

HUMANITARIAN REQUIREMENTS-2012



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ACRONYMS/GLOSSARY

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

EXECUTIVE SUMMARY

The overall good performance of the 2011 *kiremt* and *deyr* rains has resulted in favorable harvest prospects in most parts of the country, apart from some pocket areas in the eastern lowlands. Nevertheless, while the rains have temporarily alleviated water and pasture shortage in the south and south eastern parts of the country, the impact on livestock productivity and overall food security situation is minimal, as full recovery especially in pastoral areas, is expected to take longer time.

The findings of the multi-agency assessment and subsequent monitoring results indicate that approximately **3.2 Million** people require relief food assistance in 2012.

The total net emergency food and non-food requirement for the period January to June 2012 amounts to **168.7millionUSD**. The net food requirement, stands at **365,612MT**, estimated to cost around **USD122.3million**. In addition, a total of **USD46.4million** is required to respond to non-food needs of identified beneficiaries in the health and nutrition, water and sanitation and agriculture and education sectors.

Table 1: Summary of Humanitarian Requirements (USD)-2012

Sector	Total Requirement	Available resource	Net Requirement
General Ration: Gross: 365,612 296,042MT Cereals, 31,084MT blended food, 29,604 MT Pulses, 8,881 MT Oil NET MT 158,832	281,521,240	159,220,600	122,300,640
Supplementary (EOS/TSF) Food: Gross: 9,712MT Net: MT9,712	11,292,192	24,644,657	-
FOOD SUB TOTAL	292813432	183,865,257	122,300,640
Health and Nutrition	24,831,453	11,325,296	13,506,157
Water and Sanitation	23,572,168	11,212,172	12,359,996
Agriculture	15,455,453	1,375,356	14,080,097
Education	6,500,000		6,500,000
Non Food Total	70,359,074	23,912,824	46,446,250
GRAND TOTAL	363,172,506	207,778081	168,746,890

1. INTRODUCTION AND BACKGROUND

Following normal to above normal *kiremt* 2011 rains, the *meher* crop production is estimated to be better than 2010 and the long-term average in most parts of the country. The rains also improved water and pasture availability in many areas. The food security situation, however, remains of concern in areas that received inadequate seasonal rains especially the southern and south eastern lowlands. Despite current improved water availability in most places, the rains have not been sufficient enough in some pocket areas to fully replenish water sources hence water and pasture shortages are likely to re-emerge during the first quarter of 2012 in some affected pocket areas, as the dry season (January to mid March) progresses. Increase in food prices have also negatively impacted the purchasing power of affected households and the overall food security situation.

Overall, the nutritional situation improved and stabilized in almost all affected areas by the end of 2011, in comparison to the first half of 2011, particularly to the peak in May. Looking at TFP admission trends in previous years, a nationwide increase in TFP admissions is expected in the first half of 2011, partly due to the expansion of the Outpatient Therapeutic Programme (OTP). Meanwhile, compared to previous years, the scale and frequency of AWD and Meningitis outbreaks was substantially reduced due to enhanced efforts by the Government and humanitarian partners. Risks of communicable disease outbreaks will, however, pose health threats with the continued prevalence of risk factors in high risk woredas.

In Oromia, the production prospect this year is better than last year in most western and central parts of the region following normal to above-normal *kiremt* rains. As the situation improves, admission to the TSF sites decreased in November when compared to May (a 46 per cent decline). Reduced crop production in areas that suffered from delayed onset and poor performance of *hagya/meher* rains in the lowlands of Borena, Guji, Bale, East and West Hararghe zones is, however, expected to negatively affect the food security situation. Although the rains led to improved water availability, the situation remained critical in areas where the rains performed poorly.

Pasture/browse and water availability improved in most parts of Somali Region following the *deyr/karan* rains. Nonetheless, water shortage is likely to re-emerge during the first quarter of 2012 with the progressing *Jilal* dry season. Water captured in *birkas* in Danot, Shilabo, Warder, Geladi, Bokh, Shekosh, Debewyin woredas and parts of Kebridehar woreda is sufficient to sustain the communities' needs for a maximum of one month. Water shortage is already reported in Harshin woreda (Jijiga zone) following poor performance of *karan* rains. Livestock production and productivity is also low in some areas following poor performance of consecutive rains. Meanwhile, the number of TFP admission in November declined by 13.3 per cent from the number of admissions in May.

In SNNPR, the overall crop production has reportedly increased when compared to both the reference year (2003/4) and 2011. Market availability of grains has currently increased due to the fresh *meher* harvest. With the stabilizing food security situation the number of admissions to the TSF sites dropped by half at the end of November (51 per cent), in comparison to the admissions in May. On the other hand, due to the delay in *belg* rains and subsequent late harvest, planted area

Coverage has dropped in some *belg* receiving areas. Consequently, it is anticipated that some poor households in predominately *belg* producing areas are to face food shortage earlier. Water shortages are also reported in some pocket areas following the poor seasonal rains in 2011.

In Amhara, the food security situation is stable in most parts mainly attributed to the good *meher* production prospects apart from the lowlands of Wag Hamra and North Wollo zones and pocket areas in south eastern and eastern parts of the region. Admission to TSF sites have stabilized in most areas.

The food security situation in most parts of southern and south eastern zones of Tigray Region is anticipated to rapidly deteriorate mainly due to the poor performance of the 2011 rains and increase in food prices. Meanwhile, water shortage continues to prevail in pocket areas in the Southern, Central, Eastern and Western in the region.

Although the *karma* rains have contributed in replenishing water sources in some areas in Afar Region, water and pasture shortage is reported in areas that suffered from late onset and early cessation of the *karma* rains. The situation is critical in the dry belts of Afdera, Erebti, Kori, Bidu, Dubti and northern parts of Elidar woredas, where water trucking is currently underway.

The current food security situation is stable in most areas of Gambella Region due to good *kiremt* rains and improved pasture and water availability. Nevertheless, the food security situation is expected to deteriorate in the coming months in some pocket areas as a result of crop production reduction mainly due to flood and moisture stress compounded with increasing prices of staple food. Weather adversities also affected production in some areas in Benishangul Gumuz. The production loss, high staple price as well as refugee influx (pressure on existing limited resources including water sources) is anticipated to have implications on the overall food security situation in the region.

In Dire Dawa, the food security situation is expected to deteriorate rapidly in areas where moisture stress caused crop loss. Meanwhile, the food security situation in most areas of Harari Region is stable apart from some pockets in lowland areas affected by late onset and early withdrawal of the *kiremt* rains.

Disasters such as drought, flood and conflict have also affected some school children. The effects are either complete or partial school closure due to damage, high student drop out rates or teacher absenteeism, or damaged facilities and teaching and learning materials.

The present document identifies emergency food and non-food sectoral requirements for the first half of 2012 identified based on results of early warning information and through the 2011 *meher/deyr* multi-agency and multi-sectoral assessment conducted between November and December 2011.

2. REVIEW OF THE SECOND HALF OF THE 2011 HUMANITARIAN RESPONSE

2.1 Relief Food and TSF

2.1.1 Relief Food

The Government and its partners released a joint Humanitarian Requirement Document (HRD) in February 2011, which identified 2.8 million relief beneficiaries for the year. However, due to the effect of the La Nina episode mainly over the south and south-eastern part of the country, the number of people in need of food assistance increased from 2.8 million to 3.2 million for the month of April to June and 4.5 million from June to December 2011.

The net Relief Food requirement for July –December 2011 was **379,785 MT** and contribution from donors stood at **314,363 (83 percent)** (See Annex I for details). The totals carry over from 2011 to 2012 amounts **206,780 MT**. see Annex 1

The total gross relief food requirement for the second half of the year was **450,708 MT** of which **297,117 MT** foods were delivered, covering 66% of the requirement. Despite the healthy national pipeline status during the year, delay of shipments and absence of loan facilities for non-cereal commodities has resulted in a reduced ration/skipping of some commodities of relief food basket in some rounds. The prioritization committee under the Food Management Taskforce (**FMTF**) continually reviews the pipeline status and determines the allocation for the different rounds including identification of ration sizes.

