

# Humanitarian Requirements 2014



Joint Government and Humanitarian Partners' Document

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## 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

The food security situation improved in most parts of the country following normal to above normal 2013 *kiremt/deyr/hagya* rains, except in pocket areas that received insufficient rains and areas affected by various hazards. The food security situation is particularly concerning in the north eastern parts of the country following three to four consecutive inadequate seasonal rains.

The requirements identified in this document are based on the 2013 *meher* assessment, a five years' historical sector and weather trend analysis and the National Meteorological Agency (NMA) preliminary forecast for 2014 *belg/gu/sugum/ganna* rains.

An estimated **2.7 million** relief food beneficiaries are identified to require emergency relief food assistance in 2014. The total gross emergency food and non-food requirement for 2014 amounts to **USD 403 million**. Considering available resources amounting to **USD 51.6 million**, the net total requirement stands at **USD 351 million**. The net food and TSF requirement totals to **359,589 MT**, estimated to cost around **282.4 million**. In addition, a total of net **USD 68.8 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 2014**

Sector	Total Requirement	Available resource	Net Requirement
General Ration: <b>MT 388,635</b> Gross: <b>MT 314,684</b> Cereals MT: <b>33,042</b> Blended food <b>MT:31,468</b> Pulses : <b>MT9,441</b> Oil <b>NET MT :339,067</b>	305,078,475	38,911,194	<b>266,167,281</b>
Supplementary (EOS/TSF) Food Gross: <b>MT 26,206</b> Net: <b>MT 20,522</b>	20,744,846	4,500,506	<b>16,244,340</b>
<b>FOOD SUB TOTAL</b>	<b>325,883,321</b>	<b>43,411,700</b>	<b>282,411,621</b>
Health and Nutrition	35,250,709	6,146,025	<b>29,104,684</b>
Water and Sanitation	24,668,422	-	<b>24,668,422</b>
Agriculture	13,257,482	1,752,537	<b>11,504,945</b>
Education	3,935,000	368,884	<b>3,566,116</b>
<b>Non Food Total</b>	<b>77,111,613</b>	<b>8,267,446</b>	<b>68,844,167</b>
<b>GRAND TOTAL</b>	<b>402,994,934</b>	<b>51,679,146</b>	<b>351,255,788</b>

# 1. INTRODUCTION AND BACKGROUND

## *1.1. 2014 Annual Humanitarian Requirements Document*

In September 2013, the Government and its humanitarian partners endorsed a shift to an annual humanitarian requirements document (HRD). 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 undertaken. The annual HRD is in line with the DRM policy with more focus on baseline information, monitoring tools, and preparedness utilizing regular Early Warning, monitoring and satellite imagery analysis, including the Livelihood, Early Assessment and Protection (LEAP), the Livelihood Impact Analysis and Seasonality (LIAS) and the Woreda Disaster Risk Profiling (WDRP). In line with the new strategy, this document identifies for the first time the annual emergency food and non-food sector requirements. The shift from a six month twice a year document to an annual document will enable partners to approach their response planning in a more strategic manner. The annual HRD, and its timely release at the beginning of the year, will facilitate enhanced resource mobilization and enable early pre-positioning of essential items in strategic stores at federal and regional levels enabling a swift response to sudden onset emergencies.

## *1.2. Humanitarian Situation Overview*

### *1.2.1 National Overview*

Despite the normal to above normal 2013 *meher/deyr/hagaya* rains that further improved the food security situation in the country, humanitarian challenges will continue in 2014 in north eastern Amhara, Afar and southern Tigray regions that received inadequate seasonal rains for the past three to four seasons, and in other areas affected by various hazards (floods, conflicts, hailstorms and crop pests and diseases). In the remaining parts of the country, the good seasonal rains coupled with timely delivery of agriculture inputs resulted in a favorable 2013 *meher* crop production prospect. Similarly, in most south and south eastern pastoralist areas, the fifth consecutive good seasonal rains sustained livelihood recovery of pastoralist households with improved livestock body condition and the subsequent improvement in livestock production and productivity.

Despite the overall improvement in water availability throughout the country, water shortages persist in the drought-prone areas in north eastern Afar, south and south eastern Tigray and the lowlands of the southern pastoralist areas. The communities in these areas depend on water trucking for household water needs. More sustainable WASH interventions are on-going and will continue in 2014.

During the second half of 2013, the health sector focused on responding to various disease outbreaks, including meningococcal meningitis (SNNP), measles (Amhara, Oromia, SNNP and Somali), polio (Somali), yellow fever (SNNP), dengue fever (Dire Dawa) and an upsurge in malaria cases in malaria prone areas in Amhara, Oromia, SNNPR and Tigray. Although most disease outbreaks were contained on time as a result of the joint Government and partners' prevention and control measures, they remain a challenge in 2014 due to the prevalence of risk factors.

The nutrition situation was relatively stable during the second half of 2013. Compared to the same period in 2012, the 2013 admissions of severe acute malnutrition (SAM) cases to Therapeutic Feeding Program (TFP) sites were nearly 22 per cent lower. Contrary to the seasonal TFP admissions trend<sup>1</sup>, north eastern Amhara and pocket areas in East and West Harage zones of Oromia reported an elevated TFP admissions in July and August. In 2014, the nutrition situation is likely to further deteriorate in the *belg* producing *woredas* in North Wollo, South Wollo, North Gonder and South Gonder zones of Amhara region; and in the Southern Raya Valley of Tigray region, which suffered from consecutive poor *belg* rains.

During the second half of 2013, various hazards, including floods and conflicts, damaged education facilities and materials led to complete or partial school closures, high school dropout rates and teacher absenteeism, affecting the schooling of school aged children in Gambella, Oromia, SNNP and Somali regions.

### **1.2.2 Regional Overview**

The performance of the 2013 *kiremt* rains was good in most parts of Amhara, with the exception of the lowlands of the north eastern parts of the region. Additionally, heavy rains flooded the areas around Lake Tana and flash floods destroyed crops in parts of North Gonder, North Shewa, Oromia and Wag Himra zones. Compared to 2013, a better *meher* harvest is expected in most parts of the region, except in the pocket areas where weather adversities and crop pests and diseases resulted in yield reduction. Despite the steady market supply, the price of staple cereals and pulses remained high in 2013. The lowlands of north eastern Amhara, and pocket areas in the degraded highlands, including the *belg*-receiving areas that received consecutive poor *belg* rains, remain food insecure.

In SNNPR, the 2013 *kiremt* rains were favorable for agricultural activities, pasture regeneration and replenishment of water sources, except in parts of Gamo Gofa zone where the rains were erratic in nature and below normal in amount. Despite the overall increase in the regional *meher* crop production in 2013, pepper root rot in pepper producing areas of Gurage zone, coffee berry disease (CBD) and bacterial blight of coffee (BBC) in coffee producing areas of Sidama zone, and bacterial wilt on ginger in ginger producing areas of Wolayta and Gurage zones resulted in considerable yield reduction. The overflow of Bilate and Omo rivers have also damaged crops and displaced communities in Humbo and Dasenech *woredas*. The prices of food and cash crops – except coffee and ginger - are showing an expected seasonal decline in most areas.

The 2013 below normal *kiremt* rains in Tigray region were not sufficient to replenish water sources, and adversely impacted the *meher* harvest. The market price for major staple food items has shown a moderate increase compared to the reference year and to that of last year. Poor pasture and low water availability remain a concern in southern Tigray. Water trucking is currently underway in these areas.

In Afar region, the performance of the 2013 *karma* rains was below normal in the northern parts, while the performance was normal in the southern and south eastern parts of the region. The rainfall received in most northern and central parts of the region was insufficient to improve pasture availability and replenish water sources. Water shortage has already become critical in zone 2 and 4. Consequently, the regeneration of pasture stalled and water availability declined and livestock production, mainly of milk, is low. The prices of cereal and livestock have shown an increasing

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<sup>1</sup> a decline in July and August and an increase during September

trend, but the rate of cereal price increments is much higher than that of livestock, turning the terms of trade against pastoralists.

In Oromia region, the overall normal to above normal 2013 *meher/hagya* rains contributed to favorable crop production prospect and improved water and pasture availability in most parts of the region, except in pocket areas that received insufficient rains. In addition, the poor performance of the 2013 *belg* rains during the planting of long cycle crops and the long dry spell at their critical growth stage in the lowlands of Arsi, Bale, West Arsi, East and West Hararge zones resulted in yield reduction. Excessive rains, flooding and hailstorm, crop pests and diseases further reduced crop yield, particularly in Arsi, Bale, East Shewa, North Shewa, East and West Hararge zones. The harvested water is expected to sustain the communities in some chronically water-insecure *woredas* until February 2014, apart for conflict-affected areas in Kumbi, Meyu and Midhaga-Tola *woredas* in East Hararge zone where emergency water rationing is required. The significant increase in staple food prices has negatively affected poor farmers and households that depend on the market for their food consumption. Meanwhile, the price of livestock has reduced particularly during the hunger months of July and August 2013.

In Somali region, the overall normal to above normal *deyr* rains received in most parts of the region have improved livestock body condition with reports of increased milk production in most areas. The rejuvenated pasture is expected to sustain livestock until the next rainy season (March *gu rains*). According to the 2013 *deyr* assessment report, despite the above normal *deyr* rains, emergency water interventions need to continue in drought-prone *woredas* during the coming *jilal* (January to March) dry season. The performance of *karan/karma* rains in Fafan and Sitti zones was also normal in terms of amount and distribution. Nonetheless, flooding in major river basins, including the Wabi Shebelle, Genale, Dawa and Jerrer valleys damaged crops in the agro-pastoralist areas, resulting in yield reductions. Continuous increases in cereal prices were reported in most markets, while livestock prices gradually decreased. Livestock prices are expected to further decrease during the *jilal* dry season, resulting in continued negative terms of trade for pastoralists.

Long dry spells in Dire Dawa administrative council negatively affected *meher* long cycle crops. The unseasonal rains received in October slightly improved pasture conditions and water availability. However, a reduction in the *meher* harvest is expected in 2013, for the third consecutive year, which will result in an increase in staple food prices. In Harari region, the 2013 *kiremt* rains were better compared to 2012, positively impacting the *meher* harvest.

