

Ethiopia

Executive Summary

In 2006, Ethiopia was affected by a range of humanitarian crises, including the Horn of Africa drought, flooding, and acute watery diarrhea (AWD). These problems were exacerbated by the high levels of chronic food insecurity affecting at least 8 million people. The CERF played a central role in providing early response to these emergencies in Ethiopia in 2006, funding \$8.7 million activities through the rapid response window and an additional \$1 million through the underfunded emergency window. Because Ethiopia does not use a CAP system, these resources were applied towards the 2006 Joint Government and humanitarian agencies humanitarian appeal and subsequent flash appeals.



A regional drought was experienced in the first half of 2006, affecting approximately 2.7 million people in Ethiopia, particularly in the pastoral and agro-pastoral areas of southern Somali region and Borena zone of Oromiya Region. The failure of two successive rainfalls in these areas resulted in severe food insecurity and increased malnutrition rates. Moreover, the drought exacerbated the spread of communicable disease such as measles and increased children's vulnerability.

Malnutrition rates also combined to increase the under-five mortality rate. In response, the Government included requests for emergency drought food and non-food interventions in the 2006 Joint Humanitarian Appeal. During the drought, approximately \$3.9 million CERF funding was responsible for critical life-saving interventions in relation to water and sanitation, health and nutrition and logistics support.

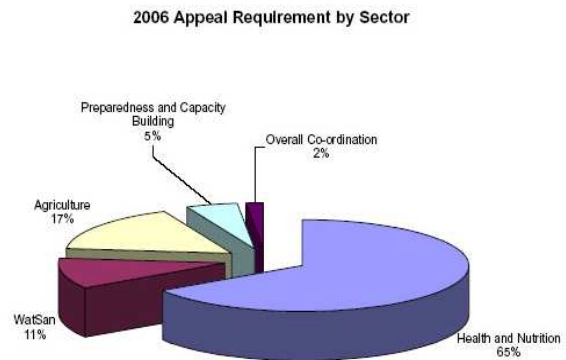
Total amount of humanitarian funding required - 2006	<ul style="list-style-type: none"> ■ \$199,823,581
Total amount of CERF funding received by window (rapid response/under-funded)	<ul style="list-style-type: none"> ■ Rapid Response: \$8,972,984 ■ Underfunded: \$1,000,000
Total amount of CERF funding for direct UN/IOM implementation and total amount forwarded to implementing partners	<ul style="list-style-type: none"> ■ NGOs: \$291,015 (UNICEF)
Total number of beneficiaries targeted and reached with CERF funding (disaggregated by sex/age)	<ul style="list-style-type: none"> ■ 2,987,170
Geographic areas of implementation	<ul style="list-style-type: none"> ■ Amhara, SNNP, Gambella, Dire Dawa, Tigray, Afar, Oromiya and Somali regions

On the heels of the drought emergency, unprecedented heavy rains resulted in flash floods and overflow of rivers, affecting approximately 670,000 people across the country from August to October 2006. Eight of the country's eleven regions were affected causing loss of life, displacement, and damage to infrastructure, livelihoods, and private property. The adverse impact of the floods was aggravated by the limited preparedness and response capacity for quick-onset emergencies. Over 700 people were reported to have died and about 240,000 were displaced.

The October floods were particularly devastating in the Gode and Mustaphil zones of Somali regional state. Additionally, the floods contributed to an increased incidence of water-borne disease including acute watery diarrhea. At the end of 2006, acute watery diarrhea cases were reported across the country, affecting all regions apart from Dire Dawa, Harari and Benishangul Gumuz. In response, the Government, in collaboration with its humanitarian partners, issued two joint Flood Flash Appeals requesting \$ 34 million to mobilize resources to meet the emerging relief and rehabilitation requirements in food and non-food sectors. Humanitarian partners (including the CERF), donors, and the Ethiopian public contributed approximately \$ 15 million to meet the emergency requirement and \$ 7 million to meet the rehabilitation/recovery needs, which constitute 60 percent of the emergency and 82 percent of the rehabilitation requirements respectively. CERF funding, however, was critical in providing over \$ 5 million for life-saving interventions in relation to health, water and sanitation, non-food items, agricultural support and logistics.

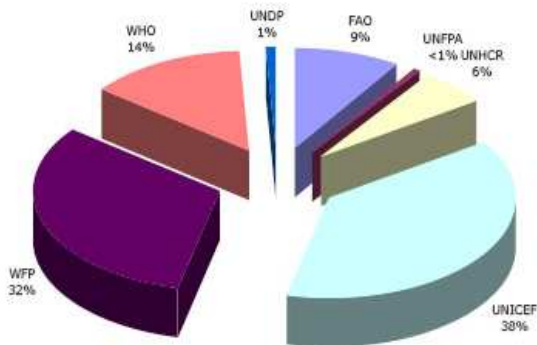
Decision-making

The decision-making process for CERF allocation evolved throughout the year in 2006. Initially, the UN Country Team (UNCT) played the central role in allocating resources. Each sector lead that was a member of the UNCT, would consult with the government-led sectoral task force – which includes key NGOs – during the prioritization process. During the first two CERF allocations in 2006, this process of identifying priority areas was already accomplished through the Joint Government and Humanitarian Partners Humanitarian Appeal, which served as a framework for decision-making. As you can see from the graphs, sectoral allocation of the CERF during the Drought reflected the sectoral allocation of the January 2006 Appeal.



