



HUMANITARIAN REQUIREMENTS DOCUMENT - 2010

JOINT GOVERNMENT AND PARTNERS' DOCUMENT

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EXECUTIVE SUMMARY

The overall poor performance of *belg* rains in 2009, followed by below average performance of *meher* rains in the eastern and southern Tigray, eastern Amhara, lowlands of eastern Oromia, northern parts of Shinille and Jijiga of Somali, some areas of SNNP, and most parts of Gambella and northern zones of Afar regions further deteriorated the food security situation. Accordingly, the findings of the multi-agency assessment conducted in November/December 2009 and subsequent monitoring results indicate that approximately **5.2 million people** require relief food assistance in 2010.

The total net emergency food requirement from January to December 2010 and non-food needs for the first six months amounts to USD 286.4 million. The net food requirement, including TSF needs, stands at **290,271 MT**, estimated to cost around **USD 231.3 million**. In addition a total of **USD 55.1 million** 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 (in USD) - 2010

Sector	Total Requirement	Available Resources	Net Requirement
General Ration: Gross: 642,983MT (503,013MT cereals; 52,882MT blended food; 66,404MT pulses; 20,684MT oil) Net: 246,771 MT	489,310,063	301,517,332	187,792,731
Supplementary (EOS/TSF) Food: Gross: 53,000 MT Net; 43,500MT	53,000,000	9,500,000	43,500,000
Food sub-total	542,310,063	311,017,332	231,292,731
Health and Nutrition	32,037,209	1,000,000	31,037,209
Water and Sanitation	16,759,837	7,368,069	9,392,143
Agriculture and livestock	10,606,074	-	10,606,074
Education	4,041,501	-	4,041,501
Non-food sub-total	63,444,621	8,368,069	55,076,927
GRAND TOTAL	606,461,447	319,938,401	286,369,658

1. INTRODUCTION AND BACKGROUND

The food security situation continued to be of concern in some parts of the country following the poor performance of *belg* rains (February-May) as well as late onset, erratic distribution, and early cessation of *meher/deyr* rains (June-October) in 2009.

Despite the overall good performance over most areas of the country, mainly in the western half of the country, the performance of the 2009 *meher* rains (June/July to October) was characterized by a delay in the onset and subsequent erratic distribution and early cessation. This situation was more apparent in some areas in the Eastern half of the country, specifically in Southern Tigray, Eastern Amhara, the lowlands of Eastern Oromia, the Northern parts of Shinille and Jijiga in Somali, parts of SNNPR, and in most areas of Gambella and Northern part of Afar Regional State. In addition, un-seasonal rains were reported in most parts of the country during the month of September lasting up to the end of December 2009 in some areas. These rains brought about some improvement of pasture and water availability and contributed to the nourishment of late-planted *meher* crops. However, the rains had a negative impact on planted crops, mainly matured *teff*, in pocket areas in the lowlands. The performance of the short rains in pastoral areas was also below normal in some areas of Somali Region, lowlands of Borena and Bale zone in Oromia and South Omo zone in SNNPR. The rains have not, therefore, sufficiently replenished water sources in the affected areas leading to water shortages. Meanwhile, the food security situation in most midland and highland areas, particularly in the western half of the country remains stable

In line with the Disaster Risk Management approach, a multi-agency, joint Government and Humanitarian Partners Contingency Plan for the first half of 2010 was prepared on the basis of the mid-*meher* seasonal assessment. The purpose of the Contingency Plan was to minimize the negative impact of the poor rains and on food security by enhancing both collaboration and preparedness measures. The Contingency Plan included a projection of the food security situation during the first half of 2010 and identified humanitarian requirements for both food and non-food sectors in line with the most likely scenario. The requirements were further verified by the findings of a multi-sectoral livelihood security assessment (*meher/deyr assessment*) which was conducted between 23rd November 2009 and 20th December 2009. The findings of this assessment form the basis for determining the food and non-food requirements in this document.

The findings of the assessment indicate that, although the overall food security situation in the midland and highland areas of SNNPR is good, a poor harvest is expected in Burji, Derashe, Konso, Alaba Special woredas and in the lowland parts of Gamo Gofa, Wolayita, Gurage, Siliti, Hadiya and Sidama zones in SNNPR. The pastoral and agro-pastoral areas of South Omo zone (SNNPR) are also affected by the poor performance of *meher* rains. Some lowland areas in the eastern half of Oromia Region also experienced a near total failure of maize and sorghum crops due to the poor rains. Early migration of livestock in search of water and pasture has been reported from Bale, East and West Hararghe and lowlands of Borena zones. Availability of water and pasture is normal in mid and highland areas.

In Somali Region, the findings indicate that a combination of factors, including slow recovery from the effects of previous droughts, poor purchasing power and problems of

access to food, are expected to further deteriorate the food security situation in the chronically food insecure areas in Fik, Degehabur, Warder, Shinille, parts of Korahe, Gode and Afder zones. Northern parts of Shinile zone, western parts of Korahe and whole of Warder Zone, Gashamo and Aware woredas of Degahbour zone, Denan and East-Imey woreda of Gode zone are the worst affected parts of the region. The situation in most woredas of Afder and Fik zones requires close monitoring. Jijiga, Liben and riverine woredas of Gode zones are classified to be in a better condition when compared to the situation in other parts of the region.

The northern zones of Afar continue to face food insecurity due to the below normal performance of the *karma* rains, while the situation in the south was subject to some improvement as a result of the un-seasonal rains received in September and October 2009.

In Gambella Region, despite normal onset of the seasonal rains, prolonged dry spells during the growing season are reported to have led to significant reduction in staple food production (Maize and Sorghum) in most woredas leading to deteriorated food security situation in the region. Further, an unusual movement of people from Jor to Jikawo woredas was noted.

Apart from some low-lying areas of Asosa Zone and Mao Komo Special Woreda, where erratic distribution and early cessation of rains affected agriculture and hence the food security situation, the prospect for crop production at the regional level is good in Beneshangul Gumuz.

In Tigray Region, the food security situation in most parts of Eastern, Southern, South eastern zones and in some pocket areas of Central and North Western zones of Tigray has deteriorated considerably due to the poor performance of the last *belg* and *meher* seasons. Significant losses of the seasonal crop production and other sources of income such as livestock products, honey and labor have exposed considerable households to food insecurity.

In Amhara, generally, the 2009 *meher* rains performed well in most midland/highland areas of the region. However, the poor performance of the rains affected the food security situation in the lowlands of eastern zones including lowlands of North Wollo, Waghamera, North Gonder, North Shoa and pockets of South Wollo, South Gondar and Oromia zones.

The food security situation in the Dire Dawa Administration and Harari Region requires close monitoring as the below normal *meher* rains affected crop production and availability of water and pasture.

The combined effects of poor seasonal performances have also affected the non-food sector. The availability of good quality and adequate seed is of concern in lowlands of Tigray and in some areas in North Eastern part of Amhara region due to unsatisfactory performance of seasonal harvest. In the livestock sector, few disaster induced diseases remain to be of concern particularly in pastoral areas of Afar, Somali and in Borena and

lowlands of Bale in Oromia Region. Shortage of animal feed is also likely to continue in some drought affected parts of the country.

In the health sector, Acute Watery Diarrhoea (AWD) continues to pose a threat to health at the national level due to the continued presence of risk factors including; low coverage of latrines, poor personal hygiene and sanitation practices, inadequate supplies of safe water and population movement. Chronic water shortages are also expected to continue into 2010 in some lowland areas of Somali, SNNP, Oromia, Afar and Tigray regions. The implementation of the Out-patient Therapeutic Programme (OTP) continues under the auspices of the national nutrition strategy with the aim of achieving full coverage of services in woredas identified as 'high-risk'.

Meanwhile, the Government has unveiled a new initiative intended to reinforce a multi-sectoral response by enhancing the modalities and mechanisms for interventions in the non-food sectors. A shift in targeting of beneficiaries for various interventions has been undertaken this year, by targeting those under survival threshold for food aid intervention while the needs of the population categorised as falling within the livelihood protection deficit are addressed through interventions in non-food sectors. In this regard, priorities for the Government and humanitarian partners include; reinforcing assessment tools and methodologies for the non-food sector, and ensuring effective linkage between the non-food and food sectors, enhancing modalities for interventions. Further strengthening a structured and predictable multi-sectoral, multi-agency assessment process, which enable an accurate understanding of the needs of affected population is crucial.