The performance of the 2013 *kiremt* rains was normal in most of Benishangul Gumuz region, with the exception of some *woredas* of Assosa zone. Localized heavy rains and hailstorms were also reported in July and October in Assosa and Bambasi *woredas* of Assosa zone and in Pawi *woreda* of Metekel zone, affecting finger millet, maize, rice and soya bean productions, especially in Bambasi and Pawi *woredas*.

In Gambella region, a reduced maize harvest is expected as a result of a dry spell during the 2013 *kiremt* season, and heavy rains and hailstorms in August and November that damaged planted crops. The overflow of the Gilo river due to heavy rains towards the end of the *kiremt* season also delayed recession farming, particularly in Gog and Jor *woredas*, further adversely impacting the *meher* harvest prospect.

### ***1.2.3 2014 belg and kiremt outlook***

The preliminary NMA forecast points to a normal 2014 *belg/gu/sugum* rain in the central, southern and south eastern parts of the country, and below normal rains in the north eastern parts. This rainfall pattern is similar to the *belg* rains in 2013. In addition, long-range weather forecasts for the 2014 *kiremt* rains suggest a normal *kiremt* season

The forecasted below normal 2014 *belg/gu/sugum* rains in the north eastern parts of the country is expected to further deteriorate the food security situation of poor households in affected areas, including in pastoralist households in Afar region, and smallholder farmers in eastern Amhara and southern Tigray regions. Meanwhile, given the forecasted normal to above normal 2014 *belg/gu* rains in the southern and south eastern parts of the country and a normal *kiremt/dyer* rains, flooding is anticipated in the flood-prone areas.

## **2. REVIEW OF THE SECOND HALF OF THE 2013 HUMANITARIAN RESPONSE**

### **2.1 Relief Food and TSF**

#### **2.1.1 Relief Food**

Released in August 2013, the July to December 2013 HRD identified 2.7 million relief food beneficiaries with an overall food requirement of 230,794 MT.

The carry over stock from the first half of 2013 was 71,544 MT, leaving a net requirement of 159,250 MT. Distribution delays during the first half of 2013 rolled over into the second half of the year. Consequently, relief food allocations for the second half of 2013 were revised down from the initially planned five rounds to three rounds. This reduced the actual requirement to 142,650MT.

During the second half of the year, **USD 86,980,801**(69 per cent) was resourced from donor contributions, of which, USD 82,471,659 (105,059 MT) was used for relief food procurement and USD 4,509,142 was transferred for relief cash beneficiaries. A total of 127,035MT was distributed to regular and ad-hoc beneficiaries using the carry over resources from the first half of 2013 (71,544 MT) and available resources from the new contribution (55,491MT). The remaining **49,568MT (USD 38,911,194)** is to be available for 2014 response.

Incomplete rations were distributed in the sixth and seventh rounds of relief food assistance due to delays in procurement of corn soya blend (CSB). In the sixth round, a half ration of CSB was distributed to all beneficiaries, and in the seventh round, beneficiaries in DRMFSS-covered areas received 66 per cent of the CSB ration. Additionally, due to resource shortfall, PSNP contingency budget was utilized to cover the cereal requirements of 900,165 relief beneficiaries in PSNP woredas during the seventh round.

During the second half of 2013, assorted food commodities amounting to 127,035MT were delivered to relief beneficiaries in three rounds. Food deliveries were conducted by DRMFSS (39

per cent), the WFP Hubs and Spokes Operation in Somali region (32 per cent) and the NGO consortium Joint Emergency Operation (JEOP) (29 per cent).

During this time, nearly 250,000 people benefited from the relief cash transfer pilot programme with transferred USD 4,509,142 disbursed to beneficiaries in 38 *woredas* of Amhara, Oromia, and Somali regions (28 *woredas* in Oromia, five *woredas* in Amhara and five *woredas* in Somali region).

In addition to the planned HRD beneficiaries, food assistance amounting to 17,806.5 MT of relief food was provided on an ad hoc basis to cover emergency food requirements of flood victims and conflict affected internally displaced people in various regions.

**Table 2: Amount of food delivered in 2013**

Allocation Rounds/month	Beneficiaries (Millions)	Delivered food by agency (Mt)				
		DRMFSS	WFP H&S	JEOP	Non JEOP NGOS	Total
First(March)	2.5	18,387	16,217	12,059	0	46,662
Second(April)	2.5	15,327	14,914	12,095	531	42,867
Third(June)	2.5	16,062	16,217	11,761	531	44,571
Fourth (July)	2.55	17,313	16,217	11,761	531	46,055
<b>Total(Feb.-July)</b>	<b>2.5</b>	<b>67,089</b>	<b>63,565</b>	<b>47,676</b>	<b>1,593</b>	<b>179,923</b>
Fifth (Sept)	2.5	24,323	12,269	13,298	0	49,890
Sixth (Nov)	2.38	22,198	11,710	12,317	0	46,25
Seventh (Dec)	2.4	6,683	10,027	14,210	0	30,920
<b>Total</b>		<b>53,204</b>	<b>34,006</b>	<b>39825</b>		<b>127,035</b>
<b>Total(Annual)</b>		<b>120,293</b>	<b>97,571</b>	<b>87,501</b>	<b>1,593</b>	<b>306,958</b>
<b>Agencies' share (%)</b>		<b>39</b>	<b>32</b>	<b>29</b>		<b>100</b>

**Table 3: Cash Transfers in 2013**

Allocation month/Rounds	Beneficiaries	Transferred USD by DRMFSS
Third	98,194	680,441
Fourth	98,194	847,347
<b>Sub-Total</b>	<b>98,194</b>	<b>1,527,787</b>
Fifth(September)	120,700	1,076,064
Six(November)	249,452	2,660,103
Seventh(December)	181,910	772,976
<b>Sub-Total</b>	<b>249,452</b>	<b>4,509,142</b>
<b>Total</b>	<b>249,452</b>	<b>6,036,929</b>

## **Targeted Supplementary Feeding (TSF) Programme**

The total TSF requirement for the second half of 2013 was USD 11,060,581, of which USD 6,091,708 was covered through carry over resources. The net requirement of **USD 4,968,873** was 120 per cent funded with donor contributions amounting to **USD 5,969,410** (See Annex I).

During the second half of 2013, some 9,806 MT of blended food and 1,465 MT of vegetable oil was planned to be distributed to 523,000 moderately malnourished children and pregnant and breastfeeding women in nutrition hotspot priority one *woredas* in Afar, Amhara, Gambella, Oromia, SNNP and Tigray regions. During this period, 10,523 MT of blended food and 1,713 MT of fortified vegetable oil were distributed to nearly 652,506 beneficiaries in nutrition hotspot priority one *woredas* and in NGO operational *woredas* supported by the Humanitarian Response Fund (HRF). The number of beneficiaries and the amount of food distributed were therefore higher than the initial plan. This is attributed to the deterioration of the food security situation in pocket areas and the corresponding increase in nutrition hotspot priority one *woredas* in Amhara and Oromia regions. Furthermore, dire food security situation in some regions urged the Government and partners to also provide targeted supplementary feeding in nutrition hotspot priority one *woredas* identified in September 2013 and some priority 2 *woredas*. Despite available funds, resource shortages in international and national markets challenged the timely delivery of supplies.

## **2.2 Health and Nutrition**

Between July and December 2013, the health and nutrition sector response focused on the management of severe acute malnutrition (SAM) in drought-affected and food insecure areas, and the response to disease outbreaks, including meningococcal meningitis, measles, polio, malaria, yellow fever and dengue fever in Amhara, Oromia, SNNP and Somali regions and the city of Dire Dawa. To address and mitigate the impacts of these hazards, the sector mobilized **USD 14,570,251 (137 per cent of net requirements)** (See Annex II a and b for details). Sector activities included the provision of supplies to therapeutic feeding programme sites (TFPs), provision of drugs and medical supplies, including vaccines to *woredas* affected by disease outbreaks to ensure the rapid containment of the outbreaks and to minimize morbidity and mortality rates.

Direct financial support was provided to cover operational costs of the outbreak response activities, particularly of meningitis, yellow fever, measles, and polio vaccination campaigns, and health staff trainings. Training modules ensured proper case management, outbreak investigation for the timely detection and confirmation of outbreaks, and disease trend monitoring. Required treatment protocols and guidelines were printed and distributed.

### ***Nutrition Update/Review:***

For the second half of 2013, of the total **USD14,746,159** required for emergency nutrition interventions, **USD9,345,160** was covered with carry over resources leaving a net requirement of **USD5,400,999**. During the reporting period, the sector mobilized **USD 12,096,898**, close to 224 per cent of the net requirements (See Annex II-b for details). A total of **USD 6,450,873** was utilized during the second half of 2013 to cover nutrition interventions, while the remaining **USD 5,646,005** will be carry over fund for 2014, which allows the immediate initiation of sector activities.

Between July and November 2013, 99,899<sup>2</sup> cases of severe acute malnutrition (SAM) were admitted to an average of 9,995 therapeutic feeding program (TFP) sites in Afar, Amhara, Oromia, SNNP, Somali and Tigray regions<sup>3</sup>. (80.9 per cent reporting rate) This constitutes 80.1 per cent of the July to December estimate of 124,650 TFP site admissions. About 86 percent of the total TFP admissions were in Oromia (40 per cent), SNNP (26.5 per cent) and Amhara (19 per cent), while the remaining regions – Afar, Somali and Tigray - accounted for 14 per cent together.

The TFP admissions for the second half of 2013 fluctuated according to the seasonal admission trend. Nationally, the admissions declined in July (by 11 per cent) and August (by 16 per cent) and increased during September (by 3 per cent). The October trend remains difficult to define due to the low reporting rate (75.3 per cent). Conversely, in Oromia, TFP admissions peaked in July accounting for over 48 per cent of the national admissions, and then dropped by 27 per cent in August. The TFP admissions gradually decreased in East Hararge zone from August to October after an increasing trend seen between May and July.