Table 2: Summary of Food Dispatched in 2011 in Eight Round Allocations

Round/Month	Total beneficiaries (mln)	Delivered food by agencies (MT)				
		DRM FSS	WFP (H&Spokes)	JEOP NGOs	Other NGOs	Total
First (Feb)	1.9	16,199	20,688	6,358	0	43,245
Second (Mar)	2.2	16,350	24,592	7,285	0	48,227
Third (Apr)	3.2	23,278	24,360	11,068	0	58,706
Fourth (June)	3.2	25,210	24,301	11,765	0	61,276
Total for the first half the year	xx	81,037	93,941	36,476	0	211,454
Fifth (Jul)	4.5	39,673	26,005	18,694	935	85,307
Six (Sep)	4.5	30,174	25,015	21,620	2,222	79,031
Seventh (Oct)	4.5	21,214	25,215	18,247	3,535	68,211
Eight (Nov)	3.9	19,118	23,899	17,016	4,535	64,568
Total for the second half of the year	xx	110,179	100,134	75,577	11,227	297,117
Annual agencies share (%)	xx	38	38	22	2	100

Compared to previous years, food distribution reporting in 2011 progressed well mainly during the second half of the year. In 2011, out of the total delivered food (508,571 MT), the respective regions confirmed that more than 80 per cent was distributed. A joint action taken by the Government and its implementing partners through the Food Management Task Force forum has significantly contributed to the improvement.

2.1.2 Targeted Supplementary Feeding (TSF) Programme:

An estimated **39,474MT** was requested to address needs of 708,921 targeted under-five children, pregnant and lactating women in 240 woredas in July to December 2011. In response, a total of **33,923MT** (86 per cent) was secured from donors. The total annual carry over stock from 2011 to 2012 amounts to **24,802MT**.

2.2 Health and Nutrition

During the second half of 2011, out of the requested **USD 31,360,739**, a total of **USD 40,842,217** (130 per cent) was secured. Of the total contribution, nutrition sub-component received **USD 32,467,971** (185 per cent) of which 120 per cent has been utilized¹ and the remaining **USD 11,325,296** million is a carry over to the first half of 2012. The health sub-component received **USD 8,374,246** (61 per cent) (see Annex II for details). The funds were utilized for mitigation and response efforts including addressing communicable diseases such as Acute Watery diarrhea (AWD), Measles, Malaria, and Meningitis; for the management of severe acute malnutrition (SAM) and to conduct EOS related activities (vitamin A supplementation); for strengthening the health service delivery system in high risk woredas through the Mobile Health and Nutrition Teams; and to build the capacity of the health system to effectively respond to public health emergencies and related crisis.

Nutrition Update: During the second half of 2011, a total of 2,183 MT of ready-to-use therapeutic food (RUTF) was dispatched to the regions and used to treat severely malnourished children in hotspot woredas. Overall, a total of 3,941 MT of ready to use therapeutic food was distributed to over 10000 TFP sites across the country from January to December 2011. Vitamin A Supplementation combined with screening and referral of malnourished children to treatment programmes was also undertaken.

Analysis of different source of nutrition information s indicated that the nutrition situation improved in the second half compared to the situation in the first half of 2011A total of 139,066 severely malnourished children were admitted in 7,765 TFP sites between July and November 2011 with 81.6 per cent reporting rate, which constitutes about 87.3 percent of the projected TFP admissions for the period July to December 2011. About 72.8 per cent of the total admissions were from SNNP and Oromia regions while the admission in Somali Region accounted about 8.6 of the total admissions during the reporting period. The three regions were seriously impacted by the failure of the 2011 *belg/gu* rains and subsequent drought induced by La Nina phenomena in the first half of 2011, whose effect spilled over into the second half of 2011.

¹ The funds mobilized for emergency nutrition response in this section was not used only for management of severe acute malnutrition, but also for operational costs for management of moderate acute malnutrition and procurement of contingency TFP supplies by some of the NGOs.

ENCU/DRMFSS projects that the TFP admissions will continue to decrease between 10-15 percent in November and December. This would make the overall TFP admissions in July to December period to be around (160,226) relatively similar to the July-December HRD projections of 159,220.

Despite improved food security situation and overall decrease in TFP admissions at national level in the last five months, the number of TFP admissions remained relatively high associated with the expanding OTP roll-out strategy implemented by the FMOH supported by UNICEF and partners funded by . (HRF), OFDA and ECHO and others..

Meanwhile, ENCU/DRMFSS coordinated the implementation, quality assurance and approval of 19 standard nutrition surveys conducted in crop producing and pastoral hotspot woredas between July and mid December 2011. Global Acute Malnutrition (GAM) rates ranged from 4.2 per cent in Meiso woreda ,Oromia to 26.1 per cent in Eldaar woreda, Afar. Most of the surveys revealed that the prevalence SAM was generally very low ranging from 0.0 to 2.0 per cent. Of the four classifications used to describe the nutrition situation, 3 out of 19 of the surveys were classified as 'normal' "poor" (6 surveys), "serious" (7 surveys); while 3 surveys were classified as "critical". Crude and under-five mortality rates in all the 19 surveys were normal trailing far below the national and Sphere Standards emergency cut-off points. Emergency nutrition responses were implemented based on the findings and recommendations of the standard nutrition surveys.

The June hotspot woredas list (released in July) was revised by the DRMFSS in collaboration with nutrition partners in September (released in November 2011). Priority 1 woredas decreased by 28.4 percent from 172 in June to 123 in September, mainly attributed to improved food security and nutrition situation in Oromia and SNNP regions. Meanwhile, priority 2 woredas increased from 138 to 175 as most woredas previously classified as priority one woredas were re-classified as priority 2. Overall, the hotspot priority 1 to 3 woredas increased slightly by 4.6 percent from 347 in June to 363 in September.

During the second half of 2011, 139,066 admissions to TFP programmes were reported in over 500 woredas managed through OTP roll out approach implemented by the FMOH through its Health Extension Programme (HEP) supported by UNICEF and WHO and NGOs. By the end of November, the number of TFP sites (in over 500 woredas) increased by about 14 percent from 8,763 in June to 10,012 in November 2011. Twenty one² partners were mobilized to support the FMOH in strengthening nutrition 152 priority 1 and 110 priority 2 woredas as per June hotspot list and its subsequent revision in September (117 priority 1 and 175 priority 2 as mentioned above).

Health Extension Workers (HEWs) played a major role in increasing SAM treatment coverage at the *kebele* level. Currently, 62 percent of the health posts, 51.3 percent of health centres and 93.8 percent of hospitals in the country are providing services for the management of SAM at national level.

Emergency nutrition response coverage (TFP and TSF) based on hotspot woredas revised in September revealed that out of the 117 priority 1 woredas in the six regions (Afar, SNNPR, Somali,

² FMOH, ACF, CARE, ADRA, CONCERN, SC US, SC UK, IMC, Islamic Relief, Mercy Corps, Merlin, OWDA, GOAL, UNICEF, WFP, MSF Holland, MSF France, MSF Belgium, MSF Spain, WVE, Plan International

Tigray, Amhara, and Oromia), 99 percent were covered with OTP; 83 percent with TFU and 93 percent with TSF. With respect to 147 priority 2 in the five regions mentioned above (excluding Afar); 98 percent were covered with OTP; about 90 percent with TFU and 71 percent with TSF.

Health Update:

Measles: Chronic poor nutrition, compounded by poor coverage of the routine Expanded Programme on Immunization (EPI), has significantly contributed to the measles outbreak reported from Addis Ababa, Amhara, Oromia, Tigray, SNNP and Somali regions with a close to 5,500 cases and 20 deaths reported during the second half of 2011. The health sector responded to the outbreak through regular health education, enhancing the disease surveillance, conducting on the job refresher training for health staff and the provision of supplies for case management to the reported cases.

In addition, a Measles vaccination campaign (SIA) as part of emergency response was conducted targeting 7.7 million children between 6 months - 15 years living in 150 woredas at high risk for malnutrition and measles outbreaks. While the campaign is continuing in a few remaining woredas, by the end of 2011, nearly 5.9 million children were vaccinated in 5 regions including Afar, Amhara, Oromia, SNNP and Somali with close support from UNICEF and WHO. The campaign reported 95.7% per cent administrative coverage from the total planned. Tigray Region as well as several woredas in Somali and Oromia regions have not yet completed the campaign. The SIA was integrated with Polio Vaccination in Amhara, SNNP and Oromia regions where close to 2.3 million children between the ages of 0- 59 months were immunized. Post vaccination assessments and independent monitoring was also conducted to evaluate the quality of the intervention. In response to Measles outbreak response, close to USD 4.5 million was allocated for vaccination and case management including drugs and medical supplies.

