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Monographic

## **Seventy Years of Ethiopians Suffering**

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## **EXECUTIVE SUMMARY**

**Introduction:** Ethiopia is one of disaster prone countries and war, drought, famine and related disasters have been a recurring feature of Ethiopian recent history and indeed the history of the Horn of Africa. Despite the current fast economic growth, the population socio- economic status remain low and Ethiopia still one of the poorest country.

**Objective:** The objective of this study is to assess the disaster profile of Ethiopia for the last 70 years. Information on Ethiopia disaster risk profile will contributes to a better understanding of a country's past and current disaster situations and its impact, disaster risk factors, its policy and strategies and sheds light on the improvement of the disaster risk reduction and management policy and programs.

**Study design:** Descriptive case study design was employed and extensive literature reviews were conducted from ninety five different articles, reports, books and other similar documents.

**Result:** The first large scale disasters in the recent Ethiopian history were recorded during the invasion of fascist Italy. The 1935–36 Italian fascist invasion of Ethiopia were accompanied by numerous atrocities including the use of mustard gas, the bombing of Red Cross hospitals and ambulances, the execution of captured prisoners without trial, the Graziani massacre, the killings at Däbrä Libanos monastery, and the shooting of “witch -doctors” accused of prophesying the end of fascist rule. One million Ethiopians perished as a result of the genocidal Fascist invasion and 2,000 churches as well as 525,000 homes were destroyed. The poison gas sprayed by numerous Fascists air planes also destroyed 14 million animals and severely affect the environment. Though Mussolini’s systematic genocide of the Ethiopian people from 1935–1941 occurred virtually within the same timeframe as Hitler’s Nazi holocaust against the Jews

from 1933-1941, nevertheless, the Fascist genocide in Ethiopia is excluded from the annals of the world's history books and from historical genocide documents at the United Nations.

Ethiopia has a long and troubled history of famines including prolonged droughts and frequent severe rainfall failure. In 1973, a famine in Wollo killed an estimated 50,000 to 100,000, mostly of the marginalized Afar herders and Oromo tenant farmers, who suffered from the widespread confiscation of land by the wealthy classes and government of Emperor Haile Selassie. In 1984 another great famine affected Ethiopia. Up to a million people may have died, and many more were left destitute, making it one of the worst famines in recent history, and on par with the Chinese famine of 1959–61 in terms of mortality as a proportion of the population. In Ethiopia droughts have a significant effect on the national economy. Drought and famine primarily affects the agricultural sector, causing direct losses to crop and livestock production and indirectly contributing to food price inflation and balance of trade reduction. As agriculture contributes nearly 50 percent of Ethiopia's GDP, drought in productive regions can substantially adversely impact the economy. Oxfam estimates that drought alone costs the country \$1.1 billion per year. The environmental effect includes deforestation, bio-diversity loss, soil erosion, desertification and wild fires. The social effect of these famines includes distress migration and disruption of social and religious customs. The health impact of the famines includes excess mortality and morbidity and acute and chronic malnutrition.

The Derg ruled Ethiopia from 1974 to 1991 under a violent regime of terror, torturing, imprisoning, and/or executing those who opposed them and tallying tens of thousands of victims. Opposition groups developed in response to this governmental abuse, forming various insurgencies across Ethiopia's fourteen administrative regions. Little is known about the number of people killed, injured or otherwise harmed, either physiologically or psychologically, during these civil wars. Different sources showed that more than 1 million people may had been died. About 2 million Ethiopians and 700,000 Eritreans became refugees in Sudan and Somalia in the 1980s. The crude mortality rates of Ethiopian refugees in Somalia in 1980 and in eastern Sudan

in 1985 were 18-45 times higher than the rates in the host countries. Direct and indirect health effects of the war have been identified since the civil war ended in May 1991, including thousands of persons killed in new ethnic clashes and in insecure areas in southern Ethiopia. Severe epidemics of malaria, typhus, relapsing fever and AIDS have also been reported in 1991, and famine conditions persist in the war-torn country. Diarrheal diseases resulted in high child mortality in war affected areas and refugee camps. The incidence of tetanus, a major killer of neonates and children, could be reduced only after the immunization became available in refugee camps in Somalia after 1982. There were 8.7 million people in need of emergency assistance in late 1991, as many as during the 1984 famine.

During the last 25 years the ruling Tigray People Liberation Front regime and its cohorts have committed various gruesome human rights violations against members of the Amara (Amhara) ethnic group in Ethiopia. In 1976, the Tigray People's Liberation Front (TPLF) that is currently ruling Ethiopia crafted its Greater Tigray Manifesto. TPLF claimed in its political program as a struggle against "Amara and imperialism" and labelled the Amaras as staunch enemies of the Tigray people, it is generally assumed that the opposition to TPLF's apartheid-style rule would come from the Amara ethnic group. In different parts of the country, thousands of Amaras and other Christian homes have been razed and burnt down to ashes, thousands of human lives have perished; property worth millions of Birr has been destroyed. Based on eye witness accounts and video evidences, Amaras and other Christians have been slaughtered like animals; the breast of women were cut and these very women victims forced to roast or grill their breast.

