

Humanitarian Requirements 2015



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TABLE OF CONTENTS

ACRONYMS/GLOSSARY	2
EXECUTIVE SUMMARY	3
1. INTRODUCTION AND BACKGROUND	4
1.1. 2014 ANNUAL HUMANITARIAN REQUIREMENTS DOCUMENT.....	4
1.2. HUMANITARIAN SITUATION OVERVIEW	4
2. REVIEW OF THE 2014 HUMANITARIAN RESPONSE	7
2.1 RELIEF FOOD AND TSF.....	7
2.2 HEALTH AND NUTRITION	8
2.3 WATER, SANITATION AND HYGIENE (WASH)	13
2.4 AGRICULTURE.....	14
2.5 EDUCATION.....	14
3. 2015 ANNUAL FOOD AND NON-FOOD HUMANITARIAN REQUIREMENTS.....	15
3.1 RELIEF FOOD NEEDS	15
3.1.1 <i>Objective</i>	15
3.1.2 <i>Requirements</i>	15
3.2 TARGETED SUPPLEMENTARY FEEDING PROGRAMME	16
3.3 NON-FOOD NEEDS	17
3.3.1 <i>Health and Nutrition</i>	17
3.3.2 <i>Water, Sanitation and Hygiene</i>	21
3.3.3 <i>Agriculture</i>	25
3.3.4 <i>Education</i>	28
4. OVERALL STRATEGY	31
ANNEXES:	33

ACRONYMS/GLOSSARY

AWD	Acute Watery Diarrhea	JAP	Joint Action Plan
<i>Belg</i>	Short rainy season from March to May (in highland and mid-land areas)	JEOP	Joint Emergency Operation Programme
BSF	Blended Supplementary Food	LIAS	Livelihood Impact Analysis and Seasonality
CERF	Central Emergency Response Fund	LEAP	Livelihood Early Assessment and Protection
CFR	Case Fatality Rate	MAC	Multi Agency Coordination
CHD	Community Health Day	M/BoARD	Ministry/Bureau of Agriculture
CMAM	Community based Management of Acute Malnutrition	MoW&E	Ministry of Water and Energy
CRS	Catholic Relief Services	<i>Meher/Kiremt</i>	Long and heavy rain season
CSO	Civil Society Organizations	MHNT	Mobile Health and Nutrition Teams
DDK	Diarrheal Disease Kit	MT	Metric Tones
Deyr	Short rainy season from October to December (in Somali Region)	NDPPC	National Disaster Prevention and Preparedness Commission
DPPB	Disaster Prevention and Preparedness Bureau	NGOs	Non- Governmental Organisations
DRM	Disaster Risk Management	OCHA	Office for the Coordination of Humanitarian Affairs (UN)
DRM ATF	DRM Agriculture Taskforce	OFDA	Office of U.S. Foreign Disaster Assistance
DRMFSS	Disaster Risk Management and Food Security Sector	OTP	Outpatient Therapeutic Programme
DRMTWG	Disaster Risk Management Technical Working Group	Region	The higher administrative structure,
EDKs	Emergency Drug Kit	RHB	Regional Health Bureau
EHNRI	Ethiopian Health and Nutrition Research Institute	RWB	Regional Water Bureau
EMWAT	Emergency Water Treatment Kit	OTP	Outpatient Therapeutic Program
ENCU	Emergency Nutrition Coordination Unit	PHEM	Public Health Emergency Management
EOS	Enhanced Outreach Strategy	PHEM TTF	Public Health Emergency Management Technical Taskforce
EPI	Expanded Program of Immunization	PSNP	Productive Safety Net Programme
EWRD	Early Warning and Response Directorate	RUTF	Ready-to-Use Therapeutic Food
EWS	Early Warning System	SNNPR	Southern Nations, Nationalities & Peoples Region
FAO	Food and Agriculture Organization (UN)	TFP	Therapeutic Feeding Programme
FDPs	Food Distribution Points	TFU	Therapeutic Feeding Unit
F/MoH	Federal/Ministry of Health	TSF	Targeted Supplementary Feeding
FMTF	Food Management Taskforce	UN	United Nations
GAM	Global Acute Malnutrition	UNICEF	United Nations Children's Fund
<i>Gu</i>	Main rainy season from March to June (in Somali Region)	USAID	US Agency for International Development
HEA	Household Economy Approach	USD	United States Dollars
HNEs	Health and Nutrition Emergencies	WASH	Water, Sanitation and Hygiene
HRD	Humanitarian Requirements Document	WFP	World Food Program
HRF	Humanitarian Response Fund	WHO	World Health Organization (WHO)
IOM	International Organization for Migration	<i>Woreda</i>	Administrative/geographic unit, equivalent to district
ITNs	Insecticide-treated Nets	WDRP	Woreda Disaster Risk Profile

EXECUTIVE SUMMARY

Following the overall near normal performance of the 2014 *kiremt* rains, food security is expected to improve in many parts of the country. Nevertheless, humanitarian challenges will continue in pocket areas in the northeastern and southeastern parts of the country where the seasonal rainfall performance was poor. Moreover, food security will likely continue to deteriorate in areas affected by various hazards during the latter half of 2014.

An estimated **2.9 million** relief food beneficiaries are identified to require emergency relief food assistance in 2015. Additionally, an estimated 381,000 people may be in need of food assistance in the coming *belg* season, subject to verification at the mid-year review. The total gross emergency food and non-food requirement for 2015 amounts to **USD 386 million**. Considering available resources amounting to **USD 41 million**, the net total requirement stands at **USD 344 million**. The net food and TSF requirement totals to **353,269.78 MT**, estimated to cost around **277 million**. In addition, a total of net **USD 67.9 million** is required to respond to the non-food needs of identified beneficiaries in the health and nutrition, WASH, agriculture and education sectors.

Table 1: Summary of Humanitarian Requirements (USD)-January to December 2015

Sector	Total Requirements	Carry over from 2014	Net Requirements
General Ration: 365,171.78 MT Gross: MT Cereals 295,685.66 MT MT: Blended food: 31,046.99 MT MT: Pulses : 29,568.57 MT MT Oil: 8,870.57 MT NET: 343,015.78 MT	281,547,442	17,082,276	264,465,166
Supplementary (EOS/TSF) Food Gross: 19,348 MT Net: 10,254 MT	23,678,411	11,129,850	12,548,561
FOOD SUB TOTAL	305,225,853	28,212,126	277,013,727
Health and Nutrition	40,384,812	10,189,620	30,195,192
Water and Sanitation	22,026,625	1,649,673	20,376,952
Agriculture	15,310,413	1,471,027	13,839,386
Education	3,496,900	-	3,496,900
Non Food Total	81,218,750	13,310,320	67,908,430
GRAND TOTAL	386,444,603	41,522,446	344,922,157

1. INTRODUCTION AND BACKGROUND

1.1. 2015 Annual Humanitarian Requirements Document

The humanitarian needs projections in this document are based on the findings of the 2014 multi-sector and multi-agency *meher* assessment and on secondary data analysis. Close to 200 experts from Government, UN, donors and NGOs took part in the three-week *meher* assessment. The annual *belg* assessment will act as a mid-year review, at which point a review of the context analysis and the beneficiary figures will be conducted. The annual HRD is in line with the Government's DRM policy focusing on baseline information, monitoring tools, and preparedness using regular Early Warning, monitoring and satellite imagery analysis such as the Livelihood Early Assessment and Protection (LEAP), the Livelihood Impact Analysis and Seasonality (LIAS) and the *Woreda* Disaster Risk Profiling (WDRP). The annual HRD and its release aims to facilitate resource mobilization and to enable earlier pre-positioning of essential items in strategic stores at federal and regional levels allowing a swift response to sudden onset emergencies.

1.2. Humanitarian Situation Overview

1.2.2 National Overview

As a result of the near normal 2014 *kiremt* rains and the subsequent good harvest and livestock production prospects, an improved food security is expected in large parts of the country in 2015. However, food insecurity will continue in pocket areas of northeastern Afar, Amhara and Tigray, central and eastern Oromia and the southeastern pastoralist areas that received inadequate seasonal rains. In the south and south eastern pastoralist and agro-pastoralist areas, the good *deyr* rains replenished water sources and rejuvenated pasture, except in areas that received below normal rains, including Borena zone (Oromia) and Doolo zone (Somali). In addition, the food security will continue to deteriorate in areas affected by floods, conflicts, hailstorms, crop pests and diseases in the second half of last year.

The extended heavy rainfall received in the highlands of Ethiopia during the 2014 *kiremt* rainy season resulted in large scale flooding in Afar, Gambella, Oromia, SNNP and Somali regions affecting the lives and livelihoods of communities, including large scale displacements. Led by DRMFS, the Emergency Operation Center (EOC) coordinated the joint Government and humanitarian partners' flood response. Regional level Incident Command Posts (ICPs) were also reactivated to coordinate response in the most affected areas in Gode, Jijiga (Somali region) and Amibara (Afar region). Affected communities will require continued assistance in 2015 to fully recover from the adverse effects of the floods.

The overall normal rains during the second half of 2014 improved water availability in most parts of the country. Nonetheless, water shortages continue to be reported in areas that received poor seasonal rains, including in the dry belts of Afar region, parts of Amhara region, the lowlands of Oromia region (Bale, Borena, East and West Hararge and Guji zones) and parts of the highlands of Oromia region (Arsi zone), significant parts of Somali and southern zone of Tigray regions.

With the deteriorating food security situation mainly attributed to poor seasonal rainfall performance, concerning levels of malnutrition were reported in Wag Hemra and North Gonder

zones of Amhara region, South Omo zone of SNNP region, Salahad and Lagahida *woredas* of Nogob zone, Somali region. These zones are likely to be priority areas of concern in 2015.

Communicable disease outbreaks, including measles, meningococcal meningitis and Viral Hemorrhagic disease will continue to be public health threats in 2015. Additionally, Ethiopia is amongst the high risk countries for Ebola virus disease-(EVD). Government and partners will continue to scale-up the Ebola prevention and preparedness measures.

1.2.3 Regional Overview

In most parts of **Amhara region**, the performance of the 2014 *kiremt* rains was normal to above normal except in parts of East Gojam, North Gonder, North Wollo, Oromia, South Wollo and Wag Hemra zones, where the onset of the rains was 2-4 weeks late. The regional crop production is estimated to be 2 per cent higher compared to last year's production, and 44 per cent higher compared to the reference year. However, moisture stress, weather adversities, crop pests and diseases significantly reduced the *meher* harvest in East Gojam, North Gonder, North Showa, North Wollo, Oromia and Wag Hemra zones. Wag Hemra reported a 31 per cent yield reduction, with the highest yield losses of 81 per cent in Sehala *woreda*, 48 per cent in Sekota *woreda* and 43 per cent in Ziquala *woreda*. Whole family migration, increasing numbers of parents taking their children out of school, and increased sale of physical assets were reported from these areas, particularly from Sekota.

