

*ETHIOPIA: REAL TIME EVALUATION OF THE 2006
EMERGENCY RESPONSE*

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Map of Ethiopia



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List of Acronyms and Definition of Local Terms

CAHW	Community Animal Health Worker
CAP	Consolidated Appeal Process
CARE	Cooperative for Assistance and Relief Everywhere
CERF	Central Emergency Relief Fund
CSA	Central Statistical Authority
CTC	Community Therapeutic Care
DPPA	Disaster Prevention and Preparedness Agency
DPPB	Disaster Prevention and Preparedness Bureau
DFID	Department for International Development
EEWS	Ethiopian Early Warning System
EFSR	Emergency Food Security Reserve
EGS	Employment Generation Schemes
EGTE	Ethiopian Grain Trade Enterprise
ENCU	Emergency Nutrition Coordination Unit
EOS	Enhanced Outreach Strategy
ERCS	Ethiopian Red Cross Society
EWD	Early Warning Department
EWVG	Early Warning Working Group
FAO	Food and Agriculture Organisation of the UN
FEG	Food Economy Group
FSCB	Food Security Coordination Bureau
GAM	Global Acute Malnutrition
HEA	Household Economy Approach
HRF	Humanitarian Response Fund
IASC	Interagency Standing Committee for Humanitarian Aid
ICRC	International Committee of the Red Cross
IDP	Internally Displaced People
INGO	International Non-Governmental Organisations
JHA	Joint Humanitarian Appeal
LIU	Livelihoods Integration Unit
LLINs	Long Lasting Insecticide Treated Nets
LVIA	Lay Volunteers International Association
MoARD	Ministry of Agriculture & Rural Development
MOH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
NCDPP	National Committee for Disaster Prevention and Preparedness
NDPPF	National Disaster Preparedness and Preparedness Fund
NFCS	Non-food Contingency Stock
NFI	Non-food Items
NPDPM	National Policy on Disaster Prevention and Management
OCHA	Office for Coordination of Humanitarian Assistance
OFDA	Office for Foreign Disaster Assistance
OTP	Outpatient Therapeutic Programme
PASDEP	Plan for Accelerated and Sustained Development to End Poverty
PCDP	Pastoralist Community Development Project (World Bank)
PLI	Pastoralist Livelihoods Initiative (USAID)
PSNP	Productive Safety Net Programme
RHB	Regional Health Bureau
RTE	Real Time Evaluation
RTI	Respiratory Tract Infection
SAM	Severe Acute Malnutrition
SC-US	Save the Children – United States
SC-UK	Save the Children -United Kingdom
SFP	Supplementary Feeding Programme

SNNPR	Southern Nations Nationalities and People's Region
TFC	Therapeutic Feeding Centre
TFP	Therapeutic Feeding Programme
TOR	Terms of Reference
UNCT	United Nations Country Team
UNICEF	UN Fund for Children
UNIFEM	UN Development Fund for Women
UNFPA	UN Fund for Population Activities
WFP	World Food Programme
WHO	World Health Organisation

Definition of Local Terms

Gu	is the showery rainy season in Somali Region. The duration is from April-June.
Deyr	is the heavy rainy season in Somali Region lasting from Oct-Dec
Ganna	is the long rainy season in Borana Zone of Oromiya Region. The duration is February to April.
Birkads	cemented water reservoir where pasture is available but no water which is managed by community.
Hagaya	is the short rainy season in Borana Zone of Oromiya Region. The duration is August to October

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EXECUTIVE SUMMARY

i. i. INTRODUCTION

The Real Time Evaluation (RTE) of the humanitarian response in the Horn¹ offers a mechanism for system-wide lessons learning on the humanitarian response in the context of the 2005-2006 drought with a rapid and concrete feed back on the ongoing operations.

A series of key issues are central to the Terms of Reference (TOR) for this evaluation:

- *Status of the preparedness and effectiveness of early warning system;*
- *Effectiveness of resource mobilisation activities, including the newly established Central Emergency Relief Fund (CERF);*
- *Quality, effectiveness and efficiency of the coordination mechanisms, including the Cluster approach;*
- *Appropriateness of the response in term of timeliness, relevance, effectiveness and efficiency; and*
- *Identification of additional in-depth evaluation and research issues.*

To respond to its TOR, the RTE team reviewed documentation on disasters in Ethiopia, carried out a series of consultations at the central level with government officials, especially the Disaster Prevention and Preparedness Agency (DPPA), UN agencies, NGOs and donors, and made field visits in Somali (around Gode and Jijiga) and Oromiya Regions (Borana Zone). The RTE finalised data collection upon return from the field and undertook a debriefing with the national authorities, the UNCT, NGOs and donors at the end of the assignment.

Although the decision at the field level to request the RTE to include in its radar screen the developing flood situation raised some questions and created some confusion, the El Nino related floods in the whole region underlined the importance of incorporate in all thoughts related to disaster management both rapid and slow onset disasters.

ii. BACKGROUND

Ethiopia regularly been affected by man-made and natural disasters. Since the mid 1980s humanitarian assistance, especially food aid, has become a permanent feature of the Ethiopian landscape. The national systems for managing this resource have become extremely sophisticated, whilst some level of aid dependence might have been created, at least at the institutional level. Resilient pastoral and agro-pastoral systems are still functioning, but they have been weakened by a sequence of poor rainy seasons, the absence of trading opportunities, growing pressure on resources and constraints on mobility. This situation brings about a heavier burden for the women. The poorly distributed rains during the Gu/Belg and Deyr/Meher seasons of 2005 led to a situation where the lack of water and destitution of pastoral and agro-pastoral communities triggered a significant response from the humanitarian community.

Floods became the second feature of the humanitarian scene this year in Ethiopia. Since August of 2006 some of the most devastating floods of recent decades, including the dramatic flash flood in Dire Dawa, have been seen.

¹ a multi-agency process under the Interagency Standing Committee (IASC) and a small group of UN agencies OCHA, UNICEF, FAO, WHO, and UNFPA

iii. FINDINGS AND RECOMMENDATIONS

Findings	Recommendations
Disaster preparedness and Early Warning Systems	
There is a strong mechanism in place with the DPPA, and the NDPPF under the Prime Minister' office. This system is still not optimally integrated in the National Development policy and lacks a clear contingency and preparedness plan for rapid onset disasters.	Ethiopia should develop a fully fledged Multi-Disaster Preparedness Action Plan as part of its development strategy. The DPPA capacities for risk mapping, disaster prevention, early warning, rapid onset disasters, evacuation plans, public alert and Search and Rescue (SAR) need significant strengthening.
Despite the frequency of natural disasters in Ethiopia, some civil society forces are not fully utilised.	Agencies such as the Ethiopian Red Cross, which has a mandate to work as an auxiliary to the Government as a 'first responder' in case of disaster and a grass root level DPP, actor should be supported by the Government and strengthened by the Red Cross movement
DPP is still very much an Addis Ababa based mechanism, despite commendable efforts made by regional and woreda levels.	Analytical and assessment skills should be developed within the DPPB at the field level and communications should be improved among district, regional and federal level bodies
Multiple assessments are undertaken by different government departments and agencies at different levels in response to emergency situations adding considerable pressure on government, UN and NGO field staff	Seasonal and ad hoc assessments should be better integrated, involve multiple agencies and ensure ownership of field staff engaged in the process.
The regional overview in the Horn is limited due to political and security concerns; this reduces the adequacy of EW data	Horn-level coordination of the EWS should be promoted by donors and tUN agencies, and financially supported if need be.
Despite a clearly defined gender policy, gender perspectives are very limited in DPPA data analysis.	Gender perspectives and concerns should be incorporated in all EW data collection and dissemination as per policies on gender inclusion.
The EWS and seasonal and ad hoc assessments are heavily weighted toward food aid needs, with a focus on agricultural areas.	The EWS should strengthen efforts to incorporate livelihood analysis, with a focus on pastoral and agro-pastoral livelihood zones at DPPB level; seasonal and ad hoc assessments should consider a range of livelihood interventions as part of response and mitigation planning.
Despite considerable progress made by the Emergency Nutrition Coordination Unit of DPPA, criteria for nutritional assessment and analysis of data are not always well understood in the field.	Support to the ENCU should continue and collaboration with other related agencies in the region and UNICEF on common issues of nutritional assessment be strengthened.
Resource mobilisation	
Resource mobilisation from civil society and the community was massive for the floods, especially in Dire Dawa.	Research is needed on the role and estimated size of funds raised from civil society and the private sector and these should be incorporated into appeal and response mechanisms..
Early warning signals were known to donors and implementing agencies, but responses were delayed. The effectiveness of donor funding is sometimes hindered by rigid procedures and low flexibility, while situations are often rapidly evolving.	Donors should ensure that the program and financial agreements with humanitarian agencies are flexible and facilitate rapid responses and adaptation of programmes in fluctuating environments.

The National Disaster Preparedness and Prevention Fund has been under-utilized in recent emergencies. It is also under-funded.	Existing contingency funds and mechanisms should be reviewed by government, donors and humanitarian agencies in order to ensure the existing mechanisms can be used optimally. If indicated, a national contingency fund, linked to a national plan, should be established.
Early warnings were not followed up by sufficient resource mobilisation to engage in mitigation interventions, despite the clear recognition of the cost effectiveness of mitigation.	Identify and disseminate information about successful early mitigation interventions to donors and government
In Ethiopia, the Appeal process has become an annual event and the emergency response focus has been somewhat diluted. The Productive Social Safety Net Programme (PSNP) has not yet been established in pastoralist areas of Ethiopia	Donors and the government should re-focus the appeal and consider alternative funding modalities for recurring needs. The use of existing mitigation and prevention programmes, particularly the PSNP, should be maximized and its implementation closely monitored.,
In view of the relative low funding of the non food sector, food remains the largest sector of the humanitarian action in Ethiopia	Donors should recognize the importance of the non food sector in this type of situation and provide higher levels of funding.
The E-CERF was initiated late in the picture and has been affected by administrative difficulties	As it is a new mechanism, addition trials are needed to fine tune procedures.
Articulation between the use of the CERF and the use of the CAP is unclear, especially among donors who see that they are funding both mechanisms.	The “rapid intervention” side and the “gap filing” aspect of the CERF have to be better communicated to the different stakeholders.
NGOs and other non UN humanitarian actors have no access to the CERF and are concerned that it may affect other funding for humanitarian action.	Mechanisms to rapidly fund non UN actors, such as the “primary emergency decisions” from ECHO, have to be further developed,
HRF proved to be a useful mechanism to fill some gaps and support local initiatives	Still requires a much stronger monitoring
There was no evidence of specific resource allocations for the needs of women in emergency situations, aside from those devoted to health; women’s requirements to maintain households in these societies may be greater than those of men	Specific allocation of resources for women and gender related activities should be done routinely as a part of resource mobilization.
Coordination	
Strong national technical coordination mechanisms are in place with the aid community and the line ministries at the federal level. In view of this situation, there was no need to engage with the global Cluster approach.	Existing mechanisms for technical coordination should be protected and improved rather than weakened or substituted. Only where there are some gaps, mainly in areas servicing the aid community, (logistic and telecommunication for instance), that specific cluster-like mechanisms could be look at as possible option.
Coordination on disaster assessment and response between the federal level and regional and district levels is not optimal.	National authorities should pursue their efforts to improve internal coordination and ensure trust between zonal, regional and federal levels in early warning and response.
The role of the UN coordination system, and the involvement of OCHA is important, especially in a context where the UNCT is very much development oriented.	The UN should continue its efforts to be present in the field and to facilitate discussion related to key issues: preservation of humanitarian space, access, human rights, gender issues, importation regulation, logistics and telecommunications.
Women and community representatives have remained marginal in both roles and presence in the coordination mechanisms.	Strengthen community level coordination to target the humanitarian assistances to the neediest populations, with special attention to the needs of women. Open coordination mechanisms to more active participation by women.
The provision of humanitarian assistance has sometimes been slowed by complex customs procedures and VAT payment requirements levied on humanitarian agencies.	The National Authorities should facilitate administrative processes to ensure a quick, efficient and effective delivery of humanitarian assistance, including more

	appropriate Customs and VAT exemption mechanisms for agencies importing humanitarian supplies and equipment.
Federal and regional authorities reported that some NGOs were not coordinating properly and were not sending their progress report regularly.	NGOs should continue to make efforts to coordinate with federal, regional, zonal and woreda authorities and to ensure proper transparency in order to sustain this confidence.,
Interventions too often failed to coordinate and plan across sectors where this was needed.	Coordination between the food, the nutrition and the WES sectors could be further improved. Gender and livelihoods perspectives should be included as 'cross cutting' concerns in all planning.
Quality of the response	
Access to part of the affected zones, especially in Somali region, remains problematic in view of the existing tensions and security issues	Specific attention has to be paid so as to ensure that security regulation does not prevent proper access to the affected populations.
Women are key actors in the daily survival of the family and the children. Attention has to be paid to their needs, but also to their role.	Ensuring the recruitment of women in response teams. Training and awareness creation among staff and community members on gender concepts, and on how to mainstream gender issues in the disaster prevention and management programme cycle, is highly recommended. Enhanced gender analysis would ensure more appropriate programme design.
Food aid interventions were irregular and in some cases late, but during this drought response, PSNP cash and food security interventions were also targeting areas of chronic poverty (but not yet including pastoralist areas)	There is still a need to promote better understanding and awareness amongst all actors to broaden thinking from "food availability" focus towards a better understanding of food and livelihood security based on access, availability and utilisation. More independent post-distribution monitoring is needed to assess the impact of food aid as both an emergency intervention and a social safety net in drought-affected areas.
Livelihood interventions: a wide range of interventions were undertaken (although limited in scale) relating to mitigation and recovery phases mostly coordinated through the MoARD/FAO task force. More emphasis was placed on supporting pastoralist coping mechanisms this drought, including animal vaccination, supplementary animal feeding and destocking before the onset of rains which was critical in view of the in-migration of livestock from Kenya and Somalia. The timeliness of the response was in large due to the newly established Pastoralist Livelihoods Initiative (USAID funded) and the diversion of FAO funds.	More effective contingency planning based on a sectoral strategy with secured resources would ensure a more comprehensive emergency response to future droughts, reducing the need for costly and irregular food aid interventions Longer term programming including multiple actors in support of pastoralist communities (such as the PLI) with contingency funding built in should be encouraged.

