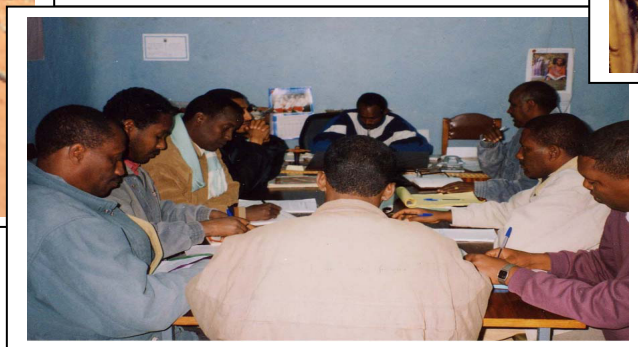
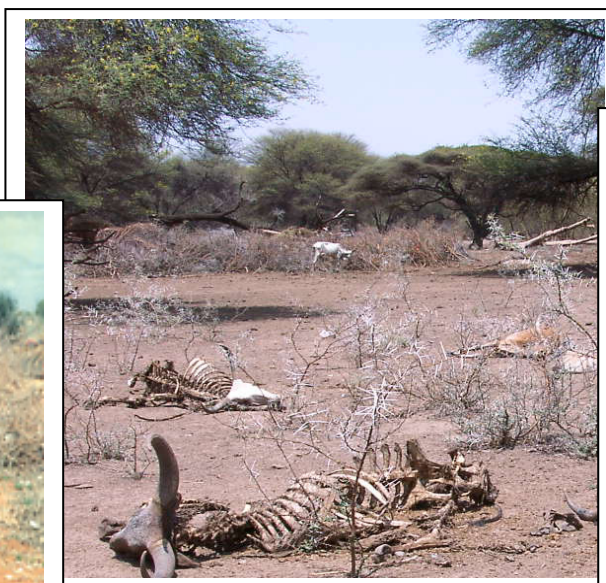


PLANNING FOR THE NEXT DROUGHT ETHIOPIA CASE STUDY

AN ASSESSMENT OF THE DROUGHT RESPONSE 1999–2001
AND CURRENT PREPAREDNESS



USAID
BUREAU FOR DEMOCRACY, CONFLICT,
AND HUMANITARIAN ASSISTANCE (DCHA)
OFFICE OF PROGRAM, POLICY, AND MANAGEMENT (PPM)

USAID/Washington
MARCH 2003

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PREPAREDNESS**

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The Bureau for Democracy, Conflict, and Humanitarian Assistance of the Office of Program, Policy, and Management conducted this assessment, the third in a series of reviews of USAID's response in disaster situations. The first two assessments covered the floods in southern Africa in 1999 and 2000 and Hurricane Mitch in 1998. This assessment differs from past reports in two ways. First, the Mission declined the field access planned in the scope of work, and minimal field representation complicated the interview process. Second, the assessment has a prospective focus, reviewing gaps in the 1999–2001 response that need improvement and partner preparation for future drought emergencies. More important, this report highlights successful aspects of USAID and partner response that helped avert a wider-scale disaster.

The team wishes to acknowledge the support of USAID/Ethiopia, particularly Tim Shortley, who tirelessly provided information on the past and current drought. DCHA/PPM is also grateful for the cooperation and support of the Office of Food for Peace (FFP) and Office of Foreign Disaster Assistance (OFDA). Karen Nurick, Marion Pratt and Lily Beshawred contributed to the design, planning, and interviewing of respondents, while Teferi Bekele conducted selected interviews in Ethiopia. Charlie Teller assisted in the design stage, was interviewed, and provided extensive editorial comments on the draft report. Margie Ferris-Morris, lead consultant, was involved in each stage of the process and drafted the final report.

Finally, the team would like to thank Monitoring, Evaluation, and Design Support (MEDS) project staff, especially Muthoni Njage and Julie Klement, for facilitating the report process and hosting a team planning session.

Cover photos:

Ethiopia drought by Mia Beers, OFDA Africa Regional Office, Nairobi, Kenya

DPP committee disaster planning session, Oromoya (2000), and *Woreda* maize crop assessment by DPP expert, SNNPR (late 1999), by Charlie Teller

Ethiopian woman carrying water in Somali Region, by Sammy Ndwiga

FOREWORD

From 1970 to 1998 Ethiopia experienced more than 56 large-scale disasters, with an estimated 1.2 million deaths and more than 66 million people affected. In fact, Ethiopia has experienced more large-scale disasters than any other country over the last part of the 20th century, and the annual frequency of these disasters has increased since 1985. Droughts affected the largest number of people, followed by epidemics and floods. The drought Ethiopia suffered in 1999–2000 was the most serious the country had seen since the devastating famine of 1985, when more than one-fifth of the population was at risk for starvation. Ethiopia in 2002 is once again experiencing severe conditions in pastoral and other areas of the country, with an estimated 10 to 14 million people in urgent need of food aid, water, and emergency health services.

In addition to the USAID Mission and its local partners, USAID's Office of Foreign Disaster Assistance (OFDA) and Office of Food for Peace (FFP) are the Agency's main offices for response in emergencies. The USAID/Ethiopia Mission and its partners are particularly innovative in their approach to disasters, in part as a result of experience gained because of the recurring nature of emergencies there. There are many lessons to be learned, both positive and negative, from the responses to the drought and from the consequences that followed. It is critical that we take advantage of these lessons, share them widely, and incorporate them into our preparedness planning and our responses to similar disasters in the future.

We sincerely hope that the publication and distribution of this evaluation will further serve as an important instructive reference for USAID's response and preparedness to drought emergencies in Ethiopia and in other countries.

Lowell E. Lynch, Director
Office of Program, Policy, and Management
Bureau for Democracy, Conflict, and Humanitarian Assistance
USAID

ACRONYMS AND FOREIGN TERMS

ARO	USAID/OFDA Africa Regional Office
<i>belg</i>	Early calendar year rains in Ethiopia, critical for about 5 percent of rain fed agriculture
BMI	Body mass index (kg/m ²)
CDC	Centers for Disease Control
COMPAS	Commodity tracking system (World Food Program)
CRS	Catholic Relief Services
CS	Cooperating Sponsor (US PVOs and NGOs)
DA	Development assistance (USAID terminology)
DAP	Development assistance program (USAID terminology for Title II resources)
DART	Disaster Assistance Response Team (USAID/OFDA)
DCHA	Democracy, Conflict, and Humanitarian Assistance (DCHA)
DfID	Department for International Development (UK)
DHS	Demographic and Health Survey
DPPB/D	Disaster Prevention and Preparedness Bureau (regional) /District (GFDRE)
DPPC	Disaster Prevention and Preparedness Commission (central) (GFDRE)
EC	European Commission
EFSR	Emergency Food Security Reserve
EGS	Employment generation scheme
EMOP	Emergency operation (funded by OFDA)
ENCU	Emergency Nutrition Coordination Unit (DPPC)
EU	European Union
EW	Early warning
EWS	Early warning system
FANTA	Food and Nutrition Technical Assistance (USAID cooperative agreement)
FEWS	Famine early warning system (USAID)
FFP	Food for Peace (USAID)
FFP/DP	Food for Peace/Development Programs Division
FFP/ER	Food for Peace/Emergency Relief Division
FHA	Office of Food and Humanitarian Assistance (USAID/Ethiopia)
FHI	Food for the Hungry International
FY	Fiscal year
GAM	Global Acute Malnutrition
GFDRE	Government of the Federal Democratic Republic of Ethiopia
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
IO	International organization
ISP	Integrated Strategic Plan (USAID/Addis)
JEOP	Joint Emergency Operation Plan
MEDAC	Ministry for Economic Development and Cooperation
MEDS	Monitoring, Evaluation, and Design Support Project
MEDSO	Mitigation Effects of Disaster Strategic Objective (USAID/Addis, ISP)
<i>meher</i>	longer mid-year rains feeding most highland and lowland agriculture
MOH	Ministry of Health
MoRD	Ministry of Rural Development
MT	Metric ton
MUAC	Mid upper arm circumference
NID	National Immunization Day
NGO	Nongovernmental organization
OFDA	Office of Foreign Disaster Assistance (USAID)
PPM	Office of Program, Policy, and Management (USAID)
PVO	Private voluntary organization (US-based)
REDSO	Regional Economic Development Support Office (USAID)
REST	Relief Society of Tigray

R2D	Relief-to-Development Project (USAID/Ethiopia)
SAM	Severe acute malnutrition
SCF/UK	Save the Children Fund/UK
SCF/US	Save the Children Federation/US
SERA	Strengthening Emergency Response Abilities (USAID/Ethiopia Project)
SFP	Supplementary feeding program
SNNPR	Southern Nations, Nationalities, and Peoples Region (Ethiopia)
SO	Strategic objective (USAID)
SD	Standard deviation
STI	Southern Tier Initiative (USAID/Ethiopia)
TFC	Therapeutic feeding center
TFP	Therapeutic feeding program
USAID	United States Agency for International Development
USG	United States Government
VAD	Vitamin A deficiency
VAM	Vulnerability Assessment Mapping Unit (WFP)
WFP	World Food Program (UN)
W/H	Weight for height
WHO	World Health Organization (UN)
<i>woreda</i>	Ethiopian administrative division corresponding to a district, similar to a British or American county
WVE	World Vision Ethiopia

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EXECUTIVE SUMMARY

The third in a series of Democracy, Conflict, and Humanitarian Assistance (DCHA)/Office of Program, Policy, and Management (PPM) assessments, this study emphasizes disaster preparedness and planning for future droughts, using Ethiopia as a case study. The two earlier assessments documented for USAID programming and DCHA lessons learned from Hurricane Mitch and the southern Africa floods. The findings of these assessments were used to formulate recommendations for programmatic reforms that were recently approved by the administrator.

Ethiopia has experienced more famines than any other country in the Horn of Africa. Donors and the Government of Ethiopia (GFDRE) have worked for decades to improve response to food shortages and food security. The latest extended drought occurred in 1999–2000, and the response period covered most of 2001 for transition programming. This mostly prospective assessment considers the 1999–2001 drought response and actions USAID could take to respond better to future emergencies.

This study reviews the major actions of the Office of Foreign Disaster Assistance (OFDA), Food for Peace (FFP) Emergency and Development Programs, and the resident Mission, as well as plans and programs for longer term preparedness, prevention, and mitigation of food insecurity in the most vulnerable areas of Ethiopia. The 1999–2001 food crisis is analyzed in terms of the preparedness, actions, roles, and the emergency response capabilities of USAID and its partners, particularly the World Food Program (WFP), the Disaster Prevention and Preparedness Commission and nongovernmental organizations (NGOs). This assessment is based on recent evaluations, Mission proposals, FY 2002 NGO development assistance programs (DAPs), interviews with persons in the United States and in Ethiopia, and selected documents.

The report covers three areas: 1) partner capacities: areas of need in terms of preparedness for future disasters and specific, actionable recommendations for DCHA and other USAID resources that can be tapped to strengthen capacities now and in the future; 2) health and nutrition programming preparedness not currently addressed (including nutrition surveillance, nutrition indicators for early warning, partner training in monitoring and reporting, standardization among USAID partners, and recommendations for DCHA programming and other USAID resources to address these chronic problem areas); and 3) the USAID, donor, and host government policy environment.

This report is not a food security assessment, nor does it lay out food security strategies the government and donors should be taking to mitigate future shocks. This would entail another study, of which many have been undertaken in the recent past. In addition, this report has gaps in information from Food for Peace and the World Food Program, organizations that at the time of this writing are involved in responding to another massive emergency drought response in Ethiopia. Due to proprietary considerations, details on the U.S. PVOs' development assistance programs were not available to the consultant as they were undergoing a USAID funding review.

The 1999–2000 drought emergency was the result of a number of factors in addition to the lack of adequate or timely rain for three consecutive years. Economic factors included low

agricultural productivity, a poor household asset base, land management and degradation, market failure, and a temporary ban on the trade of livestock in the region. Policy and political factors included the border conflict and war, slow European donor response, and slow reconstitution of grain reserves; the GFDRE's weak infrastructure (administration, human resources, and policies) and lack of adequate early warning information; and the general political and/or ethnic conflict with some of the affected populations. Direct and indirect social causes included high fertility rates, ethnicity, and land fragmentation resulting in increased food and environmental degradation

By most accounts (most of which being subjective internal assessments) the international and government response to the 1999–2000 drought successfully averted famine for large segments of the afflicted population and stemmed some forced migration. While donor pledges arrived slowly, the GFDRE, international community, and aid agencies mobilized efforts to minimize the drought's effects throughout the country. During the period of most intensive activity of the response, 1 million tons of food delivered from April to December 2000 reached about 10.2 million people. Water was delivered to the neediest, and measles vaccinations helped reduce mortality. Pastoral populations in southern and southeastern Ethiopia, however, were forced to migrate in search of pasture, water, and health care.

The assessment scope included a review and summary of key evaluations, summarized below. Strengths and weakness of the drought response identified by L. Hammond (2002) include the following:

- *Strengths.* Early warning information facilitated appropriate advance action. Massive food relief was timely and effective in 2000. Food was prepositioned in remote areas, and visits of senior officials attracted attention to the problem, although the media could have been used more effectively. Subsequently, the extended response helped build local capacity, increased attention to pastoralists in the Somali region, established early warning capabilities in remote areas, and improved nutrition surveillance through the establishment of the Emergency Nutrition Coordination Unit (ENCU) in the Disaster Prevention and Preparedness Commission (DPPC).
- *Weaknesses.* Shortcomings included a weak link between early warning information and response and between disaster response and transition to development; ration dilution; a high duty on relief support items; lack of standards for nutrition assessments; and delayed donor repayment of the Ethiopian Food Security Reserve (EFSR). Pastoral areas lacked early warning systems, sufficient implementing partners, and adequate local capacity. Cross-border programming and information sharing with Kenya and Somalia, which have effective pastoral EWS and were responding to their own drought emergencies, were nominal.

The Somali region presents an exception to the overall response. The lack of adequate early warning systems and late arrival of relief aid in the Somali region, particularly the pastoral areas, was a likely contributor to excess human and animal mortality.

The report, “After Action: OFDA Ethiopia–Eritrea Complex Emergency,” (2000) concluded that the USAID Ethiopia Mission, because of key personnel, soundly understood national emergency response. To build upon these strengths, the report recommended periodic updating of the Mission’s disaster management plans with OFDA or Area Regional Offices, increased integration of OFDA activities into Mission mitigation strategies, more frequent Area Regional Office technical assistance visits and longer term assistance to disaster-prone countries, and continued funding of the effective famine early warning system (FEWS) across Africa.

A review of the impact of eight years of USAID’s Title II assistance (B. Riley 2002) concluded that 1) monetization was difficult for the small private voluntary organizations (PVOs) in Ethiopia; 2) food aid had a disincentive effect (stemming from the long history of food aid in Ethiopia) affecting food production in emergencies; 3) overgrazing contributed to environmental degradation; 4) employment generation schemes (EGS) assets tended to be of poor quality and too short duration; and 5) capacity building depended on the success of monetization. Transitioning between relief and development challenged all but two US PVOs, while few had local-level disaster plans or off-the-shelf projects developed within the communities they were working. The review recommended standardizing key indicators among cooperating sponsors (CS), complementing food aid with non-food resources in the development program, supporting growth monitoring at local level, integrating early warning systems, developing working models for preparedness planning, and sharing information and coordinating donor-funded programming across borders. The authors conclude that the scale of interventions does not match the scale of need, such that populations served by the CSs have seen little improvement in food security. An updated baseline found services, local capacities, and select agricultural indicators to have improved¹. They recommended reviewing CS efforts to ensure that their relief work does not exacerbate problems that their development assistance is trying to overcome.

In the new DAP cycle, some of these same problems persist: proposed DAPs lack an emphasis on nutrition monitoring and surveillance, mass vaccination program support, locally prepared disaster preparedness plans, contingency plans, and risk management efforts.

The above reports do not discuss in detail nutrition response — assessment, monitoring, and exit strategies, and GFDRE partner capacities to improve future response planning, implementation, and transitioning to development programs. In addition to nutrition monitoring indicators and methods needing urgent standardization, nutrition surveillance instruments are needed for bringing more rigor into the annual appeal process. Weight and height measures for nutrition

¹ In two surveys carried out on Title II programming in 1997 (baseline) and 2001 (follow-up), data was collected on key impact indicators. While much time and effort went into these surveys, the Assessment team felt that interpretation of the two surveys was limited as there were severe problems with data quality, especially child anthropometry. The two surveys had different sampling methods, indicators, time frames, etc., and were otherwise not comparable, rendering longitudinal comparisons infeasible. Several agencies with nutritionist specialists concurred with our concerns about inaccuracy. However, one outstanding strength of Title II projects identified by the 2001 survey is their contribution to maintaining the natural resource base where they operate, such as soil and moisture conservation measures and work outputs.

The Mission is refining the baseline process for the current cycle of DAPs to avoid survey problems noted above. *References: WAAS & Catholic Relief Services. December 1997. Part 1. Title II S CRS (December 1997). Title II Special Objective Food Security and Nutrition Baseline, volume 1 & 2. And Title II Projects Final Evaluation, Final Report, by Development Studies Associates, December 2001, Addis Ababa.*

surveillance was not one of the early warning indicators established by regionalized systems until 2002. Only a few CSs collect routine nutrition data in their beneficiary populations for early warning. Finally, *woreda*-level capacities in these areas are woefully lacking, including ability to analyze data.

The recent studies were not completed until 2002; hence, it is premature to assess USAID/Washington, Mission, and partner implementation of the recommendations. However, since 2000, progress has been made in some key areas. These include:

- Establishment of an overarching Ministry of Rural Development to coordinate the food security strategy and facilitate DPPC coordination with other disaster prevention strategies.
- Development of the Emergency Nutrition Coordination Unit in the DPPC to set standards and improve the quality of information collected during nutrition assessments by the GFDRE and NGOs.
- Development of a pastoral working group to assess issues specific to these populations, especially building early warning information systems (EWS) (Somali zone) and local capacity to collect and act upon key data.
- Analysis and publication of key indicators of vulnerability to chronic food insecurity to drought at the household and community level in 16 drought-prone *woredas* and response packages planned to reach the identified target groups (by the DPPC's USAID-funded SERA Project) and expansion into other *woredas*.
- Successful establishment of a Joint Emergency Operation (JEOP) composed of five PVOs in response to the drought. This model has been replicated in other emergencies.
- Efforts by USAID/Addis to minimize diversion of development funds for the drought, despite insufficient funds for the USAID/MEDSO strategies activities.
- Progress is being made in food aid targeting, albeit slow, starting with WFP recommendations for improved methodologies to determine need. Cooperation and coordination of assessments and appeals were strong during the 1999–2000 drought.
- Development of a new USAID integrated strategic plan (ISP) focusing on the key elements for mitigation of food insecurity; a specific strategic objective — the Mitigating Effects of Disaster — is tailored to address disaster mitigation, but needs sufficient funding to carry out the activities.
- Establishment of a senior-level food security policy steering committee to develop a coordinated approach to use of food aid and food security assistance.
- Accelerated policy dialogue between the GFDRE and donors, spearheaded by USAID/Addis, to discuss issues such as determining predictable needs for appeals and alternative programming (e.g., USAID-sponsored Relief-to-Development project) to address the large population of chronically vulnerable, now estimated between 4–5 million annually. Nonetheless, a shift in thinking and reorientation of resources will take years to yield results, requiring additional resources, at least in the short term, to address chronic needs until stepped-up food security measures are underway.

Areas that remain of concern, are under-funded or lower priority, and/or where there are gaps in programming (determined in interviewees for this assessment and from analysis of documents) include the following:

- Lack of standard assessment tools, procedures, and measurements of the malnourished and mortality, as well as poor quality training and reporting, in NGO methodologies. Donors and implementing agencies rely on nutrition, food security, and mortality information to determine funding and programming needs. Some progress was made on this front by establishing the ENCU, but the unit has difficulty collecting reliable early warning data and requires capacity building and donor investment to accomplish its tasks.
- Ration dilution may have contributed to slow nutritional recovery. Food aid reached more than 10.2 million vulnerable people but did not attain the recommended 15 kg/person/month needed for basic survival. The nutritional impact of therapeutic feeding of young children during the emergency was positive, with most programs showing adequate improvement in nutritional status; however, the impact of supplemental feeding was mixed.
- Better targeting of food aid will require modification of the annual appeal process, more transparent GFDRE assessments, targeting at sub-district and community levels, a review of targeting indicators to address diverse income levels in villages, more flexible delivery systems to reach isolated and underserved areas, checks and balances to encourage food aid distribution to the most vulnerable households, and a separation of chronic and acute needs in the annual appeal. Interagency guidelines for national food aid targeting finalized in November 2000 will require training, enforcement, and government commitment to have the desired impact.
- Lack of infrastructure, both human resource and physical (government personnel and services and inadequate management of their resources) remains a problem in remote *woredas*, and *woreda*-level early warning in general is weak. The DPPC, the key player in early warning and response, requires capacity building at all levels. Respondents questioned the DPPC's commitment to effective emergency response because of its slow linkage of early warning and response. Checks and balances should be built into assessment methods from the national level down, although oversight and enforcement will be challenging.
- Many respondents in this assessment felt that relief situations demanded more than food relief, but rather a mix of interventions, including water, animal feed and fodder, tools, and other non-food items for effective employment generation schemes.
- Weak health infrastructure and low immunization coverage contributed to higher mortality in the past droughts. The CDC contends that amassing large populations to distribute aid may have contributed to mortality through the spread of communicable diseases. Until widespread measles vaccinations are possible for children up to 14 years old, measles will have a devastating impact on young children in emergencies.
- Incomplete early warning information and ability to transition between emergency and development activities by USAID-Supported cooperating sponsors (NGOs and PVOs). CSs vary greatly in their emergency expertise and ability to factor preparedness, mitigation, and response into their programs. Yet they are the front line of early warning information and response.
- Poorly planned and/or implemented employment generation schemes, lack of off-the-shelf projects for emergencies to reduce risk and mitigate shocks, food aid disincentives, and lack of community capacity to conduct effective early warning and emergency operations, were also noted.

- The HIV/AIDS crisis threatens to undermine food security efforts unless it is addressed openly and within development and emergency program frameworks.
- Prepositioning of food, increasing strategic food warehouses, and obtaining food aid commensurate with appeal levels remain key issues affecting the speed of response.

PRIMARY RECOMMENDATIONS

USAID Humanitarian Preparedness and Mitigation

1. Seek more reliable but feasible and creative ways to refine the annual emergency appeal process and transition to multi-year program planning. A key step will be to *disaggregate predictably vulnerable chronic population needs from acute population needs*.
2. Consider a critical review and expansion from two *woredas* of the Relief to Development (R2D) pilot, adding alternative transition and mitigation strategies to address the predictably needy population.
3. Consider financial and technical support to the ENCU within the DPPC/B/D to build capacity.
4. Accelerate national administrative, financial, and management capacity and information sharing among EW networks, for example, by housing FEWS NET in the DPPC.
5. Maximize government preparedness, mitigation, and planning resources for health and nutrition, with USAID/Addis working with the MOH and Ethiopian Health and Nutrition Research Institute to further support DPPC nutrition activities, vaccinations, and disaster plans.
6. Address inadequate Mission staffing levels and levels of effort for prevention, mitigation, and response. Facilitate and increase technical assistance by the Mission's agriculture (ARD) unit and health (HPN) unit during emergencies.
7. Coordinate mitigation, preparedness, planning and response with FHA for nutrition surveys and surveillance, vulnerability profiles/assessments, sharing of agricultural statistics, immunizations, HIV/AIDS interventions, and emergency and non-emergency EGS.
8. Incorporate relief and mitigation programming into strategic plans and plans of IOs.
9. Support stronger DPPC coordination with MoRD to help coordinate effective mitigation and preparedness planning.
10. Lobby the GFDRE to revise its taxation policy on relief support items, and imported and locally commercial foods that are purchased for relief effort.
11. Define predictably vulnerable populations by assisting the WFP/VAM unit, SERA Project, and FEWS standardize assessment methodologies and use of GIS to map trends for 3–5 years in chronically vulnerable areas. Integrate the most reliable and validated SERA indicators to build a simple index for chronic vulnerability. Add acute nutrition to the EWS index of indicators.
12. Explore the creative use of USAID Mission resources, especially use of DA funds, to allow development programs to continue as long as possible with minimal disruption by drawing down funds for emergency responses (e.g., using DA funds for the new Title II DAPs, other).
13. Integrate conflict mitigation into emergency activities in areas with conflict and problematic security; and into Title II, education and HIV/AIDS programs.

USAID Humanitarian Response

14. Ensure a relief commodity mix appropriate to the response, as determined by initial rapid assessments and ongoing nutrition, health, and market assessments.
15. Document best practices for integrating effective prevention strategies into development activities (e.g., DAPs, Food Security Projects, SERA Response Packages, EGS, etc.) and designing local and *woreda* disaster plans and mitigation activities.
16. Require agencies to incorporate disaster planning and mitigation measures in all post-disaster rehabilitation and reconstruction programs. Define indicators, including exit strategies, for relief-to-development success.
17. Provide resources for annual or biannual PVO training to respond to nutritional emergencies.
18. Increase cross-border programming and information sharing with Kenya and Somalia (regional interventions).
19. Consider increasing the length of in-country DART staff rotations and arrange overlaps.

USAID Partners — NGOs, PVOs, UN, and Host Country Preparedness and Mitigation

1. Promote wider dissemination of Sphere manuals and training of NGO, PVO, and local staff to implement the minimum standards and prioritize training the DPPC, NGOs, and PVOs in nutrition surveys and/ surveillance.
2. Increase capacity for community-based growth monitoring as a routine preventive health activity (as originally envisioned by the World Bank Food Security Project).
3. Encourage increased use of USAID/FFP and PVC's Institutional Support Agreements (ISA) funding to build PVO emergency response capacity. Entertain a similar mechanism to support PMP capacity building and conflict mitigation.
4. Consider creative approaches to mitigation such as providing access to credit at the beginning of a drought when people begin to lose their assets or access to livestock insurance programs. Use cash or food as mitigation early in strategies for disasters or economic shocks.
5. Review NGO efforts to improve chronic and acute indicators, working with SERA, SCF/UK, and SCF/US, and others, to better integrate EW information in the DPPB/D at local levels.
6. Plan to include NGOs as active members of *woreda* DPP committees and increase community participation in disaster planning and beneficiary selection, particularly through standardizing methodology and processes.
7. Encourage better collaboration among NGOs, *woreda* authorities, and civil society to make the link to sustainable development and develop exit strategies.
8. Collaborate with the World Bank/DfID effort to make food security information systems complement those of the government.

USAID Partners — NGOs, PVOs, UN, and Host Country Response

9. Explore new ways to improve EGS, including alternative funding sources for non-food items.

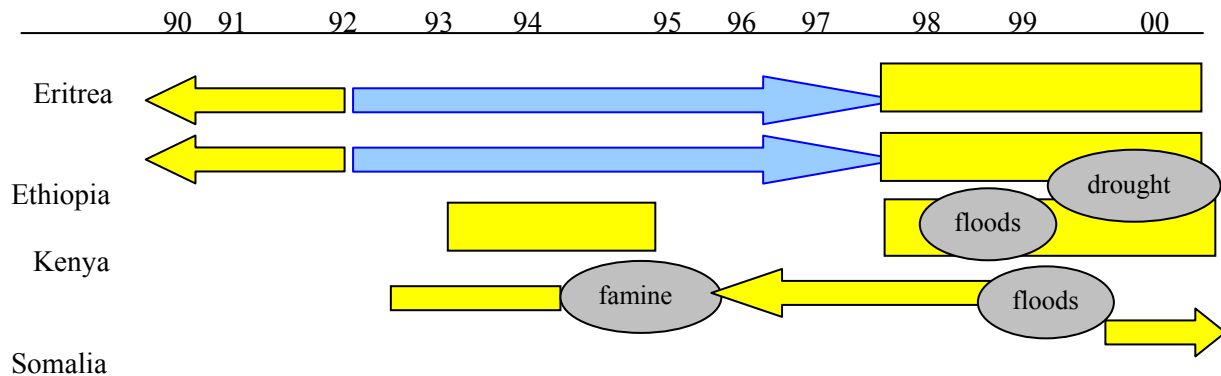
10. Provide as much health care as possible during early onset of emergencies through existing structures or contract specialist organizations for programming if an NGO is unable to do this.
11. Design SFPs so that small groups receive food aid in more dispersed sites or at unique times.
12. Prioritize measles immunization of all children under 5 in under-served and vulnerable areas before and during the early onset of emergencies and under 15 years during the early onset of emergencies. Move up the timetable for including Ethiopia on the ARC/WHO/UNICEF priority list of countries.
13. Improve nutrition survey methods and reporting, using optimal method (weight for height with Z scores for children <3 years) and BMI for adults for nutrition, immunization rates for measles, and accurate estimates of populations at risk (i.e., denominators). Ensure harmonization with the new DPPC/ENCU emergency nutrition assessment and guidelines.
14. Include HIV/AIDS minimum package in emergency interventions.

