

HUMANITARIAN REQUIREMENTS-2011



Joint Government and Humanitarian Partners' Document

February 2011
Addis Ababa
Ethiopia

Table of Contents

ACRONYMS/GLOSSARY	2
EXECUTIVE SUMMARY	3
1. INTRODUCTION AND BACKGROUND.....	4
2. REVIEW OF THE 2010 HUMANITARIAN RESPONSE	5
2.1. RELIEF RESPONSE TO THE 2010 HUMANITARIAN FOOD REQUIREMENTS	5
2.2. HEALTH AND NUTRITION	6
2.3. WATER AND ENVIRONMENTAL SANITATION.....	9
2.4. AGRICULTURE.....	10
2.5. EDUCATION.....	10
3. THE 2011 FOOD AND NON-FOOD HUMANITARIAN REQUIREMENTS	10
3.1. RELIEF FOOD NEEDS.....	10
3.1.1 <i>Objectives</i>	10
3.1.2 <i>Requirements</i>	11
3.1.3 <i>Targeted Supplementary Feeding Programme</i>	11
3.2. NON-FOOD NEEDS	12
3.2.1 <i>Health and Nutrition</i>	12
3.2.2 <i>Water and Environmental Sanitation</i>	15
3.2.3 <i>Agriculture</i>	18
3.2.4 <i>Education</i>	20
4. OVERALL STRATEGY	21
COORDINATION MECHANISM	21
5. ANNEXES:	23

ACRONYMS/GLOSSARY

AWD	Acute Watery Diarrhea	IOM	International Organization for Migration
<i>Belg</i>	Short rainy season from March to May (in highland and mid-land areas)	ITNs	Insecticide-treated Nets
BSF	Blended Supplementary Food	JEOP	Joint Emergency Operation Programme
CERF	Central Emergency Response Fund	MAC	Multi Agency Coordination
CFR	Case Fatality Rate	MAM	Moderate Acute Malnutrition
CRS	Christian Relief Services	M/BoARD	Ministry/Bureau of Agriculture and Rural Development
CSO	Civil Society Organizations		
CTC	Community Therapeutic Centre	MoWR	Ministry of Water Resources
<i>Deyr</i>	Short rainy season from October to December (in Somali Region)	<i>Meher/Kiremt</i>	Long and heavy rain season usually from June to September (in highland and mid-land areas)
DPPB	Disaster Prevention and Preparedness Bureau	MHNT	Mobile Health and Nutrition Teams
DRM	Disaster Risk Management	MT	Metric Tonnes
DRMFSS	Disaster Risk Management and Food Security Sector	NDPPC	National Disaster Prevention and Preparedness Commission
DRMTWG	Disaster Risk Management Technical Working Group	NGOs	Non- Governmental Organisations
EDKs	Essential Drug Kit	OTP	Outpatient Therapeutic Programme
EFSR	Emergency Food Security Reserve	OCHA	Office for the Coordination of Humanitarian Affairs (UN)
EHNTF	Emergency Health and Nutrition Taskforce		
		POE	Points of Entry
EHK	Emergency Health Kit	Region	The higher administrative structure, embracing zones and woredas
EMWAT	Emergency Water Treatment Kit		
		RHB	Regional Health Bureau
ENCU	Emergency Nutrition Coordination Unit	RWB	Regional Water Bureau
EOS/TSF	Extended Outreach Strategy/Targeted Supplementary Feeding	PSNP	Productive Safety Net Programme
		RUTF	Ready-to-Use Therapeutic Food
EPI	Expanded Programme for Immunization	SIA	Sub-national Immunization Activity
EWRD	Early Warning and Response Directorate	SNNPR	Southern Nations, Nationalities & Peoples Region
EWS	Early Warning System		
		TFU	Targeted Feeding Unit
FAO	Food and Agriculture Organization (UN)	TFP	Therapeutic Feeding Programme
FDA	Food Distribution Agents		Universal Access Program
FDPs	Food Distribution Points		
F/MoH	Federal/Ministry of Health	UAP	
FMIP	Food Management Improvement Project	UN	United Nations
FMTF	Food Management Taskforce	UNICEF	United Nations Children's Fund
GAM	Global Acute Malnutrition	UNDP	United Nations Development Programme
<i>Gu</i>	Main rainy season from March to June (in Somali Region)	USD	United States Dollars
		WASH	Water, Sanitation and Hygiene
HEA	Household Economy Approach	WES	Water and Environmental Sanitation
HNEs	Health and Nutrition Emergencies	WFP	World Food Programme
HRD	Humanitarian Requirements Document	WHO	World Health Organization (WHO)
HRF	Humanitarian Response Fund	<i>Woreda</i>	Administrative/geographic unit, equivalent to district

EXECUTIVE SUMMARY

The overall good performance of the 2010 *belg* and *meher* rains contributed to improving the food security situation in areas that benefit from the seasonal rains, apart for some pockets in the eastern lowlands areas. The food security situation is, however, deteriorating in the south and south eastern pastoral and agro-pastoral areas following poor performance of the 2010 *deyr/hagaya* rains (*October to December*), which has resulted in water and pasture shortage.

Accordingly, the findings of the multi-agency assessment and subsequent monitoring results indicate that approximately **2.8 million people** require relief food assistance in 2011.

The total net emergency food requirement from January to December 2011 and non-food needs for the first six months amounts to **USD 180,561,400**. The net food requirement, including TSF needs, stands at **234,017 MT**, estimated to cost around **USD 180,561,400**. In addition a total of **USD 45,979,151** is required to respond to non-food needs of identified beneficiaries in the health and nutrition, water and sanitation and agriculture and education sectors.

Table 1: Summary of Humanitarian Requirements (USD)-2011

Sector	Total Requirement (USD)	Available resource (USD)	Net Requirement (USD)
General Ration: Gross: 324,712 MT , 262,925 MT Cereals, 27,607 blended food, 26,292 MT Pulses, 7,888MT Oil) NET 184,212 MT	227,298,400	100,737,000	126,561,400
Supplementary (EOS/TSF) Food: Gross: 53,215 MT Net:53,215 MT	54,000,000	none	54,000,000
FOOD SUB TOTAL	281,298,400	100,737,000	180,561,400
Health and Nutrition	24,927,059	-	24,927,059
Water and Sanitation	17,607,405	3,695,313	13,912,092
Agriculture	3,740,000	-	3,740,000
Education	3,400,000	-	3,400,000
Non Food Total	49,674,464	3,695,313	45,979,151
GRAND TOTAL	330,972,864	104,432,313	226,540,551

1. INTRODUCTION AND BACKGROUND

The general food security situation is stable in most crop producing areas that benefited from the normal to above-normal *kiremt* (June to September) rains in 2010. Overall, the *kiremt* rains were favourable for agricultural activities that resulted in good *meher* harvest¹. Nonetheless, poor performance of *deyr/hagaya* rains (October to December) in the pastoral and agro pastoral areas in the south and south eastern parts of the country has led to a deteriorating food security situation, according to the multi-agency needs assessment conducted in November/ December 2010. The situation is attributed to the prevailing La Nina episode in the Pacific Ocean that started in June 2010.

The normal to above normal 2010 *belg* and *kiremt* rains contributed to improved pasture and water availability, and improved livestock body condition in areas that benefited from the seasonal rains. However, the heavy *kiremt* rains also caused flooding, water logging and landslides in some areas in Amhara, Gambella, SNNP, Afar and Somali regions.

The poor performance/failure of the *deyr/hagaya* rains has resulted in water and pasture shortage in the pastoral and agro-pastoral areas in Somali Region (Warder, Gode, Liben, Korahe, Degehabur, Afder and Fik zones), Oromia Region (Bale, Guji East and West Hararghe and Borena zones) Oromia and SNNP Region (South Omo zone). Water sources in most affected areas have been depleted and water tankering interventions are underway in the worst affected areas of Somali and Oromia regions. The prevailing water and pasture shortage has resulted in early migration of livestock to a relatively better off areas, which puts pressure on existing limited resource and further aggravates an already deteriorating situation. The situation is further exacerbated by influx of livestock from neighboring areas of Kenya and Somalia.

Additionally, Acute Watery Diarrhea (AWD) has continued to be a challenge with the persistence of high risk factors. The prevailing Measles epidemic reported in Addis Ababa, Afar, Amhara, Benishangul Gumuz, Hareri, Oromia, Tigray, SNNP and Somali regions also remains of concern in 2011.

