

**RISK AND VULNERABILITY IN ETHIOPIA:
LEARNING FROM THE PAST,
RESPONDING TO THE PRESENT,
PREPARING FOR THE FUTURE**

EXECUTIVE SUMMARY



A REPORT FOR THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

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The people of Ethiopia today are managing the risks and vulnerabilities generated by a serious drought, profound vulnerability to disease epidemics (human, crop and livestock), and a combination of local and international economic forces and domestic and international policies. The combined efforts of government, donors, UN agencies, NGOs and Ethiopian communities have helped vulnerable populations to avert the worst of this crisis, but alarming losses of life, emergency levels of malnutrition and crippling losses of livelihood assets have nevertheless been experienced, particularly by marginalized communities on the periphery. Much more can be done to immediately reduce the impact of the current crisis. Although predominantly considered a food crisis, vulnerable populations in Ethiopia are facing critical threats to their livelihoods, while vulnerability to morbidity and mortality is directly linked to a crisis in health care.

This report focuses on the management of disaster risks and vulnerabilities for a range of reasons. Due to the recurrent nature of crisis, Ethiopian livelihood systems have evolved to manage diverse disaster hazards, e.g. the migration patterns of pastoralists are designed to optimally manage the impact of drought on pasture and water resources; farmers seek to mitigate covariate risks through diversifying their cropping patterns; families strategically use family members to combine production with wage labor, etc. A focus on these household risk and vulnerability management strategies leads to more effective disaster preparedness, relief, recovery and prevention -- and development -- policies and interventions.

The USAID/DCHA Office of US Foreign Disaster Assistance (OFDA) and the USAID Mission to Ethiopia commissioned this report. Additional support was provided by a grant from the Mellon Foundation. This report is the result of a three-month process of consultations with key stakeholders, government officials and local administrators, reviews of key documents and studies, and travel to crisis affected regions (Tigray, Afar, SNNPR, Somali, Amhara, and Oromiya). Work commenced on April 2, 2003 and the final report was submitted on July 14, 2003.

The authors of this report are scholars and practitioners from the Feinstein International Famine Center, Tufts University and the Harvard School of Public Health with expertise in risk and vulnerability, public health, public nutrition, pastoralism, livelihoods, and humanitarian assistance. This study is influenced by a livelihoods perspective that focuses on community management of risk and vulnerability.

This report describes the systems that are in place that are designed for the early detection of crisis, the nature of humanitarian responses these systems have induced, and the outlook for the coming year. The analysis is presented in seven sections, supported by a number of annexes as follows:

Section 1 -- Introduction
Section 2 -- Early Warning Systems
Section 3 -- Livelihoods
Section 4 -- Famine Theory

Section 5 -- Crisis and Response
Section 6 -- Looking Ahead
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Introduction

The first section of the report provides an overview of historical perspectives on disaster risk and vulnerability in Ethiopia and also summarizes the food and non-food aid appeals presented by the Government of Ethiopia (GOE). Ethiopia's experience with drought and famine has generated a large body of knowledge, research and experience on all aspects of food security intervention, coping strategies, early warning indicators, modalities of relief operation, coordination, advocacy, and other familiar aspects of humanitarian field practice. Ethiopia has also a long tradition of working with donors, NGOs, and bilateral agencies. There exists an extensive corps of national personnel in country and in the diaspora with experience in disaster relief. It has also over the last 30 years had considerable UN and other donor funding variously invested into disaster management capacity and response.

Cycles of drought, famine and pestilence always have characterized the Ethiopia's past. Disasters have been a permanent factor of the Ethiopian landscape, although famines in rural areas have been better documented than those among pastoral communities. Understanding risk and vulnerability in pastoral community remains comparatively weak to this day.

The cumulative effects of repeated disasters have been described by Ethiopian scholars as "emburdenment". While there have been at times massive emergency responses to crises in Ethiopia, strategies to address the specific and lasting effects of disasters usually have not been put in place. In addition, despite the chronic nature of disasters, Ethiopian capacity for disaster prevention, preparedness and response largely has been limited to institutions of emergency food aid management. Line ministries (e.g., Health, Agriculture, and Water Resources) generally lack standing disaster detection, response and recovery capacities.

Managing famine risks and vulnerability is a process that requires sustained engagement. Agencies must remain committed, year in and year out, to ensuring that the capacity to prevent, detect, manage and recover from famines is established and supported within the systems of governance in Ethiopia, in good years and in bad. The hazards that underpin the current crisis will never fully disappear from the landscape of Ethiopia but they can be mitigated through development. Nevertheless, disasters will strike time and again, just as they do in all of the countries of the world. A critical component of Ethiopia's development strategy must recognize these hazards and a range of institutions must be capacitated and empowered to be ever-vigilant and ever-prepared to manage them. However, there appears little commitment to the agenda of building emergency response capacities, despite the chronic nature of crises in Ethiopia.

The crisis of 2002/2003 can be characterized as one of the most widespread and severe emergencies ever to strike Ethiopia. The current crisis arrived on the heels of the 1999/2000 drought, so many affected households, communities and regions did not have sufficient respite for recovery before the current crisis intensified. What we are witnessing today in Ethiopia is in part due to the inadequacies of the humanitarian responses (both locally and internationally) to the warnings of



crisis in 2002. In addition, it has its roots in the combined government and donor failures to fully assist disaster-affected populations to recover from the cumulative effects of previous crises.

The complete geography of this crisis has yet to unfold. Right now, suffering is greatest where the edges of the capacities of government and humanitarian agencies dissolve into the periphery of marginalized populations. In the near vacuum of administrative capacity that characterizes these areas, we get only periodic – but startling – indications of a “hidden famine” where crisis-related malnutrition, destitution and morbidity may never be known. It should be considered that malnutrition and mortality data in Ethiopia are biased because they reflect the areas of humanitarian operations and these operations do not adequately cover all crisis areas. As a result, it is safe to assume that these data under-represent the full scale of the problem.

As is common in Ethiopia, there is a tendency to compare the current situation to recent (1997-2000) and more historical crises (1984, 1974). This is a useful exercise but it must be remembered that each situation is unique. The particular, new and different factors of this crisis must be better understood in order to devise and implement more nuanced, and hence more effective responses.