<p>In health and nutrition: Health and nutrition activities were usually integrated under the UNICEF umbrella, especially in the EOS and mobile teams NGO-based nutritional interventions were patchy, depending on operational capacity and funding Very high rates of child malnutrition have persisted in Somali Region since at least 2000, despite the presence of large-scale food aid throughout this period The CTC model has been widely adopted Therapeutic and supplementary feeding activities are not always well integrated; food aid to meet supplementary needs is not always targeted. Health infrastructure is very limited; at the same time the system is dealing both with epidemic disease (measles, polio, AED) and long term MCH needs in affected areas</p>	<p>There is a need to better understand a series of parameters of the vulnerability, especially of the high level of malnutrition rates recorded in the Somalia region compared to Southern Oromaya. Links between feeding practices, birth spacing, pastoral livelihoods, etc., have to be better understood.</p> <p>Donors should continue to support integrated services, but at higher levels and on a long term basis.</p>
<p>In the WES, various types of programmes have been implemented by UNICEF and NGO, from simple shallow well chlorination to very expensive water trucking. Hygiene education is often done, but it takes time to see an impact</p>	<p>The early signals in October should have triggered more early water interventions. Survey of the existing capacities of the boreholes has to be done. Attention should be paid to newly urbanised areas, where water resources are often not sustainable.</p>
<p>Longer term perspectives</p>	
<p>Linking the emergency response and longer term vulnerability reduction is important, but difficult to implement. Some interventions might even create additional difficulties in this line, as free life-saving interventions might be contradictory to longer term sustainability.</p>	<p>More comprehensive and strategic approach to the recovery phases is required, taking into account the specific mandates and comparative advantages of the different agencies.</p>
<p>Additional studies required</p>	
<p>It is sometimes perceived that humanitarian action goes without much understanding of the issues at stake, even if a lot of researches have already been carried out in a context like Ethiopia. In Ethiopia, this is especially relevant in the functioning of pastoral economies, traditional caring practices and population displacements</p>	<p>A series of additional in-depth evaluative research studies on the relations between food and non-food interventions, survival mechanisms of pastoral communities under stress and those of the displaced (IDPs), the role of the Ethiopian Diaspora in emergency responses, the measurement and meaning of chronic high malnutrition among children in pastoral communities and ; factors affecting women's resiliencies and their coping mechanisms during emergencies in the drought/conflict prone areas should be undertaken. . It would also be useful to examining the <i>khat</i> economy in these areas and its role during periods of crisis.</p>

FULL REPORT

1. INTRODUCTION

1.1. Objectives and Scope of the Real Time Evaluation (RTE)

A Real Time Evaluation (RTE) is a multi-agency exercise that provides a rapid and fresh perspective on emergency activities under implementation. It does not offer an in-depth or highly quantitative evaluation of the emergency response

The RTE was initiated by the UN to meet the needs of all stakeholders, including UN agencies - OCHA, UNICEF, FAO, WHO, UNIFEM and WFP - governments and non-governmental agencies, in the humanitarian response to the 2005-2006 drought emergencies in the Horn of Africa. Fieldwork for the evaluation was conducted in Ethiopia between August 31 and September 13, 2006.

The main purpose of the RTE is to enhance learning and support improvements in the implementation of humanitarian responses.

international community to better respond and mitigate the impact of the drought
Effectiveness of resource mobilization activities, including the newly established CERF

Specific objectives outlined in the TOR of the RTE include Reviewing and assessing the following:

- Status of the preparedness and effectiveness of early warning systems
- Effectiveness of resource mobilisation activities, including the newly established UN Central Emergency Relief Fund (CERF)
- Quality, effectiveness and efficiency of the coordination mechanisms, including the new Cluster approach
- Appropriateness of the response in term of timeliness, relevance, effectiveness, efficiency and targeting
- Identification of additional in-depth evaluation and research issues

The scope of the RTE is limited to the emergency response to the 2005-2006 drought in Ethiopia during the first half of 2006 (Jan-June). The evaluation focuses on the response undertaken in Borena Zone of Oromiya Region and Somali Region of Ethiopia.

The evaluation team, in consultation with the Evaluation Management Group, included a brief analysis and discussion of the response to the flash flood disaster that affected the population in Dire Dawa immediately before the start of the work in Ethiopia.

The TOR are presented in annex N°1.

1.2. Methods

The RTE team was composed of three international and two national consultants with broad experience in disaster management, food security, health and nutrition and gender issues. In order to optimize field time, the team split into two. One team focused on the drought emergency in Somali Region and the flood in Dire Dawa, while the other team focused on the drought emergency in Borena Zone of Oromiya Region.

The methods used for the evaluation included the following:

- A review of the large quantity of documents related to policies, strategies and operations concerning disaster management and response in Ethiopia with specific reference to the 2005-2006 drought and the 2006 floods.
- A series of interviews and group discussions with UN agencies, donors and NGOs, both at the Federal and local levels.
- Participation in several pre-planned coordination meetings in Addis Ababa
- Field visits to Gode (Adedele Woreda) and Jijiga in Somali Region, to Dire Dawa [Team 1] and to Yabelo and Moyale Woredas of Borena Zone of Oromiya [Team 2] including discussions with local officials, site visits and discussions with beneficiaries
- De-briefing with the Disaster Prevention and Preparedness Committee in Borena and at Federal level to DPPA, UNCT, and donor and NGO representatives.

1.3. Constraints and Limitations

The time allocated for the RTE was not sufficient to hold in-depth discussions with all agencies (government, UN, donor and NGOs) that were directly or indirectly involved in the humanitarian response or to obtain full insight into how the response impacted on the lives of the targeted population. It was further reduced because arrangements for air travel did not go as planned.² That is, the planned air travel was changed to road travel due to the weather conditions in Jijiga.

Field visits in the Somali region were relatively limited in the surroundings of Gode and Jijiga, due to lack of time and security/logistical difficulties. As much as feasible, information on field activities was collected through interviews with implementing agencies and has been treated as secondary information to be double checked.

It is important to recall what an RTE is, in order to manage the level of expectations:

<p>RTE is:</p> <ul style="list-style-type: none"> A snapshot of the way the response has developed A 'fresh look' by outsiders A mechanism to provide rapid and timely feedback A tool to identify issues with a focus on utilization A qualitative focus 	<p>RTE is not:</p> <ul style="list-style-type: none"> An in-depth process An impact evaluation A formal technical review A tool to produce detailed statistics A primary data collection exercise
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1.4. Structure of the Report

Section 2 provides background to the emergency situation. It describes the severity of the 2006 drought and flood emergency. Section 3 describes the response to the 2006 emergency. Section 4 explains the work of the early warning system highlighting certain strength and limitations. Section 5 and 6 analyze the processes of resource mobilisation and coordination, respectively. Section 7 makes a qualitative assessment of the appropriateness of the response in terms of the basic dimensions of timeliness, relevance, effectiveness and efficiency. In Section 8 recommendations with respect to the major themes in the report are provided.

² Two flights out of Jijiga, where the airstrip is unpaved, were cancelled due to rain. In Gode, the gender specialist was not able to fly out for two days due to the absence of a woman officer able to do the security checks of women passengers. This resulted in missed appointments in the field and in Addis Ababa.

2. BACKGROUND

2.1. An Overview of Drought Emergencies in Ethiopia

Ethiopia has a federal structure comprised of nine regional states: Tigray, Afar, Amhara, Oromiya, Somali, Harari, SNNPR³, Gambela and Benshangul, defined broadly along ethnic and linguistic criteria. The most recent estimates put Ethiopia's population at 79 million, making it the second most populous country in Africa⁴. Ethiopia's impressive agro-ecological and human diversity makes it an extraordinary complex environment for planning; there is no blue print for either relief or development. Poverty, climate, political and ethnic confrontations make Ethiopia a place where vulnerability to food insecurity is high and emergencies recurrent. It has been affected regularly by major drought related disasters during the previous 35 years: in 1973-74, 1984-85, 1999-2000, 2001-2002, and 2005-2006.⁵ Ethiopia has made considerable efforts to build its capacity to prepare for and respond to drought related disasters. Drawing on the lessons of drought and famine experienced during the 1970s and 80s, the Government of Ethiopia designed the National Policy on Disaster Prevention and Management (NPDPM) in 1993. This was followed by the Directives for Disaster Prevention and Management, which articulate implementation modalities and the institutional set up. Furthermore, manuals and guidelines on Early Warning (EW), food aid, nutritional assessment and its role in EW systems and gender mainstreaming have been developed and disseminated. The annual appeal is the principal mechanism of mobilising resources during an emergency in Ethiopia and the recurrent nature of emergencies is such that the country has been issuing appeals every year for the past 27 years. Although saving lives is an immediate need, the recurrent emergency situation has halted development efforts and the country has been unable to break out of the poverty cycle.

An estimated 6 to 10 million people in Ethiopia are now considered chronically food insecure, and require some type of resource transfer to meet their minimal food requirements every year. In recent years, an additional 2 to 7 million people have been determined to be transiently food insecure - requiring food assistance in the short-term - because of shocks which have temporarily affected their livelihoods. Recurrent drought, disruptions due to civil and border wars, floods, soil exhaustion, erosion and over use of available resources by growing human and animal populations are among the main causes of food insecurity. Yet, over the years, although drought has become more frequent, there has been a significant reduction in loss of human lives. This is partly due to these policies and mechanisms as well as improved timeliness of the humanitarian response.

The year 2005 marked the start of the Productive Safety Net Programme (PSNP) – a programme representing a change of focus from emergency assistance to long-term development. For the first time in Ethiopia, the needs of chronically food insecure households are being addressed through multi-annual resource transfers of cash or food.⁶ As a result, a significant proportion of the population provided with humanitarian assistance before 2005 are now supported through PSNP, greatly reducing the population targeted for short-term humanitarian assistance. Box 1 explains the key features. During 2005 the PSNP assisted 4.8million beneficiaries, while relief food interventions assisted 3.8 million, compared to 7.8m in 2004. In 2006 beneficiaries scheduled for PSNP assistance have gone up to 7.2m. This will increase to 8.3m when Somali region shifts from relief to PSNP.⁷ 2.6m people are on the relief food list. Therefore, the total population depending on food/cash transfers would be between 9.8 million and 10.9 million. Figure 1 shows PSNP beneficiaries by region.

3 Southern Nations Nationalities and Peoples' Region.

4 UNPFA cited in The Ethiopian Herald, September 09, 2006.

5 As a matter of fact, drought in Ethiopia has been documented as far back as 250 BC.

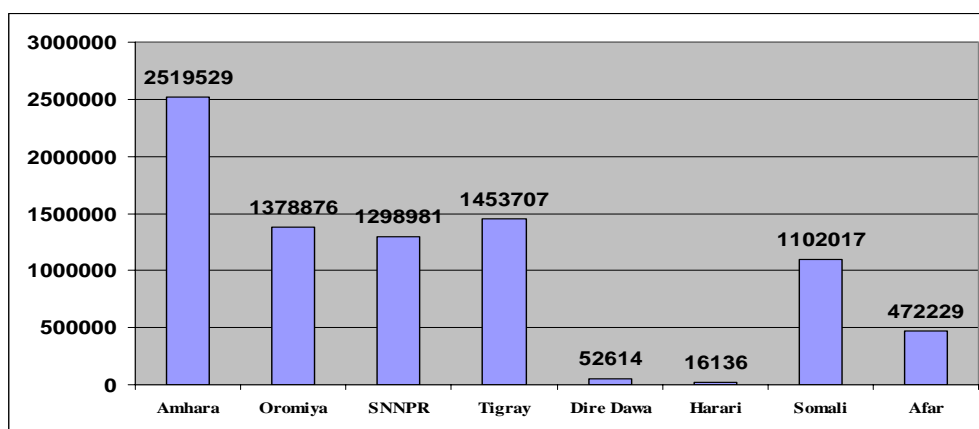
6 The PSNP has two modalities: (i) the able bodied persons participate in public works (ii) the non-able bodied such as children; elderly, pregnant and lactating women get direct support. Targeting guidelines have been developed to ensure the resource transfers accordingly. However, targeting remains a challenge (see Kay Sharp, Taylor Brown and Amdissa Teshome, 2006). [NEED FULL REF.]

7 Full numbers are shown in Figure 1 for Somali Region . In fact, the programme had not phased in by the time of the drought in 2005-2006. It was in very early stages in Borena Zone of Oromiya.

Box 1: Key Features of the PSNP

The PSNP draws a conceptual distinction between two groups of food insecure Ethiopians, the 'unpredictably food insecure' – those who face transitory food deficits because of erratic weather or other livelihood shocks and the predictably food insecure. The former continue to receive food aid and other humanitarian assistance, while those who face chronic food deficits because of poverty rather than food shocks should receive cash or food transfers, for work or freely, on a regular, predictable basis for a fixed period of five years. Together with complementary interventions such as livelihoods packages, this should enable these households to escape from their chronic food insecurity over time, after which they will no longer receive any social assistance except during emergencies. The specific objectives of the cash and food transfers provided through the PSNP include: smoothing household consumption; protecting household assets, creating community assets. Two basic principles of the PSNP are predictability – implying regular resource flows and avoiding dependence – requiring labour inputs wherever feasible. [See IDS and Indak International, 2006]

Figure 1: Number of PSNP Beneficiaries



Source: Programme Implementation Manual, 2006

It is widely recognized that PSNP alone cannot bring about 'graduation' from food insecurity (MoARD, 2006). It has to be linked to other government and non-government food security programmes. A recent study (see Slater, et al, 2006) indicated that there are measures taken to ensure that such linkages happened but they are not without challenges.

One of the real challenges for Ethiopia is developing a better understanding of the agro-pastoral and pastoral systems and designing appropriate responses to these communities. Despite the considerable resilience of these systems, they have been weakened by a sequence of poor rainy seasons, reduced trading opportunities and constraints on mobility, key factors in sustaining pastoral systems in arid lands.

In view of the important proportion of the national budget invested in the national defence and the slow efforts in making the process of resource allocations transparent, there are debates in the donor community about the reality of the requirements of international support to the disaster alleviation efforts.

2.2. Description of the 2005-2006 Disaster Situation

At the time of the RTE, two additional emergencies gave rise to Appeals. Floods in August 2006 affected Dire Dawa City Council, Somalia (Wabeshebele reverine), Gambella SNNPR (North Omo), Oromiya (South West Shewa), Amhara and Tigray (Humera). The team visited Dire Dawa area to have a snapshot of the extent of the disaster and the response. The second emergency, a series of outbreaks of Acute Watery Diarrhea (AWD)⁸ in September 2006, is not reviewed here.

2.2.1. 2005-2006 Drought and food security

The failed 2005 secondary deyr season rains (October to December) led to a food and livelihood crisis for pastoralist populations in south-eastern Somalia. The situation was worst in districts that had experienced poor rains in the preceding main gu rainy season, including Afder, Liban and parts of Gode Zones in Somali Region. In Borena Zone of Oromiya Region, delays in the onset of the hagaya [short] rains and erratic and inadequate rainfall also led to critical shortage of pasture and water. The total number of people affected by this disaster is about 2.6 million nationally of which pastoral community (Borana and Somali) accounted for 67%. The Borana affected population was 155,000 and the Somali affected population was about 1.6 million (Joint Appeal Document, 23rd Jan, 2006).

Livestock is the principal source of livelihood in both Borana zone and Somali Region and also the most vulnerable in time of disaster. The Joint Humanitarian Appeal (2006) indicated that livestock production and their physical condition, along with market demand were weak. Two major threats were anticipated in 2006: 1) poor livestock conditions and disease due to shortage of water and animal feed; and 2) critical shortage of crop and forage seed. About 54 million livestock mainly in the lowland and pastoral and agro-pastoral areas required emergency and recovery interventions. In order to accomplish the crop and livestock sub-sector emergency activities and cover the costs of interventions, a total of US\$18.6 million were required in 2006. Further, the impact of the failure of short rains on Somali and Oromiya agro-pastoralists and pastoralists has been further exacerbated by the influx of livestock from the drought stricken areas of north-eastern Kenya and south-western Somalia.

The pastoralist and agro-pastoralist communities in Ethiopia are vulnerable to persistent drought and conflicts resulting in depletion of natural resources and assets. These communities face extreme insecurity in-terms of water, food and access to health care. Recognizing the communities as the primary stakeholders in any disaster situation, the government of Ethiopia (TGE, 1993) issued a policy that states “the community shall play the leading role in the planning, programming, implementation and evaluation of all relief projects, and Line Department role in this regard would be subservient to this”.

The Joint Humanitarian Appeal (2006) also identifies the most vulnerable groups exist among pastoralists, agro-pastoralists, and sedentary agriculturists. It emphasizes that specific attention needs to be given to women, children under-five, youth, and adolescents, and internally displaced persons (IDPs). It recommends that interventions should be designed to address both food and non-food needs of these populations so as to support longer term development objectives of affected communities to the greatest extent possible.

