

HUMANITARIAN REQUIREMENTS DOCUMENT

OCTOBER – DECEMBER 2009



A JOINT GOVERNMENT AND HUMANITARIAN PARTNERS' DOCUMENT

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ACRONYMS/GLOSSARY

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

EXECUTIVE SUMMARY

The overall poor performance of the 2009 *belg/gu/ganna/sugum* rains further deteriorated the food security situation during the first half of 2009. The number of beneficiaries increased from 4.9 million in January 2009 to 5.3 million in May due to prevailing food insecurity. Furthermore, the findings of the multi-agency livelihood security assessment conducted in June/July 2009 and subsequent monitoring results indicate an increase in the number of relief food beneficiaries to **6.2 million**.

The total net emergency requirement for food and non-food needs for October to December 2009 amounts to USD 175 million. The net food requirement stands at 159,410 MT, amounting to USD 121 million. An additional USD 8.9 million is required to address Targeted Supplementary Food requirements. A total of USD 45 million is also required to address non-food sectoral requirements in the health and nutrition, water and sanitation and agriculture and livestock sectors.

In view of the delay of *meher* rains and its likely impacts on food security prospects during the first half of 2010, a mid *meher* assessment has been conducted to ensure timely preparedness and response measures are undertaken.

Table 1: Summary of Humanitarian Requirements (in USD) – October to December 2009

Sector	Total Requirement	Available Resources	Net Requirement
General Ration: Gross: 346,915 MT (280,902 MT cereals; 8,427 MT oil; 28,090 MT pulse; 29,495 MT blended food) Net: 159,410 MT	264,002,315	142,691,305	121,311,010
Supplementary (EOS/TSF) Food: Gross: 29,397 MT Net; 11,000MT	23,784,819	14,884,829	8,899,990
Food sub-total	287,787,134	157,576,134	130,211,000
Health and Nutrition	30,077,481	1,500,000	28,577,481
Water and Sanitation	9,932,207	4,942,671	4,989,536
Agriculture and livestock	11,505,426		11,505,426
Non-food sub-total	51,515,114	6,442,671	45,072,443
GRAND TOTAL	339,302,248	164,018,805	175,283,443

1. INTRODUCTION AND BACKGROUND

The food security situation already weakened by the challenges faced in 2008 was exacerbated by the poor performance of the 2009 *belg/ganna/gu/sugum* rains and food prices that remained well above the long-term average despite having come down significantly since the previous year. In addition to the approximately 4.9 million people identified as requiring emergency food assistance in the January 2009 Humanitarian Requirements Document, 400,000 beneficiaries were added to the relief food aid programme on the basis of ad hoc assessments undertaken at regional levels. By May 2009, the total number of people receiving relief food aid had, therefore, risen to 5.3 million, in line with developments on the ground.

The 2008 nutrition emergency also spilled over into 2009 given the deteriorating food security situation, with increased rates in the admission of malnourished children to therapeutic feeding programmes (TFPs) reported in the first half of the year in parts of SNNPR (Kembato Tembaro, Sidama and Wolayita), Oromia (Guji, East and West Hararghe zones and Arsi and West Arsi), Somali Region (woredas across the region, and particularly in Gode zone) and some hotspot woredas of Amhara.

Additionally, Acute Watery Diarrhoea (AWD) continues to be a nationwide threat. Inadequate water, sanitation and hygiene facilities, and poor case management in some areas are contributing to its persistence in the affected regions.

The food security situation has been further impacted by the reduction in food aid distributions carried out, with only five of six planned rounds completed by the end of September 2009 with reduced ration size, due to shortage of resources. In addition to substantial funding shortfalls, the period under review was characterized by serious logistics-related challenges, especially delays in berthing and off-loading relief ships at Djibouti port and shortage of trucks for overland transportation of humanitarian food into and throughout the country.

To expedite emergency food aid distributions, the Government of Ethiopia managed to have dedicated an additional berth (two of the three available) at Djibouti port to ships carrying relief food and authorizing the use of alternate ports, including Port Sudan and Berbera (Somaliland). The Government has also facilitated the provision of trucking capacity for relief food and communicated all the regions to provide assistance to operating partners. Furthermore, in order to help meet the relief food gap, the Government of Ethiopia purchased 20,000 MT of cereals.

On the nutritional front, the Government has focused on the implementation of OTP roll out under the National Nutrition Strategy, which aims to achieve full coverage of woredas with Out-patient Therapeutic Programmes (OTPs).

The findings of the multi-agency livelihood security assessment conducted in June/July 2009 and subsequent monitoring results indicate an increase in the number of relief food beneficiaries to 6.2 million, due to poor *belg* harvests in many *belg* crop-producing areas caused by the poor performance of the *belg* (February to May) rains. In Oromia, the overall food security situation in East Hararghe, West Hararghe, East Shewa, Bale, Arsi, West Arsi, North Shewa and lowland areas of Guji and Borena zones is rated poor. In SNNPR, poor performance of root crops has contributed to the worsening of food and nutritional security situation, particularly in Kembata Tembaro (KT), Sidama and Wolayita zones. In the six *belg*-dependent woredas of Southern Zone in Tigray Region, poorly performing rains have significantly impacted the *belg* harvest. In Somali region, the 2009 *gu* season rainfall had poor coverage and less intensity in many parts of the seven *dyer* receiving zones. Finally, in Afar, the 2009 *sugum* rainfall was below normal and erratic in distribution, except in Zone 3.

2. REVIEW OF HUMANITARIAN RESPONSE

2.1. Relief Food Response from January to September 2009

At the beginning of 2009, the Government and its partners released a joint Humanitarian Requirements' Document (HRD) requesting for emergency food assistance for 4.9 million beneficiaries whose lives and livelihoods were affected by extended, severe drought conditions in 2008, the rising rate of inflation and significant increases in the price of basic food commodities (tied to the global food crisis) and subsequent poor performance of the 2009 *belg* rains. The total amount of relief food required to address the needs of the identified beneficiaries was estimated to be 591,503 MT, with a net requirement of some 450,000 MT of food (USD389 million), considering carry over stocks and contributions.

By May 2009, the emergency beneficiary number had increased to 5.3 million based on rapid assessments conducted. The situation was further compounded by shortage of emergency resources, forcing the Government and humanitarian partners to reduce ration sizes of cereals from the standard 15 kg/person/month to 10 kg/person/month. Similarly, non-cereal relief food items also had to be distributed in a two-third ration rate. In addition, port congestion in Djibouti and limited trucking capacity resulted in delays both in in-country arrival of food as well as dispatches to food distribution points.

Until September 2009, fifth round of food allocations have been made in all non-Somali Regions and sixth round of food was distributed in Somali Region within the hubs-and-spokes systems.

A prioritization committee, under the Food Management Taskforce (FMTF) has been actively engaged in advising food allocations and planning distributions. Food has been prepositioned in inaccessible areas including Gambella, Amhara and Tigray.

