

EMERGENCY APPEAL



International Federation of Red Cross and Red Crescent Societies
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

ETHIOPIA: IMPROVING FOOD SECURITY

Revised Appeal no:

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The Federation's mission is to improve the lives of vulnerable people by mobilizing the power of humanity. It is the world's largest humanitarian organization and its millions of volunteers are active in 178 countries. For more information: www.ifrc.org

IN BRIEF

THIS REVISED APPEAL SEEKS A TOTAL OF CHF 16,163,000 (USD 10,802,700 or EUR 11,010,218) IN CASH, KIND AND SERVICES TO ASSIST 120,500 BENEFICIARIES FOR 14 MONTHS

Summary

In 2000, Ethiopia experienced one of its most severe droughts since 1984. While the rains were relatively favourable in 2001, the belg rains have failed in large parts of the country in 2002 thereby drastically increasing the number of people that have to rely on emergency aid. The Ethiopian Red Cross Society (ERCS) and the Federation, coordinating closely with the governmental Disaster Prevention and Preparedness Commission (DPPC) and the UN and other humanitarian actors and agencies, plan to start an assistance program in South Wollo and West Hareghe in November 2002.

The long-term strategy of the ERCS and the Federation is to immediately respond to the needs of the people through the activities outlined in this Appeal. While an assessment mission, that was carried out in August, resulted in a preliminary appeal seeking the funds to assist 35 000 people in Ambassel woreda in South Wollo, a second assessment was carried out in October, now confirming the situation and specifying more detailed beneficiary requirements. CHF 50,000 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) to start the operation and a total of 200 000 CHF have been pledged as a response to the preliminary appeal.

This Appeal aims at extending the scope and geographic area of cash for work intervention to a total of nine months and an additional 10,500 beneficiaries in Kutaber (South Wollo) targeting a total of 45,000 particularly vulnerable people who depend on the mid-year belg harvest. The operation will include a package of interventions focussing on cash for work activities. Furthermore, the ERCS and the Federation are planning to start an intervention in West Hareghe for a period of 14 months. Whereas circumstances in West Hareghe do not allow



for cash for work programmes, as the supply of foodstuffs is not secured, the ERCS plans to supply 50,000 people with general food rations and an additional particularly vulnerable 25,000 beneficiaries with supplementary dry rations particularly targeting mid- and lowland populations that are totally dependent on the Meher rains for their livelihood. The continuous decline of the food security situation will require a close monitoring of the development of the needs and assess by the end of the year the need to extend the operation, including new beneficiaries or regions. A long-term food security programme will also be included in the ERCS's 2003 Annual Appeal.

This ERCS Emergency Appeal and the associated activities are specifically designed to complement the Disaster Prevention and Preparedness Committee (DPPC) and the UN's planned interventions, and its scope is considered within the capacity of the ERCS to implement a well planned and effectively managed operation.

Donor support in previous years proved timely and crucial, and it is hoped that the support requested in this appeal will be met by an equally positive response. A full report on the drought activities implemented during 2000 and 2001 is also available on the Federation's web site www.ifrc.org

The Situation

Food security

Over half of the Ethiopian population is chronically food insecure. In a normal year, households find it difficult to subsist. There are many structural reasons for this including declining land holding size, land infertility, low usage of fertiliser and technology and lack of infrastructure. Whatever the causes, it has a major impact on health indicators. More than two thirds of children are stunted and as many as one in ten show signs of wasting. This situation condemns the majority of the population to an existence characterised by extreme poverty and destitution. Any external shock such as a drought can, therefore, have a disproportional impact on the population, pushing millions over the edge into a situation of starvation.

In 2000 and in 2001 the vast majority of the population, having sold many of their assets including livestock as a result of the failure of previous harvests, was already in a highly vulnerable state before the drought occurred. While the impact of the drought was particularly insidious in the pastoral regions of the south and the east where cattle died in their thousands, it also had a devastating effect in the northern highlands especially among over two million farmers and their households, who depended on the early season rain for their food. The year 2001 marked the fifth successive year in which these Belg rains failed.

In 2002 the Belg rains failed again in large parts of Ethiopia. Particularly affected are the people living in the Afar and Somali region, but structurally food insecure zones in the Amhara region are also feeling the failure of the rains and most farmers are experiencing food shortages. These farmers rely on the annual mid-season harvest for their subsistence. As this harvest failed this year, most farmers will remain dependent on emergency assistance until the harvest in June 2003.