During the flood and acute watery diarrhea emergencies (CERF allocation 3 and 4 to Ethiopia), NGO partners were already actively engaged with OCHA and the UNCT through the Review Board for the Humanitarian Response Fund. This served as an additional mechanism to the existing government-led emergency task force system, and ensured coherence between funding from the CERF and other donor mechanisms.

Ethiopia CERF 2006 Allocation (RR & UFE) By Agency
\$10 Million



Ethiopia has more than 75 million people, making it the second largest country in sub-Saharan Africa. It covers a very large area and has very poor road and infrastructure in the areas bordering with Sudan, Somalia, and Kenya. With the size of the country, and the distribution of emergency beneficiaries spread over eight different regions, conducting reliable, timely, and inclusive needs assessments was a significant challenge. Notwithstanding these challenges, the UNCT worked closely with NGOs and Government Ministries to quantify the needs of those affected by the three major emergencies (drought, flood, acute watery diarrhea) in 2006. As mentioned above, funding requirements were determined in the

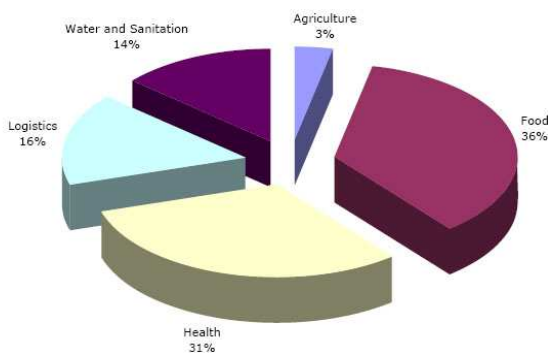
Joint Appeal and in the two subsequent flood appeals, and CERF resources were allocated proportionally to these financial needs and shortfalls were identified in the early stages of the response.

Implementation

CERF projects in 2006 were implemented primarily through UN agencies and their Government counterparts. For the UN Children’s Fund (UNICEF) and the World Health Organization (WHO) these government counterparts were the Ministry of Water Resources, Ministry of Health, and the regional Water and Health Bureaus.

For the World Food Programme (WFP), the primary government counterpart for the food flood response was the Disaster Prevention and Preparedness Commission (DPPA), while the

CERF Supported Flood and AWD Response For Ethiopia
\$5 Million



Administration for Refugee and Returnee Affairs of Ethiopia (ARRA) worked with them on the distribution of food to refugees. Numerous UN and NGO partners were involved in the emergency logistics operations during the floods. UNHCR worked with the International Rescue Committee (IRC) as well as ARRA in addition to their direct implementation to deliver water, sanitation, health, and alternative basic education services to refugees. In addition to these implementing arrangements, strong partnerships were formed with other NGOs and international agencies such as Medecins Sans Frontieres (MSF), the International Committee of the

Red Cross (ICRC), and Merlin who provided technical support to the Government and received supplies and in-kind contributions from UNICEF.

The inter-agency collaboration was critical for ensuring the timely delivery of life-saving services and supplies. In addition to speeding up the delivery, it also ensured that efforts were not

duplicated, and that staff from aid organizations were distributed in a way that maximized the coverage and response to those in need. In terms of communal logistics, which was funded through the CERF, WFP procured essential communications equipment and established systems for loaning out the equipment to requesting agencies. These resources were used in the FAO and Ministry of Agriculture Crop Assessment, and contributed to the timely flow of assessment information on crop loss and crop production. The availability of these resources would information flow between partners in future emergencies, and reduce delays that could occur while awaiting procurement, delivery, and customs clearance for communication equipment.

Table 1: Implementing partners per Sector

Sector	Implementing Partner
Water and Sanitation	<ul style="list-style-type: none"> ▣ Cooperazione Internazionale ▣ \$ 9,515 ▣ Population Services International (PSI) ▣ \$ 31,350.34 ▣ International Aid Service ▣ \$ 63,768.03 ▣ Islamic Relief ▣ \$114,928.29 ▣ Save the Rural Society ▣ \$ 71,453.72
	<ul style="list-style-type: none"> ▣ MERLIN ▣ MSF ▣ ICRC
	<ul style="list-style-type: none"> ▣ DPPA ▣ ARRA ▣ Ministry of Health ▣ Ministry of Water Resources ▣ Regional Water Bureaus ▣ Ministry of Agriculture and Rural Development ▣ Regional Agriculture Bureaus

Results

Table 2: Results achieved by sector 2006

Sector	Number of beneficiaries	Results achieved
Health and Nutrition	<ul style="list-style-type: none"> ▣ 859,057 people (CERF funds accounted for 322,000 beneficiaries) 	<ul style="list-style-type: none"> ▣ Exceeded target of providing emergency health services via mobile health teams in Oromia and Somali regions for three months
	<ul style="list-style-type: none"> ▣ 1,052,367 children in three zones in Oromia and Somali 	<ul style="list-style-type: none"> ▣ Vaccinated against measles

Water and Sanitation	<ul style="list-style-type: none"> region 10,000 people 12,000 children 28,000 children under 5 and pregnant and lactating women 12,000 children 	<ul style="list-style-type: none"> Benefiting from malaria prevention control Treated for sever malnutrition Treated for malnutrition. Plumpy nut and therapeutic milk (F-100) were distributed through the EOS, Oral Rehydration Solution (ORS) prepositioned for treatment of dehydrated children Treated for severe acute malnutrition
	<ul style="list-style-type: none"> 87,000 people targeted, 102,700 people reached Approximately 16,000 children in 16 schools 600 people 100,000 community members 18,000 people 6,000 people in Borena zone 6,500 people 8,400 people in Borena targeted, 9,000 reached 	<ul style="list-style-type: none"> Hygiene and sanitation activities Sanitation clubs established in 2 woredas¹ Trained in 120 Water, Sanitation & Hygiene (WASH) Committees Purification of contaminated water supplies following the onset of rains in Oromia region in April. 600,000 water purification tablets were distributed to worst affected kebeles in Borena (benefitting for one month) Construction of new water schemes Drilling of two Deep Wells (DW) completed and productive Construction and rehabilitation of water schemes Rehabilitation of 18 school water systems. Training of 90 WASHCO members A hydro-geological study was completed in Oromia region
Agriculture and Livestock Response	<ul style="list-style-type: none"> Approximately 2,700 pastoral/agro-pastoral households (7 times as many as 	<ul style="list-style-type: none"> Provided 8,000 animals with emergency feeding intervention, ensuring the survival and rapid

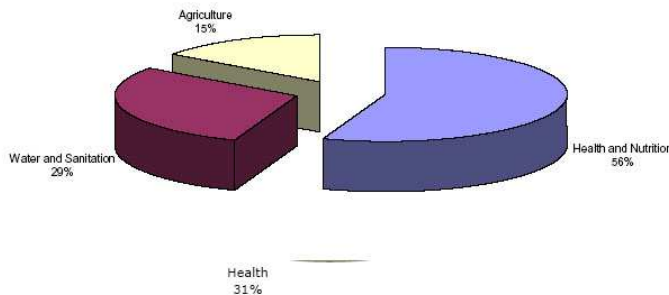
¹ It is an administrative ward, or local government, similar to a district.

	originally proposed) in Borena Zone of Oromiya Region	resumption of production and reproduction of cattle breeding stock.
	<ul style="list-style-type: none"> 900 households owing 1,200 lactating cows 	<ul style="list-style-type: none"> A market-oriented livestock production programme. The households were then engaged in the process of establishing milk marketing producer groups. The success would increase the pastoral household's resilience to drought.

In addition to the activities outlined in Table 2, the emergency preparedness and response (EPR) capacities of the Federal Ministry of Health (FMoH), Regional Health Bureaus and Woreda² health offices were strengthened in the **health and nutrition** sector. This went hand in hand with improved networking in emergency preparedness and response. Awareness and access to traditional birth attendants (TBAs) in drought-affected districts of Borena Zone were improved and the capacity of Oromiya and Somali Region Health Bureaus in health services delivery and disease surveillance in drought-affected areas was strengthened. Acute watery diarrhea surveillance system for early case detection was also strengthened, the capacity of health system in managing acute watery diarrhea out-break enhanced, community knowledge

on acute watery diarrhea issues increased, the surveillance system for early case detection strengthened, and malaria case management enhanced.

CERF Supported Flood and AWD Response For Ethiopia
\$5 Million
Flood Flash Appeal Requirements by Sector



In the **agriculture and livestock response**, with the support of the Food Agriculture Organization (FAO), communities in Dire, Miyo, and Moyale Woredas cut and debarked Acacia drepanolobium on 472 hectares (202 hectares in Dire, 120 hectares in Miyo and 150 hectares in Moyale) of infested rangelands in the project sites. A portion of the project funding was committed to support producers interested in milk marketing within the project target area.

In the **food sector**, WFP procured locally 5,400 tons of maize for the flood victims and food was allocated to the regions of Amhara, SNNP, Gambella, Dire Dawa, Tigray, Afar, Oromiya and Somali, in accordance to the Flash Flood Appeal. The duration of the assistance varied from one to three months. The standard ration of 15 kg of cereals, 0.45 liters of oil and 1.5 kg of pulses per person per month was used in the food distributions (oil and pulses were provided by other donors). This food basket was meant to provide approximately 2,100 kilocalories. The CERF fund covered also all the associated costs related to food aid management such as transportation, storage, handling, distribution, and monitoring.

² It is an administrative ward, or local government, similar to a district

In **refugee assistance**, the following was undertaken in the various sectors:

Health

- Essential drugs were internationally procured for Somali and Sudanese refugees,
- Due to the increased number of refugees in Eritrean refugee camp at Shimelba, the health service was expanded by the building of one satellite clinic and the deployment of additional health staff including Community Health Attendants (CHAs), and
- Mosquito net distribution coverage in Eritrean refugee camp was increased from 25 percent in 2005 to 70 percent.

Sanitation

- The average pit latrine to population ratio improved from 1:450 to 1:90 for Eritrean refugees against the standard of 1:20. The UN High Commissioner for Refugees (UNHCR) provided slabs for the construction of more than 80 family latrines, and
- Under the Sudanese programme, non-food items including the procurement of soap as part of the sanitary napkin package and for general distribution (for 67,148 Sudanese refugees) was undertaken that improved the sanitation of the refugee women in particular and the refugee community in general.

Education

- The pre-school programme was very successful with 772 children between ages 3 and 6 years old enrolled during the academic year under the Somali refugee programme,
- 139 girls were enrolled and participating in the alternative basic education (ABE) programme by the end of the school year,
- Thirty-four alternative basic education and non-formal education teachers benefited from 20 hours of in-service training,
- In the fall of 2006, 781 pre-school students, 139 ABE students and 388 NFE students were enrolled,
- The education level was upgraded to grade 9 and 10, which earlier was limited only up to grade 8,
- Enrollment rate in the primary school increased from 30 percent to 50 percent,
- Teaching materials and class room supplies were provided to the school while girls were given school uniform to encourage their enrolment in class,
- Under the Sudanese programme, basic education materials were purchased. As a result, the drop out rate of student was kept below 10 percent,
- 99 untrained primary school teachers were trained.

Youth Programmes

- Under the Somali refugee programme, women were engaged in school uniform production as well as in production and distribution of sanitary napkins and underwear as part of income generating activities,
- Training in tailoring, specifically training on school uniform production was conducted for participating women,
- 30 heavy duty sewing machines capable of producing quality products were procured, and
- Fifteen members of the Women's Association received five leadership trainings.

Funds from the CERF, Ethiopian Peace Foundation (EPF), and Humanitarian Response Fund (HRF) were crucial to UNICEF emergency response, and constituted over a third of all emergency funds received in 2006. Initial funding from the CERF was made available to UNICEF Ethiopia to jump-start their activities ahead of the anticipated donor response to the

regional appeal. Having these new mechanisms in place ensured timely response to emergencies, and avoided long delays while awaiting traditional donor funding.

For WFP, CERF resources enabled timely response to flood affected beneficiaries. Not only did CERF provide immediate access to food for stranded and displaced populations, but it also covered logistics costs, including helicopters for airlifting supplies to the most difficult to reach areas. No donor had come forth to meet this time-sensitive requirement, but the CERF rapid response window filled this crucial gap.

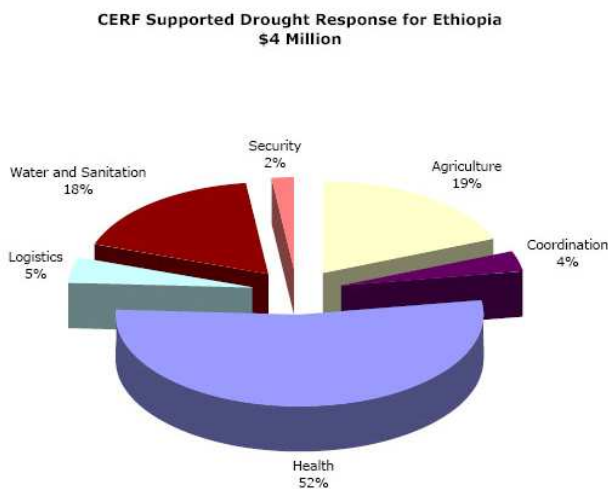
Recipient agencies worked closely with their sub-offices, government counterparts, and regional government offices to engage in frequent monitoring missions. They also utilized participatory assessment methodologies to include beneficiaries and ensure their views were heard regarding the performance of the projects.

In assessing several multi-sectoral emergencies (such as acute watery diarrhea and drought), NGOs engaged closely with the UN, including through participation on joint assessment missions to the hardest hit areas. The close partnership in assessing and monitoring activities and progress increased accountability and ensured timely inputs to shape the course of planned activities.

There were some major challenges in the area of monitoring and assessment, mostly around health initiatives. Although WHO and UNICEF have worked very closely with Government and NGOs to monitor the spread of epidemic disease, it was very difficult to determine the severity of an outbreak due to inaccuracies in reporting.

The UNCT also participated in a Real Time Evaluation (RTE) of the drought response, which included all the humanitarian agencies within the UNCT as well as Government and NGO partners in the response. The evaluation focused on the timeliness, adequacy, and effectiveness of the emergency response by assessing preparedness (including early warning functions), short-term life-saving activities, and actions aimed at protecting and avoiding further degradation of livelihoods. In terms of sectors and themes, special emphasis was given to food

security, nutrition, health (including reproductive health), water, and gender.



CERF played a critical role in providing the initial response to the drought in March 2006 because of the rapid disbursement arrangements of the funds. The CERF's support to cluster coordination – such as UNICEF Ethiopia's role in water, environmental sanitation and hygiene and nutrition – encouraged federal and regional authorities to set up coordination committees (Emergency Coordination Task Forces) to oversee the interventions of UN, state actors and

NGOs. These committees collected, analyzed, and distributed data from the field and through UNICEF's efforts, overlaps in response were identified and many gaps were filled.

CERF contributions to the refugee caseload in Ethiopia were very significant. The expansion of water and health facilities at Shimelba refugee camp reduced the potential friction between the refugees and the local population on the available resources. The recorded increased enrolment rate in school positively influenced the future wellbeing of the children and the youth. The provision of classroom supplies, desks, and teacher training also contributed to keeping the drop out rate below 10 percent. The availability of essential drugs and referral services undoubtedly reduced mortality and morbidity throughout the year.

Lessons Learned

Refugee Food Grant

As this was the first time funding from CERF was sought for the refugee operation, there was some confusion on which template to use for submitting proposals to CERF (the format of the Letter of Understanding provided by WFP headquarters) and the CERF project template, which also had different versions. Information regarding possible access to CERF grants for food assistance to refugees was made available only a day before WFP Ethiopia's proposal for food assistance was submitted. The WFP Country Office struggled to meet the submission deadline was stressful for the staff involved. In general, a lot of time was spent in reaching agreement on the correct template to use for completing the project proposals and the appropriate channels to follow for the submission of the proposals. Procedures became clearer only after much exchange of communication between the WFP Country Office, WFP Headquarters, and OCHA.

Agriculture and Livestock

Inconsistency in intervention approaches of Government organizations and NGOs operating in the same area should be prevented. Contrasting modalities with respect to the role of communities in development interventions as experienced during project implementation created misunderstanding and confusion among the communities. FAO and the Government should jointly take the lead in coordinating the various stakeholders and harmonizing development approaches.

Health and Hygiene

A poor environmental health and water supply system remains the main cause of the spread of acute watery diarrhea in Ethiopia. In addition, poor/lack of emergency preparedness and response plan contributed to the high case fatality rate recorded the first week of occurrence of the disease. The improvement of environmental health and water supply system especially in rural areas will be the focus. A contingency plan and stock would be ensured for each region. Halting the spread of such deadly diseases will require strong inter-agency and cross-cluster coordination to ensure that health, water, and hygiene requirements are all addressed systematically in affected areas or areas of greatest risk.

During implementation of CERF funding, it became clear that training in acute watery diarrhea prevention and control have to be on going, with support by technical teams. The training referred to is for secondary audiences - teachers, community leaders, and community hygiene promoters. Also noted was the need for wider dissemination of acute watery diarrhea guidelines and protocols – currently, this is only at regional and zonal levels whereas it needs to be introduced with practical orientation at Woreda level. Other areas that need improvement were the prevention aspects in an emergency. These aspects demand long-term dialogue to ensure

behavior change. There is also a clear need to harmonize with regular development programmes, and to encourage reprogramming and acceleration of these efforts in time of emergency. For example, messages or promotion around latrine construction should move to containment of faeces or vomit using locally available materials, resources, or skills. While implementing emergency programmes requires flexibility around the normal Government policies, efforts should be made to ensure that the traditional or Government-led system is not undermined. A strong cooperative process was in place to develop emergency response plans for the affected region. Although many humanitarian partners – including numerous NGOs – contributed to these plans, they were frequently delayed significantly by Government counterparts before being finalized. Dialogue and standard operating procedures should be encouraged to speed those processes.

CERF in Action

WFP Food Beneficiary Interview

Thirty five year old, Kimia Abdo has just returned to her temporary home in the school compound after a visit to a temporary mobile clinic, which has been set up in the wake of the disaster. Many of the displaced people are women, and the clinic offers health and practical advice to them. “The flood woke us up. It crashed through our mud hut, breaking the door. My husband rushed to save our children and managed to pluck two of them from the floor and hold on to them, while I clung to the other two, strapped to my body. But my husband was unable to withstand the fierce power of the gashing water. I saw him, with my own eyes, in front of me, washed away with our two children. They just disappeared, through one of the walls of the hut, which suddenly seemed to fall down. Seconds later, I was also snatched by the water with my other two children. It was a horrible, horrible night.”