2. REVIEW OF THE 2009 HUMANITARIAN RESPONSE

2.1. Relief Response to the 2009 Humanitarian Food Requirements

At the beginning of 2009, the Government and its partners released a joint Humanitarian Requirements' Document (HRD). The document outlined requirements for emergency food assistance for 4.9 million beneficiaries whose lives and livelihoods were affected by poor performance of rains, poor harvest, and increases in the prices of staple food commodities in 2008.

By May 2009, the emergency beneficiary number had increased to 5.3 million on the basis of rapid assessments and the figure further increased to 6.2 million in July. The food security situation was challenged by shortage of emergency resources and this led to necessary decision on the part of the Government and humanitarian partners to reduce ration sizes of cereals from the standard ration of 15 kg/person/month to 10 kg/person/month for non-JEOP areas. Similarly, the distribution of non-cereal relief food items was also reduced by one third in view of resource shortfalls. In addition, congestion at Djibouti port and limited trucking capacity resulted in delays in both the arrival of food into the country dispatches to food distribution points, which, however, were resolved through designation of berths in Djibouti port, use of Port Sudan and Barbara, and also dedication of trucks for relief intervention.

For 2009, seven rounds of food allocations and dispatches have been made in all regions (including Afder and Liben in Somali region) and eight rounds in Somali Region under the hubs-and-spokes systems.

A prioritization committee, under the Food Management Taskforce (FMTF) determined the size of rations, food allocations and planning distributions. Relief food has been pre-positioned in areas which are often inaccessible due to weather and road condition in Gambella, Amhara and Tigray.

The total amount of relief food required throughout the year to address the needs of the identified beneficiaries was **925,659MT**. By the end of the year 2009, about **574,572MT** of food has been contributed to the 2009 national relief programme, covering **62%**. However, during the period January to December 2009, with carry-over stock and pledges from 2008, a total of **670,350 MT** of relief food was dispatched to intended beneficiaries, including 50,734 MT (38,159 MT by DRMFS and 12,575 MT of food by Joint Emergency Operation Programme (JEOP). The dispatched food, therefore, amounts to **72** per cent of overall food requirements for the year, of which 2,562 MT has been provided to internally displaced persons (IDPs) in Somali, SNNPR, Oromia, Amhara, Tigray and Gambella regions. Out of total amount of food dispatched, **153,065 MT** or **23%**, was made available by NGOs. (See the table 1 for summary and Annex I for donor contribution.)

Table 2: Summary of food dispatched (January to December 2009)

Month	Beneficiaries	Dispatch food (MT)			
		DRMFS/WFP	H&Spokes	NGOs	Total
Jan	1,550,143	38,159	20,680	0	58,839
Feb	4,683,278	34,044	12,407	12,695	59,146
Mar	4,831,819	52,748	8,663	2,725	64,136
Apr	4,945,425	61,364	15,237	8,451	85,052
May	5,242,500	0	14,339	0	14,339
Jun	5,242,500	0	20,415	0	20,415
July	6,242,286	24,051	5,146	34,378	63,575
Aug	6,242,286	0	15,872	0	15,872
Sep	6,242,286	31,258	7,761	39,407	78,426
Oct	6,242,286	66,016	13,594	17,985	97,595
Nov	6,242,286	0	11,904	0	11,904
Dec	6,242,286	36,732	26,895	37,424	101,051
Total	6,242,286	344,372	172,913	153,065	670,350

** The food which is dispatched in January 2009 by DRMFS/WFP was allocated in December 2008.*

Due to lack of utilization reports from government on the food dispatched to various Food Delivery Points (FDPs), a joint DRMFS-Donors-WFP mission was deployed to various regions in June 2009. As per the recommendations of the joint missions, DRMFS and WFP have established a taskforce, the Food Management Improvement Project (FMIP), which is working on the reconciliation of data related to allocation, dispatch and distribution data since 2007. In September 2009, USAID joined the taskforce. The project aims to establish a food monitoring system and plans to design a capacity building programme aiming at supporting the system. This system will receive

inputs from donors and NGOs before finalization. As of January 2010, data from the period 2007 – 2009 has been gathered. Due to this initiative, Amhara, Oromia, and SNNP Regions have submitted considerable portion of utilization reports while others, except Somali Region, are progressing well.

Given the significant challenges to the food delivery system in Somali Region, including poor transport capacity, the Government and WFP developed a new logistic system in the second half of 2008. Since October 2008, five logistics hubs were established in Gode, Degehabour, Kebridehar, Jijiga and Dire-Dawa and responsibility for primary (to the hubs) and secondary transport (to the distribution points) was undertaken through this system for all zones in the region, with the exception of Afder and Liben. The opening of a new transport corridor into Ethiopia through Berbera port has transformed Jijiga into a major hub in Somali Region. The new logistics arrangement has significantly improved the status of food delivery and from the beginning of January 2010 the relief programme in Afder and Liben zones will also be operated through the hubs and spokes system.

Update on the Targeted Supplementary Feeding (TSF) Programme: Between January and December 2009, 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 Disaster Prevention and Preparedness Bureaus (DPPBs), distributed 43,404 MT of food (blended food and vegetable oil) to up to 1.1 million beneficiaries addressing approximately 90 per cent of the planned beneficiaries and caseload for 2009. Ad-hoc, TSF responses were provided to 81,000 malnourished beneficiaries as a result of the worsening nutrition situation in Oromia, SNNP and Amhara regions.

Although there is a lot to be done to improve the timely delivery of food to the regions, some improvements were observed due to the efforts made by DRMFSS, WFP and regional partners. In Tigray, for instance, food was delivered to beneficiaries within 10 days of receiving valid EOS screening figures from the RHB counterparts. In addition, according to the “Knowledge, Attitudes and Practice” survey, TSF beneficiaries are understood to have a good knowledge of childcare and feeding practices when compared to non-TSF beneficiaries. In addition, the WFP Action-Based Monitoring showed that 71.9 per cent of beneficiaries interviewed are knowledgeable about all four TSF messages and that 91.5 per cent of Food Distribution Agents (FDAs) are adequately promoting nutrition messages.

2.2. Health and Nutrition

In 2009, the response in the Emergency Health and Nutrition Sector mainly focused on the management of Severe Acute Malnutrition (SAM) in the drought affected areas and management and treatment of disease outbreaks including AWD and malaria. Cases of meningitis and the first cases of the new Influenza A/H1N1 were also reported. To address and mitigate the impacts, a total of US\$ 19,928,565 has been mobilized (See Annex II for detail).

During the year, mixed levels of malnutrition rates were experienced in SNNP, Oromia, Amhara, Tigray, Afar and Somali regions due to the food security situation.

Reports from 27 standard nutrition surveys conducted between July-December 2009 in both agrarian and pastoralist regions indicated that Global Acute Malnutrition (GAM) ranged from 4.9 percent to 21.7 percent and severe acute malnutrition ranging from 0.0 to 2.0 percent. Crude and under-five mortality rates were below national and cut-off points for emergency as defined by the SPHERE Minimum Standards. Over half (14 out of 27) of the surveys indicated that the nutrition situation was serious/critical. Emergency nutrition responses were implemented on the basis of the findings and recommendations from standard nutrition surveys, rapid assessments and mass screening.

A total of 528 hotspot woredas from six regions prone to malnutrition were identified for response and about 61 percent of the woredas have either TFP or both TSF and TFP. More than 28 percent of the woredas had both TFP and TSF/blanket supplementary feeding programme interventions, while about 34 percent of the woredas had neither TFP nor TSF. Over half (57.4 percent) of the woredas were covered with general food distribution. (See Annex III for detail). Moreover, over 2,139 MT of ready-to-use therapeutic food (RUTF) was dispatched to the regions in the last two quarters of 2009 and used to treat severely malnourished children in hotspot woredas. The health extension workers have played a major role in increasing coverage of treatment for SAM up to kebele level.