According to the Ethiopia Network on Food Security monthly report of October, the early withdrawal of the Belg season (March-May) rains, the late start of the main Meher rains and erratic distribution during the season (June-September) are expected to lead to a significant decline in the overall main harvest and widespread harvest failures this year (November-December), particularly in the eastern part of the country. In West Harerghe region, the population is mainly dependent on the Meher rains for their subsistence

On 7 October 2002, the DPPC and the UN formally launched an additional appeal for immediate food needs, presenting the results of a multi-agency drought assessment carried out 15-30 August. The conclusions confirm earlier predictions that the failure of the short (Belg) rains and the late onset and erratic nature of the long (Meher) rains have caused widespread losses of staple, long-cycle maize and sorghum crops. The Government and the UN are estimating that, between October and the end of the year, the total number of people in need of emergency food assistance will peak at 6.3 million, with a corresponding relief food requirement of 273,000 MT. The total amount of food committed against these requirements is so far 185 000 MT. Therefore the food need gap until the end of the year is 88,000 MT (by October 25, 2002).

The Government's assessment also notes that the drought will have a major negative impact beyond the immediate food needs, and that even after the November/December harvest, food insecurity in Ethiopia in 2003 is expected to be significantly worse than average. Thus, for contingency planning purposes, the assessment set out three scenarios for likely emergency needs in 2003, with beneficiary numbers ranging from 6.8 million in the best case to 14.3 million in the worst. World Food Programme (WFP) and other informants are of the opinion that a mid case (10.2 million people in need of general food rations) to a worst case scenario seems most probable. Information from the WFP's Vulnerability Analysis and Mapping section indicates that four of the zones where the Federation and the ERCS are contemplating relief operations - South Wollo, West Harerghe, East Harerghe, and Wolayita - will fall into the category of those areas most in need of food and related relief assistance in 2003.

The WFP also sent out a press release on October 28, 2002 requesting emergency relief food for the whole of the Horn of Africa, where more than twelve million people are threatened with starvation over the next months, referring also to the severe situation in Ethiopia.

Health Situation

Ethiopia has a total population of estimated at 65 million. Out of this population about 17.8% are considered to be under 5, which in the present scenario are the most vulnerable to diseases due to malnutrition and poor hygiene. According to the demographic health survey conducted in 2002, the under five mortality rate is estimated at 20%.

About 50.4% of the country has access to health facilities/services. Diseases related to micro-nutrients deficiency (i.e. night blindness, goitres and anaemia among pregnant women) are evident in the drought affected areas, and are strong indicators of low intake of quantity and quality food.

Water/Sanitation Situation

Global access to potable water stands at about 30%, which means that a total population of 45 million are forced to consume water from potentially contaminated and unreliable sources. The adverse effects of low access to potable water are further aggravated by low sanitation coverage. This means, that the few protected water sources are subject to high population pressure leading to a lower per capita allocation and a higher potential for waterborne/related diseases.

The Response so far

Government Action w

Emergency relief programmes in Ethiopia are coordinated through the Disaster Prevention and Preparedness Committee (DPPC) that was established in the late eighties. Bulk food contributions to the country's emergency relief needs from international organisations, bilateral donors and non-governmental organisations are, for the most part, channelled through the DPPC with the funding organization playing a monitoring role. The DPPC is constituted at the national, regional and zonal levels. At the woreda level, the administrative units of the zones, the DPPC normally consists of the local administrator and representatives of various line departments.

Pressed by a worrying food situation in several parts of the country, the DPPC coordinated a multi-agency assessment in July, which resulted in a Special Alert launched on 12 July 2002. The international community has since, and is consistently, responding to the prevailing food insecurity situation in the country based on the needs outlined in the appeal launched on October 7 (see above).

Following the Appeal issued in October, the DPPC has established the Technical Information Management Exchange (TIME) forum that provides information to all stakeholders every two weeks. Apart from that, Crisis Management Teams at the national and regional levels are closely monitoring and coordinating the emergency response activities.

The Government has also revitalised the national emergency health task force, composed of government, UN agencies and NGO's; deployed 21 essential emergency drug kits to health bureau's; as well as deployed health workers to boost disease surveillance and treatment activities. Furthermore, the government is raising funds to address nutrition, environmental health, and the supply of potable water and sanitation services.

Red Cross and Red Crescent Action w

Background

The Ethiopian Red Cross, supported by the Federation, has been operating in South Wollo, and West Harerghe for many years with general food distributions and through cash transfers based on participation in employment generation schemes (EGS).

An assessment of the cash for work intervention in South Wollo was carried out by the ERCS and the Federation last year and indicated a positive and valuable impact on the relief and development needs of an impoverished population.

Cash transfers, as opposed to food distributions, are considered an extremely useful way to energise the market and revive the engine of recovery, therefore attracting food surpluses and building economic sustainability. However, judgement about the timing of such an intervention needs to be exact and based on clear information on food availability and the functional nature of the market. Large cash injections might be ruinous to the market producing inflationary implosions. The ERCS and the Federation must through continuous monitoring throughout the programme, ensure that these conditions are satisfactory. Weekly market analyses of commodity prices will be carried out to oversee the influence of the cash transfers.

