15 January 2015

Cluster Performance Monitoring

Final Report

Cluster: **Nutrition**

Country: **Ethiopia**

Level: **National**

Completed on: **15 January 2015**

This report provides the findings of the Cluster Performance Monitoring and allows the reporting of good practices, constraints and action points that will be identified and agreed upon by the cluster during the revision of the preliminary report.

1. INTRODUCTION

The Cluster Approach

The cluster approach was established in 2005 following an independent Humanitarian Response Review, to address gaps and to increase the effectiveness of humanitarian response by building partnerships. Thus, the cluster approach has been implemented for almost 10 years now.

Following the experience the experience of the Humanitarian community in responding to the two L3s, the Haiti earthquake and the Pakistan floods in 2010, the IASC Principals "agreed there is a need to restate and return to the original purpose of clusters, refocusing them on strategic and operational gaps analysis, planning, assessment and results".[1] At the global level, the aim of the cluster approach is to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies by ensuring that there is predictable leadership and accountability in all the main sectors or areas of humanitarian response[2].

Similarly, at the country level the aim is to strengthen humanitarian response by demanding high standards of predictability, accountability and partnership in all sectors or areas of activity. The cluster is about achieving more strategic responses and better prioritization of available resources by clarifying the division of labour among organizations, better defining the roles and responsibilities of humanitarian organizations within the sectors, and providing the Humanitarian Coordinator with both a first point of call and a provider of last resort in all the key sectors or areas of activity.

Ethiopia Nutrition Cluster

Ethiopia has been facing recurrent drought in the last three decades. The droughts in most cases have been associated with poor production performance, poor pasture and water availability for animals and humans. This resulted in increased acute malnutrition and considerable death of animals in some parts of the country and loss of assets. Coupled with limited sustainable recovery interventions, continuous loss of assets and reliance on rain fed agriculture on ever decreasing farm sizes; local communities especially poorest of the poor, have depleted its capacities to cope with the asset loss over the years. In view of this and given the multiple and diverse weather conditions in Ethiopia, failure of short or long term rains (Belg and Meher) have continued to trigger small or large scale food insecurity and nutrition emergencies in the affected areas on annual basis; especially in six major regions that are prone to recurrent/cyclic droughts.

In order to provide predictable, timely and effective leadership, accountability to beneficiaries and coordination of humanitarian responses, the cluster approach was adopted by the government and humanitarian stakeholders in May 2007. All the IASC clusters were activated, built on pre-existing coordination arrangements, led by respective government ministries and departments/institutions. The nutrition cluster, since 2007, is co-lead by the Federal Ministry of Health (FMOH) and the Disaster Risk Management and Food Security Sector (DRMFSS), housed within the DRMFSS offices. For 2014, a total of 2.7 million were affected by drought and got humanitarian assistances implemented by the government and partners. This number increased to 3.2 million during the mid-year review that was released

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[1] Recommendation 26, IASC, *Transformative Agenda: Chapeau and Compendium of Actions*, January 2012.
[2] Interagency Standing Committee (IASC). Nov. 2006. Guidance note on using the cluster approach to strengthen humanitarian response

by the government.

The Ethiopia nutrition cluster activities are coordinated by the Emergency Nutrition Coordination Unit (ENCU), a government unit housed within the Disaster Risk Management and Food Security sector (DRMFSS). Within the government, the cluster (ENCU) reports to the government directly (Director of early warning and Response directorate) and to the Disaster Risk Management Technical Working Group (DRMTWG). It is provides updates to FMOH and EHNRI/EPHI with respect to emergency situation, assessment and responses.

The ENCU (cluster) also reports to UNOCHA through the cluster lead coordination meetings, Ethiopian Humanitarian Country Team (EHCT) monthly reports. Updates and key issues from the nutrition and other clusters are consolidated by OCHA and presented to the EHCT chaired by the Humanitarian Coordinator (HC) for information and decision. The ENCU also reports to UNICEF nutrition section chief/Nutrition Coordination and Information System head of unit as the UN cluster lead on regular bases (nutrition situation updates, assessment, responses, challenges etc.)