The DPPC launched an appeal in January 2002 and estimated that relief needs would peak in July 2002 at 3.6 million people. This appeal was revised in August, and then again in December, 2002 for a total of 11.3 million people requiring immediate food assistance, with a further 3.1 million people placed in the category of “close monitoring”. Combined, this represented about 21% of the total population. Further upward revisions in the estimated population in need of food aid were made in April, 2003 of 1.2 million people, for a total population in need of 12.6 million, a food requirement of 1.54 million MT, and 80 million USD in non-food assistance.

In July, WFP announced that the DPPC’s appeal for food aid had been fully resourced. Critically, however, this has been insufficient to prevent the continuation and deepening of serious conditions of emergency malnutrition, morbidity and mortality in many regions, including the Southern Nations Nationalities and People’s Region (SNNPR), Afar, Somali, Amhara and Oromiya, among other areas. The persistence of disaster in the face of a robust food aid response has important implications, and should cause the government and the humanitarian community to analyze closely the assumptions that underpin the structure of early warning and disaster response in Ethiopia. Clearly, the emphasis on food aid must be matched by strategies of non-food assistance to address the broader causes of malnutrition and mortality, and disaster-induced destitution among vulnerable rural, urban and pastoral communities.

In addition to food aid, the GOE appealed for \$75 million in emergency non-food assistance in December 2002. This appeal was later increased to \$81 million by March, 2003 to cover a range of sectors including agriculture and livestock, health and nutrition, water and capacity building. The non-food appeal remains under resourced. While food aid responses from the government and donors have been reasonably robust throughout the duration of the crisis (although damagingly lacking in adequate diversity, e.g. pulses and oil), the non-food aspects of government’s and donors’ aid strategies too often have been missing or inadequate. In general, the energy, skill and leadership demonstrated among the key food aid actors have not been matched by key actors in the non-food aid realm; this is demonstrated in part by the lack of transparency in processes of assessment and appeal of non-food aid emergency resources.



Early Warning Systems

The GOE is to be commended for its efforts to attract the attention of the international community to the depth and breadth of this crisis. It did not wait for the donors to come forward with pledges of resources but moved aggressively to provide assistance. The humanitarian community's early (and continuing) efforts to augment these interventions were vital for keeping the most vulnerable in their communities.

A total of sixteen different disaster early warning and surveillance systems were analyzed by the team, including those managed by government, donors, UN agencies and NGOs.

A key focus of the DPPC's systems of early warning and surveillance is to prevent a repeat occurrence of the types of famines that struck Ethiopia in the 1970s and 1980s. Measured against this objective, the DPPC has been highly effective. In recent years, including this year, its information has induced government, donor, UN and NGO humanitarian responses on an adequate scale to prevent the mass migration of vulnerable populations to famine camps, thereby avoiding the worst of the famine images that were once synonymous with Ethiopia. This important and laudable accomplishment has saved many lives.

Other government bodies involved in early warning and surveillance considered in the report include a pilot program for Livestock Early Warning System (LEWS), the Welfare Monitoring Unit (WMU) and other services provided by the Ministries of Health and Agriculture, and the National Metrological Services Agency (NMSA). Although there is a plethora of systems, there at present is no capacity within government for meta-analysis of all of the data generated by the range of government institutions. Within institutions (with the exception of emergency food aid responses), information systems are not strongly linked to mechanisms to trigger appropriate and timely emergency responses. This is a particular problem within the line ministries (e.g. MoH and health-related nutrition problems, MoA and pastoralist vulnerabilities). Overall, non-food early warning and surveillance systems are inadequate for the scope and breadth of risk and vulnerabilities facing a diverse range of Ethiopian communities. Surveillance systems are not based on livelihood systems; it is therefore not possible to devise appropriate livelihoods-based emergency and recovery strategies.

Currently, the only active donor early warning system is the USAID-supported Famine Early Warning System (FEWS). Heavily dependent upon secondary data, FEWS is currently in a process shifting to a more livelihoods-oriented focus. The EU has disbanded its Food Security Unit (FSU). The FSU had been a key player in the Ethiopian Network on Food Security and its reports were influential within the EU Delegation in Addis as well as with Brussels. The closure of the FSU has resulted in a compromised capacity of the EU to obtain independent food security information. No donor actively monitors health and other non-food indicators.

The team considered three UN-managed systems, including WFP's Vulnerability Assessment Mapping, the joint Crop and Food Supply Assessment and the UN Emergencies Unit for Ethiopia (UN-EUE) periodic reports. Systematic monitoring and assessment of non-food vulnerabilities is



weak, while existing systems have a heavy reliance on secondary data. The focus of the crop and food supply assessment on staple crops means that the contribution of alternative food and cash crops are not routinely assessed. However, the UN systems have been successful in providing adequate independent verification of government food aid needs estimates, thereby strengthening confidence among some donors. This has been important for generating the massive food aid response that has successfully prevented mass distress migration.

NGO systems reviewed included those managed by CARE, World Vision International, Save the Children – UK and the NGO consortium Joint Emergency Operations Plan (JEOP). These systems are largely oriented to serving the institutional needs of NGOs and have limited geographic coverage. They are vulnerable to closure to do the waxing and waning of donor funds, as well as shifting institutional focus from relief to development and back to relief again. Many NGOs have large databases that are underanalysed.

Reviewing the whole of the early warning and surveillance systems, the team identified several areas for improvement. Key issues include *inter alia*: the weaknesses inherent in systems that are based on administrative classifications (e.g. regional boundaries, NGO area of operation) rather than on livelihood or ecological systems; the poor quality and relevance of health data; and, the limited capacity at the regional and sub-regional levels. A bias in food aid responses is due in part to the nature of the early warning systems that are nearly exclusively focused on food production indicators such as rainfall and crop yields, with relatively little focus on questions of entitlements, ecological stress, or issues of emergency health needs.

For some vulnerable communities, there are no systems of early warning or, where they exist, processes of administrative decentralization have yet to mature adequately for them to function effectively. For these communities, the “early warning” of crisis comes only after the disaster has developed. The DPPC’s earliest warnings in 2002 resulted in the government’s release of 45,000 MT of food from its emergency stocks, but this was inadequate to prevent a crisis from developing. Many within government, donors, the UN and NGOs took a “wait and see” attitude, with several taking decisions to upgrade their emergency assistance levels until lagging indicators became apparent. Others simply elected to dismiss the warnings and failed to develop appropriate emergency response strategies. Lastly, the early warning signals triggered inappropriate responses by focusing the emergency response on high tonnages of food aid -- to the near exclusion of non-food assistance and without mechanisms in place to ensure that the food aid that was requested could be prioritized to the most vulnerable populations in a form that was timely, nutritionally adequate and appropriate.