The further advantage to this approach is that it links relief to development, often with a long-term benefit to the community. Activities in South Wollo for 2002/2003 will include water spring protection, latrine construction, terracing, construction of check dams and roads and footpath maintenance (aimed at environmental improvement), and soil and water conservation.

Since January 2002 the ERCS has been monitoring the food situation especially in the DP pilot programme areas of East and West Hareghe, South Wollo and Jijiga. As a first step, based on a DPPC assessment mission in July, the ERCS formulated a draft appeal document upon which a joint ERCS, Federation, ICRC and PNS mission was organized to determine the response of the Red Cross to the worsening food situation. The findings and recommendations of the mission were presented in a report issued in August.

As a direct result of this mission the ICRC agreed to support the ERCS with a food aid programme targeting 100,000 people for four months in Afar and Somali region. The Federation agreed to, as a preliminary step, appeal for a programme in South Wollo targeting 35,000 people with mainly cash for work activities.

Other Agencies' Action w

The UN Emergency Unit in Ethiopia (EUE) is monitoring the situation very closely with the Ethiopian government, and keeping donors and other agencies closely informed. Immediately after the DPPC 's Appeal in July, the UN Country Team launched an appeal for the Afar Region. Although the Appeal was launched on July 19th, the level of donor response was not clear until the end of September 2002. As a result, NGOs such as SCF-UK, Oxfam GB, Action Aid and others issued a joint communiqué expressing their concern about the famine situation in the country and the poor response from the donor community.

Co-ordination w

Though the DPPC is the main implementing agency for relief interventions in the country, the ERCS, in its constitutional charter, has an explicit mandate to conduct relief interventions. The ERCS is the only other institution in the country with this level of autonomy. Good co-operation exists between the two organisations as

demonstrated through the programme undertaken by the ERCS in 2000 and 2001. The ERCS and the Federation attend the regular WFP and other inter-agency meetings.

In terms of operational structure, the overall co-ordination focal point for the operation will be at the ERCS's headquarters' level. At the field level, branch secretaries will be the focal points, assisted by relief teams (led by relief co-ordinators, including sanitation staff, water engineers and volunteers) in each branch.

The Intended Operation and Plan of Action

Assessment of Needs •

Red Cross field assessments were carried out in July in South Wollo, and in October again in South Wollo and also West Harerghe. The information gathered during these assessments, including first and secondary data collection, in combination with the day to day monitoring of the situation, has provided guidelines to the ERCS and Federation in terms of increasing the target population, to include also Kutaber Woreda in South Wollo and West Harerghe.

The Red Cross has been operating in South Wollo and West Hareghe for many years through both emergency and development programmes. Its knowledge of the communities and their needs is comprehensive. The recent emergency programme in 2000 and 2001 have provided the ERCS and the Federation with accurate information related to the vulnerability and capacity of the communities.

South Wollo

South Wollo consists of 18 woredas and belongs administratively to the Amhara National Regional State. The two woredas of Ambassel and Kutaber, both Belg dependent, are divided into 16 and 24 kebeles respectively. The total population of the woredas is 241,600 (111,000 for Kutaber and 130,600 for Ambassel). Both woredas are highly populated with an average population density of 142 persons/square km for Kutaber and 131 persons/square km in Ambassel. The average land holding is less than 0.5 ha in both woredas. The topography of the woredas is very rugged and mountainous with poor natural vegetation cover. As a result of agricultural malpractice and continued deforestation, the land is highly degraded with severe soil erosion.

Both woredas suffer from chronic food insecurity. Recurring drought and the resultant acute seasonal food insecurity has forced the population of the two woredas to some extent to dispose of their assets in exchange of food. The repeated asset erosion has further deepened the chronic food insecurity and has already led the population to absolute poverty.

Food Situation

The food security situation in the zone is precarious and could deteriorate rapidly in the coming months and in the likely event of a poor November/December harvest. Poor performance and the early end of the Belg rains has in many cases prevented farmers from planting long-cycle crops. The Belg harvest in Ambassel was only 50% of what was planted. With regard to the Meher crop cycle the rains began late, at the end of July, and continued erratically, with the likely result that the Meher harvest will be poor, estimated at 34% below the expected harvest. The result has been rises in prices of staple grains and a decline in the price of livestock – signs of current and impending food availability problems.

Health Situation

The quality and service of health delivery is poor. In Ambassel there are 6 clinics and 3 health posts. In Kutaber there are 4 clinics, 3 health posts and one rural hospital serving other woredas as well. This means one clinic for 26,958 people in Kutaber and for 20,929 people in Ambassel (i.e. 34,944 people and 41,857 people per health post respectively). In times of drought, the low coverage has a direct link to the ability of people to cope with the situation as even simple outbreaks of disease can run out of hand quickly and effect large segments of the population.