I. BACKGROUND AND SCOPE

The impact and recurrence drought, a natural disaster, has its roots in government policies. The response to drought by governments, donor agencies, local partners, and beneficiaries not only determines the success or failure of the immediate response, but also sets the stage for preparedness for future drought and/or food crises. If appropriate policies are in place, natural disasters need not progress into famine. In Africa, where drought and other crises are routine even in periods without disasters, countries are playing catch-up before warding off the next shock. This trend is especially evident in subsistence economies, where a decrease in areas planted after a poor crop year makes food shortages self-perpetuating and throws agriculture into a downward spiral. Sub-Saharan Africa lags in many, if not most, human development indicators, and in some countries development indicators are losing ground.

For decades in Ethiopia, war, drought, floods, poor policy, and the inappropriate use of human and natural resources have left more than half of the rural population unable to produce enough food for their own consumption or for sale to meet basic food, nutrition, health, and livelihood requirements. Even under good growing conditions and use of all available resources — best cultivation practices, arable land, and water — many of these rural households are unlikely to achieve sustainable food security or overcome chronic malnutrition. When weather and market conditions deteriorate, these households on the margin are unable to deal with the repeated shocks and increasingly need to use high-risk coping strategies (e.g., selling livestock and household goods, consuming seed stocks). The result is high annual food needs and frequent food crises (see figure 1).

Figure 1. Chronology of Shocks in Select Horn of Africa Countries, 1990–2000



Key = Yellow highlighted symbols are conflict years; blue are transition years.

Sources: REDSO/ESA 2002; U.S. Department of State, World Bank 1994.

WHY THIS REPORT?

The Democracy, Conflict, and Humanitarian Assistance (DCHA) Office for Policy Planning and Management deemed a review of USAID and partner preparedness and response to various emergency situations worthwhile for planning and programming purposes, in part because of USAID's large portfolio of medium- to high-risk countries. Drought emergencies have occurred

more frequently during the past two decades than in previous decades. Drought is not confined to Ethiopia or to the Horn. A recent study found the number of droughts, floods, hurricanes, and natural disasters had doubled worldwide since 1991.² The need for donor and government preparedness to mitigate the effects of these common disasters is growing everywhere. Timely response means lives saved, and one of the main goals of the agency is to reduced suffering and save lives. The preparedness of USAID, governments, and partners for drought emergencies and their effective mitigation of drought or response to extreme drought with available resources help reduce the severity of such crises.

REPORT FOCUS

This desk study looks at certain aspects of USAID and partner response to the Ethiopian drought emergency in 1999–2000 and transition activities in 2001 and asks what can be done or done better, given limited resources, to improve USAID and partner response to future emergencies. Ethiopia was selected as the case study because of the recurrence of drought and other crises in that country and because of the USAID Mission’s creative partner programming to prepare for, mitigate, and respond to emergencies. Moreover, Ethiopia is important for stability in the Horn of Africa because its chronic weather crises affect trade, food security, and humanitarian response in neighboring countries.

The report highlights both successes of and lessons learned by USAID’s Office of Foreign Disaster Assistance (OFDA), Office of Food For Peace (FFP), Africa Bureau, USAID/Ethiopia Mission, and partner programming that can guide USAID programs in countries facing periodic drought or food emergencies.

Although the evaluation³ of such assistance after the 1999–2001 drought emergency in Ethiopia was fairly comprehensive as reflected in the Executive Summary, a more thorough discussion of nutrition surveillance is warranted. Such surveillance is a perpetual problem in food- and nutrition-related emergencies, and the earlier evaluation did not cover in detail partner capacity to handle emergencies and transition from relief to development. Additionally, beneficiaries’ perspectives were not sought.

The present assessment addresses nutrition and partner capacity gaps, as well as other issues related to food aid targeting and partner capacities. The report also sets the stage for a possible second study of the broader policy environment in which multilateral donors and USAID operate in emergency drought response the effect of these gaps and issues on Ethiopia in particular.

Current Situation

Ethiopia has experienced more famines than any other country in the Horn of Africa. Donors and the Government of Ethiopia (GFDRE) have worked for decades to improve response to food shortages, improve food security, and provide more timely assistance to populations at risk. It is instructive to highlight successful and ineffective aspects of responses to the most recent crisis. How can USAID partner capacities be further developed to respond better to disasters? How are partners reshaping their programs to be more responsive to community-level risk of drought and

² Center For Research on the Epidemiology of Disasters. Available at <http://www.odci.gov/nic/graphics/humanpub>

³ Hammond, Laura. (2002) Lessons Learned Study: Ethiopia Drought Emergency 1999–2000.

shocks? Where do partners need improvement? How can nutrition surveillance and monitoring be better integrated into programs of USAID partners, the GFDRE, and Ethiopian nongovernmental organizations (NGOs)?

Scope of Work

This assessment is mainly prospective, taking into consideration the drought response and where USAID should go from here to better respond to emergencies. The desk study reviews the 1999–2001 food crisis in regard to the preparedness, actions, roles, and capabilities of USAID and its partners, particularly the World Food Program (WFP) and NGOs,⁴ to respond to the emergency. The assessment is based on recent evaluations,⁵ Mission proposals, proposed NGO development assistance programs (DAPs), and NGO evaluations, among other documents (See references, annex I). Selective interviews were conducted with relevant parties who responded to the most recent drought or act in currently related capacities. The team listed below drew up a list of people to interview.

Methods

After the scope of work for this assessment was discussed with the team and interested USAID parties, an analysis was agreed on (see annex A). More than 50 contacts in USAID, donors, international organizations (IOs), and NGOs (annex B) were interviewed (see questionnaire, annex C). While the assessment design initially included an extensive review of the field situation and beneficiary perspectives, this review was cancelled for reasons outside the team's control. The study was seriously hampered by the inability to visit field sites and validate information on the ground.

This desk study reviews the major actions undertaken by OFDA, FFP/Emergency and Development Programs, and the resident Mission, as well as plans and programs for longer term preparedness, prevention, and mitigation of food insecurity in the most vulnerable areas. Special attention is given to actions that follow up on recommendations made in earlier related evaluations. The assessment focuses on the following areas of analysis:

1. Strengths and weaknesses of USAID-supported *nongovernmental implementing agencies* (PVOs and NGOs), WFP, and other partners in balancing effective relief and development efforts.
2. Nutritional, health, and mortality impacts of the drought and the current situation vis-à-vis the chronic and acutely malnourished. What needs to be addressed for future responses?
3. Policy, program, and institutional changes that have occurred since the 2000 drought or need to occur for future impact on planning and response.

⁴ For the purposes of this report, NGOs is used to mean U.S. PVOs and NGOs, unless noted otherwise.

⁵ Laura Hammond, 2002 *Lessons Learned Study: Ethiopia Food Emergency 1999–2000* and Barry Riley, et al. 2002 *Title II Projects Final Evaluation*, among other assessments, are key reference documents.

4. Lessons learned from disaster assistance in response to Ethiopia's recurrent droughts, including summary conclusions of OFDA and FFP/Emergency activities and actionable programming recommendations for USAID that require a graduating level of resources.

The assessment team included the following members: *USAID*: Public Health Nutritionist Karen Nurick of DCHA/PPM; Social Science Advisor Marion Pratt of OFDA; and Country Desk Officer Lily Beshawred of the Africa Bureau; *consultants*: team leader Margie Ferris-Morris; desk reviewer Charles Teller; and field interviewer Teferi Bekele. Monitoring, Evaluation, and Design Support (MEDS) Project personnel helped facilitate the assessment and edit the final paper.

II. ETHIOPIA BACKGROUND AND DROUGHT RESPONSE

An overview of country statistics helps explain why Ethiopia experiences frequent crisis. Only 12 percent of the country's 1.13 million square kilometers is arable land. An estimated 1.7 percent is in permanent crops, and the remainder is in permanent pasture, forest, and woodlands (FAO 1996). The agricultural economy accounts for half of Ethiopia's GDP (\$600 USD), 80 percent of total employment, and 90 percent of exports. The estimated population of 65.9 million (2000) is 85 percent rural. The country has a high population growth rate, at 2.8 percent (DHS 2000), paralleled by an estimated total fertility rate between 5.9 and 7.1 children per woman (ODCI 2001). Literacy is low (35 percent), even compared with regional statistics (56 percent, according to 1995 figures). Ethiopia is an annual economic aid recipient of US\$596.4 million from all donors (1995 figures). (See map of Ethiopia, annex D.)

The mortality level of the population is still high. Although childhood mortality declined by 23 percent over the past 15 years and infant mortality by 27 percent, Ethiopia still has one of the highest infant and child mortality rates in the world (19th worst among 187 nations, according to UNICEF 2001). One in ten babies will die before the age of one (an infant mortality rate, IMR, of 97 deaths per 1,000 births), and one in six children will die before reaching the age of five (an under-five mortality rate, U5MR, of 199). The 2000 DHS found that maternal deaths accounted for 25 percent of all mortality among women 15–49 years old. The maternal mortality ratio in Ethiopia is 871 deaths per 100,000 live births. Crude mortality for the population as a whole is estimated at between 40 and 44 deaths per 1,000 people, with mortality consistently higher in rural areas (U.S. Population Reference Bureau GDF/WDI, 1999 figures). While education and mothers' access to health care improve infant and child survival, the most recent demographic and health survey (DHS) showed Ethiopia's maternal mortality ratio to be 871 per 100,000 live births for 1994–2000. The country ranks at the bottom of the 2001 World Bank's Human Development Indicator, 158th among 162 countries.

HISTORY OF DISASTERS IN ETHIOPIA

Between 1970 and 1984, Ethiopia sustained an average of two large-scale disasters a year. Since 1985 the annual frequency of large-scale disasters has increased to 2.8. Frequent droughts, floods, epidemics, and recent devastating pestilence infestation are the key hazards. The country has had five food crises since 1980. Table 1 lists the numbers and effects on the population of natural disasters in Ethiopia over the past three decades. Drought and resultant food shortage and famine are the main killers, accounting for more than 90 percent of deaths.

Table 1. Disaster Events in Ethiopia, 1970–1996

Type of Event	Number of events	Numbers killed	Numbers affected
Flood	16	470	858,951
Drought/famine/food shortage	25	1,200,367	60,880,064
Landslide	2	35	29
Epidemics	6	10,326	103,688
Insect infestation	5		
Earthquake/volcanic eruption	2	66	2
Total	56	1,211,263	66,738,870

Source: UNDP. 2001. Disaster Profiles of the Least Developed Countries, Third United Nations Conference on Least-Developed Countries, Brussels, 14–20 May

The agricultural sector suffers from frequent droughts, land shortages and degradation, poor policies, and a low level of technology. These

practices result in low productivity, low yields, and pestilence, which have a significant impact on the population and national economy. The recent decline in coffee prices has also taken its economic toll. With so little productive land, Ethiopia needs to pursue alternative economic strategies such as industry and technology; however, low literacy rates will hamper these strategies for the near future. The most recent estimate of the number of people in need of chronic annual food assistance is 4 million.⁶ Malnutrition combined with lack of access to proper health services and potable water significantly increase the population's vulnerability to epidemics. The border conflict with Eritrea (now over) further reduced government capacity to respond to disasters, along with reduced foreign investment, to mitigate droughts and epidemics.

CHRONIC POVERTY PROFILE

Food insecurity in Ethiopia, as in many African countries, is of two types: chronic and transitory. Chronic food insecurity is *predictable* insecurity, when households are unable to meet their food needs.⁷ Transitory food insecurity is largely *unpredictable* and can appear temporarily as a result of economic or political crisis, drought, or human, animal, or crop disease. Seasonal food insecurity is determined by seasonal factors: for agricultural populations the "hungry season" occurs before the harvest, and for pastoralists, at the end of the dry season when livestock have limited grazing area and animal disease outbreaks are common. The situation improves for agricultural populations when the harvest is brought in, and for pastoralists when the rains return.

The percentage of the Ethiopian population affected by drought and food grain production was tracked from 1985–1996. Drought-affected populations ranged from a high of just over 16 percent in 1985, a time of famine during which at least 1 million people died, to a low of about 5 percent. In 6 of the 11 years recorded, more than 10 percent of the population was affected by drought (World Bank Sector Notes, June 1997). In the most recent drought (1999–2000), 16 percent of the population was affected.

Higher rates of acute malnutrition and mortality are also seen during droughts, and food insufficiency resulting from drought reinforces future vulnerability to famine, which can lead to chronic food insecurity. While households and communities may be able to recover from one drought, asset losses mount in recurrent crises or droughts, incomes fluctuate, and potential investments may be postponed. These pressures may increase household vulnerability, and coping strategies may become irreversible, forcing migration. This scenario played out in sub-Saharan Africa, with its natural disasters and political upheavals, throughout the 1990s. For Ethiopian communities, their ability to defend against the effects of even the most nominal of shocks is progressively diminishing.

⁶ This number is based on an average over a number of years of chronically vulnerable, transitory, and internally displaced populations who are unable to meet their own food needs, determined by donors and the GFDRE in 2002.

⁷ The chronically food insecure population, estimated in 2001 at 4.2 million, is defined as people incapable of meeting their annual food needs without food aid assistance under normal conditions. These people usually require assistance annually, irrespective of shocks to production and income.

GENESIS OF THE RECENT DROUGHT

The 1999–2000 drought emergency was a result of a number of factors, including a lower than average rain for three consecutive years. Economic factors included low agricultural productivity, a poor household asset base, market failure, and a temporary ban on the trade of livestock in the region. Political factors included the border conflict and donor repulsion to it, resulting in a slow aid response by European donors and slow repayment of grain reserves; the GFDRE's general lack of infrastructure (including weak administrative structures, a lack of human resources, and inadequate policies) in pastoral areas and lack of early warning information; and the general political disenfranchisement or isolation of these populations. Finally, direct and indirect social causes included high fertility rates, ethnicity, and land fragmentation resulting in increased food and environmental pressures. While the contribution of HIV/AIDS to the crisis is difficult to estimate in Ethiopia,⁸ the epidemic has certainly been shown to increase mortality in other African and Asian countries.

The causes of chronic drought vulnerability, according to the USAID-funded Strengthening Emergency Response Ability (SERA) Project findings for 1998–2000, fell into five areas: 1) population, land, and environmental stress; 2) lack of physical and natural resources; 3) structural poverty and chronic food insecurity; 4) lack of access to infrastructure and essential services; and 5) destructive coping strategies and lack of capacity to deal with drought emergency at the household level.

Emergencies rarely affect populations uniformly within a country, and this is the case in Ethiopia. During the recent drought, two distinct emergencies went on simultaneously. The failure of the *belg*⁹ rains to the northeast highlands caused crop failure and a food emergency, while in the far north the border dispute added to the complexity of the emergency. In the southeast a different kind of emergency surfaced — the drought caused human as well as animal malnourishment, outbreak of disease, and the death of livestock. Facing losses of as much as 80 percent of their herds in some areas, pastoral populations in southern and southeastern Ethiopia, were forced to migrate in search of pasture and water sources. People and animals had similar needs: water, food (or fodder), and health care. Information about the dynamics of food insecurity and coping mechanisms in the pastoral community was not readily available until recently or had not been compiled systematically to inform appropriate aid response.

In a good crop year Ethiopia is capable of producing enough food to meet its food needs at acceptable nutritional levels. However, the problem of economic access to food purchasing power (incomes) remains. This is the situation in mid-2002, when a new drought crisis is occurring. Food needs vary yearly in Ethiopia. Table 2 lists annual mid-year Disaster Prevention and Preparedness Commission (DPPC) appeal figures for the past seven years and the corresponding USAID/Addis Title II emergency and non-emergency food aid. A smaller drought

⁸ The HIV/AIDS infection rate of 10.6 percent in Ethiopia is the third-highest prevalence rate in the world, affecting more than 3 million people. Given this daunting statistic and the potential devastating effects of HIV/AIDS, the epidemic is a major development and emergency crisis, requiring a multisectoral approach.

⁹ *Belg*-dependent crops are planted during the short rains that usually fall in March and April. *Belg*-fed crops may be harvested between June and September, depending on the variety and rain conditions. Although estimates vary, these crops are believed to account for less than 15 percent of overall national food production. *Belg* failure, however, can be disastrous in areas where farmers do not harvest the *meher rain-fed crops*.

occurred in 1995, and major drought in 1999 and 2000. The high levels of food aid in 2001 represent transition food aid programming. In comparison with all the international donors, the United States generally provides around 30 percent of the total emergency appeal food aid. In 2000, however, the U.S. government (USG) total was closer to 70 percent of total food delivered.

Year	January Estimate (tons)	July Estimate (tons)	Tonnage Delivered/ Distributed ^{1/} (tons)	Distributed as % of estimated needs	Population requiring food assistance (million people)	USAID* Title II Emergency Food Aid (million US)
1995	427 000	492 848	347 379	70	4.0	-
1996	291 000	262 060	219 000	84	2.7	-
1997	186 000	329 450	306 000	93	3.4	13.8
1998	420 000	602 134	294 932	49	5.3	33.3
1999	181 871	460 609	391 558	85	6.6	33.3
2000	764 044	1 337 695	999 135	75	10.2	106.1
2001	545 394	630 610	540 000	86	6.2	78.5
Average	402 187	587 915	442 572	75	5.5	53.0

Source: FAO. 2001/2002 FAO Crop and Food Supply Assessment Mission to Ethiopia, Special Report, p. 17 ^{1/} 2001 distribution data is provisional and includes WFP emergency assistance, bilateral contributions to DPPC, and contributions through NGOs.

* USAID PL480 Summary Report (Fiscal Year, Annual). 2002 figure as of 9/02 is US\$35.9 million. 2000 figure does not include USDA food aid totaling approximately US\$62 million.

U.S. GOVERNMENT RESPONSE

U.S. response to the drought and complex emergency commenced in 1999, peaked by mid-2000, and turned into transitional aid by 2001. U.S. Ambassadors made two Disaster Declarations in June and October of 1999. By late 1999, the USAID/Mission and PVOs met to first discuss the impending emergency. In late '99, nearly \$1.2 million in grants was provided by OFDA to WFP, UNICEF and SCF/UK, to support vaccine delivery, nutrition assessments, SFP, water and sanitation programs, and food storage in regions affected by drought. FFP/ER provided 37,749 MT of PL 480 Title II emergency food assistance through WFP and REST.

In January 2000, the DPPC estimated 7.7 million persons were affected by drought and natural disaster. In March, senior USAID officials with WFP began to survey the extent of the drought in Somali region. Large quantities of food aid arrived in late March, while airlifting of food and water to Somali zone began in May. OFDA deployed a DART team in May. A consortium of U.S. PVOs formed the Joint Emergency Operations (JEOP) for some food aid and other relief supplies to be funneled through this mechanism. Drought emergency assistance by OFDA included \$14.7 million in emergency assistance and deployment of significant personnel throughout FY2000. Due to the severity of the nutritional status of the population, OFDA provided another \$7 million to support nutrition and health programs (vaccinations, SFPs, TFPs, nutrition monitoring, rehabilitation of health centers, capacity building for health care workers), and airlifts of specialty foods to Gode and Adfer zones of the Somali region. (See map on next page of OFDA and FFP operations as of July 2000).

In 2000, OFDA provided another \$1.7 million for water and sanitation interventions for improved food security for an estimated 55, 000 households; and \$4.6 million to support logistics

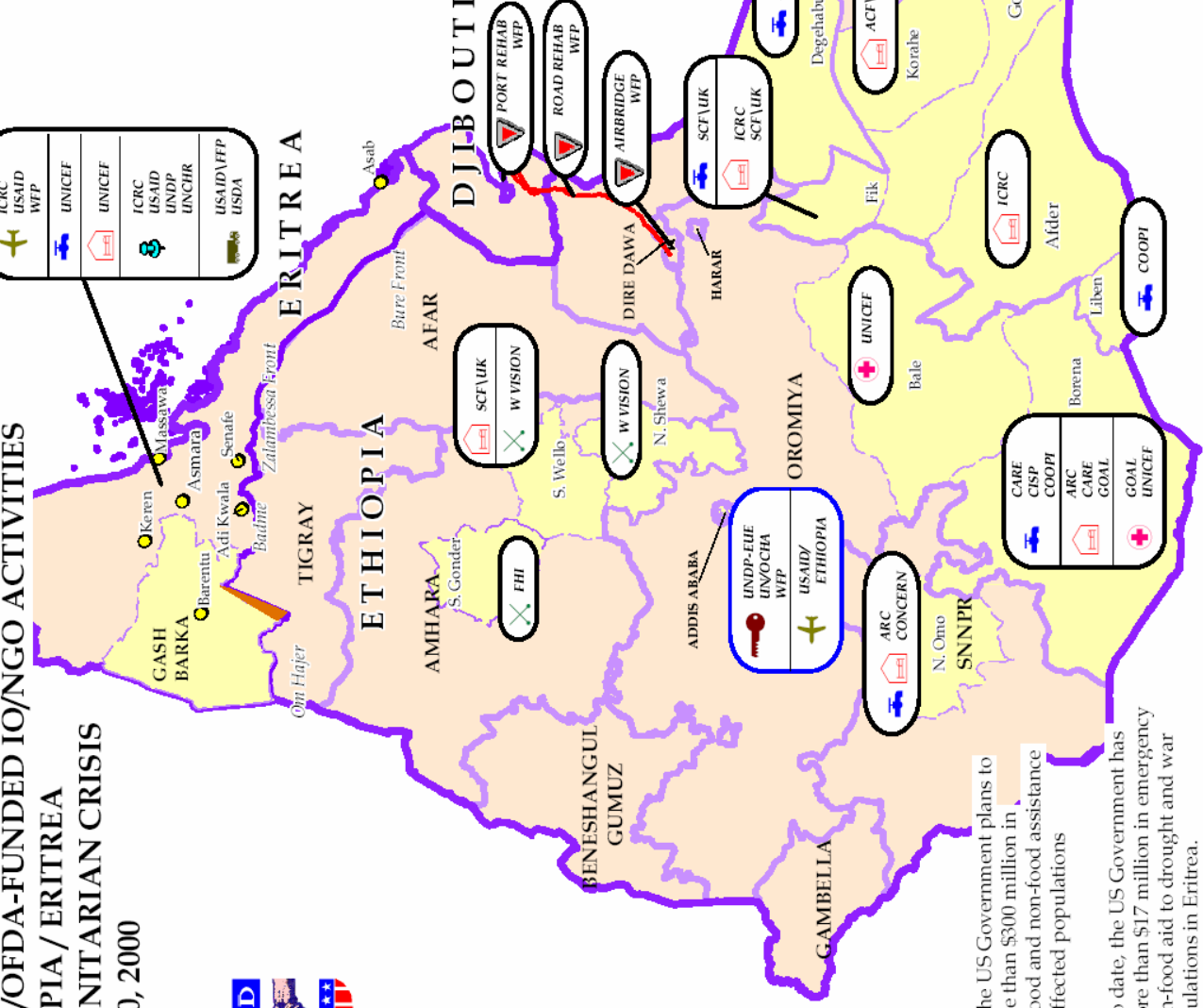
USAID/OFDA-FUNDED IO/NGO ACTIVITIES ETHIOPIA / ERITREA HUMANITARIAN CRISIS JULY 20, 2000



NGO and IO Activities

- Administration \ Coordination
- Airlift Support
- Commodities
- Health Services
- Logistical Improvements
- Nutrition
- Seeds \ Tools
- Water

- Conflict or Contested Area
- City or Town
- REGION \ ZONE
- Affected Regions \ Zones
- Country Wide Projects



In FY 2000, the US Government plans to provide more than \$300 million in emergency food and non-food assistance to drought affected populations in Ethiopia.

In FY 2000 to date, the US Government has allocated more than \$17 million in emergency food and non-food aid to drought and war affected populations in Eritrea.

Source: USAID/OFDA
All boundaries are approximate and unofficial.

and coordination, including the improvement of two ports capacities to deliver emergency commodities. FFP provided 248,200 MT of PL 480 Title II emergency food assistance (valued at an estimated US\$106 million) through the JEOP mechanism. USDA provided another 480,000 MT of grains.

In 2001, FAO through USAID/OFDA and other donor funds gave technical support to partners in the animal health sector. USAID/OFDA also supported humanitarian logistics and coordination activities with \$711,000 in grants to UN OCHA and WFP. USAID/FFP provided 172,590 MT of P.L. 480 Title II emergency food commodities. USDA donated approximately 130,000 MT of Section 416(b) surplus emergency food commodities. Emergency food commodities were provided to both conflict-affected and drought-affected populations in Ethiopia.

In addition to the drought emergency, OFDA was involved in the border complex emergency during 1999-2000. They provided assistance to 375,000 internally displaced persons, including persons in Tigray and Afar. The U.S. State Department also contributed funds to war-affected populations.

By mid-2001, transitional activities had commenced. USAID/OFDA and ECHO funded food security monitoring in pastoral areas of Ethiopia (Somali Region). Pilot Quarterly Updates were produced and circulated to add to information base in pastoral regions. Supplementary feeding programs were winding down and transitional programming was emphasized.

Details and analysis of the nutrition and health response are covered in Section III of this report. Further details of the breakdown of food aid and emergency programming by USAID/FFP and OFDA are found in annex E. Overall, USAID expended \$635,672,000 in development and emergency funding over the period 1999-2001¹⁰. USAID emergency food aid alone during that period totaled approximately \$447.4 million USD, markedly higher than in previous years.

REVIEW OF BACKGROUND DOCUMENTS ON THE RECENT DROUGHT

According to most reviews and accounts of people interviewed, the international and government response to the 1999–2000 drought was generally considered a success because famine was averted for large segments of the afflicted population, excepting areas in Somali region (see below). A USAID desk study (Hammond 2002) of various aspects of the response in country and an OFDA after-action session on response to the drought and border conflict concluded that the international response, particularly that of USAID and its partners, was both appropriate and successful in averting wide-scale famine. (For a summary of FFP and OFDA drought response, see annex E). Strengths of the relief response are noteworthy. The GFDRE, international community, and aid agencies mobilized efforts to provide assistance to those affected by the drought and to reduce and prevent the effects spreading throughout the country. Approximately 1 million tons of food was delivered from April to December 2000, reaching about 10.2 million

¹⁰ Source: USAID Ethiopia office 9-01, FFP Annual Reporting Requirements 99-02* This figure does not include non-food development or emergency assistance for 2001; dollar assistance in FY 2001 approximately coincides with the end of the transition stage to the emergency, hence total figures are not exact.

people. Water was delivered to the neediest, and the pace of measles vaccinations increased to reduce deaths. Foods were prepositioned in remote areas. Visits by high-level officials attracted attention to the problem, although the media could have been more used more effectively.

Early warning (EW) information was available on agricultural areas and helped vested parties take appropriate action in advance. The duration of the response meant that local capacity of people involved in non-food aid was enhanced. Positive actions that grew out of the response included increased attention to pastoralists in Gode District and surrounding areas, the establishment of EW capabilities in more remote areas, and efforts to improve nutrition surveillance countrywide through the establishment of the Emergency Nutrition Coordination Unit (ENCU) in the DPPC.

In the Somali region early warning information was uncertain, with no real early warning systems (EWS) in place, food arrived late and excess mortality was high.

USAID/Addis response and OFDA assistance. An “After Action: OFDA Ethiopia–Eritrea Complex Emergency” report (2000) concluded that the Ethiopia mission had an excellent understanding of emergency response, greater than that of other missions. However, the report also found that in general, USAID’s mission awareness of OFDA’s mandate and responsibilities (other than Ethiopia and Eritrea) needed strengthening worldwide. The report recommended that disaster management plans be updated periodically and drawn up by Missions with the assistance of regional OFDA or Africa Regional Offices (ARO), and that OFDA activities be better integrated into Mission mitigation strategies. Further, the report recommended more frequent ARO technical assistance visits and longer-term assistance to such disaster-prone countries as Ethiopia.

USAID Cooperating Sponsors and Title II development Programming. A study commissioned by the USAID/Addis (Riley et. al. 2002) looked at the impact of Title II food aid (primarily development aid) over the past eight years. This assessment did not specifically address emergencies, but reviewed aspects of the most recent emergency response and made recommendations that are relevant for future disaster preparedness.

During the eight years covered in the study (1994–2002), the eight Title II cooperating sponsors (CS)¹¹ have operated 39 projects in 17 zones and 39 *woredas* (districts) in all regions except Afar and Beneshangul-Gumuz. Title II development programs provided benefits to approximately 480,000 beneficiaries in 78,000 households, less than 1 percent of the total population of Ethiopia. Reasons for low population coverage include limited resources and the difficulty of reaching dispersed population bases combined with need for capacity building and service delivery, among others. The bottom line of the report concludes that food aid programming through Title II has not had an impact on improving overall food security in Ethiopia (e.g., the scale of Title II interventions have not met the need¹²).

¹¹ Africare, CARE, Catholic Relief Services (CRS), the Ethiopia Orthodox Church (EOC), Food for the Hungry, Relief Society of Tigray (REST), Save the Children Federation (SCF), and World Vision (WV) were Cooperating Sponsors (CS).

¹² The reasons for this are numerous, with the most obvious being limitations on the scale of funding and reach of programs within the country.

The number of recipients of emergency benefits during the last drought rose to about 2.46 million (over one-quarter of the afflicted population). In the new DAP cycle, only five of the original eight CSs will cover a greater area and population (approximately 1.35 million beneficiaries, although exact figures are not known because of differences in reporting in proposals).