Livelihoods

Some of the finest work in the world on analyzing livelihoods has been conducted in Ethiopia. In its least elegant form, the term “livelihoods” can be defined as *the sum of means by which people get by over time*. Household livelihood systems are based on a range of assets (human, financial, social, natural and physical), the use of which is shaped by both formal and informal processes, institutions and policies (PIPs). Livelihood frameworks are useful for understanding household and community resilience, for analyzing vulnerability, and for designing, monitoring and evaluating relief and development policies and practice.



This report considers a select range of issues for their impact on household livelihood (and by extension, coping) systems, including recurrent drought, livestock marketing policies, *chat* production, decentralization, losses of pasture, natural resource regulation, and environmental decline. The combined effects of a protracted depression in the world coffee markets, the continuing ban on live livestock exports from Ethiopia to the Gulf States, the exploitation of a fragile agricultural base, the collapse of a range of key income earning opportunities in country, and an ambitious program of political decentralization all have coincided with and exacerbated the impact of the drought. The resulting loss of access to and availability of food, and the collapse of economic entitlements have generated widespread vulnerability to malnutrition, morbidity, poverty, destitution and mortality.

While most of these (and other similar) issues have been studied intensively in one-off works, the vulnerabilities associated with these PIPs are not routinely monitored by disaster early warning systems in Ethiopia. The various early warning systems are weak on analyzing trend data and always limit their comparative analysis to the recent past. Declines in household resilience over time due to longer-term processes are therefore systematically missed by the early warning systems. This, in part, explains the otherwise perplexing and “sudden” appearance of “hot spots” of crisis zones, especially in those areas characterized by historic marginalization and subject to long-term erosion of asset bases.

A focus on the resilience and vulnerability of livelihoods systems is needed to improve the effectiveness of emergency preparedness, response and development strategies. Food aid alone has not been – and cannot be -- sufficient for combating the multi-faceted nature of the current emergency. Where the simultaneous collapses of livelihoods systems have led to losses of lives and distressing suffering, only multiple strategies of humanitarian and development interventions will address adequately such a complex web of vulnerabilities. Livelihood strategies in Ethiopia are becoming more diverse; response strategies need to be based on a sound understanding of these strategies so that appropriate, life-saving interventions can be devised and implemented. Emergency asset interventions are needed in order to halt the erosion and promote the restoration of productive assets (oxen, plows, breeding stock, etc.). Opportunities for (local and international) market-based interventions are rarely capitalized by the government or the humanitarian community, much to the detriment of disaster-affected populations.

Ethiopia does not reside in isolation. The processes that are deepening risk and vulnerability in Ethiopia also threaten the livelihood systems of its neighbors. The ecological systems that are in crisis in Ethiopia extend throughout the Horn of Africa; the transmission patterns of animal and human diseases know no borders. As the problems of Ethiopia extend into the region, so do the solutions. Sudan, Somalia, Kenya and Djibouti are both markets and suppliers for Ethiopia. Regional resource, vulnerability and risk management are maximized by peace and stability in these countries.

Famine Theory

On a number of occasions, the team was asked “Is there a famine in Ethiopia?” Underlying this question is the assumption that famines are events that happen rather than processes that evolve.



Indeed, the largest and strongest emergency response actors in Ethiopia (the DPPC, WFP and USAID) each define famine as an event rather than a process. With a focus on averting famine as an event, inadequate attention is placed on issues of prevention, preparedness, mitigation and recovery. This is apparent in the lack of intra- and inter-ministerial short- and long-term strategies and commitments for addressing underlying famine vulnerabilities, including the specific nature of disaster-induced destitution in Ethiopia.

Leading humanitarian agencies in Ethiopia theorize famine as the outcome of food shortages leading to starvation. Termed a “food first bias,” this has been the prevailing model of famine theory in Ethiopia since the 1970s. This concept has influenced the policies, institutions and processes of humanitarian response in Ethiopia that have been important for generating emergency responses adequate for limiting the (often lethal) distress migration of vulnerable populations.

However, the sources of disasters are more often related to social, economic, political and environmental processes than the vagaries of nature. The prevailing narrative of Food Availability Decline (FAD) (e.g. “drought leading to crop failure leading to starvation”) does not reflect this diversity. As a result other dynamics of crises that are leading to famine-related destitution, malnutrition, morbidity, and mortality are routinely overshadowed, under analyzed and inadequately managed in Ethiopia.

Scholars of famine theory include many eminent Ethiopian academics, many of whom have emphasized that different communities hold unique definitions and understandings of famine and famine processes. Understanding, preventing, responding and recovery strategies therefore need to be contextually specific. This is not the current *modus operandi* of humanitarian operations in Ethiopia, e.g. despite the range of vulnerabilities, the government and UN have appealed for a homogenous ration of food aid for millions of crisis-affected people.

The humanitarian community of government, donors, UN agencies and NGOs would benefit from these and other considerations of the current consensus on famine theory, e.g.:

- ❖ Famines are an intensification of ‘normal’ processes versus an aberrant event;
- ❖ Famines are not always triggered by a decline in food availability;
- ❖ Communities affected don’t always regard excess mortality as a prerequisite; and,
- ❖ Deaths during famine is related more to disease than starvation

Crisis and Response

The entire international donor community has been generous in its responses to the Government’s appeals for assistance, particularly of food assistance. Humanitarian assistance has saved many lives, has kept families together, and has maintained the faith of the population in the will of the Ethiopian Government to assist people in their hour of need. Critically, it has prevented vulnerable populations from gathering together in famine camps where the risks of disease and death are greatest.

