

**EVALUATION OF THE RESPONSE TO THE
2002-03
EMERGENCY IN ETHIOPIA**

OCTOBER 2004

**Steering Committee for the Evaluation of the Joint Government and
Humanitarian Partners Response to the 2002-03 Emergency in
Ethiopia**

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PREFACE AND ACKNOWLEDGMENTS

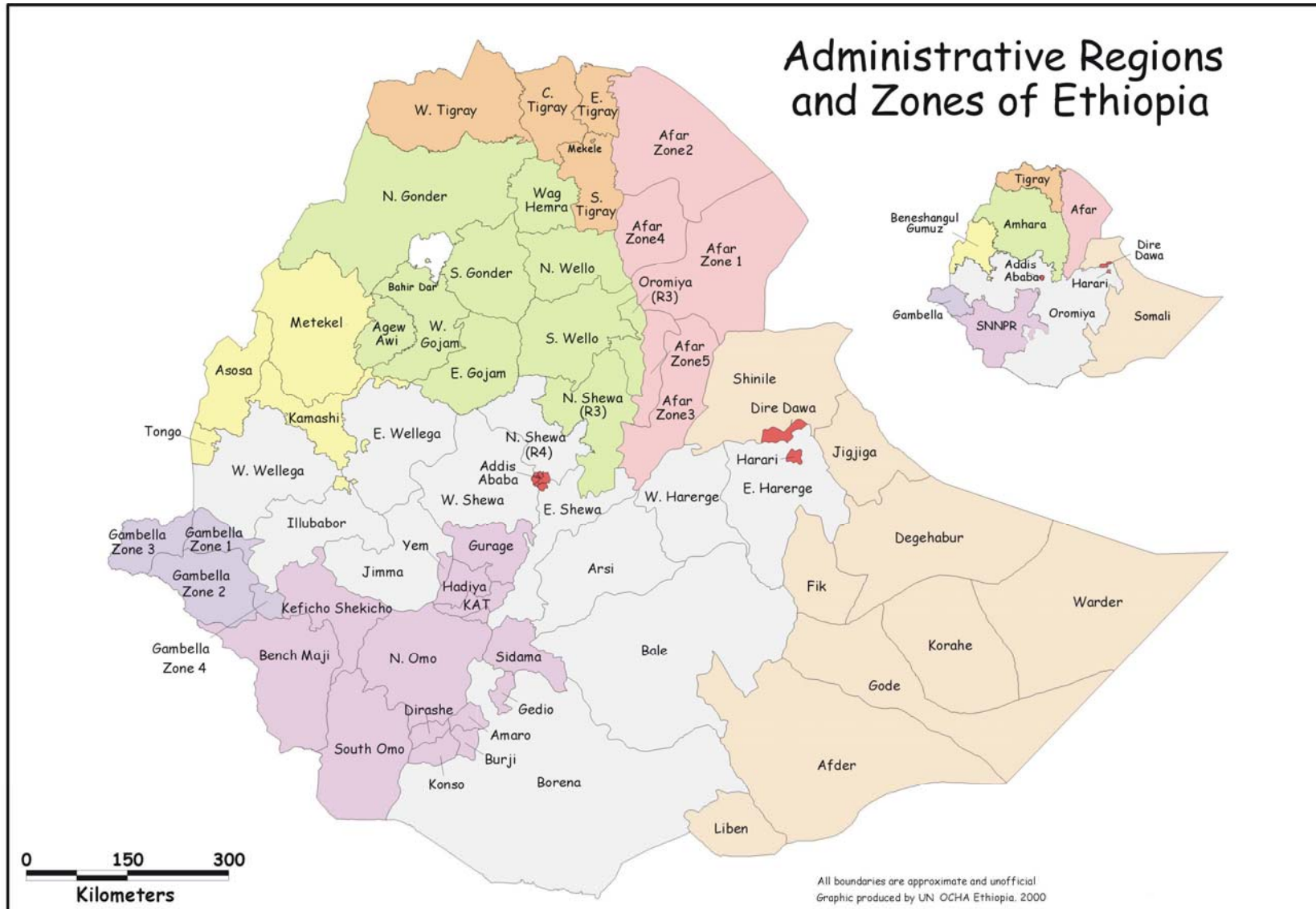
This evaluation of the response to the 2002-03 humanitarian emergency in Ethiopia was carried out from 25th May to 3rd July 2004. The evaluation Team consisted of Mr Peter Simkin (team leader), an external consultant and former UNDP Resident Representative and UN Resident Coordinator in Ethiopia; Ato Teferi Bekele a national consultant and ex-Head of Plan and Program Department in the DPPC; Ato Daba Gabissa, a national consultant, who is currently Head of the Oromiya DPPC Early Warning Department; Dr. Angela Raven-Roberts of the Feinstein International Famine Center, Tufts University USA; Mr. John Graham, Programme Director SC-UK, Ethiopia; and Ms. Diane Briand, CIDA, Addis Ababa. The deputy team leader was Mr. Lyle Bastin, Deputy Head of OCHA, Ethiopia, who also had responsibilities for completing the draft report after the termination of the evaluation. Ato Dechassa Lemessa of OCHA Addis Ababa joined the mission for the first four weeks and provided logistical and technical support. Mr. Paul Hebert, the Head of OCHA in Ethiopia, was responsible for the overall planning, implementation and supervision of the evaluation in close collaboration with Ato Simon Mechale, the Commissioner of DPPC. Technical support and guidance was provided by the Steering Committee, consisting of Government Task Force chairmen, senior DPPC department heads as well as NGO, donor and UN humanitarian agency representatives. UN agencies also provided focal points who assisted with institutional and administrative support, technical briefings and documentation.

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The compilation of the report was part of the consultative process, which required compromise and, on occasion, difficult decisions. Nevertheless, we hope that the evaluation will provide an agenda for discussion and prioritization of follow-up actions not only because it records an important success story, but also because policy decisions and actions taken now could affect the lives of millions of people in the future.

Lastly, the dedication and work ethics of the two organisations directly linked to the report; the DPPC and OCHA, should be singled out for recognition and thanks. This has made the task of the evaluation team incomparably easier. The team would also like to thank all those who were responsible for coordinating and arranging the four workshops that provided invaluable input to the findings and recommendations of the report.

MAP: ADMINISTRATIVE REGIONS AND ZONES OF ETHIOPIA



ABBREVIATIONS/GLOSSARY

AU	African Union
BBC	British Broadcasting Corporation
Belg	Short rains/season from February/March to June/July (National)
CARE	Cooperative for Assistance and Relief Everywhere
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CFS	Coalition for Food and Livelihood Security
CFSAM	FAO/WFP Crop and Food Supply Assessment Mission
CHPI	Community Health Promoters Initiatives
CIDA	Canadian International Development Agency
CISP	International Committee for the Development of Peoples
COMPAS	Commodity Movement, Processing and Analysing System (WFP)
Country Team	UN agencies in Ethiopia
CRS	Catholic Relief Service
CTC	Community-based Therapeutic Care
DFID	Department for International Development (UK)
DPPC/B/D	Disaster Prevention and Preparedness Commission/Bureau/Department (Government of Ethiopia)
DRM	Disaster Risk Management
ECW	Enhanced Commitments to Women
EFSR/EFSRA	Emergency Food Security Reserve Administration (Government of Ethiopia)
EGS	Employment Generation Schemes
EMOP	Emergency Operation (WFP)
ENCU	Emergency Nutrition Coordination Unit
EPF	Emergency Preparedness Fund
EU/EC	European Union/European Commission
EWS/EW	Early Warning System/Early Warning
FAO	Food and Agriculture Organization (UN)
FAUIS	Food Aid Use & Impact Survey (WFP)
FEWS	Famine Early Warning System (sub-contracted by USAID)
FSCB	Food Security Coordination Bureau (Government of Ethiopia)
GAM	Global Acute Malnutrition
Gemgema	Amharic word for Evaluation
GOAL	Irish NGO
GOE	Government of Ethiopia
GTZ/IFSP	German Agency for Technical Cooperation/Integrated Food Security Programme
HEA	Household Economy Analysis
HEA	Higher Education Association/Authority
HEP	Health Extension Package
HIV/AIDS	Human Immune Deficiency Virus/Acquired Immune Deficiency
HMIS	Health Management Information System
HSDP	Health Sector Development Programme
IDPs	Internally Displaced Persons
IDSR	Integrated Disease Surveillance and Response System
IMC	International Medical Corps
IRIN	Integrated Regional Information Network
IRS	Indoor Residual Spraying

ITNs	Insecticide-treated Nets
JEOP	Joint Emergency Operational Plan (USAID supported NGOs)
JICA	Japan International Cooperation Agency
Kg	Kilogramme
MCST	Malaria Control Support Team
Meher	Main harvest
MERET	Managing Environmental Resource to Enable Transition to More sustainable livelihoods (WFP)
MoA/BoA	Ministry of Agriculture/Bureau of Agriculture
MOARD	Ministry of Agriculture and Rural Development
MoH/BoH	Ministry of Health/Bureau of Health
MoWR	Ministry of Water Resources
MUAC	Mid Upper Arm Circumference
NACID	Nazret Children's Centre and Integrated Community Development
NDPPF	National Disaster Prevention and Preparedness Fund
NGOs/INGOs	Non Government Organizations/International
NPDPM	National Policy on Disaster Prevention and Management
OFDA	Office of US Foreign Disaster Assistance (part of USAID)
ORDA	Organization for Rehabilitation and Development in Amhara
OTF	Outreach Therapeutic Feeding
PA	Peasant's Association (also known as kebele, lowest administrative unit in rural areas)
PCI	Pastoralist Communication Initiative
REGIONAL	The higher administrative structure set by the Federal Government to look after all zones and weredas
REST	Relief Society of Tigray
SAM	Severe Acute Malnutrition
SC-UK	Save the Children UK
SC-US	Save the Children USA
SFPs	Supplementary Feeding Programmes
SDMT	Strategic Disaster Management Team (heads of UN Country Team agencies involved in emergency operations)
SDPRP	Sustainable Development Poverty Reduction Programme
SIA	Supplementary Immunization Activities
SNNPR	Southern Nations, Nationalities & Peoples Region
TFCs	Therapeutic Feeding Centres
ToR	Terms of Reference
UNDP	United Nations Development Programme
UNECA	United Nations Economic Commission for Africa
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for Coordination of Humanitarian Affairs
USAID	United States Agency for International Development
VAM	Vulnerability Analysis and Mapping unit (WFP)
Wereda	District
WES	Water and Sanitation
WFP	World Food Programme (UN)
WHO	World Health Organization (UN)
Zone	Administrative unit (consisting of several weredas)

EXECUTIVE SUMMARY

This report attempts to review the many complex aspects of the humanitarian crisis which occurred in different regions of Ethiopia, during 2003 as a result of the failure of the 2002 *Belg* and *Meher* rains. The report is based on existing agency documentation and evaluations, supplemented by discussions with Government officials, humanitarian agencies and farmer associations in the affected regions and the capital. The lessons learned were analysed in workshops with the inter-ministerial task forces. The report was reviewed and endorsed by the Steering Committee.

In terms of the numbers of people who received humanitarian assistance, and the amounts of both food and non-food relief donated by the international and national community, this was the largest internationally supported emergency operation ever undertaken in Ethiopia. Over 1.5 million tons of donated food aid were shipped to the port of Djibouti and transported inland by private truckers to hub destinations in six regions. Mass migration to relief camps was prevented by food aid distributions from over 1,200 centres managed by the Disaster Prevention and Preparedness Commission (DPPC) and NGOs. This was not an unprecedented drought, yet more than 13 million people were in need of urgent humanitarian assistance and received food rations, albeit initially at reduced amounts. Famine was prevented. Over 21 million children received vitamin A and vaccinations against measles. Forty six therapeutic feeding centres provided emergency assistance to 20,000 children. Improved water and sanitation facilities benefited 1.8 million people and 800,000 households received seeds.

Effective early warning systems (EWS) coordinated by the DPPC, with information from regional, zonal and wereda (district) sources, provided crucial information for famine prevention measures to be put in place. Relief assessment and distribution systems existed for effective coordination in the traditionally food insecure regions. During the crisis inter-ministerial task forces in Food/Logistics, Health and Nutrition, Water and Agriculture/Livestock were established at the federal level and in some regions. There was an exceptionally high degree of team-work, personal commitment and institutional support amongst donor representations, DPPC/Bs and humanitarian agencies resident in Ethiopia. Crucial to the operational successes were the vastly improved logistics and private trucking capacities for port off-take and delivery to final destinations, and the efficient management of the Emergency Food Security Reserve Administration (EFSRA) in releasing timely loans of grain against donor pledges for repayment when shipments arrived.

The success of the response was also attributed by the evaluation team to several factors: the high degree of donor confidence and support for the DPPC established through direct donor involvement in all stages of the assessment and Appeal preparation; the operational transparency of efficient distribution systems; and the fortuitous availability of large-scale food resources/shipments from the USA.

Nevertheless, the success of the 2003 emergency operation leaves no room for complacency. There were shortcomings in assessments, targeting and in the management capacities of some regions with less experience of famine relief. Disaster preparedness is still not fully internalised by Government line ministries and internationally supported development assistance programmes. The decentralised local Government capacities at all levels have suffered from a period of high turn-over of trained staff. The emergency was not seen as an overriding priority by some local authorities. Women are still marginalized in community decision-making and targeting committees. Vulnerable women and children were the main victims of the crisis. The international community, while eventually recognising the increasing gravity of the crisis, was slow to react with expeditious food aid shipments. The uncertain resource situation in the first half of 2003 prevented DPPC from

distributing full cereal rations from the outset, while a nutritionally balanced food-basket, including pulses, vegetable oil and blended food, only became widely available in the second half of the year.

Moreover, the “Food First” culture, that has come to dominate emergency assessments and recent appeals, eclipsed the equally important non-food needs. Donor pledging was critically slow in meeting essential non-food requirements for medicines, veterinary drugs, seeds and water and sanitation needs. Heavy livestock losses occurred in Afar and eastern Amhara regions because of drought induced problems. The crisis caused widespread collapse in livelihoods for communities that had still not recovered from a succession of previous calamities. Although famine was prevented by large scale food aid distributions in traditionally food insecure areas, the humanitarian community as a whole were caught off guard by the sudden collapse of livelihoods and nutritional status in Southern Nations Nationalities and Peoples Region (SNNPR) and also in some of the traditionally food-sufficient areas of Arsi and Bale.

The report emphasises that certain institutional arrangements should be strengthened: to maintain the inter-ministerial sector task forces established during this emergency; to create an institutional home for nutrition; and to improve methodologies for assessing and monitoring non-food requirements. While the measures being taken under the Coalition for Food and Livelihood Security (CFS) and multi-annual food aid Productive Safety Nets for chronically food insecure weredas are welcomed in the report, concern is expressed about the risks of dismantling the existing DPPC federal and regional response capacities. The DPPC’s early warning and well-tried emergency coordination capacities must be maintained at the zone level, while the new institutional capacity building is being established at the wereda levels. The report notes the crucial and often innovative roles played by NGOs in the management of both food and non-food resources during the emergency, but stresses that NGO roles for emergency preparedness and medium-term recovery programmes could receive greater encouragement from donors and the Government. Similarly, the report acknowledges the importance of the UN humanitarian and development agencies in under-pinning the relief operations and urges that UN agency decentralised capacity-building programmes should in future be focused at regional Government levels.

Finally, the report lists some of the root-causes for the collapse of household food security facing many millions of rural Ethiopians. These somewhat controversial issues were fully and openly recognised in the task force working groups and confirmed in the evaluation team’s discussions with kebeles and local officials during the regional visits. Human and animal pressures on degraded arable land and overgrazed pastures, widespread deforestation, the current annual human population increase of two million, gender inequalities, the HIV/AIDS pandemic and the migration of subsistence farmers in search of alternative urban livelihoods, are all pressing challenges for long-term food security. In order to reduce the risks of future famines, the report supports the urgent implementation of existing Government policies on family planning, guaranteed land-tenure certification, soil and water conservation, facilitating and attracting external investment, urban development and the creation of off-farm employment opportunities.

MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

The following are main findings, conclusions and recommendations from the Evaluation. These fall under two main categories, those which address the emergency response system, and those which address root causes and underlying vulnerabilities.

Operational Achievements in the Emergency

There is general agreement that the Ethiopian emergency relief operations were well managed and effective.

Effective Food and Non-food Deliveries

The international community pledged over 1.5 million tonnes of food, and the same quantity was shipped to Djibouti during the calendar year 2003 and transported inland to hub destinations in Ethiopia, principally under the supervision and direction of the Disaster Prevention and Preparedness Commission (DPPC). These are astounding quantities and far exceeded the logistics capacities that were thought to exist.

Mass migrations by contrast to 1984/85 were prevented by food aid distributions from over 1,200 centres managed by DPPC and NGOs. Over 13 million people in need of urgent humanitarian assistance were reached, albeit initially with reduced food rations and minimal access to basic rural health services. Health interventions to reduce mortality rates amongst people weakened by malnutrition from communicable diseases such as malaria, diarrhoea and measles were rapidly accelerated. The Ministry of Health (MoH) and its partners initiated a massive measles vaccination and vitamin A distribution campaign that covered 21 million children in 2003¹. There was no repetition of the measles epidemic which took many lives in the previous 2000 crisis. The Ministry of Water Resources (MoWR) and its partners assisted 1,834,300 people with improved access to potable water and sanitation facilities. The Ministry of Agriculture and Rural Development (MOARD) and its partners distributed over 33,145 tonnes of seed to some 800,000 households and additional quantities were made available through a seed voucher system and community seed distribution programmes introduced by NGOs and FAO. Forty-six therapeutic feeding centres provided emergency feeding to more than 20,000 children suffering from acute malnutrition.

Coordination and Transparency

The remarkable degree of coordination and transparency in this complex operation was largely attributable to the leadership of the federal DPPC, supported by sector task forces led by the Ministries of Health, Water Resources and Agriculture and Rural Development, the regional DPP and sector Bureaux. This coordination was supported by the UN humanitarian agencies, NGOs and donors who participated in coordination groups at federal, regional and sub-regional levels. The achievements demonstrate that there are very effective emergency response capacities in Ethiopia to prevent famine and to address critical emergency needs. The international community responded as

¹ 2002-03 measles vaccination occurred in both drought prone and non-drought prone areas. A pre-existing program of measles vaccination and vitamin A distribution was accelerated and extended as a result of the drought emergency. In 2002 around 4 million children were vaccinated in Afar and Somali regions. In 2003 18million children were vaccinated in Amhara, Tigray, SNNP, Somali and Oromiya regions. In 2004 a further 9 million children were vaccinated in all regions, except Gambella region due to the security situation.

generously and effectively as it did because of the high degree of confidence and transparency which had been built up with Government agencies, but also due to some fortuitous circumstances that allowed massive amounts of food to be available on short notice once the magnitude of the crisis was fully understood.

Addressing Longer-term Food Security

Millions of people among Ethiopia's increasingly destitute rural population are unable to produce their basic needs from their fragmented and degraded arable plots and communal pastures. During the height of the 2003 crisis and response, the government boldly established a Coalition for Food and Livelihood Security (CFS), linked to the Sustainable Development Poverty Reduction Programme (SDPRP), to address the problems of chronic food insecurity.

The Coalition is a joint initiative with donors and other partners to create Productive Safety Nets and programmes linked to increased Government funding commitments to various food security efforts, and to multi-annual donor food and cash commitments. These are intended to provide food security to the most vulnerable weredas (districts) in the country. In the regions, the Food Security Coordination Offices are being combined with the DPPB, although the two entities will continue to be separate at the federal level. Initiatives to address some of the root causes of the crisis include access to productive land through voluntary resettlement, water harvesting and better water management, land certification, afforestation, empowerment of communities at the wereda level, and vastly expanded labour intensive public works programmes tied to food and cash support. These activities are crucial to begin to reduce vulnerability and susceptibility of the chronically food insecure to droughts and other shocks, which must also be complemented by continued strong disaster management capacity in the country.