DAPs offer a fair amount of flexibility in emergency response, but their five-year programming cycle makes it difficult for them to make major changes to respond better to transition programming and modify mitigation strategies. The work of the CS partners is both short term (to mitigate the effects of disaster by building *woreda*-based food reserves, establishing safety net programs, or increasing household and community ability to produce cash sales) and long term (to build assets and reduce the effects of the recurrent disasters). What is needed are efforts by the CSs to ensure that their relief efforts do not contribute to the problems that their development assistance is trying to overcome, and that their relief and development efforts are well coordinated (Riley, et. al. 2002).

The following highlight the main issues in Ethiopia's impacting current preparedness to respond to disasters (taken from recent evaluations and document reviews):

- *Monetization and taxation posed difficulties for the small PVOs operating in Ethiopia.* An additional 10 percent surcharge was imposed on imported goods to offset the budget deficit that resulted from the conflict with Eritrea¹³, discouraging importation of needed commercial goods. Monetization of food aid did not yield anticipated returns, placing undue financial burdens on some PVOs.
- *Non-food resources are needed to complement food aid in the development programs.* This theme appears throughout the review of development and emergency operations.
- *Growth monitoring at the local level needs support.* Mothers knew they should bring their children to the health locations monthly, but without the incentive of a free food ration were not as willing (or able) to do so, especially when clinics were far from their homes. Parenthetically, very little growth monitoring occurs at the local level countrywide, except in areas where NGOs operate.
- *Food aid has a disincentive effect on production in emergencies.* The longstanding debate about the lasting disincentive effects of large-scale food aid, both generally and in Ethiopia, is not conclusively resolved in the Title II evaluation. This long-term issue should be addressed in more detail in future development and emergency programming.
- *Overgrazing and livestock overstocking contribute to degradation of the environment.* The authors of the evaluation ask whether Title II programs should continue to support efforts to increase livestock numbers without concomitant efforts to ensure that the numbers are in balance with pastureland capacity to support them.

¹³ Following the outbreak of the war, a 10 percent surtax was levied on certain imported commercial goods. Shortly thereafter, the national bank had introduced another directive requiring importers to put up an advance payment of 100 percent of the value of their consignments receiving a line of credit through letters of credit from the government. <http://www.ethioguide.com>; and UN EUE Horn of Africa Review: Dec. 2000/Jan. 2001 Government announce lifting war tax: The Ministry of Finance announced on January 4 that the 10 percent surtax levied on certain imported commodities had been lifted effective from January 1. The surtax was introduced in 1999 to offset the budget deficit caused by the conflict with Eritrea. (Walta Information Center, January 5)

- *Key indicators should be standardized among the CSs.* The FANTA (Food and Nutrition Technical Assistance) Project is beginning to make attempts at assisting the Mission and CS's in this effort. The point is strongly recommended for emergency operations in general, not only for nutrition indicators and surveys. Indicators need to be in harmony with international standards and those of the government.
- *Employment Generation Scheme (EGS) assets tend to be of poor quality and too short-lived.* When EGS have worked, they rarely have led to sustainable asset creation at the household or community level. Food-for-work (FFW) programs should follow general EGS guidelines for length of effort, work norms, and daily rations. WFP has developed strategies, training programs, manuals, and other guidance to improve the quality and durability of EGS-type assets. These efforts should be exploited. The basic recommendations of development EGS apply to emergency EGS.
- *Early warning systems should be integrated.* The Title II report recommends combining USAID's FEWS NET system with WFP's Vulnerability Assessment Mapping (VAM) system, DPPC's own early warning resources, and those of the European Community (EC) and NGOs such as Save the Children Fund as part of the overall mitigation strategy. Except in Ethiopia, all FEWS NET offices in sub-Saharan Africa are outside the Mission or integrated with government bodies. Integrating programs will help reduce conflicting reporting and redundancy and enhance timely communication and information sharing.
- FEWS importance was highlighted in a number of background documents reviewed and recommendation to continue it's funding were raised.
- *Late repayment of the Ethiopian Food Security Grain Reserve caused delays in the GFDRE releasing food aid.* Donors took months to repay stocks and stock levels were insufficient, even when full for the need in 1999-2000.
- *Weak link between early warning information and response and between disaster response and transition diminish potential impact of response and transition programs.*
- *Working models are needed for preparedness planning.* The evaluation discusses FFW models but falls short of linking planning and preparedness for FFW and EGS in emergency situations. When these models are developed, the relief scenario must be discussed simultaneously.
- *Information should be shared and donor-funded programming coordinated across borders.* This includes FEWS NET, cross-border trade and marketing initiatives, and other programs. Nominal cross-border programming and information sharing emerged with Kenya and Somalia, which have effective pastoral EWS and were responding to their own drought emergencies.

Capacity building activities depend on successful monetization. Experience has demonstrated that when monetization proceeds are less than budgeted, training programs are among the first efforts to be reduced. Development assistance (DA) funds could be made available to cover these important activities (in the current DAP cycle, CSs will have Title II and DA monies for the first time planned into their DAPs).

III. KEY THEMATIC ISSUES

What can be done better to a) prepare for the next drought, and b) respond to drought crises? This section discusses the main factors identified in past emergency responses and analyzes gaps and areas for improvement. The end of this section discusses the current response to another drought emergency, possibly affecting as many people as in the 1999–2000 drought or more, in light of these issues.

NUTRITION AND DROUGHT PROFILE: TRENDS

What still needs to be done?

The nutrition picture in Ethiopia varies among regions and *woredas* and even among and within communities. Normal times see chronic malnutrition and some wasting, depending largely on the agro-ecological zone, season, and rainfall. The broader situation and normal baseline circumstances are important to understand the nutritional and mortality impact during the recent drought. This section provides such a background on the nutritional situation in Ethiopia. The information covers not only children, but also women and pastoralists, who until recently were infrequently monitored.

Child Nutrition

Stunting and wasting are considered the most sensitive indicators of the nutritional status of the overall population under development and emergency conditions. Like many other African countries, particularly in the Horn, Ethiopia has a high rate of child malnutrition (>10 percent of under-fives wasted), even in non-disaster periods. It is important to view the recent drought in the context of nutrition and mortality trends over time.

Over the past 20 years, five national surveys (Central Statistical Authority, or CSA, 1983, 1992; World Bank–IBRD 1995–1996; CSA 1998; DHS 2000¹⁴) have been conducted in Ethiopia to examine the nutritional status of children under 5 years old. These surveys are listed in annex F, table 1. The recent DHS conducted at the peak drought emergency (February–June 2000) showed wasting (weight for height, or W/H, an indicator of recent or current nutrition status) to be above that considered usual in African populations in non-drought periods.¹⁵ Wasting (<2 standard deviations below the norm, or SD) in all regions except Addis Ababa, Amhara, and Harari as over 10 percent, highest in the Gambella region at 18.1 percent and the Somali region at 15.8 percent (DHS 2000).¹⁶ The DHS also found that global acute malnutrition (GAM) affected 10.5 percent of Ethiopian children under 5 and that severe acute malnutrition (SAM) was at 1.4 percent. Between February and April 2000, the SERA Project found that malnutrition measured by stratified random samples in drought-prone *woredas* was often much higher than

¹⁴ MACRO. May 2001. Demographic Health Survey 2000. Calverton, MD

¹⁵ United Nations/SCN. April 2002. Report on the Nutrition Situation of Refugees and Displaced Populations

¹⁶ Generally accepted cutoffs for emergency situations include the following: malnutrition emergency: alert >10 % of children <5 years moderately malnourished (<2 SD) with nutritional diseases; serious >15%; and mortality emergency rates: crude mortality >1 death/10,000/day.

that in the regionalized DHS survey. Three *woredas* had levels of stunting over 63 percent, and five had levels of wasting over 15 percent (Grewa and Fedis in E. Hararghe Zone, Dera in N. Shewa Zone, Ebinat in S. Gondor zone, and Badewacho in Hadiya Zone)

Ethiopia has seen a reduction in stunting rates, a measure of chronic or longer term malnutrition, over the past decade. The 1992 CSA rural nutrition survey found 64 percent stunting — the third highest prevalence in the world at the time. The 1998 rural CSA found 52.9 percent stunting, and the 2000 DHS indicated 52.6 percent in rural areas. The Amhara, Southern Nations, Nationalities, and People Region (SNNPR), and Tigray regions have chronic stunting (<2 and <3 SD) affecting over half of children under five. Economic factors, periodic drought and high disease burden contribute to chronic undernutrition. Steady reductions have been seen in young child and infant mortality over the past two decades (annex F, table 2). Life expectancy has not improved since the last Ethiopian census (1992), and by U.S. Census Bureau estimates, in fact, it has decreased from 47 to 44 years over the past decade. The 2000 WHO Disability-Adjusted Life Expectancy ratings, taking into account AIDS and other diseases, estimates that average life expectancy for Ethiopians is now 33.5 years.

It is important to note that the DHS 2000 in Ethiopia was undertaken during a time of severe drought, when an estimated 10 million people, or approximately 1 in 6 Ethiopians, were in need of food aid. Although this important contextual fact is missing in the DHS report, DHS data for nutrition, birth weight, mortality, food frequencies, and feeding habits should all be interpreted now and in future in the context of the impact of the drought emergency on these variables.

Women and Adult Nutrition

Not only young children suffered nutritionally in the recent drought. Women, the infirm, older adults, and the disabled all received food aid to compensate for nutritional deficits. Body mass index (BMI), a measure of adult nutrition, was found to be below 18.5 kg/m² in 30 percent of women ages 15–49 (DHS 2000).¹⁷ The greatest percentage of women with low BMI was in the rural pastoral regions of Afar (42 percent) and Somali (48 percent). A study conducted by the Centers for Disease Control (CDC) in mid-2000 in the Somali region found 20.8 percent of women ages 18–59 undernourished when adjusted for body shape (Cormic Index). This number unadjusted was 44.5 percent. The proportion of women severely undernourished (<16 kg/m²) was 2.7 percent (adjusted) and 11.0 percent (unadjusted). In 8 of the 16 drought-prone *woredas* around Ethiopia, the SERA Project found more than 40 percent of women malnourished. These rates of malnutrition among women of childbearing age are cause for concern because maternal nutrition status is important during childbearing years, not only for mothers' protection against morbidity and mortality, but also for their prospective children's health and nutrition status.

Pastoral Nutrition

Malnutrition has been identified as the single most important underlying cause of infant and under-five child mortality. A 1996 World Bank estimate states that malnutrition contributes to 58 percent of Ethiopian child deaths in normal times. Past surveys have shown repeatedly that

¹⁷ It is unclear whether DHS standardized the BMI, correcting for different body heights, especially the tall body build of the Nilo-Sudanese in Gambella.

nutritional status, both chronic and temporary, tends to be worse in pastoral areas. Reasons for this are multifold. Pastoral areas are among the least developed parts of the country; infrastructure is poorly developed or nonexistent. Vast areas have no roads, schools, health, or telecommunication services. Levels of absolute poverty are high, and more recently, most pastoralists have been forced to exist on external food aid for several months of the year.

Micronutrient Deficiencies

Micronutrient deficiencies contribute to morbidity and mortality worldwide and are often exacerbated during food emergencies. Vitamin A deficiency (VAD) is estimated to affect 5 million children in Ethiopia (World Bank 1997).¹⁸ The GFDRE puts the estimate more conservatively at 1–1.5 million. VAD varies by region and ecological zone but is particularly widespread in pastoral areas (WHO 1993) and in the agro-ecozones characterized by the least degree of household crop mix. The 2000 DHS found that 55.8 percent of children 6–60 months old at risk for VAD had received vitamin A supplements through high-dose supplementation efforts in the past six months. In mid-2000 the Ministry of Health (MOH) stopped distributing vitamin A capsules during national immunization days (NIDs) and now supplies them through sub-national annual distributions. The cessation of the mass distribution, which reached just over half of the intended target population, during the height of the recent drought may have negatively affected the nutritional status of the malnourished under-five population, particularly those infected with measles, although this has not been assessed directly.

Distribution of high-dose capsules of vitamin A is important to mitigate the effects of morbidity and mortality in relief situations, particularly when limited measles vaccination is a factor, and is routine in emergencies for therapeutic feedings. During the drought only NGOs that operated therapeutic feeding programs (TFPs) distributed vitamin A or deworming medications. While there are a variety of reasons for the lack of more widespread vitamin A distribution (e.g., weak government infrastructure, purchasing difficulties, dry food only distributions), such distribution should become routine operating procedure for nutritional emergencies (see SPHERE Manual).

Although resources were limited and food aid needs large, opportunities to maximize the distribution of micronutrients were missed during the 2000 drought response. Resources permitting, USAID and its partners should consider including at least vitamin A and iodine in future food emergencies in mountainous areas. This could be done by using vitamin A-fortified sugar, which USAID currently supports in Ethiopia,¹⁹ including vitamin A-fortified oil in the basic rations, distributing iodine-fortified salt²⁰ as inexpensive “condiments,” or purchasing fortified grains from the PL480 docket.

¹⁸ Although the last national xerophthalmia survey was conducted in 1980, the most recent subnational survey revealed clinical deficiency at 1.5 percent XN+X1B and sub-clinical prevalence at 38.9 percent <0.7 umol/l (MDIS #2, UNICEF 1997).

¹⁹ It is recommended that the MOST Project, the lead USAID project for micronutrients, act as technical advisor on micronutrient supplements during emergencies and provide linkages to countries where basic grains are fortified and could be used for relief operations, such as in the Zimbabwe drought of 1992–1994. (See recommendations for fortifying staple foods in emergency feeding in “Workshop Proceedings Enhancing the Nutritional Quality of Relief Diets,” April 1999).

²⁰ The 1999 CIDA report “Assessment of Nutritional Problems in Amhara Region” highlighted widespread endemic goiter.

NUTRITION RESPONSE

By most accounts of people interviewed for this assessment, the international response to the drought averted a large-scale famine. According to most interviewees, the response was fast and robust, averting massive deaths in most areas. Agencies were able to reach vulnerable populations and minimized — in most cases averted — mass migration, allowing households and communities to recover more quickly, particularly in the *belg*-dependent highlands where approximately 9 million people were in need of food aid. Stress migration would have had more devastating effects on household economies, health, and nutrition. (See annex D for a map of NGO, international organization, and WFP operations in July 2000).

Nutrition surveys and surveillance are critical during emergencies, as their information informs donors and program implementers of the situation and the populations' responsiveness to a combination of interventions. The effectiveness of interventions depends not only on the mix of interventions but also on nutritional status at the beginning of the emergency and on the assets and remaining coping strategies (among other factors) of afflicted populations. USAID partners in Ethiopia had undertaken numerous small-scale NGO nutrition surveys prior to and during the drought emergency — 125 from November 1998 to June 2000. Additional surveys were conducted during the recuperation and nonemergency times, although few were carried out in the Somali region. Only two of these 125 surveys met CDC's stringent criteria of acceptability, accuracy, and precision. While the need to standardize and use acceptable sampling techniques and indicators is valid, some professionals and practitioners diverge on the stringent criteria CDC used to assess the surveys, often collected for differing purposes (rapid assessment, programming, evaluation monitoring).

Table 3 summarizes nutrition data primarily from drought-affected areas from November 1998 to June 2000. Survey data are broken down into rapid assessments that generally focus on most vulnerable groups and population-based methods. Intentional surveys were designed to provide useful data to direct programs.

Table 3. Nutritional Surveys Countrywide, November 1998–June 2000

Level of acute malnutrition	No. of rapid health assessments	No. of intentional population-based surveys	No. of other population-based surveys
	Median (N)	Median (N)	Median (N)
	16	67	42
Global	32.2 (16)	12.0 (67)	6.8 (42)
Moderate	24.2 (16)	11.0 (50)	Not reported
Severe	5.9 (16)	1.0 (50)	Not reported

Source: CDC, P. Salama 2002

Notes: **Global:** MUAC <124 mm, wt/ht z-score <-2.0 or % median <80, +/- edema; **moderate:** MUAC between 110 and 124 mm, wt/ht z-scores between -2.0 and -3.0 or % median between 70 and <80; **severe:** MUAC <110 mm, wt/ht z-score <-3.0 or % median <70, +/- edema. Rapid assessments tend to measure the afflicted population and therefore demonstrate higher levels of malnutrition than population-based surveys because they are designed to measure extent of wasting.

DHS data from February 2000 to June 2000, can be found in annex F, table 3²¹. Analysis of the CDC surveys yielded the following conclusions:

- The prevalence of malnutrition and mortality in Gode District was high among children, with malnutrition and infectious diseases the major causes of death.
- Measles vaccination is important for children ages 6 months to 4 years AND 5–14 years.
- Situations need to be assessed rapidly and proven interventions implemented (e.g., basic clinical care, ORS, measles, food aid, water).
- NGO survey sampling methodologies, analysis, and reporting are inconsistent (see CDC recommendations in annex F).

In terms of impact of nutrition programs, data reviewed from NGOs that provided therapeutic feeding showed nutritional improvement in children under five years. NGOs that operated supplemental feeding centers had mixed nutritional impact. Reasons for this are many and reflect the mixed success of SFPs in other relief situations: caretakers use the supplemental meal as the main meal, feeding the child less at home so recovery and catch-up growth is hindered; children who gather at feeding centers are exposed to communicable diseases and because of often-limited funding and different priorities, don't necessarily receive vitamin A, deworming and other health interventions; other nutritional and health diseases are present and may not be treated, etc.

Somali Region Humanitarian Response

When the severity of the food and water situation in Gode District and other parts of the Somali region became clear, the GFDRE and aid agencies mobilized and delivered food, water, and other aid, despite real security concerns. Excess mortality occurred in the Somali region, with estimates ranging from 30,000 to 90,000 excess deaths.²² Vaccination coverage was limited and somewhat delayed in timing, however. Although NGOs and the Somalis themselves had warned the GFDRE of the deteriorating situation, food aid was directed to the northern highlands where the bulk of the population was suffering.

Several studies and reports (Hammond 2001, 2002; CDC 2001, 2002) describe the situation in Gode District during the recent drought but reveal few details about the challenging environment in which the international community had to respond. Those critical factors included the lack of strong EWS in pastoral areas, weak government structure, insecurity, poor road conditions and lack of infrastructure (roads, storage units, and warehouses) in general, banditry, lack of capacity

²¹ Additional details of nutrition surveys and the situation during the drought can be found in the *Lessons Learned Study: Ethiopia Drought Emergency* (Hammond 2001) and CDC reports (2001, 2002).

²² Security in emergency situations has been the topic of many debates in the international and NGO communities. While some evaluations and reports have been quick to criticize the slow response in Gode, they fail to mention the harsh security context. Security issues were of real concern for aid workers in the Somali region, since over 50 workers had been attacked or killed in the recent past. MSF had to suspend its water and sanitation program and stop a mission in Gode to carry out nutritional and medical surveillance for a famine and measles alert. The MSF Jijiga program was also constantly at risk because of insecurity. In addition, USAID and other humanitarian groups were concomitantly involved in responding to the Kosovo crisis, posing a significant challenge to getting high-level attention and sufficient resources to Ethiopia (and other crisis areas as well).

to handle response, and the complex culture of the Somali population.²³ Some of these factors contributed to the delay in response to the district and the severity of the drought for the population. It is important to note that most of the excess mortality occurred in the remote Somali region (approximately 1 million vulnerable) compared to the highland areas, where the bulk of the population in need resided and nine million were considered vulnerable.

A 2001 CDC report describes reasons for excess mortality in Gode that are worth noting.²⁴ The authors contend that in addition to delays in arrival of food aid, humanitarian interventions may have increased the spread of communicable disease (especially measles and diarrhea) when malnourished, unvaccinated people were attracted to central locations. Nearly one-quarter of deaths of children under five are measles-related. In Gode, measles vaccination coverage was less than 50 percent, although the CDC recommends vaccination coverage above 90 percent among children 12–15 years old in relief situations.

The CDC report went on to estimate excess mortality for the entire zone based on the Gode District findings. However, the report's calculations may have been flawed when taking into account DHS data. The DHS reported under-five mortality for the Somali region at 184 per 1,000, slightly lower than the national average of 187 and the rate for other areas, such as 229 in Afar.²⁵ The 2000 DHS survey also found lower rates of wasting in three more accessible districts in the Somali region²⁶ — 15.8 percent compared with the 29.1 percent found in Gode by the CDC survey conducted a little more than a month later. Although the districts where both surveys were conducted differed, the variation in malnutrition rates and mortality rates weakens the case for extrapolating data from Gode (CDC findings alone) to calculate excess mortality for the entire zone.²⁷ Undoubtedly there was excess malnutrition and mortality in Gode during the drought, but it is difficult to extrapolate the exact extent of that malnutrition, given traditionally high chronic malnutrition rates and even higher rates during the annual hungry season.

Somali Region Relief Aid for Livestock

In the emergency in the south, water, vaccinations, and care of livestock saved the lives and assets of pastoralists and agropastoralists. Animal milk is the main food for young children in these areas. When herds stop lactating, the nutritional status of children decreases rapidly. An assessment team funded by the UK Department for International Development, or DfID (Sandford and Habtu 2000) made recommendations for emergency response in pastoral areas that warrant review by donors. Of note is the report's proposal that for each *woreda* a water contingency plan should be prepared with input from community members ready for implementation in times of drought or crises.

²³ USAID Mission response memo to Salama, P., et al. "Malnutrition, Measles, Mortality, and the Humanitarian Response during a Famine in Ethiopia." *JAMA* 286:5, August 2001

²⁴ Salama, P., et al. "Malnutrition, Measles, Mortality, and the Humanitarian Response during a Famine in Ethiopia." *JAMA* 286:5, August 2001

²⁵ Measures of mortality differed and may not be directly comparable. The DHS measure mortality over a 10-year period prior to the survey in June, whereas CDC measured the 8 months prior to July 2000.

²⁶ The Somali region in Eastern Ethiopia comprises 9 zones and has a population of approximately 3.76 million, the majority of who are pastoralists and agro-pastoralists. (UNICEF 2000)

²⁷ The CDC and DHS did not review or refer to each other's data. Exchange of "emergency data" and "development data" is something policymakers need to address, especially in USAID, which funded both CDC and MACRO/DHS.

OFDA is supporting drought rehabilitation of pastoralists by funding early warning mechanisms, and the Mission is assisting with the Southern Tier Initiative and funding studies of pastoral coping mechanisms. With the current drought in the Afar region, the issues of pastoral livestock and child health are again arising. Early indicators of animal health are needed, rather than mortality statistics. Such indicators include the promising study of moisture in the dung of animals, a potential proxy indicator for drought.

Nutrition Surveillance and Measuring Systems — What Is Needed?

Survey quality is an issue for review. Although frequent surveys were conducted during the recent drought, aid agencies, including USAID partners, that did emergency nutrition monitoring of the vulnerable population used different tools, methods, and indicators (CDC 2001). These variations made it difficult to compare across populations and to generalize the information accurately. Field monitoring in the pastoral regions was fraught with additional challenges, including insecurity and inadequate road infrastructure that compounded access problems.

Some CSs had operated in the country for more than 18 years. Others had arrived more recently, but none that responded to the emergency were new. Title II survey coordination had been discussed previously, yet for emergency surveys, coordination broke down. The following were the main reasons for the lack of systematization and potential solutions cited in interviews with respondents:

- PVOs often *contract emergency staff* for each operation, citing the high budget expense to keep technical staff from emergency to emergency. Also, agencies have gap areas of expertise at headquarters and in the field for emergency nutrition, surveys, and programming. *U.S. PVOs can allocate more institutional support (ISA) monies to building capacity within their organizations, as well as train local staff.*
- *Rapid assessment procedures (RAPs)* and cross-sectional and final nutrition and mortality surveys during short-term emergencies are *expensive*, although OFDA and FFP/Em allow budgets for these activities. *Use “nutrition expert” NGOs such as MSF, GOAL, AICF, and SCF/UK to conduct surveys in country. One or two agencies using the same procedures will facilitate standardization.*
- Without formal *coordinating bodies* such as the Joint Emergency Operations Program (JEOP), coordination and communication will be *ad hoc*. Even with such bodies, joint training in the field for nutrition and mortality studies is rare. *Use and support the new DPPC/ENCU designed in part for this purpose.*
- The only NGO conducting nutrition surveillance in selected drought-prone areas was SCF/UK. However, this surveillance was passed over to the DPPC, which found it hard to maintain. *Prioritize areas of chronic vulnerability, high population, and risk for disasters for training at the local and woreda levels. Each U.S.-supported NGO could be a part of the woreda DPPB and could help facilitate collection of early warning information data.*

For development activities, some progress had been made in collecting similar indicators using a standard instrument. The last DAP cycle starting in FY97 had a “coordinated” baseline with overlapping program activities, conducted by an outside consulting firm. In the FY03 DAP cycle CSs hope to go further by standardizing all baseline survey indicators and methods. This is a good example of how CS could translate parallel indicators into the emergency side of the house for each NGO. It is important that professionals, NGOs, and donors who need to be able to compare and contrast information across surveys continue efforts to coordinate nutrition surveys and sampling.

EMERGENCY PROGRAM RESPONSE

What have we learned?

The critical questions in any emergency are: 1) were the neediest populations with the most critical acute needs covered at the right time, and 2) did these actions reduce suffering and save lives.

Each emergency situation poses its own challenges, but the bottom line question is whether an organization is prepared and enabled to act in a timely manner to meet the humanitarian goal. This section discusses response to the 1999–2000 drought in terms of coverage and targeting of needs and lists challenges for a response to the next crisis.

Aid agencies (NGOs, WFP, and international organizations) cooperated closely with the Mission and OFDA, the GFDRE, and local authorities to respond to the neediest populations during the 1999-2000 drought response. Title II agencies had enough flexibility to respond to emerging nutritional difficulties and time enough to get the consent of the Mission and their own headquarters to do so. There was much less flexibility, however, in the DPPD/B targeting of beneficiaries. An assessment of CS site selection for Title II programs found that selected sites were well targeted to highly food insecure populations.

The PVOs interviewed for this assessment thought that their interventions prevented stress migration and that food arrived just in time in most places. For example, CRS had an emergency operation (EMOPS) from July 1999 to January 2000 in the east Harari, north Wello, and southern Tigray zones before the massive operation took place. Large-scale food aid began to reach the needy in late March. In some areas, such as Gode, food aid arrived late. As mentioned previously, the situation had deteriorated quickly in late 1999 and early 2000 in that district and others. The information gap in coping strategies for pastoralists is being addressed in a number of ways (see section on Current Situation).

Coverage

For the most part, food aid during the recent emergency reached the communities for which it was intended. At the height of the response, June 2000, nearly 1 million tons of food was delivered to 10.2 million vulnerable. Diversions were relatively few, according to NGOs interviewed, yet the actual total calories delivered were fewer than the recommended standard of 15 kg/month. Most *woredas* received a 12.5 kg/ration per person because the grain was

insufficient to reach more people and there were occasional breaks in the pipelines. The impact of this ration dilution on overall nutrition status has not been fully investigated, but previous relief assessments indicate that diluted rations contributed to slow recovery in Ethiopia and other relief situations.

Targeting

Food aid targeting for development and relief through the annual appeal to donors poses numerous challenges. Targeting has a history of methodology issues. The former Michigan State University Grain Market research project²⁸ found four key factors contributed to targeting errors in Ethiopia. First, those who received food aid were either very poor or very wealthy. Second, female- and elderly-headed households tended to receive food aid irrespective of their food security status. Third, the food aid system has “settled” into a pattern in which households selected in the past are most likely to receive food aid again, and food aid does not reach new areas outside the historic system. Finally, a disproportionately large amount of food went to Tigray, the seat of the party in power, regardless of food security status. Targeting errors may be a result of community pressure, regional biases resulting from political pressure, influence, and inertia, to name a few factors. Emergency food aid, however, tended to reach more vulnerable people than development assistance food, although even emergency situations involve targeting problems of 1) accurately estimating the number of people in need and 2) getting the right amounts of food to the right people.

Gaps

The studies cited and discussions with the DPPC, WFP, and other donors identified the following needs for future emergency assistance:

- Implementation of recommended steps to modify the methods and processes used in the annual appeal process
- Increased transparency of the GFDRE in assessments with donors during emergencies
- Socioeconomic targeting at sub district and community levels and review of targeting indicators as a result of diverse income levels within villages
- Greater flexibility in food aid delivery systems and mitigation programs to reach isolated areas and areas not historically served in emergencies
- Checks and balances to encourage distribution of food aid to the most vulnerable households
- Separation of chronic and acute needs in the annual appeal process (see Policy section)

Progress is being made on most of these points. A WFP-supported study of the appeal process for emergency needs assessment (F. Riley 2001) made a number of preliminary recommendations for improving methodologies to determine need. These ideas are still being discussed with donors. Some small advances have been made, although not in time for this year’s annual appeal process. The 1999–2000 drought saw a high level of cooperation and coordination of assessments and appeals. Interagency guidelines for national food aid targeting

²⁸ Greater detail and the rationale for each of these points are found in Clay et al. 1999. “Food Aid Targeting in Ethiopia: A study of who needs it and who gets it.” *Food Policy* 24: 391–409.

were finalized in November 2000. Training in the use of the guidelines and enforcement will pose challenges and require resources and commitment from the government. For example, SCF/UK conducted survey training for the DPPC, but there was little follow up.

Cooperation and coordination have become more systematized in the current emergency. Overall, donors are becoming more satisfied with the participatory nature of the assessments and development of appeals, although much remains to be settled in terms of the appeal process. While infrastructure will remain a problem in remote *woredas* for some time, planned FFW and ESG projects are building and repairing roads in some areas. Checks and balances should be built in as assessment methods from the national level on down, although the challenge will be in the oversight and enforcement.