In **Afar region**, the overall performance of the 2014 *karma* rains was near normal in the southern and southeastern parts of the region, and below normal in the northern parts. The extended *kiremt* rains in the neighbouring highlands of Amhara region resulted in flooding in Amibara, Bure Mudayitu and Gewane *woredas* of zone 3 and in Asayita *woreda* of zone 1. The flood affected 62,572 families destroying cultivated lands, damaging irrigation infrastructures and submerging rangelands. The floods diminished pasture availability in chronically water insecure parts of central and north eastern Afar. Conversely, the unseasonal October rains in the southern parts of the region slightly improved pasture availability. Cereal and livestock prices increased. However, the cereal price increase rate is much higher than that of livestock, negatively affecting the terms of trade for pastoralists.

The performance of the 2014 *kiremt* season was normal in central and western **Tigray region**. Near-average crop production is expected in these areas. Harvest loss was reported in parts of southern and eastern Tigray where there was a long dry spell in April-July. *Woredas* that suffered from weather adversities (hailstorm and flood) in September will also have reduced *meher* production. Although the 2014 *meher* crop production in the region is 14.3 per cent higher compared to 2013, it is lower than the expected yield due to weather anomalies, low agricultural input and moisture stress in pocket areas. The extended *kiremt* rains improved water and pasture availability for livestock. However, *woredas* in Southern and Eastern zones anticipate livestock feed and water shortages starting from January 2015.

In **SNNPR**, improved food security is expected in most parts of the region as a result of the timely onset and sufficient quantity of *kiremt* rains. However, heavy rains in the highlands in September and October caused severe flooding in Gedeo, Gurage, Hadiya, Siltie and South Omo zones. Extensive crop fields and grazing areas were flooded for extended periods of time, especially in Sankura, Dasenech and Shashego *woredas* reducing yields and fodder availability. Particularly in

South Omo zone the floods coupled with the poor performance of the rains in the area, resulted in potable water and pasture shortages. Areas along the rift valley also experienced harvest loss due to the late start of the 2014 *kiremt* rains and the subsequent failure of the long maturing maize, sorghum and pepper. Food insecurity prevails in areas that experienced two to three weeks delayed rains, below normal rainfall performance, crop pests and diseases, including yellow rust, coffee berry disease and bacterial blight of coffee in Sidama and Gedeo zones and fungal diseases on wheat.

The onset of *kiremt* rains was four to eight weeks late in eastern **Oromia**, and three to four weeks late in the central parts of the region, including Arsi, Bale, North and East Shewa and West Arsi zones. Additionally, the *hageya* rains were one to two weeks late in the lowlands of Oromia. The early cessation of *belg* and the late onset of *kiremt* seasons negatively impacted long cycle crops. Floods in Abaya and Gelana *woredas* of Borena zone damaged crops and properties. A relatively better *meher* production is expected in the mid- and highland areas, while significant yield reduction is expected in the lowlands. Households in Arsi and West Arsi zones continue to suffer from the loss of livestock following the poor seasonal rains in 2013. Moreover, livestock assets and the number of milking animals was significantly reduced in 2014 affecting household access to food and income. The 2014 *meher* production was below average in Arsi, West Arsi and East Hararge zones. Pasture and water availability is normal in most zones of the region, except in the lowlands of Borena and Guji zones, particularly in Dillo, Dire, Miyo and Moyale *woredas*.

In **Somali**, the performance of the 2014 *deyr* rains ranged from below to near-normal. Although the performance of the *deyr* rains was better than the *gu* rains in the first half of the year, the seasonal rains in most areas were low in quantity, uneven in distribution and early in cessation. Below normal rain was received in parts of Afder, Doolo and Nogob zones. Despite the uneven distribution pattern, the seasonal rains improved pasture and water availability and livestock body condition in most parts of Somali region. However, Bokh, Geladi and northern Warder *woredas* of Doolo zone, Dollo Bay *woreda* of Afder zone and Dollo Ado *woreda* of Liben zone reported early migration of herds and emaciation of animals. Severe flooding in Afder, Liben and Shaballe zones affected some 19,689 households. The 2014 *deyr* assessment team reported that the food security situation in most parts of Somali region was below to near normal due to water shortage earlier in the year, poor harvest due to the floods, increasing grain prices, lack of market demand for livestock, limited labour opportunities and erratic rain pattern of the 2014 *deyr* season.

The delayed onset of the 2014 *kiremt* rains in **Gambella** negatively affected maize crops at growth and flowering stages, and reduced yields. Heavy rainfall in August resulted in the overflow of rivers and subsequent floods particularly in Anuak and Nuer zones. The extended rains and flooding of the Gilo River hampered recession farming activities which negatively impacted the crop harvest prospects. Although the rains contributed to pasture regeneration, grazing lands were flooded in the flood-affected areas. In Nuer zone in particular, livestock are facing starvation and their body condition is deteriorating as a result of flooded grazing lands and the lack of livestock feed.

In **Benishangul Gumuz** region, despite the early onset, the normal distribution and quantity of the *kiremt* rains, a reduced harvest is expected. In most of the *woredas*, the rains started early and the cessation was extended to mid-November. Some *woredas* in Assosa zone (Assosa and Bambasi *woredas*) and Metekel zone (Pawe *woreda*) had heavy rains coupled with hailstorms in July and October. Hailstorms and plant disease (in Sherkole) damaged crops (maize, sorghum, haricot bean, soya bean and sesame).

Despite the delayed onset of the 2014 *meher* rains, the overall food security situation in **Harari Region** has improved as compared to the previous four years. Nonetheless, the dry spell during planting, growth and maturity stages affected long cycle crops particularly ground nut and maize. Ground nut production reduced by 19 per cent when compared to the 2013 production; while the overall crop production is slightly higher by 1.5 per cent from last year.

In **Dire Dawa**, the onset of 2014 *meher* rains was delayed by four weeks followed by an overall below-normal performance, adversely affecting long cycle crops and livestock production. The estimated production is reduced by 38 per cent from the reference year and by 22 per cent from last year. The successive poor performance of the 2014 rains resulted in a deteriorating food security situation in the rural parts of Dire Dawa.

2. REVIEW OF THE 2014 HUMANITARIAN RESPONSE

2.1 Relief Food and TSF

2.1.1 Relief Food

Released in January 2014, the 2014 HRD identified 2.7 million relief food beneficiaries and a food requirement of 388,635 MT. Considering the USD 38.9 million carried over from the second half of 2013, the net requirement at the beginning of 2014 was 339,067 MT, amounting to USD 266,167,281. The number of relief food beneficiaries increased to 3.2 million during the mid-year review as a result of the poor performance of the 2014 *belg/gu* rains. The corresponding total relief food requirement increased to 436,292MT (USD 342,489,090).

Throughout 2014, donors contributed USD 153,778,780 (see Annex I) to the requirements outlined in the Humanitarian Requirements Document (HRD). Including the USD 38.9 million in 2013 carry over, the 2014 HRD was 56 per cent funded, (USD 193,778,780). The available resources were used to procure 270,813MT of food and USD 9,895,457 was transferred to relief cash beneficiaries. Out of the total contribution, 68,000MT cereals and 18,000MT pulses were availed through the Risk Financing Mechanism (RFM) to cover relief food needs in PSNP *woredas*.

Six rounds of relief food allocations and five rounds of relief cash allocations were completed between February and December 2014. Some 244,500MT of food was distributed and USD 9.89 million in relief cash was disbursed to beneficiaries. DRMFSS covered 44 per cent, WFP Hubs and Spokes (H&S) operation in Somali region covered 28 per cent and Joint Emergency operation (JEOP) covered 28 per cent of the 244,455MT of relief food distributed to beneficiaries (See Table 1 below for additional detail). Relief cash transfers were made in 31 *woredas* in Amhara, Oromia and Somali regions, benefitting a maximum of 199,091 beneficiaries per month. The food basket comprises 15kg cereal and 4kg pulse for RFM/PSNP *woredas*; and 15kg cereal, 0.45kg oil and 1.5kg pulse for relief food in non-PSNP *woredas*.

The total relief food carry over resources from 2014 amounts to 22,156MT, equivalent to USD **USD 17,082,276**.

In addition to the beneficiaries included in the 2014 HRD, 3,776 Mt was distributed on an ad-hoc basis to returnees from South Sudan, conflict induced IDPs and flood affected people.

Table 2: Summary of Relief Food Dispatched in 2014

Allocation (Rounds/ Months)	Beneficiaries (millions)	Delivered food by agency (MT)					
		Regular			Total	Ad-hoc	grand Total
		DRMFSS	WFP	JEOP			
First (Feb)	2.2	16,579	10,741	10,741	38,061	321	38,382
Second (Apr)	2.2	15,513	8,871	9,658	34,042	1,040	35,082
Third (June)	1.7	5,635	8,917	13,621	28,173	1,565	29,738
Fourth (Aug)	2.02	15,171	8,917	9,860	33,948		33,948
Fifth (Oct)	3.09	24,881	14,830	13,621	53,332	425	53,757
Sixth (Dec)	3.0	27,911	15,110	10,102	53,123	425	53,548
Total		105,690	67,386	67,603	240,679	3,776	244,455
Agency share		44%	28%	28%	100%		

Table 3: Summary of Relief cash distributed in 2014

Allocation Rounds	Beneficiaries	Cash Transfer (USD)
First	199,091	2,095,485
Second	199,091	2,104,879
Third	188,171	2,106,091
Fourth	188,171	2,079,357
Fifth	117,340	1,509,645
Total		9,895,457

Targeted Supplementary Feeding (TSF) Programme

The 2014 HRD planned to procure and distribute **22,800 MT** of blended food and **3,406 MT** of fortified vegetable oil with **USD 20,744,846**. However, the poor *belg/gu* rains in parts of the lowland pastoralist areas and the delayed onset of the *kiremt* rains resulted in an increase in priority 1 *woredas* from 76 in April to 125 in August 2014.

The spike in the number of priority 1 *woredas* in turn increased the funding requirements. The revised funding requirement for 2014 stood at USD 24,672,000 to procure and distribute 22,429MT of CSB and 3,373MT of vegetable oil. Considering a carry-over amounting USD 4,500,506, the net requirement was 104 per cent funded with new donor contribution amounting to **USD 21,075,062** (see Annex I).