Kimia remembers that she was drowning, but somehow managed to grab a piece of iron sheeting which had been lodged in the thick, soupy mud. The iron sheeting maneuvered itself around Kimia’s neck, and kept her afloat in the water for hours. “When the water subsided and the day broke, I started to look for my husband and children,” she said. “Aid workers later came and took me to the hospital where I saw the dead bodies of many, many of my friends and neighbors. I learnt that my children and husband were among the dead at the hospital.”

Kimia’s four children were all under eight years of age. Pointing to a young girl beside her, Kimia said that the girl was her only surviving child. Musteriha Abdalla is 14 years old and was not with the family during the night of the floods. “She was at a wedding party with our relatives,” Kimia explained. “My survival is miraculous. Almost all of my neighbors died. And yesterday, I spent the whole day burying my family.”

WFP together with the Ethiopian Government provided food assistance for the flood victims in Dire Dawa.

Emergency concentrate feed intervention

Among the pastoral households that participated in the CERF II supported livestock survival feeding, the outcomes of the Haralo pastoral association (Dire Woreda) were most notable.

Initially, beneficiary households were very suspicious of the nutritional value of the concentrate feed provided. Until then it was common practice to feed grass, hay and crop residues in times of food crises. The pre-intervention discussion and training on the significance of supplementary

feeding, however, rekindled some hope in the minds of beneficiaries and given the poor condition of the animals and increased mortality, the pastoralists had no other option than utilizing what was available to them.

After implementing the concentrate based supplementary feeding together with a slight adaptation of the frequency of watering, pastoralists saw the importance that giving limiting nutrients to livestock gave better results than providing large quantities of roughage. They indicated that the effect of the supplementary feeding particularly on survival, body condition and milk production was remarkable. None of them reported death of animals that received concentrated feed. On the other hand, they lost many animals that were not supplemented. Milking cows, producing virtually nothing were able to yield a third of a liter while those producing a quarter of liter managed to double or triple their production. It was learned that whatever little milk obtained was marketed to buy food items such as maize grain, sugar, and tea in return. This clearly showed the contribution of supplementary feeding to household food security even at times of crisis. The pastoralists also mentioned that supplementary feeding also produced a visible change in body condition.

None of participating pastoralists complained about nutritional disorders, which are often encountered when animals are introduced to a new diet. According to the pastoralists, the adaptation of the animals to the concentrate diet was instant.

Bush management in Soda (Dire Woreda)

In August 2006, FAO facilitated community-based selective thinning and debarking of invasive bush species in three bush encroached range sites in Borena. One of the sites was the Soda rangelands. Like the rangelands in other parts of Borena, productivity had declined over time due to an increase in density of indigenous bush and tree species. *Acacia drepanolobium* is the predominant encroaching species. Build-up of this acacia species substantially reduced the effective grazing area and the availability as well as accessibility of herbaceous forage. As a result, the carrying capacity for livestock (and wild animals) was reduced. FAO provided field tools, range rehabilitation guidelines, and training on sustainable range resources management and utilization. The pastoral development office mobilized the community, facilitated the implementation of range rehabilitation, and provided the technical backstopping, while the pastoral community took the responsibility of executing the actual range rehabilitation work and the post rehabilitation management of the range resources.



An 80-year-old woman cradles her malnourished grandson near Afder, southern Ethiopia. More than 14 million people in the region face chronic food insecurity, through poverty, conflicts and droughts. [Photo: IRIN]

Pastoral communities in Soda were actively engaged in the control of the invasive woody species but also gone ahead in setting bylaws required to administer the range resources during the post-rehabilitation period. The community has set fines for households allowing animals

during the fallow period and collecting firewood from same area. Six months have now elapsed since the start of the participatory range rehabilitation exercise.

The combination of removing invasive bush species and stock exclusion caused a satisfactory recovery of the herbaceous forage species after the first short rains, which attracted wild herbivores including gazelles, antelopes, and zebra into the cleared area. From the present pilot rehabilitation exercise, natural resources management interventions have proven useful and beneficial to local communities bringing about a visible change in a short period.

Refugee Assistance

Education at the Eritrean refugee camp known as Shimelba has been one of the most challenging activities for Eritreans as the camp was initially located at a different location that had to be changed. This involved shifting all the temporary school buildings to the new site. In 2005, the education level in Shimelba was limited to grade 8 only but was upgraded to grade 9 and 10 after receiving the CERF donation in 2006. Enrollment rate in the primary school increased from 30 percent to 50 percent during the academic year of 2005/2006. The classroom student ratio was kept at the standard of 1:40. Teaching materials and classroom supplies were provided to the school while girls were given school uniform to encourage their enrolment in class.

CERF funding made it possible to give all Somali and Sudanese refugee women in the reproductive age group between 13 – 49 years soap as part of sanitary package as well as soap under general distribution. The distribution of soap improved the sanitation of the refugee women in particular and the refugee community in general.

In the health sector, drugs in the Ethiopia essential drug list were internationally procured and used in the Eritrean, Sudanese, and Somali refugee camps. Of particular interest was the case for the Eritrean refugee camp where the health service was expanded to the new site by constructing one satellite clinic and deploying additional health staff including community health attendants. Since the camp is located in a malaria endemic area, mosquito net distribution coverage increased from 25 percent in 2005 to 70 percent in 2006 using the CERF contribution.

Ethiopia 2007

The deteriorating political and security situation in South-Central Somalia has forced thousands of Somalis to seek asylum in Ethiopia since January 2007, and the influx has steadily increased as the political situation in Somalia is worsening.

As the humanitarian agencies, including UNHCR Somalia struggle to reach the vulnerable IDPs and assist them inside Somalia, it became clear that the enormous security and humanitarian gaps are increasing. Because of the political insecurity, an increasing number of Somalis are opting to seek immediate refuge in Ethiopia, mostly moving into Gode and Dolo (southeast), Hartisheik, and Kebribeyah (northeast).

CERF has allocated \$1,100,730 to UNHCR to assist an estimated 20,000 Somali refugees that have arrived in North-Eastern Ethiopia (Hartisheik and Kebribeyah) and southeastern Ethiopia (Gode and Dolo). In both areas, the local population was sharing their meager resources with the newly arrived refugees since the emergency started. Rapid action was required to avoid a further deterioration in the situation.

In northeastern Ethiopia, approximately 4,000 Somali refugees/asylum-seekers arrived in the former refugee campsite in Hartisheik and the existing camp in Kebribeyah and are currently going through a rigorous verification process jointly being conducted by the Ethiopian Government and UNHCR. Upon completion of this verification process, UNHCR will assist the confirmed refugees.

In the south, the Ethiopian Government agreed to community-based assistance for the estimated 16,000 new arrivals as the asylum seekers in Gode and the Dolo area were being hosted by the local communities. Humanitarian agencies on the ground will be fully engaged in helping the host communities in the water/sanitation, health, education, and community services sectors.

The funds enables UNHCR to provide transportation of non-food items for approximately 20,000 refugees, relocation of more than 3,000 new arrivals from Kebribeyah and Hartisheik to Teferi Ber (the new campsite).

It is now possible for UNCHR to provide plastic sheeting, kitchen sets, soap, sanitary napkins, fuel for cooking, jerry cans (one per a family of five), blankets (two per family of five) and mosquito nets for 3,000 refugees in Teferi Ber and 3,200 vulnerable persons in Gode area (20 percent of the total population reported are assumed to be vulnerable). The funds is also being used to rehabilitate ten existing shallows in Teferi Ber and to construct 150 communal pit latrines and six waste disposal pits in Teferi Ber camp. Additionally, primary health care is being provided to all new arrivals while all new arrivals in Hartisheik are being registered and issued with refugee status attestations and ration cards.

CERF responds to under-funded humanitarian interventions

Despite the improved food security prospects, due primarily to above average rainfall, an estimated 1.36 million people need emergency food assistance in Ethiopia in 2007 because of the severe impacts of flooding, localized agricultural production failure and other shocks.

Disease outbreaks remain extremely concerning, including Acute Watery Diarrhea, meningitis, and malaria, and acute malnutrition in food insecure areas of the country requires continued attention. The majority of food aid requirements were in Somali (70 percent) and Oromiya (20

percent). More than 50,000 people in five regions were diagnosed with acute watery diarrhea in 2006 and an additional 10,000 have been affected since January 2007 in four regions (Somali, Afar, SNNP and Oromiya). Some 1.2 million people were considered to be at risk of acute watery diarrhea and 240,000 were at risk of meningitis. The lack of adequate water and sanitation in affected areas was a major reason for the continued spread of acute watery diarrhea.

Localized conflict and severe flooding have also displaced more than 100,000 people, who still require assistance and approximately 100,000 refugees (old caseload) remain in the country and continue to need camp based assistance. Approximately 40,000 to 50,000 new refugees were reported by the Government to have entered Ethiopia (Somali Region) from Somalia in the past year. Most have sought temporarily refuge with their own clan groups.

Security concerns and humanitarian access in Somali Regional State and in South Oromiya Regional State have become increasingly problematic during 2006 and into 2007.

Priority humanitarian actions were necessary for targeted assistance to address acute watery diarrhea, meningitis, and acute malnutrition in areas most severely affected and for populations most at risk. With a lack of funding for these activities early in the year, the impact of not addressing these needs will be a very likely increase in acute watery diarrhea, and meningitis cases and deaths, increased acute severe malnutrition both among the general vulnerable population in affected areas and among refugees. Area assessments were also being carried out to prioritize and target food aid assistance, which are required to verify results of the November/December national food needs assessment.

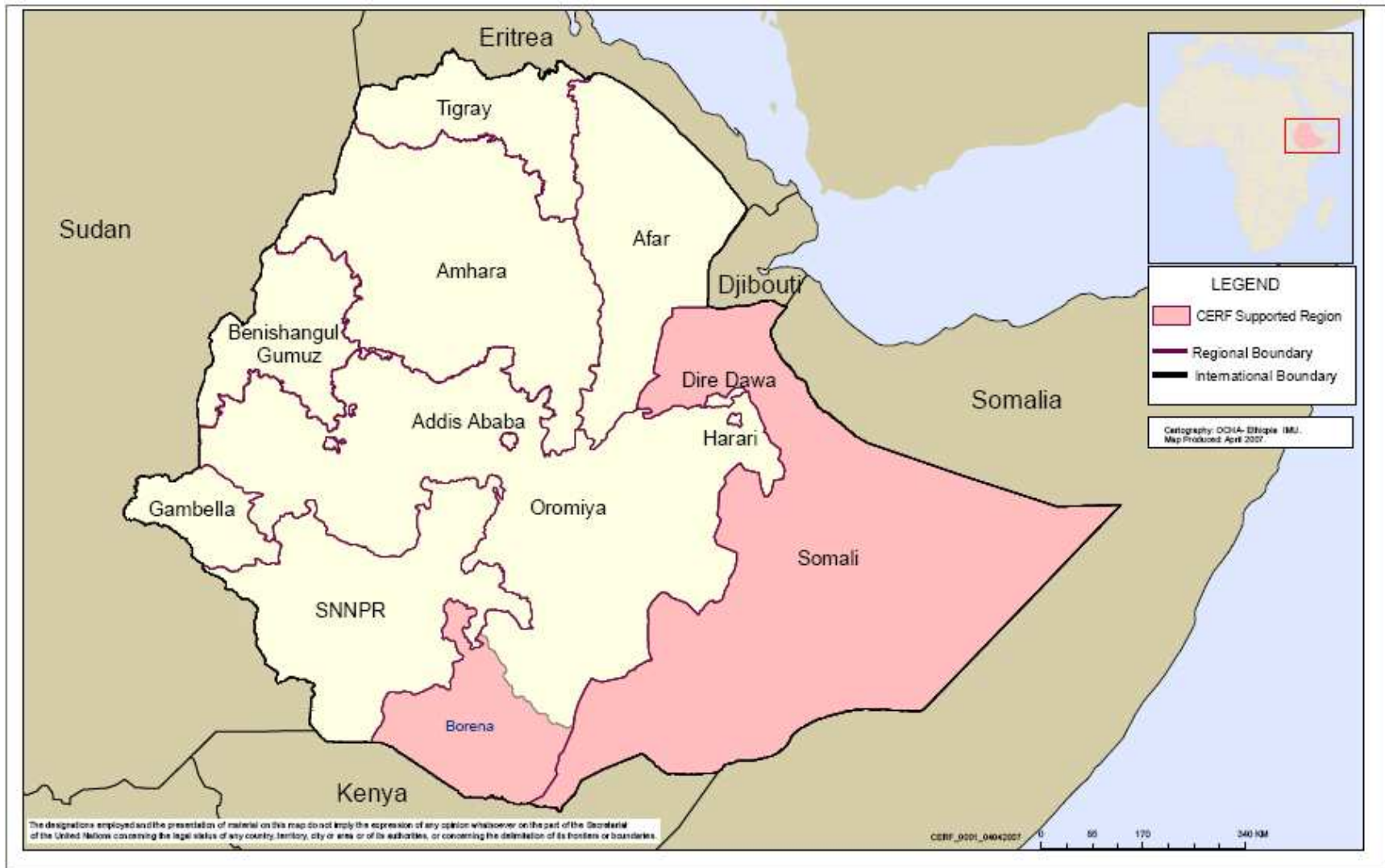
The CERF grant, totaling \$ 5 million, for underfunded emergencies for Ethiopia is being used to address critical life-saving needs and support in the water and sanitation sector with the focus on control of acute watery diarrhea. The other sectors were health and nutrition, with a focus likewise on acute water diarrhea and acute severe malnutrition, multi-sectoral assistance to refugees, and support of UN security operations in the Somali Region and the Borena Zone of Oromiya Region.

With the CERF grant, UNICEF, WHO, WFP and UNHCR are providing urgent and critical services in these sectors.

WHO and UNICEF are supporting the emergency response to outbreaks of acute watery diarrhea, including surveillance, treatment, as well as the provision of drugs. UNHCR and WFP are ensuring protection and assistance, including emergency food assistance to Somalia refugees in eastern Ethiopia, as well as to Sudanese and Eritrean refugees.

A security project is being implemented by UNDSS, which is critical to ensure access and operational support in the Somali region.

CERF Supported Drought Response for Ethiopia - \$ 4 Million



CERF Supported Flood Response in Ethiopia (\$5 million)