As of September 2009, nearly 422,022 MT of food has been contributed to the 2009 national relief programme. During the period January to September 2009, a total of 453,113 MT of relief food was dispatched to intended beneficiaries, including 50,734 MT (38,159 MT by DRMFS and 12,575 MT by Joint Emergency Operation Programme (JEOP)) of food allocated in December 2008, but dispatched in 2009. The amount of food dispatched amounts to 57 per cent of overall food requirements between January and September 2009. Of the total 453,113 MT of food dispatched, 98,450MT was made available by NGOs, which thereby met 22 per cent of the needs for this period. (See the table below for details and Annex I on donor contribution.)

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

Month	Benef - figure (mln)	Allocation				Dispatch			
		DRMFS S/WFP	H&Spokes	NGOs	Total	DRMFS S/WFP	H&Spokes	NGOs	Total
Jan	1.5	0	18,440	0	18,440	*38,159	20,680	0	58,839
Feb	4.7	34,048	21,052	12,575	67,675	34,044	12,407	12,575	59,026
Mar	4.8	52,748	21,052	0	73,800	52,748	8,663	0	61,411
Apr**	4.9	61,364	21,052	2,725	85,141	60,467	15,237	2,725	78,429
May	5.3	0	0	3,002	3,002	0	14,339	3,002	17,341
Jun	5.3	0	0	0	0	0	20,415	3,338	23,753
July	6.2	24,051	15,496	38,260	77,807	23,553	5,146	38,260	66,959
Aug	6.2	0	0	0	0	0	15,872	0	15,872
Sep	6.2	31,258	24,413	41,417	97,088	25,173	7,761	38,550	71,484
Total	6.2	203,469	121,505	97,979	422,953	234,144	120,519	98,450	453,113

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

**April to September allocation and distribution was in rounds, except for Hubs and Spokes.

Due to lack of utilization reports on the food dispatched to various Food Delivery Points (FDPs), a joint DRMFS-Donors-WFP mission was deployed to various regions to discuss with the concerned authorities. As per the recommendations of the joint missions, DRMFS and WFP have set a Taskforce which works on Food Management Improvement Project (FMIP), focusing on reconciling the allocation, dispatch and distribution data since 2007. The project aims to establish a food monitoring system, and plans to design a capacity building programme aiming at supporting the system. The design of the Capacity Building Programme will be presented to donors and NGOs for their intervention/support.

Following the joint mission, efforts are being exerted by the beneficiary regions to provide a comprehensive picture. So far reports on 108,252 MT of relief food distribution (62,812MT from Amhara, 35,316 MT from Tigray has and 10,124 MT from Gambella regions) have been received. This is an encouraging trend and it is believed that detailed information will be prepared through the course of the year.

Given the significant challenges to the food delivery system in Somali Region, including security problems and poor transport capacity, WFP, in collaboration with DRMFS and the Somali Regional Government, developed a new logistic set-up in the second half of 2008. Since October 2008, two logistics hubs were established in Gode and Degehabour, with responsibility for primary (to the hubs) and secondary transport (to the distribution points) transferred from DRMFS to WFP for all zones in the region, except Afder and Liben. In January 2009, an additional logistics hub was established in Kebridehar. Moreover, the opening of a new transport corridor into Ethiopia through Berbera port has transformed Jijiga into a major hub in Somali Region. The new logistics arrangement has significantly improved the status of food delivery.

Update on the Targeted Supplementary Feeding (TSF) Programme: In the period January to September 2009, the Enhanced Outreach Strategy (EOS) and Targeted Supplementary Feeding (TSF) programme, jointly supported by the United Nations Children's Fund (UNICEF), Federal Ministry of Health (FMoH), World Food Programme (WFP) and Disaster Risk Management and Food Security Sector (DRMFS) through the Disaster Prevention and Preparedness Bureaus (DPPBs), distributed nearly 29,730 MT of food (blended food and vegetable oil) to nearly 825,067 beneficiaries, performing 50 per cent of the planned distributions. Due to resource shortages, four out of the seven regions received only one round of three-month food rations. Security problems in Somali Region, delayed in transport and dispatches of food as well as in EOS screening have hindered timely TSF distributions.

Ad-hoc TSF responses were also undertaken due to worsening nutrition situations in parts of the country. In Oromia Region, a total of 10 woredas for which TSF intervention has been requested were addressed, while 22 woredas in SNNPR and 6 in Amhara also received TSF support.

In Somali Region, consultations with the logistics unit and the Regional DPPB resulted in the pre-positioning of TSF food in all WFP warehouses to avoid delays in food delivery for the TSF programme. This major achievement is anticipated to shorten the time taken to deliver food to TSF beneficiaries. The programme has also managed to implement the Knowledge, Attitudes and Practice survey, and quantitative data collection has been conducted in five regions. The findings will be used to improve delivery and effectiveness of nutrition education within the TSF programme, as well as to identify reasons for TSF ration-sharing and propose solutions. Meanwhile, results from the WFP Action-Based Monitoring showed that 72 per cent of beneficiaries interviewed are knowledgeable about all four TSF messages and that 92 per cent of Food Distribution Agents (FDAs) are adequately promoting nutrition messages.

2.2. Health and Nutrition

In the first half of the year, the Emergency Health and Nutrition Sector response mainly focused on the management of Severe Acute Malnutrition (SAM) in drought-affected areas and disease outbreaks, primarily AWD, malaria and measles. Cases of meningitis and the new Influenza A/H1N1 were also reported. To address and mitigate the impacts of SAM and the disease outbreaks, a total of USD 11,412,990 (49 per cent) has been mobilized in response to the USD 23,164,389 requested in the joint document. (See Annex II for details.)

Regarding nutrition emergency, which had spilled over from 2008, SNNP, Oromia, Amhara, Tigray, Afar and Somali regions have experienced increased rates of malnutrition in the first half of the year. Admissions to TFPs from January to June demonstrated an increasing trend on monthly basis, rising from 7,563 admissions in January 2009 to 14,489 in May. A total of 62,022 children, at a reporting rate of 35.9 per cent, were admitted to TFPs between January and June 2009. (*Data source: ENCU/DRMFSS*)

Reports from standard nutrition surveys in crop growing regions indicate that Global Acute Malnutrition (GAM) ranged from 2.7 percent to 16.4 percent and SAM from 0.1 to 2.1 percent, while in the predominantly pastoralist, including Somali Region, GAM ranged from 14.5 percent to 21.9 percent and SAM from 0.8 to 3.3 percent. Most of the surveys, conducted towards the end of March and April, indicated a serious nutritional situation.

A total of 45 standard nutrition surveys, rapid assessment and/or mass screenings were undertaken, with responses implemented accordingly. A total of 307 hotspot woredas have been identified for response and about 73 per cent of the woredas have either a TFP or both TSF and TFP in place. Close to 41 per cent of the woredas had both TFP and TSF/blanket supplementary feeding programme interventions, while about 27 per cent of the woredas had neither TFP nor TSF (see Annex III for detail). Over 1,130 MT of ready-to-use therapeutic food (RUTF) was dispatched to the regions and used to treat severely malnourished children in hotspot woredas. Health extension workers have played a major role in increasing coverage of treatment for SAM down to the kebele level.

Vitamin A supplementation, together with malnutrition screening for referral of malnourished children to TSF, was undertaken from April to June in most regions. During this period, 10.3 million children aged 6 to 59 months received vitamin A supplements and 7.28 million children aged 2 to 5 years were de-wormed. (These figures do not include the data from Somali, Afar and Gambella as EOS has not been completed during the period.)