Acute Watery Diarrhoea: During the second half of 2011, close to 500 cases with one death (CFR=0.2%) was reported from East and West Hararge Zones of Oromia Region as well as Somali Region. In response to the outbreak, the PHEM centre at EHNRI, in collaboration with health partners, provided technical and financial support to the regional health bureaus (RHBs), in addition to drugs, medical supplies and equipment for Case Treatment Centres (CTCs).

With respect to this, 10 DDKs, 8 EHKs, 1000 bags of ringer lactate, 35, 000 sachets of ORS and financial support were provided from EHNRI/PHEM, WHO and UNICEF with the aim of strengthening Regions' capacity for timely response to ongoing diarrheal disease outbreak and preparedness to anticipated AWD outbreak in light of expected public events that calls for huge gathering of people. In addition, close to 400 health staff were trained which, coupled with the timely provision of drugs and medical supplies largely contributed to the improvement of case management as evidenced by the very low case fatality rate during the past six months. Compared to previous years, the scale and frequency of AWD outbreaks was substantially reduced.

With an effort to enhance rapid confirmation and timely response to outbreaks of diarrheal and other communicable diseases, support was provided to the National Reference Laboratory through procurement of required laboratory reagents. Moreover, printing and distribution of guidelines and treatment protocols to woredas and health facilities was also carried out.

Malaria: During the review period, increasing number of Malaria cases were reported from Oromia, Somali and SNNPR with a record of local outbreak of Malaria in Oromia and Gambella regions. The RHBs, in collaboration with partners, have been providing case management and distributed close to 30,000 long lasting insecticide treated nets (LLITNs) and conducted Indoor residual Spraying (IRS) in affected and high-risk areas.

Drought Response: As part of the drought response particular effort was put in expansion of MHNT to cover most affected areas with weak health systems. Through UNICEF supported RHB MHNTs and INGO MHNTs (48 teams), nearly 200,000 consultations were provided between July and November 2011 to remote, displaced communities that would not otherwise have access to basic health and nutrition services.

2.3 Water, Sanitation and Hygiene

The period from June to September 2011 was characterized by devastating drought and subsequent critical water shortage, particularly in the Southern and Southeastern parts of the country, affecting most parts of Somali Region and low land areas of Oromia (Borena, Bale, East and West Hararge, Guji, West Arsi and Arsi zones). Water shortages were also reported in most parts of Zone 1 and 3 in Afar, Amhara (Minjar Shenkora woreda), and Southern, Western and Central zones in Tigray regions.

In order to address basic WASH needs of the people in the affected areas, the government and humanitarian partners have been implementing a range of life-saving interventions including large scale water rationing operation for an extended period compounded with distribution of water purification chemicals, rehabilitation/maintenance of non-functional WASH schemes and hygiene promotion. Additionally, trainings and awareness creation sessions that aimed at enhancing emergency preparedness and response capacity, prevention WASH related diseases outbreaks were carried out at different levels. The implementation of these interventions halted the displacement, mortality and morbidity risks associated with the lack of WASH services.

The total WASH sector requirement for the second half of 2011 stood at USD 21,469,649. Of which about USD 20,081,440(93.5 per cent) has been mobilized from different donor sources (See Annex III). Overall, more than 4 million people were addressed with emergency water supply, sanitation and hygiene interventions.

Large scale water trucking operations were implemented to address basic WASH needs of the affected people by mobilizing huge amount of resources from various source /government, HRF and other resources from UN organizations, funding from Government and partners. The number of trucks deployed during the peak period reached up to 133 trucks: Somali (79) Oromia (43), Tigray (3) and Afar (8). Despite the significant contribution of water rationing intervention in saving lives and livelihoods, operational challenges were faced and efforts were placed by the Government and partners to address them. Amongst the major challenges were shortage of trucks for renting and poor efficiency of many of the available trucks; continued escalations of price of water trucking; increasing distance to access water sources due to the fast diminishing of yields of water sources; poor conditions of roads in the affected areas; low capacity of implementation; and inadequate monitoring of the quality and delivery of response. As part of the efforts to address the challenges, the Government in collaboration with WASH taskforce members played active role in developing a water trucking guideline; sharing experiences on how different regions tackled the challenges (such

as using Isuzu tracks mounted with Roto tankers); undertook rehabilitation/maintenance of non-functional schemes; established command posts in the affected regions to assist regions in regulating escalating prices; and monitoring the quality of water.

2.4 Agriculture

In response to drought and drought-related conditions, the Humanitarian Requirement Document for the second half of 2011 made provision for support to the agriculture sector, particularly in the pastoral and agro-pastoral lowlands of south and south-east parts of the country.

A total of **USD 12 million** was requested for the period July – December 2011. In response to the request, an estimated USD 10 million was secured, in addition to Government's contribution, from various donors including European Union; Governments of France and Germany; UN-OCHA (HRF and CERF); and USAID/OFDA. Available resources were used to support pastoral and agricultural livelihood interventions through a number of implementing agencies including: the Ministry of Agriculture and Care Ethiopia, Concern, CRS, FAO, German Agro-Action, Goal, IOM, UNDP, Save the Children and WVE. Additionally, USD 783,853 was allocated for FAO from the Government of France and USD 592,503 was allocated from HRF to VSF Germany and VSF Swiss. The total carry over to 2012, therefore, amounts to 1,375,356. (see Annex IV for more details).

The primary area of intervention for the sector has been the drought affected areas in the south and south-east particularly Borena zone (Oromia Region) and Somali Region. Funds were also made available for drought affected areas of Afar and for cereal producing areas affected by wheat rust including Amhara, Oromia and SNNPR regions. Drought responses focused primarily on livestock relief interventions including supply of supplementary animal feed, animal health, commercial and slaughter de-stocking in pastoral and agro pastoral areas in addition to provision of emergency seeds to cropping areas.

2.5 Education

The HRD for the second half of 2011 identified an estimated 125,000 school-age children affected by various hazards to require emergency education intervention between July to December 2011. A total of USD 4,950,000 was requested to address emergency education needs, of which USD 3,515,097 (71 per cent) was contributed. The prolonged droughts, high influx of refugees from Somalia and Sudan as well as small scale floods called for an enhanced sectoral response.

As part of the emergency response and preparedness efforts, UNICEF provided education supplies including 200 school-in-a-box kits, 60,000 individual students kit, 130 tents (including for refugees), and rehabilitated about 50 classrooms affected by flood and occupied by refugees. The resources provided enabled the Regional Education Bureaus (REBs) to address the educational needs of approximately 120,500 children. This response has contributed to the timely opening of schools mainly in Oromia, Somali, Afar, Gambela and Benishangul-Gumuz regions. Additionally, capacity building trainings have been provided for national and regional education in emergency taskforces and teachers on Education in Emergencies, peace education, psychosocial support and Disaster Risk Reduction (DRR) components. More than 250 teachers and education cluster/taskforce members were trained in collaboration with UNICEF.

Save the Children UK also accessed a small amount of HRF funding to integrate some education components into its WASH projects in the Gode zone of southern Somali Region. Islamic Relief International also undertook emergency water trucking interventions to some primary schools in Afar, and People in Need are supporting temporary learning spaces also in the Gode zone. SC Denmark works in North Wollo, Amhara region, focusing on drought-prone areas in the highlands through Child Centres promoting DRR and school feeding.

3. THE 2012 FOOD AND NON-FOOD HUMANITARIAN REQUIREMENTS

3.1 Relief Food Needs

3.1.1 Objectives

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

3.1.2 Requirements

As per the findings of the 2011 *meher* assessment and further review and endorsement by Regional State and Administrative Council around million people require emergency food assistance from January – June, 2012; Out of which, around 34.4 % are from Somali Region and 33.7 % from Oromia Region, 10.7 % from Tigray Region and 10.2% from Amhara Region.

