming households are deemed to have been in difficult conditions to resume their production. Just US\$ 3,751,563 has been pledged for seed supply for the incoming *meher* season to benefit about 250,000 households. In addition, unspecified pledges for US\$ 2,113,805 are reported. However, no funds have been pledged for veterinary interventions. Unless donors respond promptly to cover the remaining gap, some 920,000 households will either be unable to resume their productive system or will have their coping system and livelihood threatened.

The results of the FAO/WFP Crop and Food Supply Assessment Mission in late 2003 revealed that well-distributed seasonal rains that began on time and continued until October in the main production areas resulted in an upsurge of grain production. Seed support programmes helped ensure access to seeds in most regions and increased use of improved seed and fertiliser also contributed to the marked improvement in yields over the previous year.

Total grain import requirements in 2004 were estimated at 210,000 MTs of which 50,000 MTs are expected to be imported commercially. It has also been estimated by the Cereal Availability Study that 300,000 to 350,000 MTs of grains could be available for local purchase – this figure also matches food need for 2004. Donors are being urged to provide cash for this purpose, which can also help to ensure stability of grain prices by avoiding disruption of market prices.

3.4.5 Livestock

The Food and Agriculture Organization (FAO) has requested US\$ 5,750,000 for livestock emergency interventions in 2004, intended to benefit 720,000 people. None of this has been pledged to date. However, FAO received a contribution of US\$ 1,079,000 from the Government of Norway in October

2003 for a project implementation in 2004, to start a livestock recovery project in Zone 3 of the Afar Region. The project is supporting the rehabilitation of pastoralists through the provision of better animal health services (training of veterinary personnel, supply of veterinary drugs and vaccine, and strengthening of surveillance capacity), the improvement of animal feed supply and pastoral livelihood (establishment of irrigated fodder and vegetable crops) and restocking. The project is designed for an initial period of fifteen months, during which more long term interventions will be designed, based on lesson learned and field experiences.

ICRC in January-March 2004 undertook destocking and veterinary interventions in the Somali Regional State. The *deyr* rainfall in 2003 were insufficient or failed in five out of seven zones in the Region, which caused massive migrations of pastoralists and livestock flowing into Gode Zone in the beginning of 2004. In the five districts of the Zone where treatments took place, around half a million head of livestock were treated against parasites and diseases. Destocking was carried out in one district suffering from especially scarce water and pasture resources. Around 5,000 sheep and cattle were slaughtered, and the meat was distributed among 11,646 needy IDPs in the area.

3.4.6 Water Supply and Environmental Sanitation

Water and environmental sanitation remain under-funded sectors in Ethiopia. So far in 2004, UNICEF has mainly focused on recovery activities, with the exceptions of some emergency interventions in Harar Region and pocket areas in Somali and Afar Regions, benefiting around 66,600 people. The acute shortage of water in Harar town has been addressed through the Emergency Water Task Force. It has also been assisted by UNICEF, which has reprogrammed water and sanitation financial assistance to the town through emergency water-tankering for the anticipated period of critical need, from February to June 2004.

Emergency assessment is currently occurring in 43 *woredas* of SNNPR. Training for pump caretakers, community water committees, sanitarians, hygiene education and sanitation clubs in primary schools were conducted in a majority of the areas. Coordination within the water and sanitation sectors is critical; some progress has been achieved through the Water and Sanitation Task force at federal level, but this area still requires attention.

3.4.7 Emergency Education

Assessments were made in Afar, Somali, Tigray, SNNPR, Amhara and Oromiya Regions, revealing that the drought has increased dropout rates and absenteeism. UNICEF and WFP work jointly on school feeding programmes, training staff and providing necessary materials in the Somali and Afar Regions. The assistance targets 39 primary schools: 19 schools in Afar Region and 20 in the Somali Region. The source of funding for implementation in both Regions is reprogrammed from regular resources for 2004 – funds, which have to be repaid if contributions are received for this activity (currently zero funding has been donated to this component of the appeal).

UNICEF also established 32 temporary learning centres at food distribution sites, began constructing separate toilets for both boys and girls, conducted rapid assessment on educational needs of children in Afar, SNNPR, and Somali Regions and provided orientation to communities on the benefits of education, especially girls' education.