Ambassel

Most of the kebeles (villages) are situated in remote mountainous areas and access to the health clinic in the woreda capital of Wuchale is hampered due to lack of infrastructure. Although MoH conducts outreach programmes, the remoteness of the kebeles and a skeleton staff (3 qualified nurses acting as health officers, 2 sanitation staff and 8 auxiliary nurses/ mid wives), results in unsatisfactory access to health services.

The most prevalent diseases are reported to be diarrhoea, typhus, acute febrile illnesses including malaria and typhoid, eye infections, skin diseases, STD/ HIV-AIDS, general intestinal infections and scabies. Most of these diseases are directly linked to poor nutrition status as well as poor access to potable water and appropriate sanitation facilities including a general lack of awareness of personal health and hygiene.

Kutaber

In Kutaber woreda 37% of pregnant women are anaemic and among children under 5, 60% have moderate malnutrition, 20% severe malnutrition and the remaining 20% are at risk of malnutrition. This is attributed to people having changed their feeding habits due to the drought and related crop failure. Dominant diseases for the population in this woreda include upper respiratory infections and diarrhoea mainly precipitated by drawing water from potentially contaminated sources.

Water and Sanitation Situation

The primary water sources for the areas are springs originating from catchments in the high grounds and shallow wells. The unsatisfactory performance of the last two rainy seasons has impacted negatively on the water situation and to a large extent on the lifestyles and health of the communities.

The water supply coverage for the woreda stands at a paltry 7%, which means that a large number of people have to compete for the few protected water supplies in the dry spells. A total of 6 hand dug wells and 24 springs have been protected. The water resources representative of the woreda reported plans to expand the coverage to about 23% during 2002. However, this is highly dependant on the availability of funds. A funding proposal has been forwarded to the Ethiopia Social Rehabilitation Development Fund (ESRDF), and a response is pending.

Further, many of the water resources are highly polluted by human waste due to the lack of sanitation facilities among most of the households. A current bacteriological analysis done on 9 of the protected springs reveals a 30% faecal contamination.

Other Agencies Action

Save the Children (UK) is currently engaged in Food for Work relief activities in 10 out of 18 woredas carried out in close collaboration with CIDA and DPPC. SCF officials also indicated that they will start to investigate how they can improve the overall food security of their programme areas through longer term development activities instead of pure relief activities.

Within the health sector, the Amhara Development Agency (ADA) is mainly involved in health education specifically on family planning, however covering only a few kebeles. In the area of water the ministry remains the key player, with potential support from the ESRDF.

West Harerghe

West Harerghe is one of the 14 zones of Oromia regional state. It has three ecological zones (15% highland, 41,4% midland and 43,6% lowland) and the total population is estimated at 1,6 million. The zone is divided into 11 woredas, 338 kebeles and 23 rural towns. The zone has two hospitals, 7 health centres, 40 clinics and 20 health posts.

Crops are cultivated in both the Belg and Meher season, with the Belg production covering 10-15% and the Meher the remaining 85 to 90%. The predominantly agro-pastoralist population of West Harerghe has experienced a significant shortage of rainfall in the last 2 years, rendering even the once surplus producing areas

to a state of destitution. Reports indicate that livestock losses have been high in West Hararghe, up to 50-100% in certain areas.

Food Situation

The West Hararghe zone of Oromiya region is one of the areas most severely affected by the drought. The two main staple crops (maize and sorghum) produced in the zone, are stunted and wilting over large areas, portending a seriously reduced or almost completely failed harvest at the end of the year. Maize production overall is expected to be less than 10% of average, with crop losses in the lowlands as high as 90% if no rain falls in October. Even in the event of October rainfall, losses in the lowlands are estimated to be 85%, with a slightly better situation in the midlands/highlands. Prices of the two principal cash crops in the area (chat and coffee) has declined precipitously. Food prices, on the other hand, have gone up, with the price of cereals said to be 60-100% higher compared to same time last year. Livestock prices and wage rates have substantially declined.

Health Situation

Declines in the health and nutritional status of the population have inevitably accompanied the shortages of water and food in West Hararghe. A nutritional survey carried out from 20-30 September by CARE, the DPPC and WFP concluded that the food and nutritional situation in parts of West Hararghe is critical and an immediate response is needed. The survey found a global acute malnutrition rate of 7.9% in the highlands, 15.1% in the lowlands (with severe malnutrition 3.6%). Further, the depleted food reserves have resulted in low nutritional status among the under 5, pregnant and lactating women and elderly. Widespread incidence of kwashiorkor and marasmus has been reported and unavailability of water has led to reduced personal hygiene, oral-faecal contamination, and skin diseases such as scabies and conjunctivitis. The health and vaccination coverage remains low at approximately 55%.