The total food requirement is estimated at **365,612 MT**, including **296,042 MT** of cereals, **29,604MT** of pulses **8,881MT** of oil and **31,084 MT** of blended food, (see Table 3 below).

Table 3: Affected population and Relief Food Requirements by Region January - June 2012

Region	Endorsed by the Region	Food Requirement Mt				
		Cereal	Supp.Food	Oil	Pulses	Total
Tigray	346,202	31,158	3,272	935	3,116	38,480
Afar	145,189	13,067	1,372	392	1,307	16,138
Amhara	331,617	29,335	3,080	880	2,933	36,229
Oromiya	1,093,427	94,395	9,912	2,832	9,440	116,578
Somali	1,115,806	110,738	11,627	3,322	11,074	136,761
SNNPR	97,830	7,112	747	213	711	8,784
Benishangul Gumuz	33,432	3,009	316	90	301	3,716
Gambella	48,100	4,260	447	128	426	5,261
Harari	4,000	360	38	11	36	445
Dire Dawa	28,972	2,607	274	78	261	3,220
Grand Total	3,244,575	296,042	31,084	8,881	29,604	365,612

3.2 Targeted Supplementary Feeding Programme:

The Targeted Supplementary food (TSF) Programme provides fortified blended food and vegetable oil to under-five children and pregnant and lactating women suffering from moderate acute malnutrition (MAM) identified through the EOS/CHD screening. During the first half of 2012, a total of 9,712 MT (USD 11,292,192) of fortified blended food is required to address some 450,000 beneficiaries. Considering available resources (carry over from 2011) amounting to 24,802 MT (USD 24,644,657), the net requirement is nil.

In order to address some of the limitations the TSF implementation modality, some improvements are planned to be made from 2012 onwards such as intervention areas will be changing based on food security analysis conducted twice a year through the *meher* and *belg* assessment targeting hotspot priority one woredas; routine identification and screening of beneficiaries will be conducted by the HEW in selected pilot woredas; and food distribution will be monthly and conditioned to monthly anthropometric measurement and follow up by the Health Extension workers.

3.3 Non-Food Needs

3.3.1 Health and Nutrition

3.3.1.1 Objectives

To mitigate the occurrence of and/or to minimize the impact of ongoing and impending health and nutrition emergencies during the first half of 2012.

3.3.1.2 Requirements for Health and Nutrition Emergencies

The major health and nutrition related hazards anticipated to occur during the first half of 2012 are nutritional emergency (severe acute malnutrition) in food insecure woredas as well as communicable diseases (AWD and Measles). The mitigation, prevention and control of health and nutrition emergencies through SAM management, vitamin A supplementation, prevention and control of AWD and Measles, and strengthening the health service delivery system in high risk woredas through the Mobile Health and Nutrition Teams as well as building the capacity of health personnel are the major activities to be carried out.

A total of **USD 14,673,057** is required to implement emergency health and nutrition requirements during January to June 2012. The required resources were identified based on the assessment and inputs from other secondary data and scenario projections for the coming months.

Table 4: Summary of Requirements for Health and Nutrition Emergencies (January-June 2012)

Intervention area	Beneficiary Number	Requirement in USD	Available in USD	Net requirement in USD
1. Nutrition				
1.1 Severe Acute Malnutrition (SAM) management	159,752,148,083	148,808,300	11,325,296 ³	3,483,004
1.2 Vitamin A supplementation & screening of malnutrition cases	3,669,783	2,201,870	0	2,201,870
Nutrition Sub total	3,669,783	17,010,170	11,325,296	5,684,874
2. Health				
2.1 Acute Watery Diarrhea management	24,655	350,000	0	350,000
2.2 Measles vaccination and case mgt (including vaccine, vaccination campaign and case management)	2,469,783	5,093,056	0	5,093,056
2.3 Public Health Response operation to disaster including enhanced surveillance, monitoring, trainings, deployment of Rapid response teams	2,469,783	618,227	0	618,227
2.4 Support health systems including mobile health team	2,469,783	1,760,000	0	1,760,000
Health Sub total	2,469,783	7,821,283	0	7,821,283
Total	3,669,783	24,831,453	11,325,296	13,506,157

Management of Severe Acute Malnutrition: The TFP admission trend has been primarily used to estimate number of TFP beneficiaries for the first half of 2012. The TFP admission projections for the period January to June 2012 were, therefore, made based on the analysis below:

- a) It is projected that the reporting rate will be maintained at above 80 percent from January to June 2012, it has observed in the 2010/2011.
- b) Review of TFP admission trends in the previous years indicates that TFP admissions start indicating an increasing TFP admission trend between March to June, then stabilizes (higher levels)

³ UNICEF has adequate TFP supplies worth US \$ 9,000,000 to cover requirements for estimated SAM beneficiaries from January to June 2012. This makes a 56.3 percent of the SAM management budget that is within the recommended budget for supplies that ranges between 60-70% of the total cost of managing one case of SAM. Additional, US \$ 2,325,296 cost for ongoing emergency nutrition projects that will continue into first quarter of 2012.

from June to August coinciding with the peak hunger gap. Though TFP admissions reached its peak in May in 2011, it is projected that peak in TFP admissions will return to a normal pattern in 2012. Based on July to November admission trends from regions, it is projected that monthly TFP admissions will stabilize at December levels in January and February; while an increase is expected as of March. The projected increases in TFP admissions are lower (10_20%) compared to the 32 to 46 percent observed in March to May 2011, since the 2012 outlook in the first half is likely to be near normal or with just weak La Nina effect. It is also anticipated that emergency nutrition responses in hotspot woredas will be initiated in a timely manner with good coverage to mitigate and prevent unusual increase in malnutrition.

c) TFP services expansion through the OTP roll out approach implemented by FMOH supported by partners is expected to continue during January to June 2012, implying that in the overall more children will be accessing TFP services compared to same period in the previous years.

d) The TFP services (including ready to use therapeutic food, routine drugs for SAM management) will be provided in the 452 woredas that have been identified in need of humanitarian assistance, as well as other woredas across the country.

e) Risks associated with other causes of malnutrition, including morbidity due to AWD, Measles, floods, inadequate caring practices and access to health services are likely to either remain at same levels or indicate a slight improvement.

Based on the above planning assumption the total number of TFP beneficiaries for January to June 2012 is projected to be 148,083 at above 80 percent reporting rate. The projection is considered plausible considering the ongoing TFP services expansion at national level. A total of USD13,506,157 is required to manage the above estimated TFP caseload from January to June 2012. Considering available resources amounting to USD 11,325,296 the net requirement stands at USD3,483,004.

Under-five children pregnant and lactating women in the 294 relief woredas will be screened and enrolled in the ongoing nutrition programmes and will also be provided one dose of vitamin A and de-worming tablets in the coming six months. Children between 6-59 months will be provided one dose of vitamin A supplementation. Additionally, one dose of de-worming tablet will be given to children 24-59 months. The total cost of the Vitamin A and de-worming is estimated to be USD 2.2 million.

Acute Watery Diarrhea (AWD): An outbreak of AWD is anticipated due to the continued prevalence of risk factors such as previous history of localized AWD outbreaks in different woredas, relatively low coverage of safe drinking water supply, and poor hygienic and sanitary practices. The situation might be further aggravated by the seasonal labor movement and the various public and religious events in various parts of the country. An estimated USD 350,000 is required to effectively prevent and control AWD outbreaks in those high-risk woredas. It is anticipated that 21 woredas are at high risk. Taking into consideration an attack rate of 1 percent a total of 25,000 people will benefit from these interventions.

Measles: During this period measles outbreak is anticipated due to existence of risk factors such as malnutrition among children, low vaccination coverage in some of the woredas (<80% coverage is considered high risks), and the ongoing localized measles outbreaks. In order to prevent and control measles outbreak there is a need for mass vaccination of children below 5 years of age in high risk woredas, on top of effective cast treatment. In the first half of 2012, the Government and humanitarian partners plan to vaccinate an estimated 2.4 million children to prevent outbreaks in the identified at-risk population and also to treat 122,000 children. The resource required to carry out

the vaccination (vaccines, injection materials and operational costs) and for case management of sick children is USD 5, 093,056.