In 2014, with the carry-over and new donor contributions, the TSF addressed the needs of 751,281 children between the ages of 6 and 59 months, and pregnant and lactating women with 13,782.37MT of food at the cost of USD 14,445,718 in the hotspot priority 1 *woredas* identified during the April and August 2014 prioritizations. Furthermore, the programme supported the 44 *woredas* where regular admission and nutritional monitoring is already established.

During the first half of 2014, the programme faced funding shortfall which reduced the programme response capacity. As a result, the intervention focused on the few *woredas* where monthly nutrition

monitoring and food distribution was implemented. From the second half of the year onwards, the funding situation improved and the programme managed to cover the needs of malnourished children between the ages of 6 and 59 months and pregnant and lactating women in all targeted areas.

2.2 Health and Nutrition

In 2014, the Health and Nutrition sector response focused on the management of Severe Acute Malnutrition (SAM) in drought-affected and food insecure areas and response to disease outbreaks, including meningitis, measles, malaria, yellow fever and dengue fever in Amhara, Oromia, SNNP and Somali regions. To address and mitigate the impacts of SAM and disease outbreaks, **USD 23,031,274 (75 per cent)** was mobilized to cover the cost of sector activities during the year (*see Annex II a and b for details*). Activities implemented included provision of supplies to TFP sites, drugs and medical supplies, and vaccines to ensure the rapid containment of outbreaks and minimize morbidity and mortality.

In addition, direct financial support was provided to cover operational costs of outbreak response activities, including meningitis and yellow fever, measles and polio vaccination campaigns, training of health staff to ensure proper management of cases, outbreak investigation for the timely detection and confirmation of outbreaks, and monitoring of disease trends and response intervention. Printing and distribution of required treatment protocols and guidelines was also conducted.

2.1 Nutrition Update/Review:

To conduct emergency nutrition interventions in 2014, **USD 26,429,800** was requested. Available carry-over from 2013 of USD 5,646,024 resulted in a net requirement of USD 20,783,776. A total of **USD 18,730,423** was secured for emergency nutrition responses (*see Annex II b- for details*). Approximately **92 per cent** of the net requirement for the sector was met. The equivalent of USD 10,189,620 worth of ready-to-use therapeutic food (RUTF) and essential community-based management of acute malnutrition (CMAM) supplies will be carried over to 2015, and will be utilized during the first half of the year.

Between January and November 2014¹, 240,204 SAM cases were admitted in an average of 11,478 TFP sites every month mainly in the six regions – Afar, Amhara, Oromia, SNNP, Somali and Tigray (over 87 per cent reporting rate). This caseload represents 92 per cent of the revised January to December estimate of 264,298 TFP admissions. About 85 per cent of the total TFP caseload was admitted in three regions – Oromia (45 per cent), SNNP (23 per cent) and Amhara (16 per cent); while the remaining five regions – Afar, Benishangul Gumuz, Gambella, Somali and Tigray, accounted for 16 per cent of the total reported admissions. The January-November 2014 TFP admission was about 1.5 per cent lower than the SAM caseloads admitted during the same period in 2013.

While TFP admissions peaked in May 2012 and 2013, the national admissions in 2014 fluctuated between April and August and peaked in September. Regionally, SAM admissions followed a normal admission trend in SNNPR where it reached its peak in June followed by a gradual decrease from July to November. The January to November 2014 caseload in SNNPR was 16 per cent lower compared to the SAM caseload managed during the same time in 2013. In Oromia, TFP admission

¹Due to late submission of monthly TFP reports, December reports are expected end of January 2015;

reached its peak in November accounting for over 53.5 per cent of the total admissions. Additionally, TFP admissions showed a gradual increase in East Hararge zone from July to October before decreasing by 10 percent in November. Despite the decrease, the caseload in the zone remained at elevated levels and were 15.7 percent higher compared to same month in 2013. Moreover the *meher* assessment team reported concerning nutrition situation in the zone that warrants close monitoring. Compared to 2013, the 2014 caseload in Oromia region is higher by about 9.7 per cent during the same reporting period.

In Somali region, the reporting rate was very low and fluctuated significantly between January and October confounding characterisation of TFP admission trends at the regional level. However, the *meher* assessment team reported concerning nutrition situations in Salahad and Lagahida *woredas* of Nogob zone in December 2014. ENCU/DRMFSS engaged partners (WFP and UNICEF) to strengthen emergency nutrition responses (TFP, TSF and relief) in these two *woredas*.

In Afar, the September to November TFP admission trend (with over 80 per cent reporting) showed a concerning nutrition situation in a number of *woredas* between July and October associated with food insecurity and flooding that affected the region in October 2014. Admissions decreased by about 8.1 per cent in November.

Similarly, admissions fluctuated considerably in Amhara between January and November with stable admissions between July and September. Despite the January to November caseload being lower by 10.3 per cent compared to the same period in 2013, a number of *woredas* in Wag Hemra and North Gondar zones reported concerning nutrition situations following the poor performance of *kiremt* rains. These zones are likely to be areas of concern in 2015.

As observed in the previous year, TFP performance at the national level continued to be above National² and Sphere cut off points with 89 per cent cure rate, 0.2 per cent death rate and 2.6 per cent defaulter rate.

During January to December 2014, a total of 2,440,657 children under-5 living in nutrition hotspot *woredas* received vitamin A supplements. In addition, about 582,744 pregnant and lactating women were screened for acute malnutrition in the hotspot *woredas* across the country.

With respect to ad hoc surveys, a total of 29 surveys were conducted and 25 reports were cleared by ENCU/DRMFSS as per existing quality assurance criteria and classified as per 2008 national guideline. The nutrition situation was classified as '*normal*' in seven surveyed *woredas*, '*poor*' in five *woredas*, '*serious*' in seven *woredas* and '*critical*' in six *woredas*. GAM³ prevalence ranged from 2.4 per cent in Limu Bilbilo (Arsi zone) in Oromia region to 33.4 per cent in Dassenech (South Omo zone) in SNNPR. On the other hand, SAM prevalence in 15 of the 25 surveys was low (below 1 per cent) while it ranged from 3 to 4.3 per cent in five of the surveyed *woredas*. Crude and under-five mortality rates were normal in all the 25 surveys, except in two *woredas* (Lare and Jikawo in Gambella) where under-five mortality rates were above the emergency threshold. Meanwhile, 21⁴ bi-annual surveys were conducted in Amhara, SNNPR, Oromia, Afar, Somali and Tigray regions between April and June. One was classified as *critical*, five as *serious*, seven as *poor*

²Cure rate >75%; death rate <5% (FMOH 2007) and Defaulter rate <15%

³ Was below 10 percent in 11 of the 25 surveys and the rest was above.

⁴Amhara 4, SNNPR 4, Oromia 4, Afar 3, Somali 3 and Tigray 3

and eight as *normal*. The second round of the 2014 bi-annual surveys was being conducted in the six regions.

The nutrition hotspot list was revised three times (February, April and August) during 2014. Compared to the April 2014 hotspot list the number of priority 1 *woredas* in August increased by 64.5 per cent from 76 to 125. Despite this increase, it was still 5.3 per cent lower than the same period in 2013. Meanwhile, the number of priority 2 *woredas* dropped from 181 to 162 (11.6 per cent) and the number of priority 3 *woredas* dropped from 77 to 63. Afar region accounted for 41, Oromia region for 22 and Somali region for 12 per cent of the August hotspot priority 1 *woredas* (over 75 per cent) reflecting the serious effect of the failure of the *belg/gu/sugum* rains in these regions. Overall, the number of hotspot *woredas* slightly increased by 4.2 per cent from 334 in April to 348 in August. The hotspot list was used to prioritize allocation of limited financial resources and to ensure that the nutrition responses were provided in the most vulnerable *woredas*.

Coverage of TSF and TFP services in hotspot *woredas* was tracked on a monthly basis in the six regions. Based on the August hotspot list, as of end of November 2014 out of 121 priority 1 *woredas* OTP coverage stood at 90.1 per cent and TFU coverage stood at 79.3 per cent; TSF coverage in these *woredas* increased from 64 per cent in October to 81 per cent in November. OTP coverage in priority 2 *woredas* also stood at 89.5 per cent while TFU coverage remained relatively stable at 73.2 per cent. Most SAM cases were treated in OTP sites managed through the Health Extension Programme (HEP) supported by 18 agencies⁵ mainly in priority 1 and 2 *woredas*.

In 2014, the FMoH, in collaboration with partners, continued the expansion of TFP services. Some 1,516⁶ new TFP sites (an 11.9 per cent increase from January 2014) were opened, bringing the number of TFP sites to 14,253 by the end of November. Hard to reach pastoralist areas continued to be covered through the mobile health and nutrition teams - 29 teams implemented by Somali and Afar regional health bureaus were funded by UNICEF. In addition, NGOs supported five mobile health and nutrition teams in Somali region bringing the total of mobile teams operational in the two regions to 34⁷.

Gaps and challenges experienced by the nutrition cluster partners during the first half of the year included resource shortfalls and engagement with partners. The delayed implementation of the TSF in priority 1 *woredas* was associated with the lack of TSF resources. Late engagement of partners, especially signing of MoUs in some of the regions also contributed to delays in strengthening the emergency nutrition response. Access and security concerns hindered implementation and monitoring of emergency nutrition responses in some priority 1 *woredas* in Somali region, despite partners being committed to support those *woredas*. Inadequate numbers of health extension workers (HEW) and staff turnover were among the challenges that faced partners working on SAM management in some of the hotspot *woredas* in 2014. In addition, weak logistics support and monitoring were also among the challenges reported by partners. Despite these challenges, nutrition cluster partners, in collaboration with the government played a key role in the provision of such important life-saving services to the targeted beneficiaries.

⁵ ACF, AMREF, CARE, CRS, CONCERN, GOAL, IMC, Merlin, MSF Holland, MSF Spain, Plan International, Save the Children International and World Vision, Child Fund, KHI, ZOA, WHO as well as UNICEF.

⁶ 77.5 per cent of the new TFP sites were opened in Oromia region alone.

⁷ 29 of the mobile health teams were operational in Somali region and 5 in Afar region.

In terms of emergency nutrition responses, nutrition cluster partners continued supporting the FMoH and DRMFS in strengthening emergency nutrition responses (CMAM) in hotspot *woredas*. More than 60 projects were implemented from January to December covering 118 *woredas* in six regions⁸. Of the 61 projects implemented by partners during the reporting period, 16 projects, covering 33 *woredas* most of which are priority 1 and 2, were funded by HRF. Twelve projects funded by ECHO⁹ covered 31 *woredas* and 24 projects, funded by OFDA/GOAL¹⁰ covered 42 *woredas*. Other nutrition donors¹¹ funded eight projects that covered 24 *woredas*. In addition, four projects funded by OFDA, DFID, ECHO and HRF-CERF that supported CMAM management, were implemented by UNICEF through the FMoH. Emergency nutrition responses (TFP, TSF/Blanket SFP) were strengthened in the *woredas* whose nutrition status was classified as critical, serious or poor.