Main Factors in the Successful Emergency Response

The detailed achievements in the 2002-03 emergency responses are recorded in the body of this report, but the following are some of the main factors that made the operation successful:

- **Early Warning Systems (EWS):** Effective Early Warning Systems coordinated by the Disaster Prevention and Preparedness Commission (DPPC) with information from federal, regional, zonal and wereda sources accurately predicted the effects of the drought on pastoral and farming communities. These provided credible information about the looming crisis. The weaknesses in early warning related to health, nutrition, water and sanitation were apparent in the early stages of the crisis, but were strengthened with the concerted efforts of Government, NGOs, UN and other organizations as the crisis developed. More work is needed to further enhance early warning in these sectors, which is discussed in relevant sections of this report.
- **Coordination:** Systems were in place for effective coordination at the federal level and to a more varied extent at regional, zonal and wereda levels. During the crisis, sectoral task forces in Food and Logistics, Health and Nutrition, Water and Sanitation and Agriculture were established at the federal level, but not in all regions. UN humanitarian organisations and NGOs worked in close harmony with the Government at all levels to minimise the effects of drought, livelihood collapse, disease, famine, malnutrition, livestock losses, seed unavailability and water and sanitation needs.
- **Donor commitment:** As a direct result of the involvement of donors and international agencies in the early warning process, there was an exceptionally high degree of broad support and personal commitment amongst both donor representatives and humanitarian agencies resident in Ethiopia. This resulted in very generous donor contributions for both food and non-food

requirements. However as reported in subsequent sections of the report, much more support for non-food emergency needs is required early in such a crisis.

- **National Commitment:** At an early stage the federal Government contributed 45,000 tonnes of wheat and more than the equivalent of 15 million birr (approximately US\$1.8 million) in non-food items, while the Ethiopian public, both at home and from the Diaspora, made generous voluntary contributions. In addition, community coping mechanisms assisted the most vulnerable through the traditional mutual support amongst communities.
- **International Agency Support:** The UN humanitarian agencies provided strong support to the DPPC, line Ministries, regional, zonal and wereda administrations in monitoring and assessments, advocacy, resource mobilisation, appeal preparation and reporting, logistics coordination and post crisis recovery. Similarly, the NGO community was important in advocacy and managed a considerable share of the food and non-food emergency assistance that arrived during the crisis. There were important and innovative projects to assist affected communities to recover. Unfortunately, many of the needed recovery projects were not implemented because emergency funding was not followed with the necessary medium term funding. There will be continuing roles for international agencies in building capacities with decentralised Government structures.
- **Streamlined Logistics Operations:** Crucial to the operational success were the vastly improved logistics capacities for port off-take, shipping management in Djibouti, inland transport, commodity tracking and accounting systems, storage and secondary distribution to 1,200 centres.
- **Emergency Food Security Reserve Administration (EFSRA):** The efficient management of the EFSRA made it possible for loans of grain to be made against later repayment from donor pledges. This prevented serious breaks in the cereal supply pipeline. The EFSRA is considered to be a model for other African countries.

Recommendations for Maintaining a Strong Emergency Response

Response Strengths to be Maintained

1. The joint Government, donor and humanitarian agency response was a result of close collaboration, mutual confidence, transparency and dialogue. Government leadership through the DPPC was essential and needs to be maintained.
2. Capacities of DPPC to maintain effective early warning systems, to trigger appropriate and timely responses, to mobilize donor resources, to manage complex logistics, to store and distribute relief assistance and, in line with the current Government institutional arrangements, link rural development programmes with employment generation and sustainable livelihoods must be maintained and strengthened. Capacities for providing early warning (EW) data quickly from wereda and zones to regional and to federal levels needs to be strengthened.
3. The creation of Sectoral Task Forces at the federal level proved to be an effective means of involving line ministries in the emergency response, and this was particularly important in providing enhanced emergency services in health, agriculture and water. However, much stronger support at the highest levels of the relevant ministries is necessary to enhance future emergency response. It is essential that the Task Forces continue to provide the lead in coordination with all other agencies working in their respective sectors in post emergency recovery projects. The Task Forces should be retained at the federal, regional, zonal and wereda levels to stimulate debate and inter-agency coordination. Moreover, sectoral ministries are urged to recognize the importance of the Task Forces and ensure their continuity to be reflected in their existing structures.

4. NGOs managed nearly half of all emergency assistance during the crisis. They were able to mobilize quickly and respond in areas where the Government asked them to assist. INGOs built up local capacities with indigenous NGOs which now have the capacity to provide valuable support in future crises. NGO capacities should continue to be utilized and encouraged in emergency response and recovery programmes.
5. Despite the fact that much has to be done in conceptualising and mainstreaming Disaster Risk Management (DRM) in relevant sectors, Ethiopia has a wealth of effective emergency response capacity, experience and expertise, which should be considered as a model not just to serve Ethiopia, but also to be of service to crisis response in the rest of Africa.
6. Innovative approaches to providing various types of assistance used in the emergency should be supported, and improved in the future. Many of these approaches can also be applied in a development environment or can be implemented by a broader range of actors. For instance, in the agriculture sector, local seeds sourced under seed vouchers, seed fairs or community-based seed purchase programmes were found to be preferable in some areas to direct supply of seeds. However, in order to replicate such innovations in other areas, further study is essential. Other approaches, such as outreach for therapeutic feeding of severely malnourished children, proved to be innovative ways to potentially serve many more children in an emergency and can supplement traditional Therapeutic Feeding Centres (TFCs) at lower cost. Substituting cash in place of food for work is another innovative approach that requires future support. More innovative actions are described in the body of the report.

Response Weaknesses to be Addressed

1. The crisis revealed major institutional and conceptual gaps and weaknesses in the line ministries that prevented rapid emergency response. However, by mid 2003 federal line ministries related to non-food had begun to strengthen technical backstopping and preparedness capacities in emergency response. These efforts need to be increased and emergency capacities and roles further strengthened and institutionalised at federal level and replicated at regional levels.
2. There is no institutional home for nutrition policy, nutrition surveillance and response in Ethiopia. The Ministry of Health is the most appropriate organization to take on this role.
3. There remain gaps in early warning systems for non-food needs for emergency response. New methodologies, assigned responsibilities and capacity are required to fill these gaps, including the establishment of permanent emergency units in each of the major line ministries that must be ready to respond to emergencies.
4. Non-food assessments were recognized as weak at the outset of the emergency, but efforts were made by mid-year (2003) to develop more systematic field based assessments for emergency health, water and sanitation and agricultural needs. These have been further strengthened in 2004, but more work is required to bring the approaches up to the sophistication of food needs assessments. This is critically important in obtaining donor confidence and the credibility of requirements put forward in the joint appeal.
5. Specifically, non-food needs can be given more weight in assessments through the strengthening of the Sectoral Task Forces. DPPC and the Sector Task Forces improved coordination for 'non-food needs' considerably during the crisis, although there is much room for improvement and a need for broader participation by all partners in these groups. Strengthening the relationship between the DPPC and the various line-ministries is crucial for enhancing non-food coordination in the future.
6. Donors must give increased attention to funding of non-food needs early in emergency situations and throughout the crisis period.
7. Disaggregated data and analysis on gender and children's issues in emergencies is weak and needs to be more fully integrated into all relevant aspects of early warning and response planning

frameworks from the outset. Women need to be encouraged to participate in local decision-making regarding all aspects of food and non-food assistance, targeting and delivery.

8. Logistics and fast tracking systems for non-food items were not as efficient as the food sector and need to be addressed for future response. Donors are expected to provide information on their contributions to the DPPC as well.
9. In spite of strenuous efforts and policy guidelines, targeting of relief assistance to the most vulnerable families is still a major problem. Continued efforts and training of community committees of the need for efficient targeting is essential.
10. The strategy for assessments of emergency needs, types of assistance and targeting in pastoralist areas must be reassessed and adapted to the specific circumstances of these lowland communities, rather than routinely applying existing strategies used in agro or agro-pastoralist areas is necessary.

Threats to Maintaining Effective Response

1. The emergency is not over for 7.8 million people who remain food insecure in 2004 and there is a high probability that more emergencies with increased frequency will occur, perhaps much larger than the 2002-03 emergency. There is no guarantee that the high level of donor assistance will be repeated in future crises. During this year of transition in 2004, while the Government and donors embark on new institutional arrangements and safety net strategies, it is essential that the emergency capacities of DPPC and other Government Ministries (health, agriculture and rural development, water resources, and education) and coordination by the DPPC, Sector Task Forces, UN agencies and NGOs, at all levels, should not be weakened or dismantled. Continued vigilance, monitoring and flexibility are crucially important during the transition period. It is particularly important that the DPPC's Early Warning System (EWS) and assessment capacities should be efficiently complemented at the regional, zonal and wereda levels, and strengthened in the non-food sectors. Also, the EWS capacity at the zonal level should be retained until wereda capacities are well established.
2. While it is acknowledged that the physical presence of UN agencies needs to relate to the existence of recovery activities, the withdrawal of UN agencies and NGOs from the regions to Addis Ababa after the emergency subsides would threaten the effectiveness of a future emergency response. These organizations should maintain a strong field presence in order to provide direct capacity building and development support at the regional and sub-regional levels. This should include participation in the preparation of regional and wereda contingency plans.
3. The logistics response fundamentally depends on an aging trucking fleet. The present and future trucking, logistics and management capacities of private trucking companies to implement increasingly complex emergency operations must be carefully assessed, maintained and developed.
4. A reduced food basket in the next emergency should be avoided. Donors should support the Government in providing a full food basket from the outset in future emergencies.
5. While the evaluation did not attempt to assess the impact of HIV/AIDS, it has been shown to be a major threat to food security in Southern Africa. Its potential impact on rural populations, particularly in times of severe stress due to drought or other emergencies needs to be explicitly addressed through outreach information/education programmes, targeting the most at risk during crisis.
6. Finally, it is apparent that Pastoralists may be the most vulnerable of populations in the country as they have been affected by several years of drought and livestock market deterioration and blockage of trade, and will likely be affected most severely by even small shocks. Close monitoring of pastoral areas is needed.

Addressing Root Causes of the Crisis and Underlying Vulnerabilities

It is important to note that drought is no longer a natural disaster event in Ethiopia, but rather it has become an on-going process related to the loss of the natural resource base. Recurrent droughts are resulting in increasing vulnerability of the population from the erosion of rural household assets that are depleted as people sell them in an effort to cope. This is a downward spiral that needs to be addressed immediately through efforts such as the Coalition for Food and Livelihood Security (CFS), but also by even more fundamental development efforts that address root causes of vulnerability to disasters.

There are factors other than drought that play a major role in the increasing vulnerability of Ethiopia's rural populations. These include:

- Rapid increase of human and livestock population pressures on exhausted arable land and pasture;
- Fragmentation and decreasing size per family of land holdings and insufficient land tenure and certification;
- Desiccation of water sources, due in part to the destruction of the natural vegetation cover from deforestation, overgrazing and mountain slope cultivation and a lack of water conservation measures;
- Low access to basic social services (public health, water, sanitation, education), technology and other inputs that might improve their productivity;
- Near complete dependence on rain-fed agriculture and lack of access to irrigation;
- Limited off-farm employment opportunities.

Other factors specific to the 2002-03 crisis were:

- Low producer prices (following the good 2000/2001 harvests) for cereals and pulses and consequent indebtedness of small farmers unable to repay fertilizer credits;
- The intensity of the widespread presence of malaria in 2003 and the spread of malaria and trypanosomiasis into higher altitudes, reducing ability of the rural population to work and devastating livestock;
- The collapse of coffee prices;
- Limited marketing opportunities for pastoralists, including due to the export ban on livestock to the Middle East, and increased number of animals, challenging the natural carrying capacity of pastures.

Recommendations on Addressing Root Causes of Population Vulnerability

Efforts to address some of these issues are already underway, but need to be stepped up to a much higher level, such as programmes to provide access to contraceptives and to promote family planning. However, many of the issues are not being addressed at all or with such low investments that negative trends are not likely to be reversed. A failure to address these issues will only guarantee the continued need to respond to future droughts and crisis in an emergency mode with ever increasing resource requirements. The following are some recommendations to address these underlying vulnerabilities, which are not new ideas, but need to be emphasized:

1. Alternative livelihood strategies must be found for many of the rural poor, including off-farm employment opportunities. Urgent strategies are needed for planned and supported small town

development and ultimately urbanization and industrialization. This is required because of the decline in per capita food production from peasant agriculture and increasing levels of rural destitution. The limits of household food security may have been reached in many subsistence-farming communities. Hundreds of thousands of job seekers will continue to abandon subsistence farming to look for alternative livelihoods in urban areas. Support to more efficient agricultural practices through crop diversification and mechanisation is recommended.

2. Intensify current natural conservation efforts to address the problem of environmental degradation and improve water conservation measures, while also extending credit and extension services to improve smallholder agricultural production. Current proposals to issue certificates to guarantee security of land-tenure could greatly assist in creating an environment for agricultural investment and improved conservation of natural resources. It is absolutely crucial to give more attention to the livestock sector, and shift approaches to looking for longer term solutions to livestock issues.
3. Continue to strengthen health care and surveillance in rural areas.
4. The Government should give priority to increasing access to year-round potable water supplies and basic sanitation as a part of food security strategies. The extremely low access of rural Ethiopians to potable water (13%) and basic sanitation (6%) contributes to high levels of childhood malnutrition due to repeated water and sanitation related illnesses, and impacts particularly during times of stress, such as droughts. In droughts, traditional water sources dry up and people are forced to migrate in search of water for themselves and their livestock.
5. It is essential to understand that in Ethiopian society food emergencies impact heaviest on women and children. This is due to inherent structural inequalities. The vulnerabilities of these groups need to be reduced before crises strike. Systems for strengthening the coping mechanisms of women and children need to be put in place. More development activities need to focus on educational and economic opportunities for women, the health of women and children, and to provide access by women to family planning information and to contraceptives to plan their family size.
6. The enormous development challenges facing Ethiopia require open dialogue and participatory approaches among all development partners and communities to encourage a culture of consensus in how to solve the challenges facing millions of rural people. It is important that new initiatives are technically well designed and contextually appropriate. They should be implemented according to internationally recognised humanitarian principles and standards and within the capacity of local institutions.
7. The alarming environmental degradation taking place throughout Ethiopia should be treated as a priority emergency concern.
8. There is an urgent need to implement much more vigorously the Government's population policy, which was adopted ten years ago. Peasant agriculture has reached its limit of viability in many of the food insecure weredas and can no longer absorb more farmers. The nation's current annual population growth of around 2 million (estimated at 2.8% per annum) will result in a doubling of the population from 70 million to 140 million within twenty-five years. As population pressures continue to build on the available agricultural and pastoral land resources, per capita production is declining and food insecurity is increasing. Consideration should be given to organizing a symposium to address the relationship between population growth and

pressures on the rural environment and consequent impact on future drought emergencies in Ethiopia.

9. Vigorously address the HIV/AIDS pandemic with long-term support, education, prevention and treatment programmes. These efforts are already underway and significant progress has been made in the past few years to de-stigmatise HIV/AIDS, but much more needs to be done.
10. In conjunction with the Millennium Project focus on Hunger, UN and civil society organizations should organize a conference on “Establishing a Political Contract Against Famine in Africa: Implementing accountability mechanisms for the prevention of famine and livelihood collapse.” The objectives of the conference would be to review and discuss methods for identifying the different roles and responsibilities of all stakeholders, national, international, political and technical in famine prevention and establishing methods for holding them accountable.

METHODOLOGY OF THE EVALUATION

This evaluation of the national and international response to the 2003 drought emergency in Ethiopia was undertaken at the request of the Commissioner of Disaster Prevention and Preparedness Commission (DPPC), the UN Secretary General's Special Envoy for the Horn of Africa and the UN Strategic Disaster Management Team (SDMT). DPPC and SDMT appointed focal points in each participating agency to provide technical support.

The evaluation team consisted of an international team leader, two national consultants, who were selected by the UN Office for the Coordination of Humanitarian Affairs (OCHA), the Head of the DPPC Fund Raising and Public Information Department, and senior OCHA staff. For the final three weeks of the evaluation, a consultant from the Feinstein International Famine Center (Tufts University USA), the Programme Director of SC-UK, Ethiopia, and a representative from CIDA joined the team. The evaluation team worked closely with DPPC in preparing meetings, field visits, workshops and drafting.

The Terms of Reference (TORs) are attached at Annex 1. These set out the general purpose of the review as follows: "Given that the 2002-03 Ethiopian crisis was unprecedented in scope and magnitude, an evaluation of the overall response will provide the Government of Ethiopia (GOE) at the federal and regional levels, UN Agencies, NGOs, donors and beneficiaries an opportunity to understand the complexity and root causes of this crisis so as to mitigate future crises in Ethiopia, and to review why particular activities were more successful than others, in order to improve future humanitarian performance."

The objectives of the evaluation were to:

- 1) "Assess the appropriateness of the Government and international community response (including that of UN, donors and NGOs) to the humanitarian crisis in 2002-03. This will include an assessment of the timeliness and adequacy of food and non-food assistance response as well as gaps and the degree to which objectives identified in the Joint Government-UN Appeal and relevant updates in response to the crisis were achieved.
- 2) Measure the effectiveness of coordination, preparedness and response mechanisms in place at all levels to deal with the crisis and provide specific recommendations to improve these systems.
- 3) Draw lessons learned from the emergency and response that can be applied to future emergencies faced by the country and highlight good innovative practices. Also specifically consider the possible implications on future response of the new initiatives planned and being implemented within the Coalition for Food and Livelihood Security, which address chronic food insecurity."

The evaluation team's focal point was the OCHA country office, which together with the team leader drew up a detailed work plan, assembled documentation and arranged interviews. The work plan was approved by both DPPC and the SDMT.

In addition to the desk reviews of the available extensive documentation, the work plan included individual and joint meetings with federal and regional Government ministries and bureaux, donors, NGOs and UN agencies.

The evaluation team spent the first two weeks in Addis Ababa in order to have interviews with DPPC departments, Government ministries, sector Task Forces, UN agencies and NGOs. During

this period the team studied the very comprehensive documentation available, including assessment mission reports, Joint Government and UN appeal documents, NGO documents, WFP Emergency Operations proposals (EMOP), the weekly Relief Bulletins of the Emergency Unit for Ethiopia (later Office for the Coordination of Humanitarian Affairs, OCHA), a WFP detailed chronology of the crisis and both internal and external evaluations which have been undertaken by USAID, UNICEF and WFP. The very detailed findings of the WFP Food Aid Use and Impact Survey (September-October 2003) provided a wealth of information from extensive surveys of beneficiaries about how household coping strategies had been assisted in this period.

The evaluation team divided into four groups for field visits to the affected regions of (1) Tigray and Amhara, (2) SNNPR, (3) Oromiya (East and West Hararghe), Dire Dawa and Somali, and (4) Afar, using DPPB offices and WFP regional sub-offices as focal points. These included meetings with local officials at all levels, beneficiary groups and NGOs as well as EGS project sites and staff in UN sub offices.

The field visits were followed by a meeting with the Steering Committee for the evaluation, consisting of Government, Task Force chairmen, donors, UN agencies and NGOs, where the methodology and work plans were agreed to.

In the third week small agency-led workshops were held at DPPC with regional DPPB directors, federal Government ministry technical staff, UN agencies and NGOs to discuss provisional findings and formulate recommendations with sectoral task force members on the specific topics of Early Warning and Assessments (DPPC), Water and Sanitation (MoWR and UNICEF), Food and Logistics (DPPC and WFP), Health and Nutrition (MoH and UNICEF).

The recommendations of these workshops are incorporated in this report. A meeting was also held with the Agricultural Task Force, where the evaluation team was thoroughly briefed about interventions by the Ministry of Agriculture and Rural Development (MOARD) and its partners on emergency seed distributions and veterinary assistance.

The results and achievements of the emergency operations were assessed against the aims and objectives set out in various appeals launched by the DPPC or DPPC/UN for the years 2002-03, and the WFP EMOP documents with requests for Relief Food Assistance to Small Scale Farmers and Drought-affected Pastoralists.

This report draws heavily on the findings and recommendations of previous evaluations in an attempt to consolidate the main points. The findings and conclusions given in the report were the result of triangulation between the three main sources of information: the review of documentation; discussions with regional, zonal and wereda officials, beneficiary groups and NGOs; and finally from the workshop presentations. The first draft report was discussed in some detail with the Steering Committee on the penultimate day of the evaluation. In view of the large number of comments and suggestions made at this meeting, the Executive Summary was redrafted and discussed with the Commissioner of DPPC on the last day. However, the evaluation team considered that the process of reaching compromise agreements over the text is an important part of the evaluation, and the team invited all members of the Steering Committee to submit suggestions in writing. These were consolidated by the Deputy Head of OCHA, who kindly agreed to continue to act as rapporteur after the departure of the team. The OCHA Head of Office also assisted in the editing and organization of the final report.