Strengthening Public Health Response to Disaster: Strengthening the capacity of the health system in high risk woredas to respond to disasters by providing enhancing disease surveillance, establishing and operating command centers, deployment of rapid response teams, on the job orientation of health staff, monitoring and evaluation of interventions, and providing financial support for operations is critical. To implement such activities a total of USD 618,227 is required.

Support of Health Systems in Risk Prone Regions: This includes the establishment of temporary command centers and delivery of health services through mobile health teams. Special support for delivery of routine health services will be provided in Somali and Afar regions, which are inaccessible and have low service coverage as well as inadequate human resources. The total running cost to support the existing 44 Mobile Health and Nutrition Teams in 44 woredas in the two regions amounts to USD 1,760,000 including the provision of drugs and medical supplies.

3.3.1.3. Sector Coordination, implementation and monitoring

Implementation Approach and Sectoral Monitoring and Evaluation: The FMOH through Ethiopian Health and Nutrition Research Institute (EHNRI) of Public Health Emergency Management Center, in collaboration with DRMFSS, Regional Health Bureaus, zonal health departments, woreda health offices and health institutions, will take the lead in the implementation of sector specific strategies outlined in this Humanitarian Requirements Document. The monitoring and evaluation of response is expected to be implemented at all levels.

Coordination and Collaboration: In collaboration with DRMFSS, The FMOH will coordinate the overall implementation of the set strategies, through establishing strong links with existing taskforces to ensure comprehensive response. Similar coordination mechanisms are expected to functional at all administrative levels.

3.3.2 Water, Sanitation and Hygiene

3.3.2.1 Objectives

The main objective of emergency WASH intervention is to reduce outbreaks of water related infectious diseases and avoid conflict among affected communities during emergencies, caused by water scarcity and poor quality, by ensuring adequate water supply for drinking, cooking and personal hygiene.

3.3.2.2 Emergency Requirements

A total of USD 23.6 million is required by the sector during the first half of 2012 to respond to a range of WASH related hazards anticipated to affect an estimated 2.5 million people. Considering available resources amounting to USD 11.2 million, the net requirement stands at USD 12.36 million.

Table 5: Water and Sanitation (WASH) Sectoral Requirement for January to June 2012

Intervention Activities	Beneficiary number	Required Resources USD	Available Resources USD	Gaps USD
Rehabilitation and maintainers of existing schemes	377,050	7,071,650	2,598,628	4,473,022
Construction of new water supply schemes	126,625	4,714,434	3,753,937	960,497
Water trucking	330,500	5,893,042	3,098,989	2,794,053
Water purification and treatment chemicals	*1,551,507	1,178,608	1,210,309	1,146,908
Sanitation & Hygiene facilities, material and training	*1,423,331	2,357,217	550,309	1,217,604
Water storage & treatment equipment	*	1,767,913	-	1,767,913
Technical assistance (Federal and Regional level),	NA	589,304	-	589,304
Total		23,572,168	11,212,172	12,359,996

Among the planned WASH interventions are water trucking for communities affected by various hazards including supply to various institutions (health facilities, schools); AWD case treatment Centers (CTCs); rehabilitation/maintenance and expansion of non-functional water schemes supply schemes including supply of different types of equipment (such as pumps, generators, and different types of WASH kits); on site water treatment with Emergency Water Treatment (EmWat) Kits; supply of water storage containers at community and household levels; distribution of water purification and treatment chemicals and hygiene supplies; dissemination of hygiene promotion messages on environmental sanitation, application and use of household water purification chemicals, advocacy sessions; and capacity building interventions at federal and regional levels through training, technical support to regions.

Water Shortage: Although the seasonal rains have replenished water sources in most areas, the rains have not been sufficient enough to sustain vulnerable communities through the coming months. Failure of seasonal rains during the last consecutive areas has resulted in rapid diminishing of ground water sources. The situation was exacerbated by non-functionality of water schemes, in some areas damaged by floods.

In Somali Region, according to the recent *meher/deyr* assessment report, water level is *birkas* is reported to have significantly reduced in most parts of Harshin woreda following poor performance of *karan* rains in Jijiga zone. Water captured in Danot, Shilabo, Warder, Geladi, Bokh, Shekosh, Debeweyn and parts of Kebredhar woreda is reportedly sufficient for a maximum of one month. Water shortages and subsequent need for water rationing is, therefore, likely to remerge during the

first quarter of 2012. The situation is exacerbated by the start of the dry *Jilal* season, until the next rains commence in March 2012.

In lowlands of Oromia, the recent rains have contributed to the replenishment of ground and surface water sources (*birkas*/small dams hand dug-wells /ellas, ponds, and river side wells). However, in pocket areas of West Arsi, East and West Hararge and Bale zones of Oromia, where insufficient rains were received, there are continued reports of drought induced water shortages. The situation in eastern Oromia is coming to a critical stage and water trucking operations have already started. The need for emergency water supply interventions, therefore, continues until the onset of the 2012 major pastoral rains (mid March to June). Maintenance and rehabilitation of malfunctioned motorized water schemes have been identified as key priorities.

Although most areas of Amhara region received normal *kiremt* rains, water shortage persists in pocket areas in North Shewa, Oromia, North Gonder, North and South Wello zones. The situation in North Shewa, Minjar Shenkora woreda is coming to a critical stage due to the below normal rain and dried ponds. Water trucking operations have already started. This situation is expected to continue till the 2012 *belg* rainy season.

In Tigray region, water shortages continued for prolonged period in many parts of the region: Alamata, Ofla, Enda-mehoni, Raya-Azebo, Hintalo-Wajirat, Enderta, Emba-Alagie , Saharti Samire woredas of southern part; and Shire, Erob, Gulo Mekeda, Hawzein, Astbi-Woberta, Kilde Awlalo, Medebay-Zana, Tselemti, Thahitai-Koraro, Laelai_Adiyabo, Tahitai-Maichew, Were-Lekhe, Edaga-Arbi and Kafta Humera weredas in the Central, Eastern and Western Zones of the region due to the depletion of surface and ground water and the failure/poor performance of seasonal rains.

In Afar Region, water shortage remains a challenge in Afdera, Erebti, Kori, Bidu,Dubti and northern parts of Elidar woreda, where water trucking is underway currently. In SNNPR parts of Sidama, Hadiya, Silte,Gurage, Gamo- Gofa, South Omo and Wolayta zones and Halaba, Derashe, Konso and Burji special weredas of SNNPR facing critical water shortage due to the failure of previous *Belg* season and early cessation of *kirmet* rain.

In Gambella Region, the heavy rain extended from May to October resulted in overflow of the rivers and cause flash floods in Lare, Itang, Gog, Makuay and Jor Woredas. The floods damaged existing water supply schemes that require immediate maintenance and rehabilitation. In Benishangul Gumuz, the influx of Sudanese refugees led to over utilization of existing water sources in Kurmuk, Sherkole, Guba and Mao Komo woredas.

Outbreaks of Water-Related Infectious Disease: Acute Watery Diarrhea (AWD) outbreak remains a challenge in the country as a result of low coverage of water supply, poor status of environmental sanitation coupled with widespread poor hygiene practices at community and household levels. An increase in the number of non-functional water supply schemes coupled with effects of recurrent drought resulted in the deterioration of WASH status in southern and eastern low land areas. In addition, other factor such as destruction of WASH schemes due to the previous season floods, seasonal movement of laborers to commercial farms, religious pilgrimage, etc. make risks for transmission of the outbreak is expected.

Shortage of spare-parts at local levels, shortage of budget, low technical and management capacity mainly at woreda and community are among major challenges that affects the

rehabilitation/maintenance and construction of new water supply schemes. In order to address emergency needs of people during the outbreak and minimize further risks of spread, activities such as rehabilitation of non-functional water supply schemes, sanitation and hygiene promotion, distribution of water purification chemicals and hygiene and sanitation supplies for people living in at risk areas for AWD, etc. will be carried out.

3.3.2.3 Sector Coordination, implementation and monitoring

Implementation Modalities: The Ministry of Water and Energy in collaboration with DRMFSS and Ministry of Health will remain responsible for the management, coordination and supervision of the planned WASH response plan in 2011. The identified interventions will be carried out through regional and lower level water health bureaus, UN agencies, NGOs, and public enterprises in a coordinated way.

Donor support will be channeled through Government, UN agencies and NGOS. Mechanisms already in place for monitoring, follow up and reporting will be strengthened to ensure proper implementation of planned activities with resources secured from the Government and donors.. Efforts will be made to improve reporting of ongoing response by partners involved. Allocation of funds/resources will be made according to the prioritized activities based on the assessed needs.

Coordination Arrangements: The Federal level Emergency WASH task force supported by DRMFSS would continue to function in a more organized manner. Efforts will be placed to enhance community based interventions. Cross-sectoral coordination needs to be strengthened in order to improve timely sharing of early warning information to facilitate joint response. Similar coordination mechanisms will be initiated /revitalized at regional and other levels to ensure regular sharing of early warning data/information as well as updates on status of response during emergencies to identify outstanding gaps.

Capacity Building Requirements: Emphasis will be given to strengthen institutional capacity of the water sector /Emergency WASH Coordination Units/ at federal, regional and woreda levels. Among the planned capacity building activities are provision of training for water sector staff, partners and local community members to ensure improved systems of early warning, response and coordination.

3.3.3 Agriculture

3.3.3.1 Objectives

The objective of the 2012 Agricultural emergency and recovery plan is to provide adequate information and guidance on the impact of localized hazards on lives and livelihood of the small holder farmers and pastoralists and to address them through coordinated and effective implementation of prioritized interventions.

3.3.3.2 Requirements

In order to help drought affected pastoralists, agro-pastoralists and smallholder farmers to continue in the early phase of post drought livelihood recovery and to help mitigate the impact of anticipated short-term shocks, an estimated **USD 14 million** is requested as outlined in Table 6 below.

Table 6: Agriculture Sector Resource Requirement

Interventions	Total requirement (USD)	Available Resource (USD)	Net Requirement (USD)
Provision of seeds - cereals, pulses and Irish potato	4,644,642		4,644,642
Provision of sweet potato cuttings	505,326		505,326
Animal health – livestock medicines, vaccination and equipment	2,588,757	1,375,356	1,213,401
Supplementary livestock feed	4,464,169		4,464,169
Purchase of livestock for restocking	3,252,559		3,252,559
Total	15,455,453	1,375,356	14,080,097

Provision of seed: Steady improvements have been made in crop yields under both irrigated and rain-fed production systems in recent years. However, climate related hazards continued to cause seed shortages in some pocket areas and therefore it is estimated that a total of USD 5.15 million is required to purchase 73,289 quintals of cereals – barley, maize, teff, sorghum and wheat; pulses – beans and chickpeas; Irish potatoes; and 21.7 million sweet-potato cuttings for distribution to over 200,000 needy farmers in Afar, Amhara, Oromia, Somali, SNNP and Tigray, Regions.

Table 7: Cereal, pulses and Irish potato seed requirements

Region	# of target HH	Area to be Planted (ha)	Seed required (qt)	Cost USD
Amhara	61,959	17,716	15,589	1,168,632
Oromia	53,202	25,859	21,762	1,446,154
SNNPR	27,416	14,169	13,137	724,711
Somali	2,900	2,058	618	57,255
Tigray	65,084	16,271	21,063	1,156,709
Afar	7604	3,802	1,121	91,182
Total	218,165	79,875	73,289	4,644,642

Table 8: Sweet potato cuttings requirements (SNNP Region)

Zones	# of target HH	Area to be planted (ha)	Number of cuttings required	Cost USD
Wolaita	2045	258	14,315,000	332,907
Gamogofa	408	54	2,970,000	69,070
Hadiya	1,200	80	4,444,000	103,349
Total	3,653	392	21,729,000	505,326

Animal health: During the drought moderate numbers of livestock were lost and breeding cycles were severely disrupted along with milk production. Ensuring that livestock stay healthy and productive and further livestock losses are minimised during the herd rebuilding period is vital.

The multi-agency mehe/deyr assessment teams identified an estimated 13.4 million livestock in need of targeted animal health care including voucher-based schemes with the potential to support early drought recovery for an estimated 2.6 million previously drought affected households. It is estimated that a total of USD 2.6 million is required to purchase the necessary drugs, vaccines and associated veterinary equipment including support to regional veterinary departments to facilitate field-level vaccination costs (see Table 9 below). Prioritized livestock diseases for vaccination and treatment include: anthrax, blackleg, CBPP, CCPP, sheep and goat pox and various bacterial infections. DRMFSS's cold rooms constructed in strategic areas will be used during animal health in campaigns.

Table 9: Livestock Health Requirements

Region	# of target HH	# of livestock	Cost of vaccine USD	Cost of veterinary medicines USD	Cost of veterinary equipment USD	Cost USD
Afar	133,333	1,600,000	21,176	7,059	847	29,082
Amhara	540,093	1,285,220	18,334	958,100	114,972	1,091,406
Oromia	1,007,278	3,442,026	45,150	1,008,045	120,965	1,174,160
SNNPR	468,639	2,448,205	24,949	18,680	2,242	45,870
Somali	364,097	4,369,158	56,834	37,890	4,547	99,271
Tigray	137,785	342,403	4,532	128,961	15,475	148,968
Total	2,651,225	13,487,012	170,975	2,158,734	259,048	2,588,757

Livestock feed: The impacts of the recurrent drought on pasture reserve made pasture shortage to remain a problem in parts of Somali Region in particular Degehabur, Jijigga and Shinile zones, in all zones of Afar, and southern and eastern drought affected lowlands of Oromia (east and west Hararghe, Borana, and part of Guji). In order to support herd recovery and rising levels of herd productivity, an estimated 32,830 households will be targeted in the Oromia, Afar and Somali regions with supplementary feed including multi-nutrient blocks and grass/hay. The estimated cost of the intervention is USD 4.5 million. The targeted beneficiaries are supported with livestock feed through a voucher-based approach, through which the multi-nutrient blocks and hay will be provided in a ratio of 1kg/day/head to 3kg/day/head (see Table 10 below). DRMFSS forage storage facilities in strategic areas will serve as hubs for animal feed supply interventions.

Table 10: Livestock feed requirements

Region	# target HH	# of livestock	Cost of multi-nutrient blocks USD	Cost of hay USD	Cost USD
Oromia	15,124	53,013	7,644	1,484,362	1,672,005
Somali	7,206	36,029	5,195	1,131,143	1,136,338
Afar	10,500	52,500	7,570	1,648,256	1,655,826
Total	32,830	141,542	20,409	4,263,761	4,464,169

Restocking: The drought resulted in the loss of moderate numbers of livestock in particular in the Borana and Guji lowlands of Oromia and in the southern rangelands of Somali Region. Affected households are, therefore, prioritised for herd rebuilding support including restocking with small

ruminants and camel. An assessment on the developing situation on the ground will be undertaken prior to the implementation of re-stocking interventions in order to ensure that pasture has adequately regenerated to support increased numbers of livestock. Restocking will therefore only be undertaken where the potential for positive and sustainable impact is high.

The total number of shoats and camel of 32,422 and 2,375 respectively are proposed to restock for a total of 8,515 households. The total budget estimated is about USD 3.3 million USD as shown in the Table 11 below.

Table 11: Restocking requirements

Region	# target HH	# of camel	# of small ruminants	Cost for camel restocking USD	Cost for small ruminants restocking USD	Cost USD
Oromia	2,375	2375	9,500	1,933,140	386,628	2,319,768
Somali	6,140	-	22,922	-	932,791	932,791
Total	8,515	2,375	32,422	1,933,140	1,485,174	3,252,559

3.3.3.3 Implementation Strategy

It is expected that the agricultural sector response plan will be implemented by the Ministry of Agriculture together with other relevant agencies under the supervision of Regional Agriculture and Pastoral Development Coordination Bureau's. Responsibility for overall coordination however rests with the Early Warning Response Directorate of the Ministry of Agriculture's DRMFS, supported by federal and regional Disaster Risk Management Agricultural Task Forces. The mobilized resources to intervene the livestock feed requirement shall be sent and stored in places where stores are built by Disaster Risk Management and Food Security Sector.

3.3.4 Education

3.3.4.1 Objective

The objective of Education in Emergencies (EiE) response is to ensure that children affected by emergencies continue education and prepare for the rapid restoration of regular schooling, and help children to have access to quality and inclusive education in disaster prone areas.

3.3.4.2 Requirement

According to the current *meher* assessment reports from Afar, SNNPR, Oromia, Amhara, Benishangul-Gumuz, Gambella, Harar, Diredawa, Tigray and Somali regions, approximately 385,000 school children have been affected by drought, flood or conflict, or a combination of the three, and are in need of emergency education assistance.

Continued support is, therefore, required to support regions to conduct emergency rapid assessments; pre-positioning of educational materials; construction of temporary learning spaces/ additional classrooms; and rehabilitation of schools. Additionally, capacity building efforts will be scaled up through provision of trainings to government staff, communities, parents, teachers and students on emergency preparedness, disaster risk reduction, and peace education in addition to

provision of psychosocial support. Strengthening the regional education in emergency taskforces ability to assess, plan, and coordinate education responses during emergencies is also a priority. Emphasis will be placed by the cluster to enhance preparedness to address looming emergencies.

An estimated 385,000 (181,000 female and 204,000 male) school children will require immediate emergency education assistance in the first six months of January–June 2012. To address the needs an estimated **USD 6,500,000** is required to undertake key emergency education interventions in prioritized parts of Somali Region, Oromia, Tigray, Afar, Benishangul-Gumuz, Gambella, Amhara, and SNNPR.

Table 12: Education Requirement Summary by Region/Administration (January – June 2012)

Regions and city administrations	Estimated number of beneficiaries
Amhara	5,700
Afar	4,847
Benishangul-Gumuz	5,600
Gambella	13,962
Oromia	250,000
Somali Region	31,372
Tigray	73,572
Total	385,053

Table 13: Education Requirement Summary by Activity (January – June 2012)

Interventions/Activities	Requirement resources USD	Available Resources USD	Gaps USD
Pre-positioning/provision of educational materials, construction and furnishing of temporary learning spaces or additional classrooms and rehabilitation of schools	5,800,000	-	5,800,000
Capacity building training at all levels - government education bodies, communities, parents, teachers and students on emergency preparedness, disaster risk reduction, peace education, and psychosocial support and to strengthen regional education in emergency taskforces the Education Cluster	600,000	-	600,000
Conducting rapid assessments and monitoring and evaluation of responses	100,000	-	100,000
Total	6,500,000		6,500,000

4 OVERALL STRATEGY

Coordination Mechanism

The National Disaster Prevention and Preparedness Committee (NDPPC), being the apex body in the national DRM arena will provide policy guidance and makes decision on DRM related strategic issues. The overall coordination of the humanitarian response remains the responsibility of the Government at all levels, including the federal, regional, zonal and woreda. The Government is also responsible for facilitating the active participation of relevant partners, including donor governments, UN agencies, national and international NGOs, civil society organizations (CSOs) and affected communities.

The Ministry of Agriculture (MoA), through its Disaster Risk Management and Food Security Sector (DRMFSS), is responsible for overall coordination. The Early Warning and Response Directorate (EWRD) will continue to monitor the disaster risk and to issue alert about impending disasters and facilities linkage 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 sectoral taskforces on Food Management, Agriculture, Health and Nutrition, WASH, and Education, led by the Disaster Risk Management and Food Security Sector (MoA), Ministry of Health (MoH), Ministry of Water and Energy (MoW&E) and Ministry of Education respectively will be 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, also plays a significant role in coordinating 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 Multi-Agency Coordination (MAC) group led by DRMFSS and comprising of representatives from the respective Sectoral Task Force chairpersons and humanitarian partners coordinates and provides strategic guidance to facilitate effective response at all levels. Furthermore the Incidence Command System (ICS) has been put in place with the view to facilitate information exchange with MAC regarding status of response and developing situations on the ground.

The special logistics arrangement in Somali Region – the Hubs-and-Spokes system –will continue to operate, building on the improvements already witnessed in allocation and dispatch and delivery of food aid. The DRMFSS/EWRD, along with the relevant federal and regional authorities and in collaboration with WFP will coordinates storage, transportation and distribution of relief food in the region.

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, Mercy Corps, Oxfam GB, and Save the Children/UK 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.

Meanwhile, as part of implementing the new Disaster Risk Management (DRM) approach, a Strategic Programme and Investment Framework encompassing key strategic DRM programme components is being developed by DRMFSS in collaboration with sectoral line ministries and partners. The framework provides a platform for the implementation of DRM in the country that is aimed to contribute much for the nationally envisioned sustainable development.

Annexes:

Annex I: Donor Contributions of Food Aid in July to December 2011

Donor	Implementer	Value in USD	Category	Estimated Quantity(MT)
Australia	WFP	5,512,679	Relief	10,022
Brazil	WFP	7,376,788	Relief	15,096
Canada	WFP	4,036,327	Relief	4,884
Netherlands	WFP	1,875,000	Relief	3,141
*Spain	WFP	1,426,662	Relief	-
UK	WFP	52,715,655	Relief	93,278
UN/CERF	WFP	11,654,333	Relief	15,025
USA	WFP	60,787,621	Relief	45,954
ECHO	WFP	17,053,206	Relief	24,884
Sudan	WFP	1,250,000	Relief	5,000
Denmark	WFP	4,843,398	Relief	4,935
Germany	WFP	10,487,722	Relief	20,000
WFP Savings	WFP	8,982,050	Relief	11,665
*Multilateral	WFP	7,585,400	Relief	-
Total WFP		195,586,841		253,884
USA	CRS	25,285,621	Relief	29,550
China	Ethiopian gov.	15,503,876	Relief	17,834
Sweden	Church of Sweden	310,844	Relief	404
NGOS	Different	8,644,790	Relief	11,227
Denmark	Save the children	515,896	Relief	670
Israel	DRMFSS	138,728	Relief	165
Germany	Kinderniothife.ev	484,584	Relief	629
Sub Total		50,884,339		60,479
Grand Total		246,471,180		314,363
*used as associated cost in kind(15,96 MT of Rice)Brazilian(10,000MT of Sorghums)Sudanese contribution				

Donor	Implementer	Value in USD	Category	Estimated Quantity (MT)
Uk DIFD	WFP	7,987,220	TSF	8,018
UN/HRF	WFP	5,156,107	TSF	4,981
OPEC	WFP	200,000	TSF	185
Germany	WFP	3,495,907	TSF	3,541
WFP Savings	WFP	9,821,285	TSF	12,256
FRANCE	WFP	858,369		633
***FRANCE	WFP	4,564,907	TSF	4,309
Sub Total		32,083,795		33,923
Carry Over Contribution for 2012				
Donor	Implementer	Value in USD	Category	Estimated Quantity (MT)
Japan	WFP	7,585,400	Relief	10,124
Mexico	WFP	100,000	Relief	123
Belgium	WFP	1,453,488	Relief	1,500
USA	WFP	40,791,131	Relief	50,300
ADB	WFP	1,000,000	Relief	1,628
USA	CRS	25,998,700	Relief	42,260
Total carry over		76,928,719		105,935

*** 4.56 Million - TSF - from French contribution will be utilized for 2012

Annex II: Donor Contribution for Health and Nutrition Sector July-December 2011

Donor	Appealing Agency	USD committed/contributed	Sub Sector
European Commission Humanitarian Aid Office	Medical Emergency Relief International	1,424,501	Nutrition
Bill and Melinda Gates Foundation	Save the Children Federaton Inc.	800,000	Nutrition
Central Emergency Response Fund	United Nations Children's Fund	4,247,178	Nutrition
Central Emergency Response Fund	World Health Organization	697,003	Health
United States of America	Adventist Development and Relief Agency	549,838	Nutrition
United States of America	United Nations Children's Fund	4,000,000	Nutrition
European Commission Humanitarian Aid Office	United Nations Children's Fund	2,145,930	Nutrition
UNICEF National Committee/Japan	United Nations Children's Fund	2,330,202	Nutrition
France	CARE France	214,592	Nutrition
Spain	ACF - Spain	121,602	Nutrition
HRF	Islamic Relief	230,668	Nutrition
HRF	Merlin	450,748	Nutrition
HRF	Mercy corps	95,273	Nutrition
HRF	Concern	163,992	Nutrition
HRF	SC US	514,998	Nutrition
HRF	WV	114,939	Nutrition
HRF	CARE	585,503	Nutrition
HRF	Concern	380,755	Nutrition
HRF	ACF	422,050	Nutrition
HRF	IMC	363,169	Nutrition
HRF	SC UK	359,824	Nutrition
HRF	SCUK	904,360	Nutrition
Canada	CARE International	1793249	Nutrition
CERF	World Health Organization	2,112,856	Health
HRF	ACF	42,437	Nutrition
AMREF	AMREF	962,000	Health