The overall nutrition situation during the second half of 2010 was stable, apart from some pocket areas, mainly attributed to the improved food security situation following the good performance of 2010 *belg* and *kiremt* rains. Nonetheless, the prevailing water and pasture shortage in the south and south eastern parts of the country is anticipated to result in increased cases of malnutrition in the affected areas.

The water and pasture shortage in Somali and low lands of Oromia regions has resulted in increased school dropout rates as affected households are moving in search of water and pasture.

¹ The good *meher* harvest prospect reported by the pre-harvest multi-agency seasonal assessment was confirmed with reports from the Regional Agricultural Bureaus.

2. REVIEW OF THE 2010 HUMANITARIAN RESPONSE²

2.1. Relief Response to the 2010 Humanitarian Food Requirements

The Government and its partners released two Humanitarian Requirement Documents (HRD) in 2010 based on the *meher* and *belg* assessments. The first requirement document released in January 2010 outlined relief food requirements for 5.2 million beneficiaries; whilst, the second document released in November 2010 identified 2.3 million people in need of relief food assistance.

The total amount of relief food required to address the needs of the identified beneficiaries for 2010 stood at 755,540 MT. During the year, about 743,400 MT (see Annex I) of food valued at approximately USD 457,209,063 was contributed by different donors. With the 2010 contribution and the carryover from 2009, some 98 per cent of the requirement for the year 2010 was addressed. Availability of sufficient resource during the year, due to considerable effort by the Government and its partners, allowed the provision of full food basket with full ration for all identified beneficiaries in eight rounds of allocation. Subsequently, a total of 566.145 MT of food was dispatched by government and humanitarian partners; the percentage of the dispatch by the respective actors stood at (38 per cent) by DRMFSS, (36 per cent) the Joint Emergency Operation (an NGO consortium) and (26 per cent) by the United Nations World Food Programme (WFP).

Additionally, as part of preparedness efforts, 11,655 MT of food was pre-positioned prior to the rainy season in some areas in Gambella, Amhara and Tigray regions that are inaccessible during heavy rains. This food was subsequently dispatched.

Table 2: Summary of Food Dispatched in 2010 in Eight Round Allocations

Round/month	Beneficiaries (million)	Food dispatched by agencies in MT			
		DRMFSS	JEOP	WFP (Hubs &Spokes)	Total
First (February)	5.5	32,922	37448	31572	101,942
Second (March)	4.9	26,739	45416	21175	93,330
Third (April)	4.8	36,463	29788	21039	87,290
Fourth (May)	4.9	44,160	27545	18245	89,950
Fifth (July)	4.7	35248	26656	18450	80,354
Sixth (September)	2.5	21060	17609	14374	53,043
Seventh (October)	1.4	14985	15370	12505	42,860
Eighth (December)	0.9	3371	2027	11978	17,376
Total	4.9	214,948	201,859	149,338	566,145
Agencies' share (%)	xx	38	36	26	100

**Note: In the first round of food allocation, the total beneficiary number exceeds the number indicated in the first half of 2010 HRD as assistance to beneficiaries in Somali Region was provided based on a figure from the 2009 HRD.*

An additional 885 MT of relief food was also distributed to beneficiaries affected by flooding and landslides, following heavy *kiremt* rains. Furthermore, 86,752 pieces of non-food items (NFIs) were distributed to the affected population. DRMFSS also pre-positioned 36,120 NFI and two motor

² The review period for relief food response is annual; whilst for the non-food sectors the review is for the second half of the year.

boats to Afar region and provided approximately USD 64,800 to Tigray and SNNP regions to be used for flood mitigation activities.

The coverage of the WFP Hubs and Spokes operation in Somali Region expanded in 2010 to encompass all zones in the region with the inclusion of Afder and Liben zones in the operation. The operation, established in October 2008, initially covered seven zones through five logistics hubs in Gode, Degehabour, Kebridehar, Jijiga and Dire-Dawa. Responsibility for primary transport (to the hubs) and secondary transport (to the distribution points) is undertaken through this system.

Some progress in food distribution reporting has been noted, although challenges in getting timely reports remain. For the year 2010, the percentage of compilation of relief food distribution reports by various actors stands at 75 per cent for DRMFS, 98 per cent for JEOP and 85 per cent for WFP (Hubs and Spokes operation in Somali Region). The Food Management Improvement Project (FMIP), initiated by DRMFS and WFP in 2009 continued to ensure the compilation and reconciliation of food dispatch, delivery and distribution data. The design and development of system and strengthening institutional capacities both at federal and regional levels are ongoing as part of this project.

Review of the 2010 Targeted Supplementary Feeding (TSF) Programme: In 2010, the Enhanced Outreach Strategy (EOS) and Targeted Supplementary Feeding (TSF) Programme, jointly supported by the United Nations Children's Fund (UNICEF), Federal Ministry of Health (FMoH), World Food Programme (WFP) and the regional Disaster Prevention and Preparedness Bureaus (DPPBs), distributed 36,469MT of food (blended food and vegetable oil) to up to 880,194 beneficiaries, addressing approximately 85 per cent of the planned beneficiaries for the year. The coverage was lower than expected due to inadequate screening in some regions and a resource shortfall for TSF. In addition to this, ad-hoc TSF responses were provided to 54,865 malnourished beneficiaries in Amhara, Gambella and Oromia regions.

Despite food delivery being hampered by access difficulties, in particular due to flooding and late receipt of screening results in Gambella and Afar regions, a general improvement is noted in ensuring timely delivery of TSF food to beneficiaries in Amhara, Oromiya, Somali and Tigray regions.

2.2. Health and Nutrition

During the second half of 2010, the Emergency Health and Nutrition sector response mainly focused on response to disease outbreaks, including AWD, measles and malaria and the management of Severe Acute Malnutrition (SAM). To mitigate and address the impact of these situations, USD 13,725,585mil (52%) was mobilized to cover the cost of implementing activities from July to December 2010 against the requested USD 26.4 million (see Annex II for detail)

Nutrition Update: Over the second half of 2010, some 1,213MT of ready-to-use therapeutic food (RUTF) was dispatched to the regions and used to treat severely malnourished children in hotspot woredas. Vitamin A Supplementation, combined with screening and referral of malnourished children to treatment programmes, was undertaken between October and December 2010 in all regions apart for Beneshangul Gumuz (over 95 per cent coverage).

Overall, the nutrition situation in the second half of the year was generally better than the same period in 2009 and stable in all the six regions prone to malnutrition, including Oromia, Somali, Afar, Tigray, Amhara and SNNP regions. Nonetheless, nutritional challenges remained in pocket areas as well as in some new areas in Harari, Dire Dawa, and Beneshangul Gumuz.

The TFP expansion through the Out Patient Therapeutic Programme (OTP) roll out strategy implemented by FMOH in collaboration with partners continued during the second half of the year, with 486 new sites being opened between June and December 2010. These new sites brought the total number of TFP sites to 7,642 by end of December 2011. Most of the new TFP sites were opened in Amhara, Oromia, SNNP and Tigray. Moreover, there was a significant increase in the overall monthly TFP reporting rate over the same period, from 75 per cent in June to over 80 per cent in November. This means that despite the generally stable situation, the TFP admission rate during June to August was the highest from the last eight years. Although the admission declined from 21,120 in June to 16,451 in November (by 22.1 per cent), the TFP admission remained higher in comparison with the same period in past years due to the reasons mentioned above.

A total of 88,051 admissions to the 5,760 TFPs sites with an average of 17,610 per month, were reported between July and November 2010 (over 80 percent reporting rate). Given similar trends of admission in December in 2010, the overall admission is estimated to stand at 104,502 representing 98.2 percent of the estimated beneficiaries from July-December 2010.

Reports from 28 standard nutrition surveys conducted between July and December 2010 in crop producing and pastoral areas indicated Global Acute Malnutrition (GAM) ranging from 0.9 per cent in Humbo woreda in SNNPR to 15.7 per cent in Dolo Ado woreda in Somali Region and Severe Acute Malnutrition (SAM) ranging from 0.0 to 2.5 per cent. Over 60 percent of the surveys indicated SAM rates below 1 per cent. Of the four classifications used to describe nutrition situation, close to half (13 out of 28 of the surveys) were classified as ‘*normal*’ while the remaining were classified either “poor” (14.3 per cent) or “serious” (39.3 per cent). No critical situation was reported. The crude and under-five mortality rates from the 28 surveys were below the national and Sphere emergency cut-off thresholds. Emergency nutrition responses were implemented based on the findings and recommendations of the standard nutrition surveys, rapid assessments and mass screening undertaken.