Relief Commodity Mix: Food as the Only Tool?

A number of people interviewed for this assessment felt that more could be done in relief situations besides using food as a relief commodity. Two main issues evolved in these opinions: the need for 1) water, feed, and fodder for animals; and 2) tools and other non-food items for effective EGS. Asset- and resource-strapped beneficiaries and NGO implementers have little flexibility in purchasing tools and other items for relief efforts (for a discussion of EGS, see the Partners section). Providing water, feed, and fodder for animals would need to be weighed carefully and tied into improved herd management, as too large a herd population may have other detrimental impacts.

HEALTH CARE RESPONSE

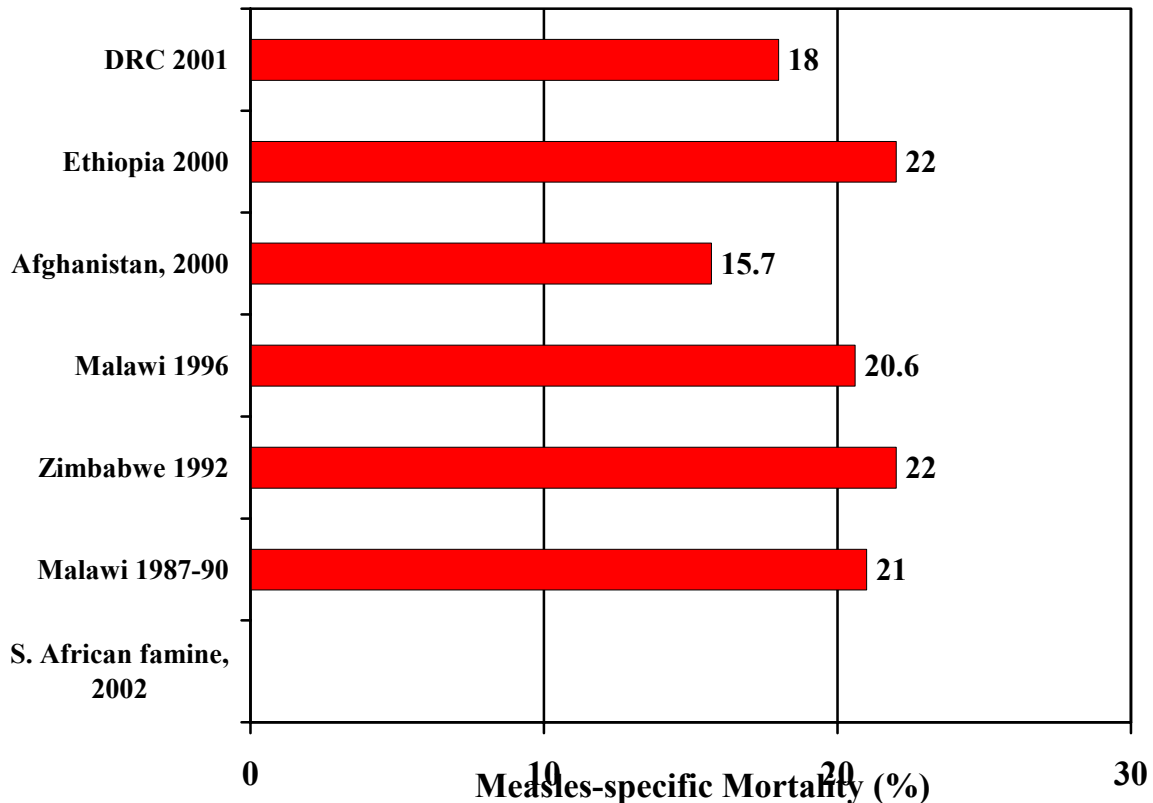
Two distinct emergencies went on simultaneously during the 1999–2000 drought. In the highlands the emergency primarily involved food shortages necessitating food aid. In the south and east of the country, drought caused excess mortality first in animals and later in humans. The response required was water, food, fodder for animals, and basic health care.

The health infrastructure was weak or nonexistent in the pastoral areas. Countrywide vaccination rates for measles were low at 26.6 percent, 22.3 percent in rural areas (WHO/Global Summary 2000; DHS 2000). Only 14 percent of children ages 12–23 months were fully immunized against the six vaccine-preventable diseases. In Somali, 39 percent of children had measles vaccination by the age of 12 months. While immunization interventions increased during the response, many claim they were insufficient. This area might be strengthened by applying the appropriate mix of response: not food alone, or food and water. By nearly all accounts of those interviewed for this assessment, UNICEF and the GFDRE clearly could have played a stronger and timelier role in responding to the health needs of pastoral populations.

The 2001 CDC report raised the issue of the risk of increasing mortality from transmittable diseases by concentrating populations in one area to distribute food aid. Such a risk was evident in the mortality of nearly a quarter of the under-five population attributed to measles transmission in the last drought. This percentage of deaths from measles parallels that in other major emergency and drought situations. In South Africa few deaths of children under five have so far been attributed to measles, presumably because a recent vaccination campaign that

immunized children under age 15 contributed to “herd immunity.” Nearly a quarter of drought-related deaths as a result of measles could be prevented by appropriate vaccination prior to an emergency. Measles vaccination is generally agreed to be one of the most lifesaving preparedness interventions (see figure 2).

Figure 2. Child Mortality from Measles in Humanitarian Emergencies, 1987–2002



Source: Grabowsky, Dr. M. , American Red Cross. 2002. From MMR and mortality reports

Many of the therapeutic feeding centers (TFCs) opened during the emergency operated extremely well, according to a WHO consultant. Most complied with international standards and provided needed vitamin A, deworming, antibiotics, iron-folate, and medications. TFC beneficiaries generally showed marked improvement in nutritional status. Supplemental feeding programs had a more mixed review in both development and emergency evaluations. The highland areas did not experience the difficulties of the southeastern region when women and children arrived at feeding centers. Some excess mortality in Gode was attributed to diarrhea, measles, acute respiratory illnesses, or malaria when vulnerable populations converged to receive supplemental food. Recommendations from past reports suggest using more dispersed and community-based means of delivering aid, including community-based therapeutic feeding. Community-based therapeutic feeding, because of its expense and labor intensity, would be recommended in certain circumstances where vaccination rates are low, diarrhea and/ or upper respiratory infections high (especially during the rainy season) and there is other high risk for communicable disease.

HIV/AIDS

The lack of HIV/AIDS interventions is a large gap in USAID's partner response to the Ethiopian emergencies. The HIV prevalence in Ethiopia is too grave for NGO and government operations to ignore, even though this is thought to be primarily an urban problem. The MOH predicts approximately half a million AIDS-related deaths in the 2000–2002 period (DHS 2000). The HIV prevalence rate was estimated in 1999 by UNAIDS/WHO at 10.63 percent (the third highest in the world). Approximately 3 million Ethiopians are living with AIDS. In recent emergency operations little was mentioned by USAID and its partners about AIDS, in part because professionals have focused on HIV/AIDS education and response in development settings. The HIV/AIDS problem in emergencies is complex and requires diverse initiatives that could easily overtake other emergency responses in terms of time and costs. (For additional background information and the current proposed minimum package of interventions, see annex G.)

IV. PARTNER PREPAREDNESS FOR MITIGATION AND RESPONSE

This section addresses selected aspects of the quality of partner preparedness for emergency response, using available information. By some accounts (evaluations and media reports), the government, NGOs, and international agencies were not as well prepared for the 1999–2000 wide-scale drought emergency in Ethiopia as anticipated. Recent actions of key parties involved in crisis and drought response, as well as gaps in needed actions, are described below.

USAID

Ethiopia Mission

The USAID/Ethiopia FHA Unit exhibited proactive planning and programming for the response under difficult circumstances and given little additional support from other units. With limited OFDA and FFP resources (the recently established baseline population of 4 million chronically insecure is far beyond what USAID could provide and what other donors are willing to provide), the Mission's work on a number of fronts to plan and prepare for recurrent emergency is worth noting.

The Mission's November 2000 Integrated Strategic Plan (ISP) directly address key needs in Ethiopia. The ISP states that for the past 30–40 years the country has experienced the “Four Horseman of the Apocalypse” — famine, war, pestilence, and death. The root causes of Ethiopia's structural food deficit are identified low productivity, a low literacy rate, lack of education, poor health, environmental degradation that contributed to expanding population growth, and the overall policy and political environment. The GFDRE, donors, and the Mission from extensive analysis of the situation in Ethiopia identified these factors, among others. The ISP lists the recommended strategies for Ethiopia: improve agricultural productivity; diversify the income base; improve access to and quality of health care; integrate HIV/AIDS programming into education, health care, and emergency response; and manage for risk at the community level.

The Mitigating Effects of Disaster Strategic Objective (MEDSO) addresses food insecurity and mitigation of the effects of disaster. MEDSO's four intermediate results include IR1 (more effective early warning systems), IR2 (improved methodologies for crop, food, and water supply assessments), IR3 (more accurate and complete health and nutrition information on vulnerable groups), and IR4 (better understanding of, and approaches to, meeting the needs of the chronically food insecure in disaster-prone areas and victims of natural and human-caused disasters). These IRs go hand in hand with the Mission ISP's 20-year long-term goal of reducing chronic food insecurity. Perhaps the most promising initiative in the MEDSO is the recent (March 2001) resurgence of food security policy dialogue with an informal ad hoc group of major donors. The USAID/Addis Office of Food and Humanitarian Assistance (FHA) is leading the way with food aid policy issues and alternatives to supporting the needs of the chronically vulnerable are discussed with the GFDRE (for more details, see section IV on policy). While the MEDSO is well developed and addresses many of the needs in Ethiopia, it may serve its clients

better with a more narrow focus in areas where USAID has a strategic advantage in Ethiopia, such as in the policy arena.

The recently approved R2D (Relief-to-Development) Project is a pilot operating in only 2 of the 47 most drought-prone *woredas*. Although small in geographic coverage, the project, if successful, will reach a limited population but may be a creative way for USAID and donors to get off the merry-go-round of high annual appeals for emergency food aid (see section on the DPPC below).

The USAID-supported FANT^{ta} Project is helping Title II CS in Ethiopia standardize a baseline survey of stunting, wasting, and undernutrition for the next round of Title II DAPs currently under review. It is recommended that FANTA build in the same criteria as those in the new DPPC/ENCU guidelines that can be transferred by CS to emergency and transition situations. **Standards should be in harmony with the DPPC/ENCU guidelines.** There is every indication, especially in regard to training and assessments taking place for the new drought, that the NGO community is working closely with the ENCU. However, gathering resources, establishing priorities, and building capacity at the *woreda* and local levels will take time and resources.

During crises, the FHA often addresses emergency needs by drawing on internal resources and technical assistance from other offices. The health office, for example, provided technical assistance and strongly encouraged international organizations such as UNICEF to conduct vaccination campaigns in the south. Some people interviewed felt that UNICEF designed to support emergency efforts, could have done more given the magnitude of the recent drought. The assistance of Mission health offices could have lent more technical and other support in areas facing drought (and other emergencies) for vitamin A distribution, AIDS, vaccinations, malaria prevention, and other communicable diseases. Likewise, the agriculture staff at the Mission could have added technical assistance resources to better shed light on the food security situation. In all, a number of those interviewed felt the Mission did not act as a unit to facilitate the efforts of FHA to address the emergency with all resources available.

The Mission funded vulnerability assessment research through the SERA Project in selected drought-prone *woredas*. This project has experienced delays, however, in realizing the second main purpose — to improve design and preparation of *woreda*-level response packages to mitigate chronic vulnerability and delays in reaching all targeted *woredas* with vulnerability profiling research. The SERA Project could be tapped even more by NGOs to help establish vulnerability criteria for *woreda*-level preparedness plans.

The Mission could facilitate greater use of fortified commodities during emergencies, although these are a lower priority than providing adequate daily calories. Efforts, such as MOST's sugar fortification with vitamin A and UNICEF's salt fortification, could be capitalized upon. The Mission and GFDRE should review the successful fortification of grain for relief populations (e.g., in Zimbabwe during the 1992–1994 drought and in Bangladesh) when grains are purchased from neighboring countries for emergencies.

USAID/Washington

As a follow-up to the recent drought, OFDA is funding the establishment of regional emergency coordination units in the Oromiya, Somali, and Southern regions. The support includes salaries for technical advisors and training expenses for one year.

In the previous and current droughts in Ethiopia, USAID Washington/FFP and OFDA have been in frequent and regular communication with the field. Good communication among main offices, regional offices, and the field has allowed USAID to respond to emergencies in a timely and effective manner. A retired USAID staff member noted, however, that USAID/Washington should give due deference to field reports and requests rather than second guessing the situation. This was not as serious a problem in Ethiopia as it has been in other emergency operations.

OFDA supports emergency health and nutrition databases such as the Health Intelligence Network for advanced Planning and Nutrition (HINAP), the Refugee Nutrition Information Service (RNIS), and the Center for Research of Epidemiology of Disasters (CRED). The Office contributed along with FFP/Emergency to the Standardizing Survey Methodology Workshop in Washington in 2002. These efforts help improve the quality and accessibility of emergency health and nutrition information databases.

The OFDA Disaster Assistance Response Team (DART) played an important role in coordinating the NGO response. All PVOs evaluated the roles of the Mission and particularly the DART as positive and supportive. The Mission, particularly FHA, worked hard to manage funds so that development programs would have nominal interference. Indeed, PVOs thankfully noted that their development programs continued during the emergency response with little disturbance.

FFP/DP may proactively add funds to the DAPs before final approval to give CS adequate resources for preliminary emergency operations. The new DAPs for Ethiopia need more concrete contingency planning and emergency preparedness. A review of DAP guidelines for FFP/Development Programs and the FFP/Emergency guidelines shows little direction for these activities or for coordinating emergency standards. Emergency nutrition response and standardized surveillance remain weak.

GOVERNMENT OF ETHIOPIA

This section reviews the GFDRE's role, response, and preparedness in the recent emergencies. A more thorough assessment of these issues, including a field study, is needed.

Emergency Nutrition Coordination Unit

The ENCU was established within the DPPC in November 2000 and has been operational since June 2001. The ENCU's mandate is to "facilitate the use of good quality nutrition and nutrition-related information to enable the rational use of food aid and other resources in emergency-affected areas". Like any new entity, the unit has had its share of challenges. Three external coordinators have been appointed since inception, and the unit continues to find it difficult to

collect reliable early warning data. How well it is accomplishing its main objectives remains questionable, according to some interviewed for this assessment.

The first ENCU progress report set out 14 subobjectives, including improving nutrition surveys and surveillance in drought-affected areas and targeting and monitoring appropriate supplementary food assistance to selected groups (see table 4). The unit's activities include a comprehensive draft Guideline on Emergency Nutrition Assessment completed in July 2002.²⁹ An abridged version is being considered for field training purposes. Capacity building for nutrition is planned for the SNNPR region in 2002. Training is ongoing at the ENCU for Geographic Information Systems (GIS), basic database management, and mapping concepts, among other relevant topics for early warning. Nonetheless, ENCU capacity and staff are still very limited.

The unit deploys federal staff to target *woredas*, participating actively in a number of areas related to the current emergency. ENCU members participate in teams that conduct surveys or rapid appraisals with NGOs. Any organization that wishes to initiate a survey is required to consult the unit (not to involve it directly, as the ENCU does not have the human resources to conduct multiple assessments) and provide it with results. The ENCU also actively disseminates information on activities and results, and has produced a new manual.

Table 4. Activities of the ENCU*

<p>technical support to all partners in need of assistance for emergency nutrition. critical areas for conducting nutritional surveys and coordinate surveys to avoid duplication of efforts.</p> <ul style="list-style-type: none">▪ Organize a monthly information-sharing forum (the National Multi-Agency Nutrition Task Force) to discuss emergency nutrition issues.▪ Pass on the concerns and/or recommendations from this forum to decision makers and advocates for appropriate actions.▪ Develop manuals on Basic Nutrition Concepts and Assessment of Nutrition in Emergencies.▪ Establish nutrition surveillance in <i>woredas</i>.▪ Collect an informational databank to form reliable baselines over time and throughout regions.▪ Chair a multi-agency Task Force meeting monthly.▪ Attend relevant subgroups, e.g. the Health Response Task Force, of the government's Crisis Management Group (CMG) weekly meeting, chaired by the Deputy Prime Minister's office. The CMG was activated in a direct response to the emergency.
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Source: DPPC/ENCU Newsletter 2001

*List of proposed activities; some have advanced, but others are limited thus far.

The unit has the potential to improve nutrition data quality and field staff capacity, funds and donor support permitting. A strategy paper by Dr. J. Galdwin (WHO/UNICEF 2001) outlines the challenges for the ENCU. It remains to be seen whether the will of the DPPC and genuine

²⁹ The guideline lays out the use of nutritional data by the DPPC, anthropometric measurements and indices, sampling methodologies (complementary to CDC-recommended methodologies), collection and use of non-anthropometric data (food security and mortality data), steps to undertake a nutrition survey, and analysis, interpretation, and use of the results.

collaboration of donors and NGOs will enhance the function of the ENCU and integrate its activities and information into an active response mechanism during crises. USAID could offer some low cost capacity-building support to the unit staff.

Ministry of Rural Development

Until 2002, *woreda*-level EWS, coordinated by the DPP committee, were known to have problems functioning on a routine monthly basis when no crisis was perceived. The Ministry of Agriculture has many development agents at *woreda* level and has been the main operational arm of the EDPPC; however, these agents often fill out monthly forms for early warning inadequately. The DPPC has had no real authority over the agents, as the lowest level of the DPPC was at the zonal level (DPPD). As part of government reorganization in 2001, the Ministry of Rural Development (MoRD) was created to combine the Ministries of Agriculture, Water, and DPPC. This ministry could help coordinate the regular functioning of the *woreda* EWS.

Among the MoRD's mandates are coordinating central and regional food security, early warning and response activities, reducing redundancy, and improving food security nationwide. USAID and its partners can develop and strengthen linkages at the local level to promote coordination among the food security programs, DPPB, and the Bureau of Planning and Economic Development. The MoRD could help strengthen the *woreda*-level information system and give the DPP committee more authority in overseeing an integrated EW information system.

Ministry of Health

In times of emergency, the MOH defers to the DPPC for prevention and response. At present few links exist between the ENCU and the DPPC for key areas such as vaccination, sanitation, vitamin A, or emergency nutrition surveillance. With the new structure of the Food Security Task Force, donors and NGOs should help facilitate these links for prevention and response. The MOH should become a more active partner in nutritional emergencies, mobilizing staff from areas without a crisis to areas where they are needed for basic medical care, vaccinations, and other services. The Ethiopian Nutrition Research Institute could offer additional technical assistance and coordination during emergencies.

In summary, the preparedness, mitigation, and response capabilities of the regional and national government, while making great strides, are still inadequate to meet the growing need for vulnerable households to lessen the impact of almost continuous shocks. USAID and its partners can facilitate the best use of government partners to maximize scarce resources, elicit the assistance of other ministries for preparedness plans, and most important, link the response actions to early warning and see them through.

Ethiopian Food Security Reserve

Prepositioning food and stockpiling reserves for times of temporary need are essential in countries in the Horn that experience regular droughts and complex emergencies. In Ethiopia, the EFSR plays an important role in mitigating the effects of temporary food shortages. This reserve

is stocked by excess grain purchased locally and donor in-kind purchases and maintained with both in-kind and local purchases. It is disbursed as needed for shortages, safety nets, and temporary loans. When the reserves are high, the EFSR allows NGOs to draw down stocks to keep the grain from spoiling, with the intention that the borrowing organization will repay the reserve. The intention for the reserve is to advance cereals against donor commodity pledges to meet immediate emergency and development needs to make certain the timeliness of response.

A number of assessments and interviewees, including the GFDRE, noted the NGOs' slow repayment rate to the EFSR until about 2000. Because the drought emergency was more severe than anticipated, the reserves themselves, even if fully stocked, would not have been enough to meet the food aid needs of the vulnerable population during the crisis. In normal situations the EFSR does not have to be full at 400K MT. In 1999, repayment of the loans to the reserve was not pressing, but in 2000 the need rose suddenly. During the climax of the crisis, donors 'owed' the EFSR nearly 300,000 MT of food (about 80 percent of the capacity of the reserve).

In 2000, the GFDRE gave 120K MT in local purchases. The reserve was drawn down to some 50,000MT at the height of the crisis. The challenges are to obtain local purchases and purchase enough grain on a timely basis. Typically grain from USAID takes a minimum of two to three months to arrive. European Union (EU) aid characteristically arrives one month or more later than U.S. cereals. Local purchases require bids and tenders and often result in slow delivery and smaller tonnage than international food aid and hence can arrive even later.

The EFSR has made progress in prompter donor repayments (repayments previously took up to a year) but not without a constant advocacy effort for rapid repayment — focused primarily on USAID and the EU (major donors). However, post-crisis, the reserve stocks have been drawn down to 32,000MT, lower than the 1999-2000 crisis. The GFDRE is weighing additional grain reserve options, such as a *mega* (national) reserve and smaller regional warehouses. Remaining challenges include recycling old stocks, having NGOs draw down the stocks more frequently, and increasing coordination between the DPPC and international donors when local food purchases are needed. Additionally, greater vigilance of monitoring about the reserve and the pipeline is needed with alarm indicators for stocks reaching below a certain level of capacity (one third), or debt-to-hypothetical stock ratio above a certain level (other criteria will also need to be factored in).

WORLD FOOD PROGRAM

The WFP receives between 40 percent and 60 percent of U.S. food aid contributions for delivery in emergencies. Despite the challenges of managing a large tonnage of grain at the ports of Djibouti and Berbera, WFP did an outstanding job in addressing such obstacles as port capacity, food storage, and trucks. Although there were some pipeline breaks and challenges at the port and finding trucks, the WFP and GFDRE actively worked to solve issues. The WFP Food Aid Transport System was very successful in getting relief commodities from the ports to distribution sites quickly, and should be supported in future operations. In this emergency, commodities for the general ration were limited to grains. Oils and pulses were restricted to SFP, presumably due to expense and magnitude of the food disaster.

To track the delivery of food aid in Ethiopia during the drought, WFP established the COMPAS system, which tracks food aid delivered by location. Establishing a new system in the midst of an emergency detracted from other urgent tasks. WFP will need appeals and funds for additional moveable warehouse facilities in remote locations to prepare for future emergencies, particularly if there are areas as severely affected as in the last drought. Vulnerability mapping for the pastoral areas was not undertaken before or during the emergency and remains a gap.

Obtaining the level of food aid that the GFDRE request remains a constant struggle for WFP and the donors. An average of 75 percent of the appeal requested in actually delivered to those in need. (Refer to table 2, Cereal Relief Food Aid Estimates and Distribution). Strategic use of political figures, dignitaries, and the media contribute to the success of the appeal.

USAID-SUPPORTED PARTNERS (NGOS, WFP, AND IOS)

Preparedness planning and active mitigation interventions are critical in Ethiopia and other Horn countries that experience periodic drought. In emergency situations such as drought or famine, the key to response is timing. The more rapid the response, particularly for health and food aid, the more lives are saved. The mix of interventions also plays an equally important role — water and sanitation diarrheal disease control, vaccination, and basic curative care are paramount. Health information systems (HIS) that track mortality and nutrition are also key for planning and programming.

Among the conclusions of the Title II report (Riley, et. al 2002) was the challenge facing U.S. PVOs to carry out effective development as well as emergency programs. The report found that only two PVOs — CARE and CRS — had accomplished both well in the last drought. Developing emergency preparedness plans at local level is an activity that could be strengthened to this end. None or few of the new DAPs mention building capacity to develop off-the-shelf projects for emergencies. Such capacity building plans could involve developing EGS with local authorities and peasant associations and building a technical base in field and sub-offices for nutrition monitoring and early warning.

The JEOP

The JEOP, an USAID-financed consortium composed of CARE, CRS, FFH, SCF, and World Vision, was formed in 2000 to provide a concerted response to the emergency and ease the communication and coordination burden on the Mission (economy of scale). This successful body, which is currently responding to the South Africa drought, grew out of an earlier model, the Joint Relief Partnership (JRP). The JRP was developed among the faith-based NGOs that responded to the 1985 famine in Ethiopia and is still equipped for emergencies today.³⁰

In a 2001 self-assessment of the recent response, the JEOP noted that food distribution had:

- Saved lives
- Stabilized or even improved the nutrition and health status of beneficiaries

³⁰ The JRP reached the whole country through its extended networks in 1985. The book *Miracle in Ethiopia: A Partnership Response to Famine* describes its success in reducing suffering and death from a devastating famine.

- Reduced stress migration
- Helped communities maintain income-generating activities
- Reduced liquidation of assets
- Contributed to infrastructure development and maintenance
- Enabled beneficiaries to maintain their dignity by avoiding free handouts

The self-assessment also noted the program’s flexibility to respond to shifting needs across the country and the smoothness and timeliness (after some initial problems) of port operations and food transport. The challenges noted in the report that were in the control of the cooperating sponsors included trying to leverage a greater role in selecting aid beneficiaries; improving EGS planning, implementation, and transition to development; and ensuring a continuum between relief and development. Challenges outside CSs’ control included the delay of food distribution by one month in most *woredas*, the inaccessibility of sites in the rainy season, and the insufficient rations that deprived some needy households of food aid. Interviews conducted for this study found similar conclusions.

One PVO carried out its own internal assessment of the emergency response and developed recommended action plans for its field suboffices. Details of their recommendations are noted earlier in this report.

Employment Generation Schemes — What Needs to Be Done

Used in both development and emergency interventions, employment generation schemes are designed to generate income for vulnerable groups. They can be a good relief-to-development strategy if resources are sufficient and they are well planned and managed. FFW and EGS are an important part of food aid distribution in emergencies in Ethiopia: GFDRE guidelines require 80 percent EGS and 20 percent free food distribution.

Most partners have voiced concern about the implementation of EGS in the past emergency, specifically lack of planning, tools, capacity, diversion from working on their own fields to doing WGS work, etc. As mentioned previously, the Title II eight-year retrospective study (Riley, et. al. 2000) found similar problems in development and emergency settings. Large-scale EGS would be difficult to implement to avert disaster and preserve assets of the 4–5 million predictably vulnerable in the country with their current inadequate management and resources. Other questions raised about EGS are targeting and the sustainability of assets, problems that also plagued the emergency-generated EGS.

In Ethiopia, off-the-shelf EGS projects ideally should be developed and ready to use by the respective government offices at the *woreda* level in an emergency. This effort was not realized until 2000, when the hasty selection of EGS projects reduced the likelihood of their sustainability. The *woreda* government offices’ lack of capacity to plan and supervise projects was an important factor. Based on experiences during the 2000 emergency, however, many NGOs have now trained *woreda* and zonal government staff and officials to design and plan EGS projects. Technical support from NGOs has enabled most of the *woredas* in the highlands to use off-the-shelf projects that were implemented in 2001. This has not been the case in the

lowlands or the pastoral areas such as the eastern Somali region, where government capacity remains seriously inadequate.

Diversion of Resources from Development to Emergency Projects

DAP mid-term and final evaluations made little mention of the emergency. Although emergency programming is reported in other forms, it is interesting to note that NGOs did not take into account how the severe drought, and in some cases diversion of staff, may have affected their development activities. NGOs interviewed also commented that their development projects did not suffer from diversion of large amounts of funds during the 2000 drought. The Mission worked hard with the resources available to minimize impact on development projects. There is often a fear that CSs will not be “paid back” expenditures budgeted for development activities when these are diverted to emergency response. However, when an emergency affects the areas where NGOs have projects, it stands to reason that they should respond to the emergency to assist their beneficiary population as well as protect their investment.

FY 2003-2007 DAP Cycle

A brief review of the initial DAP proposals conducted by the team for this assessment shows that the essential elements of preparedness planning and local disaster plans, risk management for shocks, and transition plans were discussed marginally, if at all. The modus operandi appears to be to contact emergency specialists in house or contract out when emergency strikes and to let them handle it. NGOs have a real opportunity to integrate disaster mitigation and preparedness activities more fully in the current DAPs. Further discussions and development of activities with FHA and other units in the Mission could advance these critical elements at the frontline, where NGOs operate. Notably, some of the proposed DAPs lack an emphasis on nutrition monitoring and surveillance, mass vaccination program support, locally prepared disaster preparedness plans, contingency plans, and risk management efforts.

If the Title II-supported NGOs are key players in the “frontline alarm system” for shocks, then they should be members of each *woreda*'s early warning committee (*woreda* DPPC). As with the neighborhood watch program in the United States, early warning committees are more effective when they reach an agreement with the police to investigate in crisis times. NGOs on the early warning committee with communities and *woredas* should have agreements with the zonal, regional and federal early warning team mechanisms to conduct rapid assessments if conditions worsen, even in areas within a *woreda* where NGOs are not operating.

The Ethiopian Orthodox Church (EOC) was one of the few old-cycle DAPs that articulated capacity building for emergency response. The EOC's activities, while an excellent start, were limited to building *woreda* council capacity to provide more timely and accurate EW indicators, meteorological information, and information on food status. Development of EGS and off-the-shelf projects or other response plans were not discussed in the DAP.