The UNICEF proposal (March 2006) also noted that women and children were already bearing the brunt of the growing emergency. It estimated that more than 56,000 children aged under five were vulnerable to moderate and sever malnutrition. The RTE also learned that when the drought was worsening, the stress forced the family to split. Men and older boys moved to other places with their livestock in search of pasture and water. The women, children, elderly, and the sick were left behind under the responsibilities of the women and older girls.

⁸ AWD does not enter into WHO or internationally accepted disease typology. It is a concept promoted by the Ministry of Health to prevent any negative impact that would accompany the call for alert for other potentially feared diseases.

2.2.2. *The Drought and health, nutrition and water needs*

Drought is very much linked to health. The lack of food and use of unclean water increase susceptibility among children to infectious diseases, particularly diarrhea and measles. During the 2000 drought measles had been implicated in at least 20% of deaths of under fives. Immunization rates were low in the affected areas, and in the case of both Somali Region and Borena Zone, access to health services was severely limited by lack of staff, drugs and functioning facilities. Over one third of facilities in Borena Zone were closed while all health posts in two of the most affected Zones in Somali Region, Liben and Afder, were closed. Malaria, known to be more acute in children weakened by malnutrition, was becoming epidemic in many parts of Ethiopia. While no major epidemics were experienced during the drought, there was ongoing concern about rates of childhood illnesses such as diarrhea and respiratory tract infections (RTIs) as well as measles and malaria.

It was also estimated that more than 737,000 people in the study area were in urgent need of water. Of this, 637,000 people were in southern zones of Somali Region and 100,000 people were in the Oromiya low lands (UNICEF CERF Proposal, March 2006).

The nutritional surveys conducted in January and February of 2006 showed that alarming levels of acute malnutrition in affected parts of Somali Region with GAM averaging around 20% (23.5% in Denan in Gode) and SAM as high as 3.1% (Denan). Elevated levels of under five and crude mortality rates (CMR) were also present. (UNICEF CERF Proposal, 9 March 2006.) Almost 50,000 children were estimated to be at risk of GAM, with over 12,000 at risk of severe malnutrition in Somali Region.

2.2.3. *The Flood*

Ethiopia experiences two types of floods: flash floods and river floods.⁹ Flash flood is the one formed from excess rains falling on upstream watersheds and gush downstream with massive concentration, speed and force. Often, they are sudden and appear unnoticed. Therefore, such flood often results in a considerable toll; and the damage becomes especially pronounced and devastating when they pass across or along human settlements and infrastructure concentration. The 2006 disaster that Dire Dawa City experienced is typical of flash flood. The flash flood in Dire Dawa caused human death, displacement and suffering as well as loss of property. The Flash Appeal (GOE, 2006) estimated that the flood affected over 9000 people of which 256 dead, 244 reported missing (OCHA, August 2006) and over 6000 people temporarily sheltered in six sites, including schools and other compounds. However, the data are not disaggregated data by sex and age which means the team unable to determine the most affected social groups.

2.2.4. *The situation of women during the 2005-2006 drought*

Women and children are affected by disaster differently from men, and the impacts are often much more severe. Economically, women have less access to and control of productive assets, particularly in male-dominated pastoralist societies like Somali and Borana. Culturally, they are assigned the role of ensuring that household food needs are met even in time of food shortages, which creates considerable strain. Environmental degradation reduces availability of water, fuel, and pasture, all necessary to food production and preparation. With the depletion of these resources women resort to coping mechanisms such as collecting bush products- fuel wood, gums and incense – to sell to buy basic food items to feed the family members. They had to travel long distances to fetch water for human consumption and for watering small ruminants that were left behind. These additional responsibilities and workload place physical and psychological stress on women, affecting their health status. In recognition of this, the government has identified gender and child protection as a major concern during emergencies.

⁹ The river flood disaster in Ethiopia is attributed to rivers that overflow or burst their banks and inundate downstream plain lands. (*Flash Appeal, Government of Ethiopia, 2006*)

3. DESCRIPTION OF THE EMERGENCY RESPONSE

3.1. The time line of the response

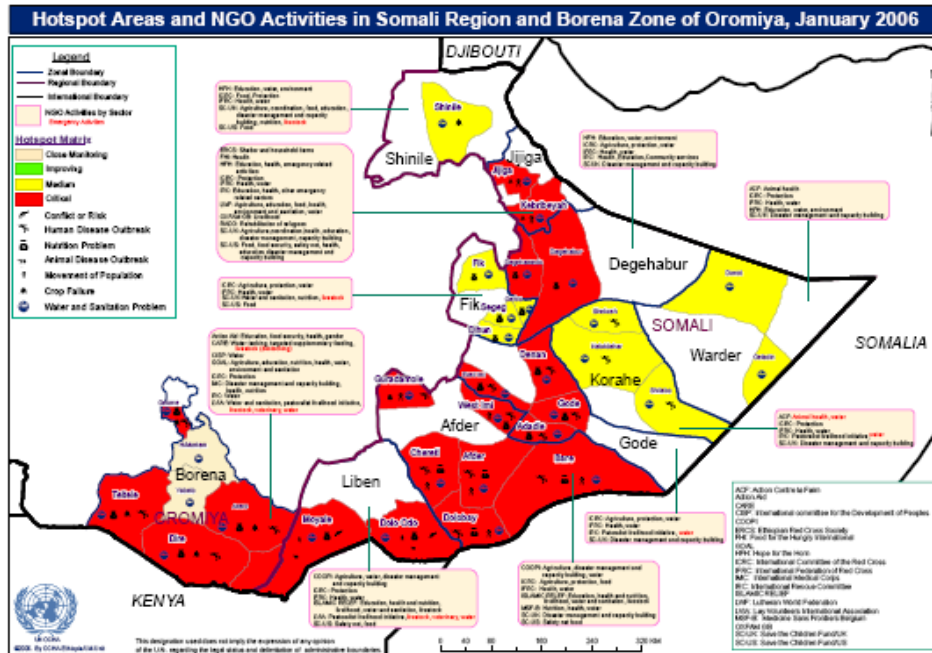
The following time line has been prepared for easy reference

Chronogram of the response to the crises in 2005-2006

MONTHS	ACTIVITIES
November	Initial warnings that the Deyr season was not good at all and that there might some problems ahead DPPA Crop and Need Assessment carried out indicating that 1,5 M people will be in need of food aid and 0,6 in a situation of acute water shortage The consultation process seems to start, but slowly The Regional president organised a meeting and sat up a Task Force Agencies start to ring bells
December	UNICEF embark in the preparation of the Regional Multisectoral Response Plan First Emergency Meeting at the Regional Presidency First nutrition interventions UNICEF starts to prepare its own internal plan (mainly with national staff) ICRC raises its level of alertness and launch a first series of assessment First Emergency meeting at ICRC Some NGO launch initial emergency livestock intervention
January	Regional Somali Government sets up high level meeting and decided to mobilise 20 water trucks The National Appeal is launched, high-lightening the looming situation. Report well received Mid January, the first water trucking operation are launched UNICEF decides to support 10 tanking trucks through BPPB UNICEF organises visits for medias in order to raise the awareness about the situation Food aid distribution started, but suffered many difficulties (logistics, security, etc.) By late January, the news on the developing situation are well known both within and outside Ethiopia ICRC continues assessments and goes for a budget extension Water activities start with borehole rehabilitation (supply of spare parts for engine and pump repair) First nutritional supplies are dispatch to TFC existing in health institutions
February	Upon request of donors, nutritional screening starts in the most affected woredas, in order to identify the most affected areas The UNICEF supported Nutrition Unit of BPPA proposes to coordinate the nutritional surveys On 23 rd , UNICEF staff start the work to set up the UNICEF base in Gode Late February, the IOS screening process started to screen children in 20 woredas Measles vaccination is attached to the process altogether the first round permits the vaccination of 83 % of the target population NGO started destocking activities either through traders and
March	1st results on nutritional status are known (GAM from 18,6 to 23, 5 % and SAM from 1,3 to 3,9 %) UNICEF decides to support field teams for health and nutrition Installation of 4 water purification plants for urban settlements mainly through NGO Water trucking activities are on the increase with NGO on board TFC are set up in major health facilities and receive supplies from UNICEF Measles vaccination campaign continue. Slight showers in Oromiya region contributed to improve the water and grazing situation.
April	1 st April, the first group of Mobile Health Unit is operational Bed net distributions is launched, implemented by the Mobile Health Units Measles campaign continues for a second round The Gu rains start in Somali Region
May	Food distribution continues Water trucking is discontinued First series of floods along the Shabelle river
June	Post measles monitoring campaign is implemented: concluded for the need of a 3 rd round of vaccination Discussions start on the concept of the RTE
July	Continuation of the relief programmes in the field
August	Dramatic flood in Dire Dawa, triggering a generous reaction from the Ethiopian and aid community
September	RTE carry out its mission as planned in ali Region and in Southern woredas of Oromiya

3.2. Drought Emergency Responses

The Ethiopian Government together with the UN agencies and humanitarian partners launched a Joint Humanitarian Appeal (JHA) requesting 339,090 tonnes of food of which Borana Zone and Somali Region were allocated 19, 948 and 201, 034 tonnes, respectively. According to the 2006 Mid-term review of the Humanitarian Appeal Report (July 2006), the Human Resource Fund (HRF) for Ethiopia has disbursed \$6.6 million for lifesaving interventions in the drought affected regions of Oromiya and Somali. In addition, \$4.0 million was received from the UN's Central Emergency Response Fund (CERF). The World Food Programme (WFP) has also despatched 144, 000 MT of food – about 70% of which arrived on time. Infrastructural and security problems contributed to delays of the remaining delivery. WFP employed more staff than normal to monitor the food distribution.



With respect to livestock intervention, in Borana zone, up to 2 million animals were vaccinated using FAO funds that was diverted from the Afar Region. Approximately 75,000 head of livestock were also destocked¹⁰ supported by Pastoralist Livelihood Initiative (PLI) which is funded by USAID's emergency contingency fund. Save the Children US believed that the commercial de-stocking initiative practically demonstrated the value of improved market access to pastoralists and has resulted in a policy change with livestock traders now able to access commercial loans from the bank which was not the case previously. For the emergency under evaluation, it was clear that the contingency fund contributed to timely response. CARE-Ethiopia, which recognized needs in October 2005, distributed 20,000 bales of hay straw for 5000 livestock in Borana Zone and also engaged in destocking of animals. Both interventions were well before the appeal. LVIA¹¹ implemented feeding programme for the most vulnerable livestock in Moyale, Borana Zone. With over 15 years of presence in Moyale, the NGO was strategically placed to respond to the emergency on time.

Field interviews and discussions revealed that the pastoral communities have a tradition of sharing the available resources during distress and crisis situations to sustain the most vulnerable groups of the communities. It is considered as a societal obligation to accommodate the displaced individuals. When the drought situation has got worsen at the end of 2005, the better off relatives shared some of their resources to sustain the internally displaced persons until they got an emergency response through humanitarian action.

10 The intentional removal of animals from communities in times of drought and other calamities before animals become worthless and die.

11 Lay Volunteers International Association.

3.3. Health, Nutrition, Water and Sanitation Related Responses

Health & nutrition - UNICEF Ethiopia established 16 Mobile Health Teams in Somali Region and seven in Borena, intended to reach 1.3 persons in pastoral and agro-pastoral communities. These teams are equipped with emergency health kits and they both provided community health care services and carried out nutritional screening among under fives, using MUAC. Severe malnutrition was treated, using PlumpyNut, on an out-patient basis. These teams were trained and equipped by UNICEF and managed by the Regional Health Bureaux (RHB). UNICEF and NGO partners mobilized a mass measles immunization campaign targeting more than 1.5 million children in Somali Region and Borena. The Enhanced Outreach Strategy, providing a package of child survival interventions, including immunization or measles, Vit A supplementation, de-worming and nutritional screening, was already in place. It was expanded, and additional rounds carried out in as yet unreached parts of both drought areas. A total of 314,000 children under five were reached in early February and pregnant and lactating women were also screened and referred for supplementary feeding. EOS teams worked with local authorities to ensure that appropriate supplementary enriched foods were available wherever feasible.

Stockpiling of Long Lasting Insecticide Treated Nets (LLINs) made it possible for UNICEF to distribute almost 300,000 in both affected areas.

Water and Environmental Sanitation - The MoWR provided 4 submersible pumps, 4 generators, 30 hand pumps, and 10 water bladders with a capacity of 5000 litres.

UNICEF, as one of the leading agencies, has responded with a range of interventions. A total of 78 motorised or hand-pumped boreholes benefiting more than 200,000 people in both Somali Region and Borana zone were rehabilitated. In response to long term needs, 27 new deep and shallow wells were constructed. Water tankering (trucking) was provided for 96,000 of the worst-affected people - 76,000 of them in Somali region and 20,000 in Oromiya, and water purification units were provided to four woredas, serving 50,000. 148 water bladders – often needed for tankering and any purification – were distributed , with 1.2 million purification sachets. CARE provided water tankering for 14, 000 people in Dire and Moyale Woredas of Borana Zone. LVIA maintained 10 water schemes. ERCS and Spanish Red Cross provided 6000 jerry cans; 20 bladders and two trucks for water tankering (with a capacity of 14,000 litres and another 7,000 litres). Plans were underway at the time of the RTE for rehabilitation of large catchments by ERCS with technical assistance from the Spanish Red Cross.

Sanitation and hygiene education was provided; latrines in schools and health institutions were constructed. These benefited more than 800,000 people, and more than 200 community leaders in Borena Zone were trained in safe disposal of animal carcasses and other sanitation measures. This prevented water contamination.

3.4. Flood Emergency Responses

Emergency food and non-food supplies as well as health care and potable water supply services were provided for the flood affected population in Dire Dawa. Much of the food and non-food items were drawn from the existing stocks donated through WFP and UNICEF. The displaced people in Dire Dawa city were initially sheltered in schools, community halls while others were hosted by their extended families. However, by August 2006 over 290 tents had been erected that accommodate about 500 households (OCHA, August 2006). Up to August 2006, a total of Birr 9,567,757 (\$1.11 million) had been contributed in cash. The in-kind contribution received by the DPPA was estimated to be worth Birr 378,280 (\$44,000).

3.5. Gender Aspects of Emergency Response

As noted earlier, the JHA (2006) clearly provides for the need to undertake gender analysis during need assessment and ensuring that response is implemented accordingly. However, the response descriptions given above show that only the practical gender needs have been addressed and there were no efforts made to address the gender strategic needs. More importantly, the appeal document failed to earmark a budget line for addressing strategic gender issues. All the emergency proposals reviewed by the RTE team also did not earmark a budget line to address the strategic gender issue.

4. EARLY WARNING & PREPAREDNESS

The Early Warning Department (EWD) within the Disaster Prevention & Preparedness Agency (DPPA) is responsible for early warning activities. In accordance with the Government of Ethiopia's food security policy, the DPPA responds to the acute needs of the unpredictable food insecure whilst the Food Security Coordination Bureau (FSCB) within the Ministry of Agriculture & Rural Development (MoARD) focuses on improving long-term food and livelihood security for the chronically food insecure through safety net interventions and other food security programmes.

4.1. The Early Warning System: Drought

The Ethiopian Early Warning System (EEWS) was established following the 1973/74 famine. Over the years, the system has improved its capacity to predict slow onset emergencies; it proved particularly effective in 2001-02 when 14 million people were affected by drought. However, concern has been expressed that the system is biased towards drought and food aid and its capacity is limited in other important functions such as monitoring non-drought hazards, mitigation, and disaster prevention, as well as facilitating recovery from a given crisis¹².

