

2004 Humanitarian Appeal for Ethiopia

A JOINT GOVERNMENT AND HUMANITARIAN PARTNERS' APPEAL

10 DECEMBER 2003

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Executive Summary

The 2004 Humanitarian Appeal is the result of joint efforts by the Government of Ethiopia, concerned UN organizations, international and national NGOs and donors. It is based on comprehensive countrywide assessments of food, health and nutrition and water and sanitation situations. The Appeal also considers special humanitarian needs related to education and HIV/AIDS, including specific requirements related to gender issues and child protection.

The overall objective of the interventions in 2004 is to address the humanitarian needs of the most vulnerable populations and to reduce suffering in the aftermath of the drought and acute crisis in 2003, as well as to respond to any likely emergency situations in 2004.

Needs for 2004 have reduced from those of 2003 as a consequence of better rains and harvest prospects. When compared with the scale of crisis in 2003, domestic food supply prospects for 2004 are good due to a near-normal *meher* season (June-September) in most parts of the country. Although the overall humanitarian needs appear to be reduced significantly, the underlying structural problems, coupled with localized shocks (e.g. climate, pests, malaria epidemic and other disease outbreaks) and the continuing impact of unfavourable terms of trade in coffee for the existence of a beneficiary population of 7.2 million in 2004, a 45% reduction from the 13.2 million assisted in 2003. This translates into a food requirement of 964,690 tonnes. With a carryover of 122,780 tonnes from 2003, the net requirement for food aid amounts to 841,910 tonnes. The Appeal also seeks a total of US\$ 85 million in non-food assistance. Nevertheless, the magnitude of the problem faced in 2003 and the concomitant destitution that accompanies the process of severe food insecurity would mean a considerable challenge in 2004.

Pastoral areas of the country remain comparatively more vulnerable in general, with some areas pointing toward crisis. Water and fodder requirements in the mainly pastoral areas, where successive seasons of drought have eroded pastoralists' assets remain significant. Further assessments that would update the situation will be conducted.

In the agricultural sector seed shortages remain critical. A planning figure of 450,000 households is estimated to require seed distributions to recover from the effects of last years shocks and resume production in 2004.

Food insecurity, combined with poor health infrastructure and service delivery, continues to manifest itself in growing epidemics. The current wide spread malaria outbreak, mainly in the mid and lowland areas, continues to exacerbate food shortages and raise mortality – making recovery from the crisis of 2003 slow, if not impossible, for some households due to loss of labour. The loss of labour to a household is as critical in household food insecurity as rain failure.

HIV/AIDS has the potential to become another key cause of food insecurity, by depleting essential assets – both capital and human. Activities to address the pandemic have been considered in the overall humanitarian efforts in 2004.

In general, good main rains in 2003 resulted in the discontinuation of water-tankering operations in water deficit areas. While efforts of the last year in water and sanitation have generally improved the water availability situations of drought-affected populations, it is imperative that the humanitarian response for 2004 addresses the remaining critical gaps.

Meeting the needs of the expected beneficiary population is not without challenges. Collective action and an unprecedented donor and public response throughout 2003 prevented widespread famine-related mortality. In total, donors contributed over 1.7 million tonnes of cereals, pulses, oil and blended food in 2003 – 94% of requirements (for details refer to Annex 2). Of this, 1.6 million tonnes were distributed in 2003, with “carry over” of 122,780 tonnes for needs in 2004. Similarly, significant response was recorded against non-food food requirements

Despite the overwhelming response, delays in resource delivery affected the emergency response particularly for the first half of 2003, demonstrating again that timely delivery is as important as the overall quantity of resources delivered in an emergency. In this regard, donors are encouraged to make early and generous contributions to the appeal for 2004.

The major challenge likely to be faced by the humanitarian efforts in 2004 will be to link medium and longer-term initiatives that address food and livelihood insecurity. Initiatives under the New Coalition for Food Security to improve availability and access to food, to promote preventative and curative health services and to provide safety nets for about 5 million persons, will begin implementation in 2004. It is in this context that this humanitarian appeal for 2004 is launched.

The humanitarian assistance requirements for both food and non-food for 2004 are summarized below.

Table 1: Summary of humanitarian assistance requirements for 2004

Food or Cash Equivalent (tonnes)	841,910 tonnes
Health and Nutrition (US\$)	17,930,339
Water and Sanitation (US\$)	24,830,081
Agriculture (US\$)	13,150,200
HIV/AIDS, Child Protection, (US\$)	2,699,500
Education (US\$)	10,449,330
Disaster Response Capacity Strengthening (US\$)	14,672,293
Overall Coordination¹	1,333,000
Total (US\$)	US\$ 85,064,743

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

1. Introduction

The 2004 Humanitarian Appeal is the result of joint efforts by the Government of Ethiopia and the international community. It is based on comprehensive countrywide assessments food, health, nutrition, water and sanitation situation. It also addresses special humanitarian needs related to education and HIV/AIDS, including specific requirements related to gender issues and child protection. This approach is based on the lessons learned from the challenges of 2003, where 13.2 million people required emergency assistance. In such an environment, 'business as usual' would not have been sufficient to meet widespread needs.

Considering the protracted nature of emergency in Ethiopia over the last four years, efforts will be made to more substantively link emergency interventions with measures aimed at the protection and development of assets. This will build on the innovative approaches such as improved targeting for severely malnourished people, and increased self-reliance solutions (e.g., cash-for-relief).

The document begins with a brief review of the nature and response of the crisis in 2003 before reviewing causality and resource requirements for 2004. An overview of wider Government efforts in food security, in particular the "New Coalition for Food Security in Ethiopia", is also provided alongside new directions in emergency relief distribution, capacity building for better humanitarian response and coordination.

2. The 2003 Emergency and Response

The humanitarian crisis of 2003 was widespread. In total, 13.2 million people (19% of the population) required emergency food assistance. While immediate causes were related to poor rains in 2002, causing widespread harvest failures and severe pasture and water shortages, long-term processes are also relevant. Against a backdrop of overwhelming rural poverty in the households and the community, the margin of safety from climatic shocks has diminished. This combined with high population growth and a lack of significant off-farm income earning opportunities has increased the food insecure caseload up to the present time.

Starting the year with 11.2 million beneficiaries, by March 2003 the situation deteriorated rapidly when those under close monitoring began to show signs of nutritional and economic stress, especially in areas of Southern Nations, Nationalities and Peoples Region (SNNPR). This soon manifested itself in other regions. Following the mid-belg assessment of Tigray, Amhara, Oromiya and SNNPR the overall beneficiary figures rose to 12.6 million. Nutritional surveys showing up to 21% Global Acute Malnutrition (GAM) were testimony to the extent of the problem. Then in June and July 2003, as the humanitarian community was responding to considerable challenges of the needs of the 12.6 million caseload, the multi-agency assessment of the *belg* cropping areas and pastoral areas revealed an additional 600,000 people in need of food between August - December 2003 and an increase in duration of assistance for 1.8 million people. This brought the total number of people affected to 13.2 million – and the food requirement increased to 1.8 million tonnes.

Although the overall performance of the 2003 *belg* rains was promising, many *belg* producing areas of Tigray, Amhara, Oromiya, and SNNPR received untimely and erratic

rains and storms resulting in below-normal crop production. In pastoral areas, especially Afar, Shinile, Warder, and parts of Jijiga, Korahe, Fik, and Gode Zones of Somali Region, the erratic distribution and insufficient amount of rains led to a continuation of water and pasture shortages.

Collective action and an unprecedented donor and public response throughout 2003 prevented widespread famine-related mortality. In total, donors contributed over 1.7 million tonnes of cereals, pulses, oil and blended food in 2003 – 94% of requirements. Of this, 1.6 million tonnes were distributed in 2003, with “carry over” of 122,780 tonnes for needs in 2004. Similarly, an impressive response was also recorded against non-food requirements.

However, despite the overwhelming response, delays in resource delivery affected the emergency intervention, particularly for the first half of 2003, demonstrating again that timely delivery is as important as the overall quantity of resources pledged in an emergency. Thus, for example, 84% of the monthly food requirements for the period January to June were met. As there was no guarantee that resources would be pledged to the required amount, food rations were reduced to 12.5 kg/person/month from the standard 15 kg for the first six months. In addition, pessimistic resource expectations combined with time lags, affected delivery of blended foods and resulted in only half of supplementary food needs being initially met. This impacted significantly on the effectiveness of relief operations because it necessitated the need for therapeutic feeding centers to be expanded considerably by mid-year in the ‘hotspots’. In total, more than 40 Therapeutic Feeding Centers (TFCs) were opened, of which 26 were located in SNNPR. Approximately 20,000 children are reported to have been treated at TFCs while a further 60,000 moderately malnourished children, pregnant and lactating women were assisted with either dry or wet targeted feeding through 360 Supplementary Feeding Programmes (SFP).

Following an increase in confirmed pledges from July, the general ration was increased to 15 kg/person/month. From August, pulses and oil were added to the general ration food basket and between July and December, an average of 94% of monthly requirements were met.

In the area of health, the humanitarian community was also able to provide a robust response throughout 2003. Low routine immunization coverage, coupled with poor nutrition manifested itself in an increase in epidemics of contagious diseases, a dramatic increase in vulnerability to malaria, acute respiratory infections, and diarrheal diseases, especially in the under-fives. In response, Vitamin A campaigns and supplementary immunization activities (SIA) were expanded geographically and extended to broader age group targets. More than 11 million children received measles vaccination and vitamin A doses by the end of September, which has prevented large scale measles outbreaks in 2003, which was only possible because the campaign was fully funded.

Emergency medical kits were also requested. Out of the required 1,500 emergency drug kits for the 2003 crisis, 1,463 emergency kits were distributed and 255 renewable supplies kits were procured and distributed to the most affected regions. Each of these kits serves a population of 10,000 for a period of 3 months.

The combination of poor nutritional status, generally weak health systems and the right weather conditions for mosquito breeding led to the onset of a malaria epidemic during

the last quarter of the year. A Special Alert was launched late in October for additional funding and supplies in the amount of US\$ 5.8 million. (This remains under-funded by US\$ 1.2 million as of the end of November).

Considering the extent of the drought, water shortages were as pronounced as food shortages in 2002/03, affecting approximately 4.4 million people in Afar, Amhara, Oromiya, SNNP, Somali and Tigray National regions – double the original estimates made earlier in the year. However, only US\$ 12.8 million or 31.8% of the total requirement of \$40.2 million was met by the end of November. This was mainly allocated to emergency drilling and rehabilitation, and water tankering. Major constraints faced during the response process included: absence of better early warning system for the sector; inadequate capacity in the areas of coordination and project implementation (mainly in the regions); flow of information and data inconsistency; and absence of essential supplies.