UNICEF continued supporting the FMoH and NGOs by ensuring availability of adequate TFP supplies. Throughout the year 194,020 cartons of RUTF, 3,109 cartons of F-100, 2,795 cartons of F-75 and 225,791 bottles of amoxicillin were dispatched to all regional health bureaus for the management of severe acute malnutrition. In addition, a small amount of the above mentioned supplies were distributed by NGOs to fill gaps in TFP supplies. NGOs implementing CMAM in any of the *woreda* could access TFP supplies free of charge through the regional health bureaus. Updates on TFP supply status from partners' operational areas on a monthly basis was gathered by ENCU. Most partners reported to have received adequate TFP supplies (RUTF, F-100 and F-75) and only a few shortages, which were immediately addressed either by securing additional supplies from RHBs/UNICEF or NGOs distributed their own supplies to fill gaps, were reported.

With respect to moderately malnourished children, pregnant and lactating women, 830,420¹² beneficiaries (51.5 per cent of them under-five) were enrolled in TSF in 180¹³ hotspot priority 1 and priority 2 *woredas* during 2014. The above beneficiaries represent 69.4 per cent of the 2014 estimated MAM caseload of 1,196,213. Late and limited TSF resources during the first half of 2014 partly explain the low coverage of the MAM cases enrolled in TSF. Of the MAM caseload, 82.3 per cent were reached by WFP in collaboration with the regional early warning bureaus while the rest were enrolled by NGOs.

2.2 Health Update/Review:

A total of USD 12,494,153 was requested to undertake public health emergency interventions in 2014. Considering the carry over amounting to USD 500,000 and new contributions (USD 4,413,190), the requirement was covered by 39 per cent (see annex II a).

Measles: In 2014, close to 100 outbreaks and 4,519 confirmed cases were reported in 60 *woredas*, mainly in Amhara, Oromia and SNNP regions. Of the total caseload, 40 per cent are children between 5 and 15 years old. The majority of recorded outbreaks (90 per cent) were contained in a timely manner through joint efforts of EPHI/PHEM and partners. The interventions included

⁸Oromia, SNNPR, Somali, Afar, Tigray, Gambela and Amhara

⁹Implemented by five partners: CARE, Merlin/SCI, GOAL, IMC and ACF

¹⁰Implemented by 7 NGOs: GOAL, Concern, Merlin, KHI, Plan International, IMC and MCDO

¹¹French Embassy, IRC, Japanese Government, CARE, Irish AID Plan International,

¹²Beneficiaries update were still expected from WFP and some of the NGOs and therefore the beneficiaries will be higher than once all the reports are submitted possibly by end of January 2015.

¹³141 supported by WFP and 39 by NGOs. Note that some of the NGOs signs MOU with WFP and regional early warning bureaus to implement TSF in priority one *woredas*. The *woredas* are just counted once even if it was supported with TSF in all the three rounds of hotspot classifications.

enhanced disease surveillance, outbreak investigation, case management, health education and mass vaccination.

Meningococcal Meningitis: Suspected meningitis outbreaks were reported in Amhara, Benishagul Gumuz, Gambella, Oromia and SNNP regions during 2014. The outbreaks are seasonal due to the dry, hot and windy/dusty weather. In response, the Regional Health Bureaus conducted mass vaccination and reached 200,000 people between two and 30 years of age. Additionally, the Federal Ministry of Health and health partners enhanced meningitis disease surveillance and implemented prevention and control measures, including introduction of MenA vaccine, which was given to 27 million people between the ages of one and 29 in 39 zones of Oromia and SNNP regions and Addis Ababa in October 2014. The sector procured 200,000 doses of Meningitis tri-valent (ACW) vaccine, drugs and medical supplies, and laboratory supplies that enhanced the confirmation of the causative agent and guided the response strategy.

Wild Polio Virus: In response to the wild polio virus outbreak in January 2014, the FMOH, in collaboration with RHBs and partners, enhanced surveillance and vaccinated close to 12.5 million children under-15. As of December 2014, the country reported ten cases of WPV from two *woredas* in Doolo zone of Somali region.

Dengue Fever: In 2014, Dengue Fever outbreak occurred in Somali Region. The FMOH/EPHI in collaboration with the health bureau and partners responded to the outbreak through enhancing disease surveillance, case management, health education and environmental management as well as implementing vector control activities.

Malaria: During the second half of 2014, a surge in the number of malaria cases was recorded in Amhara (Awi, North Gondar, South Gondar, West Gojjam); Oromia (East Shewa, Jimma and West Wellega), SNNP (Gamo gofa, Gurage, Hadiya, Wolayita), and Tigray (North West, Central and Western zones). The RHBs, FMOH/EPHI, in collaboration with partners, initiated case management, environmental management, distributed insecticide treated nets (ITNs) and conducted indoor residual spraying in affected and high-risk areas.

Yellow Fever: Yellow fever cases continue to be reported in South Omo zone of SNNPR, where an outbreak occurred in May 2013. In response, the RHB, in collaboration with WHO and the financial support of ECHO, enhanced surveillance and case management, strengthened preventive and control measures, including vaccination of 110,000 high risk individuals, vector control and environmental management activities.

Mobile Health and Nutrition Team: Mobile health and nutrition teams (MHNT) were deployed to support areas with weak health systems in pastoralist and semi-pastoralist communities. During the year close to 257,400 consultations were provided by 29 teams in four *woredas* of Zone 1, 2 and 3 in Afar region and in 25 *woredas* in Afder, Degehabur/Jarar, Fik/Nogob, Gode/Shabelle, Jijiga/Fafan, Koraha, Liben, Shinile/Siti, and Warder/Doolo zones of Somali region. The interventions benefitted remote, displaced communities that would otherwise have had limited access to basic health and nutrition services.

2.3 Water, Sanitation and Hygiene (WaSH)

In 2014, the total requirement for the WaSH sector for 2014 was USD 26,200,000, of which 43 per cent (USD 11,166,601) was secured from donor contributions (see details on Annex III).

Water shortages remained to be critical concerns in 2014, particularly in the water insecure areas in the dry belts of Afar region, the lowlands of Oromia region (Bale, Borena, East Hararghe, West Hararge, and Guji zones) and pocket areas in the highlands of Oromia (Arsi zone), pocket areas in Amhara region, significant parts of Somali and southern zone of Tigray regions. The number of trucks requested during the peak dry period reached 78 out of which 37 trucks were deployed in Afar, Tigray, and Oromia regions.

Conversely, the extended 2014 normal to above normal *kiremt* rains in the highlands of Amhara, Oromia and SNNP regions, caused flash floods and river overflows in parts of Afar, Oromia, SNNP and Somali regions, damaging water schemes. Furthermore, the host communities in Gambella region continued to be priority for the sector given the pressure that the South Sudanese refugee influx in the region is putting pressure on the limited water supply schemes.

During the year, the integrated efforts of the Government and humanitarian partners addressed basic WaSH needs, through water trucking operations, distribution of water purification chemicals, rehabilitation/maintenance of non-functional water supply schemes and hygiene promotion. These interventions minimized the negative impacts of the hazards. Water trucking interventions in 2014 addressed the needs of some 322,112 people nationwide for an average of two months. In addition, close to 338,080 people were able to access safe water through the rehabilitation and maintenance of non-functional water schemes. Water treatment chemicals were provided to 491,965 people and some 25,650 students were supported through school WaSH interventions. Furthermore, nearly 830,655 people were reached with hygiene messaging on hand washing, latrine usage and safe water storage and management.

2.4 Agriculture

The 2014 revised net agriculture requirement was USD 16,408,283 to respond to significant reduction in crop production resulting from adverse weather conditions and to scale up livestock interventions in the drought-affected south eastern parts of the country and to control the Desert Locust infestation.

An estimated USD **11.3 million** (68.8 per cent) was secured from ACF Internal Funds, CERF, ECHO, EU, France, HRF, Irish Aid, SDC and USA. Out of the secured resources, **USD 9.8 million** was used to support pastoralists and agricultural livelihood interventions through a number of implementing agencies, including ACF, Concern, DCA, Desert Locust Control Organization for Eastern Africa, FAO, GOAL, Mercy Corps and Save the Children (see Annex IV for details). The remaining **USD 1.5 million** will be carried over to 2015.

2.5 Education

During the second half of 2014, the education sector secured USD 241,874 (see Annex V) on top of the 368,884 carry over fund (41 per cent of the sector's requirement) to provide education in emergency (EiE) support to students and schools affected by humanitarian emergencies. The resources were contributed by DFID, Global Thematic/UNICEF and Afar REB. The sector provided education supplies and school furniture, established learning spaces and trained teachers.

As part of the emergency response and preparedness activities implemented during the second half of 2014, the sector provided EiE supplies and school furniture for 3,600 children of the host community in Gambella. Additionally, an estimated 15,400 school children benefited from being

taught by 308 sector-trained teachers. In Shabelle zone of Somali region, 3,000 students affected by floods were supported through the provision of EiE kits and temporary learning spaces. In the flood-affected *woredas* of Afar region (Amibara, Bure Mudayitu and Gewane), 5,226 primary school children (2,344 girls and 2,673 boys) benefited from temporary learning spaces, EiE supplies and classroom furniture. Overall, 27,226 children received EiE support and were able to continue their education during the second half of 2014.

3. 2015 ANNUAL FOOD AND NON-FOOD HUMANITARIAN REQUIREMENTS

3.1 Relief Food Needs

3.1.1 Objective

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

Methodology

Review and analysis of sector and weather trends: A combination of analysis on various indicators including a five year multi-sector trend analysis reviewing various hazards, disaster impacts, admission to TFP sites, average food production data, LEAP crop yield reduction estimates, HEA and analogue year were utilized to derive the requirement projections.

HEA Framework Analysis (LIAS): Crop estimate data, herd size estimates and other data were entered into the LIAS database to project relief beneficiary numbers based on the historical figures and the current and projected food security situation.

Market price Analysis: the analysis was made considering annual price increase rates against the HEA reference year selecting the appropriate months of purchase.

3.1.2 Requirements

Based on the 2014 *meher/deyr/hagya/karma* assessment and historical trends analysis, an estimated **2.9** million people will require emergency food assistance during 2015 of which 38.79 per cent are from **Oromia** region, **31.42** per cent from **Somali** region, **12** per cent from **Tigray** region and **6.24** percent from **Amhara** region.