The evaluation did not attempt to assess the impact of HIV/AIDS, the current resettlement programmes, or concerns about security, land mines, education, child protection and IDPs. It does, however, reflect general perceptions about the root causes of the crisis and suggests strategic priorities to urgently address these causes, in parallel to ensuring appropriate emergency response is maintained.

GENESIS OF THE DROUGHT CRISIS OF 2002-2003

2002 Rain Failures: Assessment and Predictions

The annual FAO/WFP Crop and Food Supply Assessment Mission (CFSAM) in November 2001 concluded that the agricultural performance in 2001 had been above average, leading to a reasonable prospect for a good food supply situation in 2002. Nevertheless, the number of people who would require food assistance in 2002 was estimated at 5.2 million, who were designated as “chronically food insecure” and who would require 560,000 tonnes food. However, within seven months of the Mission, it became evident that the overall agricultural performance in 2002 would probably be poor.

The DPPC issued a special alert on 12 July 2002 in confirmation of earlier regional and OCHA reports that the lowest *Belg* rainfall for five years had resulted in a doubling of grain prices and many livestock deaths. The latter resulted in low milk supplies in pastoral areas, having an especially negative effect on the nutrition of children. The constantly spreading effects of the drought on different eco-systems required high mobility and adaptability of humanitarian agencies. Starting in Afar in the period leading up to June/July 2002, the crisis spread to Fentale/East Showa, then to West Hararghe in August/Sept 2002, with increasing numbers in need also reported in East Hararghe. The crisis spread to parts of the traditionally surplus zone of Arsi in Oromiya Region by October and November, then to Gurage zone and into Silti zone, in northern SNNPR, by January 2003. By March/April, new crisis areas were identified in Wolayita and Sidama zones of SNNPR.

The DPPC undertook another assessment in August and on 30 September 2002 issued an appeal for “Immediate Food Needs and Scenarios for Likely Emergency Needs in 2003.” This was the first time that the Government developed emergency scenarios, which served to warn donors of an impending crisis, and which prepared the way for the generous and timely response that eventually materialized.

In some traditionally surplus cereal producing areas such as Arsi and East Gojam, low rainfall resulted in as little as two months of growing season and consequent food aid requirements. Elsewhere, the collapse of the world coffee prices from US\$3.5/Kg in 1988 to US\$1.5/kg in 2003 and the ban on livestock imports from Ethiopia, imposed by Saudi Arabia in 2002, seriously affected the resilience of rural communities to cope with the drought.

The joint Government/UN Appeal for 2003, launched by the Prime Minister at the World Bank Consultative Group meeting in Addis Ababa in December 2002, sought 1.44 million tonnes of emergency food aid to feed 11.3 million people imminently in need, with a further 3 million requiring close monitoring. The Appeal also sought US\$75 million for non-food sectors (see table in annex 2 for summary). The early release of this appeal in December rather than January and the contingency planning scenarios issued in September 2002 were key factors in the early responses of donors.

2003 Crop and Livelihood Situation

The humanitarian crisis of 2003 was even more widespread than had been predicted by DPPC and the humanitarian agencies. By March 2003, the situation in some areas started to deteriorate rapidly as marginally destitute communities, who were being closely monitored, began to show signs of acute malnutrition. For example, in parts of SNNPR Global Acute Malnutrition (GAM) levels as

high in some areas as 21% indicated the extent of the problem. The total number of people affected increased from 11.3 million to 13.2 million requiring food aid and for a longer period than originally estimated. The 2003 estimates of food requirement consequently increased to 1.8 million tonnes. In some areas water shortages were as acute as food shortages, affecting approximately 4.4 million people in Afar, Amhara, Dire Dawa, Gambella, Harari, Oromiya, SNNP, Somali and Tigray Regions; double the estimates made earlier in the year.

The widespread nature of the crisis and its incidence in hitherto food secure areas caught the humanitarian community by surprise. This was particularly the case in parts of SNNPR where the nutritional status of children deteriorated dramatically as 2003 progressed. The earlier OCHA reports in March 2003 of an impending crisis in SNNPR had been discounted by the UN Country Team and federal authorities, which were convinced that predictions in the November 2002 DPPC-led joint assessment of relief food requirements in the region were still valid. Although there were food stocks in the region, the regional Government failed to appreciate the emerging gravity of the situation and to organize a timely response. The crisis in SNNPR was principally a nutrition and health crisis, which, though predictable, was not adequately planned for in a timely manner in part because of lack of adequate early warning capacity in the region, particularly related to health and nutrition indicators. Women and children were most severely affected.

GOVERNMENT AND INTERNATIONAL COMMUNITY RESPONSE TO THE CRISIS

Response to Food Needs

The food aid response was unprecedented. Following from the contingency planning and scenarios document of September 2002, donors participated with Government, UN and key NGOs in the preparation of the joint Government and UN Appeal that was launched in December 2002, following the *Meher* season assessment. Many donor representations were able to begin response proposals ahead of the Appeal. USAID began shipping food prior to its launch and the European Commission (EC) announced a pledge on the day of the Appeal. However, it took some time before donor pledges for blended food could be shipped and delivered. While local sources of grain and blended food in the form of locally produced famix were available, supplies of the former were limited and production of the latter was problematic. Had it not been for grain loans from the EFSRA and blended foods from WFP development projects, there would have been disastrous delays in delivering and distributing relief food.

The international community, while recognizing the increasing gravity of the crisis, was slow to react with expeditious blended food aid shipments. Not until the end of the second quarter of 2003 did the level of food pledges allow DPPC to confidently increase the partial monthly cereal ration from 12.5kg to the full 15kg/person/month. Donors were requested to include pulses in August 2003. Vegetable oil and blended food had been included in the appeal but, in the case of oil, for lesser amounts than subsequently in the relief food basket. The limited food basket in the early period of the emergency in 2003 no doubt contributed to the nutritional crisis that became apparent in March and April, particularly among children in SNNPR, where 26 therapeutic feeding centres were opened and operated by July 2003.

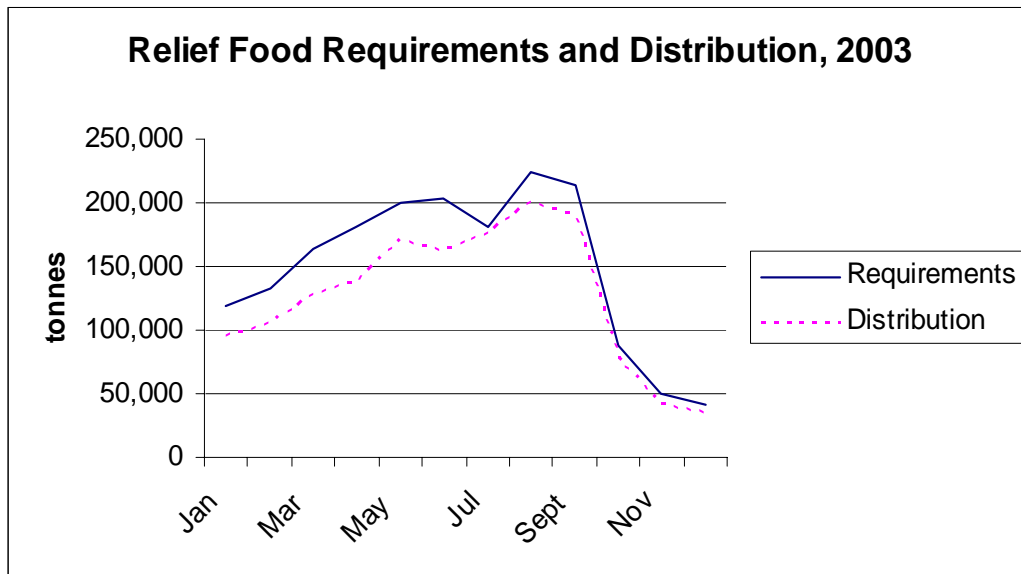
2003 Food Contribution and Shortfall: Government/UN Joint Appeal

2003 REQUIREMENTS	CEREALS	PULSES	VEG.OIL	BLENDED FOOD	TOTAL TONNES
Gross Requirements	1,581,744	50,015	20,263	150,374	1,802,396
Contributions via WFP	379,273	243	3,509	26,860	409,885
Contributions via DPPC	356,786	-	-	4,695	361,481
Contributions via NGOs	657,486	7,541	12,232	52,048	729,307
Total Contributions	1,393,545	7,784	15,741	83,603	1,500,673
Resourced Amount	88%	16%	78%	56%	83%
Unresourced amount (tonnes)	188,199	42,231	4,522	66,771	301,723
Unresourced as % of Requirement	12%	84%	22%	44%	17%

Collective action and a generous donor and public response prevented widespread famine-related mortality. In total, donors pledged over 1.5 million tonnes of cereals, pulses, vegetable oil and

blended food in 2003, meeting 83% of the estimated food aid requirements, as noted in the Table above. During 2003, food was distributed to over 1,200 sites by DPPC and NGOs to 13.2 million beneficiaries. NGOs were responsible for nearly half of all food distributed (49%), more than double the 21% achieved in 2002 while DPPC, with food supplied bilaterally and through WFP, covered the remaining portion.

The following chart illustrates the high food coverage level achieved as the crisis unfolded.



Ration Composition and Size

Though the standard general ration was 15 kg of cereals per person per month in the Joint Government-UN Appeal (and in previous appeals), concerns on resource mobilization early in 2003, led to a reduced ration of 12.5 kg of cereals per person per month being used instead. This decision was taken because the responses to previous appeals averaged only 70% of food requirements covered. At the same time general rations were also reduced at the household level as families shared rations and sold a portion of them to get cash for other essentials.

In mid April, NGOs issued a statement critical of the lack of full rations calling on donors to provide enough support for a full food basket (15kg of foodgrain, 1.5 kg of pulses and 1 litre of oil). DPPC supported the full ration when it was clear that pledges were generous enough to do so without risking breaks in the pipeline. Immediate emphasis was put by DPPC to secure the supplementary rations of blended food and oil which had been inadequately resourced. The OFDA subsequently made a cash contribution to WFP of US\$600,000 for the local purchase of pulses. Pulses and oil were formally introduced into the food basket of the revised requirements issued in August in the special DPPC early warning report, “The Impact of the Belg Harvest and Rains in Pastoral Areas on Food Availability.” The “full” food basket is now part of the DPPC/ENCU nutrition guidelines.

NGO and DPPC Food Distributions

During the emergency crisis of 2002-2003, NGOs played a major role in food distributions: in 2002, 21% of the total food aid pledged was through the NGOs; in 2003 the amount increased to 49%. Relief food channelled through NGOs is allocated to specific geographical areas where each NGO is active. In response to the most recent crisis, NGOs received food and cash contributions individually

and through consortia, such as the Joint Emergency Operation Plan (JEOP) for USAID food and Euronaid for European Commission (EC) food. WFP resources were pooled with those of DPPC to cover requirements in the parts of the country where NGOs were not distributing humanitarian assistance. The regional DPPC/B (Disaster Prevention and Preparedness Commission/Bureaux) were responsible for distributions. DPPC was almost entirely dependent on WFP stocks at the beginning of 2003 pending the arrival of EC shipments for DPPC, which were scheduled for arrival later in the year. Some members of the JEOP consortium were able to distribute blended foods in 2002 with stocks borrowed from the WFP supported school feeding project. However, it was only in the second half of 2003 that blended and other supplementary foods were used in areas, such as parts of SNNPR. Information on problems in distributions was shared among all partners at local or regional coordination meetings and through the fortnightly Food Aid Task Force meetings in Addis Ababa.

Food Supply Outlook for 2004

The FAO/WFP Crop and Food Supply Assessment Mission in November/December 2003 reported that the overall agricultural performance that year had been much better than in the previous year. By November, the Ethiopian Government forecast a 2003/04 harvest of 11.44 million tonnes of cereals and pulses. This figure corresponds to 60 percent higher than the previous year's poor harvest and more than 11 percent above the five-year average of 10.5 million tonnes. The improvement was primarily as the result of favourable weather conditions that began with a good *Belg* season throughout the country and culminated in *Meher* season rains that continued until October. There were also greater incentives to invest in agricultural inputs following higher producer prices, which had started to recover in late 2002. In the Joint Government/Humanitarian Partner's Appeal for 2004, it was estimated that 7.2 million people would need assistance to meet their minimum food requirements, while an additional 2.2 million were under stress and would require close monitoring. Relief food requirements were initially estimated at 980,000 tonnes. The estimated number in need in 2004 includes an estimated five million people who are chronically food insecure and who, even in a good year, rely on food aid to meet their minimum requirements.

Response to Non-Food Needs

Basis for Non-Food Needs

Despite the escalating crisis, the donor response to the non-food requirements in the appeal remained largely stagnant until March 2003. There was an initial lack of appreciation that the crisis was far more complex than food availability. Assessment missions had focused on crop production rather than access by the affected populations to food, water, health, seeds and basic veterinary services. Government capacities in surveillance and analysis as well as strategies to meet emergency non-food needs did not exist in the line ministries until the sectoral task forces were established with federal DPPC coordination. Moreover, in early 2003, donors were somewhat sceptical about the non-food needs included in the emergency appeal and considered that many of the items being requested should have been included in regular development programmes. It was only as the full extent of the drought and its attendant epidemics and widespread malnutrition became apparent that the donor community increasingly focused on these needs. By the end of the year donor pledging in non-food needs reached US\$ 104 million, as reported to UN OCHA by donors². This represents also

² Annex 3 provides more details on the breakdown of this estimate for non food assistance. It should be noted that this figure is not endorsed by the DPPC/GOE.

significant resources and capacities that donors agreed to divert from development activities to the emergency.

Although the importance of non-food emergency needs was recognized, the methodology for the assessments was understandably weak compared to the much more established assessments and appeals for food needs. It is, for example, difficult to accurately predict the outbreak of epidemics or water shortages as early as crop failures and their effects on food availability. The strong coordination between the GOE, UN Agencies and NGOs on assessment and response on food needs has not yet been achieved in non-food.

Cash for beneficiaries substituting for food was used on an experimental basis in this emergency. The programme was based on experience of cash for work and pilots of cash substituting for food assistance from 2001, supported by DFID, the Dutch Government and USAID-OFDA and undertaken by NGOs, such as SC-UK, CARE and World Vision. While these were small, totalling about US\$ 3 million, compared to the food aid assistance, they have pointed the way to plans for much larger use of cash in future relief efforts.

Health and Nutrition

Despite the escalating crisis, the donor response to the non-food appeal remained largely stagnant until March 2003. UNICEF sought a US\$ 4 million loan from its own Emergency Preparedness Fund (EPF) to be able to respond more rapidly. The fund was used for immediate lifesaving interventions: to procure supplementary food as well as to cover some operational costs. It was replenished from the donor contributions received for the emergency later on during the year: partially from Canadian International Development Agency (CIDA), UK Department for International Development (DFID) and the Governments of Finland and Ireland.

From April 2003, the improved funding situation enabled UNICEF and NGOs to significantly scale up their contributions in the areas of health, nutrition and water supply, and thus contributed to averting a major humanitarian catastrophe. The objective of the health and nutrition programme was to assist the affected populations through the provision of emergency nutrition support, including training of MoH staff in the treatment of malnutrition, and public health services in order to reduce morbidity and mortality due to communicable diseases and acute malnutrition and vitamin A deficiency, and to prevent a measles epidemic or outbreak.

Vitamin A campaigns and supplementary immunization activities (SIA) were expanded geographically and extended to broader age group targets. UNICEF and WHO, supported the Ministry of Health to undertake the largest campaign ever mounted in Africa to immunize over 20 million children aged 6 months to 15 years against measles and provided them with Vitamin A supplements. By June 2004, the figure is expected to reach over 31 million children. In Somali Region there was good coordination of the campaign with NGO's, SC-UK and SC-US, while in other parts of the country the programme was primarily through the Health Bureaus directly. This emergency intervention on measles helped prevent the type of outbreak such as the one which had occurred in Somali Region in 2000.

In 2003 a malaria epidemic occurred in Ethiopia. The Malaria Control Support Team (MCST) in the Ministry of Health was re-activated and expanded in order to co-ordinate response efforts. The MCST agreed to implement three main response strategies, including rapid anti-malaria drug distribution and outbreak response, targeted Indoor Residual Spraying (IRS) and free distribution of Insecticide Treated Nets (ITNs) to the most vulnerable groups in the worst-affected areas. UNICEF

received a total of US\$ 7.2 million from July to November 2003 in response to the Appeal for support to the emergency malaria response, which has included technical support, distribution of anti-malarial drugs, procurement of 156,000 ITNs, for distribution free of charge, and cash support for operational costs for malaria epidemic control activities in the four worst-affected regions, Oromiya, SNNPR, Amhara and Tigray. However, given the predictability of the malaria outbreak after drought conditions, considerable sickness and death could have been prevented if planning and implementation had occurred a few months earlier.

Emergency medical kits were also requested. Out of the required 1,500 emergency drug kits for the 2003 crisis, 1,463 emergency kits were provided and 993³ were distributed. In addition 255 renewable supplies kits were procured and distributed to the most affected regions. Each of these kits was designed to serve a population of 10,000 for a period of 3 months. The use and impact of these kits has not yet been evaluated. Although the evaluation team did not look at the HIV/AIDS issue in detail, some work was initiated during the emergency on a limited scale, recognizing the potential impact that HIV/AIDS may have in emergencies. Some efforts were initiated to raise HIV/AIDS awareness by SC-UK and GOAL Ethiopia to provide messages to food beneficiaries at distribution sites concerning HIV/AIDS. The potential for reaching large numbers of at risk populations during emergencies and food distribution needs to be given strong support in the future.

Therapeutic Feeding Centres and Supplementary Feeding Programmes

The inability to implement proper targeting of relief food to the most vulnerable families in SNNPR and the incomplete food basket early in the crisis was exacerbated by outbreaks of malaria and diarrhoea, which also contributed to acute malnutrition and mortality amongst children. This situation was only brought under control when Therapeutic Feeding Centres (TFCs), most with material support and training of health staff by UNICEF, were set up and supplemental food distribution was intensified. In total, 46 TFCs were opened, of which 26 were located in SNNPR, with most of the rest in East and West Hararghe and Fik Zone of Somali Region. While the TFCs unquestionably saved the lives of many children, some NGOs working in SNNPR felt that the large number of TFCs in place in the region were a reflection of the failure of targeting of general relief and supplementary food distributions, which otherwise might have prevented such extensive severe malnutrition. Approximately 20,000 children were treated at TFCs, while a further 400,000 moderately malnourished children, pregnant and lactating women were assisted with either dry or wet targeted feeding through Supplementary Feeding Programmes (SFPs). As has been well analysed by the Tuft's study *Risk and Vulnerability in Ethiopia* (mentioned in more detail on page 52), the focus of emergency interventions until then had been on food rations: a "food first" bias which has characterized past emergency response in Ethiopia, with insufficient attention given to health and nutrition aspects.

NGOs such as Dawn of Hope, World Vision, SC US, CARE, GOAL, and SC-UK organized TFCs, and also set up outreach therapeutic feeding (OTF) also known as Community Therapeutic Care (CTC). This was a more experimental approach, treating severely malnourished children at the community level. Initial evaluations indicate that both TFCs and OTF/CTC worked very well in treating the severely malnourished children with low mortality rates. However, the overall coverage was inadequate due to limited capacity and funding.

³ Of the total number of health kits provided, 993 were distributed, 50 remain in store and the balance (420) were in the process of distribution at time of writing.

Water and Sanitation

Because of the extent of the drought, water shortages were almost as pronounced as food shortages in 2002-03, affecting approximately 4.4 million people – double the original estimates made earlier in the year. However, only US\$17.8 million or 48.7% of the estimated total requirement of \$34.7 million was met for water and sanitation. These funds were mainly allocated to emergency well drilling and rehabilitation, water tankering and sanitation as well as hygiene education activities. Aided by additional emergency resources and the priority need for water, the accelerated construction, rehabilitation and extension of 954 safe water schemes benefited some 1.8 million people in drought-affected areas.