In view of the magnitude of the crisis, its likely impact on future productivity and underestimated agricultural needs in the early part of 2003, a significant component was added to the appeal to meet agricultural sector emergency requirements. Thus, of the US\$15.2 million seed requirements for *belg* and *meher* crop production, contributions of US\$14.8 million were received. Livestock interventions (totaling around US\$ 2.5 million) focused mainly on vaccination and treatment only, while fodder distribution was relatively low or nil.

The education sector, however, received the lowest response. Out of a total requirement of US\$ 1.7 million, only US\$ 175,000 was received by October 2003. Consequently, drought-affected regions were compelled to reprogram and divert regular resources to emergency education responses. Some support to maintain learning opportunities through the provision of basic school equipment and training, was provided but the bulk of assistance came through school feeding activities. More than 350,000 children received a meal at school in 600 Schools in 5 Regions. The introduction of "Take Home" rations of vegetable oil for girls proved to be particularly effective in bridging the gender gap.

In the sphere of targeted social protection measures, emergency HIV/AIDS activities were implemented in selected areas of Somali, Amhara and SNNP regions. This mainly consisted of education on HIV/AIDS prevention, care and support and other closely related issues such as harmful traditional practices at general food distribution sites through local anti-AIDS clubs and through clan and religious leaders. Measures to protect vulnerable children and young women against exploitation were also introduced in target towns.

In recognition of the threats posed by HIV/AIDS and that emergency situations can lead to greater rates of infection, 2004 interventions aim to include HIV/AIDS in the overall emergency response within various sectors, rather than to focus on separate project-based activities, as in the past. Past approaches have, however, provided the basis for lesson learning.

"Business as usual" for coordination, response mechanisms and logistics would not have been enough to meet the needs of the 13.2 million affected people in the country. The nutrition and health emergency required large investments in non-food resources in addition to basic food aid, which have been critical to save lives and alleviate suffering.

These efforts were necessary because of the severity of the crisis and to ensure that health, agriculture and water activities reach those in need in a timely manner. Coordination and logistics arrangements were strengthened between the Government, United Nations (UN), donors and the NGO community. Innovative approaches improved targeting for severely malnourished people (for example large scale screening and community-based therapeutic care), and increased self-reliance solutions (through cash for relief).

3. Challenges for 2004 and Wider Linkages

Considering the magnitude of the problem faced in 2003, and the destitution that accompanies the process of severe food insecurity, Ethiopia faces substantial challenges in 2004, even if needs have reduced dramatically as a consequence of better rains and harvest prospects. This is particularly true for the water and sanitation sector, which did not fare so well vis-à-vis other sectors in 2003. Close attention needs to be paid to the integration of water and sanitation activities at the village level and the implementation capacity mainly at woreda level.

Improvements in regular food security monitoring (EW) and developments in emergency needs assessment methodology specifically in pastoral areas will receive further focus in 2004.

Another challenge will be to improve modalities and build on lessons learned from innovative approaches for agricultural recovery, so that rural households are able to better recover their livelihoods. Furthermore, relief interventions could prompt more sustainable development actions if designed and implemented with a long-term perspective, thus reducing the risks of dependency creation among beneficiaries and possibly preventing the occurrence of frequent emergencies.

The lessons learned in 2003 on food assistance require more community involvement in targeting decisions, provision of a more balanced basic food ration, which is likely to have significant positive impacts to reduce the need for future supplementary food and ultimately the need for therapeutic feeding programs. The nutrition and health emergency required large investments in non-food resources in addition to basic food aid, which have been critical to save lives and alleviate suffering. These efforts were necessary because of the severity of the crisis and to ensure that health, agriculture and water activities reach those in need in a timely manner. Investments in these basic items will continue to be necessary in 2004 for the most affected populations. Coordination and logistics arrangements were strengthened between the Government, United Nations (UN), donors and NGO community, not only at the Federal level, but also at regional and lower levels. Strengthening coordination arrangements, particularly in the non-food sectors remains a key challenge of 2004

Perhaps the greatest challenge to be faced by the humanitarian community in 2004 will be to link the humanitarian effort into the ongoing work of the New Coalition for Food Security. Initiatives under the Coalition to improve availability and access to food, to promote preventative and curative health services and to provide safety nets for about 5 million persons, will begin implementation in 2004. It is within this context that the appeal is launched.

The beneficiary number is estimated at about 7.2 million, and 5 million is the predictable case load. The government is committed to address predictable and unpredictable needs separately, and measures will be taken in 2004 to put mechanisms in place. The predictable needs will ultimately be addressed through a separately designed safety net program. To allow appropriate safety net instruments to be in place, 2004 is planned to be a transitional period. This has therefore led to the inclusion of both predictable and unpredictable groups in the humanitarian appeal for 2004 particularly for food.

This appeal should therefore be viewed as transitional and the challenge will be to meet humanitarian needs, which are real, whether predictable or not, while seeking to add value from humanitarian activities. The Coalition Task Force will also need to work closely with the humanitarian community to ensure that it is realized in 2004.

4. 2004 HUMANITARIAN SITUATION – COUNTRY OVERVIEW

4.1. Food Situation

When compared with the scale of crisis in 2003, prospects for 2004 are comparatively good due to a near-normal *mehar* season (June-September) in most parts of the country. As such, humanitarian requirements are reduced significantly, although underlying structural problems, alongside localized shocks (e.g., climate, pests, malaria epidemic and other disease outbreaks), fluctuation of economies and the continuing impact of poor terms of trade for coffee, account for the existence of a substantial population that requires assistance to meet minimum food needs. The beneficiary population is estimated at 7.2 million in 2004 out of which about 5 million are considered predictable (chronically food deficit) beneficiaries. The rest are considered victims of an emergency situation. This translates into a food requirement of 964,690 tonnes.

The November 2003 multi-agency pre-harvest assessment anticipated agricultural production to be comparable to the last five-year average in the highland cropping areas. That said, in the lowland areas of SNNPR, eastern Oromiya Region, eastern and southern Tigray, North Wello, South Wello, Wag Hamera, Oromiya, and North Gonder zones of Amhara Region, Harari and Dire Dawa, agricultural production is expected to be below normal. In addition, in southern and eastern parts of Tigray, farmers have shifted from long-cycle (high-yield) to short-cycle (low-yield) crops because of the near-total failure of the *belg* rains and the late start and early withdrawal of the *mehar* rains – a trend mirrored in lowland areas of Oromiya Region. This shift is expected to impact on overall production, as long-cycle crops normally account for 40% of national production.

Pastoral areas of the country remain comparatively more vulnerable in general, with some areas pointing toward crisis. Afar seems to be faring better than neighboring areas but the potential for rehabilitation following 2003 is sub-optimal. Thus, while many areas of Afar experienced sufficient rains to regenerate pasture in August, communities in Gewane and Buremudaitu woredas in Zone 3 remain vulnerable because of below normal rains. While livestock, shoats and camel herds that survived the 2002-2003 drought are generally in better shape because of improved water and fodder sources, milk production and reproduction remains below average throughout Afar. Pockets of food insecurity therefore persist. By contrast, pastoral areas of Somali Region, lowland Bale and Borena zones of Oromiya Region, and South Omo Zone of SNNP Region are developing early signs of crisis. The failure of the *gu* (March-May) rains was

compounded by the late onset of the *deyr* season rains (October - December) in most of Somali Region. This exacerbated existing water and pasture shortages, particularly in Warder, Fik, and Korahe zones. Shinile Zone received erratic *karan* (July-September) rains, following a prolonged drought, while neighbouring Jijiga Zone received normal rains. The Pastoral Area Assessment of Somali Region, Borena, and South Omo scheduled for end December 2003 will provide more concrete information on food and non-food humanitarian needs and requirements will be updated accordingly.

The full account of the pre-harvest meher assessment on crop dependent and pastoral areas, "Food Supply Prospect in 2004", has been prepared by the DPPC and is issued separately.

The current malaria epidemic throughout the country, but especially in the mid and lowland areas, continues to exacerbate the impact of food shortages and raise mortality – making recovery from the crisis of 2003 slow, if not impossible for some households. The loss of labour for a household can be as critical a factor in household food insecurity as is rain failure.

4.2 Non-Food Situation

In the agricultural sector, and following from the 2003 drought, seed shortages remain critical. 450,000 households could require emergency seed distributions to get on the ladder of productivity in 2004 due to a combination of both short and long term factors. To this must be added water and fodder requirements mainly in pastoral areas where successive seasons of drought have now eroded pastoralists' assets to a point of irreversible destitution. This is especially the case for Degehabour, Korahe, and Warder Zones of Somali Region. Regeneration of main rangelands by late 2003 was disappointing even in areas with good rainfall because of extreme overgrazing, weakening of plant root systems, and infestation of *Prosopis Juliflora* - initially introduced as a dike plant - but now invading Afar rangelands.

Food insecurity combined with poor health infrastructure and service delivery continues to manifest itself in growing epidemics. Morbidity data shows malaria as 34% of total morbidity, diseases of respiratory tract at 16%, diarrhoea diseases at 4.3%, helminthiasis / parasitic infestations at 2.6% and tuberculosis at 2.5%, according to rapid health assessments carried out in October-November 2003. The current malaria epidemic is cause for alarm. The situation is set to continue as present treatment is reportedly ineffective in some areas against current strains. While the epidemic is reported across all regions, it is most pronounced in Amhara, Oromiya and SNNPR. Functional but non-timely disease surveillance and notification systems have been major obstacles to early detection in all regions assessed. Furthermore, irregular supply of inadequate quantities of drugs to health facilities remains a major problem.

In general, good main rains in 2003 allow for the discontinuation of water-tankering operations in most areas formerly affected throughout early to mid 2003. However, persisting vulnerability to disease and mortality due to water scarcity, poor sanitation and hygiene coupled with food shortage will require continuing response in the water sector as well as improved preparedness and coordination systems. The current areas of immediate concern are Somali region and southern Oromiya (lowland Bale and Borena zones) where late and in some cases failed rains have led to severe water shortages.

Detailed regional assessments conducted in 2003 combined with up-dated situation reports indicate below normal water tables in the eastern zones of Oromiya (lowlands of East and West Hararghe zones) Amhara, Dire Dawa, Harari and Tigray and pockets of SNNPR as a consequence of successive droughts over the years.

While efforts of the last year in water and sanitation have improved general water availability for drought-affected populations, it is imperative that the humanitarian response for 2004 addresses remaining capacity constraints.