Similarly, Amhara region did not follow the seasonal trend with reported increases in TFP admissions in August (by 11 per cent) and September (by 15 per cent). Significant increases in admissions were registered in North and South Gondar, North and South Wollo, Wag Himra and Oromia zones of Amhara region. The admission rate stabilised later in October following the DRMFSS's emergency nutrition coordination unit (ENCU) and partners jointly mobilized efforts to strengthen emergency nutrition responses in nutrition hotspot *woredas*. The intervention was funded by the Humanitarian Response Fund (HRF) and the Office of US Foreign Disaster Assistance (OFDA). In Afar and Somali regions, the reporting rate was very low or fluctuated significantly between July and October confounding characterisation of TFP admissions trends at regional level; however, the overall nutrition situation was stable during the reporting period. Overall, when compared to the same period in 2012, the 2013 TFP admissions are 21.8 per cent lower.

The national TFP performance continued to be above national<sup>4</sup> and Sphere cut off points with 85.7 per cent cure rate, 1.3 per cent death rate and 3.7 per cent defaulter rate.

Between July and December 2013, 3,448,352 children under-5 living in the 167 nutrition hotspot *woredas* received Vitamin A supplements, while 2,513,012 children between the ages of 2 and 5 years received deworming treatment. In addition, approximately 325,000 pregnant and breastfeeding women were screened for acute malnutrition in the hotspot *woredas*.

With respect to ad hoc surveys, the ENCU/DRMFSS coordinated six surveys during the second half of 2013. The endorsement of the six proposals required that the surveys and reports meet existing quality assurance criteria and be classified in accordance with the 2008 national guideline. Four of the six surveys were conducted in Oromia region (Deder, Fedis, Kersa and Metta *woredas*) and two in Somali region (Dolo Ado and Erer *woredas*). The nutritional situation was classified as '*normal*'<sup>5</sup> in two *woredas*, as '*poor*'<sup>6</sup> in three *woredas* and '*serious*'<sup>7</sup> in one *woreda*. The prevalence of severe acute malnutrition (SAM) in five of the six surveys was low (below 1 per cent)

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<sup>2</sup> About 7.2% of the cases were admitted in TFU and the remainder in OTP services

<sup>3</sup> Due to late submission of monthly TFP reports, only the July to November period reports are available;

<sup>4</sup> Cure rate >75%; death rate <5% (FMOH 2007) and Defaulter rate <15%

<sup>5</sup> GAM below 10 percent, all of them in Oromiya region

<sup>6</sup> GAM ranging between 8.3 and 12.5 % in the absence of aggravating factors: Two in Oromia and one in Somali

<sup>7</sup> GAM 19.5% in the absence of aggravating factors in Somali region.

while in one (Dolo Ado) *woreda* it was 1.4 per cent. Crude and under-five mortality rates were normal in all six surveys. Additionally, three<sup>8</sup> ad-hoc emergency nutrition surveys and 16<sup>9</sup> bi-annual surveys were conducted starting mid-December and report writing is in progress.

An analysis of the hotspot *woredas* lists revealed an increase of 5.5 per cent in the number of hotspot *woredas*, from 342 *woredas* in April to 361 *woredas* in September. Moreover, the number of priority one *woredas* increased by approximately 17 per cent from 113 to 132 *woredas* during the same period. Conversely, the number of priority two *woredas* (169 *woredas* in April and 166 *woredas* in September) and priority three *woredas* (60 *woredas* in April and 61 *woredas* in September) remained relatively stable. With over one third of the total hotspot *woredas* in the country, Oromia region also accounted for 48.5 per cent of the hotspot priority one *woredas*. Considering that the hotspot *woredas* have different nutritional situations, the regional ENCU identified 89 *woredas* in the six regions that needed close monitoring. The list was used to prioritize the allocation of available scarce resources and to ensure that nutrition interventions prioritized the most vulnerable *woredas*.

Monthly tracking of targeted supplementary feeding (TSF) and TFP services' coverage was undertaken in hotspot *woredas* in the six regions. Based on the September hotspot *woreda* list (127 priority one *woredas*), outpatient therapeutic program (OTP) was available in 94 *woredas* and therapeutic feeding unit (TFU) services were provided in 81 *woredas* as of the end of November. Moreover, the TSF coverage in these *woredas* increased from 62 to 79 per cent during the same period. In hotspot priority two *woredas*, OTP coverage increased from 86 to 88 per cent, while TFU coverage remained stable at 71 per cent. Most SAM cases (95 per cent) were treated in OTP sites managed through the Health Extension Programme (HEP) and supported by 16 agencies<sup>10</sup> in priority one and two *woredas*.

During the second half of the year, the Federal Ministry of Health (FMoH), in collaboration with partners, continued the expansion of TFP services. Some 387<sup>11</sup> new TFP sites (3.2 per cent increase from June 2013) brought the number of sites to over 12,400. Hard-to-reach pastoralist areas continued to be covered by 35 mobile health and nutrition teams (MHNT), 28 of which were operated by Afar and Somali Regional Health Bureaus and funded by UNICEF; NGOs supported seven mobile health and nutrition teams in the two regions<sup>12</sup>.

The major challenge faced during the first half of 2013 was delayed implementation of the TSF program in hotspot priority one *woredas* as a result of the long transport tendering process by regional early warning bureaus. This challenge was addressed during the second half of 2013. Adequate engagement of partners in support of the Government contributed to strengthening the emergency nutrition responses during the second half of 2013 through the provision life-saving services to the targeted beneficiaries.

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<sup>8</sup>One in Amhara (Tselemt) and 2 in Somali region Gode and Kebridehar

<sup>9</sup>Six surveys in Oromiya ; 4 in Amhara and 3 in each of Tigray and Afar regions. The 9 surveys (3 in Somali and 6 in SNNPR) were expected to be conducted in January.

<sup>10</sup> ACF, CARE, CONCERN, GOAL, IMC, Islamic Relief, Mercy Corps, Merlin, MSF France, MSF Holland, MSF Spain, Plan International, Save the Children International and World Vision, as well as UNICEF.

<sup>11</sup>56.6 percent of the new TFP sites were opened in Oromia region alone.

<sup>12</sup>31 of the mobile health teams were operational in Somali region and 4 in Afar region.

In terms of emergency nutrition responses, Nutrition Cluster partners continued to support the FMOH and DRMFSS in strengthening emergency nutrition responses, including community based management of acute malnutrition (CMAM) in hotspot *woredas*. Of the 37 projects implemented by partners between July and December 2013 in 134 *woredas* in six regions<sup>13</sup>, 15 HRF funded projects covered 46 *woredas* most of which were hotspot priority one and two *woredas*. Fifteen projects were funded by ECHO<sup>14</sup> (covered 32 *woredas*) and OFDA/GOAL<sup>15</sup> (covered 35 *woredas*). Other donors<sup>16</sup> funded seven additional projects that covered 21 *woredas*. In addition, one project that supported country-wide CMAM was funded by OFDA and implemented by UNICEF through the FMOH. Efforts were made to strengthen emergency nutrition responses in *woredas* where the nutrition status was classified as either serious or poor

In terms of supplies, UNICEF supported the FMOH and NGOs by ensuring the availability of adequate TFP supplies. From July to December 2013, 109,269 cartons of ready-to-use therapeutic food (RUTF); 1,142 cartons of F-100; 1,685 cartons of F-75 and 128,323 bottles of amoxicillin were dispatched to Regional Health Bureaus for the management of severe acute malnutrition. In addition, a total of 1700 cartons of RUTF, 109 cartons of F-100, 23 cartons of F-75 and 17,148 bottles of amoxicillin were distributed by NGOs to fill gaps in TFP supplies during the reporting period. NGOs implementing CMAM had free access to TFP supplies through the respective Regional Health Bureaus<sup>17</sup>. Monthly updates on the TFP supply status were produced by ENCU. Most partners reported receiving adequate TFP supplies (RUTF, F-100 and F-75) and only in a few cases NGOs distributed their own supplies to fill gaps.

### **Health Update/Review:**

For the second half of 2013, the health sector requested USD 4,897,406 and secured **USD 2,473,353 (50 per cent)** (see annex II a).

**Measles:** Local measles outbreaks were reported in pocket areas of Amhara, Oromia, SNNP and Somali regions. Most of the recorded outbreaks (80 per cent) were identified and contained in a timely manner. The health sector responded to the outbreaks through enhanced disease surveillance, outbreak investigation, case management, health education and strengthening immunization through mass vaccination. During the reporting period, 410,304 children between the ages of 6-months and 14 years of age were immunized.

**Meningococcal meningitis:** A local meningitis outbreak was reported in SNNP region during the second half of 2013, which was an extension of the major outbreak that occurred in the first half of the year due to prolonged dry, hot and windy/dusty weather. Surges in the number of meningitis cases were reported in four administrative zones in SNNP region, including Sailem *woreda* of Kefa zone, Meskan *woreda* of Gurage zone, Shashego *woreda* of Hadiya zone, and South Bench *woreda* of Bench Maji zone. In response, the Regional Health Bureaus conducted case management and mass vaccination of over 1.1 million people between 2 and 30 years of age, in addition to the 2.6 million people vaccinated during the first half of the year. The sector procured 1 million doses of

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<sup>13</sup> SNNP, Oromia, Somali, Afar, Gambela and Amhara

<sup>14</sup> Implemented by five partners: CARE, Merlin, GOAL, IMC and ACF

<sup>15</sup> Implemented by six NGOs: GOAL, Concern, Merlin, KHI, Plan International, IMC

<sup>16</sup> WVI Korea, Plan German, Irish Aid, Plan International,

<sup>17</sup> This is why NGOs' contribution for the overall supplies distributed is very small. For example, NGOs RUTF distributed supplies accounted for just 1.5 percent in the July to December period.

Meningitis Bivalent (A/C) vaccine, drugs medical and laboratory supplies that enhanced the confirmation of the causative agent and guided the response strategy.

**Wild Polio Virus (WPV):** In response to the wild polio virus outbreak in August 2013, the FMOH, in collaboration with RHBs and partners, enhanced surveillance and vaccinated 13.5 million children under-5 during the October and November 2013 national vaccination campaign. As of December 2013, the country reported six cases of WPV from two *woredas* of Dollo zone in Somali region.