The emergency interventions were successful as per national and SPHERE standards, indicating a 0.7 per cent mortality rate, 82.9 per cent cure rate and 3 per cent defaulter rate (Source: ENCU/DRMFSS).

Acute Watery Diarrhoea (AWD) continues to pose a nationwide threat. Between January and September 2009, AWD outbreak was reported in all regions apart for Gambella, Benishangul Gumuz and Tigray. Low latrine coverage, poor personal hygiene and sanitation, inadequate safe water supplies, and high population movement, as well as lack of community awareness, are among the risk factors that are contributing to the continued spread of the epidemic. In response to the outbreak, the FMOH, in collaboration with humanitarian partners, has provided technical support, drugs and medical supplies.

Outbreak of malaria has been reported in Tigray, Oromia and SNNP Regions, with a total of 19,736 cases and three deaths, which has been aggravated by the *belg* rains. The Regional Health Bureaus (RHBs) sprayed DDT in affected and high risk areas and provided fever treatments.

Drought and acute malnutrition situation, compounded with poor coverage of the routine Expanded Programme on Immunization, were significant contributors to measles outbreak that was reported during January to June in Addis Ababa, Afar, Dire Dawa, Oromia, SNNP and Somali regions, with a total of 2,742 cases and two reported deaths.

Moreover, a total of 60 cases of meningitis, with seven deaths were reported from Addis Ababa, Amhara, Oromia, Tigray and SNNPR. Ethiopia is one of the countries included in the African “Meningitis Belt”. As part of preparedness and prevention efforts, the Government, in collaboration with WHO procured 2 million doses of meningitis vaccine and distributed 1.6 million doses to high risk areas.

The country was also affected by the new Influenza A/H1N1 pandemic; the FMOH has confirmed few cases in Ethiopia with no occurrences of fatalities. The national reference laboratory has been strengthened to be able to detect the circulating virus and surveillance activities have been enhanced nationwide, with a focus at Ports of Entry (PoE).

UNICEF and NGOs continued to support the activities undertaken by Emergency Mobile Health Teams. Thirty Teams were mobilized in Somali (28) and Afar (2) Regions. They have been actively engaged, and still functioning, in emergency health service delivery under the Regional Health Bureaux guidance and partners support.

2.3. Water, Sanitation and Hygiene (WASH)

Drought, following the poor performance of the *belg/gu/hageya* rains across most parts of Afar, Somali and lowland areas of Oromia, Amhara and Tigray regions, was the major hazard during the first six months of 2009. The rainfall situation was relatively better in some parts of the affected areas, which contributed to the replenishment of water sources for human and livestock consumption. The rains, however, exacerbated the spread of AWD in Afar, Harari, Oromia, Somali and SNNPR

The humanitarian requirement for the WASH sector for the period January to June 2009 was intended to address the needs of approximately 1.8 million people with a total of USD 6,169,213 requested. In response to the identified requirements, a total of USD 8,990,274 was obtained. (See Annex IV for a detailed breakdown of donor contributions).

The emergency responses mainly focused on water trucking, rehabilitation and maintenance of non-functional water schemes in drought-affected villages. Additionally, life-saving emergency WASH interventions were undertaken, including the provision of water purification chemicals, provision of AWD Case Treatment Centre (CTC) kits, on-site water treatment, and sanitation and hygiene promotional interventions, including training, in areas affected by AWD.

In total, the Government and its humanitarian partners (UNICEF, ACF, IRC, Oxfam-GB, Help-age, CARE, Islamic Relief, IRC, COOPI, Merlin, Samaritan’s Purse and GOAL) addressed the needs of more than 1.8 million people through various water supply interventions, while more than two million people received sanitation and hygiene education messages mainly in Oromia, Afar, Somali and SNNPR.

2.4. Agriculture and Livestock

The Government in collaboration with its humanitarian partners undertook Agriculture and Livestock intervention to minimize adverse impacts of poor performance of the 2009 *belg/hagaya/gu* rains, which were preceded by poor seasonal performances in 2008, and to ensure the recovery of livelihoods.

The net requirement for the Agriculture and Livestock sector (January to June 2009) amounted to USD 9,532,735, out of which USD 6,244,652 was resourced and channelled through the UN Food and Agriculture Organization (FAO), CARE, World Vision Ethiopia, CRS, Save the Children US and Mercy Corps for the various Agriculture and Livestock sector interventions. (See Annex V for details interventions.)

Livestock vaccination and treatment, provision of livestock drugs and equipment, locust control activities, distribution of green fodder and livestock survival feed, provision of crop and vegetable seeds, and sweet potato cuttings, as well as distribution of farm tools were among the major interventions undertaken in the sector during January to June 2009. In addition to Government interventions, humanitarian partners, including FAO, CARE, World Vision, Catholic Relief Services (CRS), Mercy Corps and Save the Children-US, implemented prioritized interventions, particularly in the provision of seeds, animal health interventions and animal feed supply.

The Government and partners also worked to control the infestation of desert locust, first reported in April 2009, which later spread to various parts of Amhara, Afar, Somali, Harari and Dire Dawa regions. Among the control operations undertaken were both aerial and ground chemical spraying (the latter by mobilizing communities in the affected areas). Approximately 5,600 litres of chemicals were utilized in the control operation. An estimated 3,262,500 hectares (ha) of land has been affected in Amhara, Tigray, Somali, Oromia, Afar, Dire Dawa and Harari regions.

3. REVISED HUMANITARIAN REQUIREMENTS - OCTOBER TO DECEMBER 2009

3.1 FOOD AID

3.1.1 Objectives

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

3.1.2 Requirements

As per the 2009 *belg/gu* needs assessment findings and subsequent monitoring results, 6,242,268 million people will need emergency food assistance from October to December 2009, out of which, around 29% are from Somali Region; 22% from Oromia; 17% from SNNP; 16% from Amhara; and 12% from Tigray. The total food requirement is estimated at 346,915 MT, including 280,903 MT of cereals, 29,495 MT of blended food, 28,090 MT of pulses and 8,427 MT of oil (see Table 3 below). At present, the resources available to meet these requirements, including confirmed pledges, totals to 187,505 MT, leaving a net requirement of **159,410 MT, worth approximately USD 121,311,010.**

Table 3: Affected population and relief food requirements by region from October to December 2009

Region	Targeted Beneficiaries	Relief Food Requirement (MT)				
		Cereals	B. Food	Pulses	Oil	Total
Tigray	747,461	33,636	3,532	3,364	1,009	41,541
Afar	75,412	3,394	356	339	102	4,191
Amhara	1,015,310	45,689	4,797	4,569	1,371	56,426
Oromia	1,370,222	61,660	6,474	6,166	1,850	76,150
Somali	1,849,473	83,226	8,739	8,323	2,497	102,785
SNNP	1,061,179	47,753	5,014	4,775	1,432	58,975
Gambella	80,352	3,616	380	362	108	4,466
B. Gumuz	35,233	1,585	166	159	48	1,958
Dire Dawa	7,644	344	36	34	10	424
Total	6,242,286	280,902	29,494	28,090	8,427	346,915

3.1.3 Food Basket Contents

Since it is expected that the population in need of assistance will be dependent on relief assistance, distribution of a full food basket ration will be resumed, provided adequate and timely contributions are received. The food basket will also contribute to stabilize the nutrition situation.