The EEWS receives support from the Early Warning Working Group (EWWG) which comprises members from other line ministries, UN agencies and NGOs who contribute to the early warning monitoring capacity in country. There are four various mechanisms for collecting early warning information needed to predict and warn disasters:

- Regular monitoring of key standard indicators from disaster prone woredas
- Pre and post-harvest assessments (used mainly in crop dependent areas)
- Disaster area assessment (for assessing the impact of rapid onset disasters such as flooding) and
- Pastoral area assessment (used in pastoral areas)

Of these instruments, regular (monthly) monitoring is the most important because it collects primary data on food production, price and market situation, human and animal health, and onset, distribution of rain, etc. at woreda level in collaboration with other technical bureaus. According to the DPPA, this information is often communicated erratically and may be perceived at federal level to be unreliable, since local level officials have a tendency to exaggerate or underestimate needs. In the past, the tendency has been to overestimate needs with a view to bringing relief resources to the area. However, more recently the tendency is to underestimate emergency needs. In areas where the PSNP covers the majority of the population, emergency needs are minimized. This lack of confidence in grassroots level data collection results in multiple seasonal assessment exercises for verification.

Since 1998, DPPA has instituted joint assessments with relevant line ministries and the humanitarian agencies (UN, donors and NGOs) in order to reduce duplication of efforts and contradiction. The assessments are still using a mixture of ad hoc methods, with results that are ultimately based on negotiations among assessment teams, government and international agencies, rather than reliable evidence¹³. The RTE also noted that the DPPA and MoARD still conduct independent Belg assessments to estimate food needs.

DPPA, aware of the limitations of the traditional early warning data collection focused on agriculture outputs with little attention to the broad set of factors that impact on the most vulnerable in agro-pastoral and pastoralist communities, in collaboration with SC-UK, developed baseline livelihood profiles for Somali Region. DPPA is currently establishing a Livelihoods Integration Unit within the Early Warning Department (EWD). Therefore, the early warning system observed during the RTE is in transition as well.

¹² Assessments & Appeals : Strengthening Non-food Emergency Responses in Ethiopia ; Sue Lautze, Yacob Akilu ; Erin Bond (September 2005)

¹³ A Review for the World Food Programme of Emergency Food Security Assessment Practice in Ethiopia (ODI July 2005) Nicholas Haan & Nisar Majid makes this point.

Complementary to the DPPA EWS are NGOs that have early warning mechanisms that include field monitoring as part of their regular programme operations. CARE's system was proactive in raising the alert in Borana zone (Oromiya Region) in late 2005, triggering resource allocation from CARE's own internal emergency funding. Combined with LVIA/SC-US reports, this information influenced the US-funded Pastoral Livelihood Initiative (PLI) to allocate resources in response to the emergency by January 2006. The Ethiopian Red Cross also conducted specific assessments in Borana Zone in early 2006 and on the basis of the findings acted immediately by mobilising resources via the movement appeal process. The RTE has identified that the government -DPPA and other humanitarian actors did not taken into account the gender issues in the early warning data collection and assessments although DPPA has issued a gender mainstreaming guideline and check lists (2004) to facilitate this

4.2. The Role of Health and Nutritional Data in Early Warning

The Ethiopian Early Warning System does not have an explicit health component, but nutrition surveys usually ask caretakers about recent childhood illnesses, and the rapid nutritional assessment guidance provided by ENCU includes a module for health care providers. A major concern in 2006 was the spread of measles, given the epidemic spread of the disease during the 2000 drought and low levels of immunization. Polio, which has reappeared in the Horn¹⁴ and malaria, which is present in most parts of the drought-affected area and has a complex epidemiology in Ethiopia were also monitored. The recent outbreaks of AWD – not drought related- were monitored and reported through routine disease surveillance systems.

According to the Early Warning Nutrition Guideline (EWD 2002¹⁵), nutritional assessment based on systematic collection of nutritional data does not form a required part of the national early warning system. The EWD department sees nutritional data as a late indicator of emergencies, important for planning and targeting responses. Several factors, including the cost and skills required to implement surveys, the significance of other related factors such as access to health services, and the 'lateness' of nutritional deterioration as an indicator of food insecurity, have influenced the decision to rely on other early indicators.¹⁶

The Emergency Nutrition Coordination Unit (ENCU) was established within the DPPA in 2000 to ensure the quality of nutritional surveys and to exercise oversight over reporting and use of nutritional data¹⁷. It provides detailed guidance on assessment in emergencies, emphasizing the complementary use of nutritional trend and historical data, as well as current agro-climatic information, critical for early warning activities.¹⁸ This has recently been supplemented by a manual on rapid nutrition assessments, advocating the use of Mid-Upper Arm Circumference (MUAC) as a rapid screening measure in severely affected populations,¹⁹ and also stressing the importance of other food security indicators, measured through standard qualitative methods such as focus groups, transect walks and key informant interviews.²⁰ MUAC is used by health workers in the Expanded Outreach Strategy (EOS) for child health promoted by the MOH and UNICEF. Many NGOs carry out nutritional anthropometry in collaboration with DPPA/DPPB and UNICEF, to ensure appropriate targeting and design of nutritional interventions and to use nutritional data in advocacy for resources among donors – functions recognized in the national EWS. In the first half of 2006, seven anthropometric surveys were carried out in Somali Region and 4 in Borena Zone of Oromiya, the earliest initiated in mid-January.

14 This disease has reappeared in Ethiopia after several years of apparent eradication.

15 Updated by the Emergency Nutrition Coordination Unit in 2004.

16 See, Ethiopian Early Warning System: Guideline on Emergency Nutrition Assessment, Early Warning Department, DPPC, Addis Ababa, Ethiopia, Dec. 2002, pp. 29-30 for a detailed discussion.

17 This followed the publication of analyses of surveys undertaken during the 2000 drought, showing methodological flaws in many of these assessments. See Paul B. Spiegel, Peter Salama, Susan Maloney, Albertien van der Veen, "Quality of Nutrition Assessment Surveys Conducted During Famine in Ethiopia", *JAMA*. 2004;292:613-618.

18 Ethiopian Early Warning System: Guideline on Emergency Nutrition Assessment. See Fig. 2.1, p. 28.

19 While very low MUAC (below 110mm) correlates highly with elevated risk of mortality, MUAC does not correlate closely with the standard measurement of weight for height, especially among pastoralist populations.

20 Guiding Principles for Rapid Nutritional Assessments, ENCU/DPPA, 31 March 2006.

Other nutritional data were available via the screening carried out during the ongoing Expanded Outreach Strategy (EOS) of UNICEF. This programme, which includes nutritional screening of all children < 5 in target woredas, completed one round in some parts of Somali Region and in most parts of Borena Zone over several months in 2005, and in February of 2006. While 2005 data present WfH measurements, there is a shift to use of MUAC, in conformity with national policy.²¹ These data, which identify individual malnourished children, were used for targeted supplementary feeding where feasible.

4.3. Flood Early Warning

The Early Warning Systems for floods or other types of rapid onset emergencies are non-existent or in early stages. Basic hydrological stations are installed on some of the rivers; a gauge was installed on the Wabi Shebelle River a week before the RTE team visited the site, but the capacity for monitoring and transmission of flood-related data is limited. Information collected by the meteorological stations is transmitted directly to the Central Meteorological Agency, with no lateral channels to the DPPA. It is processed before transmission to third parties, including the DPPA, limiting DPPA's preparedness and ability to respond rapidly to a fast-onset disaster such as a flood.

In addition, there is no system to alert the community on the imminent danger posed by flash flood. In the absence of flood warning systems, in the areas at risk, the population has to resort to its own knowledge of the risks, or to be taken by surprise and suffer losses.

4.4. Community Based Early Warning

The existing early warning system assesses weather conditions, agricultural activities and crop production, water and pasture as well as livestock and market conditions. Human and animal health are also included. It uses rapid assessment techniques to gather basic data within a short period of time. It was reported that key informants in the community were often consulted without, however, involving them in the whole process; the current EW data collection and analysis methods limit genuine participation of all categories of affected communities.

As described above, in recognition of this limitation, SCUK, DPPA and Somali Region DPPB have put in place a Household Economy Approach (HEA) in addition to the traditional methods. This approach has increased community participation by using participatory rural appraisal (PRA) techniques—semi-structured interview, wealth ranking, seasonal calendar, and focus group discussions.

During the 2005-2006 drought in Somali Region women were encouraged to give information on their respective household income and expenditure in order to get reliable data on the pastoralist and agro-pastoralist livelihoods during good and bad years. It has been shown that women often have a better knowledge than men about the household income, use and expenditure patterns. The baseline report on the data collection (SCUK 2006) shows that key vulnerability factors, risk-minimizing strategies and coping mechanisms during an emergency situation have been identified by communities.

In 2004, DPPC issued a gender mainstreaming guideline and checklists for disaster prevention and preparedness and distributed these to all regional DPPBs for implementation. However, the HEA baseline studies have failed to incorporate gender issues, focusing on wealth ranking without identifying the economic status of women within wealth groups.

Furthermore, the data were not disaggregated by sex of household head, analysis which would have helped to identify the most needy social groups for targeting the available resources, and also to establish measurable indicators for monitoring and evaluating the changes brought about due to emergency interventions.

4.5. Disaster Preparedness measures

In addition to the EWS, the main components of disaster preparedness in Ethiopia are the (i) National Disaster Prevention & Preparedness Fund (NDPPF); (ii) Emergency Food Security Reserve (EFSR) and (iv) emergency transport/logistics unit. This section discusses the first two components, which represent important contributions to the national preparedness capacity.

The NDPPF, established in 2000, maintains a readily available cash reserve for loan to humanitarian actors. It has been accessed only twice since it was established in 2000, raising questions of its relevance and utility.

The EFSR is a revolving grain fund with a maximum stock of 407,000 tons. Several national and international agencies including DPPC, WFP, EGTE, donors and NGOs borrow grain from it on six month contracts. The EFSR was instrumental in ensuring that the food aid could be mobilised in support of the 2006 drought response. The EFSR also has the mandate to hold non-food relief items as part of the Non-food Contingency Stock (NFCS) available for immediate use in times of fast onset disasters such as the Dire Dawa flood.

The PSNP, described above, ‘backs up’ emergency preparedness by mitigating the impact of chronic food insecurity by supporting some of the most disaster-prone populations, primarily in agricultural areas. As explained in the background section, the PSNP is funded from other sources than the Humanitarian Appeal and has a contingency provision of 20% built in for emergencies when the situation demands²².

Overall, emergency preparedness in Ethiopia still has a strong orientation towards slow onset emergencies and food aid and depends to a large extent on the capacity of the DPPA and the FSCB. The existing disaster management system is not structured to assess or address the full range of hazards, including floods. Disaster preparedness is very much focused at federal level and still inadequate at regional or zonal level. Disaster preparedness is not mainstreamed by Government in other line ministries and internationally supported development assistance programmes. Risk education and awareness, as well as promotion of appropriate community behaviours in times of disaster are also underdeveloped. Risk education and awareness, as well as promotion of appropriate community behaviours in times of disaster are also underdeveloped. In addition to Government, the Ethiopian Red Cross, mandated to carry out ‘first response’, has some underdeveloped capacities but good potential that needs support.

Ethiopia has been responding to disasters for several years, with major improvements in the quality and speed of response. However, there is no contingency plan that could be triggered as and when an emergency arises, a major limitation in a country with frequent predictable disasters.

There is an urgent need for donors to respond more positively to capacity strengthening of the DPPA and relevant line ministries at all levels to ensure more effective early warning, disaster preparedness and contingency planning. In the Humanitarian Appeal of 2005 this remained one of the most undersubscribed components of the budget at 25% funded.

²² Applicable where beneficiaries to the PSNP encounter external shocks that increase their food gaps above normal, or if the price of cereal were to augment considerably, eroding the value of cash transfers

5. RESOURCE MOBILISATION PROCESS

Resource mobilisation is a critical feature of any humanitarian crisis. In the context of Ethiopia, it may be looked at from two broad perspectives: domestic and the international community. This section shades some light on the efforts made by the various agencies.

5.1. Domestic Resource Mobilisation

5.1.1. *Ethiopian Government*

The Government of Ethiopia mobilizes resources via a process of assessment and national appeal. The appeal process has been in place for over 25 years and since 1998 the government has led joint assessments with donors, UN agencies and other humanitarian actors. The appeal is the official document that forms the basis for resource mobilization both internally and within the international community. The UN system utilizes the Government Appeal, following the same structure and procedures.²³

During 2006 the government has issued three appeals: (i) the Joint Humanitarian Appeal (ii) the Flash Flood Appeal and (iii) the Acute Watery Diarrhoea Appeal.²⁴ Only the JHA is discussed below.

In response to the 2005-06 drought the Ethiopian Government, United Nations and humanitarian partners appealed for US\$166 million in emergency assistance via the JHA. Because of a significant carry over of food pledges and stock from 2005 (amounting to 240,000 metric tons) and the implementation of the PSNP, the majority of funds (72% or \$111 million) were requested for lifesaving non-food interventions in health and nutrition, water and sanitation, and agriculture. By July non-food interventions were funded at 33% while food aid needs had been met at 70%. It was clear, however, that food aid requirements would be higher than originally estimated, due to displacement, climate and the retention of the full number of beneficiaries, 2.6 million, through the end of the year.²⁵ This was confirmed following the second post harvest assessment. The disparity between food aid and non-food funding, while almost a given in relief situations, has affected all aspects of the response. Not only

The Emergency Food Reserve makes grain readily available in times of emergency, serving as a 'grain bank' from which agencies able to replenish the reserve can take loans to cover unexpected delays in the arrival of food. These are issued via a tri-partite agreement, signed among the NGO, a donor/guarantor and DPPA.

Whilst the scale of the emergency appeal has reduced in the last two years due to other longer term mechanisms addressing chronic food insecurity, there are a number of weaknesses related to the annual appeal process:

- It depends on a process of assessments which is described as repetitive and subjective, consuming resources and time
- It adopts a 'shopping list' approach to donors in which Government's own strategies for addressing vulnerability are not fully articulated²⁶
- There is a tendency for organizations and agencies to depend on the annual appeal for institutional funding only partially related to the emergency
- The appeal process allows donors to 'pick and choose', opening the way to under-funding of sectors which may be considered critical if they do not meet donor priorities

Consequently, some donors have argued for the establishment of an emergency contingency fund under direct budgetary support which would be allow for forward planning and more accurate assessment of needs.

²³ Funding is tracked and reported on by the DPPA and OCHA via the Financial Tracking Service. This information is available at: www.dppc.gov.et and www.reliefweb.int/fts.

²⁴ Respectively, 2006 Humanitarian Appeal, Jan. 23, 2006; Flash Appeal for the 2006 Flood Disaster in Ethiopia, August 2006; (with sectoral update); Flash Appeal on Epidemic Preparedness and Response to Acute Watery Diarrhea in Ethiopia, MOH, Sept. 2006.

²⁵ This number was originally envisaged to be reduced by 1.1 million.

²⁶ This is discussed in *Assessments & Appeals : Strengthening Non-food Emergency Responses in Ethiopia* ; Sue Lautze, Yacob Akilu ; Erin Bond (September 2005)

The relatively low level of response to the JHA raises a series of questions:

- credibility of the process of need identification and response planning;
- a certain level of donor fatigue is obvious;
- there are issues on how to react to these kinds of situations: either through proper mitigation activities drawing resources from development funds which would allow an earlier and more fine tuned response, or through malnutrition-triggered emergency assistance ?