Water and Sanitation Situation

The shortage of rainfall has greatly affected water resources in both quality and quantity. The harder hit areas of the zone are the lowlands. These areas support a large part of the pastoralist communities. Virtually, all the surface water sources have dried out. Given that the total water coverage for the zone stands at 21%, the few existing water sources, which come mainly from rivers and bore holes, are heavily drawn upon. With no potential recharge, the water available for people and livestock has been greatly affected. About 50% of the 532,000 people affected by the drought are estimated to be in acute water shortage.

Options available to address the water needs are slim in the area, given that the only reliable option lies in underground water exploitation involving depths of up to 250 Meters. There is, however, a need to explore this option after careful geophysical surveys. An opportunity exists, in the interim to, through the administering of disinfectants, improve the water quality of the few existing water supplies as they draw from rivers. With low sanitation coverage these water sources are potentially polluted as complemented by the high incidences of diarrhoea and dysentery.

Other Agencies Action

CARE, the only international NGO currently present in the zone, has been providing development (water and health) and relief assistance in West Hararghe since 1984. Currently, CARE, with the support of USAID funds and in collaboration with the DPPC, also provides emergency relief in five woredas (Miesso, Chiro, Anchar, Kuni and Guba Koricha) to the population with whom they already collaborate. CARE plans to continue and increase the distribution of general rations and supplementary food to 600,000 people in those five woredas through June 2003.

IMC is considering activities in the areas of therapeutic feeding and support to EPI. IRC is developing a proposal for clean water provision and hygiene promotion in the woredas of Miesso and Boke. GOAL plans to distribute dry supplementary food to 21,000 beneficiaries in need of assistance in Darolebu district, in addition to conducting health activities (EPI and Vitamin A campaigns).

Coordination

Care Ethiopia has taken the lead co-ordination role together with the DPPC for West Harerghe and is hosting weekly co-ordination meetings both at Addis Ababa and at the zonal level. In addition the Ministry of Health is hosting weekly co-ordination meetings for all parties involved in health activities.

Immediate Needs

Information collected and observations made by the ERCS and the Federation regarding the food security situation and related water/health/nutrition issues, clearly warrant a Red Cross response. The present level of relief assistance is not capable of ensuring the complete needs of the population. The Red Cross as an auxiliary to the Government is obliged to ensure that the needs of the most vulnerable are covered.

The recommended Red Cross response in South Wollo and West Harerghe has been designed carefully, taking into consideration the needs of the affected population, the level of assistance provided by other actors including the DPPC, and the capacity of the Red Cross movement to mobilise the necessary resources. Considerations have been made to develop a comprehensive programme, ensuring a gender sensitive approach. The importance of securing a relief and development continuum has been regarded throughout the design of the programme. Immediate needs are often addressed by short-term, practical interventions (such as relief food) whereas addressing vulnerabilities, in contrast, requires long-term strategic solutions. Although embarking on a relief intervention, sustainability will be ensured through a clear emphasis on capacity building of Red Cross staff, volunteers and community members, building on the strengths of both men and women, as well as securing the sustainability of hardware components of the programme.

This present Appeal aims at extending the scope and geographic area of cash for work intervention, initially planned for 35,000 persons in Ambassel woreda, South Wollo to an additional 10,500 beneficiaries in Kutaber (South Wollo) with the same program, as well as initiating a distribution scheme in West Harerghe. Whereas circumstances in West Harerghe do not allow for cash for work programmes as the supply of foodstuffs is not secured, the ERCS plans to supply 50,000 people with general food rations and an additional particularly vulnerable 25,000 beneficiaries with supplementary rations.

Red Cross Objectives and Related Activities •

Food component

Objective 1: To provide general food rations for 50,000 people and supplementary food for 25,000 of the most vulnerable segments of the population in West Harerghe to ensure their livelihood until the next harvest (Decemer 2003).

The distribution of general ration cannot meet the additional nutritional requirements of the severely affected population such as anaemic pregnant/lactating mothers, TB patients, children with severe malnutrition and elderly. Therefore, in addition to the general ration, these risk groups should be provided with a supplementary food ration.

Though the expected number of beneficiaries for supplementary rations from within the target group will not be more than 25% (12,500 beneficiaries), the remaining 12,500 are expected to be from the neighbouring woredas who use health institutions in the target area.

- **Activity 1:** Targeting of beneficiaries: the ERCS with its volunteers will undertake screening of beneficiaries in collaboration with the kebele committees, register them and monitor the distribution process. The process will consider the status of men and women respectively, ensuring that all needs are being met on an equal basis. Each head of household will be given a distribution card against which they receive their monthly ration. Children under five, pregnant women and lactating women, and the elderly are the intended beneficiaries of supplementary food. The screening of this category of beneficiaries will be handled carefully considering nutritional socio-economic status i.e. single parent families.