Coordination of emergency nutrition activities are done through monthly task force meetings and ad hoc meetings. Special coordination meetings are also organised, focusing on specific operational areas when needed. Bi-lateral coordination meetings are held with partner on specific issues. TWG are formed for special tasks and when the task is accomplished, they remain dormant and activated whenever needed. (e.g. revision of guidelines, special operational studies, coverage assessment etc.). Emergency nutrition response project review committee was established in 2008 with permanent and rotation members coordinated by the ENCU. Survey proposals and reports are technically reviewed and the NCC/ENCU seeks government approval and widely shared with all partners/MANTF members.

There are six regional nutrition/health cluster coordination forum/mechanisms that are housed and lead by and directly reporting to the regional early warning and response and/or health bureaus with respect to administrative issues but technically reporting to the federal level nutrition cluster coordination unit (ENCU). Its TOR is relatively similar to the MANTF forum at federal level. At national level, the cluster coordination team is composed of four UNICEF staff with offices within the government: one Nutrition cluster coordinator, the one information analyst, one nutrition specialist responsible for coordinating surveys and one Admin assistant who arranges all cluster meetings and other administrative activities related to UNICEF, NGOs and government. The regional sub clusters are composed of one nutrition expert and one information analysts with exception of one region where there is only one staff. These are funded by UNICEF through the government.

The Cluster Coordination Performance Monitoring

The purpose of a Cluster Coordination Performance Monitoring is to identify areas for support and improvement, to ensure that clusters are efficient and effective coordination mechanisms, which fulfill the core cluster functions, meet the needs of constituent members, and support delivery to affected people. It is also an effective way of demonstrating accountability and the added value of the cluster and to justify the cost of coordination. A Cluster Coordination Performance

Monitoring provides an in-depth assessment based on the perceptions of partners and cluster coordinator about the functioning of the cluster in fulfilling its 6 specific core functions, which are:

1. Supporting service delivery
2. Informing strategic decision-making of HC/HCT for humanitarian response
3. Planning and strategy development
4. Advocacy
5. Monitoring and reporting
6. Contingency planning/preparedness
   + Accountability to affected populations

2. ETHIOPIA CLUSTER COORDINATION PERFORMANCE MONITORING

Following reflections on the performance of the Ethiopia Nutrition Cluster, an agreement was reached amongst the OCHA, cluster partners and the Cluster lead agency, UNICEF, to conduct and CCPM in Ethiopia in the months of November – December 2014.

A: Methodology:

The Nutrition Cluster Coordination Performance Monitoring (CCPM) process consisted of four components:

1. In October 2014, the cluster initiated a discussion with UN OCHA office and agreed that Nutrition Cluster Coordination Performance Monitoring is to take place to identify and address coordination gaps that might affect the performance of the Nutrition Cluster. This was followed by an orientation on the CCPM exercise on 14th November 2014 in Addis Ababa. During the presentation, nutrition cluster members were sensitized on the CCPM process, the objectives, its importance and methodology, as well as the online survey questionnaire. The date for the launch of the questionnaire was communicated, as well as the date for the CCPM results feedback and action plan meeting.

2. The CCPM online survey was sent out to 38 cluster partners and observers, comprising of local NGOs, International NGOs, UN agencies, National authorities (including the MOH) and donors, with a detailed explanatory email on 17 November 2014. Two questionnaires were submitted to the Nutrition Cluster Coordinator (one questionnaire describing the cluster and its outputs; a second questionnaire on the cluster performance). A third questionnaire on cluster performance was submitted to cluster members. The Inter-cluster information management focal point in EMOPS Geneva provided remote support for the launch and closure of the online survey, as well as regular feedback on the survey response rate. Two online survey questionnaires, whose responses were anonymous were completed on 5 December 2014 by 23 cluster partners and a cluster coordinator –an overall response rate of more than 76%, *(see Table*

1-Response rate among partners).