The roll-out of OTP to the health post level has proceeded well in 2009. Training for Health Extension Workers (HEWs) on the management of severe acute malnutrition was provided to 10,511 staff (63.6% of the HEWs in hotspot woredas of Amhara, Oromia, SNNP and Tigray regions), while 48 per cent of the 7,575 health posts in hotspot woredas of the four regions are now managing cases with severe acute malnutrition.

Vitamin A Supplementation, with malnutrition screening for referral of malnourished children to Supplementary Feeding Program (TSF) was undertaken in October and November in most regions. The reports on the coverage of these activities are being compiled by the regional health bureaus.

Based on a low 40 percent reporting rate, the performance of emergency therapeutic feeding interventions was successful as per national and Sphere standards indicating a 0.6 per cent mortality rate, 85 per cent cure rate and 3.2 per cent defaulter rate (Source: ENCU/DRMFSS).

Regarding Acute Watery Diarrhea (AWD), a total of 16,452 AWD cases and 162 deaths were reported from Amhara, Oromia, SNNPR, Afar, Somali, Tigray, Hareri and Addis Ababa between July and December 2009. Risk factors that contributed to the spread of the disease included; low latrine coverage, poor personal hygiene and sanitation, inadequate safe water supplies, and high population movement as well as lack of community awareness. In response to the outbreak, the Federal Ministry of Health (FMoH), in collaboration with humanitarian partners, provided technical and financial support as well as drugs, medical supplies and equipments to Case Treatment Centers.

An outbreak of malaria was reported in Tigray, Oromia and SNNPR, with a total of 19,736 cases and three deaths following the *belg* rains. Regional Health Bureau (RHB)

sprayed DDT in affected and high risk areas and provided Rapid Diagnostic Tests (RDTs) and anti-malaria drugs for rapid diagnoses and prompt treatment of malaria cases.

A total of 2,956 cases of measles and 15 fatalities were reported in 2009. The outbreak, which affected Addis Ababa, Afar, Dire Dawa, Oromia, SNNP and Somali regions, was compounded by the high level of acute malnutrition as well as the poor coverage of the routine Expanded Programme on Immunization (EPI).

Ethiopia, located in the African Meningitis Belt, recorded a total of 60 meningitis cases and seven deaths during 2009. Cases were reported in Addis Ababa, Amhara, Oromia, Tigray and SNNPR. As part of measures intended to promote preparedness and prevention, the Government in collaboration with WHO procured 2 million doses of meningitis vaccine and distributed 1.6 million to high risk areas.

The country was also affected by the new Influenza A /H1N1 Pandemic. The FMOH has confirmed four cases the disease in 2009. The capacity of the national reference laboratory to detect the virus has been strengthened and surveillance activities, particularly at Ports of Entry (PoE), have been scaled up.

UNICEF and NGOs continued to support activities of 34 Mobile Health and Nutrition teams in 2009 to provide integrated high impact child health, nutrition and WASH services in drought affected areas of Somali and Afar regions. The teams provided services to 223,230 consultations, of which more than 85,802 (38.4%) were for children below the age of 5 years. From March 2009, UNICEF assisted the Afar RHB to deploy four mobile teams in response to drought, malnutrition, measles epidemics in the most affected and poorly staffed woredas of Bidu and Kore.

2.3. Water, Sanitation and Hygiene (WASH)

The 2009 humanitarian requirement for WASH sector was prepared to address approximately 2.3 million people in order to avert human suffering caused by shortages of water and poor sanitation conditions. The year had been marked with critical shortages of water supply, particularly in most parts of Somali, northeastern parts of Afar, lowlands of Oromia, southern Tigray, eastern parts of Amhara and pocket areas of SNNPR due to the poor performance (below normal, erratic and early cessation) of seasonal rains and malfunction of water schemes.

AWD outbreak mainly fueled by massive movement of people across the country for their daily activities, religious and cultural festivals continued to challenge the sector in 2009. Many woredas of Oromia, Amhara, SNNP, Somali, Afar and Tigray regions reported the outbreak and continue to be at risk in 2010.

Non-seasonal rains received around mid-October temporary relieved of water shortage in pastoralist and semi-pastoralist areas by improving surface water sources such as ponds, *birkads*, and recharging ground and surface water sources that have been seriously affected due to the prolonged dry seasons.

In 2009, the needs of more than 1.9 million people were addressed through various WASH services with a contribution of approximately USD 24 million against the USD 19 million resources requested. In these efforts, the government and its humanitarian partners (See Annex IV for detail) implemented considerable life saving interventions including emergency water tracking (Somali, Oromia, Tigray and Afar), rehabilitation, maintenance and expansion of water supply schemes, onsite water treatment with Emergency Water Treatment (EmWat) Kits and distribution of household water treatment chemicals and hygiene materials. Capacity building activities were also undertaken through trainings, supply of different types of equipment (such as pumps, generators, and different types of WASH kits), operational costs to regions and technical support to regions particularly by UNICEF through field offices and deployment of WASH consultants. Efforts were also made to strengthen existing coordination forums at different levels.

2.4. Agriculture and Livestock

The Government in collaboration with its humanitarian partners undertook a series of agriculture and livestock interventions in the affected areas to curb and ensure fast recovery from the impacts of disasters. A review of the 2009 emergency response in the agricultural sector indicates that an estimated **USD 21,038,261** was required for the agriculture and livestock sectors for January to December 2009; out of which **USD 11,008,540** was resourced and implemented through the Ministry of Agriculture and Rural Development (MoARD), the Food and Agriculture Organization of the United Nations (FAO), Catholic Relief Services (CRS), World Vision (WV), CARE, Oxfam America, Save the Children-US and Mercy Corps for the different agriculture and livestock sectors in different Regional States of the country.

The key interventions undertaken include: livestock vaccination, provision of livestock drugs and equipment, distribution of: seeds, farm tools, feed for livestock as well as locust control measures. (See Annex V for details.)

2.5. Education

According to the Contingency Plan, approximately 200,000 children of school-going age were expected to require education interventions in the first six months of 2010. Following the development of the Plan, education has been included in the *meher* assessments. The assessment teams collected data from the most vulnerable woredas of assessed regions (Afar, Amhara, Gambella, Oromia, SNNPR and Somali). Accordingly the contingency plan has been amended inline with the *meher* assessment findings.

Meanwhile, the findings indicate that approximately 43,455 children dropped out of formal schools (20,843 male and 19,585 female) and will require emergency education support. School dropout is attributed to a combination of factors/hazards across regions including drought, disease, conflict and migration. Additionally, 20,740 children have reportedly dropped out of ABE centres (8,904 male and 8,583 female). Approximately half a million children are also identified to be at risk of dropping out of school/ABE, due to food and drinking water shortages, and lack of WASH facilities in vulnerable woredas. In terms of formal schools, 89 schools have closed, 121 are damaged, and 27 have been identified as being overcrowded due to emergency situations. In addition 320 ABEs are closed, with a further 33 damaged and 60 overcrowded. Overcrowding has

occurred in Gambella due to cross border conflict leading to populations being displaced, and in Somali due to a sudden rise in enrollment leaving children without teachers, learning spaces, or materials.

3. THE 2010 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, and 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 2009 *meher* assessment around 5.2 million people will require emergency food assistance in 2010, out of which, around 26.7% are from Somali Region; 20.8% from Oromia Region; and 19% from Amhara. The total food requirement is estimated at 642,983 MT, including 503,013 MT of cereals, 52,882 MT of blended food, 66,404 MT of pulses and 20,684 MT of oil (see Table 3 below). Taking into consideration the resources available, including confirmed pledges, totalling 396,212MT, the net requirement is **246,771 MT**, worth approximately **USD 187,792,731**.