The total number of priority one to three hotspot woredas decreased from 385 in March/April to 303 in November 2010 (by 21.3 per cent) mainly due to the good *belg* harvest and favourable *meher* harvest prospects. The declining rate is the highest in priority one woredas from 205 to 77 (62.3 per cent). Nonetheless, there was a slight increase in the number of priority 2 (from 107 and 73) and 3 (123 and 103) woredas³. Despite the decrease in the number of priority one woredas, nutrition coverage in the hotspot woredas through either TFP or both TSF and TFP increased slightly from 90 in June to 92 per cent in December 2010; whilst, woredas with the right combination, both TFP and TSFP, decreased from 55 in June to 51 in December. Meanwhile eight per cent of the woredas had neither TFP nor TSF.

General food distribution in priority one woredas decreased slightly from 88 percent in June to 82 percent in December 2010. Similarly, the total coverage in priority 1 to 3 woredas decreased

³ Priority one woredas are used as benchmarks for monitoring the evolving nutrition situation as well as assessment and intervention coverage because they are considered more affected relative to priority 2 and 3 woredas.

considerably from 81.4 to 57.6 percent. The decline was associated with good *belg* and *meher* harvests in most parts of the country as well as the fact that there were some new hotspot woredas that were not initially eligible for general food distribution.

The overall increase in the coverage of nutrition interventions is associated with the OTP roll-out strategy, decreased number of hotspot woredas and partners' expansion to new hotspot woredas with funding from donors including the Humanitarian Response Fund (HRF). Health Extension Workers (HEWs) also played a major role in increasing SAM treatment coverage at the kebele level. Current TFP coverage figures indicate that 48 per cent of health posts, 49 per cent of health centers and 91 per cent of hospitals are providing SAM management services for the of in Oromia, Amhara, Tigray and SNNPR. (See Annex III for summary of intervention coverage in hotspot woredas).

Health Update: Cases of Acute Watery Diarrhoea (AWD) continued to pose a significant health threat, with a total of 1,356 new cases and 12 deaths (CFR= 0.8%) reported from 23 woredas in Oromia, Somali and SNNP regions between July and December 2010. Low latrine coverage, poor personal hygiene and sanitation, inadequate supplies of safe water and high population movement, as well as lack of community awareness, are among the risk factors contributing to the continued spread of the epidemic. In response to the outbreak, the Federal Ministry of Health (FMOH), in collaboration with humanitarian partners, provided technical and financial support to the Regional Health Bureaus (RHBs), in addition to drugs, medical supplies and equipment for Case Treatment Centers (CTCs).

During the review period, close to 1.3 million cases of Malaria with 232 deaths were reported from all regions. Increased numbers of cases were reported in Tigray, Oromia, SNNP, Amhara and Afar regions with few localized outbreaks. The RHBs, in collaboration with partners, have been providing case management, distributions of insecticide treated nets (ITNs) and spraying of DDT in affected and high-risk areas.

Chronic poor nutrition, compounded by poor coverage of the routine Expanded Programme on Immunization (EPI), has significantly contributed to the measles outbreak reported from 119 woredas in Addis Ababa, Afar, Amhara, Beneshangul Gumuz, Hareri, Oromia, Tigray, SNNP and Somali regions. A total of 34,835 cases and 58 deaths were reported in the second half of 2010.

Moreover, a total of 1,234 cases of meningitis were reported from 26 woredas in Tigray, Amhara, Oromiya and SNNP regions, with 21 deaths making the CFR of 1.7%. Ethiopia, lying in the Meningitis belt, experiences localized epidemics of Meningitis almost every year. As part of preparedness and prevention efforts, the Government, in collaboration with WHO procured 1.2 million doses of meningitis vaccine and distributed 700,000 doses to high-risk areas, where 300,000 people were vaccinated.

In response to the Pandemic Influenza A/H1N1, 2.5million people were vaccinated with H1N1 vaccine during the second half of the year through vaccine donated from WHO. EHNRI reported a total of 11 confirmed cases of Influenza A/H1N1 during the reported period.

With the aim of strengthening regions capacity for timely response to the reported outbreaks and effective case management, 20 Emergency Health Kits (EHKs) and 30 Diarrheal Disease Kit (DDKs) were procured and distributed by WHO to six regions (Amhara, Oromia, SNNP, Somali

and Gambella). These helped to respond to 80 per cent of the admitted cases. In addition, training of health staff on case management and detection of cases was conducted in all affected regions, which greatly contributed to the decreased mortality as evidenced by the low case fatality rate during the second half of 2010. In response to the flood during the *kiremt* 2010 season, UNICEF also supplied 62 Essential Drug Kit (EDKs) to affected regions.

UNICEF continued to support the activities of 26 Mobile Health and Nutrition Teams (including 4 camel MHNTs) during the second half of the year, providing integrated maternal, child and newborn care, nutrition, and water, hygiene and sanitation services in drought-affected areas of Somali and Afar regions implemented by the RHBs. All 26 mobile teams directly supported by UNICEF provided 85,873 consultations, of which 38,642 (45%) were children under 5. To support the Mobile Health Team operation, UNICEF provided 432 EDKs and 216 renewable supplies to both regions.

2.3. Water and Environmental Sanitation

The government and humanitarian partners carried out a range of live-saving emergency Water, Sanitation and Hygiene (WASH) interventions during the second half of 2010. The WASH sector requested USD 10,401,978 to address emergency sectoral requirements during July to December 2010. Out of the requested amount, a total of USD 7,542,393 (72.5%) was contributed (see Annex IV for detail), which was utilized to address the needs of more than 1.4 million people with WASH related interventions. Among the major interventions were supply of household water purification and treatment chemicals, water trucking, rehabilitation, maintenance and expansion of water supply schemes, treatment of water using Emergency Water Treatment (EMWAT) Kits, and hygiene promotion.

Many areas in the country have remained vulnerable to various hazards including drought that resulted in critical water shortages, despite ongoing efforts to enhance the coverage and utilization of WASH services including the implementation of Universal Access Program (UAP). Additionally, inadequate potable water supply, low coverage of latrine and poor sanitation practice remained to be high risk factors for WASH related disease outbreak, including AWD which continues to be reported in some parts of SNNPR, Oromia and to limited extent in Somali regions

The second half of 2010 was marked by the increased vulnerability of people to drought, WASH related disease outbreaks and flooding in different parts of the country. This affects the lives and livelihood of significant proportions of the population. Major parts of the lowland areas in Somali, Oromia, Afar, Tigray, SNNP and Amhara regions faced extended drought that impeded adequate recharging of groundwater tables and surface water sources including rivers, streams, *birkas* and ponds, demanding intensive WASH interventions including water trucking. On the other hand, severe flooding in many parts of Afar, Tigray and Amhara regions following heavy *kiremt* 2010 rains led to displacements and damaged household properties as well as public service facilities such as water schemes.

The Federal WASH Task Force played a continuing coordination role with active participation of partners in regular bi-weekly meetings, which has significant contribution in strengthening preparedness and response, sharing experiences as well as minimizing duplication of efforts. In addition, various training programs and awareness creation sessions aimed at enhancing emergency preparedness and response capacity were undertaken at different levels.

However, weak coordination particularly at regional and lower administrative levels including cross-border coordination between adjacent regions resulted in limited information sharing, low capacity of implementation (preparedness and response interventions), and inadequate monitoring and evaluation. Other challenges faced during the implementation of WASH interventions during 2011 were low level of project implementation, limited private sector participation, absence of NGO in some emergency prone areas and limited level of NGOs participation (low capacity), remoteness and lack of access and absence of strong early warning, preparedness and response coordination.

2.4. Agriculture

During the second half of 2010, the Government in collaboration with its partners continued to support disaster-affected populations in response to a series of agriculture and livestock related hazards that affected performance of agricultural production (crop and livestock) in some areas. A total of **USD 7,222,377** was secured, more than the requested **USD 6,057,551** to respond to agriculture and livestock sectoral requirements for the period July to December 2010 *including* for the flood response (see Annex V for the details).

The 2010 *belg* and *meher* crop production levels are well above seasonal averages following good performance of the two seasons. Subsequently, the price of cereals continued to fall during the period January to December 2010. In some areas however, the intensity and amount of rain resulted in soil erosion, water-logging and floods. Most of the flood damaged fields and crops were, however, replanted using seed provided through humanitarian responses.