The total food requirement is estimated at **365,171.78 MT, including 295,685 MT** of cereals, **29,568.57 MT** of pulses **8,870.57 MT** of oil and **31,046.99 MT** of blended food (see table 3 below).

Table 4: Affected population and Relief Food Requirements by Region, 2015

Region	Beneficiaries	Food Requirement MT				
		Cereal	Supplementary Food	Oil	Pulses	Total
Tigray	356,687	32,101.83	3,370.69	963.05	3,210.18	39,645.76
Afar	169,815	47,385.18	4,975.44	1,421.56	4,738.52	58,520.70
Oromiya	1,141,339	102,671.13	10,780.47	3,080.13	10,267.11	126,798.85
Amhara	183,717	16,534.53	1,736.13	496.04	1,653.45	20,420.14
Benishnagul Gumuz	28,858	1,285.92	135.02	38.58	128.59	1,588.11
Gambela	38,700	3,483.00	365.72	104.49	348.30	4,301.51
Somali	924,453	83,200.77	8,736.08	2,496.02	8,320.08	102,752.95
SNNPR	65,061	5,980.49	627.95	179.41	598.05	7,385.90
Harari	5,309	477.81	50.17	14.33	47.78	590.10
Dire Dawa	28,500	2,565.00	269.33	76.95	256.50	3,167.78
Total	2,942,439	295,685.66	31,046.99	8,870.57	29,568.57	365,171.78

3.1.3 Relief food basket

Provided that adequate contributions are received in a timely manner, relief food beneficiaries in 2015 will receive a full food basket and ration. The food basket is comprised of 15 kg cereals, 0.45 kg vegetable oil and 1.5 kg pulses per person per month. The general ration supplies 2,050 kilocalories/ per person/per day.

3.1.4 Distributions

Regions will prepare their food distribution plans by distribution sites and will submit to the DRMFSS for final approval and allocation of resources. *Woreda* Committees, composed of community members and local officials, will manage the food distributions to beneficiaries.

3.1.5 Sector Coordination, Implementation and Monitoring

At the federal level, DRMFSS, in collaboration with partners, remains responsible for mobilizing food aid resources. The Prioritization Committee under the Food Management Taskforce (FMTF) will play an important role in facilitating the allocation process by reviewing the available food resource against the requirement. The allocation of relief food resource will be based on the regional food distribution plans. The distribution plans are reviewed by DRMFSS prior to the allocation of food, to ensure the plans are aligned with the approved beneficiary figure in the HRD. Once dispatched and delivered to distribution sites, *Woreda* Committees will manage the food distributions to beneficiaries.

3.2 Targeted Supplementary Feeding Programme:

In 2015, the programme aims to address the needs of approximately 1 million beneficiaries identified as malnourished during EOS/CHD and routine screening in the hotspot priority 1 *woredas* and some priority 2 *woredas* where the second generation TSF is implemented. The interventions

will require 19,348MT of CSB+, Vegetable Oil and CSB ++¹⁴ and USD 23,678,411 to undertake the planned targeted intervention activities. Considering carry over resources from 2014 amounting to **USD 11,129,850**, the net requirement stands at **USD 12,548,561**.

Beneficiary targeting of children 6-59 months and pregnant and lactating women will be based on screening for malnutrition conducted by health professionals.

3.3 Non-Food Needs

3.3.1 Health and Nutrition

3.3.1.1. Objectives

The Emergency Health and Nutrition requirements for 2015 focus on primary health care provision, Severe Acute Malnutrition (SAM) management, response to epidemics (including meningitis, yellow fever, dengue fever, measles, malaria), strengthening preparedness to EVD outbreak, and the Health Service Delivery system in hard to reach pastoralist *woredas* of Afar and Somali regions through Mobile Health and Nutrition Teams (MHNT). The planned interventions aim to minimize/control impact of on-going and impending health and nutrition emergencies.

3.3.1.2 Methodology

The methodology employed to identify the 2015 annual requirements included field assessments to identify hazards and risk analysis based on the findings of the multi-sector *meher* assessment. An analysis of five years of surveillance data, EPI coverage, water and sanitation coverage, and desk review of secondary data available at EPHI/PHEM centers (weekly disease surveillance data, various field and nutritional surveys, regional emergency reports, early warning information) from different sectors were used to triangulate the information.

3.3.1.3 Health and Nutrition Emergencies in 2015

The health and nutrition sector requires **USD 30,195,192** to control outbreaks of communicable diseases, management of SAM cases and provision of primary health care in hard to reach areas. The nutrition partners will focus on SAM management amongst the most vulnerable communities especially related to food insecurity; response to epidemics in prioritized food insecure, flood prone, and refugee hosting *woredas*. The planned health partners' interventions aim to address disease outbreaks including diarrheal disease, measles, meningitis, yellow fever, dengue fever, and malaria; strengthening preparedness to EVD outbreak; strengthening the health service delivery system in high risk *woredas* through the provision of drugs, medical supplies, covering operational cost of intervention, deployment of Mobile Health and Nutrition Teams, and building the capacity of health systems to enhance the surveillance and effectively respond to public health emergencies and related crisis.

Management of Severe Acute Malnutrition: The CMAM admission trend was primarily used to estimate the number of TFP beneficiaries for 2015¹⁵. The fact that the TFP reporting rate is

¹⁴ CSB++ is a product that is used for the management of moderate acute malnutrition. CSB++ is a product fortified with Oil and skimmed milk and effective in the recovery of children with moderate malnutrition. WFP from the second half of 2015 will start using this product for treating moderately malnourished children 6- 59 months.

maintained at above 80 per cent and the good coverage of CMAM services across the country, estimating TFP beneficiaries based on TFP admission trend is currently the best existing and most accurate method as seen in the 2011-2014 projections.

The TFP admission projections for the period January to December 2015 were made based on the below assumptions and analysis:

- a) The TFP reporting rate will continue to be above 80 per cent between July to December 2014;
- b) TFP admissions are projected to increase between March and June 2015 and stabilize at higher levels from July to September as observed in 2014;
- c) The TFP caseload is likely to increase in *woredas* supported by partners as these *woredas* are hotspot priority *woredas*, and the enhanced support for active case finding and community mobilization;
- d) The risk of malnutrition associated with prevalence of measles, AWD, malaria during the rainy season will contribute to a deterioration of the nutrition situation of moderately malnourished children;
- e) Continued expansion of the HEP services estimated to be at 1000 sites in 2015.

Considering the above assumptions and trend analysis, it is projected that a total of **264,515 SAM** cases at above 80 per cent reporting rate will be managed in TFP programs between January and December 2015. This projection is considered plausible in view of the on-going national TFP service expansion. This estimate is relatively similar to the 2014 TFP caseload. This figure will be revised in June/July 2015 depending on the evolving nutrition situation and the mid-year *bel/gu* verification assessment. Considering the unit cost for managing SAM case (USD 100), **USD 26,451,500** is required to manage the projected TFP caseload in 2015.

Additionally, 1,757,029 children under-5, and 446,812 pregnant and lactating women in an estimated 124 hotspot *woredas* will be screened for malnutrition and enrolled in on-going nutrition intervention programs, which include one dose of vitamin A supplementation and de-worming tablets. The 1,757,029 children between the ages 6 and 59 months in the relief *woredas* will receive one dose of vitamin A capsule(s), while children between the ages of 24 and 59 months will also be given one dose of de-worming tablets during the first six months of 2015. The cost of this intervention package is estimated to be **USD 2,498,024**.

UNICEF mobilized resources to ensure a smooth supply pipeline for life-saving therapeutic feeding in 2015. As of the end of December 2014, the equivalent of USD 10,189,620 of RUTF and essential nutritional supplies were available in warehouses and/or in the pipeline.

Measles: Due to the on-going measles outbreaks and the continued prevalence of risk factors for measles epidemics, the Government and humanitarian partners plan to vaccinate 6.8 million children under-15 in 123 *woredas* of Amhara, Oromia and SNNP regions. The sector also plans to reach an estimated 6,985 children aged 6 to 59 months during the year, in areas with low routine measles immunization coverage and high risk areas. Special emphasis will be given to communities at high risk of serious measles epidemics due to inadequate and low vaccination coverage, high

¹⁵ Given that the TFP reporting rate is maintained to above 80 percent and good coverage of TFP services in most of the emergency prone regions, estimating TFP beneficiaries based on TFP admission trend is currently the best and most relatively accurate method.

levels of malnutrition to contain the current outbreaks and reduce measles related mortality. The total financial requirement for the management of the measles outbreak amounts to USD 2,600,000.

Public health response in flood prone areas: Considering the likely heavy rainfall and flooding during the 2015 *kiremt* season in Afar, Amhara, Gambella and Oromia regions, preparations to respond to communicable disease outbreaks, including water borne diseases (AWD and diarrheal diseases) and vector borne diseases (malaria) will be conducted. Fifty five *woredas* were identified at high risk of water and vector borne diseases and an estimated 13,500 people will directly benefit from disease outbreak prevention and control measures. An estimated USD 996, 756 is required for the management of the above mentioned water and vector born disease outbreaks.

Meningococcal meningitis: The dry, hot and windy/dusty, weather conditions, compounded by malnutrition, food insecurity and various disease outbreaks that impair community immunity in the high risk *woredas* lying within the ‘meningitis belt’, a meningitis outbreak is likely between January and May 2015. Moreover, the presence of other strains like subtype C and W135, in *woredas* at high risk for the disease further increases the likelihood of outbreak. As an estimated 1,287,503 people live in these high risk *woredas*, 1.2 million doses of meningococcal meningitis vaccine (bivalent and or trivalent), drugs, and other medical supplies which cost **USD 1, 500,503**, are required.

Viral hemorrhagic disease/ yellow fever and dengue fever outbreak: Considering the on-going yellow fever and dengue fever outbreaks in SNNP and Dire Dawa administrative council, the FMOH anticipates a continuation of the outbreak in these areas, and a possible expansion of the outbreaks to other high risk areas of the country. To this effect, USD 1.3 million is required to enhance epidemiological and laboratory surveillance, provide case management, vaccinate high risk groups to yellow fever and conduct environmental management as well as intensive public awareness creation activities.

Preparedness to Ebola Virus Disease Outbreak: Given the risks posed by Ebola virus to Ethiopia, the EVD preparedness and response plan focuses on prevention of EVD case importation and preparedness for response in the event of EVD outbreak in the country. It defines the activities in the different phases of an outbreak and considers two scenarios for prioritization and costing including awareness creation, enhancing EVD surveillance, case management, infection prevention and control and capacity building.