However, given the depth and breadth of the current crisis, a coordinated strategy to combat famine malnutrition, morbidity, mortality and destitution does not appear to be in place. There is in



Ethiopia today an impressive array of government institutions, policies and processes that are designed to identify, respond to and mitigate disasters. There are strategies for disaster prevention and preparedness but these are not as coherent for disaster response. Health posts, water bureaus, agriculture offices and disaster response committees exist in most of the crisis-affected areas, but too often they are fundamentally lacking in authority, technical and absorptive capacity, and resources to provide any semblance of services. While it is intended that decentralization overcome these problems, reality is lagging behind policy

The challenge to government and the entire humanitarian community is to learn from the past, respond to the present and prepare for the future. Ethiopia has been the birthplace of the technologies of humanitarian field practice: it is in Ethiopia that the humanitarian community learned about the proper management of malnutrition, became aware of the importance of coping strategies, and taught the medical profession about the particular demography of famine and diseases. It is of major concern that current relief practices in Ethiopia do not always meet the standards that its own history has served to evolve. It must be recognized that relief efforts are already one year too late or are inappropriate for many populations. For example:

- ❖ Too many livestock were left to die in the pastoralist regions without sufficient emergency interventions to either save or slaughter them; too many children lost access to milk and meat as a result;
- ❖ Too many children have not been vaccinated against preventable childhood diseases; they are now vulnerable to the deadly combinations of malnutrition and diseases like measles;
- ❖ Too many men and women who left their failed farms to seek wage labor in towns found no work in the private sector, and too few public programs filled the gap with cash-for-work opportunities; families have gone without food, water and health care as a result;
- ❖ Too many women and girls, facing destitution from asset losses, have moved to towns to make a living in the commercial sex worker industry; the associated loss of dignity and exposure to diseases such as HIV/AIDS are unacceptable;
- ❖ Too many people have had to resort to the destructive practices of cutting firewood and preparing charcoal, while farmers have turned to tilling ever more fragile lands; Ethiopia risks going the route of North Korea as a land scarred by widespread and permanent environmental devastation;
- ❖ Too many people reside beyond the reach of even a rudimentary health care system; combined with the prevalence of malnutrition, they are highly vulnerable to the assaults of endemic malaria, acute respiratory infections and diarrhea; lastly,
- ❖ Too many farmers and pastoralists, discouraged by the continued collapse of their respective coffee and livestock markets, have turned to the production *chat*, while its consumption has become more widespread across urban and rural populations alike; we have witnessed in both neighboring Somalia and in distant Afghanistan and Colombia how humanitarian crises and conflict can lead to sharp increases in narcotic activities, with related security implications for local and international communities.

Donors

There is a long history of donor relationships with Ethiopia that, like the pastoralists' boom and bust cycles, has seen both good days and bad. In the last crisis, donors were at odds with the



Ethiopian Government over issues relating to the conflict with Eritrea. Relations between the Ethiopian Government and the donors have improved since the last crisis but several issues remain outstanding, e.g., debt burdens, border demarcation, human rights, trade liberalization, and the current resettlement program. Several countries have granted Ethiopia special status for privileged access to development resources.

Donors are concerned about the impact of the current crisis on poverty reduction strategies. The poverty reduction strategy process has promoted a degree of harmony across donor strategies for Ethiopia, at least in terms of their development portfolios. Notably missing from the PRSP process is recognition that Ethiopia's disasters are endogenous, i.e., embedded, in Ethiopia's ecological, economic, political and social systems. The historical view that disasters strike at the whim of nature remains a powerful narrative in modern Ethiopian development discourse.

For the current emergency, the harmony that characterizes various donors' development strategies does not appear to extend to humanitarian assistance issues. Donor emergency response strategies for the current crisis have been influenced not only by information generated by early warning systems but also by individual donor policies and personalities, as well as by the influence of international events (e.g. wars with Afghanistan and Iraq, massive emergency appeals for assistance for Southern Africa). A powerful narrative that disasters only strike Ethiopia every ten years contributed to a lag in some donor responses to government early warnings of crisis in 2002.

Donor non-food aid responses to the current crisis have been critically insufficient. Few donors have recognized that there is a void of leadership by government for non-food interventions that has been created by institutional barriers within government. This coincides with a failure by the larger emergency non-food aid actors (OFDA, ECHO, UNICEF and FAO) to derive or implement aggressive strategies for these sectors, especially in the critical, early stages of the disaster.

The USAID mission in Ethiopia has taken a more aggressive approach in response to the DPPC's appeals than other donors. The US (until recently) and the EU have prioritized emergency food aid responses to the near exclusion of non-food responses. This has troubled some donors who are concerned about the impact and the effectiveness of food aid in Ethiopia (and elsewhere) and the absence of strong non-food emergency strategies. In addition, there are donor representatives who remain unconvinced about the severity of the current crisis and see it as a "normal" (i.e., within expectations) event requiring not emergency aid but rather stronger development assistance commitments on both the part of government and the international community.

Nutrition

Three decades of experience addressing hunger, malnutrition and death (excess mortality) as a result of famine in Ethiopia has produced a wealth of lessons learned and practical guidelines, which have had global influence on disaster response. However, Ethiopian guidelines and procedures have not always (and still do not) concur entirely with internationally endorsed recommendations.

An Ethiopian scholar has written that "Malnutrition is the nutritional landscape on which the footprint of recurrent famine is firmly etched." However, questions of nutrition are critically lacking



in attention on the national emergency and development agendas. Agencies and ministries involved in nutritional issues are focusing too narrowly on (e.g. on measuring acute malnutrition and treatment of the malnourished), and/or are failing to prioritize this critical component of sound (emergency and development) national health, food security and economic policies. In a country where malnutrition affects over one-half of the population, this is an alarming state of affairs.

The formation of the Emergency Nutrition Coordination Unit (ENCU) in late 2000 within the Early Warning Department of the DPPC was in part the result of the documented problems with nutritional surveys in 2000. A major achievement of the ENCU has been the coordination of the development of the most recent DPPC guidelines on nutritional surveys.

Malnutrition directly results from either inadequate food intake and/or from disease. There is a complex and diverse range of underlying causes leading to malnutrition. In Ethiopia, however, key institutions (including the Ministry of Health) assume malnutrition to be the result of a lack of food intake. The health and caring aspects of malnutrition are disconcertingly lacking in emergency response assessments, appeals and responses. This is further evidence of the powerful influence of the food first bias, i.e., that famine is largely a problem of failures in the food supply, resulting in malnutrition and mortality which can be addressed by better and more efficient food distribution.