5.1.2. Community, Civil Society and Local NGOs

Resource mobilization begins at household and community levels. Pastoral and agropastoral households and communities maximize available resources by using various risk minimizing and coping strategies such as (i) labour and livestock migration (ii) splitting family members and herd²⁷ (iii) social support systems (iv) diversifying income sources, storage of foods until dry season when prices are high and finally (vi) seeking relief assistance (SC-UK/DPPA, 2006). Migration, family separation and social support including sharing of resources were reported during the assessment.

In Somali Region the RTE team noted that community members were the first actors in mobilizing and utilizing their own resources to sustain the most vulnerable members. Only when the situation got worse did they appeal through community and clan leaders to the local government for emergency support. In addition, when relief assistance was provided in Gode (Adalele town), community members mobilized labour to unload the food aid, supplementary food and non-food items, as well as mobilizing the population to participate in measles and malaria campaigns.

In Dire Dawa, the first generosity came from the people of Dire Dawa who organized themselves, established shelters and provided cooked food to all the displaced until the necessary support was delivered. The Ethiopian public from all walks of life started contributing cash using the Bank accounts opened by the government in Addis Ababa and Dire Dawa (Flash Appeal, 2006).

Local NGOs collaborated with Government and INGOs to mobilize resources where the emergency fell within their operational areas. They conducted needs assessments and developed project proposals to submit to INGOs for funding.

The Ethiopian Red Cross Society, national, but with strong international links to the Red Cross movement, was able to utilize the worldwide Red Cross Appeal process to mobilize resources, including technical assistance from 'sister' RC/RC societies.²⁸

5.2. Resource Mobilisation by the UN, Donors and INGOs

5.2.1. United Nations Agencies: the CERF and the HRF

UN agencies are funded through contributions from donors as a response to the Annual Appeal, from the Central Emergency Response Fund (CERF), or through the Humanitarian Response Fund (HRF). The CERF, introduced in March, was used by several agencies, including WHO, FAO and UNICEF. Its introduction was too late to support an effective drought response and disbursement of funds has been slow, but CERF funding has filled in gaps unmet by other funding. Agencies like UNICEF have been able to reallocate resources and stocks from regular programmes to the emergency against CERF funding, speeding up the response process while raising new funds.

²⁷ Giving some children to better off relatives; splitting livestock in good condition from those weak ones.

²⁸ The ERCS mobilized resources largely from the international components of the Red Cross Movement, has its own worldwide Appeal mechanism. The International Red Cross Federation (IFRC), in charge of natural disasters, launched an appeal after the Dire Dawa Floods with resources being channeled through the ERCS.

UNICEF used CERF funding for the extension and expansion of critical life-saving activities, including provision of therapeutic food (PlumpyNut) to NGOs and health teams implementing outpatient therapeutic programmes (OTP), the deployment and expansion of mobile health teams, enhanced measles immunization through ‘catch up’ campaigns, malaria prevention and treatment and emergency drug kits. Health, like other non-food activities, has been seriously under-funded relative to Appeal levels, with a total of \$14 million raised against an estimated national need of over \$73 million, making CERF funding critical to an adequate response. FAO has accessed CERF funding for Ethiopia through two regional proposals based on their Plan of Action for the Horn of Africa. There were nevertheless reported to be problems in accessing and utilizing CERF funding, attributed to a lack of clarity on the procedures for application and poor communication. UNICEF and FAO reported a one month delay between approval and disbursement of funds. WFP reported a delay of 4 months in receiving funds.

The Humanitarian Response Fund (HRF), established at the end of March 2006, had disbursed \$6.6 million by late September, with major support from DFID and the Dutch Government, with roughly half of this amount going to INGOs and the balance to UNICEF and FAO. CERF funding was just under \$5 million. The HRF is able to It is strongly appreciated by all operational agencies, but particularly by NGOs, who are represented on the board and able to access funds directly.

WFP, working with the DPPA, mobilized both food, already in stock, and logistical support to ensure the food-based response was in place by December.

5.2.2. Donors and INGO Resource Mobilisation

Donor funding is critical to the success of the appeal process, supporting UN agencies, Government and INGOs. While many INGOs have private resources, sometimes critical to emergency response, their resource mobilization will be discussed here.

When early warning information became available in November/December 2005, before the launch of the National Appeal by the Ethiopian Government, the reaction of the donor community was of mixed quality: some donors responded quickly, whilst others decided to wait for the National Appeal, possibly demonstrating a certain degree of “donor fatigue”.

NGOs with early warning programmes and the Red Cross were able to draw on emergency reserves at headquarters or in other regional offices, once needs were known. They did not, however, have emergency contingency plans in place,. Responses funded through these resource bases were in place as early as late 2005, and included commodities for supplementary feeding, water tankering, rehabilitation of water sources and de-stocking.

Donors supported a wide range of programmes in Borena and Somali Region being implemented by NGOs. These included nutritional rehabilitation requiring supplementary and therapeutic foods. UNICEF, with donor assistance, provided PlumpyNut to agencies carrying out community based therapeutic feeding programmes; it was noted that some had failed to budget for this expensive commodity, assuming that UNICEF would provide it. There is here a room for improvement in the UNICEF-NGO partnership.

One donor, USAID, has established a programme under funding earmarked for famine prevention, allowing the use of these funds for emergency response within a developmental intervention.²⁹ These funds were then re-allocated for use in emergency livestock related activities. This was a ‘lifesaving’ provision illustrating the importance of flexible funding modalities.

The continuing emphasis on nutritional assessment as a pre-condition for donor recognition of an emergency – the ‘advocacy’ function – calls for more donor education about the limitations of nutritional data.

²⁹ The recently launched Pastoral Livelihoods Initiative (PLI) funded by USAID for drought-prone countries in the Horn has built this in to the project design.

6. COORDINATION

Coordination is discussed in terms of two systems: the Governmental system on the one hand and the humanitarian system, including UN agencies, donors and NGOs. Their relationships make up the third part of the discussion.

5.3. Coordination within the Government and with Communities

At the federal level, there is a well established National Disaster Preparedness and Prevention Committee (NDPPC) led by the Deputy Prime Minister. DPPA is the Secretariat to the NDPPC and coordinates the preparation of appeals, the establishment of guidelines and standards, and the collation of information. This structure is replicated at regional, zonal, woreda and Peasant Association (PA) levels. For instance, during supplementary food distribution in Gode, Adadale District, committees were formed at PA level, composed of women and men, to identify the vulnerable individuals or families eligible for assistance. Members acknowledged the abilities of women and their capabilities in identifying the needy for emergency response.

Technical Task Forces headed by the specific line ministries and bureaus, under the NDPPC, focus on specific sectoral appeals and responses. These include the Health and Nutrition Task Force within the Ministry of Health, Agriculture and Livestock Task Force within the MoARD and Water and Sanitation Task Force within the Ministry of Water Resources. Each task force is responsible for coordinating emergency appeals and responses specific to its sector.

The role of regional coordination is also very important, as observed by the RTE team in Jijiga in which Somali Regional authorities coordinated the emergency activities at regional and zonal levels. Sectoral technical task forces were established and reportedly active in the Region. In the case of Borana, zonal coordination was strong and found to be strategic, given the great distance from the Regional capital. However, coordination at woreda level was weaker due lack of capacity although activities and meetings were ongoing.

It is also important to note that at regional level the Food Security office and DPPB are merged to facilitate, at least in principle, coordination and linkage between the food security programmes and emergency intervention. The JHA (2006) also highlighted the continuing coordination between DPPA and the FSCB on overlapping issues between relief programmes and the PSNP.

The coordination within the Ethiopian Government structure and among its different levels has reportedly improved. Many of the lessons learnt from previous drought response evaluations have been taken up at the DPPA and DPPB levels. Although the coordination has a large elements of exchange of information, there are major weaknesses in this respect. Parallel assessments are made by MoARD, DPPA and CSA using different methodologies, thereby leading to difference in production estimates.

Local officials frequently remarked that multiple assessments were putting considerable pressure on them and took time away from initiating response activities. The concern is strengthened by the fact that woreda level staff are rarely involved in the analysis or provided with feedback.

5.4. Coordination within the Humanitarian system (UN agencies, donors and INGOs)

Most critical coordination involved both Government and humanitarian agencies. OCHA, in its role as coordinating body for UN agencies, played a strategic role, both in Addis Ababa and locally.

Collaboration between UN agencies, donors and NGOs is usually relatively effective. Yet, there are rooms for possible improvements: varying assessments of the urgency of needs and actions to be taken were mentioned as points of difference during the RTE and should be discussed between the wider stakeholder group. The failure of NGOs to coordinate with UNICEF on support for nutrition programmes was also mentioned.

5.5. Coordination between government and humanitarian agencies

OCHA and UN agencies provided technical support to the government led task forces. This enhanced the effectiveness of the taskforces in coordination. They have extended their activities far beyond the exchange of information and are providing a space for in-depth discussion on substantive issues. The key problem was securing appropriate personnel to attend and contribute to the fora. In addition, because of high level of staff turnover in the government structure, there is frequent change of staffs who attend coordination meetings thereby affecting continuity of information flow.

The joint needs assessment and humanitarian appeal was an important step towards effective coordination between government and humanitarian agencies, at federal, regional and zonal levels. The recent events in Dire Dawa showed that there is capacity to set up coordination mechanisms on the spot and under pressure.

Coordination among UNICEF, the Ministry of Health (MoH) and WHO was essential during both the drought and flood responses. This involved staffing of static health facilities in drought-affected areas, immunization campaigns, coordination on provision of therapeutic food and equipment, and overall preparedness. During the drought response, UNICEF, WHO and the MOH met bi-weekly, later monthly for coordination. Unstaffed MOH static facilities were re-opened via the re-deployment of health workers from other parts of Oromiya Region with WHO support for training, salaries and some drugs, enabling 32 health facilities to re-open in 7 affected woredas in April. UNICEF provided malaria therapy and supported mobile teams to supplement fixed services. WHO also collaborated with the ERCS in Guji Zone of Somali Region, training youth volunteers and TBAs. The Health and Nutrition Task Force under the MOH is responsible for coordination between health and nutrition activities, but it is acknowledged that emergency nutrition is yet to find a 'home' within the MOH, and the ENCU has taken on some of these functions. The Emergency Nutrition Coordination Unit (ENCUC) of the DPPA, supported by UNICEF, is responsible for monitoring the nutritional situation in the country and advising concerned partners, including in undertaking coordinated, timely and comprehensive emergency response. All nutritional assessment involves close coordination among UNICEF, implementing NGOs and local health bureaux, as did implementation of water and sanitation improvements. UNICEF maintained planning matrices including all zonal or regional activities in which they were involved.

In both Borana Zone and in Somali Region, OCHA was seen as playing a strategic role. It encouraged bi-weekly meetings – later monthly - and constructed matrices that mapped UN and NGO emergency interventions by geographical area and sectors. This improved vertical and horizontal information exchange and also the effectiveness of early warning activities. However, the major weakness was that the matrices contained the activities of the international humanitarian actors and nothing on government humanitarian interventions. The RTE gained a very positive view of the Agriculture and Livestock Task Force chaired by the MoARD and provided secretariat support through the FAO. This task force provided a forum through which the emergency response could be better planned, more strategic and coordinated as well as benefit from resources through CERF and HRF additional to the Humanitarian Appeal.

The presence of UN agencies on the ground greatly facilitated coordination. UNICEF invested a tremendous effort to set up an office in Gode which facilitated the coordination mechanism at zonal level. WFP and ICRC already had offices in Gode. In Jijiga, the Somali Regional Capital, UNICEF hosted OCHA staff to ensure proper flow of information from Gode to Jijiga and from Jijiga to the task forces in Addis Ababa. In both Borana Zone and in Somali Region, OCHA was seen as playing a strategic role. It encouraged bi-weekly meetings – later monthly - and constructed matrices that mapped UN and NGO emergency interventions by geographical area and sectors. This improved vertical and horizontal information exchange and also the effectiveness of early warning activities. Such coordination efforts on technical issues often led by the government agencies, have by and large removed the need for establishment of UN-led clusters in Ethiopia. However, certain elements of the cluster approach may be adapted to the Ethiopian context in order to fill specific gaps: for example, the logistics and communications clusters may assist with processes relating to procurement and shipment of non-food relief goods. (for details see the Cluster Guidelines).

WHO has discussed with the Health and Nutrition Task Force, which includes representatives of WHO and UNICEF, the desire to organize a health cluster to promote coordination and ensure an optimal common approach to communicable diseases. The mission has reservation on these specific ideas, as the existing health task force is working relatively satisfactory.

5.6. The Role of Information in Coordination

The content of early warning information was discussed above. The smooth flow of information among the different groups of stakeholders – government institutions, UN agencies, local and international NGOs, donors - plays a central role in coordination of the emergency response: The Appeal document acknowledges that to avoid duplication of efforts, NGOs and the UN agencies should work closely with the taskforces by having regular meetings and develop modalities for follow-up and monitoring progress of the emergency response. Throughout the first half of 2006 UN agencies have been producing a wide range of informational bulletins, updates, matrices, and alerts, while the ENCU produced a quarterly emergency nutrition bulletin and the analyses of climate, cropping and markets of international projects such FEWS were available. These sources of information, available primarily on the internet and published in English, are widely read in Addis Ababa but almost inaccessible at local level, where much of the information originates.

Although significant improvements have been observed, the information flow is still inadequate and largely in one direction. Outside Addis and a few other large town, there is very limited access to telecom based technologies such as telephone, internet and email and fax in the drought affected areas of Somali Region and Borana Zone. In the areas where some of these technologies are available, financial resources are lacking to make use of them.

5.7. Regional Coordination

Two areas of regional coordination in the Horn of Africa were of importance. Significant in-migration of people and livestock from Kenya, where effects of the drought were most severe, had a major impact on southern Ethiopia. At least one regional meeting was planned and regional advisors to donors, based in Nairobi, liaised informally. Better information on numbers and locations might have been useful in Ethiopia at the early warning stage. Control of communicable diseases, especially polio and measles, both of which are present in neighbouring Somalia, has depended on quick receipt of reliable information on new cases. In this case, WHO reported good coordination with local authorities in the region.

6. QUALITY OF THE RESPONSE

Section 3 described the nature of response to the humanitarian crisis of 2006. This section presents the evaluation team's assessment of the quality of the response, based on field observation, discussions and relevant documents. As per the ToR, quality of the response is measured in terms of timeliness, appropriateness (relevance), effectiveness and efficiency.

6.1. Timeliness

The 2005-2006 crises came at a time when the country's early warning and preparedness mechanisms are stronger than they have ever been. The early warning system has embraced livelihood approaches to needs assessment to strengthen its traditional methods. It is expected that these developments would improve the timeliness of the warning, ensuring a more timely response.

The lack of a clarity on the need assessment processes created confusion. Various actors (government at several levels, UN agencies and NGOs) carried out their own need assessment in an uncoordinated way. This situation ended up with multiple assessments being conducted by the government itself before declaring the state of emergency.

Late identification of non-food needs (water, health, nutrition) resulted in a slow mobilisation process which, being aggravated by logistical constraints, resulted in late responses in several areas. Some of the most timely mitigation responses from November through to February came from agencies that were not dependent upon the humanitarian appeal and could access funding through alternative mechanisms -

contingency funds or existing programme facilities/ supplies. Interventions conducted during this period relating to supplementary feeding, livestock health and water tankering, among others.