The National Plan estimates the immediate preparedness activities to cost around USD 5.5 million. This document aims to mobilize **USD 1,239,651** to cover the cost of community sensitization, surveillance, communication and capacity building with an estimated 5.8 million high risk population.

Strengthening Surveillance Including Trainings and M&E: Ensuring provision of timely response to emergencies is among the key priorities for the sector from *woreda* to national level. To institute proper case detection and management, which significantly contributes to early outbreak detection and containment, emphasis will be given to the provision of on-the-job orientation to health personnel at all hot spot levels. The Ethiopian Public Health Institute (EPHI), through the Public Health Emergency Management Center, and in collaboration with Regional Health Bureaus, zonal health departments, *woreda* health offices and health institutions, will take the lead in the implementation of this activity. Implementation of training and M&E activities will be conducted in collaboration with health partners and will require **USD 1,298,378**.

Mobile health teams: Mobile health teams will support delivery of routine health services in parts of pastoralist regions that are inaccessible, have low health service coverage and inadequate human resources (Afar and Somali regions). The sector will require **USD 3 million** to cover the operational cost of 36 mobile health and nutrition teams and will equip the teams with the necessary drugs and medical supplies to support more than 1.8 million people in Afar and Somali regions.

Implementation approach and sector monitoring and evaluation: The monitoring and evaluation of response is expected to be implemented at all levels based on the key indicators.

Coordination and collaboration: The FMOH through the Emergency Health and Nutrition Taskforce will coordinate the implementation of the sector strategies, and will establish strong links with other existing taskforces to ensure a comprehensive response. Similar coordination mechanisms are expected to be functional at all administrative levels.

Strengthen response capacity: The health and nutrition sector has a limited number of trained health care professionals including the multi-sector emergency preparedness committees and the emergency rapid response teams, limited availability of drugs and appropriate health structures at national, regional and *woreda* levels. The sector will strengthen capacity by training, supporting the development of guidelines, providing technical and financial support, and communications materials.

Table 5: Summary of Requirements for Health and Nutrition Emergencies - 2015

Intervention Area	People Targeted	Requirements - USD	Carry Over	Gap
1. Nutrition				
1.1 Severe Acute Malnutrition (SAM) management	264,515	26,451,500	10,189,620	16,261,880
1.2 Vitamin A supplementation and Deworming and nutritional screening	2,203,841	2,498,024	-	2,498,024
Nutrition Sub total	2,468,356	28,949,524	10,189,620	18,759,904
2. Health				
2.2 Measles vaccination, surveillance, outbreak investigation and case management	6,800,000	2,600,000	0	2,600,000
2.2 Public health response to flood prone areas	996,756	996,756	0	996,756
2.3 Management of yellow fever and dengue Fever outbreak	3,200,000	800,000	0	800,000
2.4 Management of meningitis outbreak	1,287,000	1,500,503	0	1,500,503
2.3 Public health surveillance and response to emergencies; including trainings and M&E	5,800,000	1,298,378	0	1,298,378
2.4 Preparedness to Ebola Virus Disease Outbreak	5,800,000	1,239,651	0	1,239,651
2.5 Support health systems in most vulnerable communities through mobile health teams	1,814,400	3,000,000	0	3,000,000
Sub total	5,800,000	11,435,288	0	11,435,288
Total	5,800,000	40,384,812	10,189,620	30, 195,192

3.3.2 Water, Sanitation and Hygiene

3.3.2.1 Objectives

The main objective of the Emergency Water, Sanitation and Hygiene interventions is to reduce morbidity and mortality due to WaSH-related hazards by increasing access to safe drinking water.

3.3.2.2 Methodology

WaSH indicator guideline and checklist were developed as tools for data collection. Structured interviews, field observation, group discussions with key informants /community leaders and officials at all levels participated in the 2014 *meher* assessment to identify sector requirements. Furthermore, secondary data analysis was undertaken through review of reports, five year trend analysis and NMA 2015 weather forecast.

WaSH humanitarian needs depend on the seasonal variability of rainfall, availability of sustainable water supply systems, the rate of non-functional water supply schemes, the geological formation of the areas, flood situations, environmental sanitation, level of awareness of the communities on hygiene and localized conflicts.

The 2015 emergency WaSH requirements were projected based on the most likely scenario developed using assumptions on WaSH related hazards, including water shortages, flooding and WaSH-related disease outbreaks. The Humanitarian Needs Overview/HNO was used to identify the hotspot rankings of priority hotspot *woredas*.

The five year trend analysis of WaSH humanitarian requirements (see chart below) indicates that the peak period was in 2010/2011, attributed to the failure of seasonal rainfall, high non-functionality rate of the existing water supply schemes, dependence on the seasonal rainfalls and lack of alternative sustainable water systems.

Anticipated WaSH Emergencies

Water Shortage: Flooding during the 2014 *kiremt* season affected water schemes in Awash fantale, Aysaita, Amibara, Bure Mudayitu, Dulecha and Gewane *woredas* of Afar region. Conversely, critical water shortages continued in parts of Aba'ala, Berhale, Bidu, Elidar, Erepti and Kori *woredas*, where water trucking interventions has been underway for a prolonged period.

In Oromia, the performance of the 2014 rains was inadequate in most drought-prone *woredas* in East and West Hararge zone, which continue to be at high risk of water shortages. Similarly, lowland *woredas* in Arsi and Bale zones and pocket areas in West Arsi are at high risk of water shortages following the erratic performance of the seasonal rains and require close monitoring. In Borena zone and some lowland *woredas* of Guji zone, the 2014 *hagaya* rains performed poorly. Water availability did not improve and very little water was harvested. Subsequently, groundwater tables became lower, increasing the number of non-functional water schemes. As a result, most of the *woredas* of Borena zone face imminent water shortages.

In Amhara, there are no identified WaSH-related emergencies at present. However, some *kebeles* in North Shewa zone, particularly in the chronically water insecure Menjar Shenkora *woreda* should be closely monitored.

The overall normal 2014 *kiremt* rains improved water availability in SNNP region. Nonetheless, the non-functional water supply schemes that were damaged by flooding are likely to lead to acute water shortages in communities that they served.

In Tigray, the cumulative effect of consecutive droughts in the southern parts of the region resulted in chronic water shortages. Pocket areas in the southern parts are likely to be at risk of water scarcity in the coming months.

In Gambella region, despite adequate rainfall, the assessment confirmed that there is a shortage of potable water and damaged water supply schemes in 12 *woredas* due to flooding. The problem is most critical in Akobo, Gog, Jikawo, Jore, Lare, Makuey and Wanthowa *woredas*.

In Somali region, the 2014 *gu* rains improved water availability in most southern zones except in the pocket areas where water supply facilities were not fully replenished. Assessment findings showed that nine *woredas* will need external support in January 2015, 21 *woredas* will need water intervention in February 2015 and 28 *woredas* might need water intervention in March 2015.

Flooding: Seasonal trend analysis indicate that flooding is likely during the second half of 2015. Sector analysis, based on previous years' trends, indicates that most parts of the lowland valleys, levees and bottom lowlands of the country experienced floods of varying magnitude and extent during the *kiremt* seasons, as a result of heavy rainfall in the highlands. During the 2014 *kiremt* season, some zones of Afar, Somali, Oromia, SNNP, and pocket areas of Amhara and Tigray regions were affected by floods, which damaged water supply schemes. Flood prone areas in Afar, Amhara, Gambella, Oromia, and Somali regions are likely to be affected in 2015 and will require the sector's assistance, including water rationing, maintenance and rehabilitation of damaged schemes, provision of water treatment chemicals and hygiene promotion activities.

WaSH-related disease outbreaks: water-related disease outbreaks, including acute watery diarrhea (AWD) were not reported during the *meher* field assessment. However, interventions aim to maintain existing hygienic conditions, environmental sanitation and hygiene practices at community and household levels. To minimize the risk of outbreaks, enhanced prevention and preparedness efforts will be placed particularly during rainy and flood seasons with particular focus on commercial farms, and religious pilgrimage events.

Table 6: WaSH Requirements for 2015

Intervention	People Targeted	Total 2015 Requirement (USD)	Carry Over Resources	Net 2015 Requirement (USD)
Rehabilitation and maintenance of existing water schemes	443,300	10,090,500		
Construction of new water supply schemes	114,400	1,736,000		
Water trucking	271,700	4,123,000		
Water purification and water treatment chemicals	286,000	2,170,000		
School WASH	57,200	542,500		
Health WASH	71,500	678,125		
Sanitation and hygiene facilities and education	850,000	1,700,000		
Water storage and water treatment equipment	57,200	976,500		
Capacity building at federal and regional levels	0	10,000		
Total	1,430,000	22,026,625	1,649,673	20,376,952

NB: *The beneficiary figures in planned activities are often complementary and therefore overlap. Consequently, the number of people supported by the cluster is not a cumulative figure.

Based on the above assumptions, WaSH activities will benefit 1.4 million people in 2015. To rehabilitate/maintain/expand existing WaSH facilities, construct facilities, provide WaSH supplies (water purification materials, soap, HTH, water storage facilities), conduct hygiene promotion activities, capacity building, coordination, M&E and emergency water rationing (as a last resort) the sector will require a net **USD 20,376,952** (see Table 6 for details).

Capacity Building

Emphasis will be given to strengthening institutional capacity of the water and health sectors at the federal, regional and *woreda* levels. To this end, the sector plans to conduct training aimed at improving the early warning and information sharing system.

Coordination Arrangements

The Federal Emergency WaSH Task Force will continue to improve its coordination arrangements with operational partners and minimize challenges related to exchanges of information and experience sharing, particularly in the implementation of community-based interventions (mitigation, reporting and response). Similar coordination mechanisms will be initiated or revitalized at regional and zonal levels.

Implementation Modalities

The WaSH sector, in collaboration with the health sector and DRMFSS structures, will lead the coordination of emergency water and sanitation interventions implemented by partners, including the Government water and health bureaus, NGOs, and the private and public water works enterprises.

Donor support can be channelled through the Government, UNICEF, WHO or through NGOs. Government monitoring, reporting and accounting systems will continue to be applied to ensure proper implementation of planned/approved activities. Adherence to existing emergency response requirements and regular reporting by implementing partners at all levels will be encouraged. Allocation of resources will be prioritized based on the assessed needs.

3.3.3 Agriculture

3.3.3.1 Objectives

In 2015, the agriculture sector aims to provide coordinated, high quality livelihood-based support to smallholder farmers, agro-pastoralists, and pastoralists affected by shocks and hazards in order to increase affected communities' resilience to shocks.