**Dengue Fever:** A dengue fever outbreak occurred in the city of Dire Dawa in October 2013. The FMOH/ Ethiopian Health and Nutrition Research Institute (EHNRI), in collaboration with the Dire Dawa City Administration Health Bureau and partners continue to respond to the outbreak. Activities include enhanced disease surveillance, case management, health education, environmental management and vector control.

**Malaria:** During the second half of 2013, a surge in the number of malaria cases was recorded in Amhara (West Gojam, Awi and North Gondar); Oromia (Jimma, South West Shewa, West Wellega, Illubabore); SNNP (Wolayta, Gurage and Gamogofa); and Tigray (North West, Central and Western zones). The RHBs, FMOH/EHNRI, in collaboration with partners, initiated case management, environmental management, distributions of insecticide treated nets (ITNs) and indoor residual spray 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. Since May, 151 cases were reported in four *woredas*. As part of the response, surveillance and case management were strengthened and preventive and control measures were implemented, including vector control and environmental management activities using funds from WHO and ECHO.

**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 second half of 2013, close to 251,000 consultations were provided to remote, displaced communities that would otherwise have limited access to basic health and nutrition services, by 45 teams in four *woredas* of Zones 1, 2 and 3 in Afar region and 33 *woredas* in Afder, Degehabur, Fik, Gode, Jijiga, Koraha, Liben, Shinile and Warder zones in Somali region.

### **2.3 Water, Sanitation and Hygiene (WASH)**

Access to water supply services depends in part on the performance of seasonal rains and stakeholders' capacity to construct, maintain, and monitor the quality of water schemes. Despite some recent improvements, the water supply and WASH facilities and services remain low. Recurrent hazards, such as droughts and floods, affect communities and institutions and cause acute water shortages and increase the incidence of water-related diseases. Climate change induced weather anomalies increase the magnitude and frequency of the hazards, further exacerbating the situation.

To boost the provision of efficient water supply services, the Government of Ethiopia, through its Growth and Transformation Plan (GTP), is improving service coverage. These efforts notwithstanding, many parts of the country continue to experience different types of hazards that adversely affect the existing low WASH coverage and capacity at different levels, resulting in acute water shortages, water-related disease and distortion of the socio-economic status of people.

In 2013, the overall performance of the *kiremt/dyer* rains was good in most parts of the country, except in the chronically water insecure areas. In Somali region, pocket areas in Afder, Korahe, Liben and Nogob zones received inadequate seasonal rains, resulting in localized water shortages.

In the lowlands of Oromia region, the performance of the *kiremt* rains was better compared to 2012. Surface and ground water sources were replenished, significantly improving the water availability in the region. However, water shortages were reported in pocket areas of East and West Hararge and Bale zones. The Government, in collaboration with WASH partners, supported water trucking operations in these areas from July to October 2013. These operations were supplemented by the construction and maintenance of water schemes to ensure a sustainable water supply in these drought-prone areas.

Most of Afar region received an adequate amount of *karma* rains. The people living in the dry belt of Afar, which stretches from northern Afar across its north eastern part, depend on water rationing.

Most of the southern parts of Tigray region have been chronically water insecure, presenting a huge challenge for the regional government. Water trucking operations have been on-going for years.

Floods in Oromia zone of Amhara region and in areas surrounding Lake Tana damaged existing water supply schemes. The Government, in collaboration with partners, undertook water trucking operations to provide potable water for the affected communities that extended up to six weeks. Water treatment chemicals were also provided to the affected households to prevent water-related disease outbreaks.

In SNNPR, the 2013 *kiremt* rains were better compared to 2012. Water sources were replenished, increasing water availability in the region. However, localized heavy rains caused flooding in parts of Hadiya and South Omo zones.

During the second half of 2013, the Government, with support from humanitarian partners, implemented a range of interventions to address emergency WASH needs. Water rationing, distribution of water purification chemicals, rehabilitation/maintenance of non-functional water supply schemes, construction of new water supply schemes, and hygiene promotion activities were some of the activities undertaken by the sector. During this period, water trucking request reached a peak of 24 trucks, of which 16 trucks were operational in Afar, Oromia and Tigray regions. Rehabilitation and maintenance of the existing non-functional schemes and expansion work were also given a major emphasis in the second half of 2013. A total of 89 water schemes were rehabilitated (Somali 47, Oromia 33, Afar 7 and Tigray 2). The expansion of three water supply system was completed (Oromia 1 and Somali 2). Moreover, construction of one mini-dam in Tigray and one river intake scheme is on-going in Somali.

Resources were secured from HRF, ECHO, OFDA and other donors (see Annex II) to address the WASH emergencies. The net sector requirement for the second half of 2013 was USD 8,128,604, and USD **8,950,841** (110 per cent) was secured.

The federal WASH sector taskforce played a significant role in supporting the various coordination forums, which were instrumental in identifying the needs, gaps and in mobilizing appropriate responses.

## **2.4 Agriculture**

Following below normal 2013 *belg* rains in the northeastern parts of the country, widespread production losses occurred in the *belg* dependent areas of Amhara, Oromia and Tigray regions. Some production losses were also recorded in parts of SNNP region and areas that received below average rainfall in Somali region. During the July to December 2013 period, the sector's response focused on provision of seed and planting materials, veterinary medicines and vaccines and associated capacity building.

For the second half of 2013, the agriculture sector required **USD 6.9** million and two agencies, ECHO and USAID/OFDA contributed **USD4.7** million (or 68 per cent) of the total requirements (see Annex IV). The funds were disbursed through livelihood-based interventions, including animal health services and provision of seed and planting materials by ACF, CHF, COOPI, CORDAID, FHE, and SCI together with the Desert Locust Control Organization for Eastern Africa and FAO.

The response in smallholder farming areas included the provision of seeds, root and tuber planting materials, with a focus on drought tolerant varieties, the provision of fruit trees to diversify cropping systems and the rehabilitation of small-scale irrigation schemes affected by floods. In the lowland agro-pastoralist and pastoralist areas, the focus of support was on subsidizing animal health services (veterinary medicines and vaccines), livestock feed supplementation, including multi-nutrient blocks and fodder and support for irrigated fodder crop production.

## **2.5 Education**

During the second half of 2013, the education sector secured **USD 2,460,287** (82 per cent) of the sector's net requirement to undertake projects supporting Education in Emergencies (EiE) for children affected by emergencies. From the above mentioned fund, **USD 368,884** was recently released for for EiE response and is available for 2014. Sector resources were contributed from UNICEF, ECHO and HRF.

As part of the emergency response and preparedness activities implemented during the second half of 2013, the sector established temporary learning spaces in the conflict-affected Mino town of Kumbi *woreda*, and rehabilitated the schools damaged during the conflict in Kumbi and Meyu *woredas* of East Hararge zone. Four schools were burnt and five looted in Meyu *woreda* affecting the schooling of some 4,000 children (40 per cent girls). In Mino town, some 3,700 displaced children (40 per cent girls) had no access to education services. Education supplies, including 40 school tents were delivered to the local authorities in the conflict affected areas in Kumbi and Meyu *woredas*. With technical support from UNICEF and the Education Cluster, Plan International received HRF funds to ensure the quality of the education in emergencies (EIE) response in Meyu and Kumbi *woredas* in East Hararghe. This response targeted more than 8,000 school aged children, of which 4,000 were displaced in Mino (Kumbi *woreda*).

In Filtu *woreda* (Liben zone, Somali region), the sector supported the construction of 13 semi-permanent classrooms, and rehabilitated five schools damaged by conflict in the area. More than

7,000 primary school aged children benefitted from the distribution of education supplies, including hygiene kits for the teenage girls in school.

Capacity building trainings on conducting education needs assessment was provided for regional education task forces and partner organizations.

### **3. 2014 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**

The 2014 beneficiary figure was projected based on a five year sector and weather trend analysis and the results of the 2013 *meher/deyr/hagya/karma* assessment. The historical sector and weather trend analysis reviewed hazards, disaster impacts, TFP admissions, average food production data, and LEAP data and food prices. Trends of hazards for the past five years in different livelihood zones, and coping and response strategies were also analyzed using HEA Framework Analysis (LIAS). In line with the NMA weather trend analysis, 2013 was identified as the analogue year to base the 2014 requirements projection. Accordingly, the north eastern *belg* receiving areas are likely to receive inadequate rains similar to *belg* 2013; while the southern *belg* receiving areas and the south and south eastern pastoralist areas are likely to receive normal rains. The projections were based on the below assumptions:

***Crop production:*** In major *belg* growing areas of Amhara and Tigray regions, the 2014 *belg* production is expected to be the same level to that of 2013, with an expected considerable crop production loss; while near to complete crop failure is anticipated in the North Shewa zone of Oromia region. The crop failure is estimated to be on average 55 per cent in East Hararghe and 30 per cent in West Hararghe zones. Crop production is likely to be normal and above normal compared to the reference year in most *belg* growing areas of SNNPR.

***Market price:*** Staple food prices are still above the five year average and 2013 prices were slightly above the 2012 prices. Prices started to decline since December 2013 as per the normal seasonal trend during the harvest and in the immediate months after the harvest. However, grain prices are expected to rise closer to the hunger season in March and April. The increase in the staple market price is expected to lead to reduced access to food in all parts of the country. This is expected to impact the food security and create additional emergency relief food beneficiaries due to market-price related shock.

***Livestock herd size:*** Due to consecutive below normal rains in the northern parts of Afar the livestock herd size is significantly reducing: the 2013 *karma* assessment revealed that compared to

the reference year (2006/2007), household herd size has reduced by 54 percent (camel), 56 per cent (cattle) and 66 per cent (small ruminants). Similarly number of milking animals has reduced from 30-40 per cents in the northern parts. Based on the above analysis and the likely below normal 2014 *sugum* rains, the herd size in the northern parts of Afar is estimated to remain at the same level or slightly decline from 2013 karma season. Meanwhile, the livestock herd size in 2014 is expected to slightly increase in the remaining pastoralist areas in the southern and southeastern parts considering the consecutive good seasonal rains and the projected normal 2014 *hagya/gu* rains.