Even with the strong emphasis on food aid as the primary response to malnutrition, none of the food aid rations provided by government or UN agencies conforms to current international standards. Over time, ration composition has become more a function of field adaptations of donor provided resources (and deficiencies therein), than of needs, policies or standards.

While there is active concern over issues of targeting of rations, there is less consideration of important issues of food aid distribution. Increased food basket and end use monitoring of food aid is needed, as is capacity building of regional and sub-regional authorities to fulfill these roles.

The diverse causes of malnutrition, including the multiple threats to household food security, are limiting the effectiveness of selective feeding programs for vulnerable populations. Uneven program coverage, poor monitoring and few evaluations of supplementary feeding programs are key concerns. In addition, where therapeutic feeding centers are established in the absence of supplementary feeding programs (and other strategies to improve household food security), this raises serious concerns for the effectiveness of these extremely expensive relief interventions. Other issues of concern in therapeutic feeding programs include: the poor quality and limited availability of complementary health care and follow-up of patients; the need for a centrally managed system for coordinating and monitoring; the poor coverage relative to need; and, the risk of waste or misuse of expensive therapeutic milks.

Vulnerability to micronutrient deficiency diseases (MDDs) is endemic in Ethiopia, but vulnerability has been exacerbated in the current crisis because of the nature of the single commodity (e.g. 12.5 kgs of cereal) ration, high rates of infectious and diarrheal diseases and a lack of access to fresh foods. Creative interventions to address MDDs generally do not feature in the current emergency response.



Health

Emergency response strategies designed to prevent distress migration have been important for limiting vulnerable populations' exposure to disease threats because morbidity and mortality has been proven to be higher in IDP and refugee camps than in stable settings. However, a lack of leadership from government and UN agencies to devise and implement emergency public health strategies has contributed to an alarming level of vulnerability to disease epidemics. The DPPC has inadvertently segregated the line ministries (including the MoH) from operational levels of responsibility for disaster responses.

Even in the best of times, the health system in Ethiopia is inadequate. One of the most immediate threats to life in crisis areas stems from vulnerable populations' lack of access to any form of meaningful health care. Emergency measures are still insufficient given the vast public health threats including adequate EPI coverage for vulnerable populations, sufficient quantities of clean water for consumption and hygiene purposes, satisfactorily balanced, adequate and appropriate food aid rations, and other properly conceptualized and managed nutrition interventions.

It must be noted, however, that while considerably greater attention to the health aspects of the crisis is needed, emergency health measures can only go so far in the context of such a compromised health care system. HIV/AIDS is an important element of the current emergency but the complex interplay between HIV/AIDS and acute food insecurity is not well understood. Combating HIV/AIDS is critical, but it should not distract from the larger effort of establishing a functioning, basic public health system in Ethiopia.

Pastoralists

Pastoralism in Ethiopia is both viable and vulnerable. Pastoral livelihoods systems are effective mechanisms for converting marginal lands into products valuable for households, communities and the national economy. The current crisis affected pastoralists first, e.g. Afar, but while pastoral traditional early warning systems provided early indications of this crisis, these signals were missed by the range of formal early warning and surveillance systems.

The climatic shock of the drought is only one of many sources of vulnerabilities for Ethiopian pastoralists. A ban on the export of live livestock from Ethiopia to Saudi Arabia has had particularly deleterious effects on Somali pastoralists, who have also been affected by the GoE's efforts to stop contraband trading from Somaliland. Livestock terms of trade for cereals and other staple commodities have collapsed, while pasture and water resource conflicts have increased. Livestock losses have been high for some communities due to a loss of access to water, pasture and effective, community-based animal health care. The loss of access to milk among vulnerable pastoral households has led to increases in malnutrition, morbidity and malnutrition.

Despite having the largest livestock population in Africa, Ethiopia does not have a Ministry of Livestock such as is found in Sudan and Kenya that are responsible for looking after the interest of pastoral areas and issues concerning livestock. Government, donor, UN agency and NGO interventions for pastoral communities have been late, insufficient and largely inappropriate (e.g. dominated by food aid responses rather than key livelihood interventions such as



destocking/slaughter, animal health, water, fodder, etc.) As a result, both short- and long-term vulnerability among pastoral communities is higher than it should be.

Looking Ahead

Planning for the next year will involve combining analysis of the climatological and cropping predictions with an estimate of the impact of the current crisis on household assets and other components of livelihood strategies. Planning also must factor in known and expected trends in the animal, crop and human health environment. In order to devise a reasonable estimate of the nature and extent of vulnerability in the future, it is necessary to factor predictions of likely harvests, disease transmission and economic trends together with estimates of the impact of earlier crises events. To be accurate, these estimates must be done with recognition of the context-specific nature and characteristics of each of the country's agro-ecological zones, livelihood systems and patterns of disease (human, crop, livestock) transmission vulnerabilities. Of note, this type of comprehensive assessment has never been undertaken in Ethiopia. Instead, the contingency planning process is designed to estimate crop failures and the numbers of people affected, turning these directly into estimates of food aid needs.

For the coming seasons, the current early warning systems will continue to monitor food and cash crop and livestock performance and use this as a base on which estimates of the size of the vulnerable population is built. This is an important and useful exercise. The scenarios constructed last year have subsequently served as valuable advocacy and planning tools for government, donors, UN and NGOs alike.

If the present and past are guides to the future, it is reasonable to describe the nature of risk and vulnerability affecting a range of communities in the coming months to one year. It is safe to assert that some communities in Ethiopia will face a crisis next year, regardless of rains. Field-based assessments of the *belg* performance will coincide with the release of this report. Currently, there are mixed prognosis for the harvest outlook. The June 21, 2003 Meher Crop Production Estimate produced by FEWS NET presents a disconcerting picture of projected food needs based on an analysis of the April-May rainfall totals, rains that are critical to short term crop production cycle. Should the *meher* rains fail, a catastrophic crisis unparalleled in the history of Ethiopia will evolve, entailing historically unprecedented case loads requiring a wide range of emergency interventions to save lives and protect the core elements of livelihood systems.

Even if the rains return, this will not signal an end to the crises. Rains or no, the affected populations will have deeper debts, poorer health, decreased seed stocks, fewer livestock, less savings and more burdens than they did going into 2002.