The food basket is comprised of 15 kg cereals, 0.45 kg vegetable oil and 1.5 kg pulses per person per month. The planned supplementary ration for “blanket” distributions to particularly vulnerable groups, assumed to be 35 per cent of the total population in need, consists of 4.5 kg of blended food. The general ration supplies 2,050 kilocalories/person/day, while the supplementary ration supplies an additional 570 kcal.

3.1.4 Distributions

Regions will prepare their food distribution plans by distribution sites based on the assessment results and submit to DRMFSS for final approval and allocation of resources. Woreda committees, composed of community members and local officials, will manage food distributions to beneficiaries. In view of the generally serious nutritional situation in Ethiopia, it is crucial that an adequate ration of the full food basket is distributed to beneficiaries as indicated above.

3.1.5 Sector Coordination, implementation and monitoring

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

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

3.1.6 Targeted Supplementary Feeding Programme

The Targeted Supplementary Feeding (TSF) Programme provides fortified blended food and fortified vegetable oil to children under five years of age, pregnant and lactating women

suffering from moderate acute malnutrition (MAM) identified through the EOS screening. In the remaining period of 2009, the TSF Programme is expected to require 29,397 MT of blended food and oil. The net shortfall of the year stands at 11,000 MT, equivalent to USD 8.9 million.

3.2 Non-Food Needs

3.2.1 Health and Nutrition

3.2.1.1 Objectives

The main objective in the sector is to minimize the impact of ongoing and impending health and nutrition emergencies for the remainder of the year. The sectoral response plan envisages an increased level of preparedness corresponding to impending threats; timely response to contain public health emergencies at local levels, with minimum morbidity, mortality and disruption to health service delivery; building the capacity of health personnel to effectively respond to the health needs of affected population; and strengthening the coordination of response efforts by both governments and partners.

3.2.1.2 Requirements

The Government and its humanitarian partners require USD **30,077,481** to address the health and nutritional needs of an estimated 10.6 million beneficiaries. Of the total requirement, USD **1,500,000** has already been secured by UNICEF and WHO, reducing the actual requirement for the remaining period of 2009 to **USD 28,577,481** as indicated in Table 4 below. The required resources have been identified based on the emergency needs assessment conducted in June 2009, rapid assessments and secondary data collected from existing/regular programmes.

The anticipated response focuses on management of SAM and epidemic response, including AWD, measles, malaria, meningitis and pandemic influenza; and strengthening of the health service delivery system in high-risk woredas, through the Mobile Health and Nutrition Teams, as well as by further building the capacity of health personnel.

Table 4: Summary of Health and Nutrition Requirements - October to December 2009

Area of Intervention	Estimated Beneficiaries	Requirement in USD	Resources Available (USD)	Net Requirements (USD)
1. Nutrition				
1.1 Management of Severe Acute Malnutrition (SAM)	78,058	15,000,071	1,000,000*	14,000,071
1.2 Vitamin A supplementation & screening of malnutrition cases for referral to TFU and SFCs		2,208,529	0	2,208,529
2. Health				
2.1 Management of Acute Watery Diarrhoea (AWD)	132,149	1,526,463	500,000**	1,026,463
2.2 Malaria outbreak in flood-prone areas and malaria hot spots	2,595,012	5,186,279	0	5,186,279
2.3 Measles outbreaks	94,000	200,000	0	200,000
2.4 Meningitis outbreaks	3,000,000	1, 619,428	0	1, 619,428
2.5 Prevention and management of Pandemic Influenza	1,600,000	2,470,000	0	2,470,000

2.6 Response in flood-affected areas	621,305	1,370, 697	0	1,370, 697
2.7 Support disease surveillance/early warning	N.A.	500,000	0	500,000
2.8 Support health systems in other risk- prone areas (<i>indirect beneficiaries</i>)	3,000,000	2,066,139		2,066,139
2.9 Capacity building for health staff (training/supportive supervision/ monitoring/technical support)	N.A.	920,000	0	920,000
Total	11,120,524	30,077,481	1,500,000	28,577,481

*Secured from CERF between WHO and UNICEF.

** Secured from FMoH and CERF.

Management of Severe Acute Malnutrition (SAM): Out of the 6.2 million people requiring emergency food assistance, an estimated 78,058 children under five are expected to require treatment for Severe Acute Malnutrition (SAM), estimated at 1.5 per cent of the population on the basis of the analogue year 2006. The beneficiary woredas' average population is taken as denominator of 14.5 per cent being children under five in the drought-prone woredas. Issues observed during the Somali Region nutritional survey have been considered in calculating this requirement.

Children under five in the relief recipient woredas will also be given one dose of vitamin A supplementation and de-worming tablets in the remaining period of the year. Out of the 384 woredas targeted for emergency relief activities, 167 woredas are targeted for TSF Programmes in which children and pregnant and lactating women will be screened and referred for supplementary feeding.

The gross projected requirement for treatment of SAM cases is USD 15,000,071, of which USD 1,000,000 has been secured by the United Nations from the Central Emergency Response Fund (CERF), bringing the net requirement to USD 14,000,071. In addition, USD 2,208,579 is required for vitamin A supplementation and screening of malnutrition cases for referral to TFU and SFCs.

Acute Watery Diarrhoea (AWD): AWD continues to be a nationwide threat in the remainder of the year due to the existence of risk factors, including the ongoing localized AWD outbreak, low coverage of safe drinking water supply, poor hygienic and sanitary practices and potential flood emergencies. The situation will be further aggravated by the movement of seasonal labour and current rains. Preparedness in terms of early detection and control, as well as prevention of the spread of the disease, such as availing drugs and supplies, provision of CTC materials and strengthening case management, are needed to address the AWD outbreak in the areas most at risk are key activities that are to be undertaken. An estimated USD 1,526,463 is required to respond effectively to the outbreak in 92 high-risk woredas in eight regions, potentially affecting up to 132,149 people, taking into account an attack rate of 1.0 per cent.

Malaria: Despite the FMoH's roll-out of an unprecedented malaria reduction programme, which has contributed to reduced mortality and morbidity, factors that favour enhanced transmission remain, including anticipated flooding in a probably El Niño year, which are likely to further increase the risk of large outbreaks. A total of 2,595,012 beneficiaries in 122 woredas in eight regions have been identified for prioritized response, with USD 5,186,279 required to undertake emergency interventions, including indoor residual spraying (IRS),

provision of long lasting insect-side treated nets (LLINs), and implementation of effective case management.

Measles: Considering the likely presence of hazards that increase the risk of a measles epidemic, including floods, malnutrition and population displacement, there is a need to conduct a mass vaccination campaign in drought-affected areas and for populations susceptible to the above emergencies. Until the end of the year, the Government and humanitarian partners, therefore, plan to vaccinate an estimated 94,000 children against measles. Requirements for the measles vaccination campaign amount to USD 200,000, covering vaccines, injection materials and operational costs.