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Crop production is likely to be affected in the major *belg* producing areas of Amhara and Tigray regions, for the third consecutive year. This will worsen the food security situation in the areas. Some level of yield reduction is also expected in East and West Hararghe zones of Oromia region. Improved crop production in the *belg*- receiving areas of SNNPR, except for the localized hazard affected areas, will likely contribute to the improvement of the regional food supply. A general improvement in the food security situation is expected in the southern and south eastern pastoralist areas.

#### 3.1.2 Requirements

Based on the 2013 *meher/deyr/hagya/karma* assessment and historical trends analysis, an estimated 2.7 million people will require emergency food assistance during 2014, of which 27 per cent are from Oromia region, 25 per cent from Somali region, 19 per cent from Tigray region and 16 percent from Amhara region.

The total food requirement is estimated at 388,635 MT, including 314,684 MT of cereals, 31,468 MT of pulses 9,441 MT of oil and 33,042 MT of blended food (see table 3 below)

**Table 3: Affected population and Relief Food Requirements by Region, 2014**

Region	Beneficiaries	Food Requirement MT				
		Cereal	Supp.Food	Oil	Pulses	Total
Tigray	537,495	70,822	7,436	2,125	7,082	87,465
Afar	158,876	21,448	2,252	643	2,145	26,489
Oromia	746,336	73,012	7,666	2,190	7,301	90,170
Amhara	448,990	40,464	4,249	1,214	4,046	49,974
Benishangul Gumuz	4,505	405	43	12	41	501
Gambela	62,100	4,658	489	140	466	5,752
Somali	691,978	93,417	9,809	2,803	9,342	115,370
SNNPR	66,530	8,982	943	269	898	11,092
Harari	3,500	263	28	8	26	324
Dire Dawa	16,180	1,214	127	36	121	1,499
<b>Total</b>	<b>2,736,490</b>	<b>314,684</b>	<b>33,042</b>	<b>9,441</b>	<b>31,468</b>	<b>388,635</b>

### **3.1.3 Relief food basket**

Provided that adequate contributions are received in a timely manner, relief food beneficiaries in 2014 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. Additionally, 4.5kg blended food is provided per person per month for targeted vulnerable groups that constitute an estimated 35 per cent of the population in need. The general ration supplies 2,050 kilocalories/ per person/per day, while the supplementary ration supplying an additional 570 kcal.

### **3.1.4 Distributions**

Regions will prepare their food distribution plans by distribution sites and will submit to the DRMFS 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, DRMFS, 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 DRMFS 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 2014, the programme aims to address the needs of 1,182,000 children between the ages of 6 and 59 months, pregnant and breastfeeding women in hotspot priority one *woredas* and in some priority two *woredas* as required. The targeted hotspot priority *woredas* will be determined by the bi-annual seasonal food security assessment results. Beneficiary identification is made during quarterly and routine screening activities undertaken by Health sector. The procurement, dispatch and delivery of **22,800 MT** of blended food and **3,406 MT** of fortified vegetable oil will require **USD 20,744,846**. To date, confirmed contributions of **USD 4.5** million, including the USD1 million in carry over from 2013, will reduce the gap to **USD16, 244,340**.

## **3.3 Non-Food Needs**

### **3.3.1 Health and Nutrition**

#### **3.3.1.1 Objectives**

The sector's overall objective is to minimize and control the impact of on-going and impending health and nutrition emergencies during 2014.

#### **Methodology**

The hazard identification, risk analysis and 2014 requirement projection were based on the findings of the multi-sectoral *meher* assessment and a review of surveillance data from the past five years. Surveillance data included the expanded program of immunization (EPI) and WASH coverage. This

was complimented by a desk review of secondary data available at the Ethiopian Health and Nutrition Research Institute (EHNRI) Public Health Emergency Management (PHEM) center, including the weekly disease surveillance data, various field and nutritional surveys, and regional emergency reports. Finally, early warning information from different sectors was used to triangulate all available information.

### 3.3.1.2 Health and Nutrition Emergencies in 2014

The Government and humanitarian partners require **USD 29,104,684** to control outbreaks of communicable diseases, to manage severe acute malnutrition (SAM) and to conduct enhanced outreach strategy (EOS) related activities.

Sector activities will focus on SAM management in the most vulnerable communities; the response to epidemics; strengthening the health service delivery system in high risk *woredas*; deployment of mobile health and nutrition teams; and capacity building of the health system to enhance surveillance and to effectively respond to public health emergencies and related crises.

**Management of Severe Acute Malnutrition:** The Therapeutic Feeding Programme (TFP) beneficiaries for 2014 were estimated based on the following methodology:

- Based on the guidance from the methodology subgroup, the Nutrition Cluster took 2013 as the analogue year with respect to the nutrition and food security situation.
- Best, median and worst case scenarios were built based on the preliminary NMA forecast for the first half of 2014; assumptions that TFP expansion will continue at a rate of 1000 sites per year; and reporting rates will continue to be above 80 percent throughout 2014. Other variables, including the CHD screening and caring practices were held constant as significant changes are not expected in 2014. It is also assumed that TSF will be implemented in PSNP *woredas* classified as hotspot priority 1. Additionally, it is anticipated that TSF will be implemented in a timely manner in all eligible hotspot *woredas*.
- Based on the weather forecast from NMA indicating a weather pattern for 2014 similar to the analogue year (2013), the 2014 changes in TFP admissions/SAM caseload were based on historical trends analysis.

Accordingly, based on the most likely scenario, the SAM caseload for 2014 was estimated to be 238,761, which is 22.4 per cent lower than that of 2012 and five per cent lower to that of 2013. This figure will be reviewed during the mid-year review of the actual 2014 *bel/gu* performance.

In order to manage the caseload outlined above, **USD23, 876,100** is required, calculated at a cost of USD 100 per SAM case. In parallel, 783,602 children under five, and 127,058 pregnant and breastfeeding women in 81 *woredas* will be screened for malnutrition and enrolled in on-going nutrition interventions and receive two rounds of single dose of vitamin capsules.

In addition, children between 2 and 5 years of age will receive one dose of deworming tablets. With the two planned rounds, this intervention will require **USD 1,441,714** (estimated USD 0.6 per child).

UNICEF already procured the equivalent of USD 5,646,025 of TFP supplies, RUTF and essential supplies for CMAM. These supplies are in warehouses and in the UNICEF pipeline and will be carried over to the first half of 2014.

**Measles:** Due to on-going measles outbreaks and the presence of factors that increase the risk of measles epidemics, the Government and humanitarian partners plan to vaccinate 6.8 million children under 15 years in 123 *woredas* in Oromia, SNNP, and Somali regions. Throughout 2014, case management is planned in areas with low routine measles immunization coverage and hotspot areas for an estimated 7,000 children aged 6 to 59 months. Communities at high risk of measles epidemics due to inadequate and low vaccination coverage, areas with high levels of malnutrition will be closely monitored to contain the current outbreaks and reduce measles related morbidity and mortality. The financial requirement for measles outbreak response and management amounts to **USD 2, 600,000.**

**Public health response in flood prone areas:** Considering the likely heavy rainfall and flooding during the 2014 *kiremt* season, communicable disease outbreaks such as water-borne disease like AWD and diarrheal diseases and vector-borne diseases like malaria are likely to occur. Some 49 *woredas* are identified as being 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 outbreak management activities, procurement of drugs, medical supplies, and training and monitoring of interventions at all levels.

**Meningococcal meningitis:** Dry, hot, windy and dusty weather conditions are compounded by malnutrition, food insecurity and the existence of other disease outbreaks in the high risk *woredas* lying in the ‘meningitis belt’, further impairing community immunity. Sector analysis concludes that there is a high risk of a meningitis outbreak between January and May in parts of Amhara, Benishangul Gumuz, Gambella Oromia, SNNP and Tigray regions. The need for robust preventative action to offset the likelihood of an outbreak in 139 high risk *woredas* is reinforced by the low vaccination coverage for meningitis. The last vaccination campaign was conducted over three years ago<sup>18</sup>. An estimated 1.2 million people who live in the identified high risk *woredas* are at risk. To respond to the expected outbreak, 1.2 million doses of meningococcal meningitis vaccine (bivalent), drugs, and other medical supplies are required at a national level, which costs a total of **USD 1.5 million.**

#### **Viral Hemorrhagic disease/ Yellow Fever and Dengue Fever outbreak**

As a result of the on-going yellow fever and dengue fever outbreaks in SNNPR and Dire Dawa administrative council, the FMOH anticipates a continuation and expansion of the outbreaks to other high risk areas as the majority of the *woredas* in the country are prone to the disease due to the presence of the disease transmitting vector. The sector plans to enhance epidemiological and laboratory surveillance, provide case management, vaccination of high risk groups to yellow fever and environmental management as well as intensive public awareness creation activities. For the implementation of these activities estimated **USD1. 3 million** is required.

#### **Strengthening Surveillance Including Trainings and M&E**

The sector will institute appropriate case detection and management, which will contribute to early outbreak detection and containment. This in turn will increase the timeliness of emergency response

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<sup>18</sup> Indicating critical risk for the occurrence of meningitis outbreak

at all administrative and operational levels. The sector plans to provide on-the-job orientation to health personnel in all outbreak prone areas.

The EHNRI through the Public Health Emergency Management Center, 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. All training, monitoring and evaluation activities will be conducted in collaboration with health partners and will require approximately **USD1.3 million**.

#### **Supports for Most Vulnerable Communities through Mobile Health Teams**

Mobile health teams will support the delivery of routine health services in parts of pastoralist regions that are inaccessible and have low health service coverage and inadequate human resources (Afar, SNNP and Somali regions). The sector will provide the operational cost of 56 mobile health and nutrition teams and will equip the teams with the necessary drugs and medical supplies to support more than 2.8 million people in Afar and Somali regions. The mobile health and nutritional teams will require **USD1.7 million**.

#### **Implementation Approach and Sector Monitoring and Evaluation**

The monitoring and evaluation component of the health and nutrition response plan is expected to be implemented at all administrative and operational levels based on agreed key indicators that are outlined in Annex VI.