The pre-positioning of food stocks facilitated through the Emergency Food Security Reserve (EFSR), the carry over of food stocks and commitments pledged by donors from 2005 and high cereal production in parts of the country unaffected by drought meant that Ethiopia was in a good position to respond immediately with food aid. Furthermore, it should be noted that already during 2005 over 430,000 tons of food aid had been distributed to between 3.3 and 3.8 million food insecure people (in addition to 4.8 million through the PSNP) so the relief operation in 2006 was very much a continuation of an ongoing operation.

The main constraint at the beginning was access to sufficient and suitable transport which led to some delays in deliveries of food aid during February and March which in turn affected subsequent monthly allocations. In Borena Zone³⁰ there was a lack of clarity about the respective allocations for PSNP and relief. In Somali Region delivery and distribution has continued to be problematic during the year due to security difficulties and to the extremely high logistical challenges posed by the poor quality of the road network.

Food aid and nutrition interventions were in many instances late – three months or more - to reach the areas in need, and were implemented under serious difficulties due to logistical problems in Somali Region. Supplies of supplementary (blended) foods and food for relief distribution were provided with general rations, but where these were late, vulnerable populations did not receive the 35% ration. While there is no evidence of deaths resulting from these delays – there were undoubtedly children whose conditions deteriorated during this interval. Evidence of continuing poor nutritional status in Somali Region, where GAM averaged 20% or higher, and SAM and U5MRs were very high, indicated ongoing unmet nutritional needs. A more sizeable and timely response to livelihood needs - especially targeting the pastoral and agro-pastoral livelihood zones - launched in the last few months of 2005 may have helped to mitigate the erosion of household assets with the result of limiting nutritional losses among children.³¹

The health response, which involved the continuation and scaling up from February onward of ongoing programmes in child health, immunization, nutrition screening and malaria control was also relatively late for largely similar reasons: lack of resources and operational constraints. Despite intensified efforts, coverage was partial.

As the impact of the drought on water resources started to become obvious, with surface water running out in Oromiya, Somali Regions by the end of 2005, water trucking systems established by national authorities enabled water to be supplied to small urban centres and pastoral settlements, although on a limited scale. UNICEF and NGOs played an important role in supporting these efforts.

Destocking, vaccination and supplementary feeding of livestock were critical in view of the migration of animals into southern Ethiopia from north-eastern Kenya and south-western Somalia during the latter part of 2005, and the pasture and water resource depletion resulting from the failed deyr/hagaya rains in September to November. Key interventions in these areas were conducted in southern areas of Somali region and Borena zone of Oromiya Region between December 2005 and March 2006. The interventions included vaccination of up to 2 million animals³² and the destocking of approximately 75,000 head of livestock.³³ According to an impact study by SCUS and Tufts University (SC-US, 2006), the benefits of destocking as perceived by the community were that it (i) helped them to cope with the effect of drought (ii) helped fast recovery and rebuilding of the herd (iii) helps the livestock to survive (iv) saves human life better (v) benefits the poor most (vi) is socially and culturally accepted (vii) and is timely and available.

30 At FSCB Federal level the RTE was advised that PSNP has not yet started in pastoral/agro-pastoral areas so there would not have been any PSNP allocation in Borena Zone

31 Child malnutrition is, in many cases, not related to household food production, but access to milk in pastoralist communities would undoubtedly have improved child nutritional status.

32 Supported by FAO who were able to draw upon Belgian funding designated in 2005 for Afar Region

Non food items (tents, soap, cooking sets, etc.) are seldom required for drought response unless there are major displacements, but a very large stock of treated bed nets belonging to the roll back anti malaria programme permitted a rapid dispatch of bed net to large areas where malaria is widespread.

For the Dire Dawa flood, the population contributed blankets and used clothes for the affected populations, while tents for flood IDPs were brought relatively quickly from regional stocks.

6.2. Appropriateness: Relevance

The response was characterized by an over-emphasis on food response, due in part to the 'food-based' system of assessment and implementation in place. It was clear that food is an appropriate response for a limited range of needs.

Food response -

The Humanitarian Appeal estimated that 2.6 million people were in need of food assistance. Each person receives a full food basket (kg/person/month) of 15kg cereals, 1.5kg pulses and 0.45kg vegetable oil (2000 kcal/person/day). The planned supplementary ration for vulnerable groups, distributed as a 'blanket' ration to 35% of the population, consists of 4.5kg corn soya blend (570 kcal/person/day). These are appropriate ration levels.

It was not within the scope of the RTE to assess the impact of the distribution of food aid although much would be gained from understanding this if rigorous studies could have been undertaken. While 69% of the food aid beneficiaries targeted during 2006 were from critically-affected pastoralist and agro-pastoralist areas, there was a perception at field level that food aid provides greatest benefit to urban populations (via the market), less to agro-pastoralists and least to pastoralist communities. Notably yet there are many questions about the suitability and sustainability of such interventions.

Had earlier livelihood interventions been supported to mitigate the erosion of household assets (in particular livestock) and prevent the depletion of water and rangeland resources, then a "food emergency" amongst pastoralist communities might have been avoided. In the event, food will continue to be the 'default' response to humanitarian emergencies as the best understood and most accessible response measure to save lives until there is a better understanding of complementary interventions that more effectively support agro-pastoral and pastoral livelihood systems. Other initiatives such as the Pastoralist Livelihoods Initiative (PLI) and the Pastoralist Communities' Development Project (PCDP) are expected to work in close collaboration with such systems and strengthen the livelihoods analysis and the livestock early warning systems especially in pastoralist areas.

Health and nutrition - There was no question that improvements in health services, more water supplies, therapeutic feeding were all appropriate to the needs experienced during the drought. In the area of nutrition, the establishment of community based therapeutic feeding programmes (CTCs), which are now the accepted standard for nutritional recuperation in low resource settings and which build the capacity of families to manage the rehabilitation of malnourished children, were an appropriate response to the drought emergency. These could not, however, be sustained without external support and a high level of supervision.

Mobile health teams managed outpatient therapeutic feeding programmes (OTP) in their catchment areas. They modified the protocol requiring admission of severely ill children to stabilization units to the conditions of pastoral areas, where mothers may not be able to remain with children, by providing both medication and therapeutic food to mothers for home treatment.

The re-establishment of health services through staff secondments and provision of drugs and equipment was also an appropriate and needed response in a situation where child health was undermined by food shortages.

The establishment of nutrition screening and targeting activities which depend on functioning health services/ facilities, while maximizing the effectiveness of the nutritional interventions, raise other issues. With a large number of facilities unstaffed in the affected area, and a shortage of drugs and basic equipment, questions of sustainability and cost need to be analysed. Mobile services, while more effective in reaching

pastoral populations, depend on donor funding, and may not always be the most efficient method of providing care.³⁴ It remains to be seen whether the UNICEF-MOH plans for establishing an extensive network of community health volunteers with clinical supervision will have an impact on health outcomes in the long term.

Services provided on a temporary basis may be unable to effectively promote the behavioural change needed for long term uptake of improved practices such as appropriate infant feeding and weaning practices and immunization. In pastoral societies in particular, lack of dietary diversity and inappropriate breastfeeding and weaning practices may be more important factors in malnutrition than family food supply.

Issues around the relationship between child nutrition and food security have been examined exhaustively in Ethiopia.³⁵ It was beyond the scope of this rapid evaluation to add to this work. Two issues with implications for the assessment of the relevance and effectiveness of the nutritional response arose during the RTE. These are the questions of whether standard anthropometric methods and growth reference charts are the most valid measures of child malnutrition in pastoral societies, and of the implications for relief responses of significant differences in nutritional status among children in different cultural groups experiencing similar degrees of food insecurity. These will be discussed in an annex to this report.

Water and sanitation - There is no doubt that water interventions were extremely important to the affected population. Although very costly and unsustainable, water trucking interventions went a long way in ensuring that people did not migrate. Rehabilitation of borehole pumps and generators was also very useful in ensuring water supply for human and animal in many remote pastoral areas, although there are questions about sustainability where these previous systems have broken down and repairs are implemented under emergency conditions.

In the camps inhabited by flood IDPs, serious efforts have been made to ensure an acceptable level of sanitation, including the digging of latrines. This has been nevertheless compounded in some areas by the difficulties to make latrines in areas where the water table is just below the surface (consequence of the flood).

Pastoral livelihoods and emergency response - The 2006 emergency drought response focused predominantly on pastoralist and agro-pastoralist communities. More emphasis was placed this year on supporting traditional pastoralist coping mechanisms than in previous drought responses, demonstrating an increased awareness within the humanitarian community of the need to diversify interventions beyond food aid and adopt a livelihoods-based approach. An interesting example of this was the introduction of destocking interventions which are a customary practice within Somali communities. Until recently the approach has not been widely used in formal emergency interventions in Ethiopia.

Disaster programmes implemented to respond emergency needs have mainly focused on addressing the practical needs of women, which are limited to provisions of food aid, supplementary food, health, water and sanitation. Issues related to gender-strategic needs, for instance, empowering women to have control and decision-making rights over the resources equal to male counterparts during the emergency responses and recovery programmes were not included. There was no budget line in the Joint Humanitarian Appeal Document for addressing such issues, despite the fact that women in pastoral communities have been differently affected due to the disaster situation as stated in the main body of this document.

Community participation was also limited to consultation during data collection, distribution of food aid and non-food items and health related responses. The affected communities were not involved in all stages of disaster preparedness and emergency management cycle as perceived in the DPPA Policy Document (1993). There was no allocated budget to promote and facilitate community participation.

³⁴ One team was encountered in the field at a location on the tarmac close to a major town, providing services to a community who had alternative access.

³⁵ One of the most comprehensive studies is *Risk and Vulnerability in Ethiopia: Learning from the Past, Responding to the Present, Preparing for the Future*. A Report for the U.S. Agency for International Development. Sue Lautze, Yacob Aklilu, Angela Raven-Jones, Girma Kebede, Jennifer Leaning, June 2003.

There is a wealth of information on vulnerability in Ethiopia. Among the most important root causes identified by the mission through literature review, interviews and direct observations, one should cite difficulties for the stabilization of a pastoral economy in a context where climatic conditions, population growth and constraints on mobility are creating many hindrances to the proper functioning of pastoral and agro-pastoral systems. Despite the fact that pastoralism is by far the most suitable system to deal with arid and semi arid lands, it has been weakened by growing demographic pressure, changes in consumption styles and expectations and political turbulence, hindering mobility. These societies are characterised by a low level of social services, especially health, water, sanitation and education in many areas, while the remoteness and toughness of the terrain making these areas unattractive for investment that could absorb the growing number of destitute nomads and agro-pastoral people.

Most important is the difficulty many in the aid sector have in thinking ‘outside the box’. Most of the problems of today’s pastoral and agro-pastoral zones will require a solution which is not rural, but urban and peri-urban, in order to regulate the pressure on arid lands. To have well functioning pastoral systems, there is a need for a active trade and urban economy in the area, in order to absorb population surplus and facilitate the creation of added value by the transformation and consumption of animal products.

In one sense, health and nutrition interventions tried their best but did not address root causes of child morbidity and mortality, as most were based on short-term temporary interventions to boost the level of services. On agriculture and environment, the interventions were mainly band aids, with an attempt to preserve the working capital (livestock) and prevent destitution, rather than addressing the root causes, which are far beyond what an emergency response can do in view of its scale and timeframe.

6.3. Effectiveness

A humanitarian response is effective if it respond properly to the needs of the affected population and limits sufferings. This becomes ever so important in rapid on set disasters. The RTE’s observation is that the capacity and dynamism of national authorities and the humanitarian agencies is key in the response to rapid on set emergencies. During the flood in Dire Dawa, the immediate mobilisation of all parties, including the armed forces, permitted rapid response without which the human suffering could have been worse. However, search and rescue capacities were limited. Some called for DPPA to command its own fleet of helicopters, boats and other more advanced facilities. It was recalled that the former Relief and Rehabilitation Commission had such facilities. Whether or not the country should go back to that modality is highly debatable.

The government has placed warehouses at strategic places to increase the effectiveness of food response. WFP has similar facilities. However, the command is highly centralised and the Somali and Oromiya Regional Governments, who are the first to learn about the impending disaster in their areas, do not have a say in the management of the warehouses. This was found to defeat its very purpose.

7.4 Gender and Community Perspectives

Emergency response in 2006 more or less met the practical needs of women (e.g. provide food, water, hearth) but did not address their strategic needs such as empowering women in the area of control and decision making in resource mobilisation and administration were lacking. Even the most innovative approaches to early warning (HEA) did not take gender perspectives in the assessments, despite the fact that women often take on additional responsibilities of providing for the family during the crisis (travel long distance to fetch water and wood, etc.).

The JHA (2006) has made provisions for gender and child protection but failed to allocate specific resource to put the provisions into practice.

The RTE shows that involving the community members (men and women) in all stages of disaster management cycle. Indeed, it has been reported to the RTE team that they are consulted during data collection/need assessment. However, there was little understanding of the importance of gender issues in the emergency situation.

7. RECOMMENDATIONS

7.1. Early warning and Disaster preparedness

Recommendations	Remarks
Ethiopia should develop a fully fledged Multi-Disaster Preparedness Action Plan as part of its development strategy. The DPPA capacities for risk mapping, disaster prevention, early warning, rapid onset disasters, evacuation plans, public alert and Search and Rescue (SAR) need significant strengthening.	A lot of experience has been gathered since the mid 80ies
Agencies such as the Ethiopian Red Cross, which has a mandate to work as an auxiliary to the Government as a 'first responder' in case of disaster and a grass root level DPP, actor should be supported by the Government and strengthened by the Red Cross movement	
Analytical and assessment skills should be developed within the DPPB at the field level and communications should be improved among district, regional and federal level bodies	As EWS works with the aggregation of information coming from different levels, the local level alone is not sufficient
Seasonal and ad hoc assessments should be better integrated, involve multiple agencies and ensure ownership of field staff engaged in the process.	
Horn-level coordination of the EWS should be promoted by donors and tUN agencies, and financially supported if need be.	Political sensitivity has to be high.
Gender perspectives and concerns should be incorporated in all EW data collection and dissemination as per policies on gender inclusion.	
The EWS should strengthen efforts to incorporate livelihood analysis, with a focus on pastoral and agro-pastoral livelihood zones at DPPB level; seasonal and ad hoc assessments should consider a range of livelihood interventions as part of response and mitigation planning.	
Support to the ENCU should continue and collaboration with other related agencies in the region and UNICEF on common issues of nutritional assessment be strengthened.	

7.2. Resource mobilisation

Recommendations	Remarks
Research is needed on the role and estimated size of funds raised from civil society and the private sector and these should be incorporated into appeal and response mechanisms..	The inclusion of these contributions would go a long way in establishing that humanitarian action is not a rich western country gesture but reflect an universal attitude of generosity.
Donors should ensure that the program and financial agreements with humanitarian agencies are flexible and facilitate rapid responses and adaptation of programmes in fluctuating environments.	

Existing contingency funds and mechanisms should be reviewed by government, donors and humanitarian agencies in order to ensure the existing mechanisms can be used optimally. If indicated, a national contingency fund, linked to a national plan, should be established.	
Identify and disseminate information about successful early mitigation interventions to donors and government	Donors have shown signs of donor fatigue, but also a certain reluctance in engaging in early mitigation
Donors and the government should re-focus the appeal and consider alternative funding modalities for recurring needs. The use of existing mitigation and prevention programmes, particularly the PSNP, should be maximized and its implementation closely monitored.,	
Donors should recognize the importance of the non food sector in this type of situation and provide higher levels of funding.	In addition, food aid is very costly and some time cause of much insatiability and negative effects
As it is a new mechanism, addition trials are needed to fine tune procedures.	
The “rapid intervention” side and the “gap filing” aspect of the CERF have to be better communicated to the different stakeholders.	
Mechanisms to rapidly fund non UN actors, such as the “primary emergency decisions” from ECHO, have to be further developed,	NGO and Red Cross are not “implementing agencies for the UN”. They have analysis, approaches and thoughts on their own and do not necessarily want to be engaged under the UN banner. NGOs and the Red Cross have their own approaches and technical expertise and may not want to play the role of ‘implementing agencies’ to CERF-funded UN agencies.
Still requires a much stronger monitoring	
Specific allocation of resources for women and gender related activities should be done routinely as a part of resource mobilization.	A high level of cultural sensitivity is required to support gender perspectives in a context where this is not an obvious elements.