3. From the responses that participants provided during the online survey, scores were assigned to each key cluster function. These scores were compiled into an automatically-generated report summarizing the performance for each of the core cluster function. A descriptive report of the cluster and its outputs was also automatically generated. Both reports were shared with all cluster partners and the Global Nutrition Cluster (GNC) on 8 December 2014 for review and further analysis. The median score for each sub-function was calculated, and then further classified into a performance status.

4. Both reports (results of the survey and descriptive report of the cluster and its outputs) were then presented to the cluster partners during a workshop held on 15 January 2015 in Addis Ababa, organised by the ENCU Team with facilitation support from the GNC and GCCU. The workshop provided cluster partners the opportunity to review and discuss the findings of the online survey. This process was guided by the criteria developed by the IASC for evaluating the performance of the cluster, where the partners jointly agreed on actions needed to improve the performance of the cluster. This was done through self-reflection and by identifying areas that are working well and those that required increased attention from the nutrition cluster coordination team, cluster lead agency, partners, and/or global clusters and others. This participatory process contributed to strengthening transparency and partnership within the cluster. The different action points proposed by the working groups were then consolidated into one cohesive action plan for the Ethiopia ENCU (Nutrition Cluster), and this report was then shared with the cluster lead agency and the SAG for review and endorsement. The outcome of this consultative process, with collectively agreed actions on areas of support and area that needed improvement, by whom and by when, are presented below *(see **Table 2** - **Results of the cluster coordination performance monitoring and follow up actions**)*

The Global Nutrition Cluster supported facilitation of the process by managing the data from the questionnaire and compiling the responses into the preliminary report and facilitating the post-survey consultative workshop with partners. The Cluster Coordinator then prepared the final report.

Participation of partners in the Cluster Coordination Performance Evaluation:

The table below shows the number of cluster partners in Ethiopia and the affiliation of the various partners. Out of 38 partners 29 responded, which gave a response rate of 76.4%, indicating almost two-third of the cluster partners participated in the on-line survey. Compared with other online surveys, this is regarded as a good response rate.

Table 1: Response rate among partners for the online survey, Ethiopia CCPM			
Partner type	**Number partners responding**	**Total number of partners**	**Response rate (%)**
International NGOs	24	19	79
National NGOs	3	0	0

UN organisations	6	6	100
National authority	3	2	67
Donors	2	2	100
Others	0	0	0
Total	**38**	**29**	**76.4**

The table below shows the cluster partners' participation rate during the discussions of the CCPM report and the development of action plan. 42 people from 27 cluster partner agencies participated in the discussions and plan of action development, and the rate of partners' participation was 83.9%

Table 2: Partners participation in the discussion of the results on 4/04/2014

Partner type	Number partners participating	Total number of partners	Participation rate (%)
International NGOs	15	18	83.3
National NGOs	3	3	100
UN agencies	4	5	80
National authority	2	3	66.7
Donors	2	2	100
Others	0	0	0
Total	**26**	**31**	**83.9**

B: Results of the Cluster Coordination Performance Monitoring (CCPM) and follow up actions – The Cluster Coordination Performance Evaluation Report

The chart below describes the meaning of the various colors that represents the classification of the performance of the cluster according in the six functional areas.

Chart 1: Classification of performance status

Green = Good	Yellow = Satisfactory; needs minor improvements	Orange – Unsatisfactory; needs major improvements	Red = Weak

The table below presented the key IASC core functions, the indicative characteristics of the functions and the performance status on those functions as per the online report and a note showing whether they have been endorsed in the discussions. This is followed by the record of the performance status, the actions needed to improve them, by who and the timeframe within which actions are to be taken.