HIV/AIDS and malaria are the major health hazards in Ethiopia. An estimated 1.3 million Ethiopians live with the virus, and roughly 68,136 of them are under 15 years old. Close to 2 million Ethiopians have died from AIDS-related diseases, and about 640,802 children have been orphaned by them. Malaria accounts for up to 20 per cent of under-five deaths. Tragically, in epidemic years, mortality reports of nearly 100,000 children are not uncommon.

Ethiopia is exposed to seismic activity along the boundaries of the African plate and the Somali plate, which run north-south through the centre of the country. The highest level of earthquake activity ever recorded in the country is 6.9 on the Richter scale.

The main risk factors to disasters in Ethiopia can be categorized into four major risk factors group: socio-economic, environmental, political and, geological risk factors. Ethiopia is one of the world's poorest countries at US\$115 gross domestic product per capita. Half of the population lives in absolute poverty. The agricultural sector, which accounts for more than half of gross domestic product and 80% of total employment, suffers from frequent drought and poor cultivation practices. Ethiopia's climate is highly variable, and is projected to become more variable due to climate change, with the potential for increased frequency of extreme weather events including floods and droughts. The vulnerability to climate related hazards and food insecurity is closely linked to land degradation. Forest clearing for agriculture, population increases, and overgrazing has led to rapid deforestation and degradation of land sources. This has worsened the availability of food, water, and fuel. The current rate of deforestation is estimated at 160,000 to 200,000 hectares per year. Lack of good governance, potential ethnic violence and dictatorial and authoritarian nature of the current government are potential risk factors for large scale insurgency and civil wars.

The public health system is continually challenged by recurrent and unexpected disease outbreaks and is facing the challenge of managing health consequences of natural and human made disasters, emergencies, crisis, and conflicts. These problems continue to disrupt the health care system, while successful detection and response to these challenges is becoming increasingly complicated. Even in the best of times, the health system in Ethiopia is inadequate. One of the most immediate threats to life in crisis areas stems from vulnerable populations' lack of access to any form of meaningful health care. Emergency measures are still insufficient given the vast public health threats including adequate EPI coverage for vulnerable populations, sufficient quantities of clean water for consumption and hygiene purposes, satisfactorily

balanced, adequate and appropriate food aid rations, and other properly conceptualized and managed nutrition interventions. It is a very serious concern that the majority of disaster-affected populations in Ethiopia does not benefit from an adequate system and are therefore at risk of elevated levels of malnutrition, morbidity and mortality in times of disasters.

Some investigations and reports has found Millions of pounds of Western aid money intended to buy food for starving Ethiopians during the country's 1984 famine were instead used by Tigray People's Liberation Front to buy weapons. Recent reports documented different evidence that the ruling Ethiopian People's Revolutionary Democratic Front has used donor supported aid programs, salaries, and training opportunities as political weapons to control the population, punish dissent, and undermine political opponents—both real and perceived. The government denied all these allegations.

**Conclusion:** Fascist Italy genocide, drought, famine, civil war, TPLF genocide of The Amara People and disease epidemics were major disasters in Ethiopia during the last 70 years. Fascist Italy, Haile Selassie imperial regime, Mengistu Derg regime and the current TPLF/EPRDF regime took their part for the suffering of Ethiopian in various ways. Drought, flood, food insecurity, ethnic violence, political repression, HIV, malaria, malnutrition, earth quake, and volcano are potential hazards in the country. The country has disaster management policy, strategies and organizational structure but it is merely focused on early warning and response activity. There are alarming reports of misuse of aid resource for political purpose and human right violation. The health system of the country is not well organized for large scale disaster response and poorly coordinated with the disaster risk reduction and management structure.

**Recommendation:** The current government should stop the genocide against Amara people immediately. The international community, Donors, International Red Cross, United Nation, Amnesty International, Human right watch and other responsible bodies should send an international commission of inquiry to establish and verify the atrocities and the ongoing genocide against the Amara people. The Disaster Prevention and Preparedness Commission and

other government bodies should benchmark the good practice of disaster risk reduction and management programs, addressing the underlying causes including poverty, climate change, lack of good governance and human right violations, national reconciliation to resolve the country political problems, cease the manipulation of donor supported humanitarian programmes for political gain and conduct independent enquiry on those allegations. An effective health care system is needed for the management of emergency public health threats in Ethiopia. United Nations should openly apologize for its failure of not proceeding investigation against fascist Italian war criminals and openly acknowledge the fascist Italy war crimes against Ethiopian as genocide. The Italy government and Roman Catholic Church should ask apology to all Ethiopians who suffered from fascist Italy genocide and openly declared the action of fascist Italy against Ethiopian as genocide. Donors shall be Focus on programmes which strengthen the resilience of the community to disasters, ensuring independent monitoring of all humanitarian aid programs funded or partly funded by donors and pressuring the government to ensure human rights of its citizens.