- **Activity 2:** Purchase, transportation, warehousing and distribution of 13,475 MT of grain, pulses, oil and supplementary food.
- **Activity 3:** Monitor the impact of food distribution on market behaviour and household economy.
- **Activity 4:** Monitor the nutritional status of the severely affected population who benefit from the supplementary food distribution

Cash for work component

Objective 2: To provide cash for 35,000 people in Ambassel and 10,500 people in Kutaber woredas of South Wollo, based on EGS's, with the aim of securing the livelihood of the farmers and their families and to stimulate their purchasing power through the injection of cash on the local market.

- **Activity 1:** Planning and implementation of EGS projects considering short- and long-term needs of the communities in the areas of water/sanitation/health.
- **Activity 2:** Ensure that both men and women have equal opportunities to engage in EGS activities.
- **Activity 2:** Payment of cash to beneficiaries engaged in the EGS on a monthly basis for 9 months (30 Birr = 15 kgs grain/ beneficiary /four working days/month).
- **Activity 3:** Monitoring the impact of the cash distribution in the local market and household economy.

Health, water and sanitation

Health

The following table summarises the findings of a recent nutritional assessment carried out by CARE Ethiopia, in collaboration with the DPPC, WFP and SC-UK.

Anthropometric Survey Result in 30-by 30 clusters

<i>Survey area</i>	<i>Sample size</i>	<i>GAM*</i>	<i>SAM**</i>	<i>Oedema</i>
Survey 1: highland and wet midland areas of Anchar, Guba Koricha, Kunni, Habro, Ciros, Daro Lebu and Bokie woredas	938	7.9% CI: 6.4 - 10.0%	1.6% CI: (0.9-2.7%)	11 (1.2%) CI: (0.6% - 2.2%)
Survey 2: dry midland and lowland areas of Anchar, Guba Koricha, Habro, Daro Lebu, and Bokie woreda, and all areas of Miesso	933	15.1% CI***: (12.9-17.6%)	3.6% CI:(2.6%-5.1%)	26(2.8%) CI:(1.9-4.1%)

Objective 1: To strengthen the provision of health services through outreach programs, volunteer training and mobilisation and provision of an integrated health sanitation education. The major strategies to be employed and activities implemented for the health and water and sanitation include:

- building local capacity through training of volunteers: The major health problems of the community are communicable diseases, which are related to poor personal and environmental hygiene and lack of knowledge about the transmission of diseases. Volunteers, if trained properly and coached can bring a significant change in the community. The training of volunteers can also be considered as an asset for the community after the end of this project.
- using local resources as much as possible: Local artisans, health professionals and development agents from the government can be employed to strengthen our intervention without a significant cost.

- improving the interaction between the volunteers and the health professionals: The number of health professionals in the area is very limited. However, if the interaction between the health professionals and volunteers can be improved, health professionals can deliver a better service to the community through these volunteers. The community can also participate in the planning and implementation of the health service through these volunteers. The Red Cross committees at the kebele level can be used as moderators even after the termination of the project. However the Red Cross branches should make themselves ready to take the responsibility of further follow up and facilitation after the end of this project.

Objective 2: Strengthen the outreach programs of the MOH to reach the most inaccessible areas, and assist the local MoH health institutions to open five additional outreach sites in the remotest areas where the following activities will be carried out:

- immunisation activities: all children under 5 and mothers of child bearing age will be provided with vaccination for the six targeted diseases, diphtheria, tetanus, whooping cough, polio, measles and tuberculosis;
- health and hygiene education sessions: the health professionals and trained volunteers will provide health education on the major problems of the area, i.e. assist the communities to use the step-by-step guide to improve their environments and manage their water and sanitation facilities, particularly for prevention of diarrhoeal diseases (PHAST methodology);
- nutrition education: since malnutrition is the major health problem special emphasis on nutritional issues will be given in the health education;
- technical assistance to volunteers and review of major activities in the area: the volunteers will be selected from the community and trained to mitigate the major health problems in the area. The health professionals should therefore assess the performance of these volunteers and the volunteers should come with major problems they have faced in their implementation. In actual sense, this forum should be used to transfer knowledge from the health professionals to the volunteers and vice versa, the later especially on local knowledge;
- the forum can also be used as a means to strengthen the link between the health professionals, community leaders development workers and teachers; this in turn will strengthen defaulter tracing, detection of epidemics integration of all development activities in the specific area.
- strengthen/ establish Red Cross committees at kebele level: Parallel to the emergency interventions, the kebele Red Cross committees will be strengthened to play a proactive role in the process of health education and community transformation. The reactivation should be aimed at maintaining the established interaction among the various actors with in the kebele including the volunteers even after the termination of this project.