Table 3: Results of the Cluster Coordination Performance Monitoring (CCPM) and follow up actions

IASC core functions	Indicative characteristics of functions	Performance status	Performance status Constraints: unexpected circumstances and/or success factors and/or good practice identified	Follow-up action, with timeline, (when status is orange or red) and/or support required
Performance status legend:	Green = **Good**	Yellow = **Satisfactory**, needs minor improvements	Orange = **Unsatisfactory**, needs major improvements	Red = **Weak**
1.Supporting service delivery				
1.1 Provide a platform to ensure that service delivery is driven by the agreed strategic priorities	*Established, relevant coordination mechanism recognising national systems, subnational and*	Good	**Agree with performance status-** Monthly MANTF meeting, Ad-hoc meetings, separate bilateral meetings held on regular basis. Meeting minutes with action	1. Identify and map the local NGOs working on nutrition in all regions and at national level. *Federal/regional ENCU, until end of Mar 2015.* 2. Invite local NGOs to participate in cluster meetings at national and regional level. Ensure they are

	co-lead aspects; stakeholders participating regularly and effectively; cluster coordinator active in inter-cluster and related meetings.		points are shared in a timely manner. Good level of participation at the meetings by partners, there is open forum to discuss on the gaps. ENCU presents the cluster at OCHA cluster meetings, ENCU provides feedback from these meetings mostly during the regular MANTF meetings. Concerns about the participation of local/national NGOs. National NGOs seems to be under-represented. Recently three national NGOs (Ethiopian Catholic Secretariat, Ethiopian Red Cross and REST) joined the cluster at the national level.	included in the mailing list. *Federal/regional ENCU, until the end of Mar 2015.* 3. Share minutes from the national meetings with national NGOs. *Federal ENCU, immediately* 4. Receive minutes from the regions regularly and share with partners at national level. Regularly share minutes from the national meetings to regions. *Federal/regional ENCU, immediately* 5. Regularly conduct an orientation on the cluster approach to new partners. *ENCU, semi-annually.*
1.2 Develop mechanisms to eliminate duplication of service delivery	*Cluster partner engagement in dynamic mapping of presence and capacity (4W); information sharing across clusters in line with joint Strategic Objectives.*	Good	**Agree with performance status-** The 3W matrix is maintained and updated by partners as well as ENCU on a monthly basis and is sent back to partners. It is presented in a table form and would be good if also presented in a form of a map. Some partners may not participate in 3/4W update regularly and provide feedback.	1. Partners ensure timely submission and follow up of feedbacks for the 3W matrix- *all Partners, immediately* 2. Discuss and agree with all cluster partners on the type of IM products that should be produced by the nutrition cluster (for example - maps, their frequency and type) *ENCU to initiate, by March 2015* 3. Develop a map of Nutrition 3W on a quarterly basis and share with partners, including posting on the ENCU website, *ENCU, immediately*

2. Informing strategic decision-making of the HC/HCT for the humanitarian response				
2.1 Needs assessment and gap analysis (across other sectors and within the sector)	*Use of assessment tools in accordance with agreed minimum standards, individual assessment / survey results shared and/or carried out jointly as appropriate.*	Good	**The performance status should be elevated "Satisfactory" to "Good".** The review of the rapid nutrition assessment tools for nutrition is ongoing and led by the Assessments TWG. All other assessment tools are in place.	1. Finalise the review of nutrition rapid assessment tools (rapid-SMART). *Assessment TWG by end of 2015.*
2.2 Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues.	*Joint analysis for current and anticipated risks, needs, gaps and constraints; cross cutting issues addressed from outset.*	Satisfactory	**Agree with performance status** – improvements on cross cutting issues and inter-cluster (inter-sector) linkages are required. The system for joint analysis risks, needs and gaps exist and working well. The challenge limited cross-cutting issues analysis and not addressed adequately due limited resources at national level. However, most of partners include cross-cutting issues in their individual projects especially those vetted by the cluster. Initiatives such as CMAM response standardized tools in	1. Finalise the CMAM emergency response standardized tools in 2015 to be used by partners to inform interventions. *CMAM TWG by Mar 2015* 2. Incorporate protection indicators in the assessment tools. *DRMFSS, UNICEF and UNHCR by June 2015* 3. Facilitate improved access to hard-to-reach areas. *DRMFSS regularly.* 4. Explore an opportunity to scale-up a nutritional causal analysis (mapping of needs, partners' interest and possibility for the workshop). *ACF and ENCU by Jul 2015.* 5. Develop an inter-cluster (inter-sectoral) matrix on how to engage with other clusters/sectors (WASH, Health, FSL, SUN) to ensure comprehensive approach to addressing the malnutrition. *ENCU with support from OCHA and SUN by end of 2015.*