Table 3: Affected Population and Relief Food Requirements by Region

Region	Targeted Beneficiaries	Relief Food Requirement (MT)				
		Cereals	B. Food	Pulses	Oil	Total
Tigray	641,949	84,353	8,922	24,538	8,124	125,937
Afar	87,290	7,856	825	786	236	9,703
Amhara	994,800	96,671	10,150	9,667	2,900	119,388
Oromia	1,088,903	98,001	10,290	9,800	2,940	121,031
Somali	1,397,160	125,744	13,203	12,574	3,772	155,293
SNNP	852,020	76,682	8,052	7,668	2,300	94,702
Ben/Gumuz	32,670	1,587	167	159	48	1,961
Gambella	84,360	7,592	797	759	228	9,376
Dire Dawa	41,010	3,691	388	369	111	4,559
Hareri	9,290	836	88	84	25	1,033
Total	5,229,452	503,013	52,882	66,404	20,684	642,983

Food Basket Contents: Since it is expected that the population in need of assistance will be dependent on relief assistance, the distribution of a full food basket ration will be resumed if sufficient contributions are received on a timely basis.

The food basket is comprised of 15 kg cereals, 0.45 kg vegetable oil and 1.5 kg pulses per person per month. The planned supplementary ration for “blanket” distributions to particularly vulnerable groups, assumed to be 35 per cent of the total population in need, consists of 4.5 kg of blended food. The general ration supplies 2,050

kilocalories/person/day, while the supplementary ration supplies an additional 570 kcal. The full food basket will greatly contribute to efforts to stabilize the nutrition situation.

Distributions: Each region will prepare food distribution plans by distribution sites on the basis of assessment results and will submit plans to DRMFSS for final approval and allocation of resources. Woreda committees, composed of community members and local officials, will manage the distribution of food beneficiaries. In view of the serious nutritional situation in some parts of the country, it will be critical to ensure that beneficiaries receive an adequate ration of the full food basket.

Targeted Supplementary Feeding Programme: The Targeted Supplementary Feeding (TSF) Programme provides fortified blended food and fortified vegetable oil to children less than five years of age, pregnant and lactating women suffering from moderate acute malnutrition (MAM) identified through the EOS screening. In 2010, the TSF Programme will require about 53,000 MT of blended food and oil to address the needs of an estimated one million beneficiaries in 167 woredas in four quarterly distribution rounds. Considering the stock at hand and the carryover pledges, the net requirement is estimated to be 43,500MT, valued at **USD 43.5 million**.

3.1.3 Sector Coordination, implementation and monitoring

At the Federal level, the Disaster Risk Management and Food Security Sector (DRMFSS) remains responsible for mobilizing food aid resources. The Food Management Taskforce (FMTF) will play an important role in facilitating the allocation process by reviewing the available food resource against the requirement.

The allocation of relief food resources will be undertaken on the basis of regional food distribution plans developed from the results of recent assessment, submitted by the concerned regions, indicating distribution sites. The distribution plans are reviewed by DRMFSS prior to allocation of food, in order to ensure alignment with the approved beneficiary figure. Once dispatched and delivered to distribution sites woreda committees manage food distributions to beneficiaries.

3.2 Non-Food Needs

3.2.1 Health and Nutrition

3.2.1.1 Objectives

The main objective of interventions in this sector is to minimize the impact of ongoing and impending health and nutrition emergencies during the first half of 2010.

3.2.1.2 Requirements for Health and Nutrition Emergencies

The Government and humanitarian partners require **USD 31,037,209**. The requirement has been identified based on the assessment findings, inputs from different sources and takes into account seasonal scenarios as well as secondary data collected from existing/regular programmes.

The requirement mainly focuses on the management of SAM amongst the identified relief beneficiaries and response to epidemics including AWD, measles, malaria, meningitis and pandemic influenza, and strengthening the health service delivery system in high-risk woredas through the Mobile Health and Nutrition Teams as well as by further building the capacity of health structures.

Table 4: Summary of Health and Nutrition Requirements-January to June 2010

Intervention area	Beneficiary Number	Requirement in USD	Available in USD	Net Requirement (USD)
1. Nutrition				
1.1 Management of Sever Acute Malnutrition (SAM)	106,457	15,000,071	1,000,000	14,000,071
1.2 Vitamin A supplementation & screening of malnutrition cases for referral to TFU and SFCs	6,700,000	2,822,186	0	2,822,186
Sub total	6,806,457	17,822,257	1,000,000	16,822,257
2. Health				
2.1 Acute Watery Diarrhea management	67,370	2,315,534	0	2,315,534
2.2 Malaria outbreak in Flood prone area and Malaria hot spots	2,205,760	2,371,081	0	2,371,081
2.3 Measles	806,457	1,947,593	0	1,947,593
2.4 Meningitis	2,500,000	1,036,220	0	1,036,220
2.5 Pandemic Influenza	15,800	500,000	0	500,000
2.6 Public Health Response to disaster affected population	621,305	1,370, 697	0	1,370, 697
2.7 Support the Disease surveillance/Early warning	NA	900,000	0	900,000
2.8 Support of the health system in specific risk prone areas- Mobile health team	2,000,000	2,673,827	0	2,673,827
2.9 Capacity building (training/Supportive supervision/ Monitoring/technical support)	NA	1,100,000	0	1,100,000
Sub total	8,216,692	14,214,952	0	14,214,952
Total	15,023,149	32,037,209	1,000,000	31,037,209

Management of Severe Acute Malnutrition: The prevalence of SAM is projected at 1.8 percent and that of moderate acute malnutrition at 11.4 percent. At this level of prevalence, the TFP beneficiaries are estimated at 106,457 and that of moderate acute malnutrition at 674,230, estimated based on the total rural population in the 371 affected woredas. The FMoH plans to provide essential therapeutic food and routine drugs to the 106,457 severely malnourished children, improve access to therapeutic feeding through continued rolling out of the OTP services to health post levels, provision of care at

referral TFUs for complicated cases, and improve the quality of care provided by the health facilities through joint supportive supervision.

Under-five children in the relief woredas will be given one dose of vitamin A and de-worming tablets in the coming six months. A total of 6.7 million children between 6 and 59 months will have one dose of vitamin A supplementation, while the 3.7 million children between 24 and 59 months will be given one dose of de-worming tablet. Out of the 371 woredas targeted for emergency relief activities, 144 are targeted for Supplementary Feeding Programmes (TSF). Nutritional screening will be conducted for 6.7 million children between 6 and 59 months and 1.4 million pregnant and lactating women, and those found to have been malnourished will be referred to TSF/TFP. The cost for vitamin A supplementation, de-worming, screening of malnutrition and referral of the malnourished is USD 2,822,186.

The gross requirement projected for treatment of SAM cases is USD 15,000,071 of which USD 1,000,000 is secured at United Nations from the Central Emergency Response Fund (CERF) level, bringing the net requirement to USD 14,000,071. In addition, USD 2,822,186 is required for vitamin A supplementation and screening of malnutrition cases for referral to TFP and SFCs.

Acute Watery Diarrhea (AWD): A large scale outbreak of AWD in the first half of the year is anticipated due to the existence of risk factors including the ongoing, localized AWD outbreak, current unseasonal rains, low coverage of safe drinking water supply, poor hygienic and sanitary practices, and potential flood emergencies. The situation will be further aggravated by the movement of seasonal laborers and the various public and religious events across the country which brings together vast numbers of people into concentrated areas. Preparedness, in terms of early detection and control, as well as the prevention of the spread of the disease, such as drugs and supplies, provision of CTC materials and strengthening case management, are required to address the AWD outbreak in the areas most at risk are key activities that will be undertaken. An estimated USD 2,315,534 is required to effectively respond to the outbreak in 104 high-risk woredas in eight regions with a total of 13,214,942 population and expected cases of 67,370 taking into account attack rate of 0.5 per cent.

Measles: Considering the likelihood of hazards that increase the risk of measles epidemics, including flood, malnutrition and population displacement, there is a need to conduct an emergency measles vaccination campaign in the drought-affected woredas. Communities in these woredas are at high risk of serious measles epidemics due to inadequate and low coverage rates of immunization, high levels of malnutrition, A vaccination campaign will be required in early 2010 to contain the current outbreaks and reduce measles related morbidity and mortality prior to the start of the national sub-national immunization activity (SIAs) planned for late 2010 and early 2011. In the first half of 2010, the Government and humanitarian partners plan to vaccinate an estimated 106,457 severely malnourished children between 6 and 59 months at TFP sites in addition to 700,000 children in drought affected woredas. The total requirement for measles vaccination campaign amounts to USD 1.95 million and will cover vaccines, injection materials and operational costs.