7.3. Coordination

Recommendations	Remarks
Existing coordination mechanisms should be protected and improved rather than weakened or substituted. Only where there are some gaps, in logistic and telecommunication for instance, that specific cluster-like mechanisms could be envisaged.	SACB was created to fill the coordination gap left by the absence of government.
National authorities should pursue their efforts to improve internal coordination and ensure trust between zonal, regional and federal levels in early warning and response.	
The UN should continue its efforts to be present in the field and to facilitate discussion related to key issues: preservation of humanitarian space, access, human rights, gender issues, importation regulation, logistics and telecommunications.	This is very important, in view of the complexity of the Ethiopian scene.
Strengthen community level coordination to target the	

humanitarian assistances to the most needy populations, with special attention to the needs of women. Open coordination mechanisms to more active participation by women.	
The National Authorities should facilitate administrative processes to ensure a quick, efficient and effective delivery of humanitarian assistance, including more appropriate Customs and VAT exemption mechanisms for agencies importing humanitarian supplies and equipment.	
NGOs should continue to make efforts to coordinate with federal, regional, zonal and woreda authorities and to ensure proper transparency in order to sustain this confidence.,	There is also a need to take into account the preservation of impartiality and independence of humanitarian action.
Coordination between the food, the nutrition and the WES sectors could be further improved. Gender and livelihoods perspectives should be included as 'cross cutting' concerns in all planning.	This a recurrent problem in many humanitarian responses

7.4. Appropriateness of the response

Recommendations	Remarks
Specific attention have to be paid so as to ensure that security regulation do not prevent proper access to the affected populations.	
Ensuring the recruitment of women in response teams. Training and awareness creation among staff and community members on gender concepts, and on how to mainstream gender issues in the disaster prevention and management programme cycle, is highly recommended. Enhanced gender analysis would ensure more appropriate programme design.	High level of commitment, but also a lot of cultural sensitivity is required. Bulldozer approach will only cause security incident.
There is still a need to promote better understanding and awareness amongst all actors to broaden thinking from "food availability" focus towards a better understanding of food and livelihood security based on access, availability and utilisation. More independent post-distribution monitoring is needed to assess the impact of food aid as both an emergency intervention and a social safety net in drought-affected areas.	
More effective contingency planning based on a sectoral strategy with secured resources would ensure a more comprehensive emergency response to future droughts, reducing the need for costly and irregular food aid interventions Longer term programming including multiple actors in support of pastoralist communities (such as the PLI) with contingency funding built in should be encouraged.	
There is a need to better understand a series of parameters of the vulnerability, especially of the high level of malnutrition rates recorded in the Somalia region compared to Southern Oromaya. Links between feeding practices, birth spacing, pastoral livelihoods, etc., have to be better understood. Donors should continue to support integrated services, but at higher levels and on a long term basis.	
The early signals in October should have triggered more early water interventions. Survey of the existing capacities of the boreholes has to be done. Attention should be paid to newly urbanised areas, where water resources are often not sustainable.	

7.5. Longer term perspectives

Recommendations	Remarks
More comprehensive and strategic approach to the recovery phases is required, taking into account the specific mandates and comparative advantages of the different agencies.	Incorporating disaster management capacities in the development plans would go a long way in this direction.

7.6. Additional studies required

A series of additional in-depth evaluative research studies on the relations between food and non-food interventions, survival mechanisms of pastoral communities under stress and those of the displaced (IDPs), the role of the Ethiopian Diaspora in emergency responses, the measurement and meaning of chronic high malnutrition among children in pastoral communities and ; factors affecting women's resiliencies and their coping mechanisms during emergencies in the drought/conflict prone areas should be undertaken. . It would also be useful to examining the <i>khat</i> economy in these areas and its role during periods of crisis.	Involvement of the Ethiopian universities in these researches would be very important as a capacity strengthening effort
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ANNEXES

Annex 1: TOR of the joint RTE response to the humanitarian crisis in the Horn of Africa

1) Background and context

Pastoralist and agro-pastoralist communities in countries of the Horn of Africa (Djibouti, Eritrea, Ethiopia, Kenya and Somalia) experience extreme insecurity in terms of water, food and access to health care as a result of historically poor investment in social services in the most remote areas of all the concerned countries, asset depletion and reduced capacity to cope with drought and restrictions to their movements. The long-term crisis in their livelihoods makes them particularly vulnerable to erratic rainfall and drought as well as to socio-economic marginalisation, political disenfranchisement, poor access to health and education, and violent conflict, and this results in high morbidity and mortality. In 2006, more than 8 million people were identified as in need of immediate humanitarian assistance in the Horn of Africa, of which 1.6 million are children below the age of five years threatened mainly by malnutrition and preventable diseases, which are the main causes of illness and death during drought (CAP 2006).

Since the beginning of 2006, the countries of the Horn of Africa have engaged in broad resource mobilization from the donor community. In countries like Ethiopia and Kenya, the process was led by the respective governments and supported by UN agencies and other partners. The Humanitarian Appeal for Ethiopia has requested USD 166,000,000 in emergency food and non-food assistance. In Kenya, an Appeal for Emergency Assistance was launched whose food requirement was USD 222,000,000. Djibouti, Eritrea, Kenya and Somalia also took part in a separate regional mechanism: the Consolidated Appeal Process (CAP) in early 2006. The CAP was particularly important for Somalia. It focused on urgent life-saving needs of the affected populations while recognizing the challenge to address structural causes of vulnerability due to recurrent drought and food insecurity. The 2006 CAP requested USD 425,747,076 for 2006, of which USD 99,029,036 in support of regional programmes and country-specific projects in Djibouti, Eritrea and Kenya and USD 326,700,000 for the revised Somalia CAP. Humanitarian action in 2006 has made use of the UN Central Emergency Response Fund (CERF), which is a revamped standby fund to enable more timely and reliable humanitarian assistance to victims of natural disasters and armed conflicts. CERF is intended to complement – not substitute – existing humanitarian funding mechanisms such as the UN Appeals. It is mainly geared to life-saving programmes in the earliest moments of disaster with a limit of USD 30,000,000 for any one emergency with an obligation to implement programmes within six months. This maximum amount was made available in the Horn of Africa as a grant, and it funded initiatives in water and sanitation, health and nutrition, as well as food and livelihood security. The CERF Grant had also an added value in focusing the attention of the governments and humanitarian actors in the Horn of Africa on the plight of otherwise chronically underserved minority groups and geographical areas. Country Teams were also encouraged to make use of the cluster approach, where appropriate, to respond and coordinate the response. This approach was agreed upon among humanitarian actors (Inter-Agency Standing Committee) in September 2005. It basically confers cluster (or sector) leadership to specific agencies, e.g. health (WHO), nutrition and feeding (UNICEF), water and sanitation (UNICEF) and different aspects of service provision (logistics WFP, telecommunications OCHA, UNICEF and WFP). It was decided that the cluster approach would be implemented at the global and country levels. The introduction of the new approach needs to take into account existing coordination mechanisms. At the global level, it was to ensure that global cluster leads would be accountable for ensuring predictable and effective inter-agency responses within the respective sectors. At the country level, the cluster leads would provide support to the Humanitarian Coordinator to ensure timely, adequate and effective humanitarian action in their respective sectors or areas of work. In the Horn of Africa, Somalia is a pilot country for the cluster approach.

2) Scope, purpose and timing of the Real-Time Evaluation (RTE)

Real-time evaluations, as currently practised by several UN agencies, NGOs and other partners are meant to provide quick and practical evaluative feedback to country teams and other levels of humanitarian organizations during on-going emergency responses. The emphasis is on consultation with agency staff, other humanitarian actors and, to the extent possible, with beneficiaries; short and action-focused reports; particularly rapid dissemination of conclusions and recommendations; and immediate management responses and action. Their main purpose is to enhance learning and support management primarily at country level in improving the performance of humanitarian action. The purpose of this evaluation is to inform management at country level as to what action needs to be taken in the short and medium term to achieve goals of humanitarian action in the Horn of Africa, e.g. related to early warning systems, emergency preparedness as well as timeliness, adequacy and effectiveness of the response. The proposed timing of the RTE is closely related to the purpose of preparing of a possible emergency in 2007. The RTE should therefore be completed before mid-October 2006. One resource mobilization strategy will be the CAP. The draft document of the regional CAP needs to be finalized by the end of the month of September 2006. This is particularly important for Somalia. In Kenya, the RTE will benefit from the results of the Long-Rains Assessment which will become available in September 2006. To accommodate needs of the different country teams, it is suggested to adopt a phased approach and conduct the evaluation first in Somalia (second half of August), then in Ethiopia (first half of September) and eventually in Kenya (first half of October 2006). A regional workshop will be organized in mid-October 2006.

3) Objective of the Real Time Evaluation (RTE)

The objective of the RTE to be implemented in three countries (Ethiopia, Kenya and Somalia) will be to assess appropriateness and effectiveness of short-term and life-saving activities with a special emphasis on nutrition, health and water. The sub-objectives of the RTE are to assess and to recommend actions for improvement for:

- the timelines, adequacy and effectiveness of the emergency response during the first half of 2006 in terms of the primary stated goal to save lives.
- the resource mobilization during the first half of 2006 (with special emphasis on the role of the CERF) and resource mobilization strategies,
- the performance of early warning systems and the emergency preparedness in the three countries and in the organizations,

A secondary benefit of the RTE is to identify issues that require a more in-depth evaluation after the RTE, notably those that are related to structural causes of vulnerability due to recurrent drought and food insecurity and challenges to strengthen resilience and livelihoods. In the region, food insecurity caused by environmental degradation, drought, conflict and chronic poverty is an increasingly recurrent phenomenon threatening the livelihood of the population. Longer-term trends cannot be evaluated in an adequate manner during an RTE, but should be examined in more in-depth exercises as from October 2006. These evaluations could provide information and analysis to the planned meeting on structural causes of vulnerability scheduled to take place at the end of 2006 or in early 2007.

4) Key questions

a) Overall appropriateness of the short term response

- What overall results have been achieved through life-saving activities, especially in nutrition and health, water and sanitation as well as food and livelihood security? What were the specific results for girls and women? How were human rights and protection issues taken into account?
- What factors have been conducive to the achievement of results? How effectively were issues related to access and security addressed (including respect of humanitarian principles)?
- What have been major bottlenecks that have impeded on the achievement of results (e.g. lack of funding, human resources, supplies, telecommunications; coordination issues; access problems etc.)?
- To what extent did local capacities play a role in the planning and implementation of the response? To what extent were existing structures and programmes used? Have appropriate downward and upward accountability systems been introduced and how well did these function? Was funding information shared with all respective stakeholder groups (donors, government, affected population)?
- To the extent that the cluster approach was applied, who made that decision? What were the modalities of the decision-making process? How the cluster approach was reconciled with existing coordination mechanisms especially at the sectoral level and in dealing with communities? Did the cluster approach result in clear sectoral leadership? How were inter-cluster issues such as gender addressed? To what extent did the cluster approach result in a more efficient and complete response?
- What recommendations can be made for immediate course correction and what lessons can be learned for responses to similar emergencies? How can the response be made more gender-sensitive and better address challenges related to gender equity and equality?
- What results have been achieved in addressing the more structural causes of poverty and vulnerability, especially in terms of behavioural and institutional changes related to health, education and protection? What were the specific results for girls and women?

b) Resource mobilization (with special emphasis on the CERF)

- To what extent did the released CERF funds effectively address early funding requirements and fill critical gaps in the early response?
- How project proposals for CERF funding were prioritized at the field level (within clusters and at the level of the Humanitarian Coordinator and in the in-country IASC)?
- What was the time gap between submission of proposals and disbursement (between CERF and UN agencies and between UN agencies and NGOs)?
- To the extent that CERF provided seed funding during the early response, how successful was fund-raising for the subsequent stages? How was the coordination with CAP and country-specific resource mobilization activities?
- What is the perception of agencies on the ground regarding the suitability of the CERF mechanism, speed of disbursement, value added and local processes?

- To what extent does the overall resource mobilization strategy give adequate attention to both short-term needs and more structural causes of poverty and vulnerability?
- What has been the response of the aid community?

c) Early warning systems and emergency preparedness

- To what extent did the early warning systems in the three countries and in the region provide complete, timely and gender-specific information and allow for adequate emergency preparedness and early response that address specific needs of women and men / girls and boys? How were human rights and protection issues taken into account?
- With hindsight during the early response, how adequate and useful have emergency preparedness plans proved to be? To what extent did EW lead to early and timely action? What facilitated/impeded early action and preparedness initiatives?
- What were the mechanisms in place to respond adequately and quickly to the emergency? To what extent did coordination and cooperation happen between UN Agencies, Red Cross, NGOs and governments?
- What lessons can be drawn from this experience for risk-reduction, preparedness and contingency planning in general? How can it be made more gender-sensitive?

d) Identification of issues related to structural causes of vulnerability and challenges to strengthen resilience and livelihoods

- What are major sources of information and existing studies and evaluations that should be consulted and used when dealing with structural causes of vulnerability and challenges to strengthen resilience, livelihoods, health care, education and protection etc. in the three countries?
- Which issues in this regard need to be studied and evaluated in the near future to prepare and improve the overall appropriateness and effectiveness of the response to the drought crisis in the Horn of Africa?
- To what extent are existing institutional mechanisms and arrangements in the inter-agency context adequate to conduct systematic studies and evaluations of the appropriateness and effectiveness of the response in this regard and how could these mechanisms and arrangements being improved?

5) RTE process, outputs and methods

RTEs intervene at a time when field teams are burdened with programmatic and operational activities. They should therefore have a light footprint and draw as much as possible on existing documentation and make use of on-going processes (e.g. meetings, field trips etc.) to the greatest possible extent. This implies a small team of highly qualified evaluators. The evaluation team will be composed of two international consultants and two national consultants in each of the three countries. The profiles of the different members of the team will be:

- The (international) team leader will coordinate the activities of all team members and deal with overall issues related to the appropriateness and effectiveness of the response since early 2006. S/he will notably cover aspects related to early warning systems, emergency preparedness, resource mobilization, access and security and operational activities, as well as to access to drinking water and water use for hygiene and sanitation. S/he will also be primarily responsible for the identification of issues that will require more in-depth studies and evaluations. S/he should have extensive experience in humanitarian action (preferably in the UN, Red Cross and NGOs), have a good record in humanitarian evaluation, and possess proven communication, facilitation and writing skills. S/he should have experience with the pastoralist and agro-pastoralist environment and livelihood, preferably in the Horn of Africa.
- The (international) nutrition and health expert will deal with all issues related to a) food security, nutrition and access to feeding programmes, notably for children, b) health practices and access to preventive and curative health care. S/he will be responsible for the interpretation and analysis of relevant data and other information on nutrition, health and water in the early warning systems and for the identification of possible gaps in these systems. S/he will also contribute to the identification of issues that will require more in-depth studies and evaluations.
- The (international) food security and agro-pastoralist livelihood expert will deal with aspects related to food security, i.e. food production (pastoralist, small-scale agriculture and fisheries), availability and affordability of food on local markets, the role of food aid, the resilience of different strata of the population in terms of securing short-term and long term livelihoods. S/he will be responsible for the interpretation and analysis of relevant data and other information on agro-pastoralism in the early warning systems and for the identification of possible gaps in these systems. S/he will also contribute to the identification of issues that will require more in-depth studies and evaluations.