		 	gaps and needs assessments and nutrition causality analysis studies had already been initiated by the cluster earlier in 2013/14.	
2.3 Prioritisation, grounded in response analysis	*Joint analysis supporting response planning and prioritisation in short and medium term*	Good	**The performance status should be elevated "Satisfactory" to "Good".** A slight improvement is required. This is well done at national level, however, there still challenges on timeliness of completion of the prioritization at regional levels**.** Timeliness of emergency nutrition responses among some of the partners was also still a challenge at both federal levels.	1. Ensure timely hotspot classification at regional level. *DRMFSS regularly* 2. ENCU to encourage donors to provide timely funding and partners to ensure timely response implementation; *ENCU, on need basis*
3. Planning and strategy development				
3.1 Develop sectoral plans, objectives and indicators directly supporting realization of the HC/HCT strategic priorities	*Strategic plan based on identified priorities, shows synergies with other sectors against strategic objectives, addresses cross cutting issues, incorporates exit strategy discussion and is developed jointly with partners. Plan is updated regularly and guides response.*	Satisfactory	**Agree with the performance status.** The annual sectoral plans are developed on annual basis under the coordination of the DRMFSS and OCHA. While needs of vulnerable groups such as HIV/AIDS, disability are acknowledged, often there are no resources to support all the vulnerable groups. Priority is	1. Ensure that the needs of all vulnerable groups are adequately addressed in response planning – *DRMFSS and partners at times of response planning;* 2. Advocate that donors prioritise funding emergency responses for all vulnerable groups – *DRMFSS, regularly* P.S: Annual work plan is the sector plan

		 	normally given to under-five children, pregnant and lactating women.	
3.2 Application and adherence to existing standards and guidelines	*Use of existing national standards and guidelines where possible. Standards and guidance are agreed to, adhered to and reported against.*	Good	**The performance status should be elevated "Satisfactory" to "Good"** Ethiopia has national guidelines for SAM, MAM and emergency nutrition assessments and are followed up by nutrition cluster partners. The only challenge is that Ethiopia has not adopted the new WHO admission criteria in selective feeding programmes (TSF and TFP)	1. Advocate to FMoH to adopt the new WHO cut off point for admission criteria in TFP/TSF. *ENCU and UNICEF by end of 2015*
3.3 Clarify funding requirements, prioritization, and cluster contributions to HC's overall humanitarian funding considerations	*Funding requirements determined with partners, allocation under jointly agreed criteria and prioritisation, status tracked and information shared.*	Good	**The performance status should be elevated "Satisfactory" to "Good".** Cluster funding requirements have been reflected in the joint government/partners HRD in the last 6 years. Cluster support partners are in securing resources from donors. Funding status are tracked and Government and HC/EHCT is regularly updated. The concept note on new CMAM approach in an emergency	1. Finalize a concept note and discuss with donors on the new approach to CMAM implementation in emergency context. *CONCERN Worldwide, SCI and ENCU by Jul 2015*

			context is intended to further clarify and guidance funding requirements to donors.	
4. Advocacy				
4.1 Identify advocacy concerns to contribute to HC and HCT messaging and action	*Concerns for advocacy identified with partners, including gaps, access, resource needs.*	Satisfactory	**Agree with the performance status.** The cluster advocacy should be limited to nutrition-related issues (joint assessments, funding).	1. Regularly identify/update and agree nutrition specific advocacy points and set limits on how far we can go as per cluster TOR and other documents. *ENCU and UNICEF, annually (end of 2015)* 2. Update the website regularly, *DRMFSS/ENCU, regularly*
4.2 Undertaking advocacy activities on behalf of cluster participants and the affected population	*Common advocacy campaign agreed and delivered across partners.*	Satisfactory	**Agree with the performance status.** There are limits that the cluster can advocate on behalf of the cluster partners eg registration with the national CSA as they are beyond the mandate of the cluster in the Ethiopian context.	See above for 4.1.
5. Monitoring and reporting				
Monitoring and reporting the implementation of the cluster strategy and results; recommending corrective action where necessary	*Use of monitoring tools in accordance with agreed minimum standards, regular report sharing, progress mapped against agreed strategic plan, any*	Satisfactory	**Agree with the performance status.** Overall reporting format is satisfactory. Still, the frequency of reporting and info shared vary by agency. Some partners are	1. Inform the new partners of the reporting format in a timely manner. *ENCU on a regular basis* 2. Timely share inputs for cluster reports. *All partners, regularly*