Meningitis: As the country lies within the ‘meningitis belt’, the risk posed by a meningitis outbreak during the dry season, mainly beginning October, remains high. To respond to the expected outbreak, 2,200,000 doses of meningococcal meningitis vaccine (bi-valent) is required at the national level. A total of USD 1,036,220 required for case management, training and running cost.

Malaria: Although the FMoH has rolled-out a malaria reduction programme that has contributed to the reduction of mortality and morbidity, factors that favor transmission, including flooding and the *belg* rains are likely to further increase the risk of large malaria outbreaks. A total of 2,205,760 beneficiaries in 122 woredas in eight regions have been identified for prioritized response. USD 2,371,081 is required to undertake emergency interventions including indoor residual spraying (IRS), provision of long lasting insect-side treated nets (LLINs), and implementation of effective case management.

Pandemic Influenza: The health sector requires a total of USD 500,000 to address the health needs of severe cases of the new influenza A (H1N1).

Public health response to disaster affected populations: Flood emergencies are expected to occur in some parts of Gambella, Somali, SNNP, Afar, Amhara and Oromia Regions which will likely impact directly or indirectly the health conditions of communities residing in high-risk areas. In order to avail emergency health kits, drugs and medical supplies as well as psychosocial support and provision of regular health services for 621,302 beneficiaries, USD 1,370,697 is required.

Strengthening Disease Surveillance and Early Warning: Early detection and reporting are one of the crucial entry points in addressing health and nutrition emergencies. Strengthening of existing integrated disease surveillance systems to enhance reporting and information exchange from the lowest administrative level to the federal level are the main areas of focus. USD 900,000 is required for training of health workers, improving communication and operational costs. In order to have reliable and timely nutrition information for planning and decision making, nutrition surveillance systems is planned to be established as part of the national early warning system coordinated by DRMFSS. Such a system would facilitate timely early warning information and would promote adequate intervention.

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 and Somali, which have low service coverage and inadequate human resources. The total running cost to support the existing 34 Mobile Health and Nutrition Teams (MHNT) in 34 woredas in the two regions amounts to USD 2,673,827. This figure includes the provision of drugs and medical supplies.

Capacity Building: In order to strengthen the capacity of health personnel and managers at all levels USD 1,100,000 is required for training of front line health workers, monitoring, material production and distribution, provision of onsite technical assistance through consultants, and to cover operational costs.

3.2.1.3 Strategies for Emergency Health and Nutrition Response

The sector has identified broad implementation strategies for the year based on existing manuals for respective emergency situations or hazards. The strategies for SAM management will follow principles similar to those adopted in 2008, by which Out-patient Therapeutic Programmes (OTPs) will be integrated into health extension services and the capacity of the health extension workers will be used to manage SAM cases, with functional referral linkages to nearby health centres/hospitals to manage severe and complicated cases. The sector will ensure that coordination frameworks are functional at all levels and that drugs, medical supplies and equipment are stockpiled and pre-positioned for timely response. Strengthening of early warning and surveillance activities, enhancing the capacity of health personnel and identification and targeting of high-risk areas and population for emergencies are being undertaken. Monitoring and evaluation of response will be further facilitated.

3.2.1.4 Sector Coordination, Implementation and Evaluation

The FMOH, through the Ethiopian Health and Nutrition Research Institute (EHNRI) of the Public Health Emergency Management Center and in collaboration with Regional Health Bureaus, zonal health departments, woreda health offices and health institutions, will take the lead in the implementation of the strategies outlined in the January 2010 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, 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 be functional at all administrative levels.

Strengthen Response Capacity

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

3.2.2 Water, Sanitation and Hygiene (WASH)

3.2.2.1 Objectives

The main objective of the emergency Water and Sanitation and Hygiene supply intervention is to reduce human suffering that emanate from lack of water for basic services (drinking, cooking and personal hygiene), which further causes other water related infectious diseases and conflict among the population during emergencies.

3.2.2.2 Requirements

A total of USD 9,392,143 million is required to respond to the anticipated water and sanitation hazards expected to threaten an estimated 6,097,145 people during the first half of 2010. In addition, the WASH emergency response strategy will preposition essential supplies including emergency water kits, dewatering pumps, generators, water treatment chemicals as part of the preparedness plan to ensure efficient and timely response. (See Annex VII for proposed implementation WASH services in regions)

Table 5: Summary of WASH Requirements – January to June 2010

Intervention Activities	Required Resources USD	Available Resources USD	Gaps USD
Water trucking	2,082,356	-	2,082,356
Maintenance & rehabilitation of defunct water supply schemes	4,969,536	2,161,247	2,808,289
Development of new water supply schemes	3,043,339	593,133	2,450,206
Water purification kits and community water storage tankers	1,651,425	1,651,425	-
Water purification chemicals	2,265,762	1,450,831	814,931
Household Water storage and Sanitation & Hygiene Supplies	960,300	799,690	160,610
Capacity building & Community mobilization	696,927	559,133	137,974
Monitoring and Evaluation	292,204	142,893	149,311
Federal level management	798,088	9,622	788,466
Total	16,759,837	7,368,069	9,392,143

3.2.2.3 Sector Coordination, implementation and monitoring

Strategies: The strategies to be followed for the emergency water supply interventions are divided into two major categories. The first mainly focuses on emergency life saving interventions to be initiated soon as the shock occurs including, supplying of safe drinking water through tankering interventions, provision of adequate family water kits, water purification chemicals, provision of appropriate water containers to prevent and treat diarrheal diseases. Beyond the immediate phase, the emergency response will continue to improve water supply for emergency-affected populations, which include the improvement and expansion of safe water systems mainly by rehabilitating and maintaining non functional and existing water schemes; through targeted new source development, provision of water purification and storage materials.

Implementation Modalities: At the federal level, the Ministry of Water Resources and the Ministry of Health will remain core institutions responsible for general coordination and supervision of planned WASH response program in 2010. The regional water and health bureaus and regional DPPBs will be the lead agencies for facilitating and coordinating emergency water and sanitation interventions. Water and health bureaus, NGOs, private and public water works enterprises will implement projects. Emphasis will

be given to involve woredas in the implementation process of WASH interventions; therefore the capacity of woredas must be strengthened.

Donor support can be channeled either through Government, UNICEF, WHO or through NGOs. Any donations will have to be communicated to the Ministry and adherence to the HRD should be ensured. Allocation of funds will be made according to the prioritized actions based on the assessment. To ensure proper implementation of planned/approved activities appropriate monitoring, follow up, reporting and accountable mechanisms are already in place.

Implementation Challenges: Major challenges expected in 2010 include: low level of project implementation; limited private sector participation; absence of NGO in some emergency prone areas and limited level of NGOs participation. Weak coordination and low regional/woreda capacity, remoteness and lack of access roads for mobilization, absence of strong Early Warning, Preparedness and Response Coordination mechanism and lack of information exchange among partners are also anticipated to challenge timely emergency responses.

3.2.3 Agriculture and Livestock

3.2.3.1 Objectives

The overall objective of the emergency agriculture and livestock response plan is to restore agricultural activities by improving the livelihoods of affected households in cropping, agro-pastoral and pastoral areas of the country by addressing prioritized needs for the first half of 2010.

3.2.3.2 Requirements

A total of USD 10,606,074 is required to implement prioritized emergency sectoral requirements including provisions of emergency seed, animal health service, emergency supplementary feeding as well as facilitation cost for commercial de-stocking in Afar, Amhara, Oromia, Somali, SNNP and Tigray regions. Table 6 below presents the resource requirement by intervention type.