Although work was initiated to prioritize HIV/AIDS in emergency responses in 2003, this has to be taken further in 2004 and mainstreamed into overall humanitarian efforts. HIV/AIDS has the potential to become a key cause of food insecurity because it necessitates the depletion of essential assets – both capital and human. Emergencies that lead to extended migration and social upheaval have the potential to quicken the spread of HIV/AIDS. In addition, the existence of HIV/AIDS in food insecure populations exacerbates the situation, particularly in terms of nutritional status and disease burden.

The current area of greatest concern is Somali region and southern Oromiya (bordering Kenya), where October rains are late, acute water shortages are reported and malnutrition is expected to rise. Therefore, a large number of **children** in highly affected regions continue to suffer from malnutrition and other infectious diseases. Moreover the drought has weakened the traditional safety nets that have traditionally existed, increasing the exposure of vulnerable **women and children** to greater exploitation. Therefore support mechanisms are required need to be in place in order to avert the suffering of women and children.

5. HUMANITARIAN ASSISTANCE REQUIREMENTS FOR 2004

5.1. Objectives of Humanitarian Response

The overall objective of humanitarian interventions in 2004 is to address humanitarian needs and reduce suffering and vulnerability in the aftermath of the crisis in 2003 and respond to any further emergency situations in 2004. The challenge is to ensure that most basic needs of vulnerable groups are met - whilst also moving forward with medium and longer-term food and livelihood security initiatives in a coordinated transition process².

All efforts will therefore be made to avoid free handouts to able-bodied beneficiaries and to take account of initiatives being developed within the 'New Coalition for Food Security'. Food assistance will cover both the predictable (chronically food insecure) and unpredictable (those not usually in need of assistance in under normal circumstances) needy. Activities will be designed to ensure smooth transition from humanitarian-type assistance towards more regular safety net and development assistance through the New Coalition for Food Security.

Special groups such as IDPs will continue to be targeted for assistance. Vulnerable women and children, particularly in drought-affected areas, will also received special attention.³

5.2. FOOD

Total population in need of food assistance:	7,181,400
Total requirements:	964,690 tonnes
Carryover:	122,780 tonnes
Net requirement:	841,910 tonnes
Implementing Agencies:	DPPC (Federal and Regional), WFP, NGOs

5.2.1 Assistance requirements

In 2004, 7.2 million people are estimated to be affected by a shortage of food while 2.2 million will require close monitoring. The objective of this food intervention is to provide minimum life-sustaining nutrition levels for the predictable and unpredictable food insecure population. Table 2 below summarizes the number of people expected to require food assistance and close monitoring in each region.

The underlying causes for the food shortage are structural factors that have put millions of people under food assistance consecutively for the last ten years. Out of the total 300 woredas needing food assistance this year, 135 woredas (45%) have been under emergency food assistance consecutively for the past 7-10 years and therefore can be considered as chronically food insecure.

³ Refugees and humanitarian de-mining are covered under separate funding requests and are not a part of this appeal.

The situation in pastoral areas of Somali, lowland Bale in Oromiya and South Omo is alarming and considered an emerging acute crisis. Although the underlining causes of the food shortage in many areas of the country are structural, in other areas erratic rains have affected long cycle crops of maize and sorghum, particularly in many lowland areas. A major humanitarian crisis is anticipated unless emergency assistance is provided to these acutely affected groups in these areas.

Table 2: Population Needing Humanitarian Food Assistance

	Population Needing food Assistance			Population Needing Close Monitoring
	Male	Female	Total	
Afar	225,140	177,260	402,400	72,100
Amhara	1,010,122	989,878	2,000,000	308,300
Benshangul-Gumuz	0	0	0	0
Dire Dawa	38,023	35,177	73,200	0
Gambella	17,823	16,977	34,800	9,900
Harari	6,928	6,572	13,500	3,000
Oromiya	792,503	764,197	1,556,700	1,061,000
SNNP	419,508	454,192	873,700	370,800
Somali	592,310	527,790	1,120,100	47,000
Tigray	547,086	559,914	1,107,000	315,502
Total	3,649,443	3,531,957	7,181,400	2,187,602

Table 3: Food Requirement in Tonnes in 2004

Region	Cereal	Famix	Pulses	Oil	Total
Afar	33,560	4,658	3,356	1,007	42,581
Amhara	177,405	8,460	17,741	5,322	208,928
Benshangul-Gumuz	0	0	0	0	0
Dire Dawa	6,588	1,976	659	198	9,421
Gambella	2,354	0	235	71	2,660
Harari	1,184	355	118	36	1,693
Oromiya	166,359	29,859	16,636	4,991	217,845
SNNP	80,694	2,484	8,069	2,421	93,668
Somali	144,333	43,300	14,433	4,330	206,396
Tigray	148,698	13,469	14,870	4,461	181,498
Total	761,175	104,561	76,117	22,837	964,690

Relief requirements, for both chronic and emergency, are estimated to be the equivalent of 964,690 tonnes comprising 761,173 tonnes cereals, 104,562 tonnes of Famix, 76,117 tonnes pulses and 22,835 tonnes oil. Part of these requirements could be met with cash provided directly to beneficiaries as "cash-for-relief" or "cash-for-work". These are summarized by region in Table 3. General rations (in kg/person/month) comprise 15 kg cereals, 1.5 kg pulses and 0.45 kg vegetable oil, equivalent to around 2000 kcal per person per day. Micronutrient-fortified blended food for supplementary rations is targeted to those only for 35% of selected severely affected woredas with current shock intervention. Iodized salt is to be targeted to beneficiary populations with a high risk of goiter, provisional estimated at around 750,000 people. Requirements for this pilot initiative are estimated at 1,300 tonnes of salt, which would be distributed as part of general rations.⁴

⁴ With iodised salt requirements, the general rations and supplementary rations total 965,990 tonnes.

Note that these figures are based on the assumption that the 2004 Belg season and the main rainy season in the pastoral areas will be normal. As such, needs for the second half of the year may be revised, following the June 2004 Belg and Pastoral Area Assessment.

5.2.2 Implementation

The year 2004 will be a transitional period in which DPPC will initially continue to manage the food component for both predictable and unpredictable food insecure populations until the anticipated safety-nets mechanism is in place to manage the predictable caseload. When the mechanism is in place, the responsibility of addressing the predictable caseload will shift to the food security unit under the Ministry of Rural Development (MORD).

Resource mobilisation: Continued efforts to provide accurate and timely information to donors and the media will be needed in 2004 to mobilize the required food or cash for both predictable and unpredictable groups of food insecure.

Local purchase: Between 1996 and 2003, an average of 130,000 tonnes of wheat, sorghum and maize was purchased in Ethiopia for humanitarian operations, peaking at 246,633 tonnes in 2003. The availability of cereals for local purchase in 2004 is expected to be substantially more than in 2003. More information will be available following completion of the "Cereal Availability Study" in early 2004, jointly conducted by EC/WFP. It is worth noting here that local purchase would encourage farmers' production through timely access to market and better prices.

Blended foods ("Famix" or "faffa") may be purchased locally and capacity has increased to over 200 tonnes/day. Local purchases are normally subject to local prices being equivalent or less than import parity price. Local purchases must also meet delivery schedules for timely distributions to beneficiaries or to meet repayment obligations to the Emergency Food Security Reserve (EFSR).

Targeting: Geographical targeting is based on the multi-agency assessment, which identifies (approximately) the number of people and duration of assistance by woreda. Triangulating data on crops, income and nutrition (where available), allows woredas to be ranked as "moderately", "severely" or "very severely" food insecure. A woreda's allocation is targeted at community level to the most vulnerable households, which is determined by household assets. Nutritional surveys inform the targeting of supplementary food. Household targeting will involve direct participation of community. Targeting guidelines also need to be developed for pastoral areas, where little or no targeting takes place.

Distribution: regions determine food allocation plans by woreda based on early warning data. Relief agencies may borrow cereals from the Emergency Food Security Reserve (EFSR) against guarantee of a repayment. Commodities are transported to primary storage locations or repaid directly to the Emergency Food Security Reserve (EFSR). A well-established coordination system is in place for DPPC, WFP, NGOs and the EFSR for food receipts, dispatches, loan withdrawals and repayments. Donor and relief agencies normally make provision for costs for transport, storage and handling to final food distribution points. Commercial transporters are contracted for primary and

secondary transportation. Woreda committees, composed of community members and local officials, manage food distribution to beneficiaries after peasant associations have targeted the households.

Monitoring: The commodity tracking system of WFP/DPPC (COMPAS) will continue to monitor and report on food dispatches from port to warehouses and distribution sites (up to 1500). DPPC and WFP compare food allocations against requirements and allocations against dispatches by woreda (including NGO and bilaterals). Relief agencies undertake periodic food utilization studies, complementing the regular post-distribution monitoring by DPPC and relief agencies sub-offices.

Port operations, Overland Transport, Warehousing & Inland Transport: Djibouti will be the major port, though Berbera can also be used. For 2003, Djibouti port proved capable of handling over 150,000 tonnes of relief food per month (averaging 130,000 tonnes/month for 2003). With good coordination, there is adequate road and rail transport capacity between port and main warehouses. With up to 424,000 tonnes of storage capacity available, the DPPC and the EFSR have adequate warehouse space to receive and promptly offload relief cargo. Where required, DPPC can lease additional commercial storage.

5.2.3 Emergency Food Security Reserve (EFSR):

This will remain a key facility to overcome the time lag for delivery of food assistance. The EFSR's total stock level is 407,000 tonnes. The physical stock for the EFSR beginning 2004 is estimated at more than 300,000 tonnes. Repayments to the Reserve should keep to agreed schedules in order to allow for further loans and keep the Reserve above its minimum operational level of 100,000 tonnes.