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## **ACRONYMS**

AIDS	Acquired Immunodeficiency Syndrome
AU	African Union
BPR	Business process reengineering
DPP	Disaster Preparedness and Prevention
DPPB	Disaster Preparedness and Prevention Bureau
DPPC	Disaster Preparedness and Prevention Commission
DRMFSS	Disaster Risk Management and Food Security Sector
EDM	Emergency Disaster Management
EFSRA	Emergency Food Security Reserve Administration
EPI	Expanded Program on Immunization
EPLF	Eritrean People's Liberation Front
EPPF	Ethiopian People's Patriotic Front
EPRDF	Ethiopian People's Revolutionary Democratic Front
EPRP	Ethiopian People's Revolutionary Party
ETB	Ethiopian Birr
EU	European Union
FSCB	Food Security Coordination Bureau
GDP	Gross Domestic Product
GoE	Government of Ethiopia
GFDRR	Global Facility for Disaster Risk Reduction and Recovery
HFA	Hyogo Framework for Action
MOA	Ministry of Agriculture
MoARD	Ministry of Agriculture and Rural Development
MOH	Ministry of Health

MT Maria Theresa

NDPPC National Disaster Prevention and Preparedness Committee ()

NDPPFO National Disaster Prevention and Preparedness Fund Office

NGO Non-Governmental Organization

NPDRM National Policy on Disaster Risk Management

OAU Organization of African Unity

OLF Oromo Liberation Front

ONLF Ogaden National Liberation Front

OPDO Oromo Peoples Democratic Movement

PSNP Productive Safety Net Programme

RRC Relief and Rehabilitation Commission

SNNPR Southern Nations, Nationalities and Peoples' Region

SPIF Strategic Program and Investment Framework

TC Technical Committee

TPDM Tigray People's Democratic Movement

TPLF Tigray People's Liberation Front

UN United Nations

UNESCO United Nations Education

UNHCR United Nations High Commission for Refugees

UNICEF United Nations Children's Fund

UNDP United Nations Development Program

US United States

USAID United States Agency for International Development

USD United States Dollar

WHO World Health Organization

# **1. INTRODUCTION**

## **1.1 Ethiopian History**

Ethiopia is an ancient country. Paleontological studies identify Ethiopia as one of the cradles of mankind. For instance, “Dinknesh” or “Lucy,” one of the earliest and most complete hominoid skeletons ever found was discovered in Hadar through archaeological excavations in 1974, and dates back 3.5 million years. More recently, an older female skeleton, nicknamed Ardi, was discovered in 1994, and is considered to be the earliest hominid skeleton—dating a million years before the Lucy was ever found. Situated in the Horn of Africa, the country is at the crossroads between the Middle East and Africa. Thus, throughout its long history Ethiopia has been a melting pot of diverse customs and cultures. Today, it embraces a complex variety of nationalities, peoples, and linguistic groups. Its peoples altogether speak over 80 different languages, constituting 12 Semitic, 22 Cushitic, 18 Omotic, and 18 Nilo-Saharan languages (1-4).

Ethiopia is the only African country with its own alphabet and has its own numbering system. Ethiopia also has its own time system and unique calendar consisting of 13 months, seven to eight years behind the Gregorian calendar. It has the largest number of UNESCO World Heritage Sites in Africa (1-4).