Table 6: Summary of Emergency Agricultural Requirements - January to June 2010

Interventions	USD
Supplementary livestock feeding	4,087,905
Animal health: Curative, prophylactic treatment, Vaccination and equipment	3,289,760
Commercial de-stocking (for four regions, Somali, Oromia, Amhara and Tigray)	100,000
Provision of seeds	3,063,292
Locust control requirement	65,117
Total	10,606,074

Emergency Livestock Feeding: The objective of emergency livestock feeding is to maintain and protect core breeding stock and to increase the milk production of lactating livestock through the use of multi-nutrient blocks including concentrates, grass and hay in order to increase the availability of milk, including as a principal source of nourishment for pastoralist children. The requirement is calculated based on the following assumptions: survival feeding cost is USD 0.67/day/cattle for affected breeding cattle in Afar, Amhara, Oromia, Somali and Tigray for 60 days including operational and transport cost.

Based on these assumptions, a total of **USD 4,087,905** is required to provide survival feeding interventions for 126,443 breeding stock in different woredas in the above indicted regions. (See Annex VIII for detail.)

Animal Health: Providing support to the animal health service delivery system is important to prevent and minimize the effect of opportunistic disease outbreaks and protect key assets in time of livelihoods crisis.

In order to support emergency animal health interventions, close to 2,133,440 livestock are targeted for animal health interventions with **USD 3,289,760** required for procurement of drugs, vet equipments and running costs for vaccination campaigns. During the provision of support to the sector, care should be extended not to disrupt the existing cost recovery system by involving community animal health workers and private pharmacies at large. (See Annex IX for detail.)

Commercial De-stocking: Emergency commercial de-stocking or purposive removal of at risk animals from drought prone areas is conducted before livestock body condition has completely deteriorated. Such interventions are nowadays identified as one of the most important intervention to help minimize losses of livestock and improve the purchasing power of pastoralists/agro-pastoralists by enabling them to earn cash to meet their immediate food and other basic needs, consequently protecting them from depleting their assets and from engaging in negative coping strategies. The cash generated through this intervention also helps pastoralists to re-stock, allowing them to recover on their own when conditions return to normal. Additionally, de-stocking contributes to minimizing pressure on and competition over scarce pasture and water resources and, therefore, allows better maintenance and protection of the remaining breeding stock.

A total of **USD 100,000** is needed to implement commercial de-stocking in some woredas in Amhara, Oromia, Somali and Tigray regions. The only activity required to facilitate the intervention is awareness creation and opening market access to pastoralists.

Provision of Seeds: The findings of the *meher* assessment indicate critical seed shortages in some drought-affected areas that will need to be addressed through the provision of emergency seed. The main purpose of providing emergency seeds to farmers with failed harvests is to enhance their resilience to shocks and ensure the timely availability of inputs to continue farming activities. Therefore, a total of **51,738** quintals of seeds and **18,692,000** cuttings valued at approximately **USD 3,063,292** will be required to meet the emergency requirements of **399,568** households. (See Annex X for detail.)

Threat of Locust Infestation: To avert possible desert locust swarms infestation, a strong preparedness and response plan needs to be put in place. Considering mid-case scenario, **USD 65,117** is required for survey and control operations, purchase of pesticides and possible support for Regional Agricultural Bureaus (Amhara, Afar, Tigray and Somali). (See Annex XI for detail.)

3.2.3.3 Sector Coordination, implementation and monitoring

This emergency and recovery response plan will be implemented by relevant agencies and respective regions with direct involvement and supervision of beneficiary households. In consultation with respective regions, the Ministry of Agriculture and Rural Development and partners will play a leading role in resource mobilization. The coordination responsibility rests with the Federal Agricultural Disaster Risk Management Task Force.

3.2.4 Education

3.2.4.1 Objectives

The objective of Education in Emergencies (EiE) is to ensure children affected by emergencies have access to education and 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 Requirements

The *meher* assessment identified approximately 64,193 school age children who will require immediate emergency education assistance in the first six months of 2010. This estimation is based on a desk review of figures from the past two years and complemented by the findings *meher* assessment. An estimated **USD 4,041,501** is required to undertake key emergency education interventions at various emergency stages in prioritized parts of Afar, Amhara, Gambella, Oromia, SNNPR and Somali.

The two key strands of support identified are immediate support to schools and ABEs that have been damaged, closed or become overcrowded as a result of emergency situations. However, direct support will also be required to families who are unable to send their children to school due to livelihood difficulties. The planned support requires close co-ordination with other sectors such as food and WASH, to ensure that the services and resources they provide directly impact upon children who have dropped out of school, or who are at risk of dropping out (as identified in the assessment). The role of the education sector will be to mobilize and support children to go back to school (through the 'back to school campaign' and resources), when the household conditions allow.

Table 7: Emergency Education Requirements

Activity	Unit Cost	Requirement in USD
Provision of tents and Temporary Learning Spaces for displaced children, overcrowded and damaged schools / ABEs for 366 schools	1,002 TLCs * 2,000USD	2,004,000
Cost of back to school campaign for 64,193 children currently dropped out of school / ABE	64,193*8.75 USD	561,688
Support to teachers and Education Officials to enable them to continue to teach	4,000 teachers/officials at 39.65 USD each, for 3 months per person	475,812
Supplies for teaching and learning, including school in a box kits, and textbook provision		1,000,000
Total		4,041,501

3.2.4.3 Sector Coordination, implementation and monitoring

The education cluster is fully operational at federal level, and is being strengthened at regional level with five regional task forces currently in operation. Priority activities outlined in the table above will allow education to be delivered to children currently affected by emergencies. A total of 366 schools and ABEs identified as damaged and overcrowded will be provided with temporary learning spaces, including tents where appropriate, to ensure that learning can continue despite the difficult physical environment. Teachers and education officials will be supported to continue the teaching process through training, and providing incentives to maintain teaching in a difficult environment, or to volunteer to teach when teachers can not be identified. Furthermore, in an event of the physical destruction of schools, “school in a box kits” will be immediately provided to avoid disruption of learning activities.

Although the education sector can not directly support households who are unable to keep their children in school, the education cluster will advocate and liaise with the WASH and food clusters to prioritize areas for intervention where there are reports/risks of high school drop out. The education sector will also boost the ‘back to school campaigns’ in these areas to ensure that children return to school as soon as is possible, which includes community mobilization, school level support, and provision of essential materials where possible.

4. COORDINATION MECHANISMS

The National Disaster Prevention and Preparedness Committee (NDPPC), being the most senior body in the national humanitarian arena, will provide guidance and oversees 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 and Rural Development (MoARD), 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 Bureau (DPPB) coordination mechanisms will be further strengthened as well.

The sectoral taskforces on Food Management, Health and Nutrition, WASH and Agriculture, led by the Disaster Risk Management and Food Security Sector, Ministry of Health (MoH), Ministry of Water Resources (MoWR) and MoARD 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 Education Cluster established in October 2008, under the leadership of the Ministry of Education with the support from UNICEF and Save the Children/UK, identified prioritized requirements based on the *meher* assessment findings and desk review of available data. The requirements are included for the first time included in the Humanitarian Requirement Document to ensure children affected by emergencies have access to education and prepare for the rapid-restoration of regular schooling. The Cluster continues to implement its major objectives, including EiE advocacy, training and technical assistance to increase the capacity of the Ministry to better deal with emergencies.

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 resource mobilization committee led by DRMFSS and comprised of the respective Sectoral Task Force chairpersons, supporting cluster leads and donor representatives will continually identify resource gaps to ensure timely response against the identified requirements.

The nutrition response will be conducted in accordance with the National Nutrition Strategy launched in February 2008, which outlines strategies for how the country is to address nutrition challenges in a more comprehensive and sustainable manner. Based on the strategy, a national nutrition programme detailing implementation strategies, including through the roll-out of Therapeutic Feeding Programmes (TFPs) in every hotspot woreda, was launched in June 2009 as the basis for every nutrition programme. The MoH, through EHNRI and supported by the DRMFSS will continue to oversee the implementation of health related nutrition programmes. The Multi-Agency Nutrition Taskforce (MANTF) comprising representatives from relevant Government sectors, UN agencies, NGOs and donors and led by DRMFSS will continue to play a greater role in this regard.