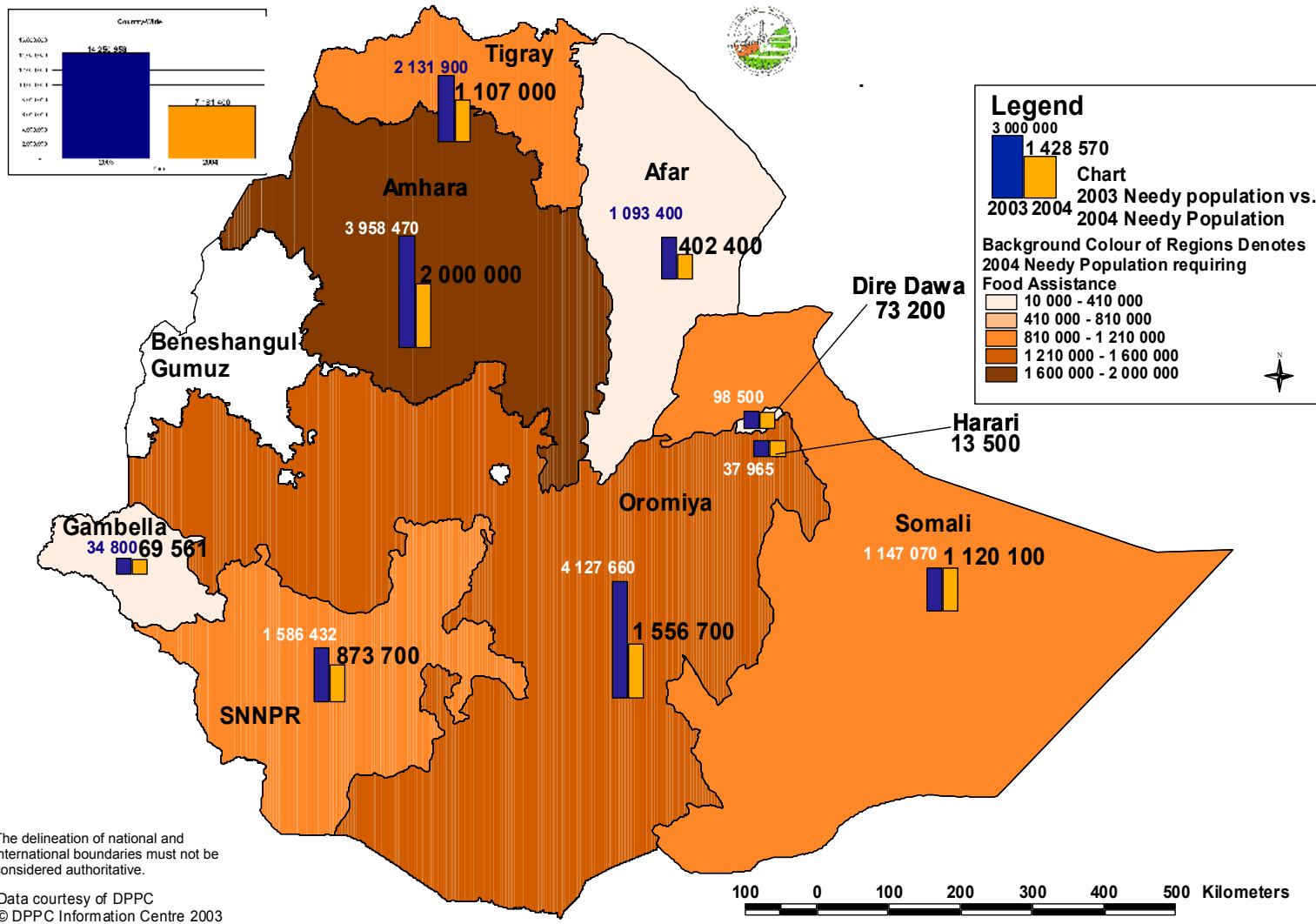
5.2.4 Sectoral Capacity Building

National Food Aid Targeting Guidelines were developed by the DPPC and international partners and first issued in 2000. DPPC and partners continue training efforts in the application of the guidelines. Of the 156 drought-prone (most vulnerable) woredas identified for training, 117 woredas remain to be trained: 12 in Amhara; 44 in Oromiya; 25 in Tigray and 36 in SNNPR. A further US\$450,000 is needed and will train 6,435 Development Agents, peasant association leaders and woreda officials. This will benefit 2,925 peasants associations (over 2 million households). The cost per woreda averages US\$3,800. Other sector capacity building is included in section 5.8: The requirements are listed under table 12. Strengthening Disaster Response Capacity." Other sector capacity building is included in section "5.8. Strengthening Disaster Response Capacity"

5.2.5 Coordination

Relief food agencies will coordinate food distribution activities based on the national requirements disaggregated to woreda-level. The coordination body is in the government's Disaster Prevention and Preparedness Commission. The Food Aid Task Force (Disaster Prevention and Preparedness Commission (DPPC), WFP, NGOs and donors) reviews the relief food situation on a regular basis. Moreover, in 2004, close coordination will be necessary with the New Coalition for Food Security to facilitate transition activities as initiatives of the Coalition may come on line to address livelihood and food security of certain groups of predictable food insecure population groups.

Map 1: Estimated Needy Population in Ethiopia Requiring Food Assistance 2004 by Region Compared to 2003 Beneficiaries



The delineation of national and international boundaries must not be considered authoritative.

Data courtesy of DPPC
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5.3 Health and Nutrition Sector

Total affected population:	See table 4 below for details
Total requirements:	US\$ 17,930,340
Implementing Agencies:	Ministry of Health, the Regional Health Bureaus (RHBs), zonal and woreda health desks and health facilities, NGOs, UNICEF, UNFPA and WHO

Table 4: Health and Nutrition Beneficiaries

Vulnerability factor	Estimated population at risk
At risk of communicable diseases (ARI, diarrhea, etc)	3,280,000
At risk of malaria	5,576,000
At risk of meningitis	3,000,000
Malnourished children:	Moderately malnourished: 246,000 Severely malnourished: 32,800 Total: 278,800
Children under five	1.64 million
Pregnant women	328,000

5.3.1 Assistance requirements

The overall objective of the proposed health and nutrition emergency response in 2004 is to reduce morbidity and mortality due to major communicable diseases and acute malnutrition in all vulnerable populations (those vulnerable due to drought and those vulnerable due to risk of epidemics, etc).

2004 will see the completion of the national supplemental measles campaign targeting over 30 million children aged 6 months to 15 years (the 2003 campaigns covered all the drought-affected areas). The 2004 campaign will cover the balance of 9.5 million children during the first quarter of the year. This activity is already fully funded. Only the operational costs for measles outbreak investigation and response are included in this Appeal. Inputs for the campaigns such as cold chain equipment and training have also benefited the routine Expanded Programme of Immunization (EPI).

Even though the ongoing malaria epidemic in certain regions of the country is expected to be over by December 2003 or January 2004, in many places epidemics are likely to occur during 2004. The number of cases in 2004 is estimated to be 5.5 million, in areas at high risk of epidemics. Requirements for the 2004 response include provision of insecticide-treated nets (ITN) for the most vulnerable groups (under-five children and pregnant women) in drought-affected malaria infested areas, anti-malarial drugs, laboratory supplies and support for operational costs for carefully targeted and monitored indoor-residual spraying (IRS), epidemic investigation and treatment, training at all levels, surveillance, and social mobilization.

Serious consideration needs to be given to the linkage between acute malnutrition and communicable disease related morbidity. Poor nutritional status undermines attempts to control malaria, whilst malaria also increases the vulnerability of the population to severe malnutrition (especially in under 5s and pregnant women). The continuing poor nutritional status of the population also put them at risk of other diseases such as acute respiratory infections and diarrheal diseases including dysentery. Efforts are underway in

the development of a nation-wide health surveillance system with an emergency health and nutrition component and capacity building for rapid epidemic assessment, epidemic preparedness, dissemination of minimal standards and woreda level disease surveillance. Requirements for 2004 include 800 emergency health kits, training of health workers to detect and manage epidemics, establishment and mobilization of woreda rapid response teams, training in drug and logistics management and operational costs to undertake key health interventions at food distribution sites, especially supplementary feeding sites. These interventions will include vaccination and Vitamin A supplementation, de-worming, treatment of common diseases, and education on health, nutrition, hygiene and HIV/AIDS.

Taking into account the location of the country in the “Meningitis Belt” area of Africa, the cyclical pattern of the disease, the relative fading of immunity of communities since the last epidemic in 1999/2000 and the incoming reports from regions that show increasing incidence of the disease, it is reasonable to assume that meningitis epidemics may occur in 2004. Requirements include vaccines, drugs, training and support for operational costs for an estimated risk population of 3 million.

Reproductive health services for vulnerable emergency-affected populations is an area previously not given attention in the Emergency Appeals. The situation in which the drought-affected populations find themselves increases risks related to pregnancy and childbirth due to stress, poor sanitation and limited access to health services and drugs by pregnant and lactating women.

Requirements for the 2004 Appeal therefore include a rapid health-facility needs assessment in priority drought-affected areas, using UN indicators for assessing reproductive health (RH) needs in emergencies, training on the UNFPA guidelines on RH in emergency situations, training on emergency obstetric care and life-saving procedures in priority emergency-affected areas, procurement of emergency obstetric care kits, strengthening of family planning programmes and technical support.

On emergency nutrition, there is an urgent need for the MOH to develop a national emergency nutrition strategy. This strategy needs to be developed within a broader public nutrition framework and policy. Building on substantial achievements made in the development of national emergency protocols and guidelines, there is a need for further development (consolidation, translation, dissemination, training) and institutionalizing these guidelines within Government. In addition, emergency nutrition needs to be integrated into other relevant national policies e.g. public health, food security, food aid and HIV national policies.

There will probably be a need for treatment of malnutrition through Therapeutic Feeding Programs (TFPs) in some areas in 2004. Furthermore, the role of Supplementary Feeding Programs (SFPs) in preventing severe malnutrition and treatment of moderate malnutrition, through a food supplement combined with essential health activities, needs to be recognized.

The total number of malnourished children in 2004 could be in the range of 278,800. UNICEF has sufficient carryover resources to cover 2004 needs and only ready-to-use therapeutic food for outpatient or community-based treatment is required in 2004. Other contingency requirements include drugs and supplies for TFPs/SFPs, training, operational costs and technical support, which amount to US\$ 2,370,012.

Table 5: Health & Nutrition requirements, 2004

Area of Need	Estimated Beneficiaries	Requirements (US\$)
Control of communicable diseases	3,280,000	4,628,294
Malaria epidemic prevention & control	5,576,000	6,415,000
Meningitis prevention and control	3,000,000	3,410,016
Emergency nutrition	278,800 children under 5	2,370,013
Emergency reproductive health	328,000 pregnant women	1,107,017
Total		17,930,340

5.3.2 Implementation

The major implementer is Government through its health system structures at various levels. NGO partners work with the Regional Health Bureaus (RHBs) in their target areas and are particularly active in operating TFCs. UNICEF and WHO provide financial, supply, logistics and technical support.

Special attention will be given to advocacy on emergency intervention programs at all levels including community leaders; development of proper communication mechanisms to monitor the adequacy and timeliness of distribution of supplies; provision of technical assistance to MOH, RHBs, ZHDs and NGOs; with periodic evaluation of programmes to identify problems and future actions.

5.3.3 Sectoral Capacity Building

Capacity building in the health sector will include training of trainers on management of the health and nutrition aspects of an emergency response; training of health workers on management of epidemics; training on drugs and logistics management; training of community health workers on malaria epidemic management & ITNs; training of health workers on malaria case management & epidemic preparedness & management; training of health workers on Emergency Reproductive Health implementation guidelines and on basic emergency obstetric care. While there will continue to be a need for technical training in all areas of emergency nutrition including assessment, prevention and treatment, the training will need to be conducted in the context of management training (planning, design, ordering supplies, monitoring and evaluation).