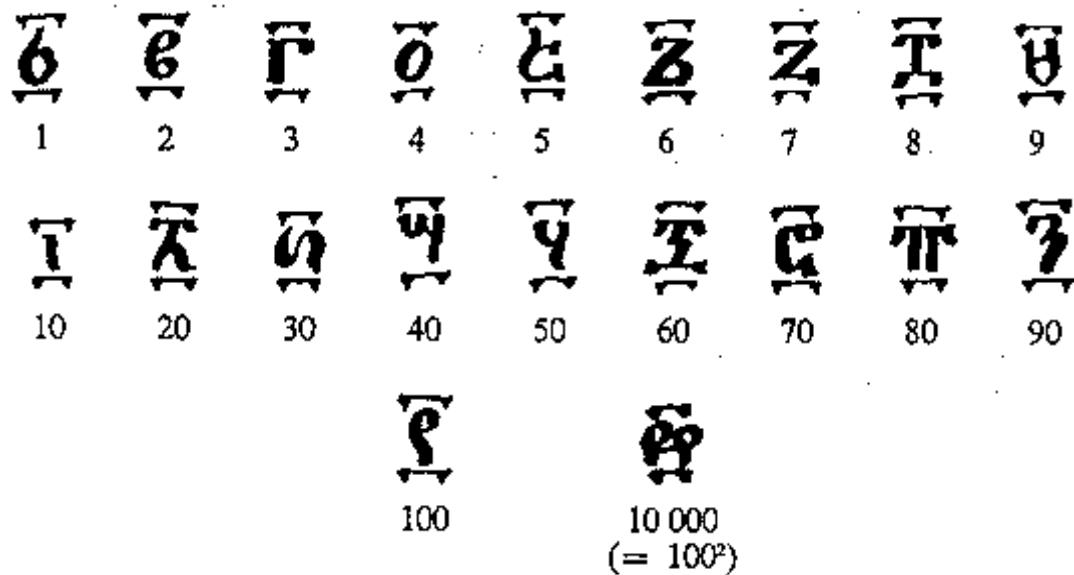
Figure 1. Map of Ethiopia



Figure 2 Ethiopian Own Alphabet System

	ä	u	i	a	e	ø	ö
h	ሀ	ሁ	ሂ	ሁ	ህ	ለ	ሊ
l	ል	ሉ	ል	ል	ል	ል	ሎ
h	ሐ	ሃ	ሃ	ሃ	ሃ	ሃ	ሃ
m	መ	መ	ማ	ማ	ማ	ም	ም
s	ው	ው	ነ	ነ	ሙ	ዐ	
r	ሩ	ሩ	ሩ	ሩ	ሩ	ሩ	
s	ሳ	ሳ	ሳ	ሳ	ሳ	ሳ	
sh	ሻ	ሻ	ሻ	ሻ	ሻ	ሻ	
q	ቁ	ቁ	ቁ	ቁ	ቁ	ቁ	
b	በ	በ	በ	በ	በ	በ	
t	ተ	ተ	ተ	ተ	ተ	ተ	
ch	ቻ	ቻ	ቻ	ቻ	ቻ	ቻ	
h	ኩ	ኩ	ኩ	ኩ	ኩ	ኩ	
n	ኻ	ኻ	ኻ	ኻ	ኻ	ኻ	
ñ	ኳ	ኳ	ኳ	ኳ	ኳ	ኳ	
a	አ	አ	አ	አ	አ	አ	
k	ኩ	ኩ	ኩ	ኩ	ኩ	ኩ	
	ä	u	i	a	e	ø	ö
h	ኩ	ኩ	ኩ	ኩ	ኩ	ኩ	ኩ
w	ወ	ወ	ዊ	ዊ	ዊ	ወ	ዊ
a	ወ	ወ	ዊ	ዊ	ዊ	ወ	ዊ
z	ዘ	ዘ	ዘ	ዘ	ዘ	ዘ	
zh	ዘ	ዘ	ዘ	ዘ	ዘ	ዘ	
y	የ	የ	የ	የ	የ	የ	
d	ደ	ደ	ደ	ደ	ደ	ደ	
j	ጀ	ጀ	ጀ	ጀ	ጀ	ጀ	
g	ገ	ገ	ገ	ገ	ገ	ገ	
t'	ጠ	ጠ	ጠ	ጠ	ጠ	ጠ	
ch'	ጨ	ጨ	ጨ	ጨ	ጨ	ጨ	
p'	ሻ	ሻ	ሻ	ሻ	ሻ	ሻ	
s'	ሻ	ሻ	ሻ	ሻ	ሻ	ሻ	
s'	ወ	ወ	ዊ	ዊ	ዊ	ወ	
f	ፋ	ፋ	ፋ	ፋ	ፋ	ፋ	
p	ጥ	ጥ	ጥ	ጥ	ጥ	ጥ	

Figure3 Ethiopian Own Numeric System



Ethiopia is one of the few African countries to have maintained its independence, even during the colonial era. Furthermore, the country is one of the founding members of the United Nations. Ethiopia takes an active role in African affairs, for example, playing a pioneering role in the formation of the Organization of African Unity (OAU). In fact, the capital city, Addis Ababa, has been a seat for the OAU since its establishment and continues to serve as the seat for the African Union (AU) today (1-4).

Historically, Ethiopia was ruled by successive emperors and kings, with a feudal system of government. In 1974 the military took over the reins of rule by force and administered the country until May 1991. Currently, the former guerrilla group have been ruled the country with absolute dictatorship and its administrative system is ethnic based federalism (1-4).