Objective 3: Volunteer training and mobilisation through the following activities:

- volunteers and ERCS committees at kebele level will include women and men in equal proportion.
- refresher courses will be organized for the existing, earlier trained volunteers.
- for remote areas where there may be a lack of trained volunteers, core training courses will be organized. This will facilitate the implementation of the health program in the targeted areas and will strengthen the Red Cross presence in the area. The presence of volunteers can also ensure sustainability provided that the Red Cross branches are able to maintain regular support and follow up after life of this project.
- Volunteer coaching: particularly active and capable volunteers will be trained on the coaching techniques to assist the volunteers' deliver their responsibilities effectively and efficiently. The ARCHI and PHAST toolkits will be used to guide the volunteers and their coaches to deliver a better health education to the community.

Objective 4: Provide an integrated package of basic health, nutrition and sanitation education: assisted by the health professionals and volunteer coaches, ERCS volunteers will be expected to deliver a health and sanitation education package. The PHAST technique will be used as a tool to facilitate this process.

Water and Sanitation

Objective 1: To reduce water stress by provision of safe water supply, through community based approaches by Carrying out and promoting the following hygiene and sanitation tasks through volunteers using the PHAST

methodology: training of volunteers; development of PHAST tool kits; health and sanitation education in the community (same as health).

Objective 2: Improving the sanitation behaviour of the population through the following activities: focusing on the provision of sanplats for household latrines: generating the need for latrines in the community through the health and sanitation education; production of sanplats; distribution of slabs (700 in South Wollo and 500 in West Harerghe) and monitoring the use of pit latrines by the community.

Objective 3: Improve the access to potable water through the development of water points and improving the quality of existing water sources by: the development of springs (10 in South Wollo and 2 in West Harerghe); the development of 6 shallow wells in South Wollo; the construction of a bore hole in West Harerghe, if feasible after a geological survey.

Objective 4: Carry out water quality monitoring to assess effectiveness of hygiene and sanitation education by: the provision of chlorine for water quality improvement; monitoring to assess effectiveness of hygiene and sanitation education.

Objective 5: Environmental protection by: EGS schemes including terracing and roads improvement; collecting primary data from high risk areas via the Vulnerabilities and Capacities analysis (VCA).

Advocacy

Objective 1: Ensure that the needs and rights of the most vulnerable in relation to the drought situation are secured. The following activities will be carried out:

- Advocate on behalf of the most vulnerable to influence policy, commitment and allocation of resources by government, donors and other agencies.
- Closely monitor the development of the food security situation in the country.
- Collect primary data in the areas of health, nutrition and water/sanitation from high risk areas in order to monitor and ensure that the most needy will be attended timely.
- Increase public awareness about ongoing Red Cross interventions through radio transmissions, public relations etc.

ERCS Capacity Building

Objective 1: To strengthen the ERCS branches in high risk areas (South Wollo, West Harerghe and others) as part of disaster preparedness .

The ERCS branch and sub branch secretaries, program co-ordinators and youth co-ordinators in the proposed operation areas are trained in disaster management. Several of them have some documented experience from past years of ERCS's involvement in disaster response. However, the scope of this proposed relief operation requires the building of further knowledge and skills among the local staff.

With the employment of additional, temporary staff and volunteers, the need to improve their knowledge of RC policies and capacities to fully implement a relief operation according to RC standards has to be ensured. With regard to financial and narrative reporting the expatriate relief coordinator in close collaboration with HQ staff will have an overall role as capacity builders and coaches of the branch teams. Local sanitation staff and volunteers will receive training and coaching, particularly at the start up of the action. The following activities will be implemented:

- Train staff and volunteers on DP/R and establish Branch Disaster Response Teams (BDRT) for this operation.
- Increase capacity of staff and volunteers in areas such as finance and reporting and participatory community activities in the areas of PHAST/ARCHI.

- Establish Branch DP/R Plans for the concerned Branches, within the National ERCS Framework and Food Security Strategy.
- Networking with other agencies.

Logistics ·

- Procurement of relief items will be co-ordinated by the Regional Logistics Unit in Nairobi.
- In country transportation of relief items will be based on tendering.
- Storage of emergency items will be coordinated with DPPC or organized through existing ERCS rub halls at branch level or rented warehouses.
- Telecommunication between the ERCS headquarters and its branches is satisfactory.

Monitoring and Evaluation ·

A Task Force will be constituted at the ERCS headquarters level, ensuring proper monitoring, evaluation and reporting of the program. Close co-ordination with affected branches to ensure the proper delivery of humanitarian assistance to drought affected people will be ensured. The ERCS supported by the Federation will assume overall accountability for a timely and quality response.

Capacity of the National Society ●

The ERCS has strong Health and Disaster Preparedness/Response units, which report to senior management. The DP/R senior officer will be responsible for the overall management and co-ordination of the operation. For the day to day activities, the ERCS today employs among others two DP/R officers, two watsan officers, two health officers, two information officers and finance/reporting staff. Although stretched with ongoing programs, these staff are available to occasionally provide technical support to this operation. All of them have long experience with drought operations.