5.3.4 Coordination

There is no Emergency Preparedness and Response Unit at MOH level. The establishment of such units in the ministry and regional health bureaus will strengthen the coordination of the emergency response. The federal ministry of health, however, through its relevant departments and the Health Response Taskforce, will continue to lead and coordinate all stakeholders in the emergency health response. The Emergency Health Response Taskforce, chaired by MOH, will have to continue to play its coordinating role. The Taskforce has been serving as a forum for discussions, exchange of views and sharing of experiences among members. UN agencies and NGOs are active members.

The division of roles and responsibilities for emergency nutrition need to be further defined. There is a need to ensure capacity exists within the Nutrition Unit in the Ministry of Health to take on greater authority and ownership of emergency nutrition through policy formulation, endorsement of national strategy, stewardship, endorsement of best practice of all aspects, setting standards, monitoring and evaluation. Within this framework and in close collaboration, the ENCU will continue to oversee implementation and co-ordination of nutrition surveys and early warning. There needs to be a significant shift of overall co-ordination from within UN, donor and NGO structures to within Government structures.

5.4 Water and Environmental Sanitation Sector (WES)

Total affected population:	2.5 million
Total requirements:	US\$ 24,830,081
Implementing Agencies:	Federal Ministry of Water Resources, Federal Ministry of Health, Regional Water and Health Bureaus, NGOs and UNICEF, WHO.

5.4.1 Assistance Requirements

The main objective of the humanitarian interventions in the water and sanitation sector is to improve access to clean water for the most vulnerable population and those most drought affected areas of the country, where they are not able to be addressed by regular programs in 2004.

The main 2003 rains will help to normalize people's access to water in early 2004 in many (but not all) zones previously affected by drought. Based on priority criteria, plans have been drawn up to address the drought-affected areas in a phased approach to address the needs of 1 million people in the first quarter of 2004 and 1.5 million more in the second part of the year.

WES interventions will be targeted at the population in 10 regions, where the past season's rain was insufficient to restore shallow groundwater levels, creating acute water shortage. Emergency water tankering is planned on a contingency basis while actions bringing durable solutions, rehabilitation of systems that are out of order due to overuse in the past drought and accelerated construction of new systems tapping deeper groundwater as well as systematic sanitation and hygiene improvements are included in the requirements.

Table 6: Population to be addressed by WES Activities in 2004

Region	Water Tankering	Water Scheme Maintenance and Rehabilitation	New Water Schemes Development	Sanitation and Hygiene Education	Total No. of People
Afar	50,000	73,150	42,450	41,400	207,000
Amhara	0	225,000	175,000	100,000	500,000
Dire Dawa	0	5,400	4,200	2,400	12,000
Gambella	0	7,875	6,125	3,500	17,500
Harari	0	6,750	5,250	3,000	15,000
Oromiya	19,500	253,987	212,713	121,550	607,750
SNNPR	4,000	167,438	132,562	75,750	379,750
Somali	45,000	121,500	129,500	74,000	370,000
Tigray	0	156,487	121,713	69,550	347,750
Beneshangul	0	9,900	7,700	4,400	22,000
Total	118,500	1,027,487	837,213	495,550	2,478,750

Table 7: Financial Requirements for 2004 WES Activities in US\$

Region	Water Tankering (US\$)	Water Scheme Maintenance & Rehabilitation (US\$)	New Water Schemes Development (US\$)	Sanitation & Hygiene Education (US\$)	Capacity Building and Community Mobilization (US\$)	Total (US\$)
Afar	750,000	585,200	424,500	103,500	372,640	2,235,840
Amhara	0	1,800,000	1,750,000	250,000	760,000	4,560,000
Dire Dawa	0	43,200	42,000	6,000	18,240	109,440
Gambella	0	63,000	61,250	8,750	26,600	159,600
Harari	0	54,000	52,500	7,500	22,800	136,800
Oromiya	292,500	2,031,896	2,127,130	303,875	951,080	5,706,481
SNNPR	60,000	1,339,504	1,325,620	189,375	582,900	3,497,399
Somali	675,000	972,000	1,295,000	185,000	625,400	3,752,400
Tigray	0	1,251,896	1,217,130	173,875	528,580	3,171,481
Beneshangul G.	0	79,200	77,000	11,000	33,440	200,640
MoWR/MOH	0	0	0	0	1,300,000	1,300,000
Total	1,777,500	8,219,896	8,372,130	1,238,875	5,221,680	24,830,081

5.4.2 Implementation

Regional water and health bureaus are lead agencies of the emergency water and sanitation interventions. Mostly, water and health bureaus, NGOs active in each region, private and public water works enterprises will implement the interventions as appropriate. Emphasis will be given to involve woredas in the implementation process. In this regard, capacity of woredas will have to be strengthened.

MoWR and Environmental Health Department/MOH are the main coordinators and supervisory bodies at the federal level. Any donations will have to be communicated to

the DPPC and adherence to the appeal should be ensured. Allocation of funds will be made flexibly based on needs and in consultation with the DPPC.

5.4.3 Sectoral Capacity Building

Capacity building is an essential area of support required at all levels to ensure improved early warning, coordination and response including capacity to implement planned emergency activities. Major areas for capacity building for the *Water and Sanitation Sector* will include: strengthening the water and sanitation task forces at the federal and regional levels (including support for the emergency water supply unit under establishment in the MoWR); training and sensitization of communities on water, sanitation and hygiene issues; supplying important water and sanitation equipment such as drilling rigs, pumps, generators, pipes, casings, roto tanks, pillow tanks, transport bladders, family water receptacles, plastic squatting plates, heavy duty gloves, etc.

5.4.4 Coordination

The Coordination framework established at Federal level as the Water and Sanitation Task Force would continue to function in a more organized manner and on a regular basis in 2004. Similar coordination mechanisms established in some regions will also continue their role as Water and Sanitation Task Forces. In addition, new Task Forces will also be established in other regions where emergency response will continue in 2004. The focus will be on establishing regional and woreda level task forces. Regular information exchange mechanisms/ arrangements will be developed to share data/information among the various levels of task forces. Members of task forces will include representatives of donors and NGOs, water and health bureaus, UN and other international organizations.

5.5 Agriculture

Total affected population:	5.9 million (beneficiary households: 1,170,000)
Total requirements:	US\$ 13,150,200
Implementing Agencies:	Ministry of Agriculture and respective Regional Agricultural Bureaus, FAO and NGOs (both international and local)

5.5.1 Assistance Requirements

The overall objective of the agriculture interventions is to restore the agricultural productivity of the affected farmers and /or pastoralists, due to natural calamities and man-made problems, through provision of seeds (crop and forage seeds), feed and animal health related assistance.

Target areas for the agriculture sector emergency interventions will be those which were severely affected by food insecurity problems, due to failure of 2003 Belg rains and late onset as well as early cessation of the Meher season rains. Moreover, these areas are not still recovered from the drought effects. In addition, repeatedly drought- affected pastoral areas are given emphasis.

Target households: Overall the current agriculture sector emergency interventions target eight regions with the total households of some 1.2 million in the crop dependent, agro-pastoral and pastoral areas. These include Tigray (southern, eastern, central and northwestern parts), Amhara (eastern and northern parts), Oromiya (southern, eastern and central parts), SNNPR (lowland and some mid altitude areas), most parts of Afar, Somali, Dire Dawa, and some parts of Gambella.

Crop sub-sector: The focus of the crop sub- sector emergency interventions is mainly on seed provision and strengthening existing emergency coordination and information management systems (including early warning).

A contingency seed assistance program targeting farming households unable to access seed of adequate quantity and quality is sought. The targeted areas for provision of seeds are in eight regions. A total of some 16,000 tonnes of different crop seeds will be distributed to a total of some 450,000 households in eight regions. Out of the total seed need, about 15% is required for the Belg season and the balance for the Meher.

Livestock sub-sector: Information in some parts of pastoral and agro-pastoral areas is indicating there will be shortage of animal feed and water as well as possible outbreaks of disease. Pastoralists and some areas of agro-pastoralists are solely dependent on their animals.

In addition, the capacity of the animal health service in the pastoral areas needs to be strengthened for optimal disease surveillance and restoration of pastoral livelihoods.

The livestock related emergency intervention has the following components: (i) capacity building in disease surveillance, early warning and early response; and (ii) supply of vaccines and drugs.

The overall estimated number of beneficiaries for the livestock sub-sector is about 720,000 households. Interventions such as capacity building, early warning, and disease surveillance are area-based rather than household specific, so the number of beneficiaries cannot be quantified. These include Tigray (southern, eastern, central and northwestern parts), Amhara (eastern and northern parts), Oromiya (southern, eastern and central parts), SNNPR (lowland and some mid altitude areas), most parts of Afar, Somali and Dire Dawa.

Table 8: Summary of total agriculture requirements for 2004

Programmes	Beneficiary Households	Costs (US\$)
Coordination, early warning, monitoring and evaluation	-	1,100,000
Provision of emergency seeds	450,000	6,300,200
Livestock emergency interventions	720,000	5,750,000
TOTAL	1,170,000	13,150,200

Table 9: Agricultural requirements by region for 2004
Emergency interventions required, US\$

Region	Emergency interventions required, US\$			Total
	Provision of Seeds	Animal Health	Coordination and Information Management	
SNNPR	2,500,000	800,000	-	3,300,000
Amhara	570,000	400,000	-	970,000
Oromiya	2,500,000	1,200,000	-	3,700,000
Tigray	650,000	300,000	-	950,000
Afar	4,200	1,500,000	-	1,504,200
Somali	45,000	1,500,000	-	1,545,000
Dire Dawa	11,000	50,000	-	61,000
Gambella	20,000	-	-	20,000
National	-	-	1,100,000	1,100,000
	6,300,200	5,750,000	1,100,000	13,150,200

5.5.2 Implementation

The emergency interventions will be implemented through Government channels and NGOs' coordinated under the Agriculture Task Force and Regional Bureaus of Agriculture in close collaboration with UN Agencies. This will enable smooth access to information, sharing of experiences, avoid duplication of efforts and give possibilities for reallocation of the resources to other needy areas.

From region down to Woreda levels the agriculture related emergency programs will be implemented entirely by the Regional Agricultural Bureaus and Woreda Agricultural Offices of the respective areas and with direct involvement of the beneficiaries. NGOs involved in the agriculture sector are also expected to participate.