	necessary corrections identified.		happy and use agreed formats, but not all partially due to the types of activities partners are involved in. Timely information sharing may be suboptimal.	3. Regularly check with partners on the timeliness and accuracy of the reports. *ENCU on a regular basis* 4. *Advocate to the FMoH to revise the reporting format and reporting guidelines in 2015 to capture cross-cutting issues in sector analysis. ENCU and UNICEF by Sep 2015*
6. Contingency planning/preparedness				
Contingency planning/preparedness for recurrent disasters whenever feasible and relevant.	*National contingency plans identified and share; risk assessment and analysis carried out, multisectoral where appropriate; readiness status enhanced; regular distribution of early warning reports.*	Satisfactory	**Agree with the performance status** Although there is no national contingency plan, agencies have their own contingency/preparedness plans. Regional EPRPs are in place. HRD has elements of contingency planning	1. Initiate a dialogue with DRMFSS and relevant stakeholders on cluster preparedness and contingency plan as recommended in the DRM policy. *ENCU by the end of Mar 2015* 2. Clarify partners' understanding of preparedness, contingency planning and strategic actions. *ENCU at the next available cluster meeting + OCHA* 3. Initiate a dialogue with the FMoH and relevant partners (UNICEF) on potential sector/cluster linkages. *ENCU, UNICEF and DRMFSS by Sep 2015*
7. Accountability to affected population				
	Disaster-affected people conduct or actively participate in regular meetings on how to organise and implement the response; agencies have investigated and, as	Satisfactory	**Agree with the performance status.** During needs & impact assessment, affected populations are consulted. During planning and implementation stages, affected individuals are generally	1. Review at a dedicated cluster meeting how we could do better as nutrition cluster involving affected population in the areas of needs assessment and validation of appropriateness of plans, and lessons learned from partners' experiences. *ENCU by July 2015.*

	appropriate, acted upon feedback received about the assistance provided		not involved. This heavily depends on agency.	

Annex. Ethiopia CCPM workshop on 15th January 2015 participants' list

S/N	NAME	ORG.	JOB TITLE	E-MAIL	MOBILE PHONE NUMBER	Partners/ Organization status
1	Isaack Manyama	ENCU/DRMFSS	Team Leader	isaack.manyama1@gmail.com	0913202151	Government
2	Merce Harrero	ACF	Nutrition and health technical advisor	nhta@et.missions-acf.org	0939594641	International NGO
3	Ingeborg Ponne	ZOA	CD	ingeborponne@gmail.com	0911207908	International NGO
4	Jason Forauer	WVE	Programme Manager	jason_forauer@wvi.org	0935021458	International NGO
5	Ryan Russell	USAID/OFDA	Programme officer	derussell@usaid.gov	0911511428	Donor
6	Mathiows Tamiru	ENCU/DRMFSS	Info Analyist	mtamiru@unicef.org	0912105676	Government
7	Adam Bailes	UNICEF	Nutrition Specialist	abailes@unicef.org	0921 78 09 11	UN