3.3.3.2 Methodology

This document contains requirements for 2015 estimated based on information gained from the multi-agency *meher* needs assessment team, and projection made based on the NMA forecast for the 2015 *belg* season.

3.3.3.3 Requirements

The near normal performance of the 2014 *kiremt* rains, coupled with improved agriculture input provision, resulted in prospect of a favorable 2014 *meher* harvest. Nonetheless, erratic rains, floods, hailstorms and crop pests/diseases caused significant reduction in crop production in Amhara, Oromia, SNNP and Tigray regions. The poor performance of seasonal rains in parts of the pastoralist areas also impeded adequate replenishment of pasture and caused the deterioration of livestock body condition. Furthermore, NMA weather outlook for 2015 *belg* season foresees a likely below-normal rain in the north eastern *belg* producing areas, including eastern Amhara, Eastern Oromia and southern Tigray and most of Afar regions. The consecutive poor seasonal performances in these areas pose a serious concern for the smallholder farmers and pastoralists and agro-pastoralists.

Assuming that the agricultural situation will be similar to that of the 2014 *belg* season, an emergency seed gap is anticipated in *belg* growing eastern Amhara and southern Tigray regions and in the lowlands of Bale, East and West Hararge and Arsi zones of Oromia region. The likely inadequate rejuvenation of pasture and water availability and consequent livestock feed shortage is also expected to deteriorate livestock body condition, impacting livestock production and productivity and increasing livestock susceptibility to disease outbreaks.

To appropriately support these communities with targeted livelihood support, including provision of seed and planting materials and livestock-related interventions, a total of **USD 13,839,386** is required (see Table 7 below).

Table 7: Agriculture Requirements for 2015

Interventions	Total requirements (USD)	Carry over from 2014 (USD)	Net Requirements (USD)
Provision of crop seeds with required extension packages	7,304,012	1,215,520	6,088,492
Wheat rust survey and control	450,000		450,000
Desert Locust Survey and control	700,000	255,507	444,493
Plant pest and disease control(Maize lethal necrosis disease survey control	550,000		550,000
Animal health emergencies	2,955,904		2,955,904
Livestock feed emergencies	3,350,497		3,350,497
Total	15,310,413	1,471,027	13,839,386

Crop seed provision: An estimated 7,304,012 USD is required to provide 101,914 quintals of cereals through emergency seed intervention to address the needs of small holder farmers in the eastern parts of the country. The cereal types planned to be distributed are Barley, Chick pea, Faba bean, Field pea, Haricot bean, Maize, Potato, Sorghum, Teff, and Wheat in Afar, Amhara, Oromia, SNNP, and Somali regions. (See the details in table 8 below.)

Table 8: Crop Seed, Wheat Stem Rust, Desert Locust and Plant Pest and Disease Control Requirements

Season	Region	Total Target HH	Area to be planted	Seed Amount required (qt)	Grand Total cost (USD)
Jan- Jun, 2015	Afar	7,636	9,146	2,386	120,586
	Amhara	34,719	36,875	20,372	1,550,660
	Oromia	152,338	49,284	29,123	2,025,166
	SNNPR	12,959	2,472	1,447	93,107
	Somali	40,317	48,290	9,675	742,184
	Sub Total	247,969	146,067	63,003	4,531,703
	Wheat rust survey and control				450,000
	Desert Locust Survey and control				700,000
	Plant pest and disease control(Maize lethal necrosis disease survey control				550,000
	Sub Total				1,700,000
Jul-Dec, 2015	Afar	5,727	6,860	1,790	90,440
	Amhara	26,039	27,656	15,279	1,162,995
	Oromia	114,254	36,963	21,842	1,518,875
	Sub Total	146,020	71,479	38,911	2,772,309
Grand Total	393,989	217,546	101,914	9,004,012	

Desert locust control: The lowlands of northern, eastern, southern and southwestern Ethiopia have the ecological niche for the desert locust development, posing continued risk of a locust outbreak. Therefore, strengthening preventive and control capacity of partner institutions on desert locust is vital. Improving locust survey and surveillance, strengthening early warning, forecasting, early detection and control capacity of partner institutions will require **USD 700,000**.

Wheat rust control: Wheat is the third most important food crop in terms of production and area coverage in Ethiopia. However, the crop suffers from a severe **yellow rust** epidemic and **stem rust** infestation. Significant crop losses (up to 60 per cent) could occur on susceptible cultivars if the environment is favorable. Most of the popular wheat varieties currently cultivated have become susceptible to both rusts. The areas reported to be affected are Arsi, Bale, West and South West Shewa zones in Oromia region; and Kambata Tembaro, Hadiya and Wolaita zones in SNNPR. To improve wheat rust survey and surveillance, early warning and forecasting capacity of partner institutions, strengthen the early detection and control capacity, deploy recently released rust resistant varieties, and improve the availability of wheat rust disease tolerant varieties **USD 450,000** is required.

Maize lethal necrosis disease: Maize is the second largest crop next to Teff in terms of area coverage and it is the first in terms of grain production. However, maize production is susceptible to drought, plant pest diseases and flooding. Major pests of maize are gray leaf sport (GLS), maize dwarf mosaic virus (MDMV) Maize streak virus (MSV), and Turicum leaf blight (TLB). Among these diseases Maize Lethal Necrosis Disease (MLND) was reported during the 2014 cropping season in maize growing regions of Ethiopia. The Government established a national Maize Lethal Necrosis Disease (MLND) Steering Committee (SC) and Maize Lethal Necrosis Disease (MLND) Technical Committee (TC) to oversee and provide technical support to regional governments on MLND survey and control activities respectively. To contain the disease and reduce the impact on household and national food security **USD 550,000** is required. The planned response interventions include raising awareness and control measures, enhancing surveillance and providing laboratory equipment for field detection and laboratory level diagnoses.

Livestock health: An estimated 9.5 million livestock identified by the multi-agency *meher* assessment teams will require targeted animal health care, including voucher-based schemes with the aim to support **1,032,409** affected households. For this intervention, **USD 2.95** million is required to purchase the necessary veterinary drugs, vaccines, and equipment for animal health emergency interventions (see Table 9 below).

Table 9: Livestock Health Requirements

Region	Number of target HH	Number of livestock	Cost of vaccine USD	Cost of veterinary medicines USD	Cost of veterinary equipment USD	Total Cost USD
Amhara	42,863	342,912	23,869	500,234	3,700	527,803
Oromia	381,043	2,695,612	264,112	918,570	38,953	1,221,635
SNNP	214,680	1,673,432	196,646	8,809	15,503	220,958
Afar	16,278	616,902	0	87,280	3,970	91,250
Tigray	310,807	4,200,000	0	768,560	7,940	776,500
Somali	66,738	2,669,522	51,936	56,936	8,886	117,758
Grand Total	1,032,409	12,198,380	536,563	2,340,389	78,952	2,955,904

Livestock Feed: Floods in Aysaita, Amibara, Bure Mudayitu and Gewane *woredas* of Afar region, and long dry spells in Borena zone of Oromia region hampered the replenishment of pasture and browsing plants and resulted in livestock feed shortages. The feed intervention targets core breeding animals to maintain animal productivity and facilitate the recovery phase. An estimated **USD 3.35 million** is required to provide livestock feed to 2.3 million core breeding and productive stocks owned by 115,568 households (see Table 10 below).

Table 10: Livestock feed emergency requirements

	Number of target HH	Number of livestock	Concentrate (Quintal)	Hay/straw (Bale)	Total Cost (USD)
Afar	16,278	616,902	32,556	586,008	2,843,601
Oromia	99,290	1,691,025	20,428	165,000	506,896
Grand Total	115,568	2,307,927	52,984	751,008	3,350,497

Implementation Strategy

This sector emergency and recovery response plan will be implemented by the Ministry of Agriculture in collaboration with sector partners under the supervision of the Regional Agriculture and Pastoral Development Coordination Bureaus. The coordination responsibility rests with the DRMFS under the Ministry of Agriculture in collaboration with Agricultural Disaster Risk Management Task Force.

3.3.4 Education

3.3.4.1 Objective

The objective is to promote access to quality education in a safe and protective environment for all children affected by emergency.

3.3.4.2 Methodology

The 2015 requirements projection is based on the *meher* assessment data, collected from the emergency hotspot *woredas* using the data collection checklist, desk review that included the 2014

seasonal assessments, forecasts of the National Metrology Agency and ad hoc assessment results conducted by various actors. The year 2014 is taken as analogue year in projecting the requirements in 2015.

3.3.4.3 Emergency Requirements

The sector requires **USD 3,496,900** to support an estimated 292,118 school-aged children. Continued support will be provided to enable regional emergency rapid assessments, to pre-position educational materials, construct temporary learning spaces, rehabilitate schools, and train teachers and education personnel on disaster risk reduction and management.

A five-year historical trends analysis indicates that every year, an average of 250,000 school age children are affected or were vulnerable to events that disrupt their education. Children are unable to access education, regularly attend, and complete their education as a result of high drop-out rates caused by emergency situations. Extended school closures result in teachers leaving affected areas. Educational activities are further disrupted as school buildings are used as shelters, school materials are damaged or lost and children and their families are displaced from their village and live in temporary shelters for long periods. A key sector priority for 2015 is to build the disaster resilience of the education sector through the school Managed Disaster Risk Reduction, cascading of the Ethiopia Minimum Standards for Emergencies in Education (EiE) to the Regional Education Bureaus (REBs) and implementation of the Education strategy plan.

3.3.4.4 Sector coordination, implementation strategy and monitoring

The EiE activities are coordinated by the Education Cluster, led and managed by the Ministry of Education (MoE). The regional EiE taskforces and Education Bureaus are responsible for coordinating, implementing and monitoring EiE activities at the grassroots level. In addition, all partners working on EiE in the respective areas are consulted and involved in the implementation and monitoring of activities.

The Education Cluster led by the Federal Ministry of Education and Regional Education Bureaus coordinates the provision of EiE supplies and the establishment of temporary classrooms for emergency affected children and schools; coordinates regular partners post emergency response assessments; organizes trainings, risk assessments and vulnerability mapping. In a cascaded approach the education sector will rollout TOT for 200 REB and *Woreda* Education Office (WEO) personnel from Afar, Benishagul Gumuz, Gambella and Somali regional states on School Managed Disaster Risk Reduction and the Minimum Standards for EiE in Education to build community level resilience within the sector. This will enable the selected REBs and WEOs assesses risks and conduct vulnerability mapping in their respective emergency prone districts and localities.