**Coordination and Collaboration:** The FMoH in collaboration with the Emergency Health and Nutrition Taskforce will coordinate the overall implementation of the strategies, by strengthening existing coordination modalities and, where required, establishing new links with other sector taskforces. Increasing coordination will increase operational efficacy, improve the timeliness and reach of the health and nutrition response. Similar coordination mechanisms are expected to function at all administrative/operational levels.

**Strengthen Response Capacity:** The capacity at all levels is planned to be strengthened through trainings, development of guidelines, technical and financial support, and provision and development of appropriate communications materials.

**Table 3: Summary of Requirements for Health and Nutrition Emergencies - 2014**

<b>Intervention area</b>	<b>People targeted</b>	<b>Requirements - USD</b>	<b>Carry over</b>	<b>Gap</b>
<b>1. Nutrition</b>				
1.1 Severe Acute Malnutrition (SAM) management	238,761	23,876,100	5,646,025	18,230,075
1.2 Vitamin A supplementation and Deworming and nutritional screening	783,602	1,441,714	0.0	1,441,714
<b>Nutrition Sub total</b>	<b>1,022,363</b>	<b>25,317,814</b>	<b>5,646,025</b>	<b>19,671,789</b>
<b>2. Health</b>				
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	1,800,000	1,800,000	50,0000	1,300,000
2.4 Management of meningitis outbreak	1,500,503	1,500,503	0	1,500,503
2.3 Public health surveillance and response to emergencies; including trainings and M&E		1,298,378	0	1,298,378
2.4 Support health systems in most vulnerable communities through mobile health teams	1,737,258	1,737,258		1,737,258
<b>Sub total</b>	<b>6,800,000</b>	<b>9,932,895</b>	<b>50,0000</b>	<b>9,432,895</b>
<b>Total</b>				<b>29,104,684</b>

### 3.3.2 Water, Sanitation and Hygiene

#### 3.3.2.1 Objectives

The main objective of the Emergency Water, Sanitation and Hygiene (WASH) sector is to enhance access to safe drinking water and to reduce diarrhea and other water-related diseases. The WASH interventions contribute to the improvement of people's health and nutritional status, and reduce the risk of water resource-based conflict.

### 3.3.2.2 Methodology

The 2014 requirement projection is based on the 2013 *kiremt/dyer* seasonal assessment supported by secondary data, ad hoc assessment results conducted by various actors and a five year historical trend analysis. The following assumptions were used in projecting the requirement for the second half of 2014:

- 2013 will be the analogue year for 2014 based on the (NMA) preliminary forecast and analysis of five years of trends. Based on the above assumption, the number of beneficiaries for 2014 is expected to be at similar level to that of 2013.
- The sector included a five per cent increase in the number of beneficiaries to account for the possibility of an additional caseload due to unforeseen sudden onset of emergencies.
- The Joint Action Plan (JAP) in Afar and Somali regions will improve water availability in the chronically water insecure areas of the regions. This is expected to represent a two per cent improvement of water availability.

Based on the above assumptions, an estimated 1.3 million beneficiaries will require emergency WASH assistance in 2014. Among the planned activities are the rehabilitation, maintenance, and expansion of existing WASH facilities, the construction of new WASH facilities, provision of WASH supplies, hygiene promotion activities, capacity building, coordination, monitoring and evaluation and emergency water rationing, as required.

### 3.3.2.3 Anticipated WASH Emergencies

In 2014, the WASH sector will require **USD24.7** million to address the needs of about 1.3 million people. This is based on the *meher* field assessment and the sector historical analysis-based projection.

**Water Shortage:** The 2013 multi-agency seasonal assessment findings indicate a critical water shortage in parts of Afdera, Berhale, Bidu, Elida'ar, Erebti, Kori, Teru and Yallo woredas in Afar region that depend on water rationing. Water rationing should continue alongside interventions such as rehabilitation, maintenance of non-functional and establishment of new water supply schemes.

Water availability improved in most parts of Oromia region following an overall good 2013 *belg* and *kiremt* rains. Consequently, harvested water is expected to sustain the communities in some chronically water insecure woredas for an additional month or two, apart for Kumbi, Meyu and Midhaga-Tola woredas in East Hararge zone where emergency water trucking is required. Moreover, people in eight woredas of East Hararge zone and seven woredas of West Hararge zone are at risk of water shortages and will be closely monitored. In both zones, non-functional existing water schemes were identified as the single most aggravating factor of acute water shortages. In addition, it is expected that the Kenyan influx due to ethnic conflict will put high pressure on the existing water sources in Moyale woreda. However, currently there are no damaged water supply schemes in the woreda.

In Amhara region, there is no identified WASH related emergency at this time. However, the sector's analysis shows that during the last three consecutive years, East Belesa woreda of North Gondar zone and Minjar Shenkora woreda of North Shewa zone were prone to acute water shortages. At the peak of the dry season (February to May), water trucking requirements are expected.

In SNNPR, the 2013 kiremt rains enabled the adequate replenishment of water sources. As of early January, there are no WASH related emergencies in the region. However, non-functioning water supply schemes may lead to water scarcity. Based on the *meher* assessment report, starting February 2014, pocket areas of Gamo Gofa, Gedeo, Kembata Tembaro, Segen, Sidama, South Omo, Wolayta zones and Halaba special woreda will be at risk of water scarcity.

The cumulative effect of consecutive droughts in Tigray region has had an adverse effect on the availability of drinking water. Consequently, there are acute water shortages in pocket areas of Central, North Eastern, North Western, South Eastern and Western zones. The situation is more serious in Erob, Klite Awlalo, Raya Azebo and Saesie Tsaeda Emba woredas.

In Gambella region, the *meher* assessment confirmed the water shortage in eight woredas because of the damage to existing water supply schemes by flooding and river overflows. Jor and Wanthowa woredas are the worst affected. In Benishangul Gumuz region, Agalometi, Assosa and Kurmuk woredas are facing water shortages because the woredas are part of poor hydro-geological and arid climatic zones. The influx of Sudanese refugees in the woredas puts high pressure on the existing water schemes and increased the number of the non-functioning water schemes.

The preliminary NMA forecast for the first half of 2014 predicts a normal *belg/gu/ganna* rains with likely below normal rains in the north eastern parts of the country, similar to the 2013 *belg*. However, dry weather will continue (March-May) in those areas where *belg* rains are not expected to replenish depleted water sources. Water shortages will remain a concern in 2014 and the number of people affected by the shortages is expected to be similar to that of 2013. Water shortages are also expected to continue in the dry belts of Afar region, the lowlands of Oromia region (particularly in East and West Hararge zones and the lowland of Bale zone), and significant parts of Somali and Tigray regions. On the other hand, the on-going Joint Action Plan in Somali and Afar regions will significantly improve the chronic water shortages through the development and rehabilitation of drought resilient (sustainable) water supply schemes.

**Flooding:** During the second half of 2014, the sector anticipates normal rainfall as the trend analysis from 2008-2013 shows improvement in the overall *kiremt* rainfall performance. 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. These floods result in displacement of people and cause damage to private and public properties and assets. In addition, flash floods due to unexpected torrential rains in different parts of the country may affect water supply systems and cause displacement. Flood prone areas in Afar, Amhara, Gambella, Oromia, and Somali regions are likely to be affected and 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, to improve existing hygiene conditions and minimize the risk of outbreaks, environmental sanitation and hygiene practices at community and household levels will be encouraged. A concerted effort by sector partners to prevent and mitigate WASH-related health risks is particularly important during the rainy season in flood-prone areas, in commercial farms during seasonal labor mobility and during religious pilgrimage events.

**Table 4. WASH Requirement for 2014**

<b>Activities</b>	<b>People targeted</b>	<b>Required Resources USD</b>	<b>Carry over USD</b>	<b>Gaps USD</b>
Rehabilitation and maintenance of existing water schemes	313,804	5,699,867	-	5,699,867
Construction of new water supply schemes	62,761	4,284,312	-	4,284,312
Water trucking	269,031	7,685,632	-	7,685,632
Water purification and water treatment chemicals	278,894	1,700,660	-	1,700,660
School WASH	59,772	1,376,361	-	1,376,361
Health WASH	44,829	999,802	-	999,802
Sanitation and hygiene facilities and education	174,294	1,921,988	-	1,921,988
Water storage and water treatment equipment	44,829	575,135	-	575,135
Capacity building at federal and regional levels	-	424,667	-	424,667
<b>Total</b>	<b>1,258,204</b>	<b>24,668,422</b>	<b>-</b>	<b>24,668,422</b>

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.

### **Capacity Building**

Emphasis will be given to strengthening institutional capacity of the water and health sectors at federal, regional and *woreda* levels. To this end, the sector plans to provide trainings aimed to improve 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 channeled 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 2014, the agriculture sector aims to provide coordinated, high quality livelihood-based support to smallholder farmers, agro-pastoralists and pastoralists affected by shocks and hazards.

#### 3.3.3.2 Methodology

Agriculture sector requirements for the year 2014 are based on the multi-agency needs assessment findings and the National Meteorological Agency (NMA) information, including both five year rainfall trend analysis and long-range weather forecasts. The assessments and the NMA data suggest that 2014 will be similar to 2013. The requirements are subject to revision during the mid-year review based on a *belg* verification assessment.

#### 3.3.3.3 Requirements

The 2013 *belg* harvest was below normal in many areas, while the *meher* harvest was normal to above normal across much of the highlands. In the lowland pastoralist areas, the *gu/ganna* and *deyr/hagya* rains were normal to above normal. Consequently, livestock production was better than normal and pastoralist communities were able to continue rebuilding their herd size after the 2011 Horn of Africa drought.

However, in localized areas, the *meher* harvest was affected by heavy rains and riverine and flash floods, together with hailstorms, landslides and crop pests and diseases. Smallholder farmer communities in eastern Amhara and southern Tigray regions and pastoralist communities in Afar and Somali regions were identified as at-risk communities. In order to appropriately support these communities, the agriculture sector is requesting **USD11, 504,945** for targeted livelihood support, including provision of seed and planting materials and livestock-related interventions as outlined in Table 5 below.