Major constraints faced during the response included: absence of an effective early warning system for the sector; an agreed methodology for determining emergency water needs; insufficient attention to sanitation and hygiene education issues, inadequate regional capacity for coordination and project implementation, inadequate flow of information, data inconsistency; and absence of essential supplies. However, an unprecedented effort to undertake a national emergency assessment in 208 weredas of 6 regions by the Ministry of Water Resources supported by UNICEF resulted in a better response at regional level, provided the required information for the updated appeal, and also provided a good baseline for future assessments.

In several of the worst-affected areas no immediate durable solution could be applied. Therefore, temporary life-saving interventions were undertaken through water tankering to 143,000 people in drought-stricken communities, IDP camps, Therapeutic Feeding Centres and health centres mainly in Afar, Somali, Oromiya, and SNNP regions. Additionally, the programme provided water purification support to 57,000 flood affected people and drought-affected communities through water points (chlorine and combined deflocculent and disinfection tablets and purification bags) and collective water treatment (chlorination through bladders, extension of town schemes). Attempts to drill for water were frustrated by the drop in the water table in some areas.

Agriculture

Any drought emergency has drastic implications not only for agricultural production and livestock, but also for post drought recovery to ensure a return by farmers and pastoralists to self-sufficiency. In view of the magnitude of the crisis, a significant component was added to the Joint Appeal to meet agricultural sector emergency requirements. This emergency revealed that while response to agricultural needs was timely and appropriate, a principle need in the agriculture emergency sector is for an ongoing Emergency Unit with the Ministry of Agriculture and Rural Development, which links emergency agricultural response to longer term development in the sector. This must be accompanied by the development of and agreement on assessment methodologies for emergency agriculture interventions. Furthermore, the evaluation team concluded that there was a need to further improve the participation of agencies in the day to day activities of the agriculture sector task force.

Crops. In the crops sub-sector, MOARD, FAO and NGO partners were particularly active in the supply of emergency seeds and support to small-scale irrigation in Amhara, SNNP, Oromiya and Tigray Regions. The provision of seeds was carried out in different ways, depending on local circumstances, type and quantity of seeds to be distributed and working relationship with local Agricultural Offices and NGOs. Seed requirements, both quantity and type, were usually defined at the wereda level by the Agricultural Office, in consultation with farmers. Provision of seeds to farmers was generally carried out in three different ways: (i) organization of seed fairs and seed

voucher systems; (ii) establishment of community based seed supply committees for localized selling and purchasing of seeds; and (iii) national tendering and subsequent distribution to targeted weredas. The Ministry of Agriculture and Rural Development (MOARD) and its partners distributed over 33,145 tonnes of seed to some 800,000 households and additional quantities were made available through a seed voucher system and community seed distribution programmes introduced by NGOs and FAO.

A recently completed external evaluation of FAO 2003 drought emergency activities found that the response of the Government, FAO and other humanitarian agencies to the Joint Appeal for seed assistance was relevant and timely for the farmers needing access to seeds in order to resume agricultural activities. In most project areas it was observed, during implementation and evaluation, that access to seeds enabled target farmers not only to resume their crop production activities but also to regain their livelihoods.

Farmers reported that, in general, access to seeds from their localities enhanced the coping capacities of their farming systems. Beneficiaries interviewed during field visits for this evaluation noted that local seed varieties sourced under seed voucher, seed fair and community based seed supply programmes initiated by the Government, various NGOs and FAO were of good quality and appreciated. Also, no evidence was found in the FAO evaluation to suggest that the local seed markets were disrupted by the emergency seed interventions. All of the innovative approaches intend to support local seed markets and could be adapted to development programmes.

One of the most positive parts of seed provision was the rapid response once the seriousness of the situation was realized following the poor *Belg* rains in 2003. In the initial appeal in December 2002, \$15 million was requested for seed support. In March 2003, the Update on the Requirements requested only \$1,074,300 for seed supply based on positive early feedback on the *Belg* rains. When the *Belg* stopped early, the long cycle crops planted in the fields withered across a wide area, requiring an additional emergency provision of short cycle seeds so that a crop could be salvaged in the main rains. In order to help address the needs for emergency seeds and in response to the Government appeal, USAID made an immediate decision in early June to contribute \$4 million to the seeds programme. The MOARD formally requested for additional emergency seeds, and by June 12th, an agreement was signed and a letter was sent to the relevant Regional Governments, who were told they should use whatever funds they had on hand to purchase seeds immediately. Also an immediate loan of more than Birr 33 million was provided by the National Disaster Preparedness and Prevention Fund to ensure that the funds were available.

Although there were problems of seed deliveries in some areas, the Government with FAO support and NGOs responded quickly and effectively and the seed needs were for the most part distributed in time for planting. One of the points of confusion, which slowed the process was the different seed distribution modalities, was whether they should be free through seed-for-work, or provided on credit. Quality control of seeds is also very important, but can delay purchase and use of seeds in an emergency situation. Where quality seeds are not available, more localized testing facilities for quality of seed are necessary, rather than only centralized testing at a few localities.

Livestock. Livestock interventions (totaling around US\$ 2.6 million) focused mainly on vaccination and treatment, while fodder distribution was negligible. Only 13.5% of funding requirements were met in the livestock sector. Most relief interventions in the sector were based on rapid assessments with little attention to specific distribution and epidemiological status. More attention needs to be devoted to livestock interventions in the future if livelihoods are to be protected. In Afar and

neighbouring zones of Amhara and Somali Regions a considerable number of animals died from starvation, thirst and disease.

The main need that was met was in vaccination and treatment programmes, where 68% of the identified requirements in 2002-03 were covered. However, because of the nature of the assessment, it is impossible to say what proportion of the actual needs this represents. One example emerged in N. Wollo where the wereda officials in Kobo were faced with a massive livestock health problem, but because of the devolution from the zone, they said there were no animal drugs available as in previous years.

Although there were requests for fodder support, almost nothing was covered, including the fodder reserve bank (which was considered long term rather than emergency). Overall the livestock programme suffered from the same problem of lack of a developed and agreed methodology on non-food emergency assessment.

Livestock assistance must have a contingency plan well in advance of an emergency to ensure that implementation can happen. This must be developed by the Emergency Unit in the MOARD, in consultation with the Emergency Agriculture Task Force and the pastoralist regions. Plans for emergency vaccinations, treatment, feeding for preservation of breeding stock, and de-stocking must be developed in advance of the next emergency.

Pastoralist Support. There is a low level of understanding of the livelihood system of the pastoralist lowlands. A lack of reliable baseline data makes assessment of needs for possible interventions problematic. Interventions to support livelihood, which revolve to a large extent around livestock management could include:

- More attention to the low level of basic development in the pastoralist areas: infrastructure, particularly roads and communications, health and education.
- Support to the mutually beneficial linkages between different pastoral areas within the country and across the region.
- Supporting customary means of ensuring access by drought stricken livestock to other clan areas that may be less affected (clan negotiations).
- Supporting mobility by pastoralist groups moving rapidly to save their stock (water tankering for mobility and not to hold populations down, food provisions for family or clan basis instead of using it to tie people down to particular districts).
- Capitalising rapid de-stocking with onset of crises (if livestock populations face massive losses). This has been done in Kenya by either buying stock for redistribution as meat, or by support to traders to truck animals.
- Organising pastoralist women in livestock marketing cooperatives, linking abattoirs directly with clan groups and enhancing wider sales particularly of smaller animals.

Recommendations on Agriculture

- An Emergency Unit needs to be established in MOARD to link relief to development. It should include the major stakeholders from the UN, NGOs and the DPPC.
- Agreed assessment methodologies need to be developed by the Emergency Unit, especially for seed and livestock interventions.
- There needs to be clear criteria for the distribution of free seeds in emergency situations.
- MOARD should investigate the potential cost effectiveness of local (i.e. decentralised) seed testing facilities to ensure quality seeds are available during emergencies.

- Seed and livestock assistance should have contingency plans prepared well in advance of an emergency. This should be a prime task of the Emergency Unit proposed above in consultation with the Emergency Agricultural Task Force.
- Participation by agencies in the Emergency Agricultural Task Force needs to be improved.

Response to Chronic Food Insecurity

The crisis gave considerable impetus to the national efforts to address the structural causes that have led to chronic vulnerability. The Coalition for Food and Livelihood Security plans a five-year, US\$3 billion package to cut Ethiopia's food aid dependency. This will involve multi-annual food aid and cash commitments to be administered by the Food Security Coordination Bureau (FSCB). The plan includes strategies aimed at reversing food aid dependency, including a productive safety nets programme with the provision of food or cash tied to beneficiary participation in public works, creating sustainable livelihoods and improving agricultural technology in drought prone areas. It is also pressing ahead with a programme to resettle 2.2 million food insecure people to remote, less population dense areas over the next three years at a cost of US\$217 million.

It is planned that 5 million beneficiaries, who have received food aid continuously over the past years, will be supported by the Safety Nets Programme. A Project Implementation Manual has been prepared to guide implementation of the programme, and 263 chronically food insecure weredas have been identified for inclusion beginning in January 2005. It is planned that DPPC will maintain responsibility for logistics for central and regional distribution of food resources within the programme.

The federal DPPC will continue to be responsible for assessing and assisting those needing temporary emergency relief following disasters. Attention must be given to ensuring that the needs of non-able bodied beneficiaries are met, and that the role and support of NGOs to the Safety Nets programme is recognized and integrated. DPPC will also continue to manage the national early warning system and undertake emergency needs assessments. It is also recognized that it is important to ensure that the existing capacity of DPPC (in early warning, logistics, storage and planning) will be fully utilized at all levels to eliminate humanitarian risk to programme beneficiaries. The FSCB and DPPC will remain independent entities at the federal level under the MOARD, but have been merged at the region and wereda levels. To the extent possible, future emergency food response will also increasingly need to be designed so as to contribute towards enhancing longer-term food security, complementing the longer-term food security programmes.

KEY EMERGENCY RESPONSE ISSUES AND RECOMMENDATIONS

(1) Early Warning and Assessment Mechanisms (food and non-food)

The Early Warning System (EWS) worked remarkably well in generating a timely response to the emergency, especially in food aid, but demonstrated serious weaknesses that need to be addressed regarding early assessment of critical non-food needs.

The international response was largely based on the credibility of the DPPC coordinated Early Warning systems and joint field assessments as well as the FAO/WFP Crop and Food Supply Assessment Mission (CFSAM) assessments. Field reports of NGOs and UN agencies also made important contributions to the EWS. Donors responded to the well-prepared DPPC and joint Government/UN Appeal documents with the highest relief food pledges ever committed in an African emergency.

The two main DPPC-led assessments are of the *Belg* harvest in July and of the *Meher* harvest in November, along with mid *Belg* and mid *Meher* assessments if deemed necessary. The assessment teams are sent out by the Early Warning Working Group to all areas which are reported to be affected by adverse weather conditions or food insecurity. These assessments are highly dependent on the experience and reliability of the assessment teams. In areas where there is long experience with food assistance, such as Tigray and Amhara, assessments generally work well in identifying crop production against the norm and predicting food assistance needs. In areas with little experience of food assistance or where the teams are inexperienced, the assessments are not nearly as reliable. Non-food needs have not been a part of the assessments. This was rectified rather late in the crisis when the health and nutrition, water and sanitation and agricultural task forces began to establish a more comprehensive field-based assessment process, which has been further refined in 2004.

Humanitarian agencies play a key role to support DPPC in this joint assessment process. The figures gathered by the teams are reviewed at the regional level and then compiled at the federal level DPPC. Concurrently with the DPPC-led needs assessments in November, the FAO/WFP Crop and Food Supply Assessment Mission (CFSAM) teams focus on crop production and economic conditions. The findings of the DPPC-led teams are incorporated into the CFSAM report.

The DPPC Early Warning Department coordinated the inflow of wereda-level data on food availability, market prices, as well as data on changes in the health, water and social environment. Seventy percent of weredas provided regular monitoring reports, while only 50% reported in a timely way. This was complemented by data from the National Meteorological Service Agency, the MOARD, SC-US, SC-UK, USAID-FEWS, UNICEF, and WFP. The UNICEF/WFP-assisted Emergency Nutrition Coordination Unit (ENCU) of DPPC provided nutrition survey data from all stakeholders and contributed it to the EW data pool.

The seriousness of the emergency was first indicated in April 2002 through the mid-*Belg* assessment. Nutritional assessments covering 236 affected weredas were undertaken from June 2002- Dec. 2003, as well as disaster area assessments covering 55 weredas. The former became increasingly important for monitoring the situation and providing early warning. Along with the regular crop-focussed assessments of the *Belg* and *Meher* seasons in 2002 and 2003 – these assessments provided the main information base for early warning.

The award for 'most improved' early warning goes to the Somali Region. In the 1999-2000 drought lack of an effective and agreed EW system in the region resulted in drastic delays and ultimately deaths due to late response. In 2002-3, efforts to improve the EW system resulted in a Household Economy Analysis approach used as the basis for the system. This has proved effective in both providing quick information and analysis without requiring a massive system or bureaucracy.

Dissemination and acceptance of the early warning information is arguably more important than producing it, and this faced difficulties in the early stages. The impact of the drought emerged earliest and most drastically in Afar Region, where the EW system was very weak, and therefore the information was not available to confirm the seriousness of the emergency. Initially there was scepticism even from the most sympathetic donors. As the scale of the emergency emerged, in particular with the deterioration in West Hararghe in Oromiya Region, the scepticism gave way to acceptance by most donors and other actors. However, continuing doubts on the part of some donors resulted in prolonged and unnecessary debates about the extent and nature of the crisis, which delayed the response in the early stages of the emergency. The pledged food resources needed to provide a full food basket (increasing monthly grain rations from 12.5 kg per person/month to 15kg and including oil and pulses) were not available to beneficiaries until June 2003. Intensive efforts by all partners with food, nutrition and other non-food support, particularly between April and September 2003 during the peak of the crisis clearly mitigated what might have been widespread deaths and possible large population movements

Missions and visits by both prominent individuals and the media played a key role in generating response. Media outlets continued to actively report the emergency throughout. Although the TV coverage was never as dramatic as during the 1984 famine, and famine camps with masses of 'starving babies' were avoided in the emergency, steady media attention kept up the pressure for a response. The seminal event was the coverage of Prime Minister Meles Zenawi's warning in late November 2002 that up to 15 million people were threatened with starvation. High profile visits from numerous donor and UN officials and prominent charity personalities also helped to draw attention and response.

However in spite of the successes, certain weaknesses and gaps exist which constrain the ability of the system to trigger appropriate and tailored responses to a complex set of emergencies that are not just tied to crop failures. Health nutrition and livelihood information needs to be explicitly incorporated into the surveillance system and systematized in assessment and early warning systems. Efforts in this regard are underway, but need to be intensified. There are discrepancies between regions in the EWS capacity to effect a response. For example areas such as Gambella, Afar, SNNPR etc. are not as strong as a more experienced area such as Tigray.

There are a few other concerns related to assessments and surveys. There is often insufficient capacity to make surveys in a coordinated manner; very often the ability to carry out surveys of drought affected areas is limited and prioritised according to availability of competent organizations. Similarly, analysis of data is weak with too much focus on outcomes of acute malnutrition and mortality and not enough attention to health indicators and nutritional risks. The lack of analysis also constrains the ability to systematically prioritise geographical areas for response. A key indicator of stress and threat to health and livelihoods is the availability and conditions of community access to water. There are no coherent surveillance systems with defined indicators or ability to track trends. Though some regions do collect some data on water issues it is not institutionalised and sanitation and hygiene promotion are not included in the assessments.

Current routine health surveillance systems include the health management information system (HMIS) and integrated disease surveillance and response system (IDSR). There is a reporting delay of six months from these systems, which render useless their information for early warning purposes. Because valid health data was not available, prioritisation for health response was mainly linked and driven by the food emergency. A non-food rapid assessment tool has been developed but is in need of more fine-tuning with respect to reliability, indicators, geographic coverage, and analysis. The incorporation of HIV/AIDS into EW assessments should also be a priority, because in the longer term HIV/AIDS can severely affect the productive capacity of households.

Improvement in both the food and non-food assessments can be achieved through livelihoods analysis. Assessing crops and livestock alone, as occurred in many less sophisticated weredas, does not take into account the complexity of livelihoods in all areas. Such assessments include labour payment, trade, and other sources of income which may or may not be affected by drought. Testing of the Household Economy Analysis approach in EW in Ethiopia has had very promising results (e.g. in Somali region) and efforts are underway to adapt this approach across the country.

There is also a need to recognize that the monthly EW data collection system is not working well, but the cost and effort needed to make it function may prohibit effectively addressing the situation. In Hararghe, for example, the monthly reports did not reveal the looming crisis, and in fact delayed and confused the response by reporting that conditions were more or less normal. The suspicion is that local officials, over-worked and under-equipped, filled out the data collection forms in their offices and did not visit the field at all. How widespread this approach is, and how much it would take to train, equip and motivate officials across even the so-called vulnerable parts of the country is a major concern.

The dismantling of the EW system at the zonal level as part of general decentralization, while still in its early stages, has created major concerns, particularly in larger regions such as Oromiya, Amhara, and SNNPR. Many weredas are very remote and have poor communications, and have few professionals capable of making early warning assessments. The zonal level is close enough to be able to coordinate the timely collection of EW information, and without this level the information flow will be disrupted, at least for an extended period of time.

Since decentralization of responsibilities could raise issues of federal Government's accountability for donated relief, the DPPC should retain residual responsibilities for all aspects of emergency relief management. The federal DPPC in consultation with partners should continue to decide on national Appeal figures, targeting and prioritization, especially when there are resource constraints. It should also retain both the authority and capacity to oversee what is taking place in the regions, especially when lives are at risk. The DPPC still retains important responsibilities in early warning surveillance, targeting, adherence to nationally agreed guidelines and accountability to donors. DPPC should still have a crucial role at the zone level in obtaining basic food security and vulnerability data and other information to fulfil its obligations of national accountability. In a complex region such as SNNPR, where out of 104 weredas, 40 have no telephones and are inaccessible during the rainy season, the zonal administration units appear to be the only practical point of liaison with decentralized local Government. Current policy to minimize the role of zone administrations and decentralize Government down to weredas can only be effectively implemented when wereda capacities and facilities have improved.

Recommendations on Early Warning and Assessment Mechanisms

- The strengths of the EW system in the 2002-03 emergency should be recognized and maintained. In particular this includes maintaining the role of zonal capacity in larger regions at the same time strengthening wereda early warning capacity.
- EW systems at all levels, from the community to the federal level, should be enhanced through training and support to build an improved system which is sustainable and realistic.
- The EW system should be enhanced through strong linkages with the Ministry of Health on health and nutrition monitoring, strong links to the MOARD and other ministries and especially Food Security Coordination Bureau within MOARD.
- EW should be strengthened by systematically introducing livelihoods analysis into the system.
- DPPC should maintain the flexibility to respond quickly to emergency requests from the regions in the case of rapidly deteriorating crisis conditions, without necessarily waiting for formal assessments to be made.

(2) Logistics for Food and Non-food Aid

The logistics capacity demonstrated in these operations took the international community by surprise. During 2003 over 1.5 million tonnes of relief food were transported from the ports of Djibouti and Berbera to regional and district stores. Private transport companies coped with the vastly increased demands to take relief shipments from the ports and deliver commodities to the hub warehouses in the regions. DPPC and NGOs successfully managed the secondary transportation to some 1,200 distribution points. The DPPC adopted a strategy of increasing distribution points in order to minimize the distances that relief beneficiaries had to travel to collect rations. The regular WFP logistics coordination meetings, pipeline management, shipping bulletins and computerized COMPAS (commodity tracking) supported the DPPC in these very complicated logistics operations.

Because of the proximity of Shinille and Dire Dawa to the Djibouti border, the use of the limited railway capacity for relief cargo during the past two years has been mainly to these destinations. The future potential of the railway for food aid importations will depend on investment to rehabilitate rolling stock and maintain the track. Less than 10% of the relief food aid was imported by rail, partly because of low turn around capacity, but also because Shinille has the only DPPC store directly linked to the railway. Much of the grain brought in from Djibouti went into the warehouses in various depots of the EFSRA as repayments of loans taken out from each depot for earlier dispatches to the regions. Other trucks delivered directly to DPPC, NGO and regional warehouses.