8	yemane salih	WVE	Emergency Response coordinator	yemane_salih@wvi.org	0911453905	International NGO
9	Yeweinshet Tsegaye	UNICEF	Info.Mpr.off	ytsegaye@unicef.org	0911873491	UN
10	Etsub Brhanesilassie	*WVE*	HNHIV manager	Etsub_Brhanesilassie@wvi.org	0911403420	International NGO
11	Fisha Demissie	AMREF	programme Manger	fishde2006@yahoo.com	0911956492	International NGO
12	Shimeles Tizazu	CARE	Emergency Nutrition Adviser	shimelist@care.org.et	0911144452	International NGO
13	Muna Gezahgn	Child Fund	Health prog officer	mgezahegn@ethiopia.childfund.org		International NGO
14	Adane Tefera	CONCERN	Nutrition Officer	adane.tefera@concern.net	0911 884808	International NGO
15	Meseret Assegid	CRS	Nutrition Advisor	meseret.assegid@crs.org	924671871	International NGO
16	Tareke Aga	DRMFSS	Expert	agatareke@yahoo.com	911687265	Government

17	Bethlehm Shifraw	ECS	Health and Nutrition programme head	betelshif@gmail.com	0911371848	National NGO
18	Samuel Hailu	ECHO	Programme officer	samuel.hailu@echofield.eu	0911512563	Donor
19	Abdi Ahmed	EPHI	PHEM Officer	abdiseid04@yahoo.com	0911723812	Government
20	Esayas Tadiwos	FEWSNET	FS specialist	etadiwos@fews.net	0911 45 71 60	International NGO
21	Zeine Muzeiyn	GOAL	Nutrition Program Coordinator	zeinem@et.goal.ie	0911 22 87 04	International NGO
22	Hanna Yemane	IMC (International Medical Corps)	Nutrition program Mngr.	hyemane@InternationalMedicalcorps.org	0911 88 31 88	International NGO
23	Martha Getachew	OCHA	HAO	getachewm@un.org	0911 10 14 58	UN
24	Hagos Gemechu	ERS	DSG programme	dsg.program@edcrosseth.org	930099528	National NGO
25	Kidist Negash	UNICEF	Nutrtion Specialist	knegash@unicef.org	0911-648195	UN

26	Fikre Nigussie	UNICEF	Emergency Specialist	fnigussie@unicef.org	0912-126927	UN
27	Biniyam Asfaw	USAID/OFDA	prog mgn't specialist	basfaw@usaid.gov .	0911201049	Donor
28	Tayech Yimer	WFP	NPO	tayech.yimer@wfp.org	0911 22 79 31	UN
29	Akiko Sato(Dr.)	WHO	Thecnical Officer, Nutrition	satoak@who.int	0923298178	UN
30	David Bock	ZOA	Program Development	bockdavid@gmail.com	0912622953	International NGO
31	Isabelle Robin	ACF	Country Representative (Head of Mission)	cd@et.missions-acf.org	0911 21 40 44	International NGO
32	Elias Getahun	ADRA	HRM	elias@adraethiopia.org	911232756	International NGO
33	Kassahun Negash	AMREF	programme Manger	kassahunnegash1994@gmail.org	911408766	International NGO
34	Garth Van't Hul	CARE	Country Director	vanthul@care.org.et;care.eth@ehionet.et	0911 23 01 30	International NGO

35	Getachew Tesfaye	Child Fund	Programme Director	gtesfaye@ethiopia.childfund.org	0913850304	International NGO
36	Orla Oneill	CONCERN	DCD	orla.oneill@concern.net	0911734421	International NGO
37	OMAR Haji Ibrahim	Islamic Relief	Country Dirctor	omar.ibrahim@islamic-relief.org.et	921797954	International NGO
38	Mike McDonaghm	OCHA	Country Representative	mcdonaghm@un.org		UN
39	Pankaj Kumar	Plan International Ethiopia	Director of prog	pankaj.kumar@plan-international.org	0911 08 52 58	International NGO
40	Yibrah Hagos	REST	senior fund raiser	restaddis@ethionet.et	0911478815	National NGO
41	Sinksar Simenh	Save the Children Int'l	Emergency coordinator	sinksar.simenh@savethechildren.org	0911252466	International NGO
42	Tigest Mamo	WVE	Health programme specialist	tigist_mamo@wvi.org	919703261	International NGO