Ethiopia is the second most populous country in Africa. The population according to the 2007 Census was 73,918,505. Density 74/km<sup>2</sup>; the growth rate is estimated at 3.2% and the current population estimate is now 95 million, of which 46% fall within the 1-14 age range; 51% between 15 and 64; and 3% are over 65. Approximately 17% of the population is estimated to live in urban areas (1-4).

Ethiopia's economy is based on agriculture, accounting for almost 45% of GDP, and 85% of total employment (1-4).

Ethiopia has great geographical diversity; its topographic features range from the highest peak at Ras Dashen, 4,550 metres above sea level, down to the Afar Depression, 110 metres below sea level (1-4).

Christianity and Islam are the main religions; about half of the population are Orthodox Christians, one-third are Muslims, about one in every five (18 percent) are Protestants, and 3 percent are followers of traditional religion (1-4)

## **1.2 SIGNIFICANCE OF THE STUDY**

Information on Ethiopia disaster risk profile will contributes to a better understanding of a country's past and current disaster situations and its impact, disaster risk factors, its policy and strategies and sheds light on the improvement of the disaster risk reduction and management policy and programs. Policy makers, and relevant stakeholders will be well informed about the latest information on the country's vulnerability to different hazards, as they plan to introduce new disaster risk reduction and management program or scale up the current programs. So this study will be used as baseline information and it will be useful in identifying previous gap, current promising directions and informing responsible bodies and stakeholders' in order to address the country disaster vulnerability in evidence based approach.

## **1.3 OBJECTIVE OF THE STUDY**

### **1.3.1 General Objective**

To assess the disaster profile of Ethiopia for the last 70 years.

### **1.3.2 Specific Objectives**

- To identify the major disasters in Ethiopia during the last 50 years.
- To assess the impact of the disasters on the country economic, development and health status of the populations
- To explore disaster risk factors that increases the vulnerability of the society for different hazards.
- To assess the implemented disaster risk reduction and management strategies and programs.

### **1.4 SCOPE OF THE STUDY**

The study focused on major disasters that happened in Ethiopia during the last seventy years.

### **1.5 METHODOLOGY**

#### **1.5.1 Study design**

This study has used descriptive case study design.

#### **1.5.2 Study period**

The study conducted from 15/09/2013 up to 01/12/2013.

#### **1.5.3 Source population**

All Ethiopia disaster related documents, articles, reports, news and books.

#### **1.5.4 Study Population**

Ninety five selected documents, articles, reports, news, and books.

## **1.5.5 Case definition**

Disasters: A serious disruption of the functioning of a community or a society in Ethiopia involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.

## **1.5.6 Data collection methods**

Literature review from data bases, journals, webs and from other different sources.

# **RESULT AND DISCUSSION**

## **1. RESULTS**

This study results are described and discussed major disasters in Ethiopia during the last seventy years in different context.

## **2. MAJOR DISASTERS IN THE LAST SEVENTY YEARS**

### **2.1 Disaster History in Ethiopia**

Disasters hit every part of the globe (developing and developed), causing deaths and destructions. Hurricanes, fire, earthquake, tsunami, flood, drought, volcanic eruptions, landslides, cyclones, wars, oil spills, acts of terrorism, just to name a few, are the natural and man-made disaster events that resulted in untold suffering to the millions of people worldwide. Apparently, most of the developing countries bear the brunt of natural disaster losses. Because of the considerably low coping capacity, physical, social and economic vulnerability, developing countries are suffering more from disasters than developed ones (5-10).

Globally, disaster losses have shown an increasing trend over the past decade. In 2007, for instance, natural disasters caused nearly 10, 000 deaths and over \$54 billion worth of losses

worldwide. Global disaster statistics for 2000-2006 revealed staggering economic costs estimated at \$235 billion and 130000 lives lost (10).

Drought, famine and related disasters have been a recurring feature of Ethiopian history and indeed the history of the Horn of Africa. They have shaped community risk management strategies and have influenced the nature and history of its political regimes. These crises contributed to the end of the Imperial era, formed the justification behind the policies of the Socialist regime, and they now constrain and challenge the achievements of the current government (11).

Historical accounts dating from the medieval period and the better documented accounts from 16th and the 17th centuries suggest that famine in Ethiopia has been the frequent outcome of natural and socio-economic factors. Pankhurst states that the natural causes of famine included “drought, locusts, caterpillars and in the case of The Great Famine of 1889-1892, rinderpest.” Socio-economic factors leading to famine included “deforestation, soil erosion and exhaustion, fragmentation of land holdings, the subsistence economy with its primitive agricultural tools and inadequate grain storage, in-egalitarian systems of land tenure, arbitrary taxation and other dues, (and) civil wars” (12).