**Table 5: Agriculture Requirements for 2014**

Interventions	Total Requirement USD	Available Resource USD	Net Requirement USD
Provision of seeds (for arable crops)	7,645,851	1,752,5370	5,893,314
Provision of root and tuber cuttings	464,543	-	464,543
Wheat rust control	645,681	-	645,681
Animal health – livestock medicines, vaccines and equipment	4,501,407	-	4,501,407
<b>Total</b>	<b>13,257,482</b>	<b>1,752,537</b>	<b>11,504,945</b>

### Crop Seed, Sweet Potato Cutting and Wheat Stem Rust control

Despite the increase in annual arable crop production, some smallholder farming communities were affected by harsh weather, crop pests and diseases in 2013. Consequently, the sector plans to provide assistance in the form of improved/emergency seed and planting materials and disease control measures. Some 130,701 quintals of arable crop seed (barley, chick pea, fava bean, field pea, haricot bean, lentil, maize, sorghum, teff, and wheat) will be provided, sufficient to re-plant 142,000 hectares and 22.2 million root and tuber cuttings that will be adequate to plant 400 hectares.

In addition, in 2013 various forms of wheat rust-affected wheat production that required emergency intervention in the form of rust control treatment. Consequently, in 2014 efforts will be made to strengthen contingency plans, including ensuring that rust tolerant varieties be planted and early detection and control is prioritized. In addition, farmers will be supported to adopt best rust-control practices and detect and report wheat rust earlier.

The cropping sub-sector requirements for the planned activities in Afar, Amhara, Oromia, SNNP and Somali regions are estimated to be **USD7.6 million** as outlined in Table 6 below.

**Table 6: Arable sub-sector requirements**

Sea son	Region	Targeted HH	Area to be planted	Amount of Seed - qt	Grand Total cost USD
Jan-Jun, 2014	Crop seed –Amhara	50,827	26,730	26,368	1,542,555
	Crop seed – Oromia	65,449	26,742	14,093	765,835
	Crop seed – SNNP	28,721	5,840	1,737	92,833
	Crop seed –Somali	1,220	1,749	438	20,748
	<b>Sub-total</b>	<b>146,217</b>	<b>61,061</b>	<b>42,636</b>	<b>2,421,971</b>
	Root and tuber cuttings – SNNP		400	22,222,000	464,543
	Wheat Rust control	3,500			645,681
	<b>Sub-total</b>	<b>149,717</b>	<b>61461</b>		<b>3,532,195</b>
Jul-Dec, 2014	Crop seed - Afar	7,381	6,587	377	55,222
	Crop seed – Amhara	105,932	35,663	55,765	3,153,114
	Crop seed – Oromia	124,584	37,771	29,875	1,889,457
	Crop Seed - Somali	1,870	935	2,048	126,087
	<b>Sub-total</b>	<b>239,767</b>	<b>80,956</b>	<b>88,065</b>	<b>5,223,880</b>
<b>Grand Total</b>	<b>389,484</b>	<b>142,417</b>	<b>130,701</b>	<b>7,645,851</b>	

### Livestock sub-sector requirements

The multi-agency assessment team identified an estimated 2.6 million livestock at risk of various livestock diseases. Safeguarding at-risk livestock through voucher-based animal health services, including medicine, vaccine and equipment support will require an estimated **USD 4.5 million** and will benefit 333,767 households.

**Table 7: Livestock sub-Sector Requirements**

Region	Targeted HH	Targeted livestock	Cost of vaccine USD	Cost of veterinary drugs USD	Cost of veterinary equipment USD	Total Cost USD
Afar	103,400	1,892,189	38,001	607,694	-	645,695
Amhara	203,340	514,442	68,024	288,535	7,927	364,486
Oromia	27,027	277,460	28,612	929,776	3,977	962,365
SNNP	-	-	234,858	21,181	14,822	270,861
Somali		1'800'000	1,350,000	588,000	320,000	2,258,000
<b>Total</b>	<b>333,767</b>	<b>2,684,091</b>	<b>369,495</b>	<b>1,847,186</b>	<b>26,726</b>	<b>4,501,407</b>

**Implementation strategy**

DRMFSS through the DRM Agriculture Task Force, together with implementing partners, will be responsible for mobilizing resources and implementing the agriculture sector response plan. The federal DRMFSS and DRM Agriculture Task Force will be supported in the regions by the Regional Agriculture and Pastoral Development Coordination Bureaus and regional Task Forces. The Task Forces will meet monthly to receive weather and market price up-dates and plan, monitor and review the agriculture sector response. The federal DRM Agriculture Task Force will provide monthly up-dates and reports to the DRM Technical Working Group.

**3.3.4 Education****3.3.4.1 Objective**

The sector's objective is to promote access to quality education for all children affected by emergency in the country

**3.3.4.2 Methodology**

The 2014 requirement projection is based on the 2013 seasonal assessment supported by secondary desk review data, ad hoc assessment results conducted by various actors and data collected through data collection questionnaire checklist from the emergency hot spot areas. The assumptions used for projecting the requirement for the second half of 2014 are that 2013 is the analogue year for 2014 and that the number of beneficiaries for 2014 is expected to be largely similar to that of 2013. In this regard, the projections are based on the results of the *meher* assessment results and the expected normal *belg* season.

**3.3.4.2 Emergency Requirements**

The Government and humanitarian partners require **USD3.9** million to support an estimated 523,000 school aged children. Continued support will be provided to enable regions to conduct emergency rapid assessments, pre-positioning of educational materials, construction of temporary learning spaces, additional classrooms and rehabilitation of schools.

Emergencies that affect communities throughout the country have a disproportionate impact on children. Moreover, they compound existing poverty and the complexities of pastoralist and agro-pastoralist lifestyles; annually affecting some 520,000 school aged children. Children are unable to access education, regularly attend, and complete their education as a result of high drop-out rates due to poverty and extended school closures. Extended school closures also result in teachers

leaving the 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 villages and live in temporary shelters for long periods. A key sector priority for 2014 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 to the REBs and implementation of the Education Strategy Plan.

#### **3.3.4.2 Sector coordination, implementation strategy and monitoring**

The Education Cluster led and coordinated by the MoE will be responsible to coordinate implementation while the regional EiE taskforces and Education Bureaus will be responsible for coordinating implementation and monitoring of the EiE activities at the grassroots level. In addition all partners working on EiE in the respective areas will be consulted and involved in implementation and monitoring.

The Federal Ministry of Education and regional education bureaus, in collaboration with health partners, will conduct trainings, risk assessments and vulnerability mapping while supporting the establishment of temporary classrooms and the construction of new classrooms, as required. An additional priority for 2014 is to build the education sector's disaster resilience through the School Managed Disaster Risk Reduction, rolling out the Ethiopia Minimum Standards for Emergencies in Education to the regional health bureaus, and implementation of the Education Strategy Plan.

In February 2014, under the leadership of the Ministry of Education, 200 professionals from Afar, Benishangul Gumuz, Gambella and Somali regions will be trained in school-based DRR through child centered methodologies and through school-community interactions. Priority will be given to schools affected by localized natural and manmade emergencies. This will enable risk assessment, vulnerability mapping and development of a response plan for 75 primary-schools in emergency-prone areas by June 2014. In the training process, the Regional Education Bureaus (REBs) and the Woreda Education Offices (WEOs) will strengthen the partnership for coordination and monitoring purposes, especially to link the schools with the community. Over the next three years, UNICEF will support the scaling up of this initiative in thousands of schools in the four Developing Regional States.

In July 2014, in partnership with UNICEF, African Center Disaster Management (ACDRM) will produce four regional reports (Afar, Benishangul Gumuz, Gambella and Somali regions) on the situation of 75 schools (representative of emergency prone *woredas*) with an in-depth situation analysis on risks and vulnerabilities of the primary schools. The data will inform existing situation analysis and constitute a baseline on DRR in the Education Sector for the Ministry of Education.

Table 8: Education Requirement Summary by Region (January – December 2014)

<b>Regions</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Gambella	8,820	6,880	15,700
Oromia	61,398	52,302	113,700
SNNP	5,200	5,200	10,400
Afar	12,000	11,300	23,300
Benishangul Gumuz	9,550	9,550	19,100
Amhara	110,625	110,625	221,250
Somali	18,883	9,000	27,883
Tigray* (not final figures)	2,300	1,700	4,000
20 percent projection	45,295	40,971	86,267
<b>Total</b>	<b>274,531</b>	<b>247,868</b>	<b>522,799</b>

Table 9: Education Requirement Summary by Activity (January – December 2014)

<b>Interventions/ Activities</b>	<b>Total USD requirement</b>	<b>Available Resource</b>	<b>Net Requirement</b>
Back to school campaigns in targeted <i>woredas</i>	100,000	0	100,000
Prepositioning of key EiE supplies	2,500,000	0	2,500,000
Transportation costs of supplies to remote areas	300,000	0	300,000
Rapid assessments, response monitoring and evaluation	50,000	0	50,000
Capacity building of EiE regional taskforces	35,000	0	35,000
Teacher training	250,000	0	250,000
School rehabilitation	500,000	0	500,000
Cluster coordinator	100,000	0	100,000
Communication in EIE (life skills)	100,000	0	100,000
<b>Total</b>	<b>3,935,000</b>		<b>3,935,000</b>

## 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 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 to timely and appropriate responses. The Ministries, through their respective Task Force chairpersons, will provide the DRMTWG progress reports and monitoring data by attending its monthly meeting or when required. The Gender Technical Working Group (GTWG) under the DRMTWG works to mainstream gender in all sector DRM planning and response. In mid-2013, the DRMTWG conducted an annual workshop that discussed the incorporation of resilience building activities into sector task forces' work. In October 2013, a national conference was held on the International Disaster Risk Reduction Day (IDDR) day on the theme "Including Persons with Disabilities into Disaster Risk Reduction".

The Multi-Agency Coordination (MAC) group led by DRMFSS and comprising of 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) 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, led by the Humanitarian Coordinator (HC) and 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, CRDA; and representatives from the European Union Humanitarian Aid Office (ECHO), United Kingdom Department of International Development (DfID) and United States Agency for International Development (USAID), will continue working with the Government on all aspects of humanitarian response.