3.4.8 Emergency Coordination and Capacity Building

The WFP and Office for the Coordination of Humanitarian Affairs (OCHA) supported DPPC Humanitarian Information Centre officially opened in April 2004. Building on the successful work undertaken in SNNPR in 2003, OCHA has also helped secure new funding to cover the cost to establish Local Area Networks (LAN) connectivity with several regional DPPC and Food Security Offices. The plan is to extend the LAN to include Bureaus on *woreda* level for effective information exchange, strengthening early warning networks. The United Nations Country Team (UNCT) has also supported several computer trainings for Government officials in SNNPR, and has established at the Regional Disaster Prevention and Preparedness Bureau (DPPB) in SNNPR, linking the DPPB with other Bureaus.

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OCHA phased out its SNNPR presence in April 2004 after thorough consultations with the UNCT, the regional government, NGOs and other partners. The UNCT Support Office provided emergency coordination support to the regional authorities, NGOs and UNCT for nine months, while increasing government capacity to manage coordination for humanitarian activities. The coordination was transferred to regional structures, although OCHA will continue to provide support on a needs-basis. While emergency coordination support in SNNPR has been phased down, remaining UN agencies are shifting to longer-term assistance activities.

OCHA is to open a sub-office in Jijiga, Somali Region, in June 2004. The objective is to support coordination and information exchange among humanitarian actors in the region, which is currently suffering drought conditions and increasing insecurity. OCHA has in 2004 twice worked with the Pastoral Communication Initiative (PCI) on organising workshops on food security issues. OCHA has facilitated the Joint UN/Donor/World Bank Working Group on resettlement, and has successfully advocated for humanitarian relief in resettlement sites. OCHA field monitors have also monitored the resettlement programme, publishing reports and updates on movements and situations in sites.

4. CONCLUSION

Humanitarian needs for the balance of 2004 remain unmet in non-food areas and to a lesser extent for food aid. Additional resources are needed for both programme components. While climatic shocks are not expected to affect the existing scenario for humanitarian relief, additional needs arising mainly, but not exclusively, from the short rainy season, resettlement, displaced people in Gambella, and through changes to the drug protocol for malaria treatment are expected to result in additional resources being sought for the appeal around mid-2004. The three latter issues are currently under discussion between humanitarian actors.

Relief requirements for 2005 will be assessed during the October/November multi-agency assessment of the main season (*meher*) crops. Contingency planning scenarios for 2005 will be developed in the same period. The humanitarian requirements will continue in 2005, as populations need assistance in building up their livelihoods. Repeated crises have increased the level of vulnerability in many areas of the country, including areas once considered food secure: the family and community capacity to cope with even mild crisis has reduced considerably in recent years, and the panorama is made worse by the spread of the HIV/AIDS pandemic. There is a need for a robust rehabilitation programme for pastoral areas affected by the drought.

Acknowledging that Ethiopia has at least 5 million chronically food insecure people needing assistance each year, structured programmes to reduce the vulnerability of this population remain a priority within the new Coalition for Food Security. The Government, UN and partners will need to be vigilant in closely monitoring new long-term food security initiatives, humanitarian risks associated with such initiatives and to ensure that the most vulnerable populations continue to find life-saving support during this vital transition period.

ANNEX I.

DEFINITIONS OF IMPORTANT METEOROLOGICAL AND SEASONAL TERMS

Meteorological Drought

Drought is a period of insufficient water initiated by reduced precipitation. The impacts of drought on crops and society are critical but not easily quantified. The result is that "drought" does not have a universal definition. "Meteorological drought" is defined as a sustained period of deficient precipitation with a low frequency of occurrence. A three-month period is defined by the American Meteorological Society to be the shortest period that can be defined as a drought. (Source: *The American Meteorological Society*)

Ethiopia's Meher Rains

Since Ethiopia is in the tropics, physical conditions and variations in altitude have resulted in a great diversity of climate, soil, and vegetation. Rainfall is seasonal, varying in amount, space, and time. There is a long and heavy summer rain, normally called the big rain or *Meher*, which falls from June-September in most parts of the country.

Ethiopia's Belg Rains

In spring, a strong cyclonic centre develops over central and southern Ethiopia and Sudan. These moist, easterly and south-easterly winds produce rain, known as the *Belg* short season rains in most crop growing areas. This rain extends from February to May.