While drought is commonly regarded as the main cause of famine, plagues and pests have been equally as important historically, causing various catastrophes, particularly in the northern parts of the country (Tigray, Gondar, Gojam, Wollo and Shoa). In the 17th and 18th centuries alone, locusts caused the famines of 1625-27 1706, 1747, and 1748 and at various times during the reign of Emperor Fasilidas (1632-1667). Epidemics such as fangle (cholera), qachne, lablab (influenza), small pox and other unspecified illness are recorded as causing the famines of 1634-5, 1683, 1685, 1693 and 1700-01 (12,13).

Other medical disasters have occurred in the nineteenth and twentieth centuries. In 1876, for example, 25% of the population of Tigray was killed by an outbreak of typhus (12, 13.) Influenza epidemics have constantly ravaged Addis Ababa (14). The worst was in 1918 when one fifth of the population of Addis Ababa died of the disease. Meningitis epidemics also have been recorded frequently specifically during and after drought periods. The drought years 1977, 1981-1983, 1988-1989 coincided with recorded widespread meningitis outbreaks. Similarly, malaria outbreaks and their incidence appear to coincide with the first rains after dry periods. Though there is no recorded history about malaria epidemics, malaria would appear as of 1958 to be a major public health threat in Ethiopia. Three quarters of the country is infected by malaria with reports of increasing prevalence into non-endemic zones (12, 14).

Measles is a major threat to children (specifically as the immunization coverage in Ethiopia is as low as 3%) and has been identified in association with drought, refugee, and major population displacement crises in Ethiopia and elsewhere (15,16) The latest public health threat with historical roots to the 1980s is the HIV/AIDS epidemic.

Accounts and records left by contemporary palace chroniclers, clergies, residents (including missionaries) and traveling foreigners reflect that disasters such as famines and plagues have often been believed to be punishments from God for failing the true faith. The Great Ethiopian Famine in the early 19th century (1888-1892) was attributed to man, not God (Hussein, 1976). For example, following the annihilation of the Italian forces on January 1887 at Dogali, the Italians sent another expedition led by General San Marzo. Marzo landed at Massawa in November 1887, bringing 800 horses and 1,000 mules specially shipped from Naples. Ethiopian traditions blame this expedition for the introduction of the lethal cattle disease rinderpest (12).

The rinderpest-induced famine was likely the most catastrophic the country had experienced to date. The epidemic started in the north (Hamassien) where, according to Aleka Lemma, all the cattle in the province were paralyzed, refused to graze, and died within three days. The epidemic swept across all the northern provinces, traveling by way of Wollo, Begemder and Lasta to Gojam reaching Shoa in four months' time from Wollo." Livestock mortality reached immense proportions, according to Capucci (an eye-witness at the time) who wrote that "90% of the cattle of Ethiopia perished (12).

Skinner, the first US Government Envoy to Ethiopia, recorded that "not more than seven or eight percent of the livestock were spared" (Pankhurst, 1984). Even Emperor Menelik lost approximately 250,000 head of cattle "while some of the richer farmers each lost as many as 10,000 - 12,000 head." Further large-scale livestock mortalities followed in Harar, Keffa, Arsi and Somali, the disease extending as far south as Ganali beyond the Ethiopian border (12).

Households were left with no livestock in a space of few days. "Oxen and cows died all over the country, in every compound, meadow, field, and wood, and were consumed by vultures, ravens, hyenas and foxes," according to the Ethiopian writer, Afewerk Gebreyesus (17). Ploughing came to a halt since no plough oxen were left. The famine was further complicated by a shortage of rain (in 1888 in Begemder, Tigray and Shoa) and an influx of locusts and caterpillars in 1889. Prices of grain and plough oxen escalated dramatically due to widespread shortages, especially of cereals. According to Mashakov the price of wheat soared from 1 Maria Theresa (MT) in 1889 to 133 MT in 1890 for 200 qunna; barley from 1 MT in 1889 to 160 MT in 1890 for 400 qunna; plough oxen from 2.4 MT per head in 1889 to 60-80 MT in 1890; cattle from 1 ½ MT in 1889 per head to 30-60 per head in 1990 (12).

## 2.2 Ethiopian Genocide by Fascist Italy

Racism and xenophobia are direct violations of the principles of liberty, democracy, respect for human rights and fundamental freedoms and the rule of law, principles upon which the European Union is founded and which are common to the Member States (18).