The special logistics arrangement, hubs-and-spokes system, established in Somali Region to improve allocation, dispatch and delivery of food aid was expanded in 2009 with the opening of two additional hubs in Korahe (Kebridehar) and Jijiga, bringing the total number of hubs in the operation to five. The hubs-and-spokes system will continue to operate, building on the improvements already witnessed, despite the operational challenges in the region. The DRMFS/EWRD, with the relevant federal and regional authorities in collaboration with WFP, coordinates storage, transportation and distribution of relief food in the region, except in Afder and Liben zones, which are covered under the same system as the rest of the country.

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, WHO and WFP, as well as the country directors of IOM, ICRC, the Ethiopian Red Cross, CARE, Oxfam GB, and Save the Children/UK and the national NGO consortium, CRDA, will continue working with the Government on all aspects of humanitarian response

5. ANNEXES

Annex I: Donor Contributions of Food Aid in 2009

Donor	Cereals	Pulses	Veg. Oil	B. Food	Total (MT)	Value (USD)	Donated through
Spain	21,591	0	0	0	21,591	11,927,577	WFP
UK	93,111	0	0	6,000	99,111	57,977,688	WFP
Japan	11,142	0	0	2,395	13,537	7,773,109	WFP
Ireland	1,350	0	0	0	1,350	703,235	WFP
Germany	16,629	0	0	0	16,629	9,186,351	WFP
Denmark	427	0	0	0	427	211,312	WFP
EMMA	9,746	0	0	0	9,746	5,350,000	WFP
Ukraine	1,000	0	0	0	1,000	580,000	WFP
Canada	10,965	0	0	1,614	12,579	15,632,399	WFP
USA	0	8,595	0	4,224	12,819	10,000,000	WFP
USA	60,360	0	2000	0	62,360	44,998,000	WFP
USA	30,260	1,900	720	440	33,320	24,265,500	WFP
USA	56,750	2,410	2,400	3,850	65,410	46,565,000	WFP
USA	70,671	7,067	2,120	7,420	87,278	50,000,000	JEOP
USA	42,183	3,383	4288	2237	52,091	29,842,000	JEOP
Turkey	89	0	0	0	89	50,000	WFP
Russia	3,111	0	0	0	3,111	2,000,000	WFP
Belgium	1,188	0	0	0	1,188	680,272	WFP
Australia	0	1953	0	1000	2,953	1,962,323	WFP
Sweden	0	0	0	3,878	3,878	2,803,738	WFP
Netherlands	8,871	0	0	0	8,871	4,672,897	WFP
EEC	16,469	6,000	0	3,161	25,630	14,534,884	WFP
Ethiop. Gov.	20,000	0	0	0	20,000	7,933,110	DRMFSS
Japan	386	0	0	0	386	179,986	DRMFSS
Sudan	5,000	0	0	0	5,000	2,000,000	DRMFSS
Various*	14,218	0	0	0	14,218	13,921,510	NGOs**
Total	495,517	31,308	11,528	36,219	574,572	365,750,891	

* 2110 MT is donated from CFGB

**NGOs include ERCS, FHI, Hiwot Berhan, Meserete Christos, African Muslim Agency, EEC Mekane Yesus, Chritian Aid, Charity Developemnt Association, EOC-DICAC

Annex II: Emergency Health and Nutrition 2009 Response

Donor	Amount (USD)	Implementer	Region	Remarks
USA	562,888	Mercy Corps	Oromia	
Spain	1,430,624	UNICEF		Health/Nutrition
Canada	382,581	CARE		Nutrition
	2,292,264	UNICEF	SNNP	
Sweden	2,688,200	UNICEF	Country Wide	Nutrition
France	703,235	UNICEF	Country Wide	Nutrition
UNICEF National Com.	119,120	UNICEF	Country Wide	Nutrition
CERF*	300,000	WHO	Country Wide	Nutrition
CERF	394,385	WHO	Country Wide	Health
CERF	1,000,022	UNICEF	Country Wide	Health
CERF	1,084,266	UNICEF	Country Wide	Health
HRF**	699,991	World Vision	Tigray, Amhara	Nutrition
HRF	916,907	SCUK	Amhara	Nutrition
HRF	581,668	SCUK	Somali	Nutrition
HRF	478,862	SP	SNNP	
HRF	650,159	SCUSA	Afar	Nutrition
HRF	150,000	WHO	Various	Health/Nutrition
HRF	96,427	WHO	Various	Health
HRF	656,800	WHO	Oromia,SNNP, Afar,Amhara	Health/AWD
HRF	92,198	WHO	Afar	Measles
HRF	150,000	UNICEF	Country Wide	Health
HRF	326,433	UNICEF	Somali	
HRF	447,497	UNICEF	Afar	Health
HRF	118,005	UNICEF	Country Wide	Health
HRF	2,386,652	UNICEF	Country Wide	Nutrition
HRF	185,737	CONCERN	Amhara	
HRF	672,200	CONCERN	SNNP	
HRF	361,444	Merlin	Somali	
Total	19,928,565			

*Central Emergency Response Fund

* *Humanitarian Response Fund

Annex III: Coverage of nutrition interventions in the 528 hotspot woredas September-December 2009

Region	Woreda No	TFP/SFP (%)	TFP only (%)	TSF/SFP only (%)	No TFP/SFP %
Oromia	174	25 (14.37)	65 (37.36)	5 (2.87)	79(45.4)
Amhara	128	21(16.4)	46(36)	1(0.78)	60(46.9)
Tigray	34	30(88.2)	1(2.9%)	1(2.9)	2(5.9)
Somali	52	13 (25)	16 (30.77)	17(32.7)	6(11.53)
SNNPR	108	54(50.0)	31(28.7)	1(0.9)	22(20.4)
Afar	32	6(18.75)	6(18.75)	10(31.25)	10(31.25)
Total	528	149(28.2)	165(31.3)	35(6.6)	179(33.9)

Annex IV: Donors' WASH contribution in 2009

Donor	Amount in USD	Implementing Agency	Region
ECHO	928,382	Oxfam GB	Amhara
ECHO	1,265,823	IRC	SNNPR
ECHO	843,882	Oxfam GB	Afar & Somali
HRF	362,645	IRC	Somali region, Sheder Refugee camp
HRF	563,761	Oxfam GB	Somali Region, Afdem and Mieso woredas & Shinile zone
HRF	1,549,628	UNICEF	Country wide
HRF	182,765	Save the Children-UK	Somali region, Shinile zone
HRF	226,781	Save the Children-UK	Afar region, Dubti, Assayta, Teru & Chiffra woredas (zone 1&4)
HRF	82,077	Samaritan Pursue	Gambella region, Wantawa Metere district (specifically Lulkuach and Wantowa town surroundings)
HRF	331,686	Oxfam GB	Amhara region, South Wello and North Shewa
USA	8,000,000	UNICEF	Country wide
USA	1,000,000	IRC	SNNPR
Spain	715,312	MoWR	SNNP & Afar
Canada	657,895	ACF	SNNPR
Canada	2,174,214	UNICEF	SNNPR
USA	579,379	Merlin	Oromia
USA	380,288	Samaritan Pursue	SNNPR
HRF	551,814	IRC	Oromia
HRF	398,988	Oxfam GB	Somali
HRF	426,344	Help Age	Oromia
HRF	481,815	ACF	Somali
HRF	688,679	CARE	Oromia & Afar
HRF	426,208	Islamic Relief	Somali
HRF	400,238	People in Need	SNNPR
HRF	484,100	LVIA	Oromia
TOTAL	23,965,059		