- In each of the three countries, a (national) gender and community participation expert. S/he will deal with all aspects related to the gender-sensitivity of the early warning systems, the emergency preparedness and the different aspects of the response, assess the degree to which women and girls / men and boys participated in and had access to delivery of aid at the community level. S/he will contribute to the interpretation and analysis of relevant data and other information in the early warning systems and for the identification of possible gaps in these systems. S/he should also review how information and accountability mechanisms functioned throughout the system, in particular in view of to what extent communities were consulted, involved and informed on the planning and implementation of the response. S/he will also contribute to the identification of issues that will require more in-depth studies and evaluations.

All members of the team should be established experts in their respective fields and have an excellent knowledge of evaluation norms, standards and approaches (especially UNEG Norms and Standards³⁶) as well as of quantitative and qualitative methods of evaluation. They should all be highly gender sensitive. They should also have extensive field experience in humanitarian action, preferably with the UN System and / or NGOs. Experience with pastoralist and agro-pastoralist environment and livelihoods (preferably in the Horn of Africa) would be an advantage. Excellent knowledge of English (oral and in writing) is essential and knowledge of any of the national and local languages of the three countries would be an advantage. The team will work under the supervision of a small Evaluation Management Team composed of evaluation staff of at least two participating agencies (e.g. OCHA and UNICEF). UNICEF's Evaluation Office at New York Headquarters will contract and supervise the evaluation team. The Evaluation Management Team will report to the newly created Regional Directors' Team (RDT) for Eastern Africa that has commissioned this RTE.

The evaluation team will produce the following outputs:

- Brief country-specific RTE reports for Ethiopia, Kenya and Somalia according to a format approved by the management team during the briefing at the beginning of the overall RTE process. The evaluation team will present their draft findings to the IASC country team on the conclusion of the country visit, including provisional recommendations.
- A brief synthesis report on the basis of the country-specific reports as well as a powerpoint presentation for the workshop summarizing main findings, conclusions, recommendations and lessons learned.

Principal conclusions and recommendations of the RTE will in principle be available before the regional workshop that will be organized after completion of the country visits. The final versions of these four reports will be available within 15 days after the workshop. In each country, the Humanitarian Coordinator or a designated member of the IASC Country Team will create a Learning Group composed of interested IASC members who will be briefed and debriefed during entry and exit meetings. At the regional level, there will be a Learning Group composed of representatives of the IASC teams as well as regional and headquarter staff of participating organizations who will attend the final workshop. Methods will include an extensive review of documents before and during the field visits (previous evaluations, CAP, country plans and reports, project documents, sitreps, progress reports, minutes of meetings etc.); direct observations techniques (e.g. attending regular meetings; accompanying scheduled field trips); and key stakeholder group and individual meetings (including interviews and focus group discussions with people affected by the humanitarian crisis, especially vulnerable groups). All information will be triangulated and validated to the greatest possible extent and the analysis will adhere to UNEG Norms and Standards, ethical standards and reporting guidelines of participating organizations. The in-country IASC teams will produce Management Responses and Action Plans within 15 days after the completion of the four reports. The implementation of accepted recommendations will be monitored through regular reporting mechanisms. At the global level, a Virtual Reference Group will be created composed of representatives of evaluation and research offices of IASC members, which will be involved in the review terms of reference and review draft and final reports.

6) Assumptions and requirements

Although the burden on the country teams will be kept to a strict minimum, it is assumed that the evaluation team will have access to all relevant documentation and can take part in relevant meetings and field trips. RTE does require interaction between field staff and the evaluation team if it is to meet the challenge of being an opportunity for learning and performance improvement. Entry and exit meetings with the learning groups of the IASC Country Teams are deemed extremely important in this context. Comprehensive briefing and debriefing sessions with the evaluation management team are equally essential as will be the regional workshop.

³⁶ <http://www.uneval.org/docs/ACFFC9F.pdf>

Annex 2: Itinerary of the mission

Dates	Somali Team	Borana Team
31/08/2006	Team Meeting	
01/09/2006		
02/09/2006	Arrange Meetings	
03/09/2006	Travel to Gode Meeting with the Regional DPPB delegation visiting Gode Visit to sites around the city Meeting with NGO and UN agencies Meeting with UNICEF	Travel to Yabelo OCHA Briefing
04/09/2006	Travel from Gode to Dire Dawa and from Dire Dawa to Jijiga Meeting with the Health Task Force at the Regional Health Bureau	Zonal Administration meeting the Zone Coordination Team including: BoARD/DPPA/FSCB Zonal Office; CARE Yabelo Area Office; IMC Zonal Office; Bureau of Health Zonal Office; Bureau of Education Zonal Office; Bureau of Water & Sanitation Zonal Office; Individual meetings Woreda Committee, Yabelo; SORDU Mobile Health Team
05/09/2006	Meeting with WFP Participation to the monthly Regional Coordination Meeting at the Presidency Meeting with the regional Water Bureau and Task force Participation to the Monthly Coordination of the Livestock sector Meeting with NGO Meeting with ICRC Meeting with FAO	Travel to Moyale ERCS, Moyale Woreda Committee, Moyale LIVIA Moyale CARE Moyale
06/09/2006	Travel to Dire Dawa Meeting with Dire Dawa Municipal Council Meeting with NGOs and UN agencies Visit of IDP camp	Save the Children US Moyale Office Debrief with DPPA and NGOs in Yabelo Zonal Office Travel to Awasa
07/09/2006	Return to Addis Ababa	
08/09/2006	Meeting with DPPA Nutritional Unit Meeting with Ministry of Water Meeting with Ministry of Health Meeting with Gender focal point at DPPA	
9-10/09/2006	Meeting with NGO	
11/09/2006	Ethiopian New Year	
12/09/2006	Meeting with DPPA Early Warning team	
13/09/2006	Debriefing with IASC and DPPA Departure	

Annex 3: List of people met

Zone Offices (Yabelo)

	Name	Sex	Organisation/Office	Responsibility
	Ato Teferra Wondifraw Woldu	M	Administration	Delegated for Administrator
	Ato Melecha Loje Hare	M	Agriculture & Rural Dev't Dep't	Head
	Dr Getachew Gulma	M	DPPO	Head
	Ato Berihun	M	Early Warning	Expert
	Ato Halake Bante	M	CARE	Area Coordinator
	Ato Genene Bekele Tura	M	Zone Health Office	Head
	Ato Mekbib Bogale	M	Education Office	Acting Head of Education Team
	Ato Solomon Abu	M	Education Office	Statistician
	Yabelo Woreda			
	Sr Asha Soro	F	Health Office	Head
	Genet Sisay	F	Education Office	Head
	Ato Mirkana Gebisa	M	Water Office	Head
	Ato Abdi Wario	M	Administration	Administrator
	Ato Kadir Abdo	M	Rural & Pastoral Dev't Office	Head
	Ato Mohammed Anno	M	DPPO	Head
	Ato Dalu Ibrahim	M	SORDU	Manager
	Ato Tilahun Nigusse	M	SORDU	Head of Veterinary
	Ato Amsaw Takele	M	Mobile Health Team	Junior Health
	Moyale Woreda			
	Ato Sudi Alemu	M	Red Cross	Coordinator, Emergency Drought Operation
	Mr Martin Lago	M	Spanish Red Cross	Engineer
	Ato Ephrem Embano	M	Food Security/DPPO	Head
	Ato Doyo Harbore	M	Pastoral Development Office	Acting Head
	Ato Ephrem Girma	M	Health Office	Acting Head
	Ato Guyo Wario	M	Administration	Administrator
	Ato Hussien Hassan	M	Administration	Deputy Administrator
	Ato Yeraswork Kassu	M	Water Desk	Head
	Ato Mitiku Tadesse	M	Education	Officer
	Mr Luca Guerraeta	M	LVIA	Project Coordinator
	Dr Dereje Damte	M	LVIA	Veterinarian
	Issack Mohamed,	M	SC-US Moyale	Admin Support Officer
	Abdulkarim Mohamed	M	SCUS, Moyale	Site Coord
	RTE Debriefing – Zone			
	Ato Solomon Aboye	M	IMC	Logistics Officer
	Ato Dejene Benti	M	IMC	Manager
	Ato Mekbib Bogale	M	Education Office	Team Head
	Ato Halake Dida	M	AFD	Coordinator
	Dr Getachew Gulma	M	DPPO	Head
	Ato Halake Bante	M	CARE	Area Coordinator

Annex 5: Guiding Questions for Gender Issues and Community Participation

Community Level

Were the communities in disaster prone areas involved in the management of emergency response?

What were strategies employed to coordinate and mobilize the community resources to deal with emergency situation?

What are the methodologies used to ensure the participation of the community? Please indicate the challenges and constraints faced during mobilization of the community in question, if any.

Gender Issues:

Are there gender-disaggregated data on drought-affected communities?

What types of gender related information /data are available for planning appropriate response to meet the strategic and practical needs of women and men /girls and boys in drought affected pastoral and agro-pastoral communities? Were there any constraints in undertaking gender related data collection and analysis? Please indicate the major ones and also identify the methodological tools used.

Did the organization/s, involved in the emergency preparedness and response, take into account the specific needs of women in the planning, mobilization and utilization of resources?

What proportion of financial and non-financial resources have been allocated and utilized to address the specific gender issues /needs identified? If any, what are the positive and negative changes/impacts observed as the result by addressing the identified gender issues in the process of emergency preparedness and responses?

Did the intervention affect the gender relation at household and community levels? That is, women and men's access to and control over HHs and community resources.

Any suggestions for future improvement to ensure gender equity and equality, as well as community involvement.

Annex 6: Beneficiaries and Emergency Food Requirements 2006 (tonnes)

Region	Emergency beneficiaries	Cereal	Pulses	Vegetable oil	Blended ¹¹ food	Total
Afar	54,600	4,914	493	148	1,301	6,856
Amhara	154,700	18,770	1,877	563	5,457	26,667
B. Gumuz	4,200	378	38	11	91	518
Diredawa	31,160	2,804	280	84	841	4,010
Gambella	50,200	4,518	452	136	1,355	6,461
Harari	-	-	-	-	-	-
Oromiya ³⁷	733,780	75,958	7,596	2,278	10,699	96,531
SNNP	35,910	3,232	323	97	877	4,529
Somali	1,514,960	136,346	13,635	4,090	39,447	193,518
Tigray	-	-	-	-	-	-
Total	2,579,510	246,920	24,694	7,407	60,068	339,090

Source: Joint Humanitarian Appeal (2006)

Annex 7: Summary of 2006 Humanitarian Financial Requirements

Sector	Gross Requirements (US\$)	Available Resources (US\$)	Net Requirements (US\$)
Food Gross: 339,090 tonnes Net: 101,066 tonnes	145,000,000	102,000,000	43,000,000
Supplementary food component of the EOS/TSF Gross: 59,877 tonnes Net: 15,495 tonnes	36,800,000	25,200,000	11,600,000
Food Sub-total	181,800,000	127,200,000	54,600,000
Health and Nutrition	73,283,654	0	73,283,654
Water and Environmental Sanitation	14,111,896	2,216,242	11,895,654
Agriculture	18,628,884	0	18,628,884
Disaster Preparedness and Response/ Capacity Strengthening	5,409,800	0	5,409,800
Overall Co-ordination	1,900,000	0	1,900,000
Non-food Sub-total	113,334,234	2,216,242	111,117,992
Grand Total	295,134,234	129,416,242	165,717,992

Source: The 2006 Humanitarian Appeal, GOE

³⁷ Borana beneficiaries were estimated to be 155,000.

Annex 8: References

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- DPPC (2004): Gender Mainstreaming Guideline and Checklists for Disaster Prevention and Preparedness Activities
- Early Warning Department (2002) Ethiopian Early Warning System: Guideline on Emergency Nutrition Assessment, Ethiopia.
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- FAO & MoARD Household Livestock Holding & Livelihood Vulnerability Status Report on PRA and Herd Structure Study in Dollo Ado Woreda, Liban Zone of Somali National Regional State; (March 2006)
- FAO/WFP; Special Report of the FAO/WFP Crop & Food Supply Assessment Mission to Ethiopia (24 February 2006)
- GOAL Ethiopia: Findings of Nutrition Survey Borana Zone-Oromia Region – June 12th – 26th, 2000.
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Annex 9: Issues in Nutrition and Emergency Response in Ethiopia

Two issues arose during the assessment requiring further study and analysis:

A. Are anthropometric data based on standard reference charts a valid measure of food needs and a sound basis for programming in these areas, as surveys would imply?

The persistence of elevated levels of global acute malnutrition (> 15% in many parts of Somali Region from at least 2000) as measured through WfH raises the important question of whether the Region has moved into a pattern of predictable chronic food insecurity, calling for a structural response, replacing the annual cycle of assessment, appeal, food distribution and supplementary and therapeutic feeding with heavy long term investment in livelihood programmes, health services and, possibly, food aid.

If these levels of low weight for height are instead partly a result of genuine anthropometric differences that create inconsistencies between malnutrition measured through WfH and through MUAC in the same children in pastoral societies, then anthropometric data may need to be reassessed. It has been suggested that the 'normal' or baseline' GAM for children in pastoralist areas, may be closer to 15% than, say, 5%. If this is the case, the meaning of trend data on child WfH in relation to food security must be re-interpreted. A major regional study is currently reviewing available anthropometric data, with a focus on the association between MUAC, WfH and morbidity and mortality among several populations in the Horn of Africa.³⁸

Where rates of malnutrition differ widely among similar populations experiencing comparable degrees of food insecurity, is nutritional assessment useful to emergency programming?

Time series data from 2000 through 2006 published by ENCU show consistently lower rates of child malnutrition among Borana populations than those of Somali Region. During the current emergency, the highest level of GAM shown in Borena Zone was 10.9%, while Somali children in Gode showed rates as high as 23.5%. There are several possible explanations for these differences, including true differences in the food security situation in these areas or poor targeting of assessment surveys. These differences appear, however, to be due in part to differences in patterns of child care and feeding. Borena are widely reported to favor small children in the allocation of food and to space births, prolonging breastfeeding through two years where possible.³⁹ Where populations show only slightly elevated levels of GAM/SAM while other socio-economic indicators suggest threats to basic food security, what is the most appropriate response? In the Ethiopia drought emergency, both supplementary and therapeutic feeding were fully implemented in Borena Zone. This phenomenon of 'positive deviance', if verified, deserves further study, given the nutritional crisis in pastoralist communities in the Horn.

³⁸ *Assessment of Child Nutrition in the Greater Horn of Africa: Recent Trends and Future Developments*: Report for UNICEF Eastern and Southern Africa Regional Office (ESARO), Nairobi. Sophie Chotard, John Mason, Tulane University, 1 June 2006.

³⁹ A nutritional study of children in Borana Zone in June 2000 [GOAL Ethiopia: Findings of Nutrition Survey Borana Zone- Oromiya Region, June 12th – 26th, 2000] was not able to confirm breastfeeding patterns, but it did show only slightly elevated rates of GAM (10.5%) and SAM (1.3%) during a drought period. Over 46% of older adults assessed using MUAC, however, were classified as severely malnourished (MUAC < 22cms.).