The 1935–36 Italian fascist invasion of Ethiopia were accompanied by numerous atrocities: the use of mustard gas, the bombing of Red Cross hospitals and ambulances, the execution of captured prisoners without trial, the Graziani massacre, the killings at Däbrä Libanos monastery, and the shooting of “witch-doctors” accused of prophesying the end of fascist rule. These acts are historically interesting, not only in themselves, but also in that they were brought to the international community’s attention on two separate occasions: to the League of Nations, when they were committed, and later, to the United Nations. Fascist atrocities, though widely condemned by individuals and organizations, passed officially unnoticed by the League of Nations and were the subject of judicial consideration only after Italy’s entry into the European World War in 1940. The question of these crimes was then reopened, in the newly established UN War Crimes Commission. Though based on power politics and political opportunism, the founding of this body reflected a shift in international thinking and re-shaping of international law (19).

In addition to conventional weaponry, Italian troops also made substantial use of mustard gas, in both artillery and aerial bombardments. Use of mustard gas, which violated the 1925 Geneva Protocol that Italy had signed, was justified by the deaths of an Italian Air Force pilot, Tito Minniti, and his observer in the Ogaden. "Heroic death of our comrade in barbaric enemy land requires exemplary reprisal punishment," General Graziani ordered on learning of their deaths. In total, the Italians deployed between 300 and 500 tonnes of mustard gas during the war,

despite having signed the 1925 Geneva Protocol. The deployment of gas was not restricted to the battlefield, however, as civilians were also targeted by the Italians, as part of their attempt to terrorise the local population. Furthermore, the Italians carried out gas attacks on Red Cross camps and ambulances (19-30).

The armed forces disposed of a vast arsenal of grenades and bombs loaded with mustard gas, which they dropped from airplanes. This substance was also sprayed directly from above, like if it was pesticide, onto enemy combatants and villages (19-30). Mussolini himself authorized the use of the weapons:

“Rome, October 27, 1935. To His Excellency Graziani. The use of gas as an *ultima ratio* to overwhelm enemy resistance and in case of counterattack is authorized. Mussolini” (27-29).

“Rome, December 28, 1935. To His Excellency Badoglio. Given the enemy system I have authorized Your Excellency the use even on a vast scale of any gas and flamethrowers. Mussolini” (27-29).

Mussolini and his generals sought to cloak the operations of chemical warfare in the utmost secrecy, but the use of gas was revealed to the world through the denunciations by the International Red Cross and of many foreign observers. The Italian reaction to these revelations consisted in the "erroneous" bombardment (at least 19 times) of Red Cross tents posted in the areas of military encampment of the Ethiopian resistance (27-29).

Though Mussolini's systematic genocide of the Ethiopian people from 1935-1941 occurred virtually within the same timeframe as Hitler's Nazi holocaust against the Jews from 1933-1941, nevertheless, the Fascist genocide in Ethiopia is excluded from the annals of the world's history books and from historical genocide documents at the United Nations. While the Vatican has graciously apologized to Jews for its silence during the Nazi holocaust, it has never

extended the same Christian courtesy to Ethiopians although, in their case, the Vatican was directly complicit in Fascist atrocities in Ethiopia. The Vatican's silence and the United Nations disregard of the genocide against the Ethiopian people is counter to the principles of human rights and justice and continues to have a negative impact on every generation of all peace loving people including those of African origin (20).

On August 11, 2012, a ceremony was held in the presence of Italian dignitaries and a Vatican representative during which a memorial was opened draped in the Italian flag to "honor" Rodolfo Graziani, one of the most heinous figures of the Second World War. This event occurred at the "Rodolfo Graziani Park and Memorial" in the little town of Affile, 50 miles east of Rome. Rodolfo Graziani was a major war criminal, imperialist, and fascist. He promoted racial inequality and hatred throughout Europe and Africa, first as the Military Governor of Libya and Ethiopia and later as the Minister of defence of the Republic of Salò. Graziani remained loyal to Mussolini until the end of that regime in 1945. In 1948, a military tribunal sentenced Graziani to 19 years' jail, as punishment for his collaboration with the Nazis; but he was released after serving only a few months of the sentence. Now a subdivision the Italian government honoured him with a mausoleum and memorial park, built at taxpayers' expense, in a village south of Rome (20).

In 1937, Rodolfo Graziani directed a three day massacre of over 30,000 unarmed civilians in the capital of Ethiopia upon the orders of Benito Mussolini. Over 440 Christian monks were singled out and murdered. People were dismembered and soldiers took photos of the hangings, beheadings and torture proudly alongside their dead victims. The "Graziani Massacre" is well known to every Ethiopian and virtually and disgracefully unknown to the rest of the world. Graziani, prior to arriving in Ethiopia, was named "The Butcher of Libya." In Libya, Graziani presided over concentration camps, used chemical weapons and murdered thousands of innocents for Fascism (19-32).