Ethiopia's Somali Region Gu Rains

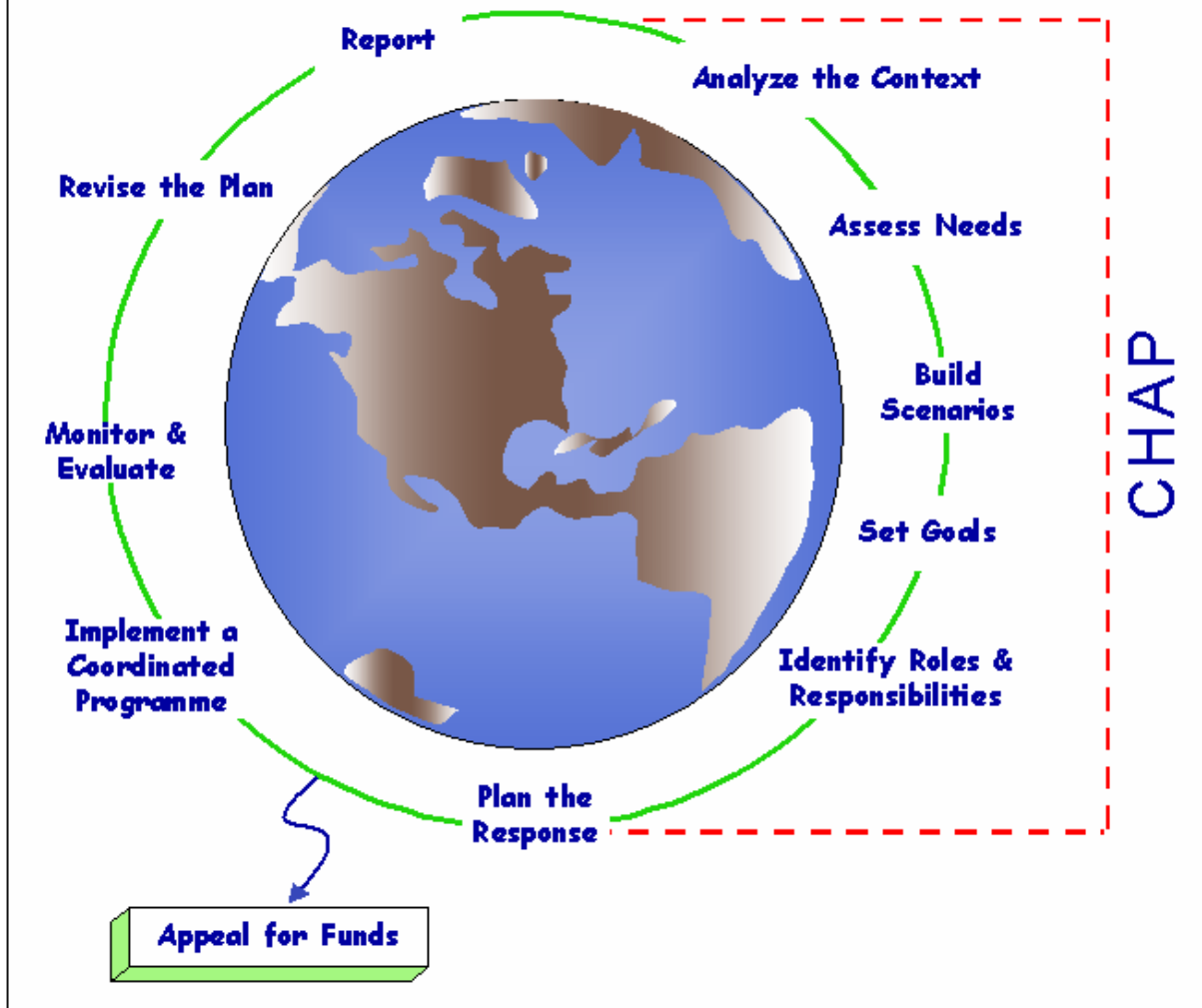
Rainfall in southern Somalia is bimodal, that is, there are two rainy seasons. Rainfall from late March through early June is called the *Gu* rains or the "long rains".

Ethiopia's Somali Region Deyr Rains

Rainfall in southern Somalia from late September through early December is called the *Deyr* rains or the "short rains". A fair amount of the *Deyr* crop is recessional or irrigated.

The Consolidated Appeals Process:

an inclusive, coordinated programme cycle in emergencies to:



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