Annex V: Agricultural Interventions and implementing organizations in 2009

Donors	Amount USD	Implementing Agency	Region	Intervention Type
Government	181,200	MoARD		Livestock Vaccine
Government	180,000	MoARD	Tigray, Oromia, Amhara, SNNP	Provision of Seeds
Government	58,546	MoARD	Tigray	Livestock Survival Feed - Concentrate 500 qu. - MNB 12500
Government	71,818	MoARD	Amhara, Tigray, Oromia, Somali, Dire Dawa, Hareri, Afar	Locust Control Operation Support
HRF	670,582	FAO	Afar	Livestock Survival Feed
Norway	733,949	FAO	Afar	Livestock Survival Feed
CERF	1,499,989	FAO	Somali & Oromia	Livestock Feed and Crop Seed
OFDA	1,175,098	FAO	SNNPR, Oromia, Amhara and Tigray	Crop Seed
OFDA	919,502	FAO	Somali	Livestock Diseases Surveillance
CERF	800,360	FAO	SNNPR, Oromia, Amhara, Tigray, Somali and Afar	Emergency Seed, Vaccination and Livestock Feed
Belgium	998,250	FAO	SNNPR, Oromia, Amhara and Tigray	Crop seed
HRF	340,540	WV	Tigray	3070 qu. Crop seed
ECHO	819,060	WV	Tigray/Amhara	2804 qu. Crop seed 3602 Kg vegetable seed
Aus Aid & WV	300,000	WV	Tigray	2460 qu. Crop seed
Aus Aid & WV	15,733	WV	Tigray	Vet. drug
WV-US	255,000	WV	Oromia	Vet drugs, Vaccines, equipment
WV-US	291,000	WV	Oromia SNNPR Tigray Amhara	Vet drugs, Vaccines, equipment
WV-US	100,000	WV	Afar	Vet Drugs, Vaccines, Equipment, Crop seed 55 qu., Vegetable Seed 0.9qu.
HRF	181,072	CRS	SNNPR (Wolayta	3750030 Sweet potato cutting

Donors	Amount USD	Implementing Agency	Region	Intervention Type
Continued Annex V				
ECHO-PILLAR	60,000	SC-US	Somali	300,000 Animals treated
ECHO-PILLAR	4,500	SC-US	Somali	109,000 Animals treated
ECHO-PILLAR	20,000	SC-US	Somali	Green fodder distribution
AUS-AID	66,454.55 6409.10	CARE	Oromia (E/Harerge zone)	Crop seed 630 qu. 650 he. Farmtools
AUS-AID	91,560 22,890	CARE	Oromia (W/Harerge zone)	Crop seed 1149 qu. 1145 he. Vegetable seed
AUS-AID	55,965	CARE	Oromia	Restocking 930 shoats
USAID	10,000	CARE	Oromia (Borena)	Mass vaccination
USAID	5,000	CARE	Oromia (E/Harerege)	Crop seed
USAID	32,000	CARE	Oromia (E/Harerege)	Crop seed
OFDA	37,045 14,535	Mercy Corps	Somali (Afder)	Crop Seed 228 qu. Wheat 360 qu. Maize Farm Tools
OFDA	7,403 2,907	Mercy Corps	Oromia (Bale)	Crop seed 57 qu. Wheat 90 qu. Maize Farm Tools
HRF	199,492	Mercy Corps	Somli/Oromia	Crop Seed
Kristine Davis Fund	67,500	Oxfam America	Tigray	Livestock Feed
Gates Foundation	146,000		Oromia	Seed Provision 1432 qu.
Gates Foundation	159,100		Oromia	Livestock Restocking
Gates Foundation	108,080		Oromia	Livestock Treatment
ECHO	200,000	WV	SNNP (KT)	Seed Provision 1942 qu.
ECHO	100,000	WV	Oromia (E/Shewa)	Seed Provision 962 qu.
Grand total	11,008,540			

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

Annex VII: WASH Required Resources and Gaps per each Region

Region	Required Resources USD	Available Resources USD	Gaps USD
Afar	1,602,923	1,103,151	499,772
Amhara	3,010,618	1,049,860	1,960,758
Dire Dawa	43,291	25,000	18,291
Gambella	234,155	149,349	84,808
Hareri	36,459	25,000	11,459
Oromia	3,537,593	900,015	2,637,578
SNNPR	3,091,327	2,248,436	842,891
Somali	2,549,714	770,728	1,778,986
Tigray	1,855,669	1,086,908	768,761
MoWR	798,088	9,622	784,466
Total	16,759,837	7,368,069	9,391,768

Annex VIII: Emergency Animal Feed

Region	Number of Woreda	beneficiaries HH	Livestock Number	Grand total in USD
Afar	29	11,014	22,028	885,524
Amhara	19	17,906	17,906	715,971
Oromia	9	10,415	20,830	837,366
Somali	19	12,665	25,000	1,005,000
Tigray	8	8,010	16,021	644,044
Total	84	60,010	101,785	4,087,905

Annex IX: Animal Health

Region	Number of Woreda	beneficiaries HH	Targeted Livestock	Vaccine Cost	Drug Cost	Equipment cost	Total USD
Afar	29	74,417	372,084	177,183	354,366	11,508	543,057
Amhara	32	110,032	550,162	0	830,678	0	830,678
Oromia	13	23,709	265,548	5,484	562,359	606	568,448
SNNPR	15	42,234	211,169	117,000	164,753	698	282,450
Somali	40	73,447	734,477	349,751	699,503	15,873	1,065,127
Total	129	323,839	2,133,440	649,418	2,611,659	28,685	3,289,760

Annex X: Emergency Crop/seed

Region	Number of Woreda	beneficiaries HH	Area(ha)	unit	Required amount (qt)	Total cost (USD)
Afar	6	3,600	1,800	qts	450	27,000
Amhara	29	193,679	96,840	qts	24,210	1,344,993
Oromia	65	110,198	55,099	qts	13,775	720,950
SNNPR	28	3,378	1,689	Cutting	18,692,000	342,056
		52,402	26,201	qts	8,764	349,700
Tigray	8	36,312	18,156	qts	4,539	278,593
Total	136	399,568	199,784		51,737	3,063,292

Annex XI: Requirements for Locust Control

Activities	Resource required (USD)
Purchase of pesticides	50,794
Migratory pest survey	7,571
Migratory pest control coordination	1,831
Support for regional Agricultural Bureaus	4,762
Salary for locust scouts	159
Total	65,117

Annex XII: 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	MAM	Moderate Acute Malnutrition
CFR	Case Fatality Rate	M/BoARD	Ministry/Bureau of Agriculture and Rural
CRS	Christian Relief Services		Development
CSO	Civil Society Organizations	MoWR	Ministry of Water Resources
CTC	Community Therapeutic Centre	<i>Meher/Kiremt</i>	Long and heavy rain season usually from June to September (in highland and mid-land areas)
<i>Deyr</i>	Short rainy season from October to December (in Somali Region)	MHNT	Mobile Health and Nutrition Teams
DPPB	Disaster Prevention and Preparedness Bureau	MT	Metric Tonnes
DRM	Disaster Risk Management	NDPPC	National Disaster Prevention and Preparedness Commission
DRMFSS	Disaster Risk Management and Food Security Sector	NGOs	Non- Governmental Organisations
EFSR	Emergency Food Security Reserve	OTP	Outpatient Therapeutic Programme
EHNTF	Emergency Health and Nutrition Taskforce	OCHA	Office for the Coordination of Humanitarian Affairs (UN)
EHK	Emergency Health Kit	POE	Points of Entry
EMWAT	Emergency Water Treatment Kit	Region	The higher administrative structure, embracing zones and woredas
ENCU	Emergency Nutrition Coordination Unit	RHB	Regional Health Bureau
EOS/TSF	Extended Outreach Strategy/Targeted Supplementary Feeding	RWB	Regional Water Bureau
EPI	Expanded Programme for Immunization	PSNP	Productive Safety Net Programme
EWRD	Early Warning and Response Directorate	RUTF	Ready-to-Use Therapeutic Food
EWS	Early Warning System	SIA	Sub-national Immunization Activity
		SNNPR	Southern Nations, Nationalities & Peoples Region
FAO	Food and Agriculture Organization (UN)		
FDA	Food Distribution Agents	TFU	Targeted Feeding Unit
FDPs	Food Distribution Points	TFP	Therapeutic Feeding Programme
F/MoH	Federal/Ministry of Health	UN	United Nations
FMIP	Food Management Improvement Project	UNICEF	United Nations Children's Fund
FMTF	Food Management Taskforce	UNDP	United Nations Development Programme
GAM	Global Acute Malnutrition	USD	United States Dollars
<i>Gu</i>	Main rainy season from March to June (in Somali Region)	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)
		<i>Woreda</i>	Administrative/geographic unit, equivalent to district
HRF	Humanitarian Response Fund		