The present gender and training officer will be assigned to the program to supervise and carry out PHAST training and activities in the communities. However, to fully implement the relief action the additional local staff will be required:

At the ERCS headquarters:

- 1 water and sanitation engineer to co-ordinate the activities in South Wollo and West Hareghe.
- 1 accountant to support reporting at branch and headquarters level.

South Wollo:

- 1 EGS co-ordinator to monitor the implementation of soil and water conservation activities.
- 1 sanitation officer to carry out PHAST and health education with the communities.

West Hareghe:

- 1 relief co-ordinator responsible for distribution implementation.
- 1 sanitation officer to carry out PHAST and health education with the communities.
- 3 guards.

Additional personnel, such as water and sanitation engineers, will be mobilised from woreda government line departments. Red Cross volunteers will assume a major responsibility for the daily activities in the communities.

The ERCS has a well established branch in Dessie town, the zonal capital of South Wollo. It administers two sub-branches, one in Kombolcha in the lowlands and one in Ambassel in the highlands. Both the branch Secretary and the programme coordinator have been actively involved in the recent relief operations. The branch has rubbhalls and access to warehouses in Dessie and Wuchale. It also has two field vehicles, which will be used to transport teams of youth volunteers who will carry out distributions and conduct monitoring, from Dessie to the woredas. Over one hundred volunteers will be involved in the operation. The South Wollo branch has five trained cashiers that will handle the cash distribution for the EGS program

The West Hararghe ERCS branch is based in the zonal capital of Asebe Tefari. It administers two sub-branches, Gelemso in Habro woreda and Hirna in Tulo woreda, however, only one of them is operational due to lack of finances for staffing. Key staff are the branch secretary who has been in place for two years, as well as an experienced volunteer co-ordinator.

Present Capacity of the Federation in Ethiopia •

The Federation's Representative (in Addis Ababa since the beginning of October 2002) will play a liaison and support role during the operation. The regional DP delegate will be the focal point at the Regional Delegation Nairobi (RDN) and RDN Water and Sanitation and Health delegates will provide appropriate technical assistance. The Regional Disaster Response Team (RDRT) and the regional Working Group on Food Security (WGFS) will provide technical support as necessary. However, to reinforce the ERCS Task Force and the Federation Delegation in country, it is proposed to deploy the following expatriate staff:

- a relief and reporting co-ordinator to support the ERCS HQ and branches.
- a logistics delegate to co-ordinate purchasing and logistics in Nairobi and Djibouti.

Budget summary

See Annex 1 for details.

For further details please contact: Josse Gillijns, Federation Desk Officer, Phone: 41 22 730 4 224; Fax: 41 22 733 0395; email: gillijns@ifrc.org.

All International Federation Assistance Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.

In line with the Minimum Reporting Standards, the first operations update on this appeal will be issued within 30-days of the launch and the second will be issued over the course of the operation; a final narrative and financial report will be issued no later than 90 days after the end of the operation.

This operation seeks to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or longer-term capacity building will require additional support and these programmes are outlined on the Federation website.

For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>

Jean Ayoub
Director
Disaster Management and Coordination

Didier J. Cherpitel
Secretary General

<u>BUDGET SUMMARY</u>	APPEAL No. 28/2002		
Ethiopia - improving food security			ANNEX 1
TYPE	IN CHF		
RELIEF NEEDS	PRELIMINARY	FINAL	VARIANCE
Shelter & constructions	14'000		-14'000
Food & seeds	629'000		-629'000
Cereals		3'570'000	3'570'000
Lentils		827'000	827'000
Oil		604'000	604'000
CSB		1'120'000	1'120'000
Famix		140'000	140'000
Water and sanitation		250'000	250'000
Medical and first aid		75'000	75'000
Teaching materials		26'000	26'000
Utensils and tools		104'000	104'000
Cash for work		3'112'000	3'112'000
Other supplies		90'000	90'000
TOTAL RELIEF NEEDS	643'000	9'918'000	9'275'000
<u>CAPITAL EQUIPMENT</u>			
Cars		84'000	84'000
Computers and telecom. equipment		21'000	21'000
<u>PROGRAMME SUPPORT</u>			
Programme management	55'000	1'090'000	1'035'000
Technical support	17'000	326'000	309'000
Professional services	18'000	362'000	344'000
<u>TRANSPORT STORAGE & VEHICLE COSTS</u>	5'000	3'736'000	3'731'000
<u>PERSONNEL</u>			
Expatriate staff	2'000	411'000	409'000
National staff	10'000	160'000	150'000
<u>ADMINISTRATIVE & GENERAL SERVICES</u>			
Travel & related expenses	3'000	15'000	12'000
Administrative & general expenses	68'000	40'000	-28'000
TOTAL OPERATIONAL NEEDS	178'000	6'245'000	6'067'000
TOTAL APPEAL CASH, KIND, SERVICES	821'000	16'163'000	15'342'000