Thirty-two private companies with 1,400 trucks work in a pool to provide road transportation for relief. Tenders are issued seeking quotations for each destination. In recent years the private transportation capacity has strengthened to the point where trucking was no longer considered to be the major constraint in large-scale relief operations. The port off-take and inland trucking capacity far exceeded the expectations of the international community. Nevertheless, there are signs that some trucking companies lack the capacity to cost their operations and to accumulate funds for vehicle replacement and maintenance. Both DPPC and WFP are concerned about the continued viability of some of the smaller companies. There is also concern about the aging 4x4 trucking fleet operated by the Emergency Relief Transport Enterprise under DPPC supervision. Barely half of the original 99-truck fleet, which is essential for gaining access to remote distribution sites, is still operational and no private truckers can afford to import new 4x4 trucks.

Problems of customs clearance documentation seriously delayed the importation of some non-food items especially drugs and Insecticide Treated Nets (ITNs). DPPC has very effectively secured rapid

clearance for food items and storage equipment by providing guarantees to the Ministry of Finance. Non-food items can also be cleared through DPPC, but problems have been experienced in completing the required documentation by the importers for DPPC to process clearances.

The timing of relief shipments is critical to effectively providing relief. Competition exists between relief shipments and regular fertiliser shipments, resulting in congestion at the three berths in Djibouti. Improved shipping coordination between food aid donors and fertilizer importers should be investigated to avoid congestion.

To address possible breaks in the supply chain due to the unavailability of trucks in peak periods, the DPPC logistics operation prepositions food stocks (when available) into less easily accessed areas. Adequate storage facilities do not exist at all distribution sites so that school classrooms and other public buildings had to be used to meet this need. DPPC is seeking additional support to address these storage problems.

Recommendations on Supply, Logistics and Transport of Food and Non-Food

- The system of using DPPC to arrange customs clearances should be automatically extended to all goods imported in response to emergency appeals.
- The logistics response fundamentally depends on an aging trucking fleet. The present and future trucking, logistics and management capacities of private trucking companies to implement increasingly complex emergency operations must be carefully assessed, maintained and developed. There is a need for a special study to address these issues and make recommendations on incentives for private importers to purchase specialised truck replacements and spares.
- There is a need to provide training to private truck operators in management, costing, operations, mechanical maintenance and replacement provisions.
- It is recommended that shipping coordination should include fertilizers and all multi-annual food aid shipments pledged under the CFS Safety Nets programme as well as emergency relief shipments.
- Additional storage facilities should be constructed to increase the distribution point coverage.
- Customs clearance for emergency non-food items needs to be more systematic using, in all cases, the same procedures used by DPPC.

(3) Food Aid Targeting and Impact

Targeting of households for food assistance has long been identified as a major problem and cause of malnutrition, particularly in children. Poor targeting of relief food was acknowledged as a major weakness of the emergency operation by field monitors and wereda/distribution officials in the evaluation. Food resources are planned on the basis of the numbers of affected people, not the entire population. The main problems which persist are considered to be cultural traditions of sharing and distribution of food. In Somali and Afar communities, community values are reflected in the decisions of sub-clan chiefs such that relief food supplies are simply shared out between all families. Elsewhere, local pressure is put on wereda officials and kebele committees to distribute food to everyone. This results in dilution of the food rations, leaving poorer families with inadequate food to prevent severe malnutrition. In some areas of the country and based on cultural practices, male adults eat before women and children, which can impact on children and women receiving adequate portions of rations. The National Guidelines on Targeting are being actively promoted to try to change traditional practices.

Targeting of supplementary foods was particularly a problem in 2002-03. Supplementary food was distributed in selected vulnerable weredas to all children under five and pregnant and lactating women by the DPPC and implementing partners as part of the general ration. Assessments generally indicate that this method of distribution was ineffective as the ration was consumed by the entire family, in circumstances in which the general ration was insufficient (12.5 kg of food grain or less if diluted). Severely malnourished children did not receive enough of the supplementary food items to make appreciable differences.

The DPPC formulated Targeting Guidelines in close collaboration with donors, NGOs and UN agencies and in consultation with regional officials by 2001. The Guidelines have demonstrably improved targeting where they have been applied, and will undoubtedly improve targeting overall if there is support for the training on the guidelines in other settled agricultural areas. They are not designed to be applied in pastoralist areas, so a study on applying food aid targeting and applying them to pastoralist areas needs to be undertaken.

The Targeting Guidelines have also been applied to cash distributions substituting for food. There is evidence that targeting of cash is easier than food, probably because beneficiaries undertaking EGS/public works activities treat cash as a wage and therefore feel less obligation to share as in the case of food. The use of household economy analysis (HEA) has been piloted with food aid targeting in three weredas in Amhara region, providing a baseline of information on the numbers and characteristics of those who require assistance (e.g. – the poorest constitute 25% of the population and need 8 months of assistance, the middle income are 40% and require 4 months of assistance). This has provided an excellent basis for targeting.

One difficulty with the targeting is that oxen ownership is usually used as a main indicator for eligibility for food assistance. Some officials claim that oxen are sold by families to gain food assistance. Oxen ownership is a powerful economic asset in the highlands, allowing farmers to plough their own land, so this is not a simple issue. It is difficult to balance the desire to reach the most vulnerable, with the equally important wish to avoid depleting community and household assets, and further review of targeting processes should take this into account. Another problem with targeting is the use of an average household size of 5 persons. This should be changed to reflect actual household size as is now being done in plans for implementing the Safety Nets Programme of MOARD.

Recommendations on Food Aid Targeting and Impact

- Continue training efforts in the application of the DPPC National Targeting Guidelines, not only at wereda and kebele levels but also at the community level to improve their understanding of the rationale and mechanisms for targeting.
- Despite the testing and agreement on the guidelines in 2001, and 3 appeals (2001, 2002, 2003) by the DPPC, there has only been very limited donor support for this initiative. More support is recommended to improve the effectiveness of targeting.
- Ensure a more systematic supervision of the kebele leaders and members of the Targeting Committee by the zonal and wereda officials as well as food aid agencies and donors to ensure that the criteria listed in the DPPC National Targeting Guidelines are consistently applied.
- Continually monitor and review the set of targeting criteria actually applied, including for example, households with a high dependency ratio as well as female-headed households, and the use of indicators such as oxen ownership.
- Strengthen the community participation into the targeting process in order to increase the accountability of the members of the Targeting Committee towards the community and reduce

the risk of biased decisions. Increase representation of women and respected elders among the members of the Targeting Committee to make the targeting process more transparent and fair.

- Support a study on food/cash targeting in pastoralist areas and develop and implement guidelines in these areas.
- Explore the use of Household Economy Analysis to provide a baseline for targeting.
- Where possible, nutritional supplementary foods should be targeted through health care centres or nutritional screening, with follow up evaluations on effectiveness in reaching the most malnourished.

(4) Emergency Data on Morbidity and Mortality

The specific morbidity and mortality characteristics of disasters are well known. Infectious diseases exacerbated by malnutrition, measles, malaria, acute respiratory infections and diarrhoeal diseases are some of the most common ailments that occur in many communities affected by conflict, displacement and drought. At the same time in countries such as Ethiopia there has been a history of epidemics such as malaria, measles, meningitis and diseases affecting livestock that usually occur in the aftermath of major drought events. A major factor of vulnerability in Ethiopia is its weak and under resourced health system. The country's health indices are the lowest in Africa and even in "normal" years it is prone to epidemics such as malaria, meningococcal meningitis, cholera, measles and now HIV/AIDS. The chronic malnutrition rate (stunting) is over 50% amongst children nation wide. The special health problems of women and children are severely compromised and inadequately addressed under these circumstances. Children, pregnant and lactating women, elderly destitute and internally displaced and resettled populations are the most vulnerable. Measles vaccination, malaria prevention and treatment and provision of safe water are the key life saving interventions. The management of emergency public health threats depends on the existence of an effective health care system. The 2002-03 crisis that affected Ethiopia exposed the weaknesses in the system and revealed many capacity and conceptual gaps that need to be redressed in order to strengthen the response system for the future.

One of the main problems has been the lack of consistent and reliable data on mortality and morbidity issues. Throughout the 2002-03 crisis some surveys were undertaken by epidemiologists from Center for Disease Control in Atlanta at the request of USAID to try and gauge the extent of mortality rates from the crisis. Having reviewed the methodologies and results from surveys undertaken in 2002 and 2003, the conclusion was that the death rates amongst children were higher than the threshold defined internationally as an emergency (2 per 10,000 per day for under fives) in 33 of the 60 drought affected districts that were surveyed. Of the 60,000 malnourished children identified through nutritional assessments, only 20,000 were treated in the TFCs.

In May 2004 a team commissioned by UNICEF started to collect data on a comprehensive child survival and food security survey. The main aim of the survey is to obtain information to estimate child survival rates in Ethiopia during the 2002-04 crises. Information is being collected and analyzed on socio-economic determinants of child survival, patterns of maternal mortality, food security status of households and impact of drought and HIV/AIDS. The study will be in two parts aimed at comparing drought affected and non drought affected communities. Preliminary results are expected in August 2004 (but were not available at time of going to print) and will provide key information for planning recovery programmes for UNICEF in Ethiopia and should be used for Government programme planning as well.

The Institute of Development Studies at Sussex University which has long been doing research on livelihood issues in Ethiopia, is in process of developing a Famine Intensity and Magnitude Scale.

Combining anthropometric/mortality indicators and food security indicators, the objectives of the study are to identify the effects of a crisis on the lives and livelihoods of an affected community and should enable the development of an appropriate response. A key contribution of this study could be the development of a system of accountability to famine response that can be agreed to by all donors, NGOs, Government and other stakeholders. Work is in progress and it remains to be seen if the study can have an influence on actions in Ethiopia.

These studies and frameworks are being developed to respond to a critical issue which always challenges local and international response to crises in Ethiopia, namely that of definition. Arguments about the exact nature of the crisis seems to be a regular occurrence and could be said to be responsible for the introduction of another risk element “death by definition,” whereby many lives are lost due to delayed response. It is hoped that the results of these studies can contribute to the implementation of a better characterization of different livelihood and food security crises and also enhance programmatic response and accountability in future crises.

Understanding the causes of mortality and malnutrition in emergency conditions continues to challenge Government and donors alike. The crisis of SNNPR underscored this dilemma. Even with large nutrition interventions mortality continued to occur and is attributed to other causes such as measles, malaria, acute respiratory diseases and diarrhoea that were not being effectively registered by the Early Warning System. One of the main problems is the lack of reliable information and health surveillance systems in general throughout Ethiopia. In emergency situations this compounds the ability to prioritise interventions and to measure impact. The health system does not have a strong emergency component and the existing monitoring and evaluation should be enhanced in order to strengthen the quality of data and response.

Throughout the field trips the evaluation team was presented with concerns by community members and administrators alike on the quality of the health service, lack of medical supplies and fear of impending epidemics such as malaria. Health and water issues were consistently presented as priority concerns, particularly by women, over and above the need for food.

On the positive side, lessons learned from previous emergencies have helped reduce mortality. Though measles was responsible for the death of thousands in the 2000 crisis in the Somali region, numbers of deaths were negligible in the 2002-03 crisis most likely because of the accelerated measles vaccination campaign.

Recommendations on Post Emergency Reporting on Morbidity and Mortality

- Results from the studies mentioned above should be disseminated to all agencies within Ethiopia and fed into current discussions and planning processes of the Coalition on Food and Livelihood Security, Safety Nets Working Group etc.
- Indicators developed as a result of these studies should be discussed with the EWS Working Group to review potential integration/ incorporation into revised EWS indicator methodologies. These indicators need to be simple enough to be manageable but contain the key elements to pick up a wider range of risks.

(5) Response to Emergency Health Needs

In recognition that the health response in the emergency was drastically inadequate and needs to be improved, a number of recommendations have been developed as a result of the many discussions

held at various levels, including the workshop on health and nutrition and from other agency evaluations:

Recommendations for Response to Emergency Health

- Improvement of community health and nutrition outreach programs.
- Consistent policies and procedures on provision of free drugs, medical supplies, mosquito nets etc. during emergencies.
- Fast track system needed to get medical supplies through customs.
- Emergency health mandates clarified with structures and procedures.
- Emergency health preparedness and response plans developed and sanctioned at federal and regional levels.
- Mother and child health and reproductive health issues to be included in emergency preparedness and response.
- Emergency preparedness plans be integrated into HSDP and other development programs. Emergency appeals should be used for immediate life saving needs that should complement ongoing development interventions.
- Inter-sectoral coordination between health sectors e.g. measles/malaria and between other sectors e.g. health/water/sanitation.
- Cross cutting issues need to be identified and prioritized e.g. health interventions in community based therapeutic feeding programs; malaria risks due to water harvesting.
- Training should be provided for health personnel in emergency public health interventions. This should occur together with enhanced incentives and improved service conditions of service including improved salary structures etc.
- Special health issues of pastoralists should to be systematically considered. Special early warning and community outreach initiatives are needed for these communities.

(6) Response to Malnutrition

There is a policy vacuum with regard to nutrition in Ethiopia. The national Food Security Strategy and the National Disaster Prevention and Management Policy (NPDPM) do not include nutrition. The division of responsibilities for nutrition within the Government is also unclear. The implementation of supplementary and therapeutic feeding programmes was late and had minimal coverage in 2002-03. This was exacerbated by shortages of skilled nutritionists within Ethiopia in spite of the significant contribution by UNICEF to training of MoH staff in the treatment of malnutrition. Prioritization of key geographic areas was also hampered by lack of information, adequate analysis and the ability to coordinate response. It is worth noting that a 'food first' strategy which persists in Ethiopia does not pay adequate attention to nutritional issues, especially for children and pregnant and lactating mothers. WFP recognizes this problem and has strengthened the Government's nutrition capacity by employing two international nutritionists, a national nutritionist in SNNPR and, in conjunction with UNICEF, the international nutritionist heading the Emergency Nutrition Coordination Unit (ENCU) in the EW department of DPPC. As there are numerous recommendations these will have to be prioritised by the Health and Nutrition Task Force in the coming months

Recommendations on Response to Malnutrition

- Clear public nutrition policy and strategy should be linked to regional strategies, with Government responsibilities clearly identified for MoH, DPPC, FSCB and incorporated into existing policies such as NPDPM, Food Security etc.

- There should be a clearer role and mandate for ENCU, including the further strengthening of the capacity of ENCU to analyse nutritional risks and to advise on appropriate strategies and responses.
- The strengthening and elevating of the status of the Nutrition Task Force is essential and overdue.
- Education and advocacy is needed on linked issues such as hygiene and prevention of diarrhoea.
- Community outreach and sensitization on emergency nutrition surveillance and response systems needs to be expanded.
- Dissemination of lessons learned and best practices on nutrition needs to occur at all levels of Government.
- Skills and training to create corps of nutritionists and public health personnel skilled in emergency nutrition issues is needed.
- Design and implement on-going training mechanisms for all levels of Government especially at regional levels.
- Development of curricula in emergency nutrition for schools of public health and other centres of excellence in Ethiopia is needed.
- Clarification and definition of linkages for food assistance strategies e.g. general rations, SFP and TFC, is needed.
- UNICEF and WFP responsibilities and linkages should be made clear to all partners.
- Oil and pulses should be included in the Emergency Food Security Reserve (EFSR).
- Ensure standardization of methodologies for surveys and assessments.
- Use and interpretation of MUAC needs to be clarified.
- There needs to be a better linkage of nutrition to wider emergency preparedness strategies.
- Pilot testing of the most cost effective means of reducing child malnutrition, including assessing TFC versus OTF/CTC approaches, is currently underway (USAID/DFID with SC/UK). Pilots should be incorporated into nutrition programming.

(7) Response to Emergency Water and Sanitation Needs

Water and sanitation needs were major during the crisis in 2003 and inadequacies resulted in high levels of diarrhoeal disease among the drought affected populations. The problems encountered brought attention to a variety of recommendations that would help to better address water and sanitation in future emergencies and which should receive immediate attention by the Water and Sanitation Task Force.

Recommendations on Water and Sanitation Response Needs

- Management of water and sanitation capacity and resources needs to be enhanced.
- Linkages between emergency and development approaches need to be improved.
- Baseline data needs to be systematically gathered and surveillance needs to be undertaken continuously.
- Assessment formats and surveys need to be standardized.
- DPPC emergency assessments should incorporate non food issues, including e.g. Water and Environmental Sanitation (WES) issues, health and agriculture.
- Specific needs of pastoralists need to be incorporated into assessments and action plans.
- Gender issues need to be better incorporated in assessments and response strategies, especially from the grass roots level.
- Institutional capacity building needs to be undertaken, as does training, the dissemination of standards, protocols etc.
- There needs to be better integration of water supply/sanitation/hygiene promotion.

(8) Building Capacity for Government Response

A great deal of experience for the management of food insecurity has been built up by regional Governments in Tigray and Amhara Regions and in some parts of Oromiya Region. However, the experience in other parts of the country, where food insecurity has been traditionally less prevalent, has revealed weak operational and management capacities of local Government officials. The capacity of Government, particularly the SNNP, Somali and Afar Regions' DPPBs, to respond to the crisis has been identified as a major obstacle to the improvement of efficiency and effectiveness. The DPPBs lack qualified personnel, equipment, and logistical capability (including vehicles and communication equipment) to adequately carry out their responsibilities. Poorly planned and/or implemented employment generation schemes, lack of off-the-shelf projects for emergencies to reduce risk and mitigate shocks, and lack of community capacity to plan effective EGS were also noted as issues in these regions.

The weakest aspect of the relief operations in 2002-03 was in the failure to appreciate early in the crisis the extent of the drought and disaster-induced destitution amongst farming communities, particularly in traditionally food surplus areas. The inexperience of local DPPB staff in areas where large-scale food insecurity had not normally been prevalent, required special efforts by humanitarian agencies to assist in training, targeting and other aspects of emergency management. The failure to understand the seriousness of the food insecurity in these areas, was partly because many key local Government officials were, at the time, distracted by non-emergency factors and were therefore unable to pay sufficient attention to monitoring and managing the food insecurity which had already become manifest by the end of 2002 amongst the most vulnerable households.

In 2002-03 the rapidly deteriorating situation was particularly worrying in SNNPR. Institutional capacity had been lost because the regional Government had closed the zonal DPPD offices in the mid-1990s. These were not re-established at the zonal level until 2001-02 (in spite of the humanitarian crisis in several zones of the region in 2000). Mainly because of the breakdown of the early warning capacity, the vulnerability of households because of the loss of employment for seasonal coffee picking and failure of the staple maize and root crops was not fully anticipated either by the regional Government or international community. By the end of 2003 great improvements had been achieved in the regional DPPB as a result of the efforts of a newly appointed director, the capacity building support extended by the federal DPPC and UN agencies, and high priority given to the bureau by the regional administration.

In more general terms, the preparedness, mitigation, and response capabilities of most of the regional and lower level Government structures, while making great strides, are still inadequate to meet the growing need for vulnerable households to lessen the impact of increased frequency of shocks. Capacity deteriorates in most cases as one moves from Federal to regional and to wereda levels, particularly the technical capacity in areas of early warning and related disaster management.

In crisis situations, such as the 2003 emergency, there is a need for continued oversight and backstopping by federal DPPC down to the zone and wereda levels to assess and monitor food needs, accounting and management procedures and to ensure that national targeting guidelines for assisting the most vulnerable are being followed. DPPC must be ready to step in to assist in any region where urgent needs are identified, even when the regional authorities may not ask for assistance.

The emergency intervention supported by Government, donors and NGOs in 2003 included capacity building in the non-food sectors at the federal, regional, zonal and wereda levels in addressing the needs of the vulnerable population and improving the response capacity for future crisis situations. There is a view that this capacity building should go beyond technical training and inputs, to include wider management and work skills, particularly at the regional and wereda levels. For example, WFP, UNOCHA and USAID provided assistance and resources to develop a federal level Information Centre the objective of which is to develop capacity to collect, analyse and manage emergency information. The Centre functions at the Addis Ababa level and is planned to be replicated at regional levels in the coming year.

The weak state of the health system in Ethiopia and the subsequent health crisis that ensued in many parts of the country had a major impact on the 2002-03 emergency. Capacity for preparedness and integration of early warning, surveillance and rapid response measures need to be developed in the health system, particularly at the Health Extension Package (HEP) and community health promoters initiative (CHPI). Consistent policy is also needed on such aspects as free distribution of drugs and mosquito nets, as well as on logistical issues such as fast track customs clearance during emergencies. Institutional roles and mandates also have to be reviewed and clarified from an emergency response point of view. The involvement of the community in health related activities should be encouraged and strengthened.