Meningitis: Situated with the African ‘meningitis belt’, Ethiopia annually faces a high risk of meningitis outbreaks during the dry season, especially beginning in October. To respond to a potential outbreak, 2,000,000 doses of meningococcal meningitis vaccine (bi-valent) are required at national level, with a total of USD 1,619,428 required for procurement, case management and running costs.

Influenza: Given the backdrop of the global pandemic of the new influenza A (H1N1), the worst case scenario postulates an event involving a full-blown pandemic, characterized by severe morbidity and mortality in which an estimated 15 to 30 per cent of the population would develop illness, with a substantial fraction (0.5 to 2 per cent) succumbing to the disease. Such a pandemic would overwhelm the nation’s infrastructure; become a large scale public health emergency and national disaster. Therefore, to respond to the existing pandemic, a total of USD 2.47 million is required to purchase of Tami flu, to strengthen surveillance, support the quarantine established at Bole International Airport and to train health personnel. A contingency plan that details the required activities for effective preparedness and national capacity to respond to the crisis has been prepared.

Flood: Flood emergencies are likely to occur in parts of Afar, Amhara, Gambella, Oromia, Somali, SNNPR and Tigray Regions. USD 1,370,697 is required for health preparedness actions in response to the anticipated hazard in order to avail emergency health kits, drugs and medical supplies as well as psychosocial support and provision of regular health services for 621,302 beneficiaries residing in flood-prone areas.

Strengthening Disease Surveillance: Early detection and reporting are one of the crucial entry points in addressing health and nutrition emergencies. Strengthening of existing integrated disease surveillance systems to enhance reporting and information exchange from the lowest administrative to the federal level are the main areas of focus. Some USD 500,000 is required for the training of health workers, improving communication and to cover operational costs. In order to have reliable and timely nutrition information for planning and decision making, nutrition surveillance systems are planned to be established as part of the national early warning system. Such systems would enable timely early warning and adequate intervention.

Support of Health Service Delivery in Risk-Prone Regions: Special support for delivery of routine health services will be provided in specific regions, particularly in Afar and Somali, which are largely inaccessible at present and have low service coverage and inadequate human resources. The total running cost to support the existing 34 Mobile Health and Nutrition Teams (MHNT) in 34 woredas in the two regions, through provision of drugs and medical supplies amounts USD 2,066,139.

Capacity Building: In order to strengthen the capacity of health personnel and managers at all levels USD 920,000 is required for training (front line health workers), monitoring,

material production and distribution, provision of direct/onsite technical assistance through consultants, and cover operational costs.

3.2.1.3 Strategies for Emergency Health and Nutrition Response

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

3.2.1.4 Sector Coordination, implementation and monitoring

Implementation Approach and Sectoral Monitoring and Evaluation:

The FMoH, through the Emergency Health and Nutrition Research Institute (EHNRI) and Public Health Emergency Management Centre, in collaboration with RHBs, zonal health departments, woreda health offices and health institutions, will take the lead in the implementation of the strategies outlined in the January 2009 Humanitarian Requirements Document. The monitoring and evaluation of response is expected to be implemented at all levels based on the key indicators included in Annex VI .

Coordination and Collaboration

The FMoH, together with the Emergency Health and Nutrition Taskforce, will coordinate the overall implementation of the set strategies, by establishing strong links with existing taskforces including the Health and Nutrition taskforce and the Multi-Agency Emergency Nutrition Taskforce to ensure a comprehensive response. Similar coordination mechanisms are expected to operate at all administrative levels.

Strengthening of Response Capacity

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

3.2.2 Water, Sanitation and Hygiene (WASH)

3.2.2.1 Objectives

The main objective of the Emergency Water, Sanitation and Hygiene Supply intervention is to reduce diarrhoea and infectious diseases outbreak and to mitigate conflict among communities due to shortages of adequate water supply for human and animal consumption.

3.2.2.2 Emergency Requirements

The AWD and flood-related emergencies are anticipated to pose the major hazards in the remainder of 2009, potentially affecting an estimated 1.6 million people. Approximately USD 5 million is required to respond to anticipated water and sanitation hazards (See Table 5 below for details).

In order to ensure timely and efficient response, the WASH emergency response strategy will pre-position essential supplies as part of the preparedness plan (see Annex VII for regional breakdown). The requirements were projected based on the needs assessment conducted in June 2009, historical trends and secondary data from the Regional Water Bureaus (RWBs).

Table 5: Summary of WASH Requirements – October to December 2009

Intervention Activities	Required Resources (USD)	Available Resources (USD)	Gaps (USD)
Rehabilitation and maintenance of existing schemes	2,160,576		2,160,576
Construction of new water supply schemes*	2,927,232		2,927,232
Water trucking	348,480		348,480
Water purification and treatment chemicals	3,510,000		3,510,000
Sanitation & hygiene facilities, materials and training	567,743		567,743
Assessment monitoring and evaluation	139,392		139,392
Technical assistance (Federal and Regional level),	278,784		278,784
Total	9,932,207	4,942,671**	4,989,536

* Construction of new water supply schemes is crucial in areas in which there has been prolonged water trucking due to recurrent droughts, especially in the water scarce areas of Afar, Somali, Amhara, Tigray, SNNPR and lowlands parts of Oromia. In addition, in flood prone areas of Gambella and Amhara Regions drilling and construction of shallow wells for people that might be temporarily evacuated from their areas of origin is planned.

** The available resources in the sector made for various interventions.

3.2.2.3 Overall management, implementation and monitoring

Strategies: The strategies to be followed for emergency water supply interventions are divided into two major categories. The first mainly focuses on emergency life-saving interventions to be initiated soon after a shock occurs, including supply of safe drinking water through water tankering and provision of adequate water kits and water purification chemicals to prevent and treat diarrhoea, shigellosis and other infectious diseases at the community level and at OTP sites. Beyond the immediate phase, the emergency response will also seek to improve the water supply for affected populations, by improving and expanding safe water systems, rehabilitation and maintenance of non-functional water schemes, provision of water purification and storage facilities and improvement of sanitation facilities in AWD-affected and prone areas.

Management and Coordination: At the level, the Ministry of Water Resources (MoWR) and the Ministry of Health (MoH) will remain the core institutions responsible for the management of planned WASH responses in 2009. The existing Water and Environmental Sanitation Taskforce will play an enhanced and fundamental role in coordinating the WASH response program. In addition, the regional WASH Taskforces will be further strengthened to continue to function in their expected roles with respect to the planning, implementation, monitoring and evaluation of WASH preparedness and response plans. In order to facilitate the smooth and efficient follow up of implementation and regular exchange of information from the lowest administrative levels, efforts will increasingly be made to establish zonal and woreda-level WASH Taskforces in areas where water scarcity prevails.

Special emphasis will be given to identifying the capacity needs of woredas to support them in leading and guiding emergency WASH response programs. Moreover, regular information exchange mechanisms will be further strengthened to share data and information among the various levels of Taskforces and other partners. Regional Water and Health Bureaus will be responsible for managing, coordinating, supervising and providing technical assistance, as well as backup services, in the implementation of WASH interventions.

Implementation of WASH interventions will be closely monitored and reported by WASH Taskforces at the various levels.