Pastoral Early Warning and Partner Preparedness

Donor and NGO understanding of the livelihoods and coping strategies of pastoral populations in Ethiopia was notably weak during the past drought. Information coming from the Somali region was unclear, sketchy, difficult to interpret, and frequently unreliable. While it is not easy to generalize about pastoralists from country to country, or even within a country, there are a number of take-home points from the Ethiopia drought. In Ethiopia there are two general “types” of pastoral peoples and these are: pastoralists and the more predominant agro-pastoralists, the former at times resorting to cropping (like the agro-pastoralists) because of frequent drought. The estimated pastoralist population in the country ranges from 3.4 million (1994 figures)³¹ to 6 million, or about 10 percent of the total population.

Pastoralists were affected by the 1999–2001 drought emergency in a number of ways:

- Acute scarcity of water for both humans and livestock in the Somali and Borena Zone in the Oromiya region because of three successive years of rain failure³²
- Acute scarcity of feed for livestock, resulting in their ceasing to produce milk, a critical food source for pastoral families
- Food insecurity and some excess deaths for humans and livestock

During the second quarter of the year 2000, food aid and rains came, providing some relief, but poor roads and security hampered speedy food distribution. Household resources were low or nonexistent. People migrated to feeding centers, increasing the risk of and mortality from communicable diseases (normally higher in the rainy season). Had the feeding centers commenced operations during the dry season, there might have been less excess mortality from communicable diseases. Drought-related excess mortality in the pastoral population likely peaked early in 2000, while excess mortality of livestock was highest in late April–early May.³³

Pastoral recovery takes longer than farmer recovery. Larger livestock can take up to 10 years,³⁴ increasing the importance of dual and prolonged interventions for humans and livestock in emergency situations. Although crops may be replanted and agriculture reinstated after one planting season, household assets sold during crises may take longer to replace. Because of limited diversification of income generation, pastoralists need longer relief interventions than relief agencies typically provide. Evidence of this need stems from studies of Kenyan pastoralist populations.

³¹ Regions with pastoral populations, in decreasing order by numbers: Somali, Afar, (Southern) Oromiya, SNNPR, Gambella, and Beni Shangul

³² Cumulative deviation in rainfall between November 30, 1997, and December 31, 1999 measured at rainfall stations was down in the Somali region in Jigiga by 56 percent and in Kebra Dahar by 128 percent, and in Yabello in the Oromiya region, by 105 percent (DfID 2000).

³³ Stanford, S., and Yohannes. Habtu. 2000 “Emergency Response Interventions in Pastoral Areas of Ethiopia.” DfID

³⁴ For large animals (e.g., camels and cattle), a 50 percent loss in livestock can take 10–12 years to recover. Regeneration of goats and sheep would take three to four years (*Ibid.*).

Since the 1999–2000 drought and the criticism of the delayed response in Gode District, donors and government alike have made a concerted effort to respond to the needs of pastoralists. This included developing an EW information system and building local capacity to monitor and evaluate emerging crisis conditions. USAID has also developed the Southern Tier Initiative (STI) Special Objective on improving livelihoods for pastoralists and agro-pastoralists. After assessing the needs of the southern tier of Ethiopia, and in light of the acute 1999–2000 drought in that area, the Mission added this a special objective to its strategic plan for 2002–2006 to address food security for these populations. While the southern border is economically important, with significant livestock populations estimated at 29 million camels, cattle, and goats, it is underdeveloped. The cross-border trade with export of animals and imports of goods has broad implications for food security in the region. USAID committed US\$ 6.4 million for five years to this initiative. STI activities link with the work of SCF/US in two regions in the Somali and Oromiya regions on human health, improved water availability for humans and animals, and improved EW information dissemination.

During and after droughts, OFDA was the first agency to fund improved EW in the Somali National Regional State (SNRS). OFDA and USAID/Addis now jointly fund it. The lack of information on pastoral lifestyles, coping mechanisms, and optimal ways to provide aid hampered response in this region earlier. OFDA-funded contracts to the NGOs SCF/UK, Goal, and Concern were implemented.

The final version of the World Bank’s food security strategy included a section on interventions for pastoral regions. Nearly every major donor, GFDRE, and NGO workshop after 2000 addressed pastoralist concerns, unlike before the drought, and a pastoral working group has been established for the first time with support of Dfid. Parenthetically, the recently lifted ban on Ethiopian livestock in the Arabian Gulf area because of Rift Valley fever was barely mentioned during the recent drought, but now is discussed widely because of its trade ramifications for pastoralists.

SPECIFIC ISSUES

This section examines several challenges for donor emergency response in Ethiopia. One important issue is the annual appeal process for emergency food aid. Another is the need for standardized nutrition surveillance instruments and agency coordination in a setting in which many donors and NGOs are called on to provide assistance. Finally, in a country such as Ethiopia that is unlikely to move into a disaster-free future, donors need to consider indicators and thresholds to plan and measure the transition from emergency relief to development.

The DPPC and the Appeal Process

The appeal process that assesses the number of vulnerable people in need of food assistance in Ethiopia is complex and lengthy. Appeals are typically made annually, even in a good crop and adequate rainfall year. When rains fail or shocks hit parts of the country, appeals are further modified. In 2000, for example, the DPPC made six modifications to the appeal process. As needs grow, so do aid requests to donors. Over the years donors have become frustrated with the

appeal process, because large estimates of numbers of people in need trap donors in a perpetual food aid support system.

This year the GFDRE and donors estimated “predictable” needs at 4 million people. Other donors estimate 4–5 million. Acute needs are determined on top of this figure. Many donors wish to abolish this system and find new approaches to the chronic food insecurity problem in Ethiopia. Progress is being made. Notably, policy dialogue is moving forward, with the GFDRE and donors discussing alternatives to financing the “predictable” needs under the emergency appeals. A Joint Policy Statement was approved in late 2001. Second, the Mission’s R2D design holds promise, especially given multiyear funding, to address critical aspects of vulnerability to shocks and food insecurity. Finally, the GFDRE is now committed to changing the appeal process methodology, as previously discussed.

The EU made a conceptual shift in supplying aid to Ethiopia in 2002, deciding to give food aid only as a last resort while optimizing food security and agriculture production in its programs. DfID made a similar shift. The most recent emergency appeal process used a standard methodology and was more transparent than in the past. This development is positive, although areas for improvement remain (e.g., establishing continuous EW information systems at the local level, infrastructure in isolated and pastoral *woredas*, and enhancing local capacity).

The assessment methodology has been under review for the past two years, and the emergency needs assessments in 2001 and 2002 took into account a number of comments and recommendations made by a special working group. A summary of these recommendations is included in a report by the WFP/Vulnerability Assessment Unit (Riley 2001) and while the magnitude of changes proposed in this document are daunting, donors and the GFDRE should address the recommendations systematically over time.

Large numbers of anticipated beneficiaries and high levels of recovery and response continued in the 2001 appeals (in the face of good harvests) because the drought was expected to have a longer-lasting impact. This pattern of prolonged transition is anticipated for the foreseeable future. Although populations’ vulnerability to shocks differs by agro-ecological location, FAO (2001) estimated that it will take several years for pastoralist households in the northeast, south, and southeast to recover income lost from high livestock mortality through restocking, even if good rains continue. The *belg* harvest has already suffered four consecutive harvest failures, so that even with the reasonable *belg* harvest in 2001, the reduced resource base of most *belg*-dependent populations will not allow full recovery to minimum levels of food security. *Meher*-rain-dependent populations depend largely on the *meher* harvest. While this harvest was good in the traditionally surplus areas, it was poor to mixed in the traditionally vulnerable areas in 2001. Because assets had been depleted over preceding years in areas prone to chronic food insecurity, the new harvest will not suffice for recovery. Vulnerable areas are inhibited even in good rainfall seasons by very small plots, eroded land, low technology, lack of oxen, low prices for productivity, and market fluctuations (SERA 2001). Outstanding loans incurred for inputs and other factors of extreme rural poverty exacerbate this vulnerability.

Nutrition Surveillance

The use of weight and height measures for nutrition surveillance at *woreda* level was not one of the early warning indicators established by regionalized systems (FEWS, EWS, VAM) until 2002. SCF/UK, involved in establishing a national system in 2000 and 2001. The ENCU is now adding nutrition data (wasting, undernutrition) to the list of indicators to be collected at *woreda* level. Training is planned at the *woreda* level, supported by UNICEF and other international donors. In May 2001, SCF/UK was charged with developing first baseline information and then a workable model for food security monitoring that could be built into government capacity throughout the region. The new World Bank Poverty Reduction Project is also trying to set up *woreda*-level monitoring. The European Commission for Humanitarian Operations (ECHO) provided funding to the SCF/UK project as well. This regional outlook and approach is an important step forward and essential in a region where ongoing cycles of drought affect multiple countries or regions within countries.

In theory, regular indicators for early warning should be collected monthly; however, in practice the monthly data collection system does not function because of many factors, including lack of authority at the *woreda* level, cessation of monthly meetings in the non-emergency times, and limited ability to analyze the data. Data analysis is often of poor quality.³⁵ Future responsibility for nutrition assessments will lie with the regional DPPB, although funding decisions for food aid and resources will remain at the federal level.

Only SCF/UK and SCF/US, World Vision International, and CARE routinely collect nutrition data in their distinct beneficiary population for early warning purposes. Other agencies (for example, MSF/Belgium and Switzerland, Concern, Action contre la Faim) have contributed to nutritional monitoring when necessary. It is the NGO that is often the frontline alarm system when there is a decline in the food security situation.

The new DPPC draft guidelines give the commission the responsibilities of using nutrition data in early warning to predict food insecurity and food aid needs, monitoring deteriorating food security, confirming an emergency or advocating for a response, and assessing the impact of interventions. The guidelines further suggest triggers to motivate an emergency assessment and recommended actions. In reality, this will be hard to carry out in the foreseeable future.

Agency Coordination

The coordination of emergency operations among the EU, UN agencies, USAID, and WFP has been discussed at length in recent reports and will not be discussed here except to mention the critical role of effective coordination in relief response. In the case of Ethiopia, a useful model exists: overall interagency communication and coordination worked very well and complemented the agencies' respective relief efforts. In addition to weekly donor and GFDRE meetings in Addis, WFP and UNICEF held weekly meetings to coordinate and support efforts in the Somali region. The excellent coordination of the NGOs also helped reduce duplicative efforts and cover a great percentage of the needy population with appropriate aid (not only food).

³⁵ DPPC Guideline on Emergency Nutrition Assessment, May 2002, p. 21.

Nonetheless, valuable time was lost up front in the previous emergency (1999–2000) in lengthy donor agreements on what resources to provide, when, and how. The conflict also slowed the response as the EU initially held back food because of the war. A similar scenario has been repeated in South Africa, where donors spent a fair amount of time deciding who will pay how much for what for the current drought emergency. Given that another crisis is a foregone conclusion in Ethiopia, every attempt should be made to agree on plans and arrange the roles of each donor in advance in future emergencies.

Transitioning to Development — The Post-intervention Phase

Another gap area identified from experience in the 1999–2000 drought was the timing of the transition from relief to development, i.e., when to stop emergency operations. These indicators ideally should be a part of the design of an emergency intervention. What are the indicators of success in such a transition? (i.e., Are populations able to cope without aid, have they stopped migrating, has aid enabled them to preserve at least some assets, do communities have seeds, tools and other necessities to rehabilitate livelihoods, have malnourished populations recuperated, has the program met its food aid targets, vaccination coverage, capacity building, etc.?) In a post-emergency field evaluation of its operations, one PVO noted that its suboffices did not evaluate its 2000 emergency response and that no key stakeholders (the PVO interacted with) established or reviewed formal indicators to determine whether they achieved their targets. Although the DPPC has the final word in determining when an emergency intervention should cease in Ethiopia, PVOs and *woredas* wanted to be part of the determination process. One *woreda*, Borena, proposed a set of indicators, primarily regarding livestock.

Clearly, exit strategies are needed at the field level and buy-in for such strategies is needed from the GFDRE and DPPC. Some criteria for graduating from emergency to transition are well defined, such as therapeutic and supplementary feeding centers. Others, however, are less clear, such as a manageable level of vulnerability key thresholds for food security, when to transition from emergency to development with pastoralists (e.g., livestock indicators).

The USAID-funded SERA Project, which works with *woreda*-level information and decision-makers, can help identify such indicators and thresholds. SERA distinguishes four sub-*woreda* levels of vulnerability: individual, household, community, and agro-ecological area. This distinction allows multilevel and multivariate analysis. It focuses on local capacity and resilience at the household, community, and institutional levels. SERA also addresses the construction of indicators with thresholds for vulnerability in relevant areas, such as irreversible coping strategies, land fragmentation, tropical livestock units, variability in rainfall, and lack of access to services. A simplified index of the most reliable and sensitive indicators could be used for annual or biannual collection. Support for the data collection and timely analysis in additional drought-prone *woredas*, and expansion to pastoral areas in the Afar and Somali region would be needed.

V. POLICY ENVIRONMENT AND QUESTIONS FOR USAID

Attention is now turning to reforming the annual appeal process from annual “emergency” needs that include predictable vulnerable needs to emergency plus multiyear planning for the predictable needs based on development and transition strategies. Although agreement on this point is recognized as a major step forward, the primary challenges ahead are developing human capacity and funding resources.

POLICY ISSUES

Key factors at play in the current policy environment include government policies (food security, land tenure, agriculture, migration, resettlement, ethnic-based employment, low funding for health services, low-to-moderate DPPC commitment to linking early warning and response) and donor fatigue in the face of high annual food needs, recurring emergencies, and diminishing food and dollars worldwide. Another looming policy-related issue is the GFDRE’s failure to openly recognize HIV/AIDS as a problem until recently. The epidemic remains a sensitive topic for certain populations and a critical challenge for aid agencies and development efforts.

On a global scale, food aid availability trends are mixed. According to the most recent U.S. Department of Agriculture estimates, total world grain production for 2000–2001 should be 1.838 billion tons, lower than the previous year’s yield of 1.873 billion tons. This amount will be sufficient for projected humanitarian emergencies through 2002. However, tightening global supplies of grain, particularly wheat, and the possibility of reduced U.S. surplus grain stocks may reduce the availability of emergency food aid to some extent. The U.S. drought this year may likely mean less tonnage of grain for FFP. Many United Nations emergency appeals around the world were vastly under-funded this past year.

Although the overall number of malnourished people worldwide is falling, malnutrition is intensifying in Africa. The demand for total food aid is rising because growing populations are subject to natural disasters and civil strife. The WFP counted 89 million beneficiaries in 1999, compared with 50 million in 1995. An estimated 40 percent of the population of sub-Saharan Africa is considered malnourished.³⁶

Building on U.S. Census Bureau data population projections for Ethiopia³⁷ and the base of 4 million vulnerable people in 2002, an estimated 5 million people will be vulnerable in 2010. That number will double by 2030 and may rise even higher with the HIV/AIDS, creating more orphans and homeless.

Environmental and population issues come into play as well, particularly for emergencies. Ethiopia’s burgeoning human and livestock population, scarce arable land, and grazing land stretched over carrying capacity have not been addressed adequately. Aid agencies, in their

³⁶ National Intelligence Council. 2001. “Global Humanitarian Emergencies: Trends and Projections 2001–2002.” Under the auspices of David F. Gordon, National Intelligence Office for Economics and Global Issues. Available at http://www.odci.gov/nic/pubs/other_products/global_humanitarian_pub.htm#link14.

³⁷ The population is estimated to rise to 82.3 million by 2010 and to 127.8 million by 2030 (U.S. Census Bureau).

design of programs to support populations who live in marginal lands where they can't be sustained, at the same time may be increasing the number of vulnerable. For environmental guidelines, Title II development programming includes exacting criteria, while emergency proposals allow more flexibility, in part because options for locations for interventions may be limited. FFP/Emergency guidelines, on the other hand, specify few direct environmental concerns. Nonetheless, OFDA's Field Operation Guide (FOG) includes detailed information about sanitation and the environment. OFDA asks potential donors to list the short- and long-term environmental impacts of their interventions (both positive and negative). GFDRE, donors and program implementers beware, there is some evidence that environmental degradation in the country is causing changes in microclimates that may be exacerbating drought.

Food aid, although one of the least efficient ways to directly transfer resources to hungry people, is the primary resource available to the U.S. government. Over half the total cost of food aid goes to storage, transport, and administration. Food aid does little to address the root causes of food insecurity. Donors and the GFDRE agree that long-term improvements in food security cannot be accomplished by annually providing massive amounts of food aid, but by integrating policies and interventions. Food aid pledges to the EFSR are important factors in meeting the estimated needs of the vulnerable as well as keeping the pipeline flowing. Contrarily, lack of response hinders a continual pipeline flow and discourages the GFDRE from releasing their emergency stock for fear they won't be replenished as per emergency warehouse stocking agreements.

The drought response for 1999 through the recovery period of 2001 cost donors an estimated US\$539 million³⁸ and delivered well over 1.3 million metric tons (MT) of food. A country gains tangible benefits from humanitarian aid, such as improved roads for transporting food, vehicles, warehouses, and temporary labor for the under- or unemployed. However, the same amount of money allocated to development interventions could go a long way to improve local capacities, countrywide early warning, and health care services, among other things. USAID/Addis is making headway in this arena.

USAID/ETHIOPIA POLICY ACTIONS

The policy arena is vital for donors and implementing partners to discuss the effective use of resources and food aid with the government and seek action on these areas. Before the 1999–2000 drought, however, policy dialogue lacked the promise and momentum it holds today. According to a DIFD official interviewed for this assessment, three factors have contributed to the momentum policy dialogue holds today: 1) improved general dialogue between the donors and GFDRE—learning environment; 2) the GFDRE is undertaking increased thought and examination of the issues; and 3) closely linked with the potential success of R2D, is GFDRE is decentralized budgeting, placing more decision-making power at the regional and *woreda* levels, and increasing testing of models at the local level. More than ever before, this is an opportunity for change in the way the government and donors approach the 'middle ground', not development programming or emergency aid, but protection the assets of those who could quickly fall into destitution with the minimal of shocks.

³⁸ Not including US\$ nonfood aid humanitarian assistance for 2001.

In January 2001, the USAID/Ethiopia FHA began to intensify its focus on food security policy. The office's effort culminated in a two-day retreat with key donors, from which arose a key document, the Joint Policy Statement (JPS). Approved by Prime Minister Meles Zenawi in late 2001, this has served as USAID/Ethiopia's food security policy mandate to date. Table 5 below summarizes the collaborative efforts of the GFDRE, FHA, and international community.

In 2002, both USAID, DIFD and the EU were involved in negotiations with the GFDRE to develop pilot projects involving multi-year pledges for assistance to chronically food insecure areas. For USAID, this process resulted in the development and multi-donor funding of the R2D pilot project mentioned earlier. Donors and the GFDRE are encouraging other models like the R2D.

While implementation is making great strides in dealing with age-old policy issues, a shift in thinking and reorientation of resources will take years to yield results. Additional resources will have to be committed, at least in the short-term, to address the predictable needs to protect assets of four to five million people until food security measures are stepped up. The HIV/AIDS crisis threatens to undermine these and other food security efforts unless it is addressed openly and within development and emergency program frameworks.

Table 5. USAID/Ethiopia Policy Achievements in Food Security

Policy Recommendation	Action and Status
1. Establish a senior-level Food Security Policy steering committee to identify appropriate and sustainable activities through FFW/EGS/CFW and develop a coordinated approach to the use of food aid and food security assistance , in addition to wider policy dialogue on food security issues. The food security working group recommends that the committee include appropriate regional representation.	Committee established in the office of the Deputy Prime Minister, chaired by Prof. Mesfin Abebe and including Ministries of Rural Development (MoRD) and Finance and Economic Development, Bureau of Agriculture, Amhara, Tigray, Southern Nations, and Oromiya Nations Regional States, USAID, EU, World Bank, and the UN, has met twice.
2. Focus DPPC's mandate on emergency functions (e.g., acute or unpredictable needs).	This process is underway. R2D, an asset protection system for the predictable caseload, is being implemented. The discussion is occurring at the wider level under transitional asset protection systems (TAPS), an initiative to remove the predictable caseload from the DPPC annual emergency appeal. If successful, DPPC's mandate will be scaled down to focus only on unpredictable acute needs.
3. Identify appropriate government institutions to mobilize and distribute resources for the chronically food insecure population, in line with most recommendations to separate chronic and acute food insecurity so that chronic needs are addressed through a development-oriented approach.	October 2001 creation of the MoRD, with a mandate to coordinate relief and development activities under one umbrella and deal with chronic food security issues through the new Rural Development Program, was a first step in this direction.
4. Refine current assessment methodology to distinguish between chronic and acute food insecurity.	This dialogue has moved much further than the JPS recommendation. There is now full donor consensus to adopt the terms "predictable" and "unpredictable" and to change the nature of donor response to predictable food insecurity rather than to develop such a methodology, which will have no impact unless linked to a changed response.
5. The GFDRE and FAO should conduct concurrent crop and food needs assessments	There is some coherence on this point, although not all parties are yet involved, a problem throughout Africa.

to synthesize availability and vulnerability data (e.g., supply and demand).	
6. Make food aid more productive for the chronically vulnerable through well-planned FFW/EGS/EBSN schemes and consider CFW alternatives when appropriate and feasible, along with more flexible use of food aid to encourage development and technology adoption.	This issue received much discussion with the first DPPC assessment of EGS capacity in the design of the 2001 appeal. The discussion has moved on to discuss TAPS as a framework for utilizing relief resources more efficiently. R2D serves as a model for and its use of food aid for incentives and diversification will be replicated by REST. The development of a common food aid policy may help further discussion on this.
7. Include food aid and food security expenditure in the GFDRE budget.	Food aid was budgeted in the 2001 federal budget (annexed), but donors have dropped the ball on this. The GFDRE now budgets food security expenditure, if not food aid, in the federal budget. <i>Woreda</i> -level decentralization may be a more appropriate place to budget food aid.
8. The GFDRE should not offset food aid and food security assistance capital subsidies at any level.	The prime minister committed himself to this, and no GFDRE offset appears in the new food security budget line and allocation.
9. The GFDRE should contribute its own budgetary resources to DPPC appeals.	In 2002 the GFDRE contributed 45,000 metric tons of cereals to the January appeal.
10. Use the Poverty Reduction Strategy as the country's starting point for food security policy and evaluate the impact of Agricultural Development-led Industrialization (ADLI) on chronic food insecurity and poverty alleviation with the World Bank and donors.	The PRSP contained focus on food security policy, and the GFDRE has clarified ADLI through the release of the translated Rural Development Strategy. A World Bank/GFDRE workshop in mid-November 2002 will review ADLI with donor participation.
11. Further develop national and regional food security strategies, in particular, the GFDRE plans with donor support for areas not covered by a food security program. This is especially important for pastoral areas, which have been adversely affected by drought in recent years and generally neglected by long-term development initiatives.	This process is underway. The GFDRE released its revised Food Security Strategy, developed with donor participation, in March 2002. Negotiations are underway with Federal Affairs to develop strategies for the four regions not covered. USAID, CIDA, and EU have funds to assist this process.

Source: adapted from USAID/Ethiopia, Food and Humanitarian Assistance Unit, October 2002

POLICY QUESTIONS

The following questions should set the stage for a future evaluation to design a policy roadmap for USAID, both in Washington and in Ethiopia. All these must be considered in the context that USAID funding to Ethiopia, by itself, will not be sufficient to address the needs in that country.

1. How should USAID best use its development assistance dollars to contribute to long-term mitigation efforts in Ethiopia? What is the trade-off between supporting frequent large-scale emergency operations and committing robust DA funds targeted to the most vulnerable areas in the country?
2. How can USAID/Ethiopia best modify its development strategy to improve nutritional impact and food security in areas where its partners work?³⁹ Should USAID pool its money with other donors to target specific issues?

³⁹ Two studies of U.S. Title II food aid concluded that food security programs had a) little impact over the past eight years (Riley et al 2002) and b) no significant impact on the nutritional status of young children in 9,682 households

3. What criteria does USAID use to allocate resources to African countries? Will Ethiopia be included in the Millennium Challenge group of countries and therefore eligible for desperately needed development funding?⁴⁰ Are these changes strategically planned to address today's needs in Ethiopia?
4. Are USAID and partner policy dialogue and GFDRE response adequate and do they cover the right elements to help get donors off the merry-go-round of massive annual food aid?
5. Given the predictability of emergencies in Ethiopia, can USAID and its partners contribute more to disaster prevention and mitigation? Are regional strategies compatible, especially for PMP, conflict mitigation, trade, and food security? Without a mechanism such as the Greater Horn of Africa Initiative, what can/should be developed in its place to ensure progress in these areas? Does USAID/REDSO have the mandate, authority, and staff to spearhead regional efforts to address PMP issues? Can OFDA's Africa Regional Office do more to develop PMP plans with countries like Ethiopia that experience periodic drought? Are regional efforts sufficient for cross-border early warning and support of food security efforts (trade, livestock, and commodities)?
6. Are the disaster response efforts of USAID and other donors in Ethiopia contributing to improvements in the country's overall human welfare? Are prevention and mitigation, as well as response and rehabilitation, efforts enough and constructed in such a way to improve food security? Can USAID partners do more to move toward risk management at household and community levels?
7. How can donors and the GFDRE agree in advance of emergencies on provision of resources and types of assistance (cash assistance, microcredit schemes, nutrition assessment and thresholds/trigger points, exit and transition strategies, food aid, relief commodities, and technical assistance) so that these agreements do not take precious time at the beginning of emergencies, when rapid response means more lives saved?
8. As predictably vulnerable populations grow and increasing shocks tip more households into the "extremely vulnerable," are donors willing to pay for emergencies indefinitely?⁴¹ Can and should USAID continue to rely on emergency food aid to deal with the predictably vulnerable?
9. Can USAID do more to complement DfID funding for capacity building to improve EGS or early warning at woreda level, for example? Should policy dialogue address the

surveyed in 50 woredas from 1997 to 2000 (Kari Egge, October 2000, *Food For Work: Is there a nutritional impact? An analysis of USAID-sponsored Title II programming In Ethiopia*, dissertation).

⁴⁰ Ethiopia is the fourth-largest recipient (after Mozambique, South Africa, and Uganda) of USAID development assistance resources on the continent (FY02 budget justification), but has a third again as many people as South Africa.

⁴¹ Donors spend approximately USD \$102 per person per year for a safety net for the four million predictably vulnerable.

GFDRE policy of 80 percent of emergency donations go for food for work or EGS and 20 percent are given as free aid?

10. Should the Mission re-evaluate its partnership with NGOs in light of recent study on Title II development food aid that found no concrete improvements in food security? What is USAID's response to this report and the CDC report (Salama 2001) on improving nutrition interventions during emergencies?
11. Can USAID add more incentives (e.g., revised proposal guidelines, assessment and dissemination of best practices for PMP) for its partners to better plan for and mitigate potential natural and man-made disasters?
12. Can collaboration and coordination among international donors facilitate agreement on approaches and standardize measurement of approaches?

VI. LESSONS LEARNED AND RECOMMENDATIONS

First and foremost, the responsibility for disaster prevention and mitigation clearly rests with disaster-prone countries and their governments. To protect their development investments and ensure that their programs do not increase disaster risk, USAID and its partners could provide more effective support by mainstreaming the disaster preparedness, prevention, and mitigation goal in all development activities and increasing resources allocated to mitigation (as opposed to relief) activities. USAID/Addis has gone a long way toward achieving this. The seemingly perpetual food crises, however, threaten to erode the good progress made by aid agencies.

OVERALL RESPONSE

The international response to the 1999–2000 drought and the transition programming into 2001 were largely viewed as appropriate and meeting the needs of the vulnerable population. Successful aspects of the response are worth noting for future drought emergencies. Aid agencies need also to actively pursue areas in need of improvement and draw on lessons learned for prevention, planning and response to ultimately produce better outcomes for the vulnerable and destitute populations they serve.

Strengths: Early warning information facilitated appropriate advance action, except in pastoral areas that lacked EW. Except in the Somali region, where the majority of the deaths occurred, massive food relief was timely and effective in 2000. Food was prepositioned in remote areas, and visits of high officials attracted attention to the problem, although the media could have been used more effectively. Subsequently, the extended response helped build local capacity and early warning capabilities in remote areas, increased attention to pastoralists in the Somali region, and is improving nutrition surveillance through the establishment of the Emergency Nutrition Coordination Unit (ENCU) in the Disaster Prevention and Preparedness Commission (DPPC), although this will take a concerted effort over time. WFP likewise had a solid response, with the COMPAS system, building port capacities and mobilizing food aid deliveries.

Weaknesses: Shortcomings included a weak link between early warning information and response and between disaster response and transition to development; ration dilution; lack of standards for nutrition assessments; and delayed donor repayment of the Ethiopian Food Security Reserve (EFSR). Pastoral areas lacked early warning systems, sufficient implementing partners, and adequate local capacity. Cross-border programming and information sharing with Kenya and Somalia, which have effective pastoral EWS and were responding to their own drought emergencies, were nominal.

Implications for future response: In terms of future disasters and response by the government and donors, early warning capacities need strengthening from the national level to the local level. The link to response remains weak, and unless the DPPC, and the new Ministry of Rural Development takes this link more seriously, emergency aid will be needed for the foreseeable future. Many factors contribute to a drought becoming a famine, requiring a complex set of actions to mitigate the effects of drought, some within the control of the government and some in

control of aid agencies. Both entities need to review the recommendations from this and past evaluations and prioritize actions.

