Malaria Update

Every three to six years more than six million people living in Ethiopia are afflicted with the debilitating and fatal effects of major malaria epidemics. Unfortunately this occurred in 2003, with an estimated 6.1 million cases and more than 45,000 deaths. In September 2004, the Ethiopian Government’s Roll Back Malaria (RBM) partnership issued a warning of another possible malaria epidemic from September to December 2004, which potentially could have affected 6.2 million people.

HIV/AIDS and Refugee Camps

UNAIDS, UNHCR, IOM, Administration for Refugees and Returnees Affairs (ARRA) and African Humanitarian Aid and Development Agency conducted a second joint assessment in Dimma and Bonga camps in January 2005, which host Sudanese refugees. This rapid assessment concentrated on Sexually Transmitted Infections (STI)/HIV/AIDS awareness, prevention and treatment services.

2005 Food and Non-Food Contribution

The humanitarian situation in Ethiopia is deteriorating and could get much worse in the coming months if not immediately addressed. With emerging data of acute malnutrition there is a deepening concern about nutritional conditions in parts of the country, food security conditions in many more areas, and general stress amongst the population at risk. This situation has resulted from a combination of an increase in the number of vulnerable people requiring assistance and delays in the distribution of transfers to beneficiaries, either under the emergency Appeal or the Productive Safety Nets Programme (PSNP). The Enhanced Outreach Strategy/Child Survival Initiative1 (EOS) which aims to target 6.8 million children in more than 320 chronically food insecure woredas country-wide for nutritional screening, vitamin A supplements, measles immunization and supplementary feeding of children with moderate malnutrition is providing a buffer in this critical period and saving lives. To date, it has screened 4 million of the most vulnerable children and has identified 26 hotspot woredas. The information is only preliminary but offers an additional early action tool. Its role is increasingly becoming the safety net of the Safety Net Programme.

The 2005 Joint Humanitarian Appeal launched in December 2004 addresses the food aid needs of 3.1 million vulnerable people, 1 The EOS/CSI initiative is a joint programme of UNICEF, WFP, DPPC, Regional Health Bureaus and partners.
which includes 933,000 PSNP beneficiaries in Afar and Somali regions. The full implementation of the PSNP in these two regions has been postponed until 2006 to allow adequate time for preparation. Multi-agency teams led by the Disaster Prevention and Preparedness Commission (DPPC) early warning department are currently in the field discussing with the regions revised requirements for 2005 humanitarian needs in view of the deteriorating conditions. These requirements will reflect the ongoing emergency food requirements for the second half of 2005 for pastoralist beneficiaries in Somali and Afar Regions, newly identified beneficiaries in Afar Region, as well as additional vulnerable people in other parts of the country requiring both food and non-food assistance. A Flash Update will be launched in the first week of May to reflect these revised needs.

To date, 68 percent of the emergency food requirements requested in the December Humanitarian Appeal has been pledged or received, reflecting a major improvement of donor support in the past month. However, these contributions and additional support must be secured urgently so food can be pre-positioned before the rainy season in July - September when many areas in the country are inaccessible. For non food, a total of US$22.9 million (20%) has been pledged and $14.9 million received towards the Appeal. Following the Flash Update of the Appeal on 2 May, requirements for the Appeal will be updated again in July based on results of the belg and gu assessments.

The PSNP officially started on 16 February 2005, six weeks later than planned. Although resources started to flow from mid-February and public works have started in a number of woredas, only beneficiaries in Tigray have received substantial transfers. However, WFP has dispatched March’s food requirement for 66 woredas in four regions and transfers are currently being made to participants in the public works activities under the programme. 15 April was the date on which all resources should have been put in place for the bulk of the first transfers to be made. Since financial management and technical implementation systems at both regional and woreda level are still limited by experience and capacity, it is inevitable that the programme is experiencing teething problems. The delays have created humanitarian consequences, which can only be minimised with major contributions towards the 2005 Joint Humanitarian Appeal and start up of the safety-nets transfers. The Appeal is designed to complement the PSNP and lack of adequate funding for the Appeal will invariably undermine the substantial investment in both ventures. It is therefore imperative that the Appeal be funded so that it can respond to emerging humanitarian hotspots.

**Afar Region**

The situation in Afar region has improved since the beginning of the year, partly due to a mobilisation of resources and some rain in parts of the region in March. It will take considerable time before pastoral livelihoods recover even in the areas that have received rains. Overall the March rains were not sufficient to replenish pasture and water sources and the situation remains critical in all but zone 3. The March rains did have a positive impact on browse
(camel and goats). Afar emerged as a hotspot last September but the region has been experiencing increased stress as a result of reduced livelihoods from repeated years of rain failure. In January 2005 the regional government declared a state of emergency. The DPPC conducted an assessment and increased the beneficiary numbers by more than 14 percent from 457,000 to 525,000 in March. With the start of the belg rains in Tigray and Amhara, farmers began agriculture activities and pastoralists and their livestock who had migrated to these regions in search of better conditions had to return to Afar. By this time the regional government was reporting that a significant number of livestock cattle had died from starvation and disease. Apart from the devastating consequences the drought has had on livestock it has had a human cost as well. Several NGOs are reporting high levels of malnutrition and there has been a measles outbreak in Aysaita and Dupty, zone 1, where more than 30 cases have been reported so far.

The response to the crisis in Afar has been positive. Regular distributions of DPPC/WFP relief food have taken place in the region. APDA received US$200,000 and US$265,000 from OXFAM and German Agro Action respectively for livestock health interventions, environmental sanitation, water tankering and cash for work. ACF is conducting an emergency animal health intervention in zones 1 and 4 aimed at addressing 10,000 households. UNICEF distributed 36 emergency drug kits and nine renewable supply kits to all zones, provided US$ 503,000 for water tankering and is conducting measles vaccinations and vitamin A supplementation targeting 230,000 children. UNICEF/WHO/MoH are also conducting polio vaccinations. FAO has an emergency intervention in three zones targeting 1.5 million livestock but needs more funds towards its US$730,000 project. As mentioned above, the PSNP is not going to start in Afar and Somali Regions this year and so the Appeal beneficiary numbers are to be revised to include them for the last half of 2005.

Tigray Region

In Tigray, only the southern zone is belg crop producing. An unfavourable meher season followed by limited showers in January and a complete failure in February has resulted in critical food and water shortages in central, southern and eastern zones. Crops that were planted in December/January suffered during the February dry spell. However, rains in March encouraged farmers to resume planting and helped improve pasture and water availability for livestock.

FAO intervened in February by mobilizing a total of US$200,000 to purchase and distribute various drought tolerant sweet potato cuttings and short maturing vegetable seeds. This should help up to 15,000 drought affected households to establish their own crops during this dry period. Public works under the PSNP commenced in late March in exchange for food or cash distributions in all chronically food insecure woredas. However there have been problems with targeting as the woredas consider the actual number of food insecure is much more than the number allocated. In March, the first round of nutritional screening results from UNICEF/WFP’s EOS was completed in 18 woredas of Tigray. The results are...
mostly “acceptable” to “poor” however three woredas have results which indicate alarming malnutrition levels. The DPPC has taken the initiative to assess the situation itself and a rapid assessment team in currently in the region looking at the beneficiary numbers and the general humanitarian situation.

At the end of February there was an outbreak of polio in Western Tigray. This came as a surprise since Tigray had the best vaccination coverage in the country, and Ethiopia had very nearly gained a polio-free status. Tests have linked the virus to a Sudanese strain that has paralyzed 132 children in that country since May 2004. In response, the planned country-wide rounds of the polio vaccination were significantly accelerated. 3.6 million children were vaccinated in March, but a shortfall in funds for targeting a total of 14.7 million children under five prompted the UNCT to issue a Special Alert in February seeking US$4.9 million from donors. To date there is a shortfall of US$2.3 million. The second round of vaccinations took place in the first week of April and a third round is planned for 23-27 May. There have also been 20 reported cases of meningitis, involving one death this year.

Amhara Region
In Amhara Region, after some rain in January and none in February the situation improved in March for the four belg growing zones. The current condition of crops is good; however the continuation of rains to the end of May is important for better production prospects. The Regional Government has requested the DPPC to undertake an assessment because of concerns about the performance of the belg in some areas. In Wag Hamra there has been stress migration and reports of people moving to resettlement sites as they were not receiving relief assistance in their home areas. Recent SC-UK nutritional surveys and UNICEF/RHB screenings indicate alarming malnutrition levels. Amhara has become a predominantly safety nets region with 1,690,000 beneficiaries under the programme and only 114,600 emergency beneficiaries compared with two million in last year’s appeal, thus the total population receiving assistance is 200,000 less than last year.

Oromiya Region
The situation in certain lowland areas of eastern and central Oromiya Region is deteriorating rapidly with the delay in safety nets, poor belg rains and serious levels of malnutrition being reported in some areas. In Meda Welabu district of Bale zone a recent nutrition survey by the NGO Mekane Yesus and regional ENCU/DPPC showed a serious level of global acute malnutrition. In West and East Hararghe the situation has also worsened. CARE has reported deteriorating food security conditions in the lowlands of Grawa and Kurfachelle and is providing a one time supplementary food distribution. The DPPC has sent a survey team to conduct standard nutrition surveys in Alamaya and Fedis after a significant increase in the number of severely malnourished children admitted to the local hospital. In West Hararghe, CARE issued a one time supplementary food distribution to 10,000 children in Chiro, Doba and Miesso woredas. In Arsi there were advanced distributions of safety net food in March in Dodota Sire
and Ziway-gugda woredas due to malnutrition concerns. Many of these woredas are predominantly safety net woredas and so while the programme commences, WFP has asked the DPPC to provide the blanket distribution of supplementary food to the 35 percent of the beneficiary population considered most vulnerable in all safety net hotspot woredas. There have also been more than 50 cases of meningitis recently reported in Guji and West Wellega.

The referendum conducted in October 2004, to determine the preference for administrative status of kebeles bordering Oromiya and Somali Regions resulted in pressures on the minorities to move. As a consequence, many people have been displaced from the two regional states since November 2004. In Oromiya, estimates compiled from figures given by local woreda and kebele authorities, suggest that a total of 21,520 people have been displaced in different border woredas, namely Miesso, Doba, and Erer in West and East Hararghe zones. Federal authorities have indicated that this number may be overstated by as much as 11,000. In Doba woreda, the Ministry of Federal Affairs put the number of IDPs at 6,000. There are also more than 2,500 displaced persons in Miesso town, of which 452 are not registered and another 444 from Erer woreda now living in Kara-Mille town of neighbouring Goro Gutu woreda in East Hararghe zone. CARE and other NGOs are in the area providing food and non-food assistance up to May 2005.

**SNNPR**

Since the beginning of this year there has been a food shortage in the lowlands of Sidama, Wolayita and Gama Gofa zones in Southern Nations, Nationalities and Peoples Region (SNNPR) resulting from poor harvests at the end of 2004. Food aid needs are significant at this time of the year, which in SNNPR is the hungry season. There are increasing indications of factors which are leading to critical health and nutritional concerns in several parts of the region. At the last Emergency Nutritional Coordination Unit (ENCU) meeting most of the woredas in Sidama, Wolayita, Gamo Gofa and South Omo zones were named as current hotspots. The ENCU is currently planning or coordinating nutritional assessments in all of these areas. Two rapid assessment teams from the DPPC are also in the region.

The situation is already reported to be particularly critical in Boricha woreda of Sidama zone, where a GOAL nutritional survey reported a global acute malnutrition (GAM) of 12.3 percent and severe acute malnutrition (SAM) of 1.3 percent. The DPPC has increased the number of beneficiaries from 13,000 to 50,000 and provided blended food for the 35 percent of the population which is considered particularly vulnerable. WFP is providing a further 6,730 malnourished children with supplementary food under the EOS/CSI programme and UNICEF has been undertaking water tankering since late March. This should cover urgent needs until the PSNP is underway. World Vision already has PSNP food available in the woreda. World Vision says the food security situation in Humbo woreda of Wolayita zone is also at an alarming stage. The current nutritional status of children under five is categorised as poor with a GAM of 9.2 percent and SAM of 1.6 percent with aggravating factors. The malnutrition rate in the lowland kebeles is
expected to be much higher than the overall woreda result as the survey was conducted at woreda level. The situation warrants the coordination mechanism of 2003.

**Beneshangul Gumuz Region**

Recent reports from the field indicate an outbreak of a new strain of bacterial meningitis in the western part of the country. Four regions in Ethiopia have been affected and 40 of the 433 meningitis cases reported have resulted in death. Beneshangul Gumuz has been particularly badly hit by the disease having reported 167 cases (11 of which were fatal) in the last few week. Country-wide vaccinations were carried out in 2002, but it seems that a new vaccination targeted towards this particular strain is needed. Meningitis can easily attack a large number of people with particularly low immunity. About 3.2 million people are at immediate risk of meningitis this year. According to the Ministry of Health (MoH) meningitis is one of the top ten child killers in Ethiopia. It is being strongly targeted by the UNICEF/WHO/MoH team who are currently providing vaccines. A Flash Appeal to cover the US $2.4 million funding gap for the procurement of vaccines is planned.

**Gambella Region**

The 50,000 persons reported by regional authorities to have been displaced by ethnic conflict in December 2003 urgently require more shelter and health services. Occasional sporadic incidents of violence are still occurring, resulting in further displacements. There are also reported clashes in the west between different Nuer tribes. The security situation is worsening in the region. Humanitarian presence for effective monitoring of activities in the refugee camps in the region was re-established in October 2004 when UNHCR and WFP returned to Gambella after 10 months’ relocation of their staff. In spite of the relocation, UNHCR and WFP continued providing assistance throughout 2004 through the Government partner, ARRA. However many areas where persons affected by the violence and displacement of December 2003 need assistance, remain inaccessible.

There has been an outbreak of measles along the Sudanese border and a total of 80 cases have been reported in the region. UNICEF is targeting 200,000 children from 6 months to 15 years for emergency vaccinations and vitamin A supplementation by the end of April. There have been also been 16 cases of meningitis and one death. ARRA/UNHCR/UNICEF are closely monitoring this situation and by the end of March had performed 5,000 vaccinations. UNICEF is also providing essential drugs, equipment and training for the opening of a Nutrition Rehabilitation Unit at the regional hospital. It is also funding the drilling of six new wells and well rehabilitation in Guinea Worm affected areas.

**Somali Region**

In the third week of April there were some rains in parts of the southern zones (Afder, Liban, and Gode) and reports of rain in Fiq, Degehabur and Jijiga. Unfortunately it is too early to predict if this
is the arrival of the much needed gu rains and what impact and relief they will provide. For the areas that have still not received any rains the water situation is now critical. Empty birkas and depleted pasture have brought about early livestock migration, food insecurity and health problems for both humans and livestock. There were heavy rains in many parts of Jijiga and Shinile in mid March which helped to alleviate the long existing water shortage in those areas but they were unfortunately short and localised. Since further pressure is being placed on the already scarce food and water supplies by hunger motivated cross-border immigration from Somalia, urgent humanitarian intervention has been necessary. Areas of special concern remain Gashamo in Degehabur zone, where a SC-UK nutritional survey revealed a critical GAM of 20 percent, SAM of 3.3 percent, with five out of 10,000 children dying on a daily basis. Diarrhoea seems to be the most prevalent health concern causing more than three quarters of the deaths in the district. In response to the SC-UK nutrition survey UNICEF/MCDO opened a therapeutic feeding centre and supplementary feeding programme to provide assistance to 1,200 children for a three month period. Supplementary food arrived mid-April after a seven week delay. UNICEF is also conducting water tankering activities, providing emergency drug kits and has been supporting emergency mobile health clinics in 12 woredas including Gashamo. Also, EOS screening has started in 14 woredas of Degehabur, Warder, Gode, Jijiga and Shinile Zones. Screening began on 18 April.

In Afdër zone deteriorating conditions are reported in West Imi district and among IDPs arriving in Guradamole district from bordering areas in Oromiya Region. A recent SC-UK nutritional survey also indicated critical malnutrition levels and a very high under five child mortality rate in the Hartisheik IDP camp where more than 5,000 people reside. MSF-B is to provide logistical, technical and human resource support to the existing health clinic through UNICEF Emergency Health Kits from the Regional Health Bureau to Hartisheik for an initial three months. The UN Country Team is planning to conduct an assessment shortly on the possibility of returning these IDPs, displaced by drought in 2000, to their place of origin in Degehabur zone.

The last food aid allocation for the Region was in November 2004, some of which was distributed in January. The allocation for January was not made due to a change of regional Government officials. Trucks bringing February’s food allocations have been held up due to efforts introduced by the region to fight corruption and ensure that the food reaches intended destinations, through the provision of military escorts to accompany food being transported to southern parts of the region. However more escorts are needed to follow trucks to all distribution points. Food is now being received in some areas, although the cessation of relief for a period of over two months has radically increased wheat prices. SC-UK is once again providing food assistance to beneficiaries in Fik having secured further resources.

Due to the referendum, a number of IDPs have moved into Afdër, Liben and Shinile Zones, and this poses problems for the on-going
relief operation, as these displaced people were not planned in the original relief food beneficiary number. There are serious concerns for a growing number of IDPs in a very remote part of Afder zone in Guradamole district. MSF-Belgium which conducted a rapid nutritional assessment in the last week of March estimate that there are between 10,000-15,000 IDPs living in six camps in this southern area. There is a critical shortage of food as the last food delivery to the area was in December 2004. Pastoralists Concern Association Ethiopia (PCAE) recommends the IDPs be supported by the DPPB monthly ration allocation. In Guradamole town there is no water at all. ICRC has distributed tarpaulins and agricultural tools for almost 1,200 IDP households and has started a full two month food ration. MSF-Belgium is starting nutritional and medical interventions shortly. The combination of all of these aggravating factors are triggering a very acute humanitarian situation, which is on the way to becoming an emergency if urgent assistance is not provided.

Your comments are welcome: ocha-eth@un.org

**Improving the Needs Assessment Process in Ethiopia**

It has become more commonly accepted over the past few years that needs assessments are best based upon an analysis of the comprehensive food security situation of a household, as opposed to the isolated consideration of factors such as agricultural production or market prices. The Disaster Prevention and Preparedness Commission’s (DPPC’s) move towards a more holistic approach to data collection and analysis should ultimately provide the Government with information that allows it to better protect and support the livelihoods of all Ethiopians.

Through its Early Warning Working Group (EWWG) the Government first piloted the Household Economic Analysis (HEA) programme in late 2003 and early 2004 in Somali and Amhara regions respectively. Following the interview process in those regions, which addressed specific household food and economic security conditions, the DPPC is now furthering its commitment to the programme in SNNPR. Once various groups of household livelihoods are identified, the main development in this round of investigations is a focus upon the impact of ‘shocks’ upon those communities. This in turn allows food and non-food assistance to be better defined and estimated in times of need.

Livelihood groups are categorized in two ways. The first of these is geographical. A livelihood zone is defined based on local knowledge that recognizes communities which broadly share the same methods of income production and access to markets. Zoning is useful in predicting type and form of hazard that has the potential to affect households. Secondly, groups are categorised according to wealth since this determines a household’s options in times of need. A household which is better off for example has an asset base which gives it more reserves and resiliency than its poorer neighbours. Wealth is thus typically classified by the six following factors: landholdings; livestock holdings; capital; education; labour.
availability and social capital. A calculation of the overall prosperity of a household then ranks it into one of four echelons: very poor; poor; middle-income and well-off.

A shock is an abnormal event that has adverse consequences on a household. When questions are posed to households in these four wealth groups across the different livelihood zones about how they might respond to such hazards, it is possible to identify patterns of reaction that apply to specific communities. Hazards such as poor crop production or higher market prices for staple foods will result in predictable coping responses such as the search for income elsewhere, the sale of assets such as livestock or firewood or the reduction of non-essential expenditure. Analysis of these patterns in turn provides the detail for more sound projections of assistance required in future times of need. In other words, a better informed understanding of the context, or baseline, combined with knowledge of the type of hazard which could occur and correlated responses helps us better predict outcomes:

Baseline + Hazard + Response = Outcome

HEA is therefore a useful approach for increasing our understanding of how shocks affect typical household livelihoods. Geographic and wealth specific, this information will enable DPPC and its food security partners to develop framework for monitoring, analyzing and projecting food security. This should eventually allow for more timely, better targeted and more appropriate interventions.
Malaria Update

Every three to six years more than six million people living in Ethiopia are afflicted with the debilitating and fatal effects of major malaria epidemics. Unfortunately this occurred in 2003, with an estimated 6.1 million cases and more than 45,000 deaths. In September 2004, the Ethiopian Government’s Roll Back Malaria (RBM) partnership issued a warning of another possible malaria epidemic from September to December 2004, which potentially could have affected 6.2 million people. Fortunately, this large scale epidemic did not occur, although there were malaria outbreaks in March 2005 in localised areas in two woredas in SNNPR. This proves that predictions on when and where malaria epidemics will occur is still very difficult using the current Integrated Diseases Surveillance (IDS).

To prevent and mitigate the devastating effects of future malaria epidemics, the Federal Ministry of Health (FMoH) and its RBM cooperating partners are working on strengthening IDS as an improved malaria early warning system. Furthermore, the partnership is establishing a stronger epidemic prevention, preparedness and response component to its regular national malaria control program. With integration of a stronger and more sustainable epidemic component, the malaria program will be better prepared to respond immediately to epidemics.

The first way the Government is promoting improved epidemic prevention and preparedness is through the use of Insecticide Treated Nets (ITNs) and Indoor Residual Spraying (IRS) in epidemic affected communities. Prevention will be linked with improved case management using the anti-malaria drugs Chloroquine for vivax malaria, CoArtem® (Artemeter-Lumefantrine) for uncomplicated falciparum malaria and quinine for severe malaria.

In 2004, the FMoH changed Ethiopia’s first line anti-malaria drug from Fansidar (Sulfadoxine-Pyrimethamine), with an average 36% treatment failure rate, to CoArtem® which is 100% effective when used correctly. This was a major step forward for epidemic prevention and preparedness. CoArtem® is not only a very efficient drug, but it is especially recommended for epidemic malaria as it destroys the gametocyte stage of falciparum parasites that are transmitted by mosquitoes between people. CoArtem® not only cures malaria, but prevents transmission.

However, there have been delays in the supply of CoArtem® due to a world wide shortage of the herbal product derived from the Chinese plant species Artemesia Annua. Despite this shortage, CoArtem® has now finally become available with 940,000 treatments in Ethiopia. The first 410,000 treatments have been distributed to the regions and the rest are on their way. An additional US$1.1 million worth from the Global Fund to fight AIDS Tuberculosis and Malaria (GFATM) and the Development Corporation of Ireland (DCI) is expected to arrive in April-May. UNICEF will also have more than 2.5 million treatments in-country by the end of June. It is hoped there will be over 5 million
treatments of CoArtem® by the end of this year, which is enough for a normal transmission season. Nevertheless, additional resources are still required to ensure adequate stocks are available for 2006 and 2007.

For the longer term, the FMoH and WHO have plans to fill the gap in availability of CoArtem®. A document has been prepared on the feasibility of local production of Artemisinin, with agricultural production of Artemesia Annua within Ethiopia. AgriCeft-Ethiopia (MIDROC Group) has confirmed that it is already piloting the cultivation of Artemisia Annua on 300 hectares of Ethiopian land. To ensure CoArtem® is used to treat falciparum cases of malaria (up to 70 percent clinically diagnosed malaria is actually not malaria), and to better identify epidemics, the FMOH and its RBM partners are also procuring Paracheck Rapid Diagnostic Kits (RDTs). These test kits enable health workers to quickly identify whether a case of fever is falciparum malaria. CoArtem® is supposed to be used only when the fever case is confirmed as falciparum malaria as clearly stated in Ethiopia’s “Diagnosis and Treatment Guidelines for Health Workers in Ethiopia”. More than 600,000 RDTs have been ordered by UNICEF and more than 300,000 have arrived in Ethiopia from other sources. However, to meet the national requirements for malaria diagnosis, millions more RDTs are still needed.

The future of Ethiopia’s RBM program will be further discussed on Africa Malaria Day (25th April 2005). The theme will be ‘Unite against malaria’ and the slogan ‘Together we can beat Malaria’. The commemoration will be followed by two more meetings (26 and 27 April). These will discuss the harmonisation of targeting methods, the distribution of Insecticide Treated Nets (ITNs) and the way forward with GFATM funds to help Ethiopia ‘beat’ malaria.

**HIV/AIDS and Refugee Camps**

UNAIDS, UNHCR, IOM, Administration for Refugees and Returnees Affairs (ARRA) and African Humanitarian Aid and Development Agency conducted a second joint assessment in Dimma and Bonga camps in January 2005, which host Sudanese refugees. This rapid assessment concentrated on Sexually Transmitted Infections (STI)/HIV/AIDS awareness, prevention and treatment services. The general outcome of this mission is that there are no, or limited HIV/AIDS activities despite large numbers of commercial sex workers and the prevalence of sexual violence in both camps. The main programmatic implications according to the mission were the need for more trained community mobilization workers who can implement sustainable outreach and community-based education activities. The need to address sex and gender based violence is also apparent.

In 2004, UNHCR, ARRA, Center for Disease Control and African Medical Research Foundation also carried out a joint rapid reproductive health assessment in two refugee camps of Sherkole (Sudanese) and Wala N’hibi (Eritrean) to gain a better insight into their reproductive services. According to the findings, family
planning methods were not widely understood or employed in either camp, particularly in Sherkole. Among Wala N’hibi women, condoms were identified as a way to prevent HIV transmission; however they were almost never used when engaging in sex with regular partners. Many women were victims of gender-based violence related to their respective conflict. The prevalence of female genital cutting was high, particularly among Wala N’hibi women. The detailed findings and recommendations of both assessments will be disseminated during an upcoming stakeholders meeting.

Ethiopia has been hosting refugees for more than thirty years. At the end of 2004, Ethiopia was host to 112,095 refugees from Sudan, Eritrea and Somalia due to civil and inter-country war. This figure includes 580 urban refugees in Addis Ababa. The disruption associated with such emergences makes safe motherhood difficult, limits contraceptive access and use, affects the risk of HIV/AIDS and other Sexually Transmitted Diseases (STDs) and increases the risk of violence against women. For more information contact Sinead Ryan: sinead.ryan@undp.org

### 2005 Food and Non-Food Contribution

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td><strong>Total food Requirements</strong> (437,530 tonnes)</td>
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<td><strong>2004 stocks, carryover contributions and 2005 contributions:</strong></td>
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<td>Grand Total</td>
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<td>Unresourced Amount</td>
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<td><strong>Total non-food Requirements</strong></td>
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<td>2005 contributions:</td>
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*The amount includes the total of US$ 8,473,674 which has not yet been confirmed delivered*