Both the general population and specific disaster-affected populations in Ethiopia will be vulnerable to serious human epidemics, including malaria, measles, meningitis, ARI, and diarrheal diseases. City and town dwellers will have comparatively better access to health facilities, but even for these populations meaningful health care may only be accessible on a fee-for-service basis in the private sector. Rural populations largely will lack access to health care, even in the event of localized epidemics. Illness will serve to limit productivity, school attendance, income, growth and household food security.



Staple crop producers will fall into two categories: those with access to land with high productive potential and (or no need for) credit who will be able to purchase fertilizers, seeds and other key inputs, e.g. labor, and those without access to credit, primarily because they already are deeply indebted. For farmers with poor or no access to credit, their production will be compromised by a lack of access to key inputs. The need to service their existing loans (from earlier seasons) will force some to sell key productive assets, e.g. oxen, or to seek wage labor. Regardless of credit standing, some farmers may view staple crop production as too risky for such low returns and turn to alternative cropping, especially *chat* where cropping conditions are favorable. Farmers and pastoralists alike will see an increase in pests with the return of the rains. Historically, post-drought pest infestations (usually of armyworm and locusts) have caused widespread losses and sharply retarded post-crisis recovery. In the event of good rains, no pests and a bumper harvest, this may cause the prices in domestic markets to once again collapse, which (when combined with a lack of adequate storage) will spell a food security disaster in its own right.

Pastoralist food security will continue to be a function of access to and quality of pasture and water resources, animal health care, domestic and international markets and indigenous, domestic and international strategies for relief and recovery assistance. The GOE appears set to increase efforts to resettle pastoral populations. Overall, the outlook for pastoralists groups is fragile with poor prospects for adequate access to milk for the pastoral households that have faced large-scale livestock losses and/or serious animal health threats. These issues pose threats to livestock-dependent crop producers as well.

Short of major climatic disasters in other coffee producing regions (e.g. LAC), coffee producers are likely to continue to face world prices well below long term averages. Overall value and volume of coffee exports ex Ethiopia will remain depressed, with negative ramifications for foreign exchange earnings. Smuggling of goods will continue, especially ex Somaliland, despite the efforts of the GOE to limit the trade. Combined with depressed livestock export activities, this will represent further losses in Ethiopian export earnings.

In major urban areas, towns and villages, the momentum of emburdenment will increase the overall size of Ethiopia's poorest populations. The effects of the current emergency will generate a class of newly destitute that will join the ranks of the existing destitute populations. Children and women will be among the first affected as households dissolve because they have the weakest entitlements to household and community resources. The newly destitute will include not only displaced pastoralists (as noted above) but also farmers displaced from their livelihoods because of successive crop failures and related debt burdens, resettled populations unable to establish viable livelihoods in their areas of resettlement, and increasing numbers of wage laborers competing for a diminishing number of jobs.

Processes of administrative decentralization will continue, although the effectiveness of regions and woredas on the periphery will be compromised by a lack of capacity, resources, staff turnover, etc. This will mean that there will not be early warning capacity in some vulnerable areas, e.g. parts of Afar and SNNPR. Regional and sub-regional offices of line ministries will remain weak in most of the current disaster-affected areas.



Environmental degradation and eco-system stress will deepen in (and across) many regions. Population pressures, resettlement programs, poverty, and a lack of federal control over land use management will combine to bring new, marginal lands under cultivation.

The DPPC and UN Agencies can be expected to submit appeals for continued and sizeable food assistance for vulnerable populations in Ethiopia well into 2004. For 2004, it can be expected that appeals for food aid for vulnerable populations will once again return to the 8 – 13 million mark for 2004.

Summary of Recommendations

Over the course of the past three months, the team submitted briefs to USAID that included a range of recommendations. Discussions of these recommendations and other recommendations are embedded in the text of this report. Annex VII details the recommendations the team offered the USAID/DCHA/OFDA DART team in May 2003. More detailed recommendations are found in Section Seven of this report.

Early Warning/Monitoring

It is encouraging that information systems in Ethiopia work well to achieve their intended objectives, especially of preventing the types of famine that historically have plagued the country. Further improvements to the systems, including broadening their objectives, should yield even better performance in future. Information systems need to operate independently of systems for identifying responses. Investments in systems to assess non-food aid needs are needed in both government and non-governmental institutions. The current domination of the Food Availability Decline Model of crisis needs to be augmented by other important and context-specific models, including models of entitlement decline, livelihoods crisis, and health crisis.

Context specific crises require context specific responses. In order for this to happen, the early warning, surveillance and monitoring systems need to capture and analyze a greater range of information than they presently are designed to do.

There needs to be organized in government a capacity for conducting timely meta-analysis of the full range of information generated by the host of early warning, monitoring and surveillance systems currently operating in country. In addition, findings of one-off reports and studies (e.g. the SC-UK/IDS Destitution Study) need to be expanded and integrated into systems of meta-analysis.

An accelerated and coordinated focus to build up the capacity of the DPPBs, line ministries and woreda crisis management committees is needed. Increased investments are also needed, e.g. equipment, transportation, housing/office space/telecommunication systems, manuals and references where possible in the appropriate languages, resource materials and training on international standards, humanitarian principles, and codes of conduct. Training is also needed at educational centers (e.g. the Civil Service College) and of MPs to improve understanding of issues of disaster preparedness as a component of their responsibilities towards their citizenry.



Donors should support the creation of a Center(s) of Excellence for disaster management in Ethiopia that could serve as central resource for research and training on issues related to disaster preparedness, prevention, response and mitigation. Such a center should offer refresher courses and certificate programs to further professionalize the large corps of Ethiopian specialists who have been and continue to work in humanitarian endeavors.

Nutrition

Excess mortality is occurring where there is and where there is not acute malnutrition. In areas of known high prevalence or high risk of acute malnutrition and public health crises, strategies need to be devised and implemented to augment formal relief efforts. Resources must be prioritized to the worst affected areas. In these contexts a nutritionally adequate ration in compliance with international guidelines must be provided.

Nutrition recommendations focus on three broad areas:

- ❖ Systems for prioritizing needs for disaster response.
- ❖ The need for a broader and more balanced range of strategies to protect nutrition and address all types of nutritional risk especially in priority one areas.
- ❖ Ensure the entire range of nutritional concerns in emergencies, are adequately addressed at all levels, including national policy, and within specific Task Forces and sectors.