Changes since 1999–2000 drought: respondents, USAID, and international agencies see a number of positive changes since that last drought. They are: a) establishment of an overarching Ministry of Rural Development to coordinate the food security strategy and facilitate DPPC coordination with other disaster prevention strategies; b) development of the Emergency Nutrition Coordination Unit in the DPPC to set standards and improve the quality of information collected during nutrition assessments by the GFDRE and NGOs; c) development of a pastoral working group to assess issues specific to these populations, especially building early warning information systems (EWS) (pastoral areas) and local capacity to collect and act upon key data; and d) analysis and publication of key indicators of vulnerability to chronic food insecurity to drought at the household and community level in 16 drought-prone *woredas* and response packages planned to reach the identified target groups (by the DPPC's USAID-funded SERA Project) and expansion into other *woredas*. Policy dialogue in a number of policy areas (trade, programming, land reform, food aid targeting, etc.) is seen as vital.

Overall Lessons Learned

Proposal Guidelines and Process

1. OFDA and USAID/Washington spent too much time during the 1999–2000 drought clarifying questions about and instructing NGO partners on the proposal process. Efforts to be the first in line often compromised *proposal quality*. USAID staff was needed for other activities, and time was lost helping clean up substandard proposals.
2. Guidelines for FFP Development and FFP Emergency proposals provide *little* direction for emergency nutrition activities or coordination of emergency *standards*, as well as clear working definitions for mitigation and transition yielding a blind-leading-the-blind situation in mitigation and response to drought emergencies.
3. Gaps remain in OFDA guidelines on *transitioning from relief to development*. This issue is critical for every organization. OFDA and the Office for Transition Initiatives could take the lead in refining this process.
4. PVO respondents claim that time is lost to burdensome reporting obligations and lack of clarity about responsibility for the costs of selected non-food items.

Maximum Use of Resources

1. Relief operations are frequent occurrences in Ethiopia, taxing FHA staff time, causing burnout, and minimizing time to develop prevention and mitigation strategies and closely manage their portfolio. *FHA* is under-funded to conduct activities outlined in the ISP and MEDSO, and overall, the Mission human resources are severely constrained. Mitigation-related research and information projects need greater attention and closer monitoring. USAID/Ethiopia technical units could have helped by adding more *technical and financial resources for mitigation, prevention, and response* during the past drought. Mission directors have a key role to play in mobilizing field offices to support and cooperate with emergency efforts. Often units are reluctant to divert time and technical

assistance from their development portfolios to emergencies. Relief and transition to development programming is generally poorly understood. The same problems are mirrored in NGOs and PVOs.

2. The *innovation and flexibility of USAID/Ethiopia enabled CS partners to respond* under their centrally funded DAP coverage to areas that were highly food insecure, difficult to reach, and not covered by NGOs. The *JEOP increased efficiency and coordination, setting a positive precedent for other emergencies* (the JEOP is now used in South Africa). The mission's approach also allowed CS to maintain their programs or reduce activities somewhat while tapping other funding mechanisms such as OFDA and the EU for emergency operations. FFP/Emergency also facilitated this flexibility. Diversion of resources in emergencies may unravel efforts to improve the livelihoods of those who need it most.

Information Exchange

1. The *lack of technical exchange and communication between the development and emergency offices at USAID* can confound work efforts. CDC and DHS survey staff were unaware of each other's work during the past emergency, even though USAID/Washington funded both. DHS data collected during a national food crisis has an impact on indicator values, but CDC did not take this data into account when extrapolating mortality statistics in Gode. This lack of communication compromised the validity of their respective surveys and conclusions.

PMP Capacities

1. Countries bordering Ethiopia had effective EW information systems, yet the *dearth* of regional information on pastoral livelihoods in Ethiopia hampered an effective response to pastoralists. Information on the assets lost by pastoralists during emergencies is also insufficient and unclear.
2. Institutional strengthening agreements (*ISAs*) *have been underutilized by PVOs* to build their PMP capacities. Some PVOs have used as little as 10 percent of the ISA for these activities.

Asset Preservation and Loss

1. Major *limitations in the design and implementation of government development policies* (agricultural extension, land distribution, environment, population, urban employment, literacy, and nutrition) have contributed to chronic drought vulnerability.
2. Highly vulnerable populations steadily lose their assets through irreversible coping strategies in times of crisis. *Assets can take a long time to recover post-emergency.*
3. EGS can be an effective emergency-to-development tool if participatory preplanning is done, then put into place.
4. NGOs and PVOs have made little progress in *linking relief to rehabilitation and development*. In Ethiopia, a country continually plagued by drought, PVOs admit, "There are few (if any) steps taken to help reduce the vulnerability of communities whose lives have been sustained through relief intervention." JEOP (report 2001) also reported few

transition or exit criteria for its relief operations. This is likely to be true in other relief situations.

Nutrition Surveys and Monitoring

1. *NGOs unaware of minimum standards for relief operations* are more likely to fall below these standards in program implementation.
2. Bringing people together to receive aid, especially SFPs and TFPs, can increase the *risk of transmittable disease*, as happened with the increased mortality from measles epidemics in Gode District in the past drought.
3. PVOs trail behind their European counterparts in emergency nutrition programming and surveillance. While the PVO response in the current drought shows progress, they must do more to integrate this response fully in emergency programming.

Commodity Mix

1. Different emergencies require different responses. More non-food interventions (e.g., assistance with water sources, provision of medicine, immunization, meat marketing) during the recent drought were needed to enable aid agencies and local communities to respond effectively and to develop EGS. These interventions can be good relief-to-development practice.

Miscellaneous

1. The arrival of the *media* is typically a late crisis indicator, usually when emergency situations have deteriorated. NGOs and IOs should optimize media coverage to mobilize international response early in a drought. Efforts such as the field visit of the DCHA (then BHR) Assistant Administrator organized by USAID helped mobilize more U.S. and EU resources for the Ethiopia drought emergency in 1999–2000.
2. Security has complicated service delivery by aid workers in past and present droughts.
3. Lessons and recommendations from previous assessments often are given lower priority than ongoing program management.

USAID ROLE IN DROUGHT RESPONSE IN ETHIOPIA

Strengths. USAID de-linked the conflict and the humanitarian crisis first, which enabled aid to arrive earlier than their European counterparts. USAID/Ethiopia's innovation and flexibility enabled CS partners to respond under their centrally funded DAP coverage to areas that were highly food insecure, difficult to reach, and not covered by NGOs. The JEOP increased efficiency and coordination, setting a positive precedent for other emergencies (the JEOP model is now used in South Africa). The mission's approach also allowed CS to maintain their programs or reduce activities somewhat while tapping other funding mechanisms such as OFDA and the EU for emergency operations, which offset the diversion of resources in emergencies that can unravel efforts to improve the livelihoods of those who need it most.

Weaknesses: Less positive, USAID partners lacked standardization of nutrition surveys, indicators, and reporting, making it difficult for donors to interpret true level of need. Only four partners out of more than two dozen routinely collect nutrition data for early warning purposes. Few partners had local-level disaster preparedness plan or had developed off-the-shelf projects, while EGS was hastily performed, yielding mixed or poor results. Vaccination support to underserved areas was too little too late. Although a large part of USAID’s portfolio is made up of countries at risk for natural and human-caused disasters, guidelines for FFP Development and FFP Emergency proposals provide little direction for emergency nutrition activities or coordination of emergency standards. Aspects of the proposal process such as substandard proposals and lengthy times in approving them slowed the ultimate receipt of food aid in country.

Changes in programming since 1999–2000 drought: USAID/Addis developed a new Integrated Strategic Plan focusing on the most critical development areas based upon numerous studies. The ‘Mitigation the Effects of Disaster’ special objective incorporates many, if not too many, activities to address key mitigation issues. A Southern Tier Initiative grew out of the need to address pastoral populations more seriously focusing on trade, education, HIV/AIDS, health, as well as livestock issues. FHA developed a pilot project linking relief to development as one means of addressing the chronically vulnerable with multiyear funding. The USAID mission is actively pursuing policy dialogue to address a number of key issues, including the chronic food needs for 4–5 million Ethiopians annually.

What needs to be done: Recommendations, presented in the table at the end of this section, are address issues in two major sections: the first is applicable to drought-prone countries worldwide, while the latter deals with Ethiopia-specific recommendations. In the columns to the right of the table, the USAID office and/or organization such as NGO/PVO (abbreviated as cooperating sponsor or CS), World Food Program, international organizations, etc., that would be responsible for taking an active role in implementing the recommendation is noted.

Lessons Learned from Emergency Response in Ethiopia

Continuing periodic droughts, floods, and other disasters in Ethiopia will have an increasing impact on greater percentages of the population. Given the magnitude of the 1999–2000 drought and the impending magnitude of the 2002 drought, *USAID/Ethiopia cannot afford to miss any opportunity to leverage funds and act.*

Emergency Appeal Process and Policy Dialogue

1. Issues such as *policy dialogue on food security and the reformed appeals process*, sidelined during the border conflict and the 1999–2000 drought, now hold promise for significant changes in the way donors do business with Ethiopia.

Use of Resources

1. Frequent relief operations in Ethiopia tax FHA staff time, cause burnout, and minimize time to develop prevention and mitigation strategies and closely manage FHA’s portfolio.

FHA is underfunded to conduct activities outlined in the ISP and MEDSO. Mitigation-related research and information projects need greater attention and closer monitoring. USAID/Ethiopia technical units could have added more *technical and financial resources for mitigation, prevention, and response* in the past drought. Mission directors have a key role in mobilizing field office support and cooperation in emergency efforts. Often units are reluctant to divert time and technical assistance from development portfolios to emergencies, and the transition from relief to development programming is generally poorly understood. The same problems are mirrored in NGOs and PVOs.

2. The lack of technical exchange and communication between the development and emergency offices at USAID and other U.S. government agencies and other organizations can confound work efforts. For example, CDC and DHS survey staff were unaware of each other's work during the past emergency, even though USAID/Washington funded both. When extrapolating mortality statistics in Gode, CDC did not take into account the DHS data, which has an impact on indicator values when collected during a national food crisis. This lack of communication compromised the validity of both organizations' surveys and conclusion
3. Short rotations in country for DART staff may disrupt continuity of communications and programming and limit understanding of the situation.

Nutrition Surveys and Monitoring

1. Many NGOs have *difficulty getting specialized staff on the scene* for non-food interventions such as water and sanitation, nutrition, and microcredit. A reliance on short-term consultants in the past drought resulted in less-than-ideal nutrition monitoring and health interventions.
2. Nutrition surveillance and monitoring will remain weak unless significant attention and capacity building resources are directed to local levels.

Timeliness and Effectiveness of Early Warning

1. *Weak capacity, high turnover, and low staffing levels* have compromised the GFDRE DPPC/B/D's ability to carry out timely EW, chronic vulnerability analysis, nutrition surveys, and effective linkages at *woreda* level. Both ENCU and SERA were late in getting off the ground effectively. While progress is being made in this arena, especially in the pastoral areas in the southern tier and under the new direction of the MoRD, other areas remain underserved.
2. Increased donor and NGO participation in the emergency appeal process fosters a more cooperative and timely response. Two key needs remain: a more systematic and equitable way to determine highly vulnerable populations for food aid and a more effective way to separate predictable (or chronic) needs from acute needs. The need for transparent information sharing from the GFDRE and some IOs is also worth noting.

3. *Food aid storage* remains inadequate in a few target areas. Certain target areas that regularly receive large amounts of food aid do not have sufficient storage capacity, while most other areas are sufficient⁴².
4. *The timeliness and effectiveness of early warning needs improvement.* EW has limited coverage in some areas in Ethiopia and is too complex to interpret in other areas.
5. The newly established *MoRD coordination body holds promise* for improving prevention, early warning, and response. However, it's not clear how seriously the DPPC works to link SERA, EW, and response.

⁴² Although at the time of this publication, the situation has improved greatly, according to USAID/Addis. Where new relief operations may need to respond to emerging needs, storage may be inadequate but this is on an exceptional basis.

Relief to Development Strategies

1. NGOs have made little progress in linking relief to rehabilitation and development. At the same time, the DPPC does not take this link seriously. The SERA Project and R2D are positive efforts on the part of USAID, but much more needs to be done by all parties.
2. Pre-planning and timely intervention at the local level is vital to the success of EGS activities. EGS have not been strategically planned and implemented, and evaluations of impact have yielded mixed results. In the 1999–2000 drought, aid agencies did not always take cultural differences into account in program implementation, and food distribution was often late.
3. PVOs reported concerns about the disincentive effect of food aid timed to coincide with the harvest and the high remuneration paid by EGS. Farmers left their land to receive food aid through these schemes. While GFDRE guidelines for timing and targeting EGS are clear, field realities differ substantially.
4. Rapidly designed or poorly implemented relief operations may have detrimental environmental consequences. The prevention and mitigation interventions that U.S. Title II development programs carried out for livestock over the past few years may have contributed to overgrazing and environmental degradation.

Miscellaneous

1. With the recent reorganization of the GFDRE, *some interventions and activities in the USAID/Ethiopia ISP no longer mesh with current GFDRE structures.*

Implications for Other Drought Situations

What can be drawn from this drought response for other drought situations? Although this list is non-exhaustive, it summarizes respondent opinions as well as positive aspects of the response that are building blocks for emergency response in general and drought response in particular.

- Mission de-linking the drought and the border conflict, allowing faster response.
- *Can do* attitude on behalf of WFP and the Mission to solve immediate problems immediately.
- GFDRE willing to cooperate and facilitate food deliveries after the crises had been fully identified.
- Weekly coordination meetings. Cooperation with international agencies.
- Establishment of the JEOP for US PVOs. JEOP ran smoothly, openly and was transparent, experiencing few glitches in its operations and reporting.
- Continual support and communication between USAID Washington and offices, OFDA and FFP, FEWS and the Mission. Also USAID-representatives worked with WFP in Rome. Maximum flexibility of resources, USAID staff and partners operated creatively.
- Proactive actions on behalf of OFDA, FFP/ER and the Mission.
- FEWS was critical element of success. Mission put resources into action before full extent of disaster hit.
- Good regional coordination with FFP.
- Mission had mitigation plan prior to the emergency.

ISSUE	RECOMMENDATION	OFFICE/ORGANIZATION						
		USAID			CS Or WFP	GFD RE	Other	
		FFP	OFDA	s				AFR
A. Drought Emergencies Pre ss, Mitigation and Planning: General Issues and Reco								
<i>Revise USAID Proposal Guidelines & Process</i>	<p>Update FFP proposal guidelines by adding guidance for contingency planning, conflict mitigation, and disaster preparedness plans. Provide working definitions for “mitigation and transition” in the guidelines.</p> <p>Develop common core emergency indicators and clarify which USAID office will reimburse which costs before submitting proposals.</p> <p>Prepare and present good proposals the first time around, including precise details. Ensure staff is aware of FOG, Sphere, IO guidelines, and FFP/ER and OFDA proposal guidelines. Pass proposals through the proper channels.</p> <p>Update disaster preparedness plans with local partners and target communities to speed the proposal process and make response more directed and effective.</p> <p>Facilitate and increase technical assistance from the Mission agriculture (ARD) and health (HPN) units during emergencies.</p> <p>Consider increasing in-country rotations for at least some DART staff to move than a month and arrange overlaps whenever possible.</p> <p>Utilize the JEOP model of NGO grants management to maximize economy of scale in large-scale drought emergency operations.</p> <p>Coordinate future preparedness planning and response with FFP officer/unit for nutrition surveys and monitoring, sharing of agricultural statistics, immunizations, HIV/AIDS interventions, and emergency & non-emergency EGS.</p> <p>Incorporate relief and mitigation programming into strategic plans; facilitate this as well for the plans of international organizations</p> <p>Continue to support Mission flexibility in bridging the relief-to-development continuum and CS response to the most vulnerable populations during a crisis.</p> <p>Explore the creative use of Mission resources, especially DA funds, to allow development programs to continue as long as possible with minimal disruption by an emergency response.</p> <p>Assist governments to revise their policies on taxation of items used for relief efforts (i.e. locally produced commercial foods, non-food commodities) and monetization of food aid. Facilitate a streamlined procedure for relief distribution.</p> <p>Improve information exchange across technical offices through meetings, workshops, email, and virtual teams before and during emergencies.</p> <p>Persuade agencies that typically keep internal reports to share data with the international community. Promote information transparency with the governments that are engaged in the response.</p>	√	√	√	√	√	√	√
<i>Maximize Resources: Staff</i>		√	√	√	√	√	√	√
<i>:Plans</i>		√	√	√	√	√	√	√
<i>:Funds</i>		√	√	√	√	√	√	√
<i>Commercial Food & Grains Tax Policy Information Exchange</i>		√	√	√	√	√	√	√

ISSUE	RECOMMENDATION	FFP	OFDA	Addis	AFR	CS/W FP	GFD RE	Other
Build PMP Capacities	Increase cross-border programming and information sharing with Kenya and Somalia (regional programs).		✓					✓ USAID/ REDSO /ESA
	Encourage increased use of ISA funding to build PVO headquarters and field office emergency response capacity (e.g., for preparedness planning; technical assistance, especially for nutrition; transition activities; design of effective EGS; and conflict mitigation).	✓				✓ PVOs		
	Consider an ISA-like mechanism to support PMP capacity building.		✓					
Preserve/Build Assets	Consider creative approaches to mitigation (such as providing access to credit at the beginning of a drought when people begin to lose their assets or access to livestock insurance programs). (The successful Ethiopian Safety Net Program (1994) provided a one-time cash grant to the worst affected peasant associations to help the worst-off member households.)		✓	✓	✓			Donor
	Use cash or food as a mitigation effort early in the strategies for disasters or economic shocks.	✓	✓	✓	✓			
	Facilitate partner's effective pre-planning by making EGS interventions as timely as possible, increasing efforts to disseminate lessons learned and guidelines from effective EGS models world-wide.	✓			✓			
Improve Nutrition Monitoring	Incorporate local level nutrition monitoring in the early warning mix of indicators.	✓				✓	✓	World Bank
	Standardized nutrition and mortality indicators for baselines, rapid assessment and program monitoring; Emergency partners should undertake adaptation of the Sphere guidelines; USAID support their use. Have peer review committee.	✓	✓	✓		✓	✓	World Bank
	Consider providing resources for annual or biannual training of PVOs for improved technical responses to nutritional emergencies.	✓	✓			✓		
	Have European partners host in-country mini-workshops in their specialty areas for: best practices, appropriate tools for different assessment types, and indicators.		✓					✓
	Support efforts to revitalize the informal U.S.-based Emergency Food and Nutrition Network to explore best practices for rapid assessment, cross-sectional surveys, monitoring and evaluation, and use of emergency foods.	✓	✓			✓ PVO		
	Provide health care through existing structures or contract specialist organizations to carry out programming if NGOs are unable to do so.					✓	✓	
	Improve sampling methodologies: adequate sample size, random sampling proportional to population size, and random sampling within households. Adequately train enumerators.					✓	✓	
ISSUE	RECOMMENDATION	FFP	OFDA	Addis	AFR	CS/W P	GFD	Other
	Improve survey methods. Nutrition: wt for ht with Z scores for children <3 years and BMI for adults; Measles, use immunization rates; Mortality, conduct mortality surveys using denominators over a specified period.					✓	✓	

	Increase capacity for community-based growth monitoring by developing preparedness plans to transition to community-based therapeutic feeding in emergencies, if needed.				✓				✓			local communities, WB
<i>Best Practices --Mitigation; Transition, Relief to Development</i>	If successful, consider wider applicability of the Ethiopian R2D pilot: it could provide FFP with a working model of mitigation/transition programming (for asset protection) in drought-prone areas. Similarly with the Ethiopian SERA project, defining of vulnerability indicators and local-level response packages.	✓		✓								
	Document best practices for integrating effective prevention strategies into development activities (DAPs) and designing local and <i>woreda</i> -level disaster plans and mitigation activities. Promote dissemination of better practices and successful models in country and at headquarters level.	✓		✓					✓			
	Define and promote use of core indicators , including exit strategies, for relief-to-development transition programs.	✓		✓					✓			FAM, FANTA
	Require agencies to incorporate disaster planning and mitigation measures in all post-disaster rehabilitation and reconstruction programs.			✓					✓			
	Carefully weigh relief and transition interventions for livestock (water, fodder, and vaccinations) to ensure that they do not promote overgrazing or overpopulation.	✓		✓					✓			
	Pay paramount attention to short- and long-term environmental degradation in all emergency planning.	✓		✓					✓			
	Ensure that food security information systems should complement those of the government. Proactively help institute a consistent approach to monitoring, beginning with beneficiary selection and during food distributions.							✓				World Bank
	Provide training in collaboration with the MOH to establish community-level targeting , screening, monitoring, and reporting mechanisms for SFP distribution based on simple measures such as MUAC. Use measurement indexes appropriate to populations surveyed.								✓			World Bank
	Promote wider dissemination of Sphere manuals and training of NGOs, and local staff to implement the minimum standards. A lead PVO could design workshops on standards for nutrition, health services, adult nutrition, HIV/AIDS, and food aid.	✓		✓					✓			
	Integrate conflict mitigation into emergency activities in areas with conflict and problematic security and in development programs such as Title II, education, and HIV/AIDS interventions	✓		✓					✓			
<i>ISSUE</i>		FFP	OFDA	Addis	AFR	S/W FP	RE	Other				
<i>Commodity Mix</i>	Ensure a relief commodity mix appropriate to the response , as determined by initial rapid assessments and, in prolonged relief situations, ongoing nutrition, health, and market assessments.	✓	✓	✓		✓	✓					
	Pre-arrange responsibility for covering essential needs such as tools, seeds, water, vaccines, and other response commodities. Stockpile these, where possible, when prepositioning food.	✓	✓	✓		✓						IOs

<i>Transmittable Diseases</i>	Prioritize measles immunization in under-served and vulnerable areas before and during the early onset of emergencies. Vaccinate all children under 15 according to newly drafted WHO protocols to obtain herd immunity. Mission buy in to these efforts.				✓			✓				USAID/ Global	
	Move up the timetable for Ethiopia on the ARC/WHO/UNICEF priority list of countries.		✓										
	Preplan community-based therapeutic feeding programs by designing TFPs (e.g., timing of delivery, sanitation) in advance of emergencies.		✓		✓								
	Provide as much health care as possible through existing structures or contract specialist organizations for programming if the NGO is unable to do this. Design SFPs so that smaller groups receive commodities in more dispersed sites or at unique times.	✓			✓				✓	CSs			
	Include HIV/AIDS minimum package in emergency interventions.	✓		✓									
	In non-emergency periods, review and prioritize lessons learned and recommendations from recent reports. Enforce recommendations through performance reporting and funding.				✓								
	Manage media relations and coverage to maximize accurate reporting. To heighten awareness of a crisis, ensure that key international political officials arrive in country as early as possible.				✓								IOs
B. Drought Emer													
eparedness, Mitigation and Planning: USAID/Addis Issues and Recommendations													
<i>Policy Dialogue</i>	Seek more reliable but feasible and creative strategies to <i>disaggregate predictably vulnerable chronic population needs from acute population needs.</i>				✓							IOs	
	Consider a critical review and expansion of the R2D pilot, adding alternative strategies to address the predictably needy population with transition and mitigation interventions. Seek donor buy-in and leverage funding for these activities.				✓		✓						
<i>Emergency appeal process</i>	Continue to promote policy dialogue on policy recommendations among GFDRE, USAID, partners, and WFP. Review the appeal process and methodologies as per the WFP/VAM unit study (F. Riley 2001) recommendations				✓				✓				
ISSUE		FFP	OFDA	Addis	AFR	CS/W FP	GFD RE	Other					
	Continue to define alternative ways to provide development or transitional assistance to predictably vulnerable populations so that the annual appeal process encompasses genuinely acute, unanticipated emergency needs.			✓					✓			Donors	
	Define predictably vulnerable populations by support to the WFP VAM unit, DPPC SERA Project, and FEWS to standardize assessment methodologies and to use GIS to map vulnerability trends for 3–5 years in chronically hi-risk areas. Use for improved food aid targeting and for prioritizing programs.			✓	✓	✓	✓						
<i>Build National/local capacities</i>	Consider providing financial and technical support to the ENCU within the DPPC/B/D for capacity building, particularly in areas where DAPs operate.	✓		✓								IOs	

	Accelerate administrative, financial, and management capacity at the national level DPPC and information sharing within the EW networks. Consider housing FEWSNet in the DPPC.	✓	✓	✓	✓	✓	✓	✓	✓	IOs
<i>Maximize resources</i>	Continue to support FEWS funding from USAID/Washington FFP and USAID/Ethiopia. OFDA should lend financial support to selected activities that complement activities in the Afar and Somali regions. Also support STI work as a high priority and extend to additional <i>woredas</i> , funding permitting.	✓	✓							
	Maximize government preparedness, mitigation, and planning (PMP) resources, especially for health and nutrition. USAID/Addis should work with the MOH and EHNRI to further support DPPC nutrition activities, immunization, and disaster plans.		✓							✓
	Ensure that for USAID prevention and mitigation activities in Ethiopia come from DA sources. (Other sources insufficient for need)	✓		✓						
	Address staffing levels and levels of effort at the Mission for prevention, mitigation, and response needs.	✓	✓							
<i>Preposition Food</i>	Preposition food to speed response to locations with recurrent drought.								✓	
	Increase the pace of building and prepositioning relief outlet points, rubble-halls, and warehouses.								✓	
<i>Strengthen PMP-Planning Mitigation Prevention</i>	Support stronger DPPC coordination with MoRD for effective mitigation and preparedness planning. The MoRD could help the <i>woreda</i> -level EWS operate more consistently on a monthly basis, especially in the absence of disaster shock or crisis.		✓							✓
<i>Nutrition/Mortality Surveys</i>	Host a retreat with MoRD, DPPC, and donors to evaluate and define mitigation and preparedness planning and strategize coordinated action steps. Tie assistance to performance-based measurements of implementing the action plan.		✓							✓
	Improve survey reporting, ensuring harmonization with new DPPC/ENCU emergency nutrition assessment and guidelines under which the GFDRE and NGOs conduct the surveys.		✓						✓	✓
ISSUE	RECOMMENDATION	FFP	OFDA	ddis	AFR	CS/WP	GFDRE	Other		
	Support to DPPC and NGO headquarters and field offices: Prioritize training on nutrition surveillance and the revised SFP guidelines in areas with acute wasting affecting more than 10 percent of children < 3.			✓			✓			
	Mobilize the GFDRE to develop a system to estimate livestock mortality more accurately, using more stringent methodologies.		✓	✓						
<i>Timeliness/Effectiveness of EW</i>	Integrate SERA woreda-level data into safety net configurations, DPPC primary vulnerability indicators, off-the-shelf project priorities, local preparedness plans, etc.			✓			✓			✓
	Review NGO efforts to improve indicators, working with SERA, SCF/JUK, and SCF/US, among others, to better integrate and simplify EW information/indicators in the DPPB/D and at local levels.			✓			✓			✓
	Review how NGOs could play a more proactive role in improving and facilitating information flow from the field to zonal, regional, and national GFDRE and			✓			✓			✓

POSTSCRIPT: 2002 DROUGHT SITUATION AND STEPS TAKEN

As of this writing, another drought starting in mid-2002 has swept the Afar and West Hararge regions and the South Gonder and Wello zones of Amhara and Oromiya zones of Ethiopia. The GFDRE, aid agencies, and donors are again being put to the test, once more having the preparedness and response system challenged (see annex D for detailed rain patterns and populations in need from 1999 to the present). Everyone was taken by surprise at how rapidly the vulnerable populations' acute food aid needs took. The DPPC, FEWS, and VAM had no specific warnings prior to June 2002, when the situation deteriorated rapidly. The UN field assessments generated greater appeal need. The EW mechanisms provided little lead-time to mobilize a massive international response. Reasons for this drought are not only due to weather patterns, (FEWS NET reported that the delayed onset, and deficient rains seen in Ethiopia was similarly experienced in parts of Eritrea, Sudan, Uganda, and parts of Kenya) but encompass the factors (political, social, environmental and economic) mentioned in the beginning of this report.

The current DPPC estimate of needs is serious: in October 2002, the DPPC indicated that 6.3 million people need food aid. The DPPC projects that by mid-2003, between 10 to 14 million people may require food assistance, depending upon the climatic, political, and aid factors. Another 2.5 to 3.5 million may need supplemental foods. Authorities have estimated 650,000 tons of aid is needed over the next six months. As of now, donor pledges have not met the projected need.

While a number of actions since the 1999–2000 drought have helped improve early warning and response capabilities in some areas in Somali region, the EWS in the Afar region, one area affected by the current drought, was weak to nonexistent. Again, relief efforts are being complicated by security considerations in that region and the lingering aftermath of the border conflict with Eritrea. (See timeline, annex H)

USAID and partners mobilize. Nonetheless, the response thus far has been swift, with USAID again leading the way and OFDA and FFP working closely with CSs in the Afar region and other affected populations. The present emergency has seen systematic cooperation and coordination among donors, implementers, and the DPPC. Initial resources have been mobilized faster than in the 1999–2000 drought. USAID was the first to respond to the rapidly emerging needs in the current drought. A September 6, 2002, article in the *Addis Tribune* gives a snapshot of the donor's initial response:

To cover the increased needs in the hard hit areas, the DPPC issued a supplementary appeal in July, adding about 2.5 million people to those needing food aid before the end of the year. On September 3, the DPPC announced a further appeal, pointing out that there was a shortage of over 100,000 metric tons of assistance needed by the end of the year, as well as \$12 million in non-food aid needed. There is no time to waste in responding. To their credit, the U.S. government responded immediately and positively, although the total amounts need to be specified. Various donors, including the Dutch and British governments, announced smaller contributions and even the slow moving European Union announced an initial 10,000 metric tons, with more to follow.