Although the overall coordination and information management responsibility lies on the Agriculture Task Force, both the Seed Security Consultative Group (SSCG) and the Livestock Working Group (LWG) are expected to give advice and provide technical support to the Task Force.

5.5.3 Sectoral Capacity Building

Capacity building in the agricultural sector is necessary in the following areas: (i) strengthening of local governments, local NGO's and community-based Early Warning Committees to play a major part in improved information management and monitoring; (ii) development and capacity building of community based groups for selection and targeting of beneficiary households such as seed committees to ensure active participation and addressing the real needy farmers for the assistance and (iii) strengthening of the Task Force, the Seed Security Consultative Group and the Livestock Working Group for better monitoring, information management, coordination and joint decision making.

5.5.4 Coordination, Early Warning, Monitoring and Evaluation

The Agriculture Task Force, chaired by the Ministry of Agriculture at federal level and the Bureaus of Agriculture at Regional level, is mandated for coordination of the agriculture related emergency interventions.

During the implementation period of 2003 the following problems were encountered in the overall coordination of the agricultural emergency interventions: (i) insufficient information management and coordination to make well-informed decisions on implementation needs and modalities and to cope with the actual situation in a strategic manner, (ii) difficulties in estimating seed needs and diverse seed supply modalities, and (iii) inadequate capacity of the government institutions, in particular at woreda level. In this regard, there is a need to enhance coordination among different stakeholders to maximize the quality of needs assessment, efficiency of data management, available resource allocation and targeting of operational activities.

Therefore the strategy for improved coordination and information management is made of the following components: (i) strengthening the existing Agriculture Task Forces at all levels, (ii) enhancing the agriculture related emergency need assessments (for seeds and livestock needs), and (iii) co-ordination of data collection, analysis and dissemination and strengthening of early warning systems.

The early warning component for both crop and livestock will be coordinated by DPPC in consultation with MoA and other relevant partners.

5.6 HIV/AIDS, Gender and Child Protection Sector

Total affected population:	Detailed 2004 assessment will provide updated numbers
Total requirements:	US\$ 2,699,500
Implementing Agencies:	HAPCO, MOLSA (Federal & Regional Bureaus), UNICEF, NGOs

5.6.1 Assistance Requirements

The objective of the emergency intervention is to reduce the spread of HIV/AIDS among drought affected people mainly through education and capacity building. Counseling and psycho-social support will be offered to all vulnerable groups. Training on prevention of sexual violence and HIV/AIDS will be extended to humanitarian workers and Government Staff. Youth will be the main target for HIV/AIDS prevention and education activities. All beneficiaries of food and humanitarian assistance will be targeted during service delivery.

Drought and displacement have undermined traditional family and community cohesion, and exacerbated the spread of HIV/AIDS to children and women. Traditional capacities and patterns of protection and care have been disrupted or destroyed placing women and children at heightened risk of physical and psychological trauma and exploitation. Street children levels have reached epidemic proportions largely as a result of drought and continuing displacement.

Stronger support mechanisms and more effective safety nets as well as gender and age sensitive emergency responses are needed. Coordinated efforts are necessary to ensure the rights of women and children and take all possible measures to prevent infections among people in displaced situations, on the streets and while migrating to new areas. Government and community capacity to deal with violence, exploitation and HIV/AIDS must be built and supported.

In the event of unforeseen population displacements, children and women suffer most. In such circumstances, they would need special support and protection from sexual exploitation, HIV/AIDS transmission, family separation and child labor. To address such adverse social consequences, a contingency plan for gender and child protection is to be developed.

Table 10: 2004 Requirements for HIV/AIDS, Gender & Child Protection

Region	HIV/AIDS Prevention	Gender & child protection	Total (USD)
Total	880,000	1,819,500	2,699,500

5.6.2 Implementation, Capacity Building & Coordination

With the leading role of HAPCO and MOLSA at all levels, UNICEF and NGOs will be involved in the implementation process.

Protection and HIV/AIDS focal persons need to be represented in federal and regional crisis management committees. In addition, working groups or task forces need to be formed at national and regional levels to oversee the planning and implementation of interventions.

5.7 Education

Total beneficiaries:	400,000
Total requirements:	US\$ 10,449,330
Implementing Agencies:	Ministry of Education/ Regional Bureaux of Education (MoE/RBOEs), WFP, UNICEF

5.7.1 Assistance Requirements

The objective of basic education assistance is to prevent school drop outs and improve educational opportunities in critical areas.

Basic primary education is a fundamental right of all children. But during emergencies, school age children are frequently denied this right. The plan for 2004 is to assist about 400,000 primary school age children through a school feeding program, providing 14,000 tonnes of food assistance costing approximately US\$ 8 million and provision of essential educational materials costing about US\$ 2.4 million. The total cost of emergency education interventions is approximately US\$ 10.4 million.

Table 11: 2004 Requirements for Basic Education

Region	Basic education	School Feeding	Total (USD)
Country wide	2,421,848	8,027,482	10,449,330

5.7.2 Implementation

The MoE/RBOEs, WFP and UNICEF will be jointly responsible for implementation.

5.7.3 Sectoral Capacity Building

Capacity building activities will comprise of training government partners at the federal, regional and sub-regional level in planning, implementation, monitoring and co-ordination of basic education activities. Moreover, strengthening the participation and responses of the local community at large through technical training and mobilisation on the importance of education in emergencies will be prioritized.

5.7.4 Coordination

Capacity building activities will comprise of training government partners at the federal, regional and sub-regional level in planning, implementation, monitoring and co-ordination of basic education activities. Moreover, strengthening the participation and responses of the local community through technical training on the importance of education in emergencies will be prioritized.

5.8 Strengthening Disaster Response Capacity

Total requirements: US\$ 14,222,293
Beneficiary Agencies: NDPPF, FDPPC, RDPPC, EFSRA, NMSA, NFECS

5.8.1 Assistance Requirements

Capacity limitations at the federal, regional and woreda levels continue to seriously challenge the efficiency and effectiveness of relief management efforts in the country. The objective of this intervention is to provide the material and financial means necessary for improving the Government of Ethiopia's disaster response capacity.

Progress has been made with the establishment in 1982 of the Emergency Food Security Reserve (EFSR), in July 2000 with the National Disaster Prevention and Preparedness Fund (NDPPF) and recently in 2003 with the establishment of an information Centre within Disaster Preparedness and Prevention Commission (DPPC). However there is a need to strengthen the NDPPF, as well as other critical disaster preparedness and response elements, including early warning systems, non-food emergency contingency stock, and management information.

National Disaster Prevention and Preparedness Fund (NDPPF): The NDPPF is a contingent mechanism aimed at maintaining a cash reserve to be used to bridge gaps in funding for interventions during emergencies. Its operational modality is similar to that of Emergency Food Security Reserve Agency (EFSRA); it provides relief funds, on a guaranteed loan basis, to partners involved in emergency operations, notably DPPC and NGOs. .

The Fund has become operational since February 2002. It currently has a total of Birr 78 million (US\$ 9.07 million) of which 56 million Birr has been provided by the Government. This is less than 57% of the Fund's originally intended lower-level target of Birr 138 million (US\$ 16.05 million). The Fund, if strengthened adequately, would be instrumental for more timely response. The other important aspect of the Fund is that it provides a great degree of flexibility enabling partners to carry out appropriate and most needed relief activities. The fund needs to secure at least the minimum target set to fulfil its role. Hence, the amount required is approximately **US\$ 7 million**.

Early Warning: Continuous follow-up, monitoring and forecasting of the behavior of the country's weather and climate is essential. Presently, there are some 600 meteorological stations located in the country, which is below the ideal number for the country. Moreover, the existing meteorological communication system is not adequate to timely transmit, reliable and sufficient information and pastoral and other regularly drought-hit areas are the ones that critically lack sufficient meteorological data, making disaster mitigation measures difficult there. Therefore, there is a crucial need for strengthening the operational capacity of the National Meteorological Services Agency (NMSA), which is a critical part in the country's Early Warning System.

Assistance is required to establish 25 early warning meteorological stations, install communication radios, interconnect 8 regional meteorological offices with local area network (LAN) communication systems, procure vehicles, install GIS facility for drought monitoring, organise agro-meteorological database in electronic format, and ultimately, generate necessary early warning meteorological information on a regular and timely basis.

The project requires a total of US\$ 1,578,270. Out of this sum, US\$ 524,620 (about 30%) will be born by the government while the balance **US\$ 1,053,650** (about 70%) is expected from donors.

Relief Logistics System:

The capacity of the existing relief logistics system at federal and regional levels is inadequate to deal with frequent disasters. Summarized below is a priorities list for capacity building totaling **US\$ 2,978,250**

Warehouses for relief food outlets: The establishment of 100 mobile warehouses, of 300 tonnes capacity each, in the most inaccessible areas in six regions. They will reduce the distance beneficiaries have to travel for collecting relief rations, which reduces their transport problems/costs and minimizes forced selling at low prices. The total requirement is estimated at US\$ 2,100,000.

Communication equipment: Good flow of information is critical for efficient relief management. Poor communication facilities in most drought prone areas require the provision of 25 sets of radio communication equipment to selected remote areas. The total requirement is estimated at US\$131,250.

Transport: To adequately monitor and improve the relief coordination efforts, transportation for field activities is indispensable. The Commission and its regional counter-parts have either inadequate or non-reliable field vehicles. Provision of 20 field vehicles, for use by the Federal DPPC and Regional DPPC, is of paramount importance to improve the coordination of humanitarian assistances. The total requirement is estimated at US\$ 747,000.

Emergency Food Security Reserve Administration (EFSRA): The objective is to acquaint storekeepers, assistants, food quality and pest control section heads and technicians with the overall principles of grain storage management, grain quality determination and maintenance and pest management. The Emergency Food Security Reserve Administration (EFSRA) plays a considerable role in addressing the food gaps on loan basis during emergencies. In order to continue playing this role, management, field monitoring and communication need to be strengthened. Requirements are the

procurement of vehicles, computers and technical equipment needed in food-stock warehousing. The total requirement is estimated at **US\$ 243,050**.

Non-Food Emergency Contingency Stock (NFECs): A NFECs has been established based on the results of a comprehensive study for the DPPC through financial support from OXFAM-GB. Actions have been taken to transfer the stock, which had been under the management of Oxfam-UK and SC-UK, to the new administrative set up and warehouses of the Government. This arrangement has been agreed by all concerned partners.

Despite the efforts made so far to build the stock, a number of items are still needed to make the NFECs fully functional. The request for provision of non-food items includes: Shelter materials for disaster victims and tents for office and clinics use. Feeding kits and utensils; equipment for water purifying, storage and distribution; search and rescue equipments like inflatable boats, megaphones, walkie-talkies etc.; team equipment to meet the living and office needs for 30 field staff and logistics items.