Donor	Appealing Agency	USD committed/contributed	Sub Sector
SC Italy	SC US	202,681	Nutrition
DEC	Merlin	780,000	Nutrition
Plan Canada	Plan International Ethiopia	900,000	Nutrition
Plan Ireland and Plan Ethiopia	Plan International Ethiopia	83,750	Nutrition
CIDA and Plan Canada	Plan International Ethiopia	1,116,279	Nutrition
AusAid & Plan Australia	Plan International Ethiopia	613,258	Nutrition
UK Disaster Emergency Committee and Plan UK	Plan International Ethiopia	490,556	Nutrition
United States of America	GOAL	4,999,998	Nutrition
European Commission Humanitarian Aid Office	Medical Emergency Relief International	1,091,405	Health
HRF	Medical Emergency Relief International	292,538	Nutrition
European Commission Humanitarian Aid Office	ACF - France	1,414,427	HEALTH
Belgium	Médecins du Monde	682,128	HEALTH
European Commission Humanitarian Aid Office	World Vision International	1,025,641	Nutrition
European Commission Humanitarian Aid Office	Médecins sans Frontières	1,414,427	HEALTH
HRF	GOAL	369,000	Nutrition
HRF	MC	195,039	Nutrition
Total		40,842,217	

Annex III: Donor Contribution for WASH Sector from July to December 2011

Donor	Implementing Agency	Description	Regions	USD Contributed
Oxfam America	Oxfam America	Water trucking & WASH	Oromia and Tigrai	523,000
Oxfam America	Oxfam America	Water trucking & WASH	Oromia	50,000
WV HARD, USA, Canada, Australia, Switzerland	WV	Water trucking & WASH	Oromia, Somali and Ben -Gumez	2,300,973
USA/OFDA	FHE/WV	Rehabilitation & maintenance	SNNP & Oromia	200,708
ECHO	SC UK	Rehabilitation & maintenance	Somali	300,000
SC Denmark	SC UK	Water trucking & WASH	Somali	500,000
DEC1 (Private)	SC UK	Water trucking & WASH	Somali	80,000
SC Norway	SC UK	Water trucking & WASH	Afar	280,000
EOC	SCUK	Water trucking & WASH	Afar	15,000
Disaster Emergency Committee	Merlin	Water trucking & WASH	Somali	63,023
Irish Aid	Goal	WASH	Amhara	9,458
ECHO	Goal	WASH	Oromia	140,000
ECHO	GOAL	WASH	Amhara, Oromia	17,266
ECHO/Concern	Concern	WASH	Amhara	661,765
OFDA	CHF	WASH	Somali	556,486
Luxemberg	CARE	WASH	Oromia	75,327
Proctor & Gamble	CARE	WASH	Oromia	23,800
CIDA	CARE	WASH	Oromia	28,800
CRS private	CRS	WASH	Tigrai	10,699
CRS	CRS	WASH	Tigrai & SNNP	592,329
O'Neil	CRS	WASH	Tigrai, Oromia, SNNP	182,864
OFDA/IRC	CRS	WASH	Oromia	55,066

Donor	Implementing Agency	Description	Regions	USD Contributed
CRS/private	CRS	WASH	Somali & Oromia	99,098
Crs/Private	CRS	WASH	Oromia	61,903
Proctor Gamble and PSI	PSI	WASH	Oromia & Somali	500,000
Bishan Gari	Bishan gari	WASH	Oromia, SNNP, Gambella, Ben Gumuz	1,914
Denmark	UNICEF	WASH	Amhara, Benshangul Gumuz	143,872
OFDA	UNICEF	Water trucking & WASH	Afar, Amhara, Ben-Gumuz	1,068,269
Spain	UNICEF	Water trucking & WASH	Somali	845,070
Denmark	UNICEF	Water trucking & WASH	Afar, Amhara, Ben-Gumuz	226,446
UNICEF	UNICEF	WASH	Amhara, Ben-Gumuz	289,728
HRF	OXFAM GB	WASH	Oromia	317,816
HRF	Oxfam Canada	WASH	Oromia	470,195
HRF	IMC	WASH	SNNP	96,538
HRF	SC UK	WASH	Somali	517,827
HRF	PCI	WASH	Afar	337,635
HRF	GOAL	Water trucking & WASH	Oromia	240,000
HRF	CHF	Water trucking & WASH	Somali	691,445
Spain	Intermon	WASH		714,286
Spain	Association , Dive't Horn	WASH		157,368
Spain	Islamic relief	WASH		181,552
ECO	COOPi	WASH		1,214,286
Jersy Over Seas Aid	CARE	WASH	Oromia	41,267
ECHO	CARE	Water trucking , WASH	Oromia	556,226

Donor	Implementing Agency	Description	Regions	USD Contributed
Concern WW	Concern	WASH	Oromia	34,529
Canada	Oxfam Canada	WASH		1,318,565
OFDA/IRC	PCI	WASH	Afar	337,635
OFDA/IRC	PAPDA	Water trucking WASH	Somali	196,424
IRC	SCUK	Water trucking WASH	Somali	100,000
OFDA	IRC	WASH	SNNP, Oromia	160,974
OFDA	IRC	WASH	Oromia	493,911
OFDA	IRC	WASH	Gambella	203,553
OFDA	WASH	WASH	Gambella	495,634
Spain	MOW&E	WASH	Amhara, Oromia, SNNP, Somali Regions	1,300,910
Total				20,081,440

Annex IV: Donor Contribution to Agriculture Sector July to December 2011

Donors	Implementing agency	Location		Intervention Type	Amount
		Region	No. Woredas		USD
USAID/OFDA	Save the children Intrnational			Agriculture and food Security	1,600,000
USAID/OFDA	World Bank			Agriculture and food Security	75,000
HRF	FAO	Amhara, Oromia and SNNP	4 woredas 5 woredas 24 woredas	Yellow Rust	775,000
HRF	Concern	Amhara	(1) Delanta	Seed component	57,619
HRF	FAO	Oromia, SNNP	West Harerege and Gamogofa Zones	FSL (seed)	197,356
HRF	CARE	Oromia,	Doba, Chiro, Gemechis, Bedeno, Kurfachele and Gerawa	FSL (seed)	199,782
HRF	CRS	Oromia	5 woredas (Meta, Goro Gutu, Gursum, Kesa, Boka)	FSL (seed)	168,860
HRF	WVE	Oromia	3 Woredas(Jarso, Melkabelo, Habro)	FSL (seed)	192,838
Germany	German Agro Action	Oromia		Reduction of drought impact and strengthening of livelihoods systems for agro-pastoralist	1,428,571
CERF	FAO	Oromia	Borena Zone 4 woredas Dugda dawa, Melka soda, Bulehora and Gelana	Emergency support to drought affected pastoral Agro pastoral communities	900,002
CERF	International organization for Migration	Oromia	Borena Zone	Emergency support to drought affected pastoral Agro pastoral communities	800,000
CERF	UNDP	Oromia	Borena Zone	Emergency support to drought affected pastoral Agro pastoral communities	800,002

Donors	Implementing agency	Location		Intervention Type	Amount
		Region	No. Woredas		USD
EU	GOAL			Seed component and food security	948,344
France	FAO			Agriculture and food security	783,853
HRF	VSF Germany	Somli Afar	Gode, Hargele Abala, Afdera	FSL (Livestock)	578,659
HRF	VSF Swiss	Somli Afar	Gode, Hargele Abala, Afdera	FSL (Livestock)	606,347
Total					10,112,223