The system for assigning priority categorization for disaster response needs to be revised, in order to more clearly distinguish groups who are suffering a near total failure in their entitlements and/or who are facing other life-threatening nutrition or health risks. Priority one areas should therefore include those areas of known high prevalence or high risk of acute malnutrition and public health crises that would be prioritized for a range of combined strategies. This system should be reviewed and supported by all relevant task forces (e.g. Food, Health, Early Warning) to ensure it takes adequate account of all types of nutrition and health risks (e.g. inadequate water, sanitation, overcrowding, lack of shelter, exposure to cold, low immunization coverage, high chronic as well as acute disease, increased dependency ratios etc) and not just those linked with food insecurity.

In Ethiopia the only groups to receive rations that are approaching nutritional adequacy are refugees and the small number of IDPs in Tigray. Provision must be made to provide nutritionally adequate rations in compliance with international guidelines to priority one groups. For example, pulses or meat need to be included in the ration to provide a source of protein, plus fortified blended food as a source of micronutrients. In areas where iodine deficiency disorders are endemic the distribution of rations should be used as an opportunity to distribute iodized salt also. All oil in the general ration must be fortified with vitamin A, with the possible exception of local purchase of oil where fortification is not currently possible. The range of general, blanket and targeted supplementary feeding rations provided needs to be reviewed urgently as the rationale is confused, widely misunderstood and rarely implemented as described in original project documents. It is also questionable whether this is the best use of resources. This review should take account of the system for prioritization (hence the needs), targeting, distribution and ration composition.



Nutrition related emergencies require a broad range of interventions that go beyond the limited package of a single commodity ration, combined with selective feeding. Until this is widely recognized at the highest level, and integrated into the policies of the MoH, DPPC and even MoA, the fight against malnutrition will continue to be piecemeal and fragmented.

Nutrition in emergencies needs a number of committed champions within key Ethiopian institutions. As the current focal point nutrition in emergencies, it is essential that the work of the DPPC ENCU is fully supported and not undermined. Considerable technical and human resources are found within International NGOs, rather than within the DPPC (although it is claimed this is at the disposal of the DPPC). This capacity should either be relocated within the ENCU, or clear lines of authority established that indicate the independent unit is a service provider to the relevant GoE task forces and units.

The processes of participatory and appropriate policy development and planning, on issues such as ration composition and prioritization, need to be informed by sound information and good analysis. This needs to be supported by a local forum for learning, teaching and training in Public Nutrition. This urgent need is not just within Ethiopia, but more widely among the many emergency affected countries of the Horn of Africa.

Health

Overall, a stronger commitment by government to addressing emergency public health crisis is important so that in future disasters the health response to emergencies can match the robustness that currently only characterizes the food aid response processes.

The Ethiopian health system would benefit from a series of short-term and long-term strategies aimed at improving its capacity to provide adequate health care in times of relative stability and its capacity to respond to the health needs of its population in times of crisis. These are summarized below:

A) Build an effective health and nutrition early warning system

- 1) Develop an early warning information system that links attention to indices of health and nutrition and is deployed in a consistent, routine, and population-based mode. Key features of this system would be the use of a simple but robust survey instrument and reliance on computer-based data analysis. The analytic reports to be generated from the information would support delineation of trends and variances, cross correlations with other inputs from other early warning systems, and delivery of summary reports that could be disaggregated to the kabelle level as needed.
- 2) Base this early warning system on a cadre of professional public health epidemiologists who are deployed in the regions and charged with the responsibility of accomplishing pre-determined circuit rides and systematic surveys throughout the countryside, supported by good transport vehicles, laptop computers, and adequate survey staff.



- 3) Link these public health professionals to the regional hospitals and define one of their key responsibilities to be the training of physicians, nurses, and managers in the monitoring and reporting of key health and nutrition variables relevant to early ascertainment of impending food related crises.
 - 4) Design an information strategy at the regional level that links these improved reports from health facilities with the survey information from the public health professionals, so that the capacity to analyze and act upon these pooled sources can be based at the governance level charged with immediate response.
- B) Develop a minimum level of public health outreach and prevention at the population level
- 1) Commit to a concerted effort to achieve a high level of EPI coverage for the entire population over the next two years.
 - 2) Accelerate the program for recruiting, training, and deploying the health extension workers. Ensure that these health extension workers are integrated into the clinical and educational activities of the health facilities to which they are assigned. Link them to the supervisory and mentoring capacities of the public health professionals deployed in famine early warning mode. Deploy them in all EPI activities as appropriate.
 - 3) Move plans to establish a school of public health into fast track mode and consider opening branches in regional colleges and training centers.
- C) Expand clinical capacity in the countryside to manage serious malnutrition and associated medical conditions
- 1) In the immediate future, expand the number of *qualified* international NGOs deployed to assist in the development and management of TFCs. This is a stop-gap strategy but an essential one, given the indications of substantial unmet need in the identified crisis areas and the probable high level of need in areas not yet assessed.
 - 2) Develop a training and resource strategy that will phase out reliance on international NGOs and build local capacity to manage issues of serious malnutrition and related medical conditions at the level of health facilities and referral regional hospitals.
 - 3) Aim to have this strategy support an overall enhancement in prestige, pay, and recognition for health professionals employed at the level of health facilities and regional hospitals.
 - 4) Provide opportunities for continuing medical education in the management of complex health and nutritional emergencies, either on site or in short courses held elsewhere in the country.
- D) Enhance the managerial authority and competence of regional health officials
- 1) Insist that regional health authorities responsible for the emergency response be committed and skilled managers, with proven capacity for leadership and organizational competence. With



redoubled engagement of international NGOs in the short run, and with transition to local management of emergency response in the near term, there will be significant demands on the capacities of regional authorities to command resources, coordinate efforts, optimize skill sets, monitor and evaluate results, and advocate for new resources and programs. It is essential that appropriately trained and supported people be placed in these positions of significant responsibility.

- 2) Require that the mandate for emergency response in any given area include accountability for a multi-sectoral response, including at least food, water and sanitation, nutrition, and health. The regional health authorities must be held to the standard that these functions are essential to fulfill in any geographic region affected by the emergency.
- 3) Among other responsibilities, insist that the identified authority for emergency response at the regional level make sure that the following actions take place in the next two months:
 - ❖ Upgrade the pharmacy supply chain so that it is capable of dealing with surge demand in key drugs and supplies required to respond to famine emergencies. These resources should be in the pipeline and available in country on a routine basis, given the frequency and volume of need.
 - ❖ Refine the protocols on TFCs and supplemental and community feeding to resolve the disputes that have surfaced in the last several months.