Requirement for the purchase of the above-mentioned categories of items for strengthening the NFECs is estimated to be **US\$ 411,400**.

Information Technology for Disaster Management:

DPPC Information Center: An Emergency Information Centre at DPPC has been established in 2003 through the support of the UN (WFP and UN OCHA) and various donors. Ensuring the future sustainability of the Information Communication Technology (ICT) is required and will be addressed in 2004, as well as making the Centre fully operational to provide all needed information services for DPPC and key emergency information for the broader humanitarian community. Carry-over funding from 2003 is sufficient to cover all but US\$ 216,549 of the basic operational and material costs of the Center for 2004.

The following are key additional funding requirements for 2004:

Regional/woreda connectivity: To effectively manage aid flows at different levels, it is of paramount importance to create all-embracing connectivity that extends from the federal level to the regions and woredas. This connectivity will ensure real time data exchange and improved communications at all levels. To this effect, 20 most vulnerable woredas in 4 regions have been selected to carry out this project on a pilot basis in 2004. The plan includes the necessary physical and human resource development. The total requirement is estimated at US\$ 420,650.

ICT infrastructure: Federal requirements for ICT infrastructure include completion of the Metropolitan Area Network to enable interconnectivity between the various DPPC sections, finalization of various Local Area Networks, supply of computers and training. The total requirement is estimated at US\$ 468,054.

Capacity development: Once regional connectivity is created, there is a need for conducting training at Woreda, Regional and Federal levels in emergency information management system. The total requirement is estimated at US\$ 35,000.

The total requirement for the DPPC Information Centre is **US\$ 1,140,253**.

Emergency Nutrition Coordination Unit: There is a pressing need for supporting Emergency Nutrition Coordination Units at the central and regional levels to ensure better coordination, proper utilization of resources and produce reliable and accurate data. The Federal ENCU has been established and has been operational since November 2000. In addition, regional ENCUs have been functional since the end of 2002 in Oromiya, Somali and SNNP regions. The units have already been involved in the coordination of surveys and interventions in their respective regions.

Establishment of additional regional Emergency Nutrition Coordination Units in the other drought prone regions, such as Afar, Amhara and Tigray and strengthening of the existing federal and regional ENCUs is now found critical in coordination of nutrition surveys/nutrition surveillance, and implementation of interventions there by avoiding duplication of efforts and wastage of resources by involved governmental and non-governmental agencies. Such units would also enable to effectively plan, execute and monitor emergency and non-emergency nutrition activities in the respective areas.

The target beneficiaries of the establishment of the regional ENCU and the Nutrition Surveillance Programme will be the vulnerable population of the drought-affected areas namely Afar, Amhara, Gambella, Oromiya, SNNP, Somali and Tigray regions as well as the DPPC, DPPB and DPPD, and all actors (government and non-government organizations) involved in emergency nutritional operations and the vulnerable population of respective woredas of the country. The program involves the following main activities: 1) strengthening existing emergency nutrition coordination activities at federal level, Somali, Oromiya and SNNP regions 2) establish new units in Tigray, Amhara, Afar, and Gambella Regions 3) establish nutrition surveillances system and regular surveys, 4) develop improved nutrition guidelines, manuals and procedures 5) enhance nutrition skill of early warning experts through long and short term training, 6) provide basic training in emergency nutrition assessment and nutrition survey data analysis and database management techniques to early warning staff at all levels. 7) Provide the necessary physical and financial support to establish new and strengthen the existing nutrition coordination unities and conduct regular nutrition surveillance. The total cost of the project is estimated to be **US\$ 1,395,690**.

Table 12: Strengthening Disaster Response Capacity Requirements

Established Units	Total (US\$)
National Disaster Prevention and Preparedness Fund (NDPPF)	7,000,000
Early Warning	1,053,650
Relief Logistics System	2,978,250
Emergency Food Security Reserve (EFSRA)	243,050
Non-Food Emergency Contingency Stock (NFECS)	411,400
DPPC Emergency Information Exchange Center	1,140,253
Emergency Nutrition Coordination Unit	1,395,690
Food Aid Targeting Training	450,000
Total	14,672,293

6. COORDINATION

Building on the experience of 2003, effective coordination mechanisms are now in place at federal level through the DPPC-led sector task forces with the support of United Nations Country Team and line ministries. In addition to improving coordination this structure proved invaluable in raising the profile of the crisis in 2003 and ensuring sector and overall accountability.

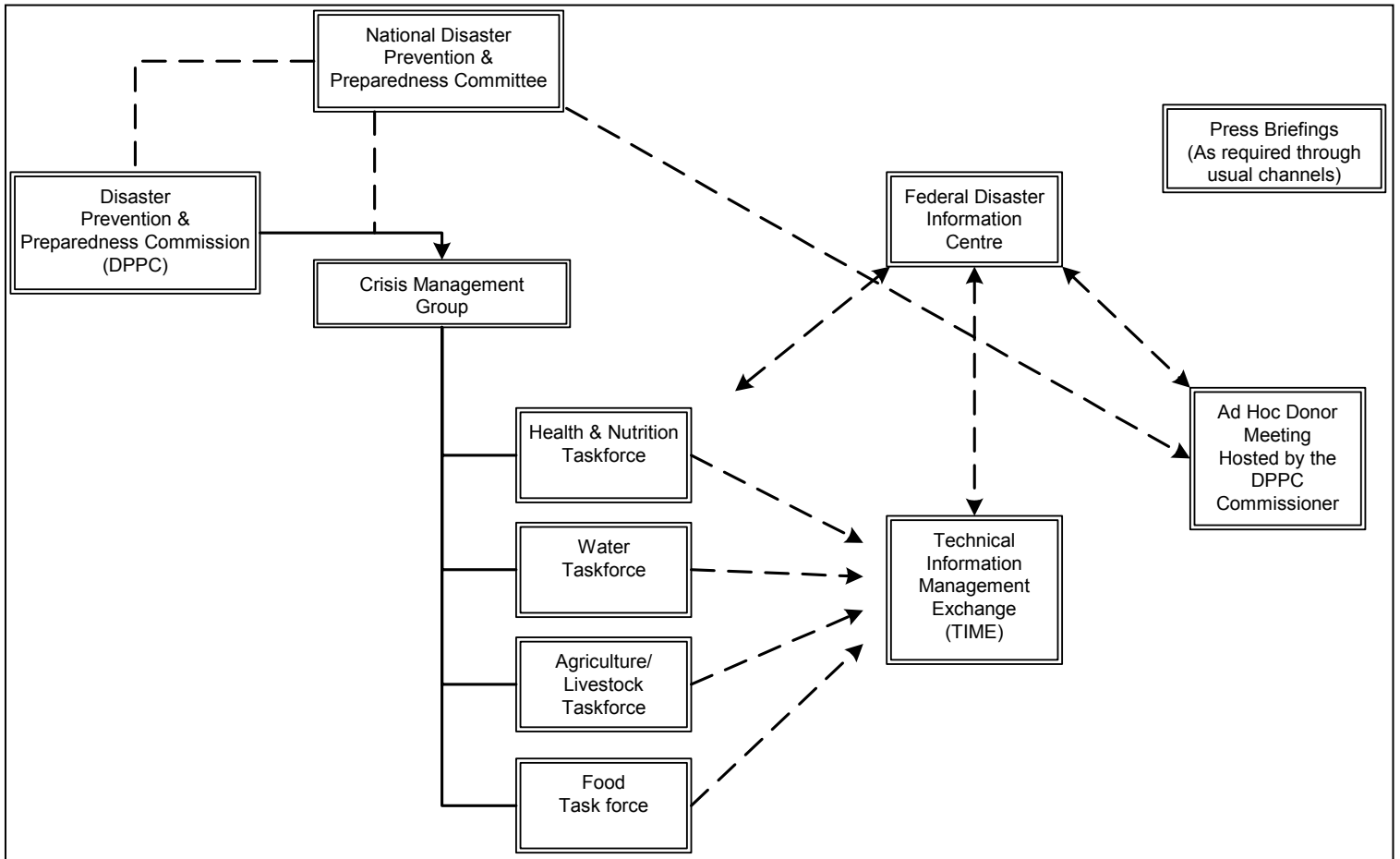
Drawing further on experiences of 2003, priority will be given to enhancing coordination and information flows at regional level and below in 2004. Sectoral Technical Task Forces and working groups are now established at regional and zonal levels for SNNPR, where weak coordination and capacity and poor information flows, among other triggers, led to the emergence of 'hot spots' throughout 2003, even though overall resource availability was good. This system will be extended and enhanced as appropriate in other regions – but as a priority into pastoral areas. This coordination task is estimated to cost **US\$ 1,333,000** in 2004.

The creation of new emergency units in the Water and Agriculture Ministries also allows for better coordination in this sphere between Government, UN and NGOs, hitherto lacking. 2003 posed considerable challenges in the sphere of health and nutrition, and exposed capacity constraints at regional levels and below. In 2004, much closer attention will consequently be paid to strengthening humanitarian response and surveillance within the Ministry of Health and regional counterparts. Appropriate early warning and action (resources permitting), alongside improvements in food aid targeting, can avoid the need for therapeutic feeding.

The UN Strategic Disaster Management Team, comprising WFP, UNICEF, WHO, FAO, UNDP, World Bank, with OCHA as secretariat, serves as the key instrument for coordination of the UN humanitarian response. An important achievement of 2003, and one which will be built upon in 2004, is the enhanced partnership with humanitarian NGOs in the delivery of assistance and the development of programs.

As part of Government efforts to transit out of emergency relief, the Joint Appeal of 2004 will be contextualized further within the "Coalition for Food Security in Ethiopia". Careful coordination is required to ensure that the most vulnerable are provided with necessary humanitarian assistance during the transition phase. To ensure this, the humanitarian community's participation in the design of a transitional plan that outlines clear resource and implementation responsibilities is a top priority.

Figure 1: Federal Level Emergency Coordination



Annexes

Annex 1: Methodologies for Determining Needs

In the food sector, all crop-producing parts of the country (except Beneshangul Gumuz), were covered by the 2003 multi-agency *Meher* assessment. Pastoral areas of the east and southeast (southern Somali, Borena lowlands and South Omo) are still to be assessed because the rains in these areas start later in the year and the fieldwork would be too early (assessment started end-November). Twenty-one assessment teams were deployed overall, with members drawn from government, donors, NGOs and the United Nations. The assessment was predominantly qualitative and in order to substantiate information from zonal and woreda officials, teams used rapid rural assessment techniques (such as interviews with key informant and on the spot inspection of crops, livestock, pests, pasture and market conditions) where situations permitted. Interviews were conducted at woreda level with local officials, communities and household. Teams evaluated the main food security indicators: 1) weather conditions; 2) Meher production and market conditions; 3) other income sources, wage labour opportunities and purchasing power; 4) livestock holding and productivity; 5) performance of cash crops such as coffee and chat; 6) movement of people/migration. Team briefed and debriefed at the federal, regional and zonal levels.