Regional authorities in traditionally vulnerable areas in the highlands of Amhara and Tigray Regions, which had the largest “case-loads” of chronically food insecure beneficiaries, were more successful in minimizing the impact of the crop failures. The experienced regional and local DPPB staff in these regions managed targeting and distributions effectively, though some delays in the start of distributions in the early months of 2003 by local administrators was attributed to the more prioritised massive community works projects (water harvesting) and the distraction of registering people for the Government’s voluntary resettlement programme. This in itself reflects the sparse capacity in these regions. The presence in the regions of UN humanitarian agencies staff greatly assisted regional bureaux in coordinating and responding effectively to the crisis.

Regional capacities for both emergency response and safety nets vary greatly. In some regions, such as Amhara, there were good institutional arrangements (Crisis Management Committees and sectoral taskforces) and coordination mechanisms. Such strengths of the regional Government institutions have contributed to the effectiveness of the relief response system. On the other hand, in Tigray coordination of emergency operations could have been strengthened by the establishment of sectoral task forces meeting at least monthly. The division of work between the Regional DPPC and NGOs, UN-agencies and line bureaux such as Bureau of Agriculture (BOA), Bureau of Health (BOH), etc. could be further defined and clarified.

Some regions, such as Amhara, have decided to combine the DPPC and Food Security Coordination Bureau staff and to further strengthen the combined institution with additional posts. Tigray region has decided to maintain separate institutions, although, because of the loss of key staff, the DPPC regional capacity has been weakened.

There were serious concerns that the current Government policies to decentralise may jeopardize the authority and technical and absorptive capacity to compile and analyse EWS data and respond to any impending disasters. To decentralize the regional and zonal early warning system to the wereda level, and minimize the zonal administration could have serious implications on the national EW system. It has been reported that there has been a very high turnover of staff as many resisted being posted from regional or zonal centres to the weredas. At present, most regions have no adequate

wereda capacity to coordinate and manage the technical aspects, information collection, compilation, interpretation and analysis for the early warning data. Therefore, the decentralization to weredas should depend on the capacity of the weredas, with a phased reduction of the roles of zones in programme management of the EWS.

The Government's re-structuring of the regional and wereda Disaster Prevention Offices envisages the introduction of a new post for EW at wereda levels with direct responsibility and accountability to the EW focal person for the types of data collected. This post is placed under the Wereda Rural Development Coordination Office. The Government also has allocated a modest budget for data collection for all regions (pre- and post-harvest crop assessments) to cover costs of the monthly EW data collection. A major concern in this regard is the inadequate emphasis given to gathering data on non-food needs that include health, nutrition, water and sanitation sectors. However, in 2003, these crucial sectors were eventually included in the needs assessment and emergency appeal process, but only as a complementary issue to the relief food needs.

Recommendations on Capacity Building for Government Response

- It is important for the UN humanitarian agencies, NGOs and the federal DPPC to directly support the new regional institution building to ensure that the capacities, which prevented wide spread famine in 2002-03, are not lost during the process of transition and decentralization.
- The planning and implementation capacity of wereda and the communities should be strengthened through training, workshops and seminars on emergency operation.
- Capacity support of the regions should be augmented through the enhanced presence of UN agencies at regional level.
- The installation or improvements in information technology and communications systems to should be supported to ensure more timely transmission of data from local to regional and to federal levels.

(9) Roles and Effectiveness of the EFSRA and the NDPPF

The Emergency Food Security Reserve Administration (EFSRA) has played an indispensable role in the emergency crises of the past few years by making grain available for immediate dispatch to DPPC and NGOs once repayment is guaranteed by donors or the Government. This facility has operated with remarkable efficiency in times of emergency. It has gained donor confidence because it is independent and professionally managed with donor and UN representation on the technical committee. Its operations provide an excellent model for other African countries.

After several false starts, because of political and military interference in the 1970s and 1980s, the EFSRA was reconstituted as an autonomous body in 1992 and in 2000 as an institution with its own legal status with a Board of Directors chaired by the DPPC Commissioner. The Board is advised by a Technical Committee, which is chaired by the EFSRA manager. The Technical Committee has certain delegated powers to provide loans and its members include concerned line ministries, USAID, EC, CIDA and WFP and NGO representatives.

The Reserve has the capacity of 407,000 tonnes in seven strategic locations in the country and it is meant to serve 5.2 million people for six months at a time. In 2003 some 1.5 million tonnes were lent out from the reserve, while 1.3 million tonnes were repaid when donor shipments eventually arrived. At one point the stocks dropped below 50,000 tonnes during 2003, but only for a short period. With the prospect of possible future increased needs in future crises, a review of the capacity of the reserve is advisable.

The National Disaster Prevention and Preparedness Fund (NDPPF) is also an important preparedness mechanism designed to ensure a smooth relief operation and complement the EFSRA by providing cash resources to fund the non food side of emergencies and the complementary inputs needed to support food aid. The fund, in spite of the fact that it is relatively new, played a useful role by giving loans for local purchase of seeds in Ethiopia during the 2003 emergency. It has not yet secured its minimum financial reserve prescribed in its charter because of inadequate donor support, although it operates under similar modalities and guarantees of independence to those of the EFSRA.

Recommendations on the Roles and Effectiveness of EFSRA and NDPPF

- Review the size of the EFSR in view of possible increased future emergency requirements.
- The EFSR should also hold pulses and vegetable oil. Due to shelf-life problems the EFSR may not be able to hold supplementary foods, although this issue could be further investigated for its feasibility.
- Further consultations with donors and other concerned bodies are needed to assess the possibilities of increased donor support to the NDPPF.

(10) NGO Response and Coordination with Government and UN

The size, scale, quality and diversity of the NGO response to the 2002-03 emergency were greater than at any time in Ethiopia. This performance contrasts with that of the 1984-85 famine, where although there were some successes, chaos and amateurism marked much of the response, especially from newly formed NGOs that were specifically established to respond to the famine. In the intervening 18 years, many of the NGOs operating during the 1984-85 famine left Ethiopia, while the professionalism and experience of those remaining increased. There was also a dramatic increase in the numbers of local NGOs under the new Government after 1991. While there is always more that can be done to prepare for emergencies, there was a concentrated effort by NGOs in 2002-03 to work with the Government, especially the DPPC, as well as donors and the UN system to improve early warning, nutritional assessment, supplementary and therapeutic feeding, food aid logistics, employment generation schemes, health, education, livestock support, and seeds distribution amongst other things.

On the food aid side, NGOs managed nearly half of the total food assistance, an immense increase in previous volumes. Although there were predictable problems and delays, overall the system of food distribution worked very well despite the vast increase in scale. The system of coordination with the Government and WFP was well established and tested. In situations when NGOs did not have committed resources, the DPPC and WFP allocated to NGOs to be distributed in their areas of operation. This ensured that all needy areas were covered.

On the non-food side, NGOs managed over \$50 million worth of support, out of an estimated total of about \$104 million (according to the UN Country Team non-food contributions chart). This included both funding and expertise in a diverse range of activities, as noted above. Despite this effort, the demands outpaced the capacity and funding, especially in crucial areas such as health and nutrition. For instance, even in the area of food, NGO proposals under the JEOP were submitted in November 2002, and despite the availability of the food, cash for transport and other expenses was not available until April 2003.

An extremely useful role of NGOs was to help raise the alarm about the escalating emergency and to mobilize their constituencies to support funding and press donors to contribute. Although NGOs

have a reputation for bringing emergencies to the attention of the world in the early stages, this does not always happen. In the 2002-03 emergency in Ethiopia, however, from the early evidence of the emergency in Afar and Hararghe, through the appeal process and the early stages of response, some NGOs were outspoken and active with advocacy. When it became clear by August 2002 that there were widespread drought problems rather than isolated cases, NGOs mobilized pressure for a generous response. In September 2002 a group of NGOs released a public statement calling on donors to respond to the growing emergency, recognizing the generosity of USAID while calling on the EC and other donors to do more.

Although the food needs were finally and largely being met, NGOs were unable to fill the gap in many other essential areas – health, nutrition, water, livestock and seeds. This was due to insufficient capacity and the non-availability of funding.

A successful major effort by the MoH, supported by UNICEF and the WHO on measles vaccinations, to prevent the massive number of child deaths which had occurred in the Somali drought of 2000, was also supported and mobilized by NGOs in different parts of the country. There was no recurrence of major measles deaths, despite high malnutrition.

Some successes were achieved in emergency water supply in Afar and Somali Regions, but human health needs and livestock health received only partial attention. Although there was a highly predictable need for seeds following a serious drought, little attention was paid to this until too close to the growing season. Only through a concerted last minute effort by all involved, with innovative and rapid response by the Government, UN and NGOs, were most of the identified seed needs met.

Large and small, national and international NGOs were involved in the response. In areas where there were few NGOs, such as Afar, there was strong demand for additional NGO involvement. Despite the large number of NGOs in SNNPR, few had the capacity or resources to respond to the emergency, especially in the technical area of therapeutic feeding. While there is an ongoing need for International NGOs to ‘work themselves out of a job’ by building capacity of local NGO and Government partners, the emergency demonstrated the strong need for NGOs to maintain and further develop internal capacity to respond in an emergency as well as to assist with long term development.

The use of cash as a substitute for food assistance was successfully piloted, with support to NGOs from the Dutch Government. These experiments are applicable to the development of the new ‘Safety Nets’ programme by the Government.

Recommendations on NGO Response and Coordination with Government and UN

- Continue to support role of NGOs achieved in the 2002-03 emergency by all parties and encouragement of their continued role in capacity building, service delivery and innovative measures for responding to emergencies and recovery programmes.
- Encourage international NGOs to continue to advocate for resources in donor countries and in channelling resources through partnerships with national NGOs during times of emergencies.
- Define clear roles that NGOs may play in food safety nets and post crisis recovery.
- Development partnerships with Government, UN and NGOs should be strengthened for food safety nets and post crisis recovery programmes in the future.
- NGOs should strengthen capacities especially related to health and nutrition needs.

- NGOs should urgently continue efforts with Government on linking relief to development and expanding the role of cash to beneficiaries, with input to development of guidelines, training and implementation of safety nets.
- Continued support from NGOs on development of early warning, nutritional assessment and food/cash targeting capacity in the country.
- Improve the NGO participation in the sectoral task forces and contingency planning and assessments.

(11) Coordination Strengths and Weaknesses

The humanitarian operation of 2003 was successful due to various factors, one of which was effective coordination at federal and regional levels. Coordination fora helped with the exchange of information, developing a common vision, action plans, monitoring the emergency operation, setting priorities, and avoiding duplication of efforts.

Coordination between NGOs, Government, and the UN system was exceptionally good. Regular systems for coordinating the food assistance and nutritional assessment programmes were established through task forces, while coordination on health, water, and agriculture were established during the emergency. At the regional level, coordination took different forms – with regular meetings of all emergency actors in Somali, strong coordination by the DPPC in Amhara and coordination set up at the height of the emergency in SNNPR. Lessons were learned in non-food coordination, but this is clearly an area which needs to be analyzed and improved before the next emergency.

In addition to the overall guidance of the National Disaster Prevention and Preparedness Committee at the federal level, and similar structures at regional, zonal and wereda levels, the role played by the various sectoral task forces greatly contributed to the success of the emergency response. The collaboration between all partners – the Government, donors, the UN agencies and NGOs was extremely important.

Although the coordination at federal level was effective, it was seldom replicated at regional levels and it varied from one region to the other. It was in the midst of the unprecedented humanitarian crisis that the unity of purpose of different actors in SNNPR at all levels was initiated, and played a great role in responding to the needs. The collaboration efforts in Somali Region also enabled response to emergency needs to be much easier.

Similar coordination activities were undertaken both in Amhara and Oromiya Regions, although, in the latter, no significant action was taken to establish sectoral task forces. The coordination of activities and relationships among stakeholders in Tigray, however, did facilitate a collective response.

Although considerable efforts have been exerted to respond to the emergency needs at almost all levels, there is still a need for improvement and consolidation. Some of the coordination problems noted include:

- No uniform and clear directive on the establishment and operational modalities for various task forces is available;
- Absence of sectoral task forces in some regions, particularly those responsible for non-food interventions, undermined efforts to respond to the needs urgently;

- The uneven degree of collaboration and commitment between partners in all the affected regions did not always match the extent the emergency situation required;
- Lack of continuity of the roles of task forces and the coordination efforts in general after the emergency situation subsided;
- The level of participation and composition of task force members, particularly at operational levels did not include beneficiaries, especially women and youth, arguably the most vulnerable to shocks.

Recommendations on Coordination at Federal Regional and Sub-regional Levels

- The Government at all levels needs to be convinced that greater participatory and collaboration efforts can help to make a difference. It is advisable to set clear directives that could be taken as common at all levels and design operational modalities to be followed by task forces. The operational modalities, however, need to be applied flexibly depending on their respective sectoral responsibilities.
- Maintain and establish sectoral task forces that can continue to play their respective roles and ensure their continuity for recovery and development. Task forces should be established in all affected regions and weredas to provide a forum for contingency planning, strategy development and the coordination of emergency response, preparedness and medium term recovery activities of all operational agencies.
- Involve all stakeholders in coordination to ensure transparency and accountability. At the federal level, it is essential to engage and involve line ministries more fully in emergency preparedness and response. The DPPC has been the cornerstone of the emergency response and more responsibility needs to be shouldered by ministries to adapt regular programmes to respond to disasters. It is also necessary to involve beneficiary communities to create an environment for collaborative efforts.

(12) Integration of Emergency Response and Development Activities

Food crises are endemic in Ethiopia. In any given year, the question is not whether there will be a problem, but the extent of this problem. The number of people suffering from poverty and destitution alongside the high variation in rainfall, susceptibility to crop pests and exhausted and eroded soils helps to understand that there is no clear path in Ethiopia from relief through rehabilitation to development. The nearly perpetual state of crisis means that unless greater emphasis is placed on resolving the increasing pressures on exhausted and unsustainably fragmented land holdings, development activities will be continuously interrupted or suspended to make way for relief interventions.

The 2002-03 crisis that affected Ethiopia must not be seen as merely an episodic food crisis but a crisis affecting all aspects of family livelihoods. The burden of this crisis and the general state of poverty, poor health and income status of the country are felt most acutely by children and women. Gender and generational issues within the diverse cultures and livelihood systems of Ethiopia are still poorly understood and poorly integrated into assessment and program interventions.

It is important for development activities must continue despite the acute emergencies. Areas of complementarity between relief and development activities include the following:

- Reducing disincentives (and increasing incentives) to farmers with surpluses by replacing food aid imports with local purchases and cash distributions, while at the same time exercising care to avoid inflating market prices.

- Using food aid and cash to resource labour intensive programmes which can address issues such as soil erosion and poor rural road infrastructure.
- Ensuring relief resources are adequate and are provided early enough so as to prevent asset erosion and reduce the processes of destitution and avoid reductions in the food basket.
- Interventions that focus on livelihoods (the full resource and income base of families), as well as saving lives. These should take into account access to public health and enhanced child care practices. Erosion of livelihoods is leading to destitution and will increase the safety-net burden of the Government and donors.

Employment Generation Schemes (EGS)

There is a general practice that around 80% of relief beneficiaries should participate in labour intensive programmes to receive food assistance. The purpose is to develop community assets resourced by relief food. The remaining 20% of beneficiaries should receive Gratuitous Transfers because they are deemed unable to work for their food ration (due to age, infirmity etc). The theory is that the labour intensive programmes would be mainstreamed in the relevant Government line departments. However, the reality is that EGS is rarely integrated and incorporated into line departments' work plans and is not specifically budgeted. It rarely works well except in areas where it is supported by NGOs or the WFP.

The contribution of EGS, particularly for soil and water conservation, has been important. The Ethiopian landscape bears witness to the huge effort, which has been resourced through food aid. Soil and water conservation has been the main focus of EGS, to the extent that the two are virtually synonymous, largely because it requires little resources other than the labour payments. Much less has been done in other potential development areas, largely because of a shortage of non-food resources. It is important to note here that the Productive Safety Nets Programme to begin implementation in January 2005, is based on an EGS approach and has been defined in its recently completed Programme Implementation Manual.

Destitution and Asset Loss

Support must be provided to assist farmers not only to feed themselves, but also to prevent asset loss and therefore destitution (defined as the inability to become self sufficient). Current levels of post emergency rehabilitation and recovery assistance are low, evidenced by the high rates of withdrawal of NGOs after the emergency passes. The funds for post-emergency development activities are simply not made available. The survivors of the emergency face little assistance to recover their livelihoods to the pre-emergency level and remain vulnerable to the next shock.

The role of major crises in this process cannot be underestimated. Interviewees during a Destitution Study in the Northeast Highlands of Amhara Region carried out by the Institute for Development Studies at Sussex University for Save the Children UK in 2001/2002, reported that the impacts of the 1984/85 famine are still felt by households today, with most households failing to recover from the asset loss that occurred during this crisis. Crises like the 2002-03 drought cause households with adequate assets and sustainable livelihoods to shift into the vulnerable livelihood bracket. Those in the vulnerable bracket move rapidly into destitution. The newcomers to the vulnerable bracket become susceptible to even minor crises and can move into destitution even without a major crisis if sufficient post emergency assistance is not provided for recovery to occur.

According to the Destitution Study, the major contributor to asset loss is the unexpected sale of assets to purchase food. Whole household migration, and death of livestock assets can play a part but

compared to loss through sale they are less significant. The current system of relief provision is enabling, if not contributing to destitution in a vicious cycle increasing the numbers of households becoming dependent on food aid. The problem is on several levels:

- Concerns about the possibility of donor fatigue means that efforts are made to influence the process of need identification to keep beneficiary numbers and numbers of months of assistance to a minimum. Low beneficiary numbers mean that livestock ownership becomes a key targeting criteria. In some highland areas those with cattle are completely excluded from food distributions. There are concerns that households with food gaps have to sell livestock to meet food needs or choose to do so as then they may be targeted for relief assistance.
- Limited food resources mean that even identified needs are not met; beneficiary numbers are further cut and numbers of months of assistance are also often cut. Until the current year it has been accepted practice that instead of receiving the 2100 kcals recommended by the international community, relief distributions are set closer to 1300 kcals (12.5 kg). As per person food needs are higher, those receiving relief assistance with meagre assets are forced to sell these last assets to make up the difference.
- The current needs assessment and appeal cycle means that frequently the first months of identified need are not met. Carry over stocks from 2002 to 2003 were minimal and the time taken to bring in the required level of relief resources meant under-resourcing in the first quarter of 2003.
- When beneficiary numbers are cut wereda staff, already sceptical about food aid targeting, find it easier to dilute rations. In some instances rations were cut by half or more, while in virtually all cases, the number of beneficiaries per household is limited (a household of 5 may receive food for 3 members).
- Food insecure households should, to the extent practicable, receive food assistance at levels which not only keep people alive but prevent asset erosion. Households with productive assets need to be supported to prevent the loss of these assets. Three, or more, year programming of relief assistance will help to prevent the lag time at the beginning of the year where people identified as needing relief assistance fail to receive it. But it will also have a number of additional benefits:
 - Guaranteed resources enable better planning of EGS activities;
 - Government staff time and effort can be freed up to concentrate on development interventions, rather than wasted on advocating for relief assistance and retargeting relief resources as they are cut.
 - At the household level, farmers will be freed from engagement in destructive coping mechanisms as well as having the potential to slowly increase productive assets.

Some programmes work with the Government to provide immediate relief along with asset protection, and improved community-based projects through long-term planning and support. This includes the MERET programme of WFP, which focuses on watershed management with food for work, and the Relief to Development and Cash Livelihoods programmes of Save the Children UK with USAID and Dutch support, and the Enhanced Outreach Strategy for Child Survival implemented by UNICEF and WFP with support from CIDA.

These initiatives have provided important lessons many of which are applicable to the planned Safety Nets Programme of the GOE. It is assumed that many of these activities, experiences and programmes will be incorporated in or subsumed by the Safety Nets programme in 2005 and beyond.

Recommendations on Integration of Emergency Response Development Activities

- Donors should be encouraged to provide assistance beyond that designed to address immediate relief needs with a view to eradicating asset loss by beneficiaries, thereby reducing their vulnerability to future shocks.
- The relationship of activities implemented as EGS, Relief to Development, etc., to the new Safety Nets Programme need to be defined clearly.
- Delivery of emergency relief assistance needs to be made in a way that supports increased food security in the future and protects assets and should complement the approaches to be used in the Safety Nets Programme.