Logistics Management: As part of the effort to strengthen emergency preparedness, due emphasis will be placed on enhancing logistics arrangements to ensure timely response through dispatch of emergency supplies within 24 hours. The pre-positioning of WASH emergency supplies is also to be decentralized to the regions. Supporting the capacity of regions to ensure proper warehouse management is an identified priority. The MoWR emergency warehouse in Addis Ababa will serve as the central warehouse to store items ahead of pre-positioning.

Capacity Building Requirements: The existing WASH disaster management system is not structured adequately to address the full range of hazards, including drought, floods, earthquakes, epidemics and displacement. The existing disaster risk management capacity is also inadequate to conduct assessment and effectively manage multiple hazards, related risks and vulnerabilities.

Implementation Challenges: Among the major challenges impacting an enhanced emergency response are the limited existing capacity on Disaster Risk Management (DRM), mainly at the woreda level, poor information sharing between partners and regional water bureaus, a focus by sectoral Taskforces mainly on situation updating rather than response analysis and identification of gaps and action points, weak coordination among relevant sectors, inadequate reporting from partners on their activities, ad hoc meetings of Regional WASH ETF, and limited availability of appropriate technical expert from the sector during needs assessment and weak monitoring and evaluation systems.

Efforts to strengthen institutional structures by creating permanent Emergency WASH Preparedness and Response Units at the regional level will continue. The capacity requirements to establish and strengthen such units are to be identified. Among the major capacity building priorities currently identified are short term recruitment and training of emergency staff and sensitization of communities on water, sanitation and hygiene issues.

Way forward: In order to address the above challenges and to strengthen timely and effective preparedness and response, the sector identified a range of activities including enhanced pre-positioning of emergency WASH items based on projected needs; updating of partners emergency response reserves; close monitoring and evaluation of the situation on the ground; continued identification of needs; strengthening of regional Taskforces; capacity building, especially at the woreda level, on proper risk management; and strengthening information exchange. Furthermore, MoWR, in collaboration with the RWBs will seek sustainable solutions to water supply challenges by addressing geographic areas that face recurrent water shortages through the regular development program.

3.2.3 Agriculture and Livestock

3.2.3.1 Objective

The overall objective of the emergency agriculture and livestock interventions is to restore the agricultural productivity of the affected farmers and reduce livestock mortality through provision of seeds, veterinary interventions and supplementary livestock feed to protect the livelihoods of households at risk.

3.2.3.2 Requirements

A total of USD **11,505,426** is required to implement prioritized interventions in the crop and livestock sub-sectors in the remainder of the year in Amhara, Oromia, Tigray, SNNP, Afar and Gambella regions, as indicated below:

Table 6: Summary of Emergency Agricultural Requirements – October to December 2009

Intervention	No. of beneficiaries		Requirements (USD)
	Households	Animals	
Crop seed provision	270,914		6,321,600
Animal health	188,680	3,416,815	1,938,226
Animal feed supply		-	2,500,000
Threat of locust invasion			745,600
Total	459,594	3,416,815	11,505,426

Emergency seed intervention: The poor harvests in 2008 in some pockets and the failure of the 2009 *belg* and below average *meher* seasons in most *belg* crop-growing areas has resulted in a critical shortage of seed availability for future planting in 177 woredas across the Oromia, Amhara, Tigray and SNNPR. A total of **USD 6,321,660** is required to provide critically needed emergency seeds to a total of **270,914** affected households (see Annex VIII).

Animal health interventions: The primary purpose of the livestock relief interventions is to improve the immunity and general health of livestock through minimizing the effect of diseases induced by drought. Emergency animal health interventions will mainly focus on prophylaxis and curative treatments. Vaccinations will be administered before the animals are severely affected and have completely lost their capacity to develop immunity. A total of 3,416,815 livestock are targeted by the interventions, which will last for a five-month period, requiring an estimated **USD 1,938,226** in funding (Annex IX).

Emergency Animal Feed Supply: Animal feed shortages are anticipated to occur from October to December due to the delayed and erratic *kiremt* rains, on top of the poor performance of the *belg* rains. An estimated USD 2 million is required to undertake animal feed interventions in the event of pasture shortages later in the year. In addition, multi-nutrient block production units should be established in the woredas most vulnerable to drought, for which USD 500,000 would be required.

Threat of Locust Infestation

To avert possible desert locust swarms infestation, a strong preparedness and response plan needs to be put in place. Considering a worst case scenario, **USD 745,600** is required for survey and control operations and purchase of pesticides and application equipments. (Annex X).

Overall management, implementation and monitoring: The agriculture and livestock emergency response plans will be implemented by relevant agencies and the respective

regions, with the direct involvement and supervision of beneficiary households. In consultation with the respective regions and partners, the Ministry Agriculture and Rural Development (MoARD) will take the lead role in resource mobilization, while coordination responsibility rests with the Agriculture Taskforce.

4. COORDINATION MECHANISMS

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

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

The sectoral taskforces on Health and Nutrition, WASH and Agriculture led by the Ministry of Health (MoH), Ministry of Water Resources (MoWR) and MoARD respectively, will be responsible for coordination, monitoring and reporting on emergency response interventions in their respective sectors, in partnership with the relevant partners, including UN agencies, NGOs and donors.

Furthermore, the Ministries, through their respective Taskforce chairpersons, will submit progress reports to DRMFSS on a quarterly basis. A resource mobilization committee led by DRMFSS and comprised of the respective Sectoral Taskforce chairpersons, supporting cluster leads and donor representatives will continually identify resource gaps to ensure timely response against the Humanitarian Requirements Document.

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

The special logistics arrangement (hubs-and-spokes system) established in Somali Region to improve allocation, dispatch and delivery of food aid was expanded in 2009 with the opening of two additional hubs in Korahe (Kebridehar) and Jijiga, totaling the hubs in the operation to five. The hubs-and-spokes system will continue to operate in the remainder of the year, building on the improvements already witnessed despite the challenges of operating in the Region. The DRMFSS/EWRD, with the relevant federal and regional authorities in collaboration with WFP, coordinates storage, transportation and distribution of relief food in

the region, except in Afder and Liben zones, which are covered under the same system as the rest of the country.

The Education Cluster established in October 2008, under the leadership of the Ministry of Education with the support from UNICEF and Save the Children/UK, is working hard to address educational concerns arising during emergencies. This year, the cluster developed a standardized Education in Emergencies (EiE) assessment tool for use throughout the sector and in the multi-sectoral seasonal assessments. The Cluster finalized an annual work plan for the cluster, through which it will implement its major objectives, including EiE advocacy, training and technical assistance to increase the capacity of the Ministry to better deal with emergencies.

Effective coordination among Government, UN agencies, NGOs and donors is crucial to ensure timely and comprehensive humanitarian response through proper implementation of the strategies and approaches developed by the Government to address humanitarian needs and effectively avert risks of disasters. The Ethiopian Humanitarian Country Team, led by the Humanitarian Coordinator (HC) and comprising the heads of UN Agencies, including FAO, IOM, OCHA, OHCHR, UNDP, UNFPA, UNHCR, UNICEF, WHO and WFP, as well as the country directors of CARE, Oxfam GB, and Save the Children/UK and the national NGO consortium, CRDA, will continue working with the Government to provide overall guidance on the coordination of humanitarian response. Their respective working-level Cluster Leads will provide support to strengthen Government-led Sectoral Taskforces at the federal and regional levels.

5. ANNEX

Annex I: Food Aid Contribution (MT)

Donor	Cereals	Pulses	Veg. Oil	B.Food	Total (MT)	Value (USD)	Donated through
Spain	21,591	0	0	0	21,591	11,927,577	WFP
UK	17,825	0	0	0	17,825	9,685,673	WFP
Japan	11,142	0	0	2,396	13,538	7,773,109	WFP
DFID	20,329	0	0	0	20,329	11,532,125	WFP
Ireland	1,350	0	0	0	1,350	703,235	WFP
Germany	16,629	0	0	0	16,629	9,186,351	WFP
Danish	427	0	0	0	427	211,312	WFP
EMMA	9,746	0	0	0	9,746	5,350,000	WFP
Ukraine	1,000	0	0	0	1,000	580,000	WFP
Canada	10,965	0	0	0	10,965	6,441,223	WFP
U.S.G.	0	8,595	0	4,184	12,779	10,000,000	WFP
U.S.G.	60,360	0	2000	0	62,360	44,998,000	WFP
U.S.G.	30,260	1,900	720	440	33,320	24,265,500	WFP
U.S.G.	56,750	2,410	2,400	3,850	65,410	46,565,000	WFP
Turkey	89	0	0	0	89	50,000	WFP
Russia	3,000	0	0	0	3,000	2,000,000	WFP
Belgium	1,188	0	0	0	1,188	680,272	WFP
Australia	0	1953	0	1000	2953	1,962,323	WFP
Multilateral (Swedish)	0	0	0	3,878	3,878	2,803,738	WFP
Multilateral (Netherlands)	8871	0	0	0	9971	4,672,897	WFP
U.S.G.	70,671	7067	2120	7420	87,278	50,000,000	JEOP
Ethiop. Gov.	20,000	0	0	0	20,000	7,933,110	DRMFSS
CFGB*	1,718	172	40	180	2,110	2,066,000	NGOs
Japan	386	0	0	0	386	179,986	DRMFSS
Sudan	5,000	0	0	0	5,000	2,000,000	DRMFSS
Various					6,859	6,715,970	NGOs
Total	369,297	22,097	7,280	23,348	422,022	270,283,401	

*Canadian Food Grains Bank.

ANNEX II: Donor Response for Health and Nutrition Intervention

Donor	USD	Implementer	Region	Remarks
USAID	562,888	Mercy Corps	Oromia	Includes Logistics Cost
Spain	1,430,624	UNICEF		
Canada	382,581 2,292,264	CARE UNICEF	SNNP	Nutrition
HRF *	699,991	World Vision	Tigray, Amh.	Nutrition
HRF	916,907	SC/UK	Amhara	Nutrition
HRF	581,668	SC/UK	Somali	Nutrition
HRF	478,862	SP	SNNP	
HRF	650,159	SC/US	Afar	Nutrition
HRF	150,000	WHO	Various	Health/Malaria
HRF	96,427	WHO	Various	Health/emergency drugs

* Humanitarian Response Fund

Donor	USD	Implementer	Region	Remarks
HRF	656,800	WHO	Oro, SNNP, Somali , Afar Amhara	Health/AWD
HRF	252,503	WHO	Afar	Measles
HRF	150,000	UNICEF	Various	Health
HRF	326,433	UNICEF	Somali	
HRF	447,497	UNICEF	Afar	Health
HRF	118,005	UNICEF	Various	Health
HRF	185,737	CONCEN	Amhara	
HRF	672,200	CONCERN	SNNP	
HRF	361,444	Merlin	Somali	
Total	11,412,990			

Annex III: Coverage of nutrition interventions in the 307 woredas in need of humanitarian from January to June 2009

Region	Woreda No	TFP/SFP	TFP only	TSF/SFP	No TFP/SFP
Oromia	74	20 (27%)	20 (27%)	5 (6.8%)	29 (39.1%)
Amhara	49	17 (34.7%)	13 (26.5%)	3 (6.1%)	15 (30.6%)
Tigray	31	25 (80.6%)	5 (16.1%)	-	1 (3.2%)
SNNP	64	32 (50%)	15 (23.4%)	2 (3.1%)	15(23.4%)
Afar	23	3 (13%)	1 (4.3%)	9 (39.1%)	10 (43.5%)
Somali	51	28 (54.9%)	12 (23.5%)	5 (9.8%)	6 (11.8%)
B/Gumuz	5	-	1 (20%)	-	4 (80%)
Gambella	9	-	1 (11.1%)	6 (66.7%)	2 (22.2%)
Dire Dawa	1	-	1(100%)	-	-
Total	307	125 (40.7%)	69 (22.5%)	30 (9.8%)	82 (26.7%)

Annex IV: Emergency WASH Response

Donor	Amount(USD)	Implementer	Region
Spain	715,312	UNICEF WoWR	
Canada	625,000 657,895 2,174,214	OXFAM/Can ACF UNICEF	SNNP
OFDA	579,379 380,288	MERLIN SP	Oromia SNNP
HRF	551,814	IRC	Oromia
HRF	398,988	OXFAM/GB	Somali
HRF	426,344	HelpAge	Oromia
HRF	481,815	ACF	Somali
HRF	688,679	CARE	Oromia,Afar
FRF	426,208	Islamic Relief	Somali
HRF	400,238	People in Need	SNNP
HRF	484,100	LVIA	Oromia
Total	8,990,274		

Annex V: - Agricultural interventions

Donors	Implementing agency	Location		Intervention type	Amount USD
		Region	No.Woredas		
Government	MoARD			Livestock Vaccine	181,200
Government	MoARD	Tigray, Oromia		Crop seed	90,000
Government	MoARD	Tigray	2	Livestock feed -Consenter ate 500 qu. -Multi Nutrient Block 12500	58,546
Government	MoARD	Amhara,Tgray, Oromia, Somali, Dire Dawa, Hareri, Afar		Locust control operation Support regional states	71,818
HRF	FAO	Afar	10 woredas	Livestock survival feeding	670,582
Norway	FAO	Afar	4 zones	Livestock survival feeding	733,949
CERF	FAO	Somali, Oromia	11 zones, 2 zones	Livestock feed and crop seed	1,499,989
HRF	WV	Tigray	3 Woredas	3070 qu. Crop seed	340,540
ECHO	WV	Tigray/Amhara	5 Woredas	2804 qu. Crop seed 3.62 qu. Vegetable seed	819,060
Aus Aid & WV	WV	Tigray	3 Woredas	2460 qu. Crop seed	300,000
Aus Aid & WV	WV	Tigray	3 Woredas	Vet. drugs	15,733
WV-US	WV	Oromia SNNPR Tigray Amhara	2 Woredas 1 Woreda 1 Woreda 1 Woreda	Vet. drugs, Vaccines, Equipment,	291,000
WV-US	WV	Oromia	Borena	Vet. drugs, Vaccines, Equipment,	255,000
WV-US	WV	Afar		Vet. drugs, Vaccines, Equipment, Crop seed 55 qt. Vegetable seed 0.9 qu.	100,000
HRF	CRS	SNNPR	Woliyta 6 Woredas	3,750,030 sweet potato cutting	181,072
ECHO-PILLAR	SC-US	Somali	4 Woredas	300,000 animals treated	60,000
ECHO-PILLAR	SC-US	Somali	2 Woredas	109,000 animals vaccinated	4,500
ECHO-PILLAR	SC-US	Oromia	2 Woredas	Green fodder distribution	20,000
AUS-AID	CARE	Oromia	East Hararghe zone	Crop seed 630 quintal 650 he Farm tools	66,454.55 6,409.10
AUS-AID	CARE	Oromia	West Hararghe zone	Crop seed 1149 quintals 1145 he Vegetable seed	91,560 22,890
AUS-AID	CARE	Oromia		Restocking 930 shoats	55965
USAID	CARE	Oromia	Borena (4 woreda)	Mass vaccination	10,000
USAID	CARE	Oromia	E.Harargfe Kurfachele	Crop seed 329 hectar	5000
USAID	CARE	Oromia	E.Hararhge Doba	Crop seed 889.25 he	32000
OFDA	Mercy Corps	Somali	Afder Bola Gonda	Crop seed 228 qu. Wheat 360 qu. Maize Farm tools	37045 14535