The health and nutrition sector carried out a rapid surveys between October 27 – November 6, 2003. Quantitative and qualitative data were collected using the following methods: (i) a review of existing information and data at the national, regional, zonal and woreda levels; (ii) visual inspection of the drought-affected areas; (iii) questionnaires used at the regional, woreda and health facility levels; (iv) focus group discussions and key informant interviews; (v) interviews of key officials of Government, NGOs and UN agencies present in the zones and woredas. The catchment communities of the hospitals, health centres and health posts were used for the focus group discussions and key informant interviews.

The 2004 requirements were determined on the basis of detail regional assessments and surveys with respect to the impact of drought on water supply and sanitation. Detail regional assessments/analyses were conducted from March through August 2003 in Afar, Amhara, Oromiya, SNNP, Somali and Tigray regions. Results of the assessments/analyses were reviewed and updated by the Water and Sanitation Taskforce at a national workshop conducted from 20-21, October 2003. The types of water interventions in the affected areas and the number of affected population were determined through field visits to Woredas and Kebeles and through supervision of sites in these areas. More emphasis was given to incorporate all beneficiaries from the unpredictable food insecure areas of the country. The number of water schemes to be constructed and rehabilitated were quantified on the basis of beneficiary population in each category. Sanitation requirements are prepared for all Woredas covered in the assessment/survey.

Regional and woreda Agricultural Bureaus and Offices provide regular updates of the situation through the Disaster Management Task Force for Agriculture. Information from the joint agency assessments throughout the year was analyzed by the Disaster Management Task Force for Agriculture. A standardized format was developed for data collection as part of the interagency Meher assessment. The outcomes of these

assessments are cross-checked with the outcomes of the MoA/FAO/WFP crop assessments. A review was also undertaken of findings and recommendations of technical team reports delegated to drought-affected areas at various times since January. In addition, the outcomes of several workshops that were organized by the Seed Security Consultative Group and the Livestock Working Group were taken into consideration in the design of the Appeal for humanitarian assistance for the agriculture sector.

Assessments will be conducted to understand the extent to which population has been reached by HIV/AIDS prevention programs. Additional vulnerability assessments will indicate the extent to which there is displacement and HIV parallel information where available.

Registration of unaccompanied children will enable projections for re-unification needs and requirements for emergency and basic services provision to be established. Registration systems will also serve as proxy indicators for displacement and associated vulnerability to exploitation and abuse facilitating the identification of early intervention strategies.

It is estimated that the educational opportunities of 400,000 school age children will be adversely affected in 2004.

**Annex 2: Status of Food Aid Pledges for 2003 Requirements
of 1,802,185MT**

(Disaster Prevention and Preparedness Commission - Ethiopia)

Ser.No.	Donor	Consignee	Type of Food	Confirmed Pledges
1	USAID	WFP,DPPC,NGOs,ICRC	Cereals	811,867
		WFP,DPPC,NGOs,ICRC	Supp.Food	136,155
USAID Total				948,022
2	EU	WFP,DPPC,NGOs,ICRC	Cereals	348,307
		WFP, NGOs	Supp.Food	6,136
EU Total				354,443
3	UK	WFP,NGOs	Cereals	98,563
		WFP	Supp.Food	16,378
UK Total				114,941
4	Canada	WFP, NGOs	Cereals	35,568
		WFP	Supp.Food	4,570
Canada Total				40,138
5	Japan	WFP, DPPC	Cereals	38,609
		WFP	Supp.Food	1,150
Japan Total				39,759
6	Sweden	DPPC	Cereals	28,000
		DPPC	Supp.Food	1,750
Sweden Total				29,750
7	OPEC Fund	DPPC	Cereals	25,000
		DPPC	Supp.Food	1,984
OPEC Fund Total				26,984
8	MFM	MFM	Cereals	19,750
		MFM	Supp.Food	1,591
MFM Total				21,341
9	Germany Red C.	ERCS	Cereals	3,750
	Germany	WFP	Cereals	9,980
Germany Red Cross +Germany Total				13,730
10	Ethio-Japan Counterpart Fund	DPPC	Cereals	13,500
Ethio-Japan Counterpart Total				13,500
11	ICRC	ICRC/ERCS	Cereals	4,505
		ICRC/ERCS	Supp.Food	7,415
ICRC Total				11,920
12	India	DPPC	Cereals	10,000
India Total				10,000
13	Netherlands	WFP, NGOs	Cereals	10,560
Netherlands Total				10,560
14	IFRC	ERCS	Cereals	5,242
		ERCS	Supp.Food	1,396
IFRC Total				6,638
15	Ireland	WFP	Cereals	4,401
		WFP	Supp.Food	2,206
Ireland Total				6,607

16	Switzerland	WFP	Cereals	4,316
		WFP	Supp.Food	1,463
Switzerland Total				5,779
17	Public Contribution/GOE	DPPC	Cereals	2,153
		DPPC	Supp.Food	3,552
Public Contribution Total				5,705
18	Italy	WFP	Cereals	3,138
		WFP	Supp.Food	2,466
Italy Total				5,604
19	Norway	WFP	Cereals	2,824
		WFP	Supp.Food	936
Norway Total				3,760
20	Australia	WFP	Cereals	2,324
		WFP	Supp.Food	1,186
Australia Total				3,510
21	Belgium	WFP	Cereals	3,333
Belgium Total				3,333
22	Spain	WFP	Cereals	631
		WFP	Supp.Food	2,404
Spain Total				3,035
23	Denmark	WFP	Cereals	2,355
24	WVI	WVI/E	Cereals	1,575
25	WFP-Stock	WFP	Cereals	1,560
26	NCA	NCA	Cereals	1,367
27	Africa Dev't Bank	WFP	Cereals	1,440
28	Trocaire	NGOs	Cereals	917
29	Finland	WFP	Cereals	449
		WFP	Supp.Food	253
30	CRDA	NGOs	Supp.Food	400
31	New Zeland	WFP	Cereals	391
32	Korea	WFP	Supp.Food	158
33	Poland	WFP	Supp.Food	113
34	Libya	DPPC	Cereals	51
35	Israel	NGOs	Cereals	22
		DPPC	Supp.Food	20
36	Indonesia	WFP	Supp.Food	20
37	Private donors	WFP	Supp.Food	13
Others Total (23-37)				11,104
Total				1,690,163
Cereals Total ¹				1,496,448
Supplementary Food Total ²				193,715

¹ 1,496,448 covers 94.6% of overall cereal requirements (1,581,843MT) as updated with belg and pastoral areas assessment report.

² 193,715 covers 87.9% of overall supplementary food requirements (220,342MT).

Note: Saudi Arabia and Russian Federation have contributed different food items which are not included in the list, because of difference in the category

Annex 3: Abbreviations

DPPC	Disaster Prevention and Preparedness Commission
EFSRA	Emergency Food Security Reserve Administration
EFSR	Emergency Food Security Reserve
ENCU	Emergency Nutrition Coordination Unit
EPI	Extended Programme of Immunisation
FAO	Food and Agricultural Organisation
GAM	Global Acute Malnutrition
GoE	Government of Ethiopia
HAPCO	HIV/AIDS Prevention and Control Office
IDP	Internally Displaced Person
ITN	Insecticide-treated Nets
IRS	Indoor-residual spraying
LWG	Livestock Working Group
MoA	Ministry of Agriculture
MOLSA	Ministry of Labour and Social Affairs
MoH	Ministry of Health
MoRD	Ministry of Rural Development
NGO	Non-Governmental-Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OXFAM-GB	Oxford Committee for Famine Relief
PLWHIV/A	Persons Living with HIV-AIDS
RH	Reproductive Health
RHB	Regional Health Bureau
SAM	Severe Acute Malnutrition
SC-UK	Save the Children United Kingdom
SSCG	Seed Security Consultative Group
SNNPR	Southern Nations, Nationalities & People's Region
SFC	Supplementary Feeding Centre
SFP	Supplementary Feeding Programme
TFC	Therapeutic Feeding Centre
TFP	Therapeutic Feeding Programme
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNICEF	United Nations Children Fund
WES	Water and Environmental Sanitation
WFP	World Food Programme
WHO	World Health Organisation
ZHD	Zonal Health Department

Annex 4: Glossary of important seasonal terms used for Ethiopia

Ethiopia's Keremt or Meher Rains Defined

Ethiopia and Eritrea are in the tropics. Physical conditions and variations in altitude result in a great diversity of climate, soil, and vegetation. Rainfall is seasonal, varying in amount, space, and time. There is a long and heavy summer rain, normally called the big rain or *Keremt*, which falls from June-September in most parts of the country. In some western and north-western parts, the *Keremt* rain starts earlier in April and extends up to October/November. It is followed by the *Baga* hot, dry period from October through February (see below for definition).

Ethiopia's Belg Rains Defined

In spring, a strong cyclonic centre develops over Ethiopia and Sudan. Winds from the Gulf of Aden and the Indian Ocean highs are drawn towards this centre and blow across central and southern Ethiopia. These moist, easterly and south-easterly winds produce rain, known as the *Belg* short season rains in most crop growing areas of the east central part of the north-western highlands and it is also producing the main (*Gu*) rains in south-eastern Ethiopia. This rain extends from February to May.

Ethiopia's Baga Season Defined

The *Keremt* rains or the *Meher* season (see above for definition) is followed by the predominantly hot and dry *Baga* season from October through January in the highland cropping areas.

Ethiopia's Somali Region's Gu' Rainy Season Defined

Rainfall in southern Somalia is bimodal, that is, there are two rainy seasons. Rainfall from March through early June is called the *Gu* rains. Sometimes these are also referred to as the "long rains."

Ethiopia's Somali Region Deyr Season Defined

Rainfall in southern Somalia is bimodal, that is, there are two rainy seasons. Rainfall from late September through to early December is called the *Deyr* rains. Sometimes these are also called the "short rains". A fair amount of the *Deyr* crop is recessional or irrigated.

Ethiopia's Somali Region Haggaa Season Defined

The time between late June and early September, which is dry and windy with clouds in the sky but rarely with rain. In southern Somalia light coastal showers may fall after the *gu'* and before the *deyr* from July through October.

Ethiopia's Somali Region Jilal Season Defined

Jilal is the hottest and driest season in the Somali Region between late December and early March.