(13) Gender Issues and Participatory Approaches in the Emergency

Gender is not a sector that can attract funds on its own. It is a perspective and mode of analysis that needs to be integrated into all sectors and programme design, evaluation and implementation. Gender equality, analysis and disaggregated information collection are very weak throughout all sectors in relief and development programmes in Ethiopia. Though policies and principles exist within many organizations and within the Ethiopian constitution itself, implementation is still at very low levels. Within the field of disaster management there is little knowledge about the impact of crises on women and the ways in which women and indeed children and youth manage risk and vulnerability. The few studies that exist on gender and generational issues are not fully integrated into programme design and implementation processes.

Drought and its ensuing hardships impose specific burdens on the household economy and division of labour. Children are withdrawn from school in order to seek work to contribute to the family. Additional labour burdens are put on the women when the men leave to find work in other places. Additional burdens also occur in the implementation of relief programmes such as EGS as many women have to leave their other duties to participate in these schemes as the men are away. Death of the father causes specific complications when the family has no one to plough. Death of the mother may result in children being fostered or sent away to urban areas as the father cannot cope with the caring requirements. Illness causes the family to sell off vital assets and households are forced into spirals of destructive and diminishing coping systems, which further increases their vulnerability. The lack of purchasing power in general caused by drought and livelihood collapse further diminishes women's ability to utilize their usual supplementary income activities such as beer making, spinning, selling hay and animal fodder, etc. Crises also affect marriage alliances, high rates of divorce and forced separation occurs. In polygamous families such as those found amongst pastoralists and communities in the SNNPR and Oromiya, children and "lesser wives" lose entitlements to food and support and are often left to fend for themselves.

Efforts have been made to try to ensure that gender issues were given close attention in the emergency operation. Training was given in Awassa, SNNPR, for humanitarian partners on gender concepts and mainstreaming. One of the issues that came out of the discussions is that women's control over household food resources (including food aid) differs from area to area and culture to culture, even within short distances. Key findings from the WFP Food Aid Use and Impact Survey (FAUIS) regarding the role of women in relief distributions were that community food aid targeting structures in Ethiopia generally do not meet the target outlined in the WFP Enhanced Commitment for Women (ECW). Women generally represent less than 50% membership of targeting committees. Tigray showed a significantly smaller gender gap than the other five regions covered by FAUIS: 45% of communities responded that women made up 50% of the membership of targeting committees. The findings also revealed that men mainly collect food aid at distribution sites.

However, around 70% of beneficiaries stated that women undertake decisions on food distribution at the household level. Properly implemented food aid targeting and cash based programmes have also had beneficial impact on women as has been experienced in programmes implemented in the Amhara region.

Men seem to make most of the decisions about relief needs and allocations. The correlation with the 'food first' mind set in emergencies in Ethiopia may bear some analysis in this context. Many women beneficiaries interviewed by the Evaluation Team stated that they feel consulted on needs, although their major concerns (water, sanitation and health) receive scant attention, calling into question the effectiveness of these consultations. Much more needs to be done to address how consultation occurs and to ensure that mechanisms are in place for all voices to be heard. A potential benefit of decentralization of information gathering at the wereda level may be that community inputs to decision making on needs can occur more readily and can influence decisions on and access to resources. The challenge remains to ensure that vulnerable groups are given the opportunity to have their needs recognized and addressed.

Recommendations on Gender Issues and Participatory Approaches Emergencies

- Training in gender analysis and perspectives, i.e. identifying roles and responsibilities; assets and entitlements; participation and decision making opportunities; needs priorities and perspectives.
- Awareness raising related to needs to ensure appropriate targeting and service delivery to ensure relief supplies are delivered at times and places where women and children can access them.
- Analysis and programme implementation by identification special needs and roles and responsibilities of women.
- Context specific information and research: Build up databases on the specific context of women, children and youth in the different livelihood and production systems of Ethiopia. Support research on the impact of drought and livelihood collapse on gender and generational roles and relationships within different livelihood systems of Ethiopia.
- Capacity building: dissemination to officials and relief administrators of appropriate tools, guidelines, standards and protocols to mainstream gender.
- Participation: Ensuring women and youth are involved in planning and implementation of relief programmes, distribution, and supervision of relief supplies as well as discussions on targeting etc. Increasing employment of women in Government and NGO disaster preparedness and response institutions at responsible levels where they may influence analysis and decision making.
- Protection and mobilization: Ensuring areas of relief distribution sites are safe for women and children. Using relief and distribution sites for awareness raising on issues related to health and education, hygiene promotion, HIV/AIDS, rights etc.
- Institutional and policy support: Support national institutions to develop and strengthen policies and practices related to gender and humanitarian action. Promote the implementation and dissemination of obligations to children and women as enshrined in Ethiopian Constitution and under CRC, CEDAW, Humanitarian Law, Sphere standards. Support research to identify gaps in legislative and other procedures constraining gender and generational equality and equity. Support Women's and Youth organizations to monitor and advocate for best practices in disaster preparedness and response.
- Ensure adequate material and financial resources for specific programmes targeting women and youth.

OTHER ISSUES

The Role of the Media

Unlike previous disasters it did not need vivid pictures of starving children on western television screens to mobilize massive donor support. In fact the international media and, therefore, the public at large in donor countries may not have appreciated the size and gravity of the 2003 crisis in Ethiopia. Individuals working with donor representations in Ethiopia had already started to mobilise food resources in response to the DPPC special alert of the 12th July 2002 and appeal of 30th September entitled “Immediate Food Needs and Scenarios of Likely Emergency Needs in 2003.” The international media attention from November 2002 onwards, when the Prime Minister broadcast a warning of an impending disaster, supported Government and donor assessments of the gravity of the situation and reinforced pledging. Clearly the large number of high level visitors and press coverage of their missions also helped bring public and donor attention to the crisis. These visitors included the several heads and deputy heads of UN agencies, the UN Secretary General’s Special Envoy for the Horn of Africa, numerous ministers, directors and other senior representatives of aid agencies, parliamentarians, and national congressional representatives of donor countries. Also during all high level meetings held in Addis Ababa, that took place in 2003, including those of the African Union (AU), UN Secretary General’s Special Envoy for the Horn of Africa, the Consultative Group (WB) and the UN Economic Commission for Africa (UNECA), opportunity was taken to expose the seriousness of the situation in Ethiopia.

Donor Perceptions and Responses

There was a lack of common agreement amongst donors over the seriousness of the emergency and the response needed, particularly in the early stages of the crisis. After some initial doubts over the Afar crisis, USAID was convinced by August 2002 that there was a major emergency and became the major donor to respond, not only with food assistance but with non-food emergency aid through OFDA.

Several other donors responded generously and early, notably DFID which contributed an initial 5,000 tonnes of food assistance in October 2002, followed by further food and non-food contributions which made it by far the largest individual European donor. Sweden, Japan, Canada and the EC all responded generously to the Appeal in December 2002, by which time it was clear to all that a serious emergency was underway. However, scepticism continued, fuelled by the knowledge that the crisis reflected underlying increases in vulnerability and therefore needed more than an emergency response. Eventually the argument prevailed that regardless of the cause of the emergency, those affected needed massive and diverse assistance.

The mobilisation of non-food resources early in the crisis was delayed due to several reasons, including the lack of emphasis by the Government on non-food needs and of comprehensive field-based assessment of needs. The international community, while recognising the increasing gravity of the crisis, was still slow to react early in the crisis with sufficient expeditious food aid pledges and shipments. They did react quickly to provide blended foods, once these critical needs were defined in March as a high priority. Not until the second quarter of 2003 did the level of food pledges allow DPPC to confidently increase the monthly cereal ration from 12.5kg to the full 15kg/person/month. At the same time donors were urged to include pulses, vegetable oil and blended food in the relief food basket.

There was donor disagreement and lack of conceptual clarity about the needs for essential non-food requirements, compounded by the lack of capacity in analysis, advocacy and response of the key line ministries. The consequent delays in non-food pledging caused long delays in implementing measures to contain mortality, particularly amongst young children. Even when they arrived in the country, life-saving medicines and equipment were at times delayed for up to two months pending customs clearances and also because of transport difficulties. Similarly there were delays in providing cash for basic recovery programmes, such as local seed purchases, water and sanitation.

The Role of the United Nations

The UN Strategic Disaster Management Team (SDMT), is made up of the key UN humanitarian agencies (WFP, UNICEF, WHO, FAO, and UN OCHA), UNDP and the World Bank and chaired by the UN Humanitarian Coordinator. Its main functions are to exchange information, decide on priority actions, support Government efforts in coordination, advocacy and reporting, liaise with donor representations and play a major role in mobilizing resources for emergency response. Specialised humanitarian and development agencies supported emergency relief and recovery operations at all levels including early warning assessments, monitoring, logistics coordination and commodity tracking, health responses and epidemic control, nutrition surveillance and capacity building, Therapeutic Feeding Centre (TFC) establishment and management, water and sanitation projects, seed distribution, veterinary support, capacity building and general coordination. The World Food Programme (WFP) sub-offices in seven regions and UN SMDT office in Awassa played crucial roles in supporting the regional DPPB as well as zone and wereda responses. UNICEF deployed 16 technical staff within the regional bureaux in Awassa and in 7 zones of SNNPR to provide critical capacity support and enhance effectiveness of the response in health, water, sanitation, education, HIV-AIDS and child protection. WFP maintained 45 field monitors in the 7 critically affected regions of the country, where it maintained sub-offices. UNICEF also deployed field monitors, particularly in SNNPR, during the height of the crisis, all of which were valuable in supporting response, coordination and reporting.

There was, however, a lack of priority setting in the needs assessments and Appeal preparations for 2003, which emphasised food aid needs and neglected the non-food requirements in health, sanitation, water, seeds and veterinary supplies and decentralized capacity building. The Appeal was an improvement in this regard than it had been in previous years with the inclusion of health, water and sanitation, education, HIV-AIDS and child protection, but much more needs to be done to strengthen it in these areas. Improvements were made in implementing a more systematic assessment of health, nutrition, water and sanitation and agricultural needs in preparation of the 2004 Joint Humanitarian Appeal.

Moreover, in the past ten years the Government has obliged UN technical agencies to use their resources for funding national execution modalities by federal ministries. This has greatly reduced the numbers of international experts working in the country and influenced the scope of technical assistance.

There is, however, a very urgent need to support the Government's decentralisation policy. It is essential that this should succeed and that development programmes should refocus their efforts on wereda and regional capacity building, particularly to strengthen the food security and emergency response structures. This will provide an important framework to ensure that humanitarian access to the most vulnerable is guaranteed. To develop these capacities, the support at the regional level by increased UN agencies presence should be stepped-up.

The UN Office for the Coordination of Humanitarian Affairs (UNOCHA) supporting the UN Humanitarian Coordinator, and acting as the lead UN organisation responsible for humanitarian coordination and support performs a vital service in collecting and disseminating information, facilitating meetings between key stakeholders, responding to new areas of risk and vulnerability and advocating for appropriate response. WFP and UNICEF and other UN agencies contributed major efforts in supporting information exchange, coordination and advocacy at the federal, regional and sub-regional levels. It is very important that these “Humanitarian intelligence” functions are maintained in Ethiopia particularly as the next two years are a transition period where key development initiatives are being implemented in the country which cannot afford to be derailed by emergencies and unexpected crises. A monitoring and advocacy support is needed in light of a number of factors that can affect the country situation:

- Uncertain climatic changes and processes.
- Volatile global and regional marketing and trade issues
- Volatile regional political and security issues.

ANNEX 1: TERMS OF REFERENCES - EVALUATION OF THE RESPONSE TO THE 2003 EMERGENCY IN ETHIOPIA

1. Background

In 2003, Ethiopia experienced its worst humanitarian crisis since 1984. In total, 13.2 million people (19% of the population) required emergency food and non-food assistance. Collective action and an unprecedented donor and public response throughout 2003 prevented widespread famine-related mortality. 94% of food requirements in 2003 were met. Similarly, there was an impressive response against non-food requirements.

However, despite the overwhelming response, a major humanitarian crisis took place. While timely response averted famine in most of the chronically food insecure and drought-affected areas, early signs of an unfolding disaster were not quickly picked up in traditionally food “secure” regions until mid-year. The emergence of numerous “hot spots” added an additional 2 million people, most of whom were under close monitoring, to the overall affected population, bringing the total number of affected to 13.2 million by April 2003.

Given the geographic extent of the drought and the size of affected population, the humanitarian challenges were undoubtedly enormous and it became clear that doing business as usual would no longer enable the humanitarian community to respond effectively to this crisis.

The humanitarian imperative dictates that all possible steps must be taken to prevent or alleviate human suffering and that affected populations have the right to assistance and protection. Given that the 2002/2003 Ethiopian crisis was unprecedented in scope and magnitude, an evaluation of the overall response will provide the GOE (at the federal and regional levels), UN Agencies, NGOs, donors and beneficiaries an opportunity to understand the complexity and root causes of this crisis so as to mitigate future crisis in Ethiopia and to review why particular activities were more successful than other in order to improve future humanitarian performance.

2. Scope and Focus

2.1 Objectives

The objectives of the evaluation are to:

- a. Assess the appropriateness of the government and international community response (including that of UN, Donors and NGOs) to the humanitarian crisis in 2002/2003. This will include an assessment of the timeliness and adequacy of food and non-food assistance response as well as gaps and the degree to which objectives identified in the Joint Government-UN Appeal and relevant updates in response to the crisis were achieved.
- b. Measure the effectiveness of coordination, preparedness and response mechanisms in place at all levels to deal with the crisis and provide specific recommendations to improve these systems.
- c. Draw lessons learned from the emergency and response that can be applied to future emergencies faced by the country, and possibly by other countries, and highlight good/innovative practices.

2.2 Focus

More specifically, the evaluation will focus on – but not be limited to – reporting on:

- Early warning and assessment mechanisms (food and non-food) and relation to vulnerability profiles, response capacity and timeliness.
- Supply, logistics and transport of food and non-food, including health related; efficiency and replication for future response (trucking and rail), port facilities and handling of humanitarian supplies, as well as central and local storage.
- Review of targeting and impact of targeting.
- Consideration of post emergency data on morbidity and mortality (eg. Related to malaria response, measles, other diseases).
- Response to malnutrition.
- Capacity building for government response.
- EFSR (Emergency Food Security Reserve) role and effectiveness
- Specific NGO support in all sectors, relevance, importance and coordination with Government and UN.
- Coordination strengths and weaknesses at Federal, Regional and sub-regional levels.
- Degree of integration of emergency response efforts and sectoral development programs, mandates and relationships.
- Flow of early warning and other information from field to HQ and vice-versa including ICT.
- The extent to which gender issues and concerns and participatory approaches were incorporated into planning and carrying out of response to the emergency in various sectors.
- Current and future humanitarian impact/importance of HIV/AIDS in the country.

3. Stakeholder Involvement

The evaluators are expected to conduct a participatory evaluation providing for active and meaningful involvement of investment partners, beneficiaries, implementers, and other interested parties. Stakeholder participation is to be an integral component of the evaluation planning, concerning information collection, development of findings, reporting and dissemination. The evaluation will draw heavily upon already completed internal evaluations completed by several key stakeholders.

4. Accountabilities and Responsibilities

4.1 UN Strategic Disaster Management Team (SDMT)

The SDMT will provide support to the evaluation team through technical focal points. OCHA will provide secretariat support to the evaluation team. Contracting of members of the evaluation team will be done through relevant UN SDMT agencies as most appropriate.

4.2 Steering Committee

A Steering Committee led by the Commissioner of DPPC or his designate, and comprising Emergency Sector Task Force Heads, UN Strategic Disaster Management Team Heads of Organization, and 3 Donor representatives and 2 NGO representatives will provide oversight of the study process.

Specifically the Steering Committee will be responsible for a) approval of the Terms of Reference for the Evaluation, b) approval of members of the evaluation team, c) commenting on and approval of the work plan to be developed by the evaluation team, d) commenting on and approval of the draft evaluation report, e) approval of the final evaluation report, and f) dissemination of the final report.

4.3 The Evaluation Team and Support

The evaluators are responsible for a) conducting the evaluation; b) the day to day management of the study, c) regular progress reporting to the Steering Committee; d) the development of evaluation results; e) the deliverables in accordance with the TOR; f) a presentation to all concerned humanitarian partners on the major findings and key recommendations.

The evaluation team will comprise a team leader supported by one international deputy team leader and 2 national consultants, a senior NGO representative, with the team being supported by focal points for each UN agency emergency unit, DPPC, and by Sector Task Force representatives. Terms of reference for the Team Leader, Deputy Team Leader and national consultants are provided separate from this TOR.

5. Work Plan

The evaluators will prepare an evaluation work Plan to operationalize and direct the evaluation. It will be based on the Study Concept Note (attached), this TOR and consideration of available time and resources. The plan should address the following:

- extensive desk review of relevant background information, surveys and assessment reports, including findings of self-evaluations and internal lessons learned by UN agencies, donors, Government, NGOs and other humanitarian partners,
- field visits to most affected regions of the country during the emergency as appropriate,
- meetings, jointly, and/or individually with key actors at federal, regional and zonal levels, including interviews with partner NGOs at zonal levels and beneficiaries.
- Holding of one or more workshops during and at the end of the initial data gathering with relevant stakeholders and the Steering Committee to review preliminary findings prior to completion of the report.

The Work Plan will also address the following reporting elements:

Expectations of Evaluation
Roles and Responsibilities
Evaluation Methodology
Evaluation Framework
Information Collection and Analysis
Reporting
Work Scheduling

6. Outputs

The evaluators will prepare a draft evaluation report under the direction of the team leader that describes the evaluation and puts forward the evaluators' findings, conclusions, recommendations and lessons learned. More specifically the following outputs/deliverables are expected:

- A draft and final work Plan, to be approved by the Steering Committee.
- Debriefings for the Steering Committee in the form of a half-day workshop to examine issues at the end of the data gathering phase.
- Draft evaluation report for review and discussion with Steering Committee
- Final evaluation report by the end of contract date, which should include documentation of response, evaluation of response, and major lessons learned as per the objectives.
- Enumeration of detailed recommendations for future successful emergency operations.

7. Time Line

11-24 May 2004	Gather background information for Study Team – UN/Government/NGOs/Donors (OCHA to take the lead)
24-31 May	Prepare Detailed Plan and begin to analyze background information – Team Leader and Team members
31 May	Hold Meeting with Team and Steering Committee to agree on plan
1-25 June	Conduct comprehensive evaluation, field visits, meetings and prepare draft findings, conclusions and recommendations
26 - 30 June	Complete draft final report
1 July	Present Draft and Recommendations to Steering Committee on 1 July, which will feed into the early July meeting on the “War Against Hunger”, being convened at the AU.
July – August	Finalize report based on Comments from SC and Stakeholders by OCHA/DPPC/SDMT

ANNEX 2: SYNTHESIS OF PREVIOUS EVALUATION REPORTS

USAID, UNICEF and WFP Evaluations

In June 2003 a report was published by Tufts University on “Risk and Vulnerability in Ethiopia” based on a study carried out for USAID by a teams from the Feinstein Famine Center of Tufts University between April and July 2003. The report covered a wide range of issues and contains many insights about food and livelihood insecurity of different communities. The report highlights the unbalanced response to the food needs compared with the non-food needs and the importance of a balanced food basket: “In general, the energy, skill and leadership demonstrated among the key food aid actors have not been matched by key actors in the non-food aid realm.”⁴ The report concludes that “a lack of leadership from Government and UN agencies to devise and implement emergency public health strategies has contributed to an alarming level of vulnerability to disease epidemics.”⁵ In addition, the study found that “The health and caring aspects of malnutrition are disconcertingly lacking in emergency response assessments, appeals and responses.”⁶ As the report emphasizes, not enough attention was paid to obtaining pledges for non-food needs: “Termed a ‘food first bias’ this has been the prevailing model of famine theory in Ethiopia since the 1970s.”⁷ This pervasive thinking reflects a void of leadership by Government in non-food interventions that had been created by institutional barriers within the Government.