In 2013, the DRM policy was endorsed by the Council of Ministers. The new DRM policy defines a system based on an understanding of disaster risks; effective and targeted decision-making focused information flows; community risk management; and ensuring appropriate and timely availability of key resources. The development of a legislation that provides the legal and institutional frameworks for implementing the DRM policy is underway. Furthermore, the development of the Disaster Risk Management Strategic Programme and Investment Framework (DRM-SPIF), the guiding instrument for translating the policy into action, is simultaneously progressing.

Annexes:

**Annex I: Donor Contributions of Food Aid - July - December 2013**

Donor	Appealing Agency	Description	Contribution in MT	Contribution in USD	Remark
DIFD	WFP	Relief food	24,930	14,925,373	
Multilateral	WFP	Relief food	1811	1,300,000	
USA	WFP	Relief food	26680	18,019,765	Confirmed in 2013 but expected to arrive in January 2014
UNCERF	WFP	Relief food	4500	3,209,142	
USA	CRS	Relief food	48130	36,970,000	
Multilateral	WFP	Relief food		4,600,000	Confirmed late December 2013 but could not be available before 2014
Germany	WFP	Relief food		7,956,521	Confirmed late December 2013 but could not be available before 2014
<b>Total</b>				<b>86,980,801</b>	

**TSF**

Donor	Appealing Agency	Description	Contribution in USD	Remark
HRF	WFP	CSB for TSF)	2,000,031	6 months ( 15 August - 15 February 13)
Multilateral	WFP	TSF	2,657,650	
HRF	WFP	CSB central procurement for NGOs	1,000,506	July-December 2013- 50% of \$2,001
DFID	WFP	TSF	311,223	
<b>Total -TSF</b>			<b>5,969,410</b>	

**Annex II: a) Donor Contribution for Health Sector July-December 2013**

<b>Health</b>					
<b>Donor</b>	<b>Code</b>	<b>Agency</b>	<b>Sector</b>	<b>Description/ Region</b>	<b>USD committed /contributed</b>
Switzerland	FTS 199285	Médecins sans Frontières - Netherlands	Health	Extended Basic Health Care Project in Doolo zone (formerly Wardher zone), Somali Region (7F-06598.06)	418,410
ECHO	ECHO/-HF/B/2013/91031	MERLIN-U	Health	Rayitu, Dawe Kechen, and Guradamole <i>woredas</i> , Bale zone	552,577
ECHO	ECHO/-HF/BUD/2013/91032	MERLIN-UK	Health	Arero, Dehas, Dillo, Miyo, and Moyale <i>woredas</i> , Borena zone	958,888
ECHO		WHO	Health	High risk areas of Ethiopia 11 high risk zones in SNNP, Oromia Gambella	543,478
<b>Total</b>					<b>2,473,353</b>

**Annex II: b) Donor Contribution Nutrition Sector July-December 2013**

<b>Donor</b>	<b>Agency</b>	<b>Region</b>	<b>Duration</b>	<b>USD committed/</b>
HRF	IMC	Gola Oda, Midega Tola, Gursum and Chinaksen Woredas, East Hararghe Zone; Shalla and Arsi-Negelle Woredas, West Arsi zone, Oromia region	6 months( 01 June - 30 Nov 13)	386,235
HRF	CARE	Afar, Zone 1 of Adaar and Mile <i>woredas</i>	6 months ( 01 June - 30 Nov 13)	86,204
HRF	SCI	Amhara region, Northern Wollo zone, Meket and Gubalafto <i>woredas</i> and Wag Himra zone, Abergele <i>woreda</i>	6 Months ( 15 July - 15 Jan 2013)	250,768
HRF	SCI	Somali region, Sitti Zone; Shinele, Hadigala and Ayishia <i>woredas</i>	6 Months ( 15 July - 15 Jan 2013)	300,272
HRF	AMREF	Afar region, Chifra, Dewe and Telalek	6 months (15 July - 15 December 2013)	237,660
HRF	Child Fund	Oromia, Siraro <i>woreda</i> , west arsi zone	6 months ( 01 August -31 January 13))	93,628

HRF	World Vision	Oromia region, Tulo <i>woreda</i> , West Hararege zone, Jarso <i>woreda</i> , East Hararge zone,	6 monehts (15 august - 31 January 13)	139,872
ECHO	MERLIN-UK	Rahiytu, Dawa Kechen and Guradamole <i>woredas</i> , Bale zone		534,380
ECHO	CARE-AT	Moyale, Miyo and Dire, Borena Zone		615,313
OFDA	GOAL		July-Dec 2013	3,500,000
SIDA	UNICEF			759,050
Denmark	UNICEF	Targeting malnutrition in Afar, especially children under five and pregnant and breastfeeding women (46.H.7-7.137)	06/10/13	262,284
ECHO	UNICEF			127,436.10
OFDA	UNICEF			703,137.00
OFDA	UNICEF			70,023.00
UNICEF Thematic	UNICEF			476,365.21
OFDA	UNICEF			1,391,500
ECHO	UNICEF			1,892,660
CIDA	CARE	Grawa, Bedeno, Haromaya		92,319
Irish Aid	GOAL	Hawi Gudina, Daro Labu		20,363
ECHO/ERM	GOAL	Gambella, Dare sede, Gawe Kebe, Hawa Galan, Jikawo, Wantawa, Makoy		39,286
WV /KOREA	WV	Melkabelo, Habro		20,000
plan /Germeny	plan International	Shala, Dehana, Lay Gaint, Tach Gaint		85,476
plan international	plan International	Dara		12,667
			<b>Total</b>	<b>12,096,898</b>

**Annex III: WASH partner's contribution for the Second half of 2013 HRD**

Donor	Agency	Interventions/activities	Duration/Decision date	Description	USD committed/contributed
HRF	IMC	WASH Component	6 months( 01 June - 30 Nov 13)	Gola Oda, Midega Tola, Gursum and Chinaksen <i>woredas</i> , East Hararge zone; Shalla and Arsi-Negelle <i>woredas</i> , West Arsi zone, Oromia region	142,854
HRF	CARE	WASH Component	6 months ( 01 June - 30 Nov 13)	Adaar and Mile <i>woredas</i> , Zone 1, Afar	129,306
ECHO	CORDAID	WASH		Arero, Borena zone	514,694
ECHO	MERLIN-UK	WASH		Gode/Berano, Kelafo, Mustahil, Adadle, Ferfer, Kebridehar, Shilabo.Shegosh, Somali zone	574,086
ECHO	IRC-UK	WASH		Countrywide	3,160,284
ECHO	COOPI-IT	WASH		Rayitu, Gura Damole, Dawe Kechen, Bale zone	74,565
USAID/ OFDA	CHF			Somali	786,198
USAID/ OFDA	IRC	WASH		Gambella, Oromia, SNNP, Somali, Afar	2,081,824
Germany	Handicap International			SNNPR	656,495
CIDA	SCI	WASH	Sept 2013- Feb 2014	Afar	87,947
USAID/ OFDA	UNICEF	WASH	12 months (Jan 1, 2013-Mar 31st 2014)	All regions	521,905
Spain	UNICEF	WASH	Nov 1, 2013-Mar 2014	Afar, Somali	220,683
<b>Total</b>					<b>8,950,841</b>

**Annex IV: Donor Contribution to Agriculture Sector July to December 2013**

Donors	Agency	Region/Districts	Intervention Type	Contributed USD
ECHO	CORDAID	Oromia (Borena- Arero)	Building resilience in drought prone areas	373,640
ECHO	COOPI	Rayitu, Gura Damole, DaweKechen, Bale Zone		484,959
ECHO	ACF	Amhara (Wag Himra, Sekota and Ziquala)		532,053
USAID/OFDA	FHE	SNNPR	Agriculture and Food Security	749,970
USAID/OFDA	SCI	Somali	Agriculture and Food Security	1,100,000
USAID/OFDA	CHF		Agriculture and Food Security	163,803
USAID/OFDA	FAO		Agriculture and Food Security	1,125,000
USAID/OFDA	Desert Locust		Agriculture and Food Security	203,357
<b>Total</b>				<b>4,732,782</b>

**Annex V: Education partner's contribution for the Second half of 2013 HRD**

Donor	Agency	Interventions/activities	Duration/Decision date	Description	USD committed /contributed
ECHO	SAVE the Children	Education	13 June 2013	Supporting Education in Emergencies (EiE) for Children Affected by Conflict (ECHO/CHD/BUD/2012/01004)	1,173,403
*HRF	Plan International	Education	7 Month ( 15 Nov - 15 Jun 14)	Oromia tegion, East Hararge xone, Meyu and Kumbi <i>woredas</i>	368,884
Government of Japan	UNICEF	Education ( Early childhood development)	28 February 2013 – 30 November 2013	Reducing vulnerability of children in communities affected by drought, flood, displacement and malnutrition	558,000
UNICEF	UNICEF	Education	Jan 2013- Dec 2015	Humanitarian response in Education	360,000
<b>Total</b>					<b>2,460,287</b>

**\*Funds will be utilized in 2014 as received recently in December 2013**

## Annex VI: Health Sector Monitoring Indicators and Targets

Strategies	Indicators	Target	Data source	Frequency reporting
Ensure 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%	WoHO/RHB	Monthly
	Number of Supportive supervisions conducted to affected Woreda	2	PHEM	Quarterly
	Number of Epidemics/Emergencies investigated and supported by National /Regional RRT	80%	PHEM/RHB	Monthly
Strengthening surveillance / early warning for the health sector	Timeliness and completeness of surveillance reporting	100%	RHB	Weekly / daily
	Timeliness and completeness of surveillance reporting	80%	RHB	Weekly/Monthly
	Established system to receive regular early warning information from other sectors	2 sectors	DRMFSS/ ENCU, MNA	-
Stockpiling and propositioning of drugs, medical supplies and equipment	Number of identified risks with prepositioned drugs, medical supplies and equipment	All emergency risk identified	EHNRI, Partners	Monthly
Resource mobilization	Status of response to the appeal	75%	All stakeholders	Monthly