Table 11: Education Requirement Summary by Region

Regions	Boys	Girls	Total
Gambella: children directly affected by the refugee influx, floods and inter-communal conflicts in the southeastern part of the region	55,000	45,000	100,000
Oromia: children affected by floods in Gelana <i>woreda</i> of Borena zone, conflict in East Haraghe zone, children affected by drought-like condition in West Arsi zone	30,740	27,260	58,000
SNNP : children affected by flood in South Omo zone	5,100	4,900	10,000
Afar: children affected by floods and drought- like conditions in north and north eastern part of the region	8,300	6,700	15,359
Benishangul Gumuz	3500	2500	6,000
Amhara	23,000	20,318	43,318
Somali: children affected by inter-communal conflict in Nogob and Fafan zones, by drought- like conditions and floods in Shabelle zone	29,000	26,000	55,000
Tigray: children affected by drought- like conditions in the eastern part of the region	2,700	2,100	5,000
Total	157,340	134,778	292,118

Table 12: Education Requirement Summary by Activity

Interventions/ Activities	Total USD requirement	Carry over	Net Requirement
Back to school campaigns in targeted <i>woredas</i>	250,000		250,000
Procurement of EiE supplies	1,093,900		1,093,900
Transportation costs of supplies	150,000		150,000
Rapid assessments, response monitoring and evaluation	35,000		35,000
Training, teachers and Parent Teacher Association on DRR and provision of psychosocial support to students	750,000		750,000
Temporary learning space establishment and school rehabilitation	1,200,000		1,200,000
Cluster coordination and capacity building of Education partners	18,000		18,000
Total	3,496,900	-	3,496,900

4 OVERALL STRATEGY

Coordination Mechanism

The National Disaster Prevention and Preparedness Committee (NDPPC) provides policy guidance on strategic DRM related issues. Government at all levels, including the federal, regional, zonal and *woreda* is responsible for the overall coordination of the humanitarian response, facilitating for the participation of partners, including donor governments, UN agencies, national and international NGOs, civil society organizations (CSOs) and affected communities.

The Disaster Risk Management and Food Security Sector (DRMFSS) under the Ministry of Agriculture (MoA) is responsible for overall coordination. The Early Warning and Response Directorate (EWRD) monitors disaster risks, to issue alerts about impending disasters and to strengthen the linkages between early warning and assessment results with appropriate and timely responses. Likewise, respective government structures at regional, zonal and *woreda* levels will play a similar coordination role.

The sector taskforces on Food Management, Agriculture, Health and Nutrition, WaSH, and Education, are led by DRMFSS (MoA), Ministry of Health (MoH), Ministry of Water and Energy (MoW&E) and Ministry of Education respectively. Taskforce leads are responsible for coordination, monitoring and reporting on emergency and recovery interventions in their respective sectors, in partnership with the relevant partners which include UN agencies, NGOs and donors.

The DRMTWG which brings together all actors of DRM has a significant role in coordinating inter-sector response and providing the early warning system with triangulated inputs, and linking the early warning and assessment outputs with timely and appropriate responses. The Ministries, through their respective Task Force chairpersons, will provide the DRMTWG progress reports and monitoring data by attending the monthly meetings or when required. The DRM Gender Working Group (DRM-GWG) under the DRMTWG works to mainstream gender in all sector DRM planning and response. In end-2013, the DRMTWG conducted an annual workshop that discussed the incorporation of resilience building activities into sector task forces. In October 2013, a national conference was held on the International Day for Disaster Reduction (IDDR) on the theme “Including Persons with Disabilities into Disaster Risk Reduction”.

The Multi-Agency Coordination (MAC) group led by DRMFSS comprising representatives from the respective Sector Task Force chairpersons and humanitarian partners coordinates and provides strategic guidance to facilitate effective response at all levels. Furthermore, the Incident Command System (ICS) is established with a view to facilitate information exchange with MAC regarding the status of response and developing situations on the ground. The Early Warning and Emergency Coordination Centre (EECC) established at DRMFSS to provide a central location for stakeholders to coordinate resource, implement MAC group decisions and to receive and process requests for resources from Incident Command Posts in the field. The centre also coordinates with on-scene disaster managers and MAC system entities to acquire allocate and track resources; manage and share information; establish response priorities among incidents; provide legal and financial support; and liaise with government at different levels.

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

The development of a legislation that provides the legal and institutional frameworks for implementing the DRM policy is underway. The DRM – Strategic Programme and Investment Framework (DRM-SPIF), a tool developed by DRMFSS to facilitate an effective implementation of the National DRM policy, was launched in December 2014 by the Government in the presence of donors, UN and NGO partners. A DRM-SPIF Steering Committee and Taskforces have been established to support the government in operationalizing the DRM policy and DRM-SPIF including development of guidelines and operational documents.

Annexes:

Annex I: Donor Contributions of Food Aid: January - December 2014

Donor	Appealing Agency	Description	Contribution in USD
DFID	WFP	Relief	26,850,746
USA	CRS	Relief	20,000,000
USA	WFP	Relief	11,116,420
RFM(World Bank)	DRMFSS	Relief	47,744,876
ECHO	WFP	Relief	6,224,066
USA	CRS	Relief	6,380,300
USA	WFP	Relief	16,207,248
Total -relief food			134,523,656

TSF Contributions in 2014

Donor	Contribution/USD
Carry over	4,500,506.00
DFID	3,144,069
Multilateral	7,814,252
France	407,056
Canada	2,692,998
CERF	1,000,021
HRF	1,858,792
ECHO	1,249,661
Re-programmed contribution	380,163
US in kind	2,528,050
Total	25,575,568

Annex II: a) Donor Contribution for Health Sector January-December 2014

Donor	Agency	Description	USD
Japan	UNICEF	Health	1,200,000
Japan	WHO	Health	650,000
OFDA	UNICEF		1,046,204
HRF	WHO	Gambella Region	436,123
CERF	UNICEF	Support to Emergency Health and Nutrition Response in Afar and Somali regions	299,983
CERF	WHO	Priority nutrition woredas in Oromia	650,000
Qatar Red Crescent Society	Qatar Red Crescent Society		9,644
HRF	AMREF	Afar region; Zone three (Amibara, Bure Mudaytu and Gewane Woredas)	8,897
UNICEF Private	UNICEF		112,339
Total			4,413,190

Annex II: b) Donor Contribution Nutrition Sector January-December 2014

Donor	Agency	USD
HRF	UNICEF	999,981
Irish Aid	Goal	74,264
OFDA	Goal	4,825,000
ECHO	Goal	28,943
OFDA	Merlin	1,053,041
HRF	Care	216,970
Thematic	UNICEF	148,000
HRF	AMREF	138,983
HRF	IMC	399,851
HRF	Child Fund	76,985
HRF	SCI	149,252
HRF	Concern	187,529
HRF	Concern	214,948
OFDA	UNICEF	1,659,283
Irish Aid	Concern	518,136
Japan	WHO	450,000
ECHO	ACF	3,033
ECHO	AMREF Health Africa	126,354
ECHO	SCI	88,014
ECHO	Merlin	6,782
ECHO	Merlin	3,980
ECHO	Merlin	19,460
Irish Aid	TROCAIRE	0
HRF	IMC	351,818
HRF	Plan International	168,476
HRF	CARE	417,045
CERF	UNICEF	1,500,049
HRF	AMREF	200,180
CARE International	CARE	25,182
ECHO	CARE	380,221
DFATD	WHO	55,040
Japanese Gov	WHO	30,084
IRC	goal	121,498
OFDA through IRC	ACF	64,237
ECHO	SCI	67666.5
ECHO	SCI	805.54
ECHO	SCI	14569.1332
USAID/ BPRM	UNICEF	145,813
DFID	UNICEF	1,285,098
ECHO	UNICEF	2,513,852
	Total	18,730,423

Annex III: WASH partner's contribution for 2014 HRD

Donor	Agency	Description	USD
Irish Aid	Goal		5,823
Czech	People in Need	WATER AND SANITATION -Drought Risk in Somali and Borena Regions (96546/2014-ORS)	100,050
ECHO	Catholic Organization for Relief and Development Aid	Supporting Resilience in Emergency-Prone Areas of Borena zone, Oromiya Region, Ethiopia (part of ECHO/-HF/BUD/2013/91027)	230,443
USA	UNICEF		876,870
Spanish	UNICEF		151,059
HRF	SCI	Afar region, Elidar,Erebt, Bidu, Afdera, Kori and Berahle woredas	539,595
USA	IRC		3,677,451
HRF	ADRA	Somali Region, Shebele zone, Bare woreda and Afder zone Adadle woreda	300,000
HRF	GOAL	Oromia Region, Borena zone (Miyo, Arero, Moyale, Dire, Abaya) and West Hararghe zone (Daro Lebu and Hawi Gudina)	424,204
HRF	VSF	Somali Region, Dollo zone (Danot, Bokh, Warder, Daratole and Geladi woredas) and Korahe zone Shilabo	375,000
HRF	Intermon Oxfam	Somali Region, Dolo Ado woreda, Liben zone	426,177
HRF	CRS	Oromiya Region, West Hararghe and East Hararghe zones, Burka Dimtu, Daro Lebu, Midiga Tola and Meiso woredas in West Hararghe and East Hararghe zones	482,293
HRF	SCI	Somali region, Shebelle zone, Danan, Adadele, Kelafo, Berano, and East Imey Woredas	425,000
HRF	DRC	Somali Region, Dollo Bay, Filtu and Dekasuftu woredas	397,833
CERF	UNICEF	Provision of Emergency WASH Services Afar, Oromia and Somali	1,649,673
United States of America	Innovative Humanitarian Solutions	WASH (STATE/PRM)	25,000
Ireland	Médecins sans Frontières	To save lives and alleviate suffering (MSF ERFs 2014)	171,939
Sweden	Swedish Mission Council	Drought intervention in Borena Zone	144,845
HRF	AMREF	Afar region; Zone three (Amibara, Bure Mudaytu and Gewane Woredas)	13,345
Oromia Regional water Bureau	Oromia RWB	Oromia	750,000
Total			11,166,601

Annex IV: Donor Contribution to Agriculture Sector January to December 2014

Donor	Implementing Agency	USD
ACF Internal Funds	ACF	375,567
CERF	FAO	1,200,000
ECHO	ACF, DCA and Save the Children	4,743,431
EU	ACF	787,132
France	ACF	410,390
HRF	Concern, FAO and GOAL	767,959
Irish Aid	Concern	130,564
SDC	ACF	296,803
USA	Desert Locust Control Organization for Eastern Africa, FAO, Mercy Corps and Save the Children	2,581,077
	Total	11,292,923

Annex V: Education partner's contribution for 2014 HRD

Donor	Implementing Agency	Donors contribution in 2014 (USD)
DFID	UNICEF through the Gambela REB	241,874.00
Total		241,874.00