The JEOP mechanism is being engaged again for the 2002 Afar drought and for other affected regions. USAID and their CS mobilized this mechanism quickly and efficiently. The CRS-led

JEOP has developed a series of proposals for consideration by FFP/Emergency and OFDA. Donors, NGOs and the GOE are working more cooperatively and openly than in past crises and the general environment is more positive. Donors feel that, with appropriate and swift action, (early warning, early response) they can mitigate this from becoming a crisis.

While initial pledges were forthcoming, as the situation has been deteriorating, food donations have slowed: this is a concern in the effort to avert a famine. Other areas of concern, similar to those of the previous drought, are:

- *Adequate and rapid donor pledges and delivery.* After the initial pledges, donors have not stepped forward to provide food aid to mitigate the emerging crisis.
- *Port capacity.* Djibouti's port does not have the capacity to deal with the import need. (However, Eritrea has just opened its port to Ethiopia and donors will try to program food to arrive in more shipments, rather than large quantities).
- *Need for rapid repayments to the EFSR.* It is being drawn down and may not meet early 2003 needs unless repayments arrive within the next three months.
- *NGO and GFDRE ability to carry out standard nutrition surveys and provide reliable nutrition information.* Methods being used are not appropriate for emergency situations and local authorities have not carried out population-based assessments adequately.
- *Appropriate mix of interventions,* including supplemental foods, water and sanitation measures, vaccinations and basic health care for humans and animals.
- *Partners integrating at least part of the HIV/AIDS minimum package.* With the border conflict over and soldiers being reintegrated, along with one of the highest HIV/AIDS infections rates in the world, inaction may only contribute to the AIDS cases.
- *The need for effective transition and exit strategies,* especially ones that address the need to preserve and/or recover productive assets.
- *Haphazard and inconsistent targeting measures.* Ration allocations being based upon a 12.5 kg/person/month based upon a four person household (the average is six persons)

The GFDRE has proactively taken critical steps to assess the drought and help mitigate the impact. They purchased and distributed US\$1.6 million of seeds to help farmers replant after the late start of rains in Tigray, Amhara, Oromiya and SNNPR. They organized multisector teams for the drought-affected Shinile zone of Somali region and the Afar region to assess water quality and availability, health conditions, and health service delivery, as well as agricultural requirements. Water tankers were sent to Shinile and Afar. The MoA launched a livestock health campaign to provide veterinary assistance to weakened livestock herds. In addition, to address non-food needs, the GFDRE in conjunction with the U.N., issued a joint appeal for \$12 million on August 30, 2002. (Draft USAID/Addis Contingency Plan October 2002).

The ability and the will for the GFDRE, USAID and its partners, donors, and international organizations to respond quickly to this developing disaster and to mitigate further losses by already vulnerable populations will bear out, hopefully positively, over the next few months.

VII. COMMENTS FROM REVIEWERS

This section reflects comments on the report from USAID/Washington and Addis Ababa. A number of their suggestions and comments have already been incorporated into the report.

COMMENTS FROM USAID/ADDIS

The Title II level of funding in the new MYOP and DAP I programs is about \$20 million. Title II programs are now integrated into the Mission development assistance program and overall monetization has been reduced (easing the burden on small NGOs) through increased development assistance and 202(e) investments. These changes, the Mission believes, will hopefully increase the overall impact of the Title II programs. One caveat is that Food for Peace is now cutting development program DAP funding by 50 percent worldwide because of funding constraints, thereby potentially mitigating the impact the new programming structure could have had.

Regarding the recommendation in the report, “Define predictably vulnerable populations by assisting the WFP/VAM unit, SERA Project, and FEWS standardize assessment methodologies and use of GIS to map trends for 3–5 years in chronically vulnerable areas. Integrate the most reliable and validated SERA indicators to build a simple index for chronic vulnerability. Add acute nutrition to the EWS index of indicators”, the Mission is actively working with the donor community to develop a chronic vulnerability index, reviewing various models that exist. They feel the community is moving in that direction, along with the SERA project and that acute malnutrition should be added to the EWS index.

In response to the statement that food aid has a disincentive effect on food production during emergencies, the Mission accepts that the long-term disincentive effects of food aid should be addressed in more detail.

COMMENTS FROM USAID/WASHINGTON

Janice Wessel, Food For Peace Officer, Emergency Programs

What, if any, follow-up will there be in terms of putting these recommendations into practice, especially with our inability to commit resources on a multi-year basis? More discussion on how OFDA/DART can work more closely with FFP in terms of linking relief to development is needed.

Dennis B. Warner, Disaster Operations Specialist, East Africa, Office of Foreign Disaster Assistance

These comments are limited to the non-food aspects of the USAID response.

The overwhelming impression from the report is one of *deja vu*. USAID and the rest of the humanitarian community are continually fighting the same battles — drought, famine,

population displacements, asset depletion, sickness and death. Although the report states that the overall response to the 1999–2000 drought was well implemented, some delivery mechanisms in previous droughts operated better than the current ones (e.g., The JRP reached the entire country through its extended networks in 1985, whereas the JEOP had a more limited extent in 2000).

The report deals with drought and famine and, naturally, focuses on food aid. However, the report states (p. 49) that food aid “is one of the least efficient ways to directly transfer resources to hungry people” .. and .. “does little to address the root causes of food insecurity.” It adds that “long-term improvements in food security cannot be accomplished by annually providing massive amounts of food aid, but by integrating policies and interventions.” And finally, the report declares that the “same amount of money allocated to development interventions could go a long way to improve local capacities, countrywide early warning, and health care services.”

Given the above conclusions, it is reasonable to ask why doesn't USAID devote a greater share of its development resources to drought preparedness and mitigation. If droughts remain a constant in Ethiopia (more than 25 since 1970), and a dollar spent on drought preparedness saves more than a dollar spent later on relief, then it would be sensible to invest more heavily, with the development budget, on drought prevention. This would involve water supply development, improved pastures, small irrigation schemes and environmental protection (erosion control, re-forestation, pollution control, etc.). Such investment, of course, must take place before a drought emergency occurs, but since Ethiopia always has drought emergencies, it is reasonable to expect droughts in the near future.

A few comments on PVOs/NGOs working on Title II-funded activities. In 1999, I headed a team that assessed the work of eight Cooperating Sponsors using Title II funds to plan and implement small water supply and sanitation projects in Ethiopia. The final report (“Water and Food-Aid in Environmentally Sustainable Development”, USAID, 2000) identified a number of problem areas in the operations of the CSs. They included: 1) poor technical designs, 2) inadequate communication between NGOs, 3) inadequate concentration of projects to create a critical mass, 4) inadequate sustainability of projects, 5) weak health/hygiene education support, 6) weak technical oversight by USAID, etc. Despite these problems, the NGOs were interested in improving their operations and finding ways to make their projects more sustainable and environmentally sound.

One of the main conclusions from the 1999 study was that the relief-to-development transition was not well planned and Title II projects, therefore, were not as effective as they could potentially be. USAID should give greater attention to integrating relief efforts, especially non-food activities, with rehabilitation and long-term development.

ANNEXES

- A. SCOPE OF WORK**
- B. CONTACTS**
- C. QUESTIONNAIRES**
- D. MAPS**
- E. OFDA DMFFP RESPONSE TO THE 1999-2 001 DROUGHT**
- F. NUTRITION TRENDS AND STANDARDS**
- G. HIV/AIDS BACKGROUND AND EMERGENCY GUIDELINES**
- H. TIMELINE**
- I. REFERENCES**

ANNEX A
SCOPE OF WORK

SCOPE OF WORK

DCHA Assessment: Planning For the Next Drought

Ethiopia Case Study

7/19/02

Purpose

To assess USAID humanitarian response in terms of health and nutrition, commodity appropriateness and US-partner preparedness for future response to drought. The assessment will take Ethiopia as a case study, where a recent drought occurred during 1999-2000, and highlight both the successes and lessons learned in terms of USAID (OFDA, FFP, Africa Bureau and the Mission) and partner programming that can be used as a guide for other USAID programs in countries facing periodic drought or food emergencies.

The desk assessment will set the stage for a second potential study looking at the broader policy environment in which multi-laterals donors and USAID operate in emergency drought response, and how these may impact Ethiopia in particular.

Background

Ethiopia has a history of chronic food insecurity as well as years of more acute/transitory food insecurity. It has had five food crises since 1980. In the 2000 drought, in addition to household food insecurity, drought-affected populations suffered from severe water shortages, extensive losses of livestock and other assets, and increased malnutrition. Pastoralist populations in southern and southeastern Ethiopia, facing losses of as much as 60-80 percent of their herds in some areas, were forced to migrate to other areas in search of pasture and water sources. The international and government response was considered a success by most, as famine had been averted for large segments of the afflicted populations.

Current Situation

Ethiopia has had more famines per country than any other Sahel country. Donors and the government have worked over the decades to improve response to food shortages, improve food security, and respond in a timelier manner to populations at risk. Aspects of what worked and what didn't work during this most recent crises should be brought to the fore. How can our partner capacities be further developed to better respond to disasters? How are they reshaping their programs to be more responsive to risk? Where do they need improvement? How can nutrition surveillance and monitoring be better integrated into programs and the Ethiopian government and non-government agencies?

Scope of Work

This qualitative assessment will be primarily prospective in nature taking into consideration the response and where we should go from here to better respond to emergencies. The desk study will review the 1999-2000 food crisis regarding the actions, roles and capabilities of USAID and its partners' preparedness and emergency response, particularly WFP and the NGOs. Recent

evaluations⁴³, Mission proposals, proposed PVO DAPs and former evaluations, among other documents will be used as a basis for the assessment. Extensive interviews will be conducted with relevant parties who responded to the drought in 2000.

The study will review the major actions undertaken by OFDA, FFP/Emergency and the resident Mission and plans/programs for the longer-term preparedness, prevention and mitigation of food insecurity in the most vulnerable areas. Special attention will be given to examine actions that follow-up the recommendations made in earlier related assessments. The assessment will focus specifically on the following areas of analysis and the illustrative sub-points:

1. The strengths and weaknesses of USAID-supported *non-governmental implementing agencies* (PVOs/NGOs), WFP, and other partners in balancing effective relief and development efforts.
 - Change in institutional capacities of partner PVOs/NGOs (as a result of working with USAID)
 - Ability for PVO/NGO in transitioning programs (relief/development)
 - Coverage of USAID-supported NGOs (adequacy of services, geographic and sectoral coverage, overlap vs. non-coverage).
 - Pastoral early warning -- what has USAID done to support initiatives and appropriate response packages for pastoralists?
2. The nutritional, health and mortality impacts of the drought and the current situation vis-à-vis the chronic and acutely malnourished. What needs to be addressed for future responses (specifically water supply, immunizations, baseline monitoring, standard nutrition measures, addressing unpredictable needs, etc.)?
 - How can USAID help close the gap between knowledge and practice? E.g. promoting use of internationally accepted methods and guidelines for emergency response (recommended anthropometric measures, SPHERE guidelines, etc.)
 - Coverage and targeting of food commodities – Who, when and with what? Nutrition impact? What planning changes have occurred?
 - Nutrition Surveillance – How can USAID best use its resources and strategic advantage to institutionalize programming at the community level and in ongoing information systems (EWS, MOH, etc.)
3. Policy, program and institutional changes that have occurred since the 2000 drought or need to occur for potential impact on future planning and response.
 - How can USAID and its partners better target food aid in emergencies?
 - USAID initiatives: How are our initiatives past and present such as the Southern Tier Initiative, OFDA programs, the new FY2003 US PVO DAPs and R2D (transitional pilot as an effective safety net, against the annual disaster appeal) acting to manage risk?
 - Are USAID-supported programs equipping communities to better respond to and manage risk? What else needs to be done?

⁴³ Ethiopia Food Emergency 1999-2000 Lessons Learned and Title II Projects Final Evaluation, among other assessments will be key reference documents.

4. Lessons learned from disaster assistance activities in response to Ethiopia's recurrent droughts. Summary conclusions of the activities undertaken by OFDA and FFP/Emergency. Actionable programming recommendations for USAID requiring no resources and/or few resources
 - USAID/Washington programming, new Mission strategy, R2D, role of USG partners

Tasks to be Carried Out

- Discuss the draft scope of work within the team, the mission, and others, as appropriate, and make any necessary revisions, to be approved by DCHA/PPM.
- Develop a participatory methodology for carrying out analysis of questions outlined above.
- Design an interview instrument for use with USAID, donors, IOs, NGOs.
- Collect documents of all relevant studies, reports, evaluations of the 1999-2000 crisis in Ethiopia and the humanitarian response from donors, NGOs, USAID, host government, other organizations, as appropriate.
- Carry out a review of nutrition reports, including the CDC analysis of 67 nutrition surveys.
- Draft an outline for the report, to be reviewed and approved by DCHA/PPM. The report should be organized along the lines specified in the above Areas for Analysis and include the following sections:
 - Estimated Number of Pages:*
 - Executive Summary, 5 pages
 - Introduction and Methodology 3-5 pages
 - Discussion of Areas of Analysis, 15-20 pages
 - Lessons Learned/Recommendations, 10 pages
 - Reviewers Comments, 3 pages
- Finalize SOW in consultation with the Mission and obtain final approval from DCHA/PPM .
- Carry out interviews from Washington and obtain interview data from Ethiopian consultant in the field.
- Analyze data from relevant reports and integrate with information obtained in interviews.
- Write a draft report for discussion with USAID and partners.
- Revise the draft incorporating reviewer comments. Where team conclusions diverge from reviewers' comments, document in a separate section of the final report, entitled "Reviewers' Comments on the Draft Report".
- Produce a final report for reproduction within USAID and distribution by USAID.

Team Configuration

The team will include the following members: *Consultants*: 1. Team Leader (MEDS technical directive); 2. Ethiopian specialist (MEDS technical directive); *USAID*: 3. Public Health Nutritionist (Karen Nurick, DCHA/PPM); 4. OFDA Social Science Advisor (Marion Pratt); 5. Africa Bureau Country Desk Officer (Lily Beshawred).

MEDS personnel will assist in facilitating the accomplishment of this assessment and in the editing of the final paper.

Consultant Qualifications and Major Responsibilities

Senior international development/humanitarian assistance expert with at least 15 years experience in program planning, evaluation, and management in Africa. Graduate degree in agricultural economics, public health, nutrition, or related field desirable. Experience in data collection, surveys, and program evaluation required. Knowledge of USAID and other donor programs required. Experience with NGO program planning and management desirable. Knowledge of Ethiopia culture and programs also desirable. The consultant will:

1. Participate in all team planning meetings in Washington;
2. With other team members, develop interview guides;
3. Develop a bibliography and review relevant documents;
4. Assign analytical sections of the SOW to team members;
5. Put together an interview schedule;
6. Conduct interviews from Washington and share with other team members;
7. Review all written input from team members and ensure that adequate information is collected in each of the analytical areas;
8. Draft sections of the report;
9. Be responsible for timely submission of a draft report to DCHA/PPM;
10. Discuss report findings in Washington;
11. Incorporate revisions into a final draft.

Reporting Requirements

Team Leader will report to Karen Nurick, Program Officer, DCHA/PPM. Written report and revisions will be discussed with Ms. Nurick. Prior to completion, Ms. Nurick will approve the final version of the report.

Timeframe

- Design of interview instrument, collection of documents, U.S.-based interviews, and team preparations in Washington, D.C. will take place in May and June.
- Team planning meeting in Washington on June 28th.
- Desk study to be completed by August 15.
- First draft of the report to be submitted to PPM by August 25
- Discussions and presentations in USAID/W Sept. 3-6.
- Final draft report due to PPM by September 15.

Level of effort for consulting services

- Team Leader, 50 working days.
- Ethiopian consultant 8 working days.
- Desk Reviewer, 10 days.

Deliverables

- Team Planning Meeting in Washington.
- Draft report to be vetted with USAID and revised per discussions with DCHA/PPM.
- A final report, approved by USAID.
- Presentation of findings to USAID and interested parties.

ANNEX B
CONTACTS

CONTACTS

Contact/Agency
USA/EUROPE
USAID/Washington
<ul style="list-style-type: none"> • OFDA: Tammy Helmrast-Sanchez • OFDA: Peter Morris • OFDA: Amy Paro • OFDA: Rick Machmer • OFDA: Amy Sink • FFP/Emergency: Carolyn Mutumba • FFP/Emergency: Julie Ross • Deputy Administrator DCHA: Len Rogers • Former Ethiopia Deputy Mission Director): Dave Eckerson • Former Ethiopia Mission Director): Doug Sheldon • Former Ethiopia Officer (now in USAID/Bangladesh): Tim Anderson • FEWS: Will Whelan • FFP/Development: Kathy Brown • FFP/Director: Tom Oliver • Former USAID/Washington (OFDA/Director): Roy Williams • CERTI COTR: Bill Lyerly • AFR/DP/Project and Food Policy Division: Elyssa Tran
PVO/USA HDQRS
<ul style="list-style-type: none"> • CRS: Helen Rottmund • SCF: Fitsum Assefa, nutritionist Anuradha Hari, Ina Schonberg, (former SCF – Thoric Cederstrom), Bob Laprade • FHI: Dave Evans • ARC: David Hughes, Fred Opuni-Mensah • WVI: Margaret Schuler • AFRICARE: Jackie Fisher, Mr. Armond
Other
<ul style="list-style-type: none"> • Consultant: Laura Hammond • Consultant: Steve Hansch • Consultant: Barry Riley • DevTech: Phil Church • CERTI Program/Tulane: Nancy Mock • Former SERA Project, Ethiopia: Charlie Teller • FANTA Project: Gilles Bergeron • VALID: Steve Collins • Michigan State University: Thomas Jayne and Mike Weber • MOST Project: Phil Harvey • Center for Disease Control: Paul Spiegel; Peter Salama • AMEX (Food For Peace support contractor): Brian Piech
WFP/Rome
<ul style="list-style-type: none"> • USAID/FFP/Rome: Regina Davis • USAID/FFP/Rome: Tim Lavelle
ETHIOPIA
DPPC
<ul style="list-style-type: none"> • Deputy Commissioner: Berhane Gizaw • Assistant Technical Advisor ENCU: Mesfin Beyero

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• Mission Directrice: Mary Lewellen
• FHA: Tim Shortley
• FHA: Ali Said
• FEWS Coordinator: Daniel Molla
• FEWS: Alemu Asfaw
PVOs/NGOs Ethiopia
• CARE: Holly Solberg, Fikre, Dereje A.
• Africare: Robert Kagbo
• CRS: Hana Dagnachew
• FHI: Thomas Stalker
• REST: Maria Strintros, Advisor
• SCF/UK: John Graham
• WVE: Teklu Wodajo, Director Grants Management
INTERN
• European Union: Anne Joseph (Food Security Unit – Brussels)
• DIFD: Peter Kerby
• WFP: Debbie Hicks 2488 Project
• UNICEF: June Pierre-Louis /Nutritionist

ANNEX C
QUESTIONNAIRES

QUESTIONNAIRES

INTERVIEW GUIDE

*DCHA Assessment: Planning for the Next Drought
Ethiopia Case Study*

JUNE/JULY, 2002

Date:

Interviewer/s:

Respondent/s:

Role in Intervention — Disaster Response, Preparedness:

Length of Time in Ethiopia (approx.):

Agency and Office:

Country:

SECTION I: STRENGTHS, WEAKNESSES AND CAPACITIES OF USAID-SUPPORTED PARTNERS

Objective: to self-assess on USAID-supported *nongovernmental implementing agencies* (PVOs/NGOs), WFP, and other partners (SERA, CERTI Projects) in their program's strength's and weaknesses in balancing of relief and development and cover areas where specific capacities were strengthened. Discuss retrospective, current and potential impacts.

Cover as appropriate:

- What impact on institutional capacities of partner PVOs/NGOs is evident as a result of working with USAID?
- What is the current ability for PVO/NGO to shift from development to relief (e.g. are there off the shelf projects, what are the obstacles/difficulties in transitioning programs from development to relief and vis-a-versa)? How has it changed since the 2000 drought?
- Given USAID's resources, how is the coverage (geographic and sectoral coverage, overlap vs. non-coverage) of USAID-supported NGOs? Adequacy of services? Targeting? Where can more be done?
- What are the strength's and weaknesses of WFP and FEWS vulnerability mapping and programming as they relate to USAID?

Other:

Any specific recommendations and/or lessons learned for USAID or their partners?

SECTION II: HOST COUNTRY PARTNERS CAPACITIES AND NEEDS

Objective: to assess the strengths and weaknesses of host country partners — public and private sector institutions, working with USAID’s PVO partners. Discuss retrospective, current and prospective areas for each.

Cover as appropriate:

- What capacities do you feel were strengthened? (e.g., staffing, skills, logistics, planning/programming, decentralization, self-reliance, etc.) How were they strengthened? Where (localities important to the response of the drought)? Are there mechanisms in place — central, regional and local levels — to better respond to future food crises? Describe.
- What role does USAID play in facilitating development of the DPPC’s new Emergency Nutrition Coordination Unit and other host country partners (Ministry of Health) to do nutritional monitoring (of both acute and chronic malnutrition)? What are the needs/gaps?
- What has been the role of the DPPC in collecting data, informing sources and mobilizing action during the drought? Is there existence of and appropriateness of off-the-shelf projects; how can the action component be made more operational?
- What is being done to improve early warning for pastoral communities? What USAID has done to support this initiative and to ensure its success? What are the needs/gaps?
- How have some of the logistics and transportation issues been addressed since the drought? What role has/can USAID play to improve timing and logistics?

Community Partner Capacities

Community preparedness to manage future risk:

- In your opinion, what is the community’s perception of future risk of a natural disaster? Are they doing anything differently to manage risk? What specifically?
- Have their coping strategies changed in view of the FY 2000 drought? Towards more resilience or less? How?
- What would they say about FFW and EGS in their locality? How has it helped, not helped? Have these schemes helped to build resilience to shocks, how or how not?
- Have the beneficiaries become more or less dependent on food aid? Why?
- Were pastoral communities affected differently by the response? How?

What recommendations and/or lessons learned do you have for USAID in terms of beneficiaries/communities and their role in preparing for, responding to and mitigating drought?

SECTION III: POLICY, PROGRAM, INSTITUTIONAL CHANGES SINCE THE FY 2000 DROUGHT

Objective: to determine what policy, program and institutional changes have occurred since the 2000 drought in response to the food crisis that will have potential impact on future planning?

(How have these changes contributed (will these changes contribute) to improvement in preparedness for future risks?)

Cover points for relevant parties:

- What important policy, program and institutional changes have occurred since the FY 2000 drought that have had an impact on planning/preparedness?
- How do you expect they will have an impact?
- How have/how will the creation of the new ministries: Ministry of Rural Development and Ministry of Capacity Development and their relevant policies and programs improve disaster planning, preparedness, and mitigation?
- In the context of USAID efforts, how have/how will the World Bank-supported Poverty Reduction Strategy Program (PRSP) improve disaster planning, preparedness, and mitigation?
- *For the mission and select PVOs:* Discuss how the proposed R2D and newly developed PVO DAPs (new DAP requirements) will help to reduce vulnerability and better prepare communities for future risk of disasters?
- What measures to increase food security (agricultural aspects, pastoral responses, woreda-based monitoring, etc.) have been undertaken since 2000?
- What changes haven't been made yet are needed for more effective response to drought/disasters? (e.g. land reform, resettlement, irrigation, nutrition monitoring, effective EGS, chronic vs. acute vulnerability targeting, etc.)

Any specific recommendations and/or lessons learned for USAID or their partners?

SECTION IV: NUTRITION AND HEALTH IMPACTS AND RESPONSE

Objective: to obtain more current, comprehensive data about nutrition and health and morbidity impacts and situation in vulnerable areas. Previous reports on the 2000 drought have left a number of questions unanswered. These include extent of mortality and morbidity, nutritional situation, role of the nutrition surveillance system. What is the current situation vis-à-vis the chronic and acutely malnourished? And prospectively -what needs to be addressed for future responses (specifically water supply, immunizations, baseline monitoring, standard nutrition measures, defining the vulnerable population for appeals, differentiating between chronically and acutely affected populations, etc.)?

- What is the current situation vis-à-vis the chronic malnourished (by age groups, esp. women and young children)? The acutely malnourished (by age groups)
- What is critical that needs to be addressed for future responses that differs from the response to the 2000 drought? (e.g., rapid immunizations, water delivery points, standard nutritional measurement, defining the vulnerable population for the emergency appeals, etc.)

Any specific recommendations and/or lessons learned for USAID or their partners?

SECTION V: USAID SPECIFIC QUESTIONS

Planning, Policy, and Programming

1. With regard to planning, policy and programming, please identify the system (s), process(es) or procedure(s) (that your office can influence) that contributed to the successes of the USG preparedness, mitigation, response and post-emergency programs. Please explain how and why this worked. (*e.g. timing, information availability, use and flow, appropriateness, targeting, logistics, etc*)
2. Please identify the system (s), process(es) or procedure(s) that was (were) deficient, misapplied or apparently undermined in the USG disaster response or follow-on programs. Please explain how and why this did not work.

Coordination

3. USAID implemented the response in collaboration with several partners inside and outside the US government. Please identify the system(s), process(es) or procedure(s) that contributed to the successes of the USG coordination process. Please explain how and why this worked.
4. Please identify the system(s), process(es) or procedure(s) that was (were) deficient, misapplied or apparently undermined in the USG disaster response coordination process. Please explain how and why this did not work.
5. If you could change one thing about (OFDA; FFP/Emergency; FFP/Non emergency; Mission programming; Africa Bureau programming)'s systems or relationships for coordinating disaster response with its partners, what would that be and why?

Lessons Learned

6. What have been your Office's lessons learned?
7. Out of all the lessons learned and recommendations for future programming, what would you say is the Key lesson learned or recommendation?

ANNEX D

MAPS

MAPS

ETHIOPIA WFP/DPPC VULNERABILITY MAPS

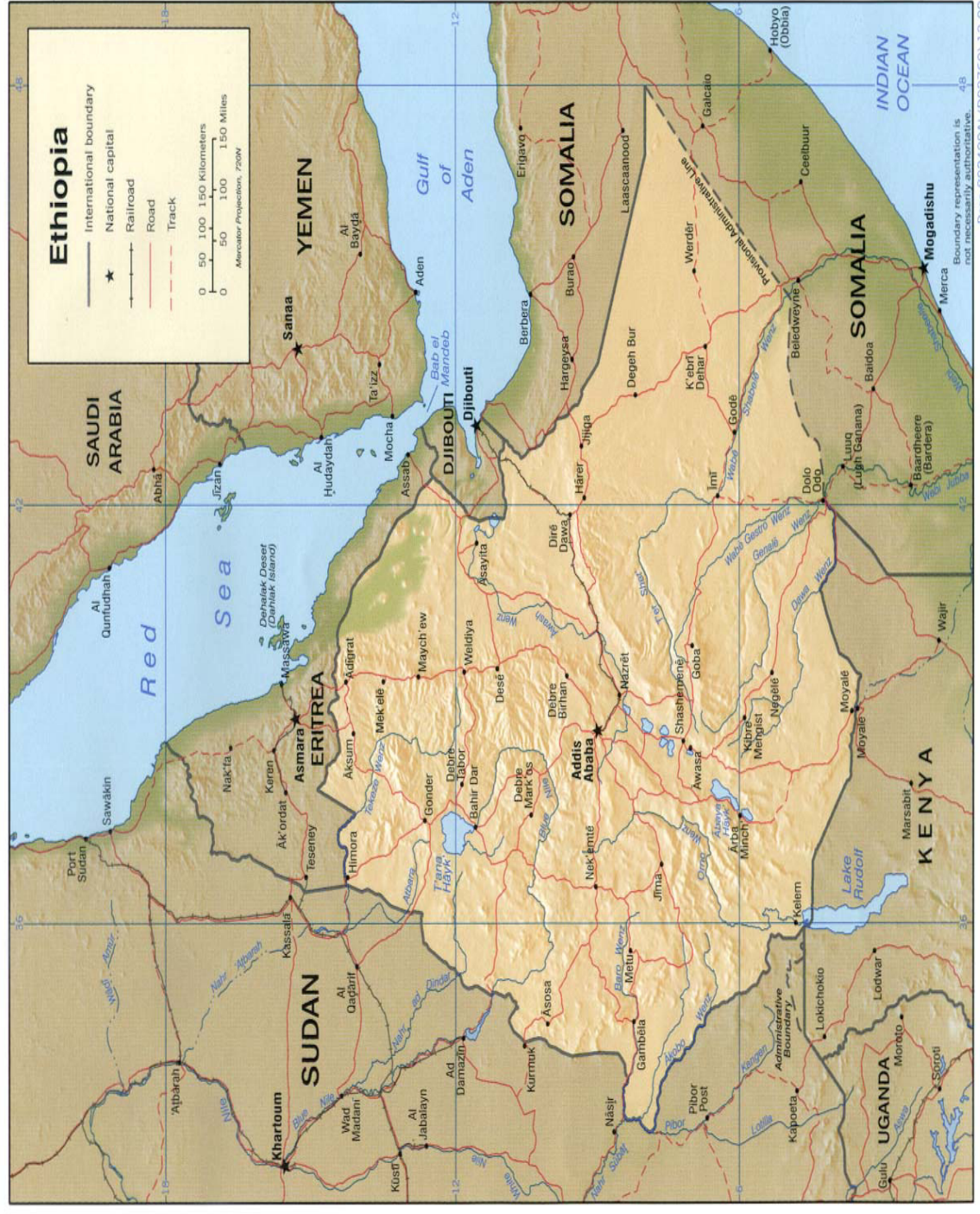
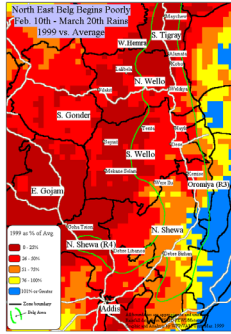


Image 1:
Belg
Failure
1999



**Consecutive Seasonal Rain Failures mid 1999 to mid 2000;
Resulting in Near Famine Conditions in Affected Areas that
were Unable to Cope**

1999/2000

After the Belg Rain failure in mid 1999 (image 1), the needs of Belg-dependent farmers increased to million. When Meher rains were less than average later that year (image 2), while those in surplus producing parts of the country were able to cope (Gojjam, Wellega, etc), those in the chronic food deficit and food insecure east (Haraghe, Bale, etc) were forced to rely on food assistance. To compound the problem, pastoral areas in the south east (Somali) experienced poor Deyr rains (image 3) that led to high end-of-year needs (when normally a good Meher harvest would reduce needs) that led to a dramatic draw down of strategic reserve stocks (EFSR) that would lead to a disadvantageous position for food distributions in early 2000. The crisis culminated in a nearly total failure of Belg rains in the north (Wollo and Tigray) and south west (SNNPR) and Gu rains in the pastoral areas in the east (Afar and Somali)(image 4). Beneficiary numbers increased to an all time high of 10.2 million people (image 5). However, note that while some areas, namely the west, were affected by poor rainfall and less than average harvests, no or less food assistance was need in those areas due to a greater ability to cope - or in the case of Afar - a lack of information an understanding of the impact of poor rains.