In November 2003 UNICEF held a lessons learned workshop about its Emergency Response in 2003 with a resource team drawn from Tufts University. There are many practical conclusions of this workshop which need follow-up action and inter-agency coordination, including the need for “clearer definitions of WFP-UNICEF responsibilities”⁸; “greater emphasis on community participation and outreach”⁹; and clarification of food assistance strategies. There is much concern about the lack of ministerial ownership and leadership by Government on nutrition. The only body in 2002-03 with direct responsibility for nutrition was the ENCU in DPPC, because it is perceived as dealing only with “emergency nutrition” and is not included within broader policies and strategies.

Results Based Management: WFP Impact Evaluation

A Food Aid Use and Impact Survey was made during September and October 2003 by WFP in consultation with DPPC in six regions (Afar, Amhara, Oromiya, SNNPR, Somali and Tigray). The survey covered mainly WFP food aid distributed through DPPC between January and August 2003. The objective of the survey was to measure the performance of the WFP Emergency Operation against its stated objectives. In particular, it provides specific measures of household welfare - poverty measures, coping strategies, expenditure analysis, asset holdings; food aid related issues - community perceptions of distribution, target efficiency, opportunity costs of food aid distribution, food aid utilization; and the impact of food aid distribution on local markets. The findings show how beneficiaries used food aid and their perceptions of the relief operation. The survey has proved so useful that the survey methodology is being mainstreamed into regular WFP monitoring, to track changes in food insecurity over a period of time and contribute to efforts to institutionalize Result Based Management methodology and improve performance measurement.

⁴ “Risk and Vulnerability in Ethiopia,” Tufts University mission, June 2003. p. 16 last para.

⁵ Ibid. p. 24 para 1.

⁶ Ibid. p. 23 para 3.

⁷ Ibid. p. 20 para 2.

⁸ UNICEF Emergency Response in Ethiopia, 2003, p 14.

⁹ Ibid. p. 14 para 2.

The sheer detail of this results based management exercise is immensely impressive. A total of 21,880 individuals, in 32 zones, 83 weredas, 185 kebeles (PAs) and 374 villages were covered by the survey. A majority of households (82%) reported having received food (general ration) between January and August 2003. Households assisted during the period January-August 2003 received 51% of the food aid through gratuitous transfers distributions and 49% through EGS. Water harvesting (24%), road construction or maintenance (22%), soil/bund construction or maintenance (17%)/(15%) were amongst the most frequent EGS activities. The average general ration received during period January-August 2003 was reported to be 9.5 kg of cereal per person per month, when the official ration size was 12.5 kg in January-July and 15 kg in August.

In March 2004 **WFP** carried out an internal, **Lessons Learned**, evaluation of its response to the emergency. This covered strengths and shortcomings in operational management especially early warning and food availability assessments, logistics and commodity tracking, local purchases, targeting, distribution, monitoring, advocacy and capacity building. Many of the findings and some of the recommendations of the WFP lessons learned evaluation are included in the present report. WFP is the largest UN organisation in Ethiopia and the only one with a regular sub-office presence in the most affected regions. The strong field presence has the potential to support disaster preparedness and recovery activities in collaboration with other UN agencies and NGOs. This potential should be further explored by the UNSDMT.

ANNEX 3: NON-FOOD REQUIREMENTS AND CONTRIBUTIONS: MORE EXPLANATION

The following table illustrates the requirements and contributions for non food needs in 2003. It is based on reporting to OCHA of requirements identified by sectoral task forces, and on reporting of contributions by donors. The contributions information includes US\$13.3 million in unallocated contributions.

Non-Food Requirements and Contributions¹⁰

Non-Food Sector	Requirement Jan. - Jul. 2003 US\$	Requirement Aug. - Dec. 2003 US\$	Total Requirements 2003 US\$	Total Contributions 2003 US\$	Total Unmet Requirements US\$	Shortfall %
Agriculture	18,872,145	7,700,000	26,572,145	23,492,934	3,079,211	11.6
Capacity Building	5,556,688	0	5,556,688	4,249,813	1,306,875	23.5
Coordination	1,100,000	0	1,100,000	1,523,971	-423,971	-38.5
Education	1,702,000	1,662,000	3,364,000	78,748	3,285,252	97.7
Gender/ Child protection/ Shelter	1,111,997	1,900,000	3,011,997	1,015,139	1,996,858	66.3
Health & Nutrition	28,877,033	13,369,790	42,246,823	55,747,555	-13,500,732	-32
HIV/AIDS	3,795,900	1,069,200	4,865,100	68,248	4,796,852	98.6
Water & Sanitation	20,095,045	14,600,000	34,695,045	17,796,197	16,898,847	48.7
Total	81,110,808	40,300,990	121,411,798	103,972,605	17,439,192	16.8

The management of the contributions information for the joint appeal in Ethiopia differs to the management of Consolidated Appeals reported by the Financial Tracking System in the key area of who reports. The FTS reports contributions to projects in appeals from agencies. The reporting to OCHA in Ethiopia is from donors to sectors. Reporting is therefore less detailed and can include assistance provided by donors to projects managed by NGOs, UN agencies and by Government. In addition contributions information includes some assistance which may have been provided for development activities, and also some overhead costs of agencies.

Important features of the table are as follows:

- The total contributions figure in the table should be treated as an indicator of the magnitude of the donor response to meeting needs. Compared to humanitarian appeals elsewhere in the world, the 2003 Ethiopia emergency was supported at a very high level (83% of food needs were met, while nearly three quarters of non food needs were addressed. Consolidated Appeals generally receive only around 60% of the total funds sought. Food is the dominant contribution and often much less is provided for non food activities).

¹⁰ Non-food contributions as reported to UN OCHA in 2003. These figures are not endorsed by the DPPC/GOE. US\$ 13.3 million was also reported as unspecified non-food contributions.

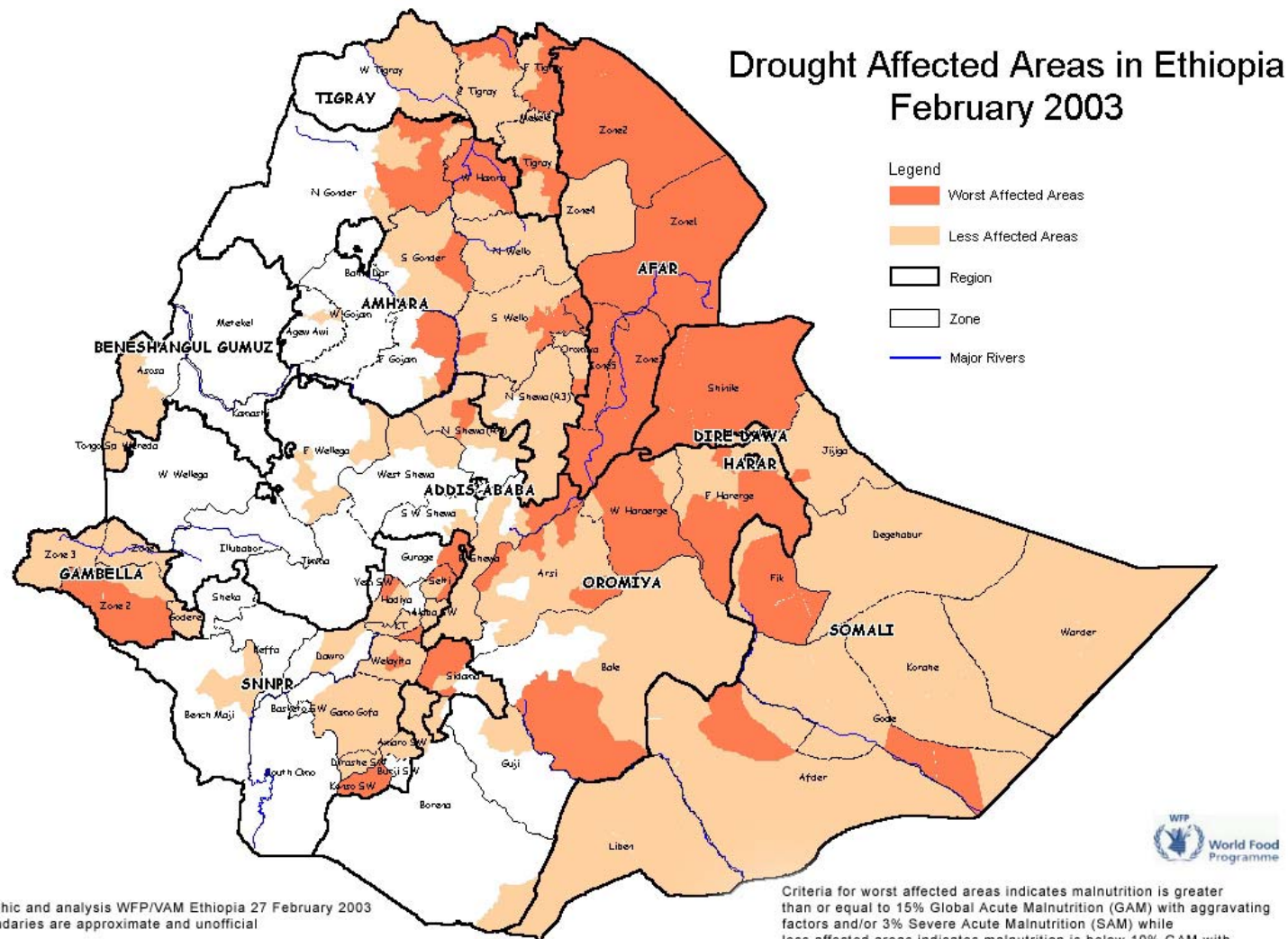
- The overall picture in the table is positive with most sectors receiving significant contributions in terms of the needs which were identified. Significant under-resourcing occurred for HIV/AIDS activities, Education, Gender/Child Protection/Shelter and Water and Sanitation sectors.
- The Health and Nutrition Task Force has noted that the apparent excess of contributions to requirements does not reflect reality. A possible reason for this may be that HIV/AIDS activities may have been wrongly categorised under health, partially explaining the excess of resources in health and the under-resourcing of HIV/AIDS activities. Alternatively, donors may have reported activities in 2003 as humanitarian when in fact they were developmental activities brought forward in response to the emergency. Clearly much more work needs to be done by OCHA and DPPC to improve the reporting and management of non food needs in the appeal.
- Future appeals need to emphasise the non-food categories of assistance to improve the balance between sectors and to ensure that sectoral synergies are achieved.

ANNEX 4: NUMBER OF PEOPLE IN NEED PER REGION - 2002 AND 2003

Region	Projected total rural population for mid-2002	Population requiring food assistance in 2002	Population requiring food assistance in 2003
Afar	1,167,000	493,840	804,500
Amhara	15,200,000	1,836,630	3,283,429
Benshangul-Gumuz	515,000	9,000	31,600
Dire Dawa	100,000	53,600	91,500
Gambella	163,600	32,800	58,361
Harari	72,000	19,000	20,000
Oromiya	17,720,760	1,829,097	3,999,681
SNNP	11,657,000	1,043,900	1,620,452
Somali	3,150,000	894,800	1,242,472
Tigray	3,200,000	948,860	2,033,777
Total	52,945,360	7,161,527	13,184,772

Total population in 2004 is estimated at 71 million.

ANNEX 5: DROUGHT AFFECTED AREAS IN ETHIOPIA, FEBRUARY 2003



ANNEX 6: LIST OF PEOPLE CONTACTED FOR THE EVALUATION

(This list is not inclusive of all persons who were contacted during the evaluation)

Donors

Donor Meeting- June 2, 2004

Name	Organization
Fisseha Merawi	USAID
Wondimu Kenea	USAID
Diane Briand	CIDA
Jean Baptiste Chauvine	Embassy of France

FAO Meeting, June 2, 2004

Name	Organization
George Mburathi	FAO Representative
Dr. Kassaye Hadgu	FAO
Yibeltal Tiruneh	National consultant (FAO)
Yimer Assen	FAO
Giuseppe de Bac	FAO
Hanna Wossenyeleh	FAO
Christel Bultman	FAO
Luciano Mossele	FAO

Various meetings: DPPC and other Government agencies

Name	Organization
Ato Simon Mechale	DPP Commissioner
Ato Mohammed Umer	DPPC Policy and Planning
Ato Tadesse Bekele	DPPC Logistics
Ato Tamru Ayana	NDPPF
Ato Berhane Gazaw	Head FSCB

Field Mission: Oromiya, 11/06/04

Name	Organization
Ensane Semaro	Oromiya Water Development
Kernesa Eticha	Oromiya Agriculture Development Bureau
Ajeme Wogi	Oromiya Health Bureau
Kelbesa Beyene	Oromiya DPPC
Biru Zewdie	Oromiya DPPC

West Hararge, 14/06/04

Name	Organization
Wrdyi Hashim	Zonal DPPD head
Yadeta Gorro	Zonal Cooperative Head
Debebe Ashenafi	Zonal Health Department
Kisi Abeshu	Zonal Educational Dept.
Getachew Rorsa	Zonal Water Resources Office
Gosa Tekaligne	Zonal Rural Development Department

NGOs in West Hararge

Name	Organization
Ato Hailu Mergia	CARE Asebae Teferi D/Head
Ato Admitachew Sibehat	Relief Coordination
Ato Ahmed Alihi	IMC

Name	Organization
Veronique Lorenzo	European Commission
	Food Security Office
William Hammink	USAID Country Director
Beth Dunford	USAID
Heather Evans	USAID/OFDA
Jo Raisin	DFID
Melkamnesh Alemu	DFID
Tim Robertson	DFID
Marc-Andre Fredette	Head CIDA
Diane Briand	CIDA

UN Agencies

Name	Organization
Dr. Monique Rakotomalala	Head UNFPA
Ato Abate Gudunffa	UNFPA
Dr Olusegun A.Babaniyi	WHO Representative
Tim Robertson	WHO
Dr Worku Solomon	WHO

NGOs

Name	Organization
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East Hararge, 15/06/04

NGOs

Name	Organization
Ato Diriba Olana	Menschen fur Menschen
Ato Teshome Haile	SC/UK
Ato Birhanu Worku	CISP
Ato Fasil Abdulahi	CARE

DPPC

Name	Organization
Obbo Abduli Aziz	Administrator
' Sileshi Jebeessa	DPPD Head
' Ahmed	Zonal Early Warning Expert
' Gutu Dugunma	Zonal Logistics expert

DPPC, 16/06/04

Name	Organization
Yusuf Mohammed	LCNRDB
Arab Hussein	Water, Mining and Energy Resources Development Bureau
Adam Shimuhad	DPPP
Abdurrahman Mohammed	PDCO

NGOs and Donors, 16/06/04

Name	Organization
Dr. Berhanu W/ Semiat	ENCU
Anwar Ali	UNICEF
Mustafa Hussein	MSF-B
Omer Abdulahi	SC/UK
Lokwe Ladowani	WFP
Suleiman S.Mohamed	SC/UK

Dire Dawa, 17/06/04

NGOs, Donors and others

Name	Organization
Bekele Dessaleng	CARE
Isaac Abraham	FAO
Yvzn Oustalet	Handicap International
El-Rashid Hammad	WFP - Dire Dawa, Head
Belihu Negesse	Harerghe Catholic Secretariat

DPPC

Name	Organization
Ato Kasahun Buki	Dire Dawa Agriculture Office
Ato Mohammed Habib	Dire Dawa DPPO
Ato Melaku Kebede	Dire Dawa Health Bureau
Ato Amha Banjaw	Dire Dawa DPPO
Ato Belachew Teshome	Dire Dawa Rural Development Bureau
Ato Tamiru Abera	Dire Dawa DPPO

Tigray Region, 18-19 June 04

Name	Organization
Mrs. Josephene Janabi,	Coordinator, WFP-Sub Office
Atakeliti Hagege	Program Assistant, WFP-Sub Office
Fisha Girmay	Field Monitor, WFP-Sub Office
Yemane	Field Monitor, WFP-Sub Office
Ato Sibhatu Tesfay	H/ Wereda DDP desk Gantahafeshom wereda
Ato Tadesse Berhe	H/ Wereda Agriculture Desk Gantahafeshom wereda
Kahsay Gebere Michael.	H/ Rural Development Office Gantahafeshom wereda
Ato Beyene Mekele	UNICEF Sub-office, Mekele
Ato Alem Biset	H/ DPPC of Tigray Region
Ato Yemane Kidane	D/director of REST
Ato Samson Tarke	H/Tigray Food Security Coordination Office

Amhara Region, 14-16 June 04

Name	Organization
Ato Amare Kidane	DPP Commissioner, Amhara
Ato Wuletaw H/Mariam	Head of ORDA
Ato Amlaku Asres	Head of Regional Food Security
Dr. Alemayhu Siefu	Regional Bureau of Health
Jens Bender	GTZ-IFSP-Student field-practitioner
Gebre Asnakew	GTZ-IFSP Natural Resource Expert
Klaus Feldner	GTZ-IFSP Manager
Eugen Laible	GTZ-IFSP Deputy Manager
Ato Worku Lulu	H/North Wollo DPPD
Ato Haile	WFP-Sub office Dessie
Ato Asmamaw Wagaw	H/ North Wollo Agriculture Bureau
Ao Mesganaw Asnke	SC-UK, N.Wollo, IPM Manager
Ato Berhanu Haile	SC-UK, N.Wollo, R2D Manger
Ato Demele Mengesha	Kobo Wereda H/ DPP Desk
Ato Amare Mekonnen	Kobo Wereda, H/ Rural Development Office

SNNPR

Name	Organization
Adanech Dilnessahu	Reg. Women's Affairs Office
Dr. Belay Derza	Food Security and Pastoral Office
Dawit Belete	Zonal Sidama DPPO
Dr. Ephrem Teferi	Bureau of Health
Getachew Asfem	Bureau of Water Resources
Simayehu Tefese	Bureau of Agriculture
Kate Newton	WFP Head Awassa Sub-office
Mahimbo Mdoe	UNICEF Head Office
Samuel Gebre	Ethiopian Catholic Secretariat
Yacob Fundusa	SC-USA

NGOs

Concern
GOAL
World Vision

2003 Evaluation Workshop Participants

Early Warning and Need Assessment Workshop; June 22, 2004

Name	Organization
Bantirgu H/Mariam	UNICEF
Girma Seyoum	ENCU/UNICEF
Kiflemariam A.mariam	ERCS
Alem Biset	TDPPC
Mesfin Mekonnen	FDDPC
Demlw Aweke	WMSA
Guluma Sibokssa	DPPC
Ahmed Wako	PCI/OCHA
Abdi Umar	PCI/OCHA
Sisay Tadesse	DPPC
Ulrich Muller	OCHA
Deborah Hicks	WFP

Water and Sanitation Workshop; June 22, 2004

Name	Organization
Therese Dooley	UNICEF
Mesfin Lemma	UNICEF
Teka Gebru	UNICEF
Getachew Tesfaye	DPPC
Mesfin Mekonnen	FDDPC
Guluma Sibokssa	DPPC
Sisay Tadesse	DPPC
Ulrich Muller	OCHA
Marc Rubin	UNICEF
Hans Sprujt	UNICEF
Haile Gashaw	UNICEF
Habtamu Amberber	NACID
Bruck W.Aregai	Merlin
Bekele Abaire	CRS
Danew Tadesse	EHO/MoH
Tsegaye Kelekie	DPPC
Alem Biset	Tigray/DPPC
Tesfaye Tadesse	DPPC
Tamene Gossa	MoWR
Tamirat Mengistu	MoWR/JICA
Amare Kendie	ANRS/ DPPC
Biru Zewde	Oromiya/ DPPC

Health and Nutrition Workshop; June 25, 2004

Name	Organization
Lisetta Trebbi	WFP
Victoria Sibson	Goal
Getachew Tesfaye	DPPC
Shemsudin Abdulahi	Ministry of Health
Marc Rubin	UNICEF
Solomon Worku	Ministry of Health
Solomon Fisshea	WHO
Getachew Tadesse	MSF-Swiss
Ulrich Muller	OCHA
Phillip Tadesse	MSF-Swiss
Girma Seyoum	ENCU/UNICEF
Alemu Biset	Tigray DPPC
Tadesse Beyene	MSF-Holland
Meseret Shiferaw	IMC
Tsegaye Kelklie	DPPC
Tamirat Mengistu	Afar/ DPPC
Amare Kendie	Amhara /DPPC
Tadesse Alemu	Merlin
Biru Zewde	Oromiya / DPPC
Von Steinteihe Vivire	UNICEF
Mary Karanja	WFP
Rachel Fuli	WFP
Berhanu H.giorgis	CIDA
Sylvie Chamois	UNICEF