Recommendations intended for the longer term must aim to improve the overall health system.

One key recommendation that applies to long term improvement but has a shorter time frame for completion relates to initiatives currently underway to carry out a national census in 2005 and to establish a vital registry system throughout the country in the next several years.

Livelihoods

The saving of livelihoods needs to be recognized as being as important as saving human lives in emergencies. In Ethiopia, nowhere is this more apparent than among the pastoral populations who faced large-scale livestock losses that directly translated into human malnutrition, morbidity and mortality.

Emergency livelihoods intervention strategies are needed in order to enable immediate survival as well as to promote disaster recovery. Livelihoods interventions must be based on an analysis and understanding of the characteristics and dynamics of local context specific livelihoods systems. Livelihood intervention strategies need to be oriented towards supporting the range of household assets as well as to the diverse policies, institutions and processes that impact disaster affected populations.

Examples of asset interventions include the following:

- ❖ **Human Assets:** Food aid, nutrition, health, training (vocational, administrative, humanitarian response and principles), conflict resolution; meat distributions
- ❖ **Financial Assets:** Cash grants; cash loans; Cash for work; EGS; R2D; FFW; traditional loan and credit mechanisms; local purchase of commodities (e.g. sweet potatoes in SNNPR, livestock



- in pastoral communities); cash/other forms of debt relief/rescheduling; lifting of livestock export ban; livestock off-taking; livestock marketing transport subsidies; local monetization
- ❖ **Physical Assets:** seeds, livestock restocking (agriculturalists, pastoralists), emergency water points; community based animal health care; livestock disease surveillance; grain banks; grain storage; supplemental livestock feeds; tools
 - ❖ **Natural Assets:** pasture recovery; afforestation; watershed management; erosion control; nurseries; fisheries
 - ❖ **Social Assets:** women's livestock marketing associations; woreda administration capacity building; local NGOs, institutions, churches and mosques; traditional safety nets; technical exchanges among organizations

Diversification of livelihood strategies is greatly needed in order to enhance survival and build resilience.

All donors should:

- ❖ Initiate an international campaign to encourage Western publics to purchase Ethiopian coffee.
- ❖ Appeal to the Governments of the Gulf States and the Arab League to lift the ban on the export of live livestock from Ethiopia; simultaneously, develop an animal health certification system within the region that meets international standards.

Environment

The GoE and donors should increase focus on natural resource conservation and watershed management as emergency issues. The woreda system of administration provides an ideal mechanism for the implementation of accurate hydrological surveys of the local topography, water catchments areas and ecosystems with a view to the design and implementation of appropriate conservation measures (e.g., micro dams, water run-off catchments, bunding, terracing, afforestation, etc.) The current water harvesting campaign -- though well intentioned -- may not be adequately designed for long-term sustainability. Ethiopian planners and project implementers may wish to consider the experiences of countries such as Israel, Lebanon, Spain and Pakistan (as well as Ethiopian Regions such as Tigray).

The development of alternative house building materials and alternative fuel energies should be prioritized as both an emergency and development concern. A robust program for conservation, reforestation, local development of community nurseries and tree planting campaigns must be matched by complementary development of alternative fuel sources, energy saving devices, mud brick and other alternative house construction designs. Locally-based vocational colleges of building technology should be enhanced by donors to develop these strategies.

Marketing

Donors and GoE must work in partnership to enhance marketing systems. This can be done through investment in roads, communication and marketing information systems, and storage capacities. At the same time there needs to be support for grain traders to buy surplus stock at harvest time. Equally farmers themselves need to be supported to form producer and marketing cooperatives to play a key role in marketing decisions. At the household level considerable extension work needs to



be done to improve household grain and other storage facilities, particularly in agro-pastoral areas that are increasingly turning to crop production.

Livestock

The GOE should consider the creation of a single, empowered entity such as a distinct Ministry of Livestock to oversee livestock sector development, production and marketing, as well as, animal health services. Markedly increased investment in emergency relief and recovery activities are needed immediately in pastoral areas, especially in Afar and parts of Somalia. A very detailed guide for assisting pastoralist populations in Ethiopia is found in Annex IX. Key activities include:

- ❖ Improved early warning system development
- ❖ Animal health services, including disease surveillance
- ❖ Public works to mitigate the effect of drought (cash-for-work, pasture development, ponds, borehole repair)
- ❖ Conflict mitigation
- ❖ Emergency off-take, slaughter and fresh meat distributions to vulnerable households
- ❖ Transport subsidies to traders to increase off-take and improve household income
- ❖ Grazing reserve management
- ❖ Livestock feed and water provision to preserve a viable core of breeding (and milking) stock
- ❖ Restocking

USAID

USAID disaster management strategies should be revised to a) prioritize use of food aid in emergency according to the principles of impartiality, accountability and appropriateness and b) prioritize non-food responses to prevent/control disaster-related malnutrition, morbidity and mortality, c) commit to livelihoods-based specific responses, d) recognize that long-term engagement is essential for actually achieving recovery.

USAID should be encouraged as much as possible to support local purchases of grain, especially in years of good harvest, in order to prevent food insecurity that is directly related to weak internal prices for main crops. In addition seed supplies should also focus on enhancing household horticultural production and not just focus on cereal crops.

USAID should engage in new partnerships including local NGOs, government bodies, civil society (including mosques and churches) and the private sector. Where possible, direct funding to these organizations should be pursued.

Independent monitoring of funded programs is needed (especially in pastoral areas) to determine if funded partners are able to implement the agreements they have already signed from USAID and other donors. USAID should discourage the establishment of additional early warning systems.

Support should be given to increase the base of knowledge about risk and vulnerability in Ethiopia. Ethiopian research institutions should be actively sought out to participate in the planning of



intervention strategies. In addition, Ethiopian research experts should be deployed to identify causes of current problem areas and sectors, e.g. the current crisis in SNNPR.

Lastly, USAID should encourage the formation of a forum of key government, donor, UN and NGO actors with a specific mandate to analyzing and devising strategies specifically oriented towards promoting the recovery of populations affected by the current crisis.