Image 2:
Poor
Meher
rains
1999

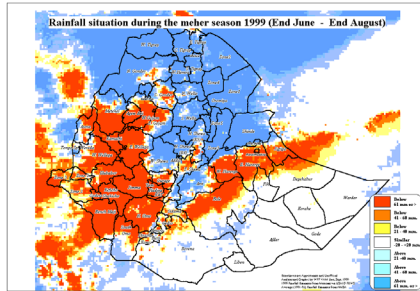


Image 3:
Poor
Deyr
rains
1999

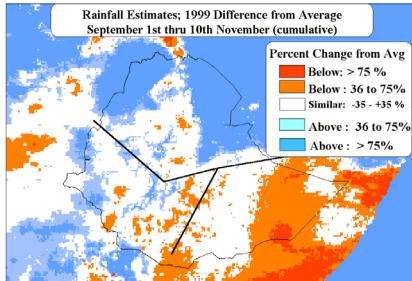
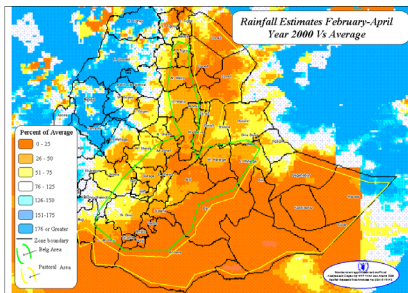


Image 4:
Poor
Belg /Gu
rains
2000



2002/2003

In 2002, the while the Belg and Meher harvests of 2001 were better than average, the Belg of 2002 has been extraordinarily poor in the southwest (SNNPR) and Afar and northern Somali in the east. Furthermore, Meher rains have arrived late, forcing farmers in affected areas, the highlands and lowlands of the eastern escarpment (running north to south) and farmers in the Rift Valley (SNNPR) to either shift to low yielding short cycle crops or to lose their harvests altogether. While fortunately, Somali Region in general has not so dramatically been affected by poor rainfall.

Image 5:
(left)
Needs
2000

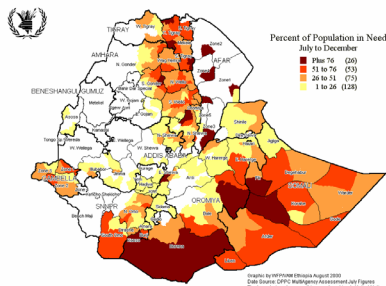
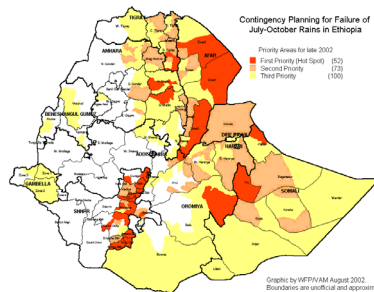


Image 6:
(right)
Needs
2002



ANNEX E

OFDA & FFP RESPONSE TO THE 1999-2001 DROUGHT

OFDA & FFP RESPONSE TO THE 1999-2001 DROUGHT

Summary of Specific Activities Undertaken by USAID's Office for Disaster Assistance and Food For Peace, as well as other USG entities as noted

Adapted from 1999, 2000, 2001 OFDA Annual Reports. (2001 Report are draft figures)

1999

USAID Assistance to Ethiopia FY1999-2001

Complex emergency operations due to the border conflict with Eritrea were funded by OFDA and the USG for 375,000 Ethiopians including 150,000 internally displaced persons. OFDA provided \$239,500 for transport of plastic sheeting and another \$34,500 for UNDP's assistance with drought monitoring and emergency coordination. FFP provided 37,749 MT of PL 480 Title II emergency food assistance (valued at more than US\$20.6 million) through WFP and REST.

	1999	2000	2001
Development Assistance			
Food	\$32,264,600	\$36,200,741	\$25,800,000
Non-food	\$38,214,000	\$42,677,000	n/a
Total	\$70,478,600	\$78,877,741	n/a
Humanitarian Assistance			
Food	\$288,968,022	\$82,956,723	\$75,500,000
Non-food	\$11,740,022	\$1,350,700	n/a
Total	\$300,708,022	\$163,185,164	n/a
Grand Total	\$371,186,622	\$163,185,164	\$101,3000*
Total for 1999-2001 \$635,671,786*			

Source: USAID Ethiopia office 9-01, FFP Annual Reporting Requirements 99-02

* This figure does not include non-food development or emergency assistance for 2001; dollar assistance in FY 2001 approximately coincides total figures are

Drought emergency was declared on June 2 by US Ambassador. Nearly \$1.2 million in grants was provided by OFDA to WFP, UNICEF and SCF/UK to support vaccine delivery, nutrition assessments, SFP, water and sanitation programs, and food storage in regions affected by drought. FFP provided 36,920 MT PL 480 Title II emergency food assistance (valued at more than US\$12.3 million) through CRS and the GOE.

Complex Emergency		Drought Emergency
USAID/OFDA Assistance	\$274,000	\$ 1,184,058
Other USG Assistance	\$20,605,900	\$12,344,300
Total USG Assistance	\$20,879,900	\$13,528,358

2000

Complex emergency operations due to the border conflict with Eritrea were funded by OFDA and the USG for 350,000 internally displaced persons in Tigray and Afar.

Drought emergency assistance by OFDA included \$14.7 million in emergency assistance and deployment of significant personnel throughout FY2000. Due to the severity of the nutritional status of the population, OFDA provided another \$7 million to support nutrition and health

programs (vaccinations, SFPs, TFPs, nutrition monitoring, rehabilitation of health centers, capacity building for health care workers); and airlifts of specialty foods to Gode and Adfer zones of the Somali region. Implementing partners for relief assistance included: SCF/UK, AICF, GOAL, UNICEF, Concern, American Red Cross, and the International Committee for the Red Cross (ICRC). OFDA provided another \$1.7 million for water and sanitation interventions; \$400,000 for improved food security for an estimated 55, 000 households; \$4.6 million to support logistics and coordination, including the improvement of two ports capacities to deliver emergency commodities. FFP provided 248,200 MT of PL 480 Title II emergency food assistance (valued at an estimated US\$106 million) through the JEOP mechanism. USDA provided another 480,000 MT (approximately \$62 million). Additionally, the US State Department provide \$2 million to ICRC to assist war-affected populations.

Complex/Drought Emergency*

USAID/OFDA Assistance	\$ 14,663,905
Other USG Assistance	\$173,816,200
Total USG Assistance	\$188,480,105

**This figures do not include another \$95.6 million in regional funding for refugees and returnees throughout Africa provided by State Department to ICRC, UNHCR and WFP.*

2001

FAO gave technical support to partners in the animal health sector with \$96,980 of USAID/OFDA funds. USAID/OFDA also supported humanitarian logistics and coordination activities with \$711,300 in grants to UN OCHA and WFP. USAID/FFP provided 172,590 MT of P.L. 480 Title II emergency food commodities, valued at \$78.5 million. USDA donated approximately 130,000 MT of Section 416(b) surplus emergency food commodities, valued at \$56.3 million. Emergency food commodities were provided to both conflict-affected and drought-affected populations in Ethiopia. State/PRM provided nearly \$4.5 million to assist Somali and Sudanese refugees located in camps in Ethiopia. This included nearly \$3 million to UNHCR for environmental and children’s programs and refugee protection, \$1.1 million to WFP to address food gaps, and grants to SC/US and IRC.

USAID/OFDA Assistance	\$3,865,754
*Other USG Assistance	\$139,258,293
*Total USG Assistance	\$143,124,047

**These funding figures do not reflect State/PRM contributions to UNHCR and ICRC, totaling \$105.1 million, for refugees and returnees throughout Africa, including Ethiopia.*

ANNEX F
NUTRITION TRENDS AND STANDARDS

NUTRITION TRENDS AND STANDARDS

Table 1. Prevalence of Stunting and Wasting (under 2SDs) for Children (<5 years)⁴⁴

	CSA, Rural 1983+	CSA, Rural 1992	CSA 98* Rural (Overall)	DHS 2000 Rural (Overall)
Stunting	59.8	64.2	52.9 (51.6)	52.6 (51.5)
Wasting	8.1	8	9.3 (9.2)	11.1 (10.5)

1 All values in percent

** Central Statistics Authority (CSA) in 1998 measured children age 3- 59 mos.*

*+ The 1983 survey did not include Tigray (but did include other north/western areas)
Urban malnutrition in 1998 was 38 percent.*

The World Bank also conducted a series of nutrition surveys in 1994 and 95, however they are not as directly comparable with CSA. Stunting rates ranged from 53.5 percent to 56.9 percent in the three rounds, while wasting ranged from 10.4 percent to 13.7 percent. The higher wasting values could be due to seasonal differences (hungry season).

Table 2. Under Five and Infant Mortality Data

	1985	1990	1995	2000
Infant Morality	158* 133+	117* 130+	109* 97+	101*
Under Five Mortality*	231* 216+	171* 211+	164* 166+	156*
Maternal Mortality Ratio			1,841 (WHO)	871 (DHS)

Annual number of deaths per 1000 births

** BUCEN –ICB 2000 Data*

+ DHS Data represents periods 2000, 0-4 yrs prior to 2000; 5-9 years, and 10-14 years prior to survey

Areas of highest under-five mortality in decreasing order: Gambella, Afar, Benishangul-Gumuz, Oromiya, SNNP, Harari

Note: Crude Mortality Rate estimated by BUCEN –ICB 2000 International Database for 2001: 17.8 per 100,000.

⁴⁴ The first study undertaken in 1982/83 did not include Northern Ethiopia due to security reasons. The sampling frame of the World Bank study in 1994/95 came only from the three major geographic areas - Northern, Central and Southern Ethiopia. Pastoralist communities and smaller zones were not included in the study and indeed are seldom assessed. 2000 DHS included children aged 0-59 months.

Table 3. Nutritional Status of Children (DHS 2000)

Region	2.1.1.1. Ht for Age		Wt for Ht		Wt for Age		N. Children
	-3SD	-2SD	-3SD	-2SD	-3SD	-2SD	
Tigray	26.5	55.3	0.9	11.1	16.1	47.9	689
Affar	26.5	47.6	1.7	12.6	17.8	50.5	94
Amhara	29.0	57.0	1.1	9.5	16.5	51.8	2,712
Oromiya	22.1	47.2	1.6	10.4	13.6	42.4	4,288
Somali	25.9	46.4	2.5	15.8	16.2	44.3	83
Benishangul-Gumuz	19.7	41.3	2.2	14.2	12.2	42.3	101
SNNP	33.2	55.4	1.5	11.8	22.0	53.7	2237
Gambella	20.1	37.0	3.1	18.1	11.7	39.0	23
OVERALL	26.3	51.5	1.4	10.5	16.1	47.2	10,449

*Children surveyed 0-59 months. Percentages are weighted. Note small sample sizes in Gambella and Dire Dawa.

The only regions that would not be considered as an alert or a serious nutritional emergency were: Amhara, Addis Ababa and Harari. (In Africa, the RNIS defines Alert = > 10% wt/ht malnourished and serious is > 15%) Africa was in Gambella where the highest food insecurity occurred, according to data in DHS, although the sample size is extremely small. Gambella was not recognized as a severely affected zone.

Note: Recent attempts have been made to discuss protocol issues within the US community. An emergency food network was established in 2000, however is now dormant largely in part to lack of funds and agency interest in making food and nutrition in emergencies a priority (releasing staff time to attend meetings and devote time to establishing protocols). AED was also interested in exploring possibilities to develop a Center of Excellence (or technical assistance) that includes emergency nutrition. This initiative has been temporarily discontinued for a variety of reasons. A third initiative recently undertaken was USAID's hosting of the Standardized Monitoring and Assessment of Relief and Transition Technical working session (July 2002) where professionals discussed survey quality, methods and standards for nutrition and mortality, as well as tools for assessing the overall food security situation. While SPHERE Project standards provide minimum standards in food aid and nutrition methods are not prescribed⁴⁵. The USAID/OFDA FOG guidelines provide some basic information on data collection.⁴⁶

⁴⁵ The SPHERE standards are currently under revision. See <http://www.sphereproject.org>

⁴⁶ In a cross-sectional survey to evaluate the nutritional response to the 1998 Bangladesh Flood Disaster by 15 relief agencies using standards developed by the Sphere Project was conducted by Tufts. Areas where performance was poor included preliminary nutritional analysis; beneficiary participation and feedback; disaster preparedness during non-emergency times; monitoring of local markets and impact assessment. Agencies were generally successful in areas of core humanitarian response, such as targeting the vulnerable (83 %) and monitoring and evaluating the process of disaster response (75 %). Excerpted from *Nutritional Response to the 1998 Bangladesh Flood Disaster: Sphere Minimum Standards in Disaster Response*, O'Donnell, M., et al. Disasters. Volume 26: Issue 3. (Sept 2002)

SPHERE PROJECT – MINIMUM STANDARDS

Very few USAID-supported PVOs operating in the field in Ethiopia had knowledge of the minimum standards recommended by the Sphere Project, although one agency received a copy in the field in the midst of the disaster. These guidelines, covering food aid, supplemental and therapeutic feeding, and targeting, were established with the input of many organizations, and training courses were conducted along with wide dissemination. The Sphere guidelines need to be a part of each USAID partner's toolkit for planning, assessment, and response.

In another emergency, the 1998 Bangladesh floods, a review of the nutritional response of 15 relief agencies was compared against standards developed by the Sphere Project. Outcomes measured were resources allocated to disaster relief, types of relief activities, and percentage of agencies meeting selected Sphere food aid and nutrition indicators. Resources devoted for food aid and nutritional response varied greatly (range 6 percent–99 percent of total resources). Agencies meeting specific Sphere food and nutrition minimum standards also varied (8 percent–83 percent). Low performance areas, similar to what CDC and the Title II evaluation found in Ethiopia, included: preliminary nutritional analysis, beneficiary participation and feedback, disaster preparedness during non-emergency times, and monitoring of local markets and impact assessment. Agencies were generally successful in areas of core humanitarian response, such as targeting the vulnerable (83 percent) and monitoring and evaluating the process of disaster response (75 percent).

General reasons for the failure of NGOs in Ethiopia and many other relief situations to meet internationally recognized standards such as Sphere's are listed below.

1. Lack of agency presence on the ground. While standards exist, there is a lack of implementation, training, and capacity building. Time is divided between implementation and advocacy for the crises response. Even though aid agencies agree that capacity building is the first principle to drop in an acute response (to allow impartial food distribution), this is not acceptable in a country such as Ethiopia, where crises are routine and predictable. Local system strengthening is a must.
2. The need for security (in 1999–2000 over 50 local and international aid workers were attacked or killed in the eastern Somali region) hampers the ability of aid workers to get to the populations in need quickly enough. Gode town was swamped with aid workers, for example, while 90 kilometers away people experiencing the same drought received little or no relief.
3. Resources are insufficient to respond to the present scale and scope of emergencies. Afghanistan, Ethiopia, and South Africa, to name only a few countries, tug at scarce food aid dollars and commodities.

Questions of survey methodology, standardization, and application for emergency operations have not been answered definitively in the nutrition field. Mortality methodologies are even more difficult to standardize and apply. Good practices have been suggested, however, for each survey methodology. These practices typically include rapid assessments during the initial assessment of an emergency or disaster and ongoing standardized cluster sampling (stratified as

appropriate) of children ages 6–59 months.⁴⁷ Standardized methods for estimating crude mortality and under-five mortality (e.g., DHS questionnaires, WHO) are widely used. Interpretation of the data can be fraught with discrepancies, such as reviewing the overall food security situation, market prices, survey timing, typical coping mechanisms, taking into account the livestock situation (for pastoral communities).

CDC RECOMMENDATIONS FOR POPULATION-BASED NUTRITION SURVEYS

A. Sampling Methodology

- Sample adequate size; proportional to population; sample all children under age five per household; random selection of sites (not targeting most drought affects)

B. Survey Analysis

- Wt/ht z-scores for children less than five
- 95 percent confidence intervals using C-sample in EpiInfo
- Include edema as cases of severe malnutrition
- Weight sample, if applicable

C. Survey Reporting

- State Objectives and methodology; include sample size and no. clusters;
- No. of household refusals or absences; 95 percent confidence intervals (+/-)
- Interpret results and compare baseline data from previous surveys if available
- Make recommendations (underlying causes)

D. For NGOs:

- Make sampling simpler; provide survey form templates with program for data analysis
- Improve training manuals
- Ensure field appropriately training; send headquarter staff to do surveys
- Coordinate with NGOs who conduct routine surveys

Adapted from P. Salama, CDC presentation, SMART Conference recommendations, Washington, DC, July 2002.

⁴⁷ CDC's methodology for random sampling generalizable for the whole population (in a region or area) developed in the early 1980s has basically remained the same (see www.cdc.gov). Most European NGOs supported by OFDA have established routine surveying and reporting in the areas of nutrition and mortality.

ANNEX G

HIV/AIDS BACKGROUND AND EMERGENCY GUIDELINES

HIV/AIDS BACKGROUND AND EMERGENCY GUIDELINES

A September 2002 report by the National Intelligence Council is cause for concern for Ethiopia. The report states that Ethiopia and Nigeria will be the countries hit the hardest by the HIV/AIDS epidemic, creating social and economic impacts similar to those in the worst affected countries in central and southern Africa, reducing foreign investment, and lowering growth rates. The rise in HIV/AIDS prevalence in Ethiopia, considered a key country for regional stability, will strain government capacity and kill key government and business workers.

Government of Ethiopia (GOE) figures estimate 2.7 million people are infected with HIV/AIDS, while experts estimate that figures for 2002 are 3–5 million and will rise to 7–10 million by 2010. The latter figures account for up to one-fifth of the country's population. Ethiopia's adult prevalence rate is one of the highest known in the world—estimated at between 10 percent and 18 percent. These figures point to the fact that HIV/AIDS has reached well into the general population. Urban prevalence is higher (13 percent to 20 percent) than that in rural areas (5 percent). Factors contributing to the spread of the epidemic include the generally poor health of Ethiopians as a result of drought, malnutrition, infectious diseases, inadequate health care, and war.

Current relief interventions actually may contribute to the spread of HIV/AIDS, evidenced by the commercial sex trade that typically is generated by humanitarian assistance. On the other hand, relief work, designed and conducted carefully, could be an entry point for HIV/AIDS interventions in complex emergencies.

UNAIDS has noted that an emergency situation can affect the health of a person who is already infected with HIV in several ways:

1. Worsening sanitation and hygiene conditions facilitate the onset of opportunistic infections.
2. Infections develop as a result of pathogens in food, related to the lack of food safety measures.
3. Medications necessary for the management of opportunistic infections are in short supply.
4. Interruption of antiretroviral treatment frequently aggravates clinical conditions.
5. People are exposed to potentially fatal pathogens (e.g., tuberculosis) as a result of crowding in shelters.

What has been done?

The Inter-Agency Standing Committee's Sub-Working Group drew up new recommendations on HIV/AIDS in Complex Emergencies. These recommendations include two packages with minimum essential actions in emergencies (see box).

UNAIDS made an emergency appeal in August 2000, the first of all UN Consolidated Appeals to contain a specific section on HIV/AIDS. The 2001 UNAIDS strategy paper and appeal for

Ethiopia outlines the efforts of a coordinated UN agency response in Ethiopia. For example, the World Food Programme (WFP) will undertake HIV/AIDS awareness activities at food distribution sites for people internally displaced by the border conflict. WFP will fund awareness training in HIV/AIDS for all transport drivers used by WFP, in concert with NGOs. In the past the border areas (where military and soldiers at high risk for HIV were to be reintegrated) were covered by HIV/AIDS interventions. The high number of people with HIV/AIDS in the general population indicates the need to extend these efforts in other parts of the country.

Acute phase: Objective is to control HIV/AIDS in the affected population and prevent further spread of the virus. The main components of the essential minimum package are:

- Prevention of HIV transmission through blood transfusion
- Adherence to universal precautions for all health staff
- Provision of free condoms
- Provision of information

Other recommended interventions during the acute phase include those aimed at preventing and/or managing the consequences of gender-based violence and providing essentials for clean delivery.

Post conflict/crisis phase: Objective is to broaden the scope of interventions to include activities aimed at:

- Preventing transmission of HIV through detection and treatment of sexually transmitted diseases
- Social marketing of condoms
- Comprehensive care for people with HIV-related opportunistic illnesses.

The bottom line in countries such as Ethiopia, where HIV/AIDS is epidemic, is for aid agencies and the government to work together to implement the minimum package. While this may stretch already scarce dollars, the alternative — doing nothing — will ultimately increase the number of lives lost.

UNAIDS and specialized agencies cannot tackle the fast-growing and serious problem alone. It is recommended that a nongovernmental organization (NGO) such as Médecins sans Frontières (MSF) should conduct some cross-training and training of trainers with other NGOs to increase awareness of the problem and capacity for appropriate interventions by USAID partners. MSF activities include a peer education program for community social workers, training on sexual health and condom negotiation, condom distribution, supervision of trainers and peer educators, and skills training and support for income-generating activities with a local NGO that will provide microcredit.

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ANNEX H
TIMELINE

TIMELINE

1999-2001 DROUGHT AND ONSET OF 2002 DROUGHT

Onset of Drought

1997	Drought developing in Somali Region and Borena Zone, spreading to N. & S. Omo; some limited response (water, fodder and food) pledges totaling 49 percent of need.
1998	Late season losses combined with poor belg and pastoral rains, low crop yields in Tigray and Wello. DPPC appeal for emergency assistance for 4.2 million.
May 98	Ethiopia and Eritrea become consumed in a border conflict with intense fighting.
1999	Poor rainfall exacerbated the situation. Early Warning Systems announce impending disaster (FEWS, UN, GOE, donors, NGOS). DPPC issues 6 appeals throughout year.
Apr	Ambassador-level helicopter mission to northern highlands.
Mid-99	DPPC delivered 8000MT cereals to Somali and at end of 99, but food stock inadequate to meet need. Donor pledges were behind in delivery.
Jun 2	Disaster Declaration declared by Ambassador David Shinn due to effects of drought
Oct 8	Second Disaster Declaration declared by Ambassador Tibor Nagy due to effects of drought
late99	SCF, WVI note prepared proposal for emergency food aid declined funding in select areas; nearly \$1.2 million in grants was provided by OFDA to WFP, UNICEF and SCF/UK
late99	Meetings with USAID/Mission and PVOs to first discuss impending emergency
Jan 2000	DPPC estimated 7.7 million affect by drought and natural disaster

Peak Response Period

Jan 2000	DPPC appeal for 764,044 tons and estimates 7.7 million vulnerable to famine
Mar	USAID/BHR Director Hugh Palmer arrives; WFP and USAID team survey extent of drought in Somali region
May	Airlifting of food and water to Somali zone
May	OFDA deploys DART to Ethiopia. Reports of measles outbreak in Gode District
Jun	USAID/BHR Len Rogers, DAA arrives to survey situation GOE issue consolidated appeal for 10.2 million vulnerable in need of food aid. As much as 90 percent loss of herds for the pastoral population.
Jun 18	Agreement signed to cease hostilities between Ethiopia and Eritrea
Jul	DPPC estimates 10.5 million in need of food aid
Ongoing	CS partner meetings with USAID to determine location of most severe need
2000-2001	and to coordinate response.

Recovery Period

- 2000-2001** JEOP proposals written to include recovery period after initial response, critical step given the severe nature of the drought and minimal assets of vulnerable households in select areas of the country
- Mid-2001** USAID/OFDA and ECHO fund Food Security monitoring in pastoral areas of Ethiopia (Somali Region). Pilot Quarterly Update produced and circulated to add to information base in pastoral regions.
- Oct 01** Water trucking continued into a number of Somali region woredas as poor rainfall (*deyr* and *jilaal* rains) continued in a number of the areas, impacting livestock and pastoralists.
- 2001** Two important factors contributed negatively to recovery in the Somali region: Closure of money transfer agencies in the region limited/curtailed critical remittances from abroad; livestock sale ban with neighboring countries limited outlets for sales during the emergency.
- Oct 01** FFP officially ends emergency/transition distributions; WFP shifts to non-emergency programs
- Late 2001** Somali region situation is improving compared to 2000, however slowly, due to poor rains.

Mitigation and Preparedness Activities (for future food emergencies)

- Aug 2000** Study of Emergency Response in Pastoral Areas (DFID) aimed at improving the humanitarian response in pastoral areas (an area of noted weakness).
- Nov 2000** Establishment of DPPC Emergency Nutrition Coordination Unit to conduct systematic and ongoing surveillance. Establishment of standard survey guidelines; commencement of training sessions (2001, 2002).
- Dec 2001** JEOP recommendations and final progress report
- Jun 2002** Southern Tier initiative RFA released. USD6.4 million over five years to improve agriculture, EW, conflict mitigation, health, and basic education to pastoral regions (specifically Somali Region). Activities anticipated to begin October '02.

2002 CURRENT DROUGHT

- Apr** Onset of drought in select regions of Ethiopia
- Jun 4** R2D approved/ USAID Washington; First cable with warning about lack of food: WFP reports that a further 70,000 Tons of cereals are needed to meet the requirements through the end of 2002.
- Late July** Mission began weekly reporting on the drought situation.
- Aug 1** US Embassy issued a Drought Disaster Declaration.
- Aug** USAID/Ethiopia, OFDA/ARO, Food for Peace and Africa Bureau officers traveled extensively throughout Ethiopia assessing drought affected areas and working with the mission on response and reporting requirements. USAID/Ethiopia mobilized a USG Country Team drought task force to expedite response and arranged bi-weekly meetings with NGOs working in affected areas

- to expedite information sharing, ensure timely interventions and support the re-programming of available resources (\$400,000) to meet urgent needs.
 USAID/Ethiopia provided US\$1,235,000 to UNICEF for Integrated Management of Childhood Illnesses (IMCI) and Emergency Health Kits.
 USAID/Ethiopia and OFDA provided US\$1.3 million to GOAL (an Irish NGO) to undertake a nutritional assessment in the Afar region and implement two supplementary feeding programs in Afar and West Hararge of Oromiya Region.
- Aug 9** Food for Peace contributed 42,000 MT of cereals and 3,000 MT of blended food and provided an additional pledge of 100,000 MT of cereals and 8,000 MT of corn-soya blend through the WFP in early July.
- Sep 27** USAID/Washington held discussions with the larger Non-Government community in the U.S. through the inter-action forum to raise awareness of the current drought in Ethiopia.
- Sep** Food for Peace and OFDA have dispatched emergency officers to support the Mission and meet emergency food and non-food needs.
- Sep 26** OFDA issued an Annual Program Statement in support of emergency non-food requirements, inviting agencies to submit proposals.
- Sep 30** Food for Peace awarded US\$ 10 million to Save the Children/UK toward the joint USAID/Ethiopia and Food for Peace Relief to Development program (R2D). The Mission provided US\$300,000 toward non-food costs associated with the program.
- Oct 17** US Embassy re-issued a Drought Disaster Declaration for Fiscal Year '03
- Oct 22** USAID/Ethiopia released an Agency-Contingency Plan.
- Ongoing** USAID/Ethiopia is working with the GFDRE to reprogram US\$17 million in non-project assistance for urgent non-food needs in health and education.

ANNEX I
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