In Ethiopia, one million Ethiopians perished as a result of the genocidal Fascist invasion. 2,000 churches as well as 525,000 homes were destroyed. The poison gas sprayed by numerous Fascists air planes also destroyed 14 million animals and the environment. Graziani later came to be for ever known as the "Butcher of Ethiopia" (19-32)

According to Richard Pankhurst the question of Fascist Italy's war crimes in Ethiopia was unusual in that it was raised, by the Ethiopian Government, on two separate occasions, in very different circumstances. It was first raised in the League of Nations, while the atrocities were still being committed. It came to the fore again, half a decade later, in the UN War Crimes Commission, which had been established by the Allies as a result of the European war and Axis terror in Europe (19).

Neither Ethiopian initiative was successful. The League, whose principal members, Britain and France, sought to "appease" the Italian dictator Mussolini, were not prepared to condemn the atrocities which his forces committed. These acts were apparently regarded by the international community of the time as an acceptable feature of modern warfare (19).

The later UN War Crimes Commission, which had been set up to try "war crimes," reflected new international values, but was scarcely more interested than the League in Italian war crimes in Ethiopia. This was because the British, who had limited interest in crimes committed against non-Europeans, had recognised Mussolini's "conquest" of Ethiopia and was unwilling to consider how it had been achieved. They were moreover opposed to trying Badoglio, whom they knew the Ethiopians regarded as the principal Italian war criminal. Though responsible for the use of poison-gas in Ethiopia, he was favoured by the British, and Americans; for, after fighting on the German side, he had later connived at Italy's surrender and was considered a leader who would keep Italy safely in the Western fold (19-32).

British and other Allied opposition to the trial of Italians accused of war crimes in Ethiopia was based on the repeated Foreign Office argument that the Italo-Ethiopian war of 1935-36, though accompanied by many fascist atrocities, had "no relation" to the European war, which had begun in September 1939, and for which the UN commission had been established. Under British pressure, the commission accepted this contention and used it to exclude Ethiopia from membership, and hence from raising the issue of Badoglio in its deliberations. Ethiopia's exclusion was, however, inconsistent, in that the British and other Allies accepted Chinese demands for the trial of Japanese accused of having committed crimes in China several years before Mussolini's invasion of Ethiopia (19-32).

Ethiopia's diplomatic and legal initiative in respect of Italian war crimes had continued for almost a decade, from the liberation in 1941 to the abandonment of prosecution efforts in 1949. Failure was not due to weakness in the case against the accused, or to inability to marshal evidence and affidavits, but to dogged Italian opposition, as well as to the prejudices of Ethiopia's allies (19-32).

Post-war Italy was unwilling to face the fact that war crimes had been committed by its nationals in Ethiopia. It was symptomatic that General Guglielmo Nasi, who had been listed as a war criminal, was nominated by the then Italian Government as governor of the Italian Trust territory of Somalia in February 1950, and that this appointment was only withdrawn as a result of international complaint. It was no less symptomatic that it was not until 1996, 60 years after the event that the Italian Ministry of Defence was finally brought to admit that the Italian Royal Air Force had used poison-gas in Ethiopia (19-32).

The European leaders of the post-World War II international community, for their part, were likewise unprepared to see fellow Europeans punished for crimes against non-Europeans half a decade earlier, and preferred a miscarriage of justice (19).

## **2.3 COMPLEX EMERGENCY**

Complex emergencies are situations of disrupted livelihoods and threats to life produced by warfare, civil disturbance and large-scale movements of people, in which any emergency response has to be conducted in a difficult political and security environment. Complex emergencies combine internal conflict with large-scale displacements of people, mass famine or food shortage, and fragile or failing economic, political, and social institutions. Often, complex emergencies are also exacerbated by natural disasters (33). Recent Complex emergency in Ethiopia starts after the overthrown of Selmonic dynasty in 1974 and it includes famine, drought, civil war, Genocide of the Amara people and mass displacement of the population.

### **2.3.1 Famine and Drought**

Whilst a wide range of natural hazards are present in Ethiopia, including drought, floods, landslides, pests, earthquakes, and urban and forest fires, by far the most common natural hazards in Ethiopia are droughts and famine (34-49). Ethiopia has a long and troubled history of famines including prolonged droughts and frequent severe rainfall failure(12). Here I tried to highlights the major famine and droughts that had happened in the last 50 years.

#### **2.3.1.1. 1973 Wello Famine**

In 1973, a famine in Wollo killed an estimated 50,000 to 100,000, mostly of the marginalized Afar herders and Oromo tenant farmers, who suffered from the widespread confiscation of land by the wealthy classes and government of Emperor Haile Selassie (34)

#### **2.3.1.2 1983-1985 Famine**

In October 1984 Ethiopia came to the developed world's attention in a dramatic BBC news broadcast from Tigray province in the Northern Highlands. The report showed pictures of starving people on a massive scale and galvanised citizens in Europe and the US into donating

millions of pