



FOCUS ON Ethiopia

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Focus on Ethiopia is produced by UN Office for the Coordination of Humanitarian Affairs (OCHA), in collaboration with other UN agencies and partner NGOs. Focus on Ethiopia provides a monthly overview of humanitarian trends and activities in Ethiopia, as well as focusing on particular issues of interest. Send comments, suggestions and contributions to ocha-eth@un.org

SOMALI FLOOD RESPONSE AND NEED FOR PREPAREDNESS

By Martha Getachew with Senait Arefaine

With no warning, in the middle of the night of 24th October, a flood of unprecedented proportions assaulted Ethiopia's Somali Region. Waters originating some 1,100 kilometres north in the Bale Mountains washed down the Wabi Shebelle River through Gode, Kelafo, Mustahil and other lowland villages sweeping away homes and human beings while they slept. Torrential seasonal rains worsened the

flood waters, which in parts of Gode increased to 12 meters. Survivors awoke to find themselves surrounded by a brown debris-filled tide – an unsanitary amalgam of water, sewage and other debris. When the waters in Mustahil town rose to more than a meter and a half, townspeople fled to nearby hills. There they were preyed upon by millions of mosquitoes and the malaria parasites they carry. For weeks, the hundreds of thousands of survivors had to make due on their own as a lack of road access prevented any concerted humanitarian response for almost a month.

The flooding was the latest in a deadly sequence of natural calamities that have assailed Somali Region in recent years. The region has suffered the cumulative effects of repeated floods in 1997, 2003, 2005 and 2006 and droughts in 1999/2000 and 2005/2006. Each successive disaster served only to further weaken the abilities of communities to cope. The toll of these catastrophes has been to leave entire communities on the verge of destitution. The magnitude and effects of the floods have escalated over the years; this year's being the worst ever. The number of flood victims ranged from more than 100,000 in 1997 to over 350,000 in 2006. Severe floods are often followed by deadly *jilal* – a long dry season that claims whatever survives from the floods.



In response to the most recent flooding, the Government of Ethiopia once again mounted an impressive response including a massive effort to raise funds for the humanitarian effort. The government launched a Flash Appeal for US \$7 million on November 23rd. On 3 December, the government hosted a nationwide telethon, with the Prime Minister and the President's substantial presentation, where it managed to secure funds towards the relief effort. Ethiopian Airlines was also crucial in the weeks after the flooding, volunteering to transport critical fuel supplies in support of a UN-funded helicopter airlift.

While these efforts represented the remarkable degree to which government has been able to rally behind the interests of Somali flood victims, they were nevertheless short-term responses to what is now a recurrent emergency. The widespread toll of the flooding once again signalled a general lack of preparedness. Although the trend indicates that Government and Humanitarian partners swiftly respond to such quick on-set emergencies - poor utilization of early warning information and absence of contingency planning and preparedness continues to hinder an effective response. Three weeks from the onset of the floods, reaching the flood victims with relief assistance was still a challenge.

The absence of appropriate flood early warning and monitoring system in the country has largely contributed to the devastating impacts of the flood. "The increase in the intensity of flooding across the country reinforced the need to establish a nationwide flood early warning system," said Zewdu Abera, DPPA, Early Warning Department. The DPPA-led Early Warning Working Group recently established a flood taskforce to review and propose a nationwide flood early warning and monitoring system. In this regard, Ministry of Water Resource (MoWR) and National Metrological Association are assessing the current capacity of hydrological and metrological gauging stations across the country. Fast action is needed in both of these areas in order to insure that subsequent flooding does not create the same damaging effects as the most recent Somali Region inundations.

Agro pastoralist and pastoralists are among those who are worst affected by the floods. The floods washed away crops and cattle and left them almost bare handed. The floods have swept away countless goats, cows and camels - their only precious assets and the sources of livelihood.

Viewed as part and parcel of recurrent natural calamities, the floods have further undermined the resilience of pastoralist communities. Flooding and drought combine with clan and ethnic conflicts and the increased livestock diseases to further deplete household assets. Absence of rehabilitation programs in the region have also contributed to poor restoration of household assets "Emergency shocks are often followed by food aid with minimal attention to development and rehabilitation programs" said Abdifatah Ahmed, Senior Project Manager, SC-UK Pastoral Livelihoods Initiative- Early Warning, Jijiga. Some pastoralists opt for other livelihoods including farming and casual labour, while other are reduced to destitution.

Flood early warning messages should be properly utilized in preparing contingency plans to avert the impacts of these disasters; robust multi agency contingency planning can form the foundation for rapid response. Emergency preparedness including: pre-positioning of food and non-food items at regional and zonal levels; acquiring rescue craft (boats and aircraft); and securing an emergency cash fund for regional government is vital to facilitate timely and effective response. Furthermore, clear agreed upon definition of 'flood-affected population' is also important for appropriate and quick response.

With additional reporting from Meron Berhane

For additional information:

<http://www.dppc.gov.et/pages/earlywarningsystems.htm>

HIV IN SOMALI REGION: A HIDDEN CRISIS?

By Sarah Robinson

HIV/AIDS experts believe that Somali Region's recurring emergencies have likely made local communities more susceptible to HIV infection. Moreover, they are concerned that the disease often goes unnoticed because the human effects of disasters mask HIV/AIDS prevalence.

Flooding, drought and other disasters lead to the interruption of farming and essential economic activities, producing widespread food insecurity. In turn, food insecurity lowers the human immune system making HIV infection more likely. Minimal access to essential services, particularly potable water, sanitation and health add to the problem. Furthermore, the onset of recurring disasters has its own psychological effects, diminishing the likelihood that individuals will engage in protected sex. "When you don't know if tomorrow will bring life or death, safe sex is not a priority," said Dr. Gideon Cohen, the World Food Programme's Co-Chair of the UN's Emergency Taskforce on HIV/AIDS. "People are prepared to take risks during emergencies that they would not usually take."

As they face the challenges of recurring disasters, many communities within Somali Region tend to deny the presence of HIV/AIDS. HIV Voluntary Counselling and Testing (VCT) is largely absent from the region. As a result, official figures conclude that the HIV rate in Somali Region among men is 0.0%.¹ Some experts, however, argue that the low HIV figures reveal only that testing is so sporadic as to be statistically insignificant.

Low rates of voluntary testing are compounded by unwillingness among mothers to accept prevention services.² "As of September 2006, in a region with close to 3 million inhabitants, less than 400 people have ever known

¹ CSA, 2005, *Demographic and Health Survey Ethiopia*, Maryland USA – The DHS tested 189 women and 140 men in Somali Region and determined a prevalence rate of 1.3% among women and 0.0% among men.

² ART access statistics show that only 468 people living with HIV/AIDS (PLWHA) have ever enrolled in a care and support program after testing



their HIV status.” said Dr. Ackram Eltom, HIV/AIDS Country team leader for WHO.

Although statistics are difficult to come by, such factors as high tuberculosis rates and malnourishment suggest HIV prevalence may be much higher than previously imagined. In 2006 a test of women in ante-natal care indicated that approximately 4 percent of the region’s 3 million inhabitants were HIV positive -- the highest proportion among women in ante natal care in Ethiopia.³

UN officials believe there is an urgent need to integrate HIV/AIDS interventions into emergency response. “We cannot begin to speak about scaling up to universal access of HIV/AIDS prevention, treatment and care by 2010 if we do not target vulnerable populations of humanitarian concern.” said Tatiana Shoumilina, Monitoring and Evaluation Advisor, UNAIDS. “Integrated provision of services is essential.”

This year’s drought in Somali Region has illustrated how incorporating HIV/AIDS interventions into the humanitarian response can help those most vulnerable to the virus. UNFPA and their implementing partner International Medical Corps (IMC) include reproductive health and HIV/AIDS activities into their existing nutrition programmes. They target those historically susceptible – the poorest of the poor, mothers of reproductive age with severely malnourished children. Funded by the UN’s Central Emergency Response Fund (CERF), this project supplies reproductive health kits including Sexually Transmitted Infection (STI), Post Rape Exposure Prophylaxis (PEP) kits and HIV/AIDS education.

“IMC’s Community Therapeutic Care nutritional activities provide treatment, counselling, and education on HIV/AIDS prevention to thousands of vulnerable women and girls,” said IMC programme developer Angela Stene. She notes that the 2005 Demographic and Health Survey found Somali women had the lowest level of comprehensive knowledge about HIV/AIDS in the country at just 4 percent. IMC’s project aims to protect and inform communities while referring cases with proxy symptoms on to health care facilities providing treatment.

For additional information on HIV in Emergencies:

www.aidsandemergencies.org IASC information portal on HIV and AIDS in emergency settings

<http://www.aegis.com/news/irin/2000/IR001105.html>

Ethiopia: HIV/AIDS a hidden danger in Somali Region, IRIN, Nov. 2000

www.etharc.org: Ethiopian AIDS Resource Centre

www.plusnews.org/aids : IRIN’s HIV/AIDS News service

http://www.imc-la.com/loc_ethiopia.shtml : IMC Ethiopia

positive. Of these 304, did start ART but as of September 2006 only 216 have remained on treatment.

³ See FMOH/HAPCO, 2006, *AIDS in Ethiopia Sixth Report*, Addis Ababa. Of the 2604 women who visited ante-natal care services in the year preceding September 2006, only 252 were actually tested for HIV of whom 16.7% tested positive. This is the highest proportion nationwide when comparing this stream of ANC-Prevention mother to child treatment (PMTCT) clients among regions reporting such statistics. Of these 42 women who test positive, only 59.5% actually received nevirapine to

REGIONAL OVERVIEW

Somali

During the month, humanitarian partners struggled to provide emergency assistance to the flood affected population. A Joint Government/Humanitarian Flash Appeal that seeks for over US \$7 million was launched to address immediate needs.

Small scale flooding and heavy *deyr* rains in the seven receiving zones exacerbated the existing humanitarian flood crisis in the region. The worst flood affected population has not received adequate emergency assistance. Some emergency items are still piled up in main towns as accessibility to remote areas is difficult. Humanitarian partners, in collaboration with the Government, deployed two helicopters to distribute emergency items to inaccessible areas. Since the beginning of the air operation more than 30 tonnes of life saving relief items have been sent to the affected areas. Based on the Gode Flood Task Force recommendation the helicopters are mainly used for the woredas of Mustahil, West and East Imi, where the access by road remains very limited.



In addition to the air operation relief food distributions by road are ongoing in the flood affected districts of Mustahil and Kelafo. So far 571 tons of different food commodities have been distributed in Kelafo and 359 tons in Mustahil. Transportation remains challenging due to poor road conditions.

Meanwhile, the Government jointly with humanitarian partners issued a Flash Appeal seeking over US\$ 7 million for emergency non-food items and mid-term rehabilitation. Relief food requirement for beneficiaries will be addressed through the normal emergency relief programme. To date, 11,800 MTs of relief food is allocated to the flooded and hotspot areas of the region. To supplement government’s and humanitarian partners’ effort in coordination, UN deployed three United Nations Disaster Assessment and Coordination experts in Gode and Jijiga towns. Other UN agencies including, UNICEF, WHO, WFP and FAO are providing immense support to address the emergency needs. NGOs including IRC, Merlin, MCDO, SC-UK, Concern, MSF-Belgium, ADRA, OWDA, PSI, CCM, AD Horn and CHF are also actively engaged in the emergency

prevent maternal to child transmission; yet another missed opportunity for prevention, treatment and care.



response. (For details refer to OCHA situation reports on: ocha-eth@un.org)

The food security situation in the region varied this month. Intensive, widespread and heavy *deyr* rains continue to threaten the food security of in the riverine areas of Gode, Liben, and Afder Zones and in agro-pastoral areas of Gode and Koraha zones. Heightened concern prevails in Mustahil, Kelafo, Ferfer, West and East Imi and West Gode woredas. Nevertheless, the continuation of these rains through mid-December is important to adequately replenish water sources and pasture until the next rainy season in March/April 2007.

On the other hand, in non-flood affected areas that experienced normal to above-normal rains, the food security situation is expected to improve. In these areas, *berkads* and natural water ponds have been filled, the movement of people in search of water and pasture has reduced and water tankering operations appear to have halted. Degehabour, Fiq and some parts of Liben and Warder zones have seen moderate improvements, but a full recovery will depend on subsequent good seasons.



Agro-pastoral areas of Jijiga and Shinile zones expect near-normal harvests as they have received normal *karan* rains (July to September).

The floods exacerbated outbreaks waterborne diseases, including Acute Watery Diarrhoea (AWD). A total of 504 cases with 45 deaths are reported in Mustahil, Kelafo, West Imi, Dolobay, Dolo Odo and Moyale woredas. Weak preparedness, late case detection, late reporting, poor data collection and analysis contributed to the swift spread of the disease. UNICEF, WHO, MSF-France, Concern and Merlin are actively supporting the regional health bureau's effort in containing the disease. The floods are also feared to increase malaria cases.

A recent nutritional survey conducted by SC-UK, in collaboration with the regional DPPB, in Fik, Segeg, Hamaro and Dihun woredas of Fik zone indicates a 12.2 percent Global Acute Malnutrition and a 0.4 percent Severe Acute Malnutrition. The nutritional situation is categorized as serious due to the presence of such aggravating factors as poor access to food, restriction of free movement of pastoralists and low measles coverage. The survey recommends the continuation of Community

Treatment Centre (CTC) programmes until the end of the year and the commencement of an Enhanced Outreach Strategy (EOS) campaign in the woredas.

During the month, EOS activities were implemented by the Regional Health Bureau in 30 woredas, expanding coverage of previous EOS activities in the region. The data, however, have not yet been shared officially by the RHB with its implementing partners. Therefore, food dispatch under the programme is tentatively planned for December.

WHO reported that the fifth round of polio immunization campaign reached 842,054 children under the age of five in all 52 woredas of the region. Heavy rains and flooding delayed campaign implementation. The sixth round of polio immunization has been rescheduled for the 10-13 December due to further flooding. In addition, one case of wild polio with paralysis onset in October was confirmed in November in Degahbur zone.

The population influx from Somalia (about 2,500 people) due to the present security situation is putting extra pressure on already scarce resources in eastern zones of the region, especially in Warder and Afder zones. UNHCR's records indicate that some 526 households, fleeing the conflict in Somalia are reported to have arrived in the former refugee camp of Hartisheik during the past seven months. The majority of these refugees are Hawiye and Ashraf clan members originating from Baidao, Burhakaba, Mogadishu and Beletweyne and journeyed to Hartisheik because of clan affiliation. Most claim to have crossed the border via Bossaso (Puntland) and Somaliland. Others entered Ethiopia via Ferfer and Kelafo.

No humanitarian assistance has been provided to date and their presence is putting pressure on the host community for food, water, health and shelter resources. Conditions in the IDP camp were already poor with weak water and sanitation facilities. There are reports of malnutrition particularly among vulnerable groups such as women and children.

Discussions are underway among ARRA, UNHCR and WFP on ways to screen and register them for provision/distribution of food and other assistance. Sites for settlement are also being considered and include the former refugee camps of Camabokor, Teferi Ber, among others.

Afar

During the month the region experienced the rapid spread of AWD; one month into the emergency, a total of 820 cases have been reported.

Recent reports from the area indicate that the AWD situation in the region is of major concern. Cases are increasing alarmingly. To date, a total of 820 cases with 6 deaths are reported from Afdera woreda of Zone 2; Gulinea and Awara woredas of Zone 4; Chifra, Dubti and Mille woredas of Zone 1. The highest case - 423 - is reported from Zone 2.



Although UNICEF and the Bureau of Health supported by MSF have established treatment centers, up to 20 cases are reported daily. The outbreak continued to spread to new areas. Contaminated water wells around the town and poor sanitation services are exacerbating the outbreak. On 8 November, the Bureau of Health appealed for assistance, including setting up of CTC treatment centers, operational support, and media coverage for awareness. The bureau also called for the construction of water tanker and latrines in Afdera.

Meanwhile, APDA mobilized health workers in Afdera and Uwa woredas. It has also submitted a proposal for Concern Ethiopia to further mobilize health workers. Concern Ethiopia has donated 17,970 birr worth of non-food items to the regional BoH for the establishment of CTCs and sponsored two days training for MoH staff on the identification and treatment of AWD cases.

During the month, the regional health bureau disclosed the results of October's EOS activities. In 29 woredas, a total of 223,758 children (6-59 months) were supplemented with Vitamin A (98%) and 187,200 children (1-5 years) received a de-worming tablet (95%). Screening for malnutrition was conducted for 223,299 children (6-59 months) and 42,224 pregnant and lactating women. Consequently, DPPB started food dispatch for 32,633 beneficiaries in twelve woredas. Food distribution is currently taking place in zone 1 and zone 2. These zones are implementing the programme for the first time.

Meanwhile, APDA completed 3 rounds of *polio* vaccination in Yallo and Uwa woredas by providing full expanded programme immunization coverage in four of the five woredas in zone 4.

Oromiya

Numbers of cases of AWD have declined in the region during the month, and pastoralist areas witnessed the best *hagaya* rains in years. Increased security concerns, however, were reported in some parts of the region.

Pastoralist areas, particularly Borena zone are experiencing heavy and extended *hagaya* rains. Although the rains are good for replenishing pasture and water



sources, they have created access problems. A recent UN/ Humanitarian Response Fund (HRF) mission to the zone reported that the rains have forced some projects to temporarily halted. In addition, there are fears that untimely rains in the western part of the region could destroy planted crops. This is presently being assessed by the DPPA-led annual pre-harvest food security mission.

During this month, the region reported decreasing numbers of AWD cases. To date, a total of 20,505 cases with 143 deaths are reported from Arsi, Bale, East Shoa, Guji, West Arsi and Borena zones. In addition, a recent nutritional survey by GOAL in Shashemane woreda, West

Arsi zone indicates a normal nutritional status with 8.0 percent GAM and 1.0 percent SAM. The survey recommends the strengthening of immunization activities to improve BCG and measles coverage as well as Vitamin A supplementation in the area. Confirmed cases of measles are reported in North Shoa and West Hararghe zones.

EOS has been conducted in East and West Hararghe zones for the fourth time during the month. Consequently, Targeted Supplementary Food (TSF) component of the EOS was undertaken in the zones. Meanwhile food has been dispatched to all other zones. The food distribution aims to reach a total of 94,448 acutely malnourished children under five and pregnant and lactating women.

DPPA reported that 70 percent of October's relief food allocation has been distributed to the region. In response to the joint 2006 Humanitarian Appeal, World Vision Ethiopia also plans to commence a one year food aid assistance and food security project in Fentale and Arero woredas of the region. The relief program, funded by the European Union, is expected to benefit 30,400 people in the woredas. Grains, supplementary food and oil will be distributed to the target beneficiaries. Furthermore, seeds and agricultural tools will be provided as part of an agricultural recovery program. Most of the rations are distributed based on employment generation schemes.

IRC recently reported that they have provided non-food items including blankets, plastic sheets, cooking utensils and mattresses for 4000 IDPs in Borena zone. The relief distribution will be conducted jointly the local woreda office on 1 December.

Amhara

During the month, AWD continued to spread in the region with alarm.

The devastating floods last month destroyed water schemes and sanitation facilities that intensified the rapid spread of the disease. A total of 11,540 cases and 200 deaths are reported between now and August, when the first out break was reported in Tach Armacho woreda. The number of woredas affected has risen to 28.

The AWD cases are alarmingly increasing particularly in all woredas in West Gojam, and it further spread to East



Gojam and Awi zone during the month. The trend in the spread, however, is declining in North Gondar and South Gondar. The Government and Humanitarian partners are providing response to control the spread.



A team comprised of the Federal Ministry of Water Resources and Ministry of Health assessed the AWD situation during the month. The major gaps identified by the team include: shortage of health professionals; poor coordination at woreda and kebele level; and poor capacity of CTCs and lack of medical supplies.

The need to revise the AWD response coordination system of the region; continuation of surveillance system; the need to involve the community in the response; and support to CTCs, are among the recommendations of the team.

CARE Ethiopia conducted a rapid environmental flood impact assessment in Fogera woreda, South Gondar zone during the month. The findings include that the environment is favorable for insect breeding with the consequent risk of malaria epidemic. High levels of surface water and lack of safe water sources also contribute to the spread of other water borne/related communicable disease.

During the month, the RHB undertook the fifth round of the EOS intervention. The results are not yet available. Furthermore, the second distribution of Targeted Supplementary Food (TSF) corresponding to the fourth EOS conducted in May 2006, which reached 101,889 under five children and pregnant and lactating women, was also undertaken.

The 2006 *Meher* season pre-harvest and food security assessment to identify beneficiaries that require assistance for the coming year began on 18 November.

Gambella

Unconfirmed reports of a measles outbreak dominated the attention of humanitarian actors in the region this month. Security, however, remains calm in the region.

An unconfirmed measles outbreak in Abobo woreda, Zone 2 has been reported with 39 cases and one fatality. The Regional Health Bureau has sent samples to the laboratory for confirmation. The outbreak began in Abobo town but now threatens to spread into neighbouring areas. Fugnido refugee camp is particularly at risk. Despite two measles outbreaks in the camp in 2005, immunization rates are still very low. MSF-Switzerland is planning a vaccination campaign in December, an estimated 12,500 vaccines are needed but there is currently only 4,000 in the region which if used will be diverted from the ongoing Expanded Programme on Immunisation (EPI.)

The RHB and DPPB are currently preparing the third round of the EOS/ TSF in the region. The starting date has been postponed until January due to accessibility challenges. While the flood waters have now receded many roads have not completely dried up but conditions are expected to have improved by the beginning of 2007.

The Security Situation remains calm due to increased cross border support between the Ethiopian and Southern Sudanese government and cross border cooperation between Ethiopian and Sudanese Nuer and Annuak. Ethiopian Annuak refugees from Pochalla, Sudan are now voluntarily repatriating to Gambella.

UNHCR intends to resume its repatriation programme in collaboration with IOM on 10 December. Approximately, 3,000 Sudanese refugees are expected to be repatriated in six convoys before the end of the year. Repatriation is anticipated to continue in early 2007 before the onset of the rainy season.

Tigray

This month, humanitarian conditions have improved in the region with decreased cases of AWD and containment of a potential measles outbreak.

AWD outbreak appears to be stabilizing in the region. Mekelle reported five new cases but previously affected woredas in Western and Southern Western Tigray zones had no reports. In addition, there were four confirmed cases of measles in Asegede Tsimbela woreda, Western Tigray zone and three in Mekele but the outbreak has been contained.

A forest fire near the resettlement sites in Kafta Humera woredas, Western Tigray zone destroyed approximately 10 hectares of forest at the end of November. It is not certain whether the fire was manmade or natural. As the *Meher* season pre-harvest and food security assessment has commenced in the crop dependent areas of the region, reports indicate that the forest fire did not destroy any agricultural land.

The DPPB completed the first distribution of the TSF food distribution in November. Preparations for the second distribution are underway, which targets 96,635 acutely malnourished children under five and pregnant and lactating women are targeted. The RHB is starting the fifth round of the EOS intervention early December.



SNNP

During the month, humanitarian partners in collaboration with government have struggled to contain the alarming outbreak of meningitis and increased cases of AWD.

AWD cases in the region have increased by 1,869 cases since the end of October bringing the total number of cases in the region to 6,110 with 55 deaths in 26 woredas. Omo Sheleko woreda, Kembatta Tembaro zone is of particular as it continues to report excessive new cases. There is, however, an absence of consistent case reporting and surveillance which has made it difficult for analysts to quantify the extent of AWD. For example, no cases have been reported in South Omo zone despite heavy caseloads on the other side of the border in Sudan and aggravating factors such as the recent flooding. Ongoing surveillance is of utmost importance. The preliminary findings of an Environmental Health and Sanitation sub-committee of the National Coordination Committee team that visited the region indicate that the absence of clean water supply contributing to the problem. Rehabilitation of non-functioning water schemes had begun by the Regional Water Bureau but due to budget shortages their efforts have now been discontinued.

In addition, 619 cases with ten fatalities of meningitis have been reported in the Selamago woreda, South Omo zone, Derashe special woreda and Damot Woyde woreda, Wolaita zone. In response, the Federal MoH has pre-positioned vaccines in the region and has managed to contain the outbreak.

The 2006 *Meher* season pre-harvest and food security assessment began on 18 November in crop dependent areas of SNNPR. This year's assessment will continue to use the livelihood needs assessment methodology or household economy approach.

SC-US conducted a nutritional survey in Lanfuro woreda, Silti zone at the end of September. The findings include a Global Acute Malnutrition rate of 5.7 percent and a Severe Acute Malnutrition rate of 0.4 percent. Although these GAM and SAM rates indicate a normal malnutrition rates, aggravating factors including low household food availability and high prevalence of illness in children two weeks prior to the survey have contributed to a malnutrition classification of 'poor.' In addition, the under-five mortality rate is 0.16 death/10,000/day. The survey recommends the continuation of de-worming, vitamin A supplementation and measles vaccination through the EOS. Additional recommendations include the capacity building of existing health facilities including the training of health workers in Essential Nutrition Actions strategy. Meanwhile, the RHB is currently conducting the sixth round of the EOS.

Benishangul Gumuz

The RHB will commence its EOS in 20 woredas on 1 December.

The third round of the Tetanus Toxoid Supplemental Immunization Activities (TTSIAs) will be integrated into EOS in Assosa and Metekle zones targeting an estimated 132,159 mothers of reproductive age (15-49 years). Approximately, 3, 659 acutely malnourished children under five and pregnant and lactating women were targeted under the previous TSF distribution following the previous EOS conducted in April 2006.

UPCOMING AND ONGOING MEETINGS

In Addis Ababa

December 8,15,22,29	UN Department of Safety and Security Meeting, UNDSS office, 09:30 a.m. (Open to all)
December 7,14,21,28	AWD National Coordination Committee meeting and Emergency Health and Task Force meeting, MoH, 03:00p.m., (Open to all)
December 7	UN Technical Officers meeting, OCHA conference room, 10:00a.m.
December 12	SDMT meeting, 09:00a.m., to be confirmed (UN Internal meeting)
December 12, 26	Water Task Force meeting, MoW, 10:00a.m., (Open to all)
December 14	Technical Information Management Exchange meeting, DPPA, 10:00a.m., (Open to all)
	HRF Review Board meeting, OCHA conference room, 03:00 p.m. (Invitations only) (TBC)
December 26	Early Warning Working Group meeting, DPPA, 10:00 a.m. (Open to all)

In the Regions

December 12	Flood Task Force meeting, Gode, WFP conference room, 09:00 a.m. (Open to all)
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TOTAL FOOD REQUIREMENTS (Jan. – Dec. 2006) (Food and Supplementary Food Component of EOS)	551,007 tonnes
TOTAL CONTRIBUTIONS	497,830 tonnes
FUNDED	90%
TOTAL NON-FOOD REQUIREMENTS (January – December 2006)	US\$ 111,117,992
Contributions:	
Agriculture	US\$ 7,071,877
Health and Nutrition	US\$ 16,759,875
Water and Sanitation	US\$ 15,201,577
Disaster Response / Capacity Strengthening	US\$ 115,000
Overall Coordination	US\$ 930,728
GRAND TOTAL	US\$ 40,079,057
FUNDED	36.1%