2.5. Education

As part of the emergency response and preparedness efforts during the second half of 2010, UNICEF pre-positioned 1,164 school-in-a-box kits and 70 tents to serve as temporary classrooms and various school materials at the Regional Education Bureaus (REBs) in Somali, Gambella, Afar, Oromiya, SNNP, Tigray and Amhara regions. The kit contains the necessary school materials for 40 students while each tent serves as a temporary classroom for 70 students. The pre-positioned items were used to address the needs of school aged children affected by various hazards mainly the flooding. The resources obtained enabled the Regional Education Bureaus to respond to the needs of an approximately 133,930 affected children in the aforementioned seven regions. Among the interventions undertaken during this period were the establishment of temporary learning centres, the rehabilitation of damaged schools and the provision of education materials, which has contributed for the timely opening of schools. Meanwhile, funding was a major gap in the humanitarian response for the sector during the second half of 2010.

3. THE 2011 FOOD AND NON-FOOD HUMANITARIAN REQUIREMENTS

3.1. Relief Food Needs

3.1.1 Objectives

The primary objectives of the emergency food intervention are to save lives in crisis situations, protect livelihoods and enhance resilience to shocks, as well as to support the improved nutritional and health status of children, pregnant and lactating women and other vulnerable individuals.

3.1.2 Requirements

As per the findings of the 2010 *meher* assessment and subsequent endorsement by the regional states, around **2.8** million people are estimated to require emergency food assistance from January – June, 2011; Out of which, around 38 % are from Somali Region, 14 % from Tigray region, 22 % from Oromia Region; and 15% from Amhara region (See Table 3 below).

The total food requirement is estimated at **324,712** MT valued at USD **227,298,400** million, including **262,925** MT of cereals **26,292** MT of pulses **7,888** MT of oil and **27,607** MT of blended food. However, due to the carryover stocks of food from **2010** which is **143,910** MT, the net requirement is **180,802** MT worth approximately **126561400** USD (See Table 3 below).

Table 3: Affected population and Relief Food Requirements by Region during 2011

Region	Targeted Beneficiaries	Relief Food Requirement (MT)				
		Cereals	Blended Food	Oil	Pulses	Total
Tigray	399,373	54,159	5,687	1,625	5,416	66,886
Afar	132,995	11,970	1,257	359	1,197	14,782
Amhara	420,045	37,804	3,969	1,134	3,780	46,688
Oromiya	626,164	47,301	4,967	1,419	4,730	58,417
Somali	1,089,248	98,032	10,293	2,941	9,803	121,070
SNNP	87,836	5,845	614	175	584	7,218
Benshanul Gumuz	29,514	2,607	274	78	261	3,219
Gambella	52,863	4,758	500	143	476	5,876
Dire Dawa	5,000	450	47	14	45	556
Total	2,843,038	262,925	27,607	7,888	26,292	324,712

3.1.3 Targeted Supplementary Feeding Programme:

The Targeted Supplementary Feeding (TSF) Programme provides fortified blended food and vegetable oil to under five children, pregnant and lactating women suffering from moderate acute malnutrition (MAM) identified through the EOS screening. An estimated **956,000** beneficiaries in **168** woredas will be reached with **53,215** MT of blended food and oil in 2011 in four quarterly distribution rounds. Considering absence of stock at hand and carryover pledges, the net requirement stands the same at **53,215** MT valued at **USD 54 million**.

3.2. Non-Food Needs

3.2.1 Health and Nutrition

3.2.1.1 Objectives

To minimize/control the impact of ongoing and impending health and nutrition emergencies during the first half of 2011.

3.2.1.2 Requirements for Health and Nutrition Emergencies

The Government and humanitarian partners require **USD 24,927,059** for health and nutrition emergency sectoral interventions. This includes response to outbreaks of AWD, Measles, Malaria, Meningitis, Yellow fever and the management of SAM and conduct EOS related activities. The planned interventions also encompass strengthening the health service delivery system in high risk woredas through the Mobile Health and Nutrition Teams, as well as building the capacity of health system to effectively respond to public health emergencies and related crisis. The requirements have been identified based on assessment findings, early warning data, and from desk review of secondary data from the regular surveillance system

Table 4: Summary of Requirements for Health and Nutrition Emergencies (January-June 2011)

Intervention area	Beneficiary Number	Requirement in USD	Available in USD	Net requirement in USD
1. Nutrition				
1.1 Severe Acute Malnutrition management	106,862	10,686,200		10,686,200
1.2 Vitamin A supplementation & screening of malnutrition cases for referral to TFU and SFCs	3,350,000	1,675,000		1,675,000
Sub total	3,456,862	12,361,200		12,361,200
2. Health				
2.1 Acute Watery Diarrhea management	5,027,726	2,400,000	0.00	2,400,000
2.2 Malaria outbreak in Flood prone area and Malaria hot spots	2,170,384	2,371,081	0.00	2,371,081
2.3 Measles	2,000,000	2,600,000	0.00	2,600,000
2.4 Meningitis	1,000,000	2,000,000	0.00	2,000,000
2.5 Yellow fever	1,500,000	810,000	0.00	810,000
2.6 Support the Disease surveillance/Early warning	NA	450,000	0.00	450,000
2.7 Support of the health system in specific risk prone areas- Mobile health team	2,600,000	1,384,778	0.00	1,384,778
2.8 Capacity building (training/Supportive supervision/ Monitoring/technical support)	NA	550,000	0.00	550,000
Sub total	14,298,110	12,565,859	0.00	12,565,859
Total	15,648,110	24,927,059	0.00	24,927,059

Management of Severe Acute Malnutrition: Since the total beneficiary population has not been released, the TFP beneficiaries estimate is based on TFP admission trends analysis in the second half of 2010 and nutrition outlook for the first half of 2011 as summarized in the below points:

a) January to June is a period characterised by increasing SAM cases admitted in TFP services in most parts of the country. In 2010, TFP admission increased by 3.3 per cent from January to June. Despite that, the reported good *meher* harvest in most parts of the country will likely cushion the probable increase in TFP admissions resulting from further OTP expansion. The nutrition sector projects that TFP admissions will gradually increase at about 5 per cent per month. With this trend, the total number of TFP beneficiaries for the January to June period is projected to be 106,862 (80 per cent reporting rate). This projection takes into account the drought affected woredas in Somali, parts of Oromiya and SNNPR regions, which are expected to experience increased cases of malnourished children in January-March, earlier than the usual period of April to June.

b) Provision of TFP services at the national and regional levels continues to expand. For example, the number of sites providing TFP services increased from 7,156 in June to 7,642 by end of December 2010. The expansion of TFP services through the OTP roll out approach, implemented by FMoH and supported by partners, is expected to continue during the January to June period implying that, overall, more children will be accessing TFP services compared to the same period in previous years.

c) The TFP services are not only provided in the woredas that have been identified as in need of humanitarian assistance, but also cover other woredas across the country.

d) In addition, risks associated with other causes of malnutrition, including morbidity due to AWD, inadequate caring practices and limited access to health services, are likely to remain at same levels. On the other hand, the impact of water shortage in the drought affected woredas that has affected pasture and subsequent milk availability to the pastoralist communities will in turn aggravate nutrition situation resulting in increased cases of malnourished children in the affected areas.

In view of the above reasons, the nutrition sector estimates that, a total of 106,862 TFP beneficiaries will be admitted in January to June 2011 (with an average of 17,810 per month).

Under-five children in the relief woredas will be given one dose of vitamin A and de-worming tablets in the coming six months, 3.35 million children 6-59 months will have one dose of vitamin A supplementation and one dose of de-worming tablet will be given to 1.85 million children 24-59 months.⁴

Acute Watery Diarrhoea (AWD): An AWD outbreak of significant scale is anticipated in the first half of the year due to the prevailing risk factors including ongoing localized AWD outbreak, un-seasonal rains, low coverage of safe drinking water supply, poor hygienic and sanitary practices, and potential flood emergencies starting from June. The situation is likely to be further aggravated by the seasonal labor movement and the various public and religious events to be held across the country, which brings together vast numbers of people in concentrated areas. Enhancing the capacity of the health sector to ensure early detection of AWD outbreaks and institute timely and

⁴ To be revised based on the 2010 *meher* assessment results once released by the DRMFSS.

appropriate case management are key activities required to control the AWD outbreaks and minimize AWD related morbidity and mortality. An estimated 5,027,726 million populations are identified to be at risk of AWD in 2011. Taking 0.6 percent of the at risk population, then 12,066 cases (40% of the annual case load) are projected. A total of USD 2.4 million is required for the management of AWD outbreak in the identified high risk population. This includes the procurement of drugs, medical supplies, training and monitoring of interventions at all level.

Measles: Considering the ongoing massive Measles epidemic and the likelihood of hazards that increase the risk of measles epidemics, including flood, malnutrition and population displacement, there is a need to respond to the measles outbreak which includes enhancing surveillance, instituting appropriate case management, reactive vaccination and monitoring of response operations in affected woredas. Special emphasis will be given to communities at high risk of serious measles epidemics due to inadequate and low vaccination coverage and high levels of malnutrition to contain the current outbreaks and reduce measles related morbidity and mortality. The total financial requirement for the management of cases and related operational cost amounts to USD 2.6 million

Meningitis: As the country lies within the ‘meningitis belt’, there is a high risk of meningitis outbreak between the month of February and May. To respond to the expected outbreak, 1million doses of meningococcal meningitis vaccine (bi-valent) are required at a national level, and a total of USD 2 million is required for case management, training and running cost.

Malaria: Although the FMoH has rolled-out an unprecedented malaria reduction programme that contributed to reduced mortality and morbidity, factors that favor enhanced transmission exist, including anticipated flooding and the *belg* rains, which will further increase the risk of large outbreaks. A total of 2,170,384 beneficiaries in 61 woredas in five regions have been identified for prioritized malaria response for which USD 2,371,081 is requested for the provision of long lasting insect-side treated nets (LLITNs), indoor residual spraying (IRS) and improvement of effective case management through distribution of Rapid Diagnostic Test (RDT) kits and provision of Coartem to treat patients.

Yellow Fever: Africa is currently being alerted with an epidemic of yellow fever which is affecting country like Uganda. Considering the epidemiological factors and history of Yellow Fever in Ethiopia, the likelihood of the outbreak to occur in the country is high. Therefore, in order to prepare and respond to the anticipated epidemic of Yellow Fever, the health sector requires a total of USD810, 000.

Strengthening Disease Surveillance and Early Warning: Early detection and reporting are one of the crucial entry points in addressing health and nutrition emergencies. Therefore strengthening of existing integrated disease surveillance/ nutrition surveillance/ early warning systems to enhance reporting and information exchange from the lowest administrative level to the federal level are key areas of focus. A total of USD 450,000 is required during the first half of 2011 for training of health workers, improving communication and operational costs.

Support of Health Service Delivery in Risk Prone Regions: Special support for delivery of routine health services will be provided in specific regions, particularly in Afar, Somali and South Omo zone of SNNP, which are inaccessible and have low service coverage and inadequate human

resources. The 30 Mobile Health and Nutrition Teams (MNHTs) will continue to fill in the gaps for emergency health, nutrition and WASH services to communities until the Pastoralist Health Extension Programme (P-HEP) is fully capacitated to replace their services. The total running cost to support the 40 MHNTs in the three regions amounts USD **1, 384,778** including the provision of drugs and medical supplies.

Capacity Building: In order to strengthen the capacity of health personnel and managers at all levels, USD 550,000 is required for training (front line health workers), monitoring, material production and distribution, provision of direct/onsite technical assistance through consultants, and cover operational costs.

3.2.1.3. Sector Coordination, implementation and monitoring

Implementation Approach and Sectoral Monitoring and Evaluation: The FMoH through Ethiopian Health and Nutrition Research Institute (EHNRI) of Public Health Emergency Management Center, supported by DRMFSS, in collaboration with Regional Health Bureaus, zonal health departments, woreda health offices and health institutions, will take the lead in the implementation of the health related strategies outlined in this Humanitarian Requirements Document. The monitoring and evaluation of response is expected to be implemented at all levels based on the key indicators included in Annex VI.

Coordination and Collaboration: The FMoH together with the Emergency Health and Nutrition Taskforce supported by DRMFSS will coordinate the overall implementation of the set strategies, through establishing strong links with existing taskforces to ensure comprehensive response. Similar coordination mechanisms are expected to functional at all administrative levels.

Strengthen Response Capacity: The capacity in the health and nutrition sector is not to the expected level at a national, regional and woreda levels. The multi-sectoral emergency preparedness committees and the emergency rapid response teams are not strong and efficient to the expected level. It is vital to strengthen the capacity at all levels through training, development of guidelines, technical and financial support, and provision of communications materials.

3.2.2 Water and Environmental Sanitation

3.2.2.1 Objectives

The main objective of emergency WASH interventions is to reduce human suffering stemming from lack of adequate water supplies for basic needs (drinking, cooking and personal hygiene), which further exacerbates outbreaks of water-related infectious disease and conflict among affected populations during emergencies.

3.2.2.2 Emergency Requirements

The WASH sector requests a total of USD 17,607,405 to respond to a range of water and sanitation hazards likely to threaten the lives of approximately 2.6 million people. Considering available resources amounting to USD 3,695,313, the net requirement stands at USD 13,917,012. Among the major hazards anticipated during the first half of 2011 are water shortages and outbreaks of water-

related infectious diseases. The findings of the 2010 *meher* assessments and review of secondary data were utilized to base the requirements.

Table 5: Water and Sanitation (WASH) Sectoral Requirement for January to June 2011

Intervention /Activities	Beneficiaries	Required Resources USD	Available Resources USD	Gaps USD
Maintenance and	1,260,811	5,846,560	1,180,282	4,666,278
Construction of new water supply schemes	302,769	3,479,975	702,525	2,777,450
Water trucking	1,026,161	4,617,725	932,209	3,685,516
Water purification and disinfection chemicals	1,512,973*	945,546	412,283	533,263
Water purification & storage equipments, Sanitation &	1,008,649*	1,583,616	319,695	1,263,921
Capacity building, training & comm. mobilization	N/A	818,381	83,613	734,768
Monitoring and evaluation	N/A	320,522	64,706	255,816
Total Requirement		17,607,405	3,695,313	13,917,012

*Interventions indicated in row 4, 5 and 6 are in most cases complementary to the other activities indicated in rows 1,2,3; accordingly, beneficiaries for these categories will be among those addressed in the first 3 categories. Therefore, the total number of estimated beneficiaries is 2,589,741.

Water Shortage: The prevailing water shortage in Warder, Gode, Liben, Korahe, Degehabur, Afder and Fik zones (Somali Region) and Bale, Guji East and West Hararghe and Borena zones (Oromia Region) progressed swiftly to critical stage due to the cumulative effects of failure of seasonal rains during the last consecutive years, resulting in rapid diminishing of ground water sources. Subsequently, significant proportions of the populations in the affected areas have been relying on emergency trucking interventions since November 2010.

Additionally, pocket areas in Jijiga and Shinile zones of Somali Region and West Arsi and East Shewa zone of Oromia Region are also likely to face water shortage. Water availability in parts of Central, Southern and Western zones of Tigray Region has also been continually deteriorating following poor recharge of ground water sources. Consequently, water rationing operations are underway in worst affected areas, which is likely to continue through the current dry season. The North Eastern parts of Afar region, particularly zone 1, 2 and 3 are in verge of water shortage due to the depletion of ground water table. Pocket areas in Amhara and SNNP regions are also under close monitoring as the water supply situations are deteriorating, which may require emergency water interventions in the coming months.

In addition to the failure of seasonal rains, recurrent floods have damaged water supply structures in some areas including in the lowland areas currently facing water shortage. Lack of rehabilitation and preventive maintenance has significantly contributed to deteriorations of WASH services. Consequently, there is a great demand for rehabilitation of water supply schemes including replacement of pipes, pumps and generators.

Outbreaks of Water-Related Infectious Disease: Acute Watery Diarrhea (AWD) outbreak persists in many parts of the country mainly attributed to the low coverage of water supply, poor status of environmental sanitation coupled with poor hygiene practices at community and household levels. According to the *meher* assessment findings and other secondary data, non-functionality of significant proportion of water supply schemes (lack of spare-parts at local levels, low technical and management capacity at woreda and community levels) contributed for the transmission of WASH related outbreaks. Additionally, flooding, water shortages, expected seasonal movement of laborers to commercial farms and religious festivals remain to be high risk factors.

In order to minimize risks of WASH related outbreaks including AWD, prevention and mitigations interventions such as rehabilitation of defunct water supply schemes and sanitation and hygiene promotion will be undertaken. Additionally, among the planned emergency WASH response are distributions of household water purification chemicals and WASH equipments required for purification and storage of water at community and household levels; advocacy; training and community mobilization activities (See Table 5 above.)

3.2.2.3 Sector Coordination, implementation and monitoring

Implementation Modalities: The Ministry of Water and Energy in collaboration with the Ministry of Health and DRMFSS will remain responsible for the management coordination and supervision of the planned WASH response plan in 2011. The identified interventions will be carried out through regional and lower level water and health bureaus, UN agencies, NGOs, private and public enterprises in a coordinated way. Due emphasis will be given to ensuring involvement of woredas in the implementation process. In this regard, capacity of woredas needs to be enhanced.

Donor support will be channeled through Government, UN agencies and NGOs. Mechanisms already in place for monitoring follow up and reporting will be strengthened to ensure proper implementation of planned activities with resources secured from the Government and donors. Efforts will also be placed to improve reporting of ongoing interventions by partners.

Coordination Arrangements: The Federal level Emergency WASH task force supported by DRMFSS would continue to function in a more organized manner. Efforts will be placed to enhance community based interventions. Cross-sectoral coordination needs to be strengthened in order to improve timely sharing of early warning information to facilitate joint response. Similar coordination mechanisms will be initiated /revitalized at regional and other levels to ensure regular sharing of early warning data/information as well as updates on status of response during emergencies to identify outstanding gaps. Additionally, cross-border coordination mechanisms (between regions) will be strengthened.

Capacity Building Requirements: emphasis will be given to strengthen institutional capacity of the WASH sector including emergency WASH Coordination Units/ at federal, regional and woreda levels. Among the planned capacity building activities are deployment of appropriate staff, and pre-positioning of necessary equipment for emergency WASH response and training in order to put in place a strengthened system of early warning, coordination and response including promotion of sanitation and hygiene.

3.2.3 Agriculture

3.2.3.1 Objectives

The objective of the 2011 emergency and recovery plan is to restore agricultural activities and to protect the livelihoods of at risk households through coordinated and effective implementation of prioritized intervention.

3.2.3.2 Requirements

The emergency and recovery agricultural intervention plan aims at providing agricultural support to drought and flood affected small-holder farmers and pastoralists during the first half of 2011. In particular, the impacts of the La Nina phenomenon will be addressed. Among the major identified interventions for the period are: provision of improved seed, animal health (treatment, Vaccination and equipment), commercial de-stocking and provision of supplementary livestock feed (multi-nutrient block, and hay). The interventions are planned to strengthen links between recovery and rehabilitation. An estimated USD 3.7 million is required to undertake the planned agricultural interventions (See Table 6 below).

Table 6: Emergency and Recovery Agricultural Requirements for January to June 2011

Intervention /Activities	Required Resources USD	Available Resources USD	Net Requirement
Provision of seeds	700,000	-	700,000
Animal health: (treatment, Vaccination and equipment)	729,000	-	729,000
Supplementary livestock feed (Multi-nutrient block , and hay)	2,211,000	-	2,211,000
Commercial de-stocking	100,000	-	100,000
Total	3,740,000	-	3,740,000

Provision of seed: In order to enable smallholder farmers who were affected by drought and flood in 2010 to pursue crop production in the coming *belg* and *kiremt* season, provision of good quality seed including chickpea, haricot bean, maize, potato, sorghum, *teff* and wheat is required. The planned intervention aims to address 61,000 affected household and cover 22,000 hectares of land with 1,560MT of improved seed. A total of USD 700,000 is required for the emergency seed supply intervention (See Table 7 below).

Table 7: Emergency Seed Requirement

Region	Beneficiaries HH	Area(ha)	Required amount (Ton)	Total cost (USD)
SNNPR	22,000	8,000	520	250,000
Oromia	26,000	11,000	910	360,000
Somali	13,000	3,000	150	90,000
Total	61,000	22,000	1560	700,000

Animal Health: the intervention aims to address pastoral communities in the drought affected areas in Somali, SNNP and Oromia regions. The meher seasonal assessment identified a total of 4 million

at-risk livestock that require animal health related interventions such as vaccination against anthrax, CBPP, CCPP, PPR and trypanosomiasis in the period January to June 2011, during and post drought phase. The provision of veterinary services is vital to minimize the risk of drought to livestock health, which causes losses of livestock and livestock products. The budget required for the intervention, including for the purchase of drugs, vaccination campaign, veterinary equipment and running costs, amounts to USD 729,000 (See Table 8 below).

Table 8: Emergency Animal Health Requirement

Region	Targeted Livestock	Vaccine Cost	Drug Cost	Equipment cost	Total cost (USD)
SNNPR	1,165,000	54,000	97,000	47,000	198,000
Oromia	1,000,000	58,800	118,000	59,000	235,000
Somali	2,560,000	80,000	140,000	76,000	296,000
Grand Total	4,725,000	192,000	355,000	182,000	729,000

Livestock Feed Supplementation: Pasture and water is being depleted in drought affected areas in Somali, Oromia and SNNP regions and livestock are being trekked large distances, which has led to the deterioration of livestock body condition. There is, therefore, a need to facilitate provision of emergency livestock feed in order to maintain and protect core breeding animals and their productivity. The requirement is calculated based on estimated total price of USD 0.69 per animal per day for both hay and concentrate supply. The cost includes both the feed purchase and operational cost for 60 days. A total of 26,656 households in Oromia and Somali regions are expected to be eligible for livestock survival intervention for about 53,312 heads of livestock. As per the assumptions mentioned above a total of USD 2.2 million is required (See Table 9 for the details).

Table 9: Livestock feed supplementation

Region	Beneficiaries HH	Livestock Number	Grand total(Birr)
Somali	15,300	30,600	1,267,000
Oromia	11,400	22,800	944,000
Total	26,700	53,400	2,211,000

Commercial De-stocking: Commercial de-stocking is also outlined as an appropriate drought response in the Ministry of Agriculture's Livestock Relief Interventions in Pastoralist Areas of Ethiopia. Emergency commercial de-stocking (purposive removal of at risk livestock from recurrent drought prone areas) is vital to minimize livestock losses and allow pastoralist community to earn cash from the sale of livestock at risk of drought. De-stocking also contributes towards reduced pressure and competition over scarce pasture and water resources, thus allowing better maintenance and protection of remaining breeding stock.

Commercial de-stocking is required in some drought affected areas in Southern Oromia and Somali regions. Among the major activities under planned intervention are facilitation of commercial de-stocking through the support of awareness creation and opening market access to pastoralists. In order to accomplish the intervention in the two regions, a lump sum of USD 100,000 is estimated to be required. .

3.2.3.3 Sector Coordination, implementation and monitoring

Implementation Strategy

The main objective of agricultural related interventions is to protect agricultural-based livelihoods and to support a return to normal production of affected households in particular vulnerable households.

The response plan will be implemented by relevant agencies and respective regions with direct involvement and supervision of beneficiary households. The Ministry of Agriculture and partners will play a leading role in resource mobilization. Continued emphasis will be placed to ensure agricultural related interventions are undertaken in a Disaster Risk Reduction phase by enhancing early warning, preparedness and mitigation measures. The overall coordination responsibility rests with the Disaster Risk Management and Food Security Sector under Ministry of Agriculture with active involvement of partners.

3.2.4 Education

3.2.4.1 Objective

The objective of Education in Emergencies (EiE) is to ensure children affected by emergencies have access to education and to prepare for the rapid restoration of regular schooling. In addition, EiE aims for all school-aged children to have access to quality and inclusive education in disaster-prone areas.

3.2.4.2 Requirement

The prevailing water and pasture shortage in Somali and low lands of Oromia regions has resulted in increased school dropout rates as affected households are moving in search of water and pasture. According to the report from Somali Regional Education Bureau, 18 Alternative Basic Education centres and eight primary schools are closed due to the drought situation. As a result, 34,907 children attending these schools have dropped out to stay with their families. Similarly, in Oromiya Region, some 9,305 school children are affected by drought particularly in Dire, Daha, Moyale, Miyo, Teletele, Dilo, Yabelo, Arero and Digda Dawa woredas; while 29 primary schools are on the verge of closing, according to the Borena zone Education Bureau.

In general, currently 55,890 school children need urgent support. There is also the expectation that the drought situation is anticipated to be further exacerbated. To respond to this emergency situation an estimate of USD 3.4 million is required.

The *deyr* preliminary needs assessment report (November 2010) indicates that the 2010 year enrolment rate highly increased in some pastoral area particularly for girls, because of WFP school-feeding programme, and better commitment and mobilization from Regional Education Bureau and woreda administration.

Table 10: Education Requirement Summary (January – June 2011)

Intervention /Activities	Required Resources USD	Available Resources USD	Net Requirement
Education kits and supplies provision	\$ 2,400,000	-	\$ 2,400,000
Capacity Building trainings (Monitoring, Rehabilitation, Reconstruction and Recovery)	\$1,000,000	-	\$1,000,000
Total	\$3,400,000	-	\$3,400,000

4. OVERALL STRATEGY

Coordination Mechanism

The National Disaster Prevention and Preparedness Committee (NDPPC), being the most senior body in the national humanitarian arena, will provide guidance and oversee the coordination of agreed tasks. The overall leadership of the humanitarian response remains the responsibility of the Government at all levels, including the federal, regional, zonal and woreda. The Government is also responsible for facilitating the active participation of relevant partners, including donor governments, UN agencies, national and international NGOs, civil society organizations (CSOs) and affected communities.

The Ministry of Agriculture (MoA), through its Directorate for Disaster Risk Management and Food Security Sector (DRMFSS), is responsible for overall coordination. The Early Warning and Response Directorate (EWRD) will forecast risks, alert the public and provide relief, as well as coordinate the humanitarian response at the central level. At the regional, zonal and woreda levels, the Food Security (FS) and Disaster Prevention and Preparedness Bureaus (DPPB) are the authority responsible for coordination and their capacity will be further strengthened.

The sectoral taskforces on Food Management, Health and Nutrition, WASH, Education and Agriculture, led by the Disaster Risk Management and Food Security Sector, Ministry of Health (MoH), Ministry of Water and Energy (MoW&E) Ministry of Education and MoA respectively, will be responsible for coordination, monitoring and reporting on emergency response interventions in their respective sectors, in partnership with the relevant partners, including UN agencies, NGOs and donors.

The Ministries, through their respective Task Force chairpersons, will submit progress reports to DRMFSS on a monthly basis, or at shorter period as and when required. A Multi-Agency Coordination (MAC) group led by DRMFSS and comprised of the respective Sectoral Task Force chairpersons coordinates and leads strengthened multi-sectoral response. The MAC is supported by the Disaster Risk Management Technical Working Group (DRMTWG) which draws representation of all interested actors in the field led by DRMFSS. The goal of the DRMTWG is to assist DRMFSS-EWRD to ensure effective implementation of the multi-hazards and multi-sectoral activities through DRM approach.

The special logistics arrangement in Somali Region – the Hubs-and-Spokes system –will continue to operate, building on the improvements already witnessed in allocation, dispatch and delivery of food aid. The DRMFSS/EWRD, with the relevant federal and regional authorities in collaboration with WFP, coordinates storage, transportation and distribution of relief food in the region.

Effective coordination among Government, UN agencies, NGOs and donors is crucial to ensure timely and comprehensive humanitarian response through proper implementation of the strategies and approaches developed by the Government to address humanitarian needs and effectively avert risks of disasters. The Ethiopian Humanitarian Country Team, led by the Humanitarian Coordinator (HC) and comprising the heads of UN Agencies, including FAO, OCHA, OHCHR, UNDP, UNFPA, UNHCR, UNICEF, WFP and WHO ; the country directors of IOM, ICRC, the Ethiopian Red Cross, CARE, Mercy Corps, Oxfam GB, and Save the Children/UK and the national NGO consortium, CRDA; and representatives from the European Union Humanitarian Aid Office (ECHO), United Kingdom Department of International Development (DfID) and United States Agency for International Development (USAID), will continue working with the Government on all aspects of humanitarian response.

5. Annexes:

Annex I: Donor Contributions of Food Aid in 2010

Donors	Food type					Value (US\$)	Component	Funded through	Confirmation year
	Cereal	Pulses	Oil	B.food	total				
USA/FFP	67,570	2,140	1,400	2,240	73,350	47,798,300	Relief	WFP	2009
Australia		1,575		1,000	2,575	1,962,323	Relief	WFP	2009
Australia		2,909		2,345	5,254	3,532,182	Relief	WFP	2009
EEC		4,566		3,161	7,727	6,084,884	Relief	WFP	2009
USA	74,760	3,650	3,000	3,000	84,410	57,193,800	Relief	WFP	2009
NET				2,081	2,081	1,470,588	Relief	WFP	2009
UK-DIFD	35,650		1,339	6,460	43,449	25,041,353	Relief	WFP	2009
UK-DIFD	20,386				20,386	11,686,144	Relief	WFP	2009
UK-DIFD	57,015		290		57,305	32,000,000	Relief	WFP	2010
USA	76,280	5,000	3,479	7,640	92,399	70,000,000	Relief	WFP	2009
Germany	22,064				22,064	12,048,193	Relief	WFP	2009
Private					10	5,393	Relief	WFP	2010
USA		2,164			2,164	1,850,000	Relief	WFP	2010
SPAIN	22,715	10,704		8,000	41,419	26,693,515	Relief	WFP	2010
Sudanese	5,000				5,000	2,675,000	Relief	WFP	2010
USA/FFP	6,050	3,490	540	860	10,940	10,000,000	Relief	WFP	2010
EEC ECHO	37,600				37,600	17,543,859	Relief	WFP	2010
USA					227,870	125,000,000.00	Relief	CRS/IEOP	
Ireland					375	284,661.00	Relief	Christian Aid	
EC					1,470	1,120,448.00	Relief	COOPI	
Ethiopian Red Cross Society (ECHO)	3716	372	114	185	4386	2,442,002.00	Relief	IFRCRCS	
France					600	369,914.00	Relief	Action Contre la Faim	
Switzerland					580	406,504.00	Relief	Swiss Red Cross	

Denmark			845		845	1,069,258	TSF	WFP	1900
Private (DJ Bobo				69	69	60,241	TSF	WFP	1900
Private (DJ Bobo					1	500	TSF	WFP	1900
Belgium		2,909		1,024	882	739,645	TSF	WFP	1900
FRANCE				2,254	2,254	1,515,152	TSF	WFP	1900
SPAIN			1,254	16,677	17,931	13,247,313	TSF	WFP	1900
EEC ECHO				7,379	7,379	5,398,111	TSF	WFP	1900
CERF			1,339	3,615	4,954	4,906,639	TSF	WFP	1900
Denmark			273	2,166	2,439	2,000,000	TSF	WFP	1900
SWEDISH			650	2,000	2,650	2,600,000	TSF	WFP	1900
Ireland					120	97,274.00	TSF	Concern Worldwide	
Total TSF					39,404	31,634,133	Total TSF		

Annex II: New Contribution for Health and Nutrition Sector July-December 2010

Donor	Appealing Agency	Description	USD committed/ contributed	Original currency amount	Original currency unit	Decision date	Sector
European Commission Humanitarian Aid Office	Medical Emergency Relief International	Response to nutritional crisis in Borena Zone, Oromia Region [ECHO/-HF/BUD/2009/02015]	976,801	800,000	EUR	30/06/2010	HEALTH
Switzerland	Médecins sans Frontières - Netherlands	Extended Basic Health Care Project in Wardher (7F-06598.03)	384,822	400,600	CHF	31/08/2010	HEALTH