Donors	Implementing agency	Location		Intervention type	Amount USD
		Region	No. Woredas		
	Mercy Corps	Oromia	Bale Meda Wolabu	Crop seed 57 qu. Wheat 90 qu. Maize	7403
				Farm tools	2907
HRF	Mercy Corps	Somali/Oromia		Crop seed	199,494
Grand Total					6,244,652

Annex VI: Health and Nutrition Monitoring Indicators and Targets

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

Annex VII: Emergency WASH Sectoral Requirement- Regional Breakdown Afar Region

Intervention Activities	Required resource USD
Rehabilitation and maintainers of existing schemes	400,268
Construction of new water supply schemes	542,299
Water trucking	64,559
Water purification and treatment	142,031

Sanitation & hygiene	64,599
Assessment monitoring and evaluation	25,824
Technical assistance (Federal and Regional level)	51,647
Total	1,291,187

Amhara Region

Intervention Activities	Required resource USD
Rehabilitation and maintainers of existing schemes	429,071
Construction of new water supply schemes	651,553
Water purification and treatment	317,831
Sanitation & hygiene	111,241
Assessment monitoring and evaluation	31,783
Technical assistance (Federal and Regional level)	47,675
Total	1,589,154

Dire Dawa

Intervention Activities	Required resource USD
Rehabilitation and maintainers of existing schemes	24,135
Construction of new water supply schemes	36,650
Water purification and treatment	17,878
Sanitation & hygiene education and training	6,257
Assessment monitoring and evaluation	1,788
Technical assistance (Federal and Regional level)	2,682
Total	89,390

Gambella Region

Intervention Activities	Required resource USD
Rehabilitation and maintainers of existing schemes	80,451
Construction of new water supply schemes	122,166
Water purification and treatment	59,593
Sanitation and hygiene	20,858
Assessment monitoring and evaluation	5,959
Technical assistance (Federal and Regional level)	8,939
Total	297,966

Harari Region

Intervention Activities	Required resource USD
Rehabilitation and maintainers of existing schemes	26,135
Water purification and treatment	38,217
Sanitation & hygiene	18,419
Assessment monitoring and evaluation	3,362
Technical assistance (Federal and Regional level),	3,256
Total	89,389

Oromia Region

Intervention Activities	Required resource USD
Rehabilitation and maintainers of existing schemes	677,377
Construction of new water supply schemes	917,736
Water trucking	109,254
Water purification and treatment	240,359
Sanitation and hygiene	109,254

Assessment monitoring and evaluation	43,702
Technical assistance (Federal and Regional level),	87,403
Total	2,185,086

Somali Region

Intervention Activities	Required resource USD
Rehabilitation and maintainers of existing schemes	431,058
Construction of new water supply schemes	584,014
Water trucking	83,431
Water purification and treatment	152,956
Sanitation and hygiene	69,525
Assessment monitoring and evaluation	27,810
Technical assistance (Federal and Regional level),	41,715
Total	1,390,509

Tigray Region

Intervention Activities	Required resource USD
Rehabilitation and maintainers of existing schemes	406,426
Construction of new water supply schemes	550,642
Water purification and treatment	78,663
Water trucking	144,216
Sanitation and hygiene	65,553
Assessment monitoring and evaluation	26,221
Technical assistance (Federal and Regional level),	39,332
Total	1,311,051

SNNPR

Intervention Activities	Required resource USD
Rehabilitation and maintainers of existing schemes	455,888
Construction of new water supply schemes	692,275
Water purification and treatment	337,695
Sanitation and hygiene	118,193
Assessment monitoring and evaluation	33,7770
Technical assistance (Federal and Regional level)	50,654
Total	1,688,475

Annex VIII: Emergency Seed Requirements by region 2009

Region	No. of targeted woredas	Area to be planted (ha)	Amount needed (qts)	Beneficiaries (HHs)	Cost Estimated (USD)
Oromia	74	34,841.5	24,157.5	89,943	1,634,588
Tigray	6	14,185	8,435	34436	700,000
SNNPR	43	39,614	13,748 19,808,000*	55,507	1,516,038
Amhara	42	26,161.5	21,842.2	74,957	2,286,322
Gambella	12	1253	3985	16071	184,712
Total	177	116,055	72,167.7	270,914	6,321,660

*Sweet potato cuttings

Annex IX: – Emergency Livestock Requirements by Region

Region	Zone	Beneficiary number (HHs)	Livestock number	Vaccines		Drugs		Total cost (USD)
				Amount	Cost (USD)	Amount	Cost (USD)	
SNNPR	South Omo	31522	423325	945112	31000	76823	4000	35000
	SPW	18078	290590	650730	21000	67626	2000	23000
Total SNNPR		49600	713915		52000		6000	58000
Tigray	Southern zone	24020	189000	48000	700	N.A.	1800	2500
Total Tigray		24020	189,000		700		1800	2500
Oromia	East Hararghe	Not provided	481103		13800		165000	178800
	West Hararghe	Not provided	266507		31250		100000	131250
	Arsi	Not provided	636410		17000		213000	230000
	West Arsi	Not provided	251518		50500		89000	139500
	Bale	Not provided	80286		9500		28000	37500
Total Oromia			1715824		122050		595000	717050
Amhara	North Shoa	54386	271933					311250
	Oromia	5600	28136					368000
	North Wollo	6120	31100					40000
	South Wollo	36541	182707					238500
	North Gondar	10713	160700					186000
Total Amhara		113360	674576					1143750
Afar	Zone 2 & 5	1700	3500	-	-		4300	
Total Afar		1700	3500				4300	4300
Gambella			120,000	10,000	400		12,226	12,626
Gambella Total			120,000					12,626

Annex X: Summary of Requirements for Locust Swarm Infestation

Activities	Resources Required (USD)
Swarm survey	124,800
Mobilization of resources for control operations (when necessary)	137,600
Secure resources required for control operations (aircraft hire, purchase of pesticide, sprayers, protective closing)	409,600
Trainings	9,600
Air strip maintenance (Found in different Regional States)	48,000
Communication equipment	16,000
Total	745,600