European Commission Humanitarian Aid Office	United Nations Children's Fund	Reducing the risk to Life Caused by Acute Watery Diarrhoea in High Risk Areas in Ethiopia (ECHO/ETH/BUD/2010/01002)	747,633	1,500,000	EUR	10/08/2010	HEALTH
European Commission Humanitarian Aid Office	GOAL	Community Based Therapeutic Care (CTC) response to severe nutrition crisis in Ethiopia (ECHO/ETH/BUD/2010/01003)	1,965,924	1,500,000	EUR	11/08/2010	Nutrition
United States of America	GOAL	Nutrition	5,500,000		USD	30/09/2010	Nutrition
European Commission Humanitarian Aid Office	OXFAM GB	Containing and preventing the spread of AWD and associated death in Ethiopia (ECHO/ETH/BUD/2010/01006)	1,270,648	1,000,000	EUR	16/09/2010	HEALTH
European Commission Humanitarian Aid Office	Medical Emergency Relief International	Emergency Primary Health and Nutritional Care for the Undeserved and Vulnerable Population of Gode Zone of Somali Region, Ethiopia (ECHO/ETH/BUD/2010/01007)	884,354	650,000	EUR	15/10/2010	HEALTH
UNICEF National Committee/Pol and	United Nations Children's Fund	Health	185,435		USD	02/09/2010	HEALTH
WHO	WHO	Response to AWD and Meningitis outbreak	250,000			1/8/2010-12/15/2010	HEALTH
WHO	WHO	Management of severely Malnourished children	220,000			1/8/2010-12/15/2010	Nutrition
Hilina Enriched Food Processing Center PLC	United Nations Children's Fund	Nutrition - in kind contribution of plumpy nuts for emergency nutrition	340,000		USD	06/07/2010	Nutrition
HRF	World Vision	SNNPR, Chench, Humbo and Mirab Abaya Woredas in SNNPR	241,183			6 months (01 April - 30 Sep 10) NCE (30 Nov 10)	Nutrition
HRF	Concern	Amhara Region, N.Wollo Zone, Habru Woreda	216,735			6 months (1 August - 30 January 11)	Nutrition

HRF	Mercy Corps	Somali (Degehabur Zone - Erer and Dembel woredas Shinile Zone , Gashamo and Aware)	112,050			3 months (1 Nov 2010 - 31 Jan 2011)	Nutrition (CSB)
		Total	13,295,585				

Annex III: Coverage of nutrition interventions/response in the 283 hotspot woredas in December 2010 in the six regions

Region	N° of priority 1, 2, 3 hotspot woreda (%)	N° of woreda with TFP and TSF (%)	N° of woreda with TFP and no TSF (%)	N° of woreda with TSF and no TFP (%)	N° of woreda with no TFP and no TSF (%)
Oromia	68	15 (22.1)	38 (55.9)	-	-
Amhara	51	17 (33.3)	26 (51.0)	-	8 (15.7)
Tigray	31	25 (80.6)	6 (19.4)	0	-
SNNPR	49	16 (32.7)	26 (53.1)	4(8.2)	3 (6.1)
Somali	52	21 (40.4)	14 (26.9)	9(17.3)	8 (15.4)
Afar	32	10 (36.7)	6 (18.8)	6(18.8)	10 (31.3)
Total	283	104 (36.7)	116 (41.0)	19 (6.7)	29 (10.2)

Annex IV: Donors' WASH Contribution in 2010

Source of Fund	Implementing Agency	Amount Allocated (USD)	Amount Utilized	Available for 2011	Implementation period /Decision date/	Remarks
Greece	UNICEF	85,470	85,470	—	06/07/2010	Country wide
Sweden	UNICEF	1,256,000	1,256,000	—	20/05/2010	Country wide
United States of America	UNICEF	1,040,733	1,040,733	—	19/03/2010	Country wide
Spain	UNICEF	823,264	823,264	—	06/07/2010	Country wide
European Commission Humanitarian Aid Office	UNICEF	1,218,297	1,218,297	—	10/08/2010	Country wide
HRF	SSA (Bread for the World)	159,459	159,459	—	6 months (20 Jan - 19 July 10) NCE (19-Jul - 19 Sept.)	Afar region
HRF	CRS	350,465	350,465	—	6 months (1 June 10 – 31 Dec.10)	Afar and Somali Regions
HRF	Dan Church Aid	642,893	296,445	346,448	6 months (07 Oct - 07 Apr 11)	Oromia Region
HRF	World Vision	142,056	108,910	33,146	4 months (28 Sep - 28 Jan 11)	Amhara Region
HRF	COOPI	565,016	288,786	276,230	6 months (28 Sep 2010- 28 Mar 2011)	Oromia Region
HRF	PCI	442,962	147,654	295,308	6 months (1 Nov 10 - 30 Apr 2011)	Afar Region
HRF	MERLIN	24,620	24,620		2 months (1 Nov. 10 - 31 Dec. 10)	Oromia Region
HRF	NCA	156,986	52,329	104,657	6 months (1Nov. 10 - 31 April 11)	Oromia Region
HRF	Oxfam Canada	543,147	181,049	362,098	6 months (1 Nov. - 31 April 11)	Oromia Region
HRF	IRC	602,337	133,853	468,484	6 months (20 Nov. 10 – 4 May 11)	SNNPR
HRF	GAA	480,354	80,059	400,295	6 months (01 Dec.10 - 31 May 11)	Afar Region
HRF	NCA	653,648	54,471	599,177	6 months 15 Dec - 15 June 11)	SNNPR
Spain Government	MoW&E	650,602	650,602	-		SNNP, Gambella, Afar, Tigray
Japan Government	MoW&E	589,928	589,928	—		SNNP, Amhara, Oromia, Afar, Tigray, Somali
Total		10,428,237	7,542,393	2,885,844		

Annex V: Donor Contribution to Agriculture Sector and Implementing Organizations

Donors	Implementing agency	Location		Intervention Type	Amount USD
		Region	No. Woredas		
Norway	FAO			Livestock, water, Irrigation	741,005
Rockefeller Foundation	FAO			Crop and livestock	379,000
European Commission	Vétérinaires sans Frontières (Germany)			Agriculture	612,245
European Commission	GOAL	Oromia SNNPR	Teltele & Yabelo, Melka belo, Daro lebu, Hawo gudina, Boricha, Awassa zuria	Crop seed 8276.11 qu. DAP+UREA 7523.69 QU Sweet potato cut 2957500	1,278,772
HRF	CRS	Oromiya Somali Dire-dawa	E. Harerege (Meeta & Gorogutu) Shinele (Erer) Rural kebeles	Agriculture (seed)	175,233
HRF	FHI	SNNPR	Kembata (Angacha) Hadiya (Shashigo)	Agriculture (seed)	368,794
HRF	WVE	Amhara	Artuma Fursi, Dewa Chefa,	4278kg vegetable seed & 2236 quintals of seed for 7347 HH and Vaccine And treatment for livestock .	410,234
HRF	CONCERN	Amhara	Ambasel, D/zuria, D/Town, Kalu, W/babo, Habru	Agriculture (seed, Livestock)	599,379
HRF	FHI	Amhara	S/Gonder, N/Wolo, W/Gojam, S/Gonder	Agriculture (seed, Livestock)	447,197
HRF	SCUK	Amhara	Kobo, Dawunt, Meket, Gubalafto, Ziquala	Agriculture (seed, Livestock)	505,613
HRF	CARE	Amhara	East Estie, Farta	Agriculture (seed, Livestock)	332,815
HRF	ZOA	Gambela	Itang	Agriculture (seed, Livestock)	198,077
HRF	FAO	Gambela	Wanthwa, Jikawo, Akobo & Lare	Agriculture (seed, Livestock)	554,673
HRF	FAO	Amhara	Delanta, Albiko, Mekdela, Tenta, Gonder zuria, L/Armachiho	Agriculture (seed, Livestock)	619,340
					7,222,377

Annex VI: Monitoring and Evaluation: Monitoring Indicators and Targets

Strategies	Indicators	Target	Data source	Frequency reporting
Ensure a functional coordination framework at all levels	Number of EHNTF meetings (National and Regional level)	6 (From National and 8 Regions)	EHNTF	Monthly
	Number of MANTF meetings conducted at national level	6	ENCU/DRMFSS	Monthly
Capacity building	Woredas with trained personnel on ongoing emergencies/ Epidemics	80% of	WoHO/RHB	Monthly
	Number of Supportive supervisions conducted to affected Woreda	2	PHEM	Quarterly
	Number of Epidemics/Emergencies investigated and supported by National /Regional RRT	80%	PHEM/RHB	Monthly
Strengthening surveillance / early warning for the health sector	Timeliness and completeness of surveillance reporting	100%	RHB	Weekly / daily
	Timeliness and completeness of surveillance reporting	80%	RHB	Weekly/Monthly
	Established system to receive regular early warning information from other sectors	2 sectors	DRMFSS/ENCU, MNA	-
Stockpiling and propositioning of drugs, medical supplies and equipments	Number of identified risks with prepositioned drugs, medical supplies and equipments	All emergency risk identified	EHNRI, Partners	Monthly
Resource mobilization	Status of response to the appeal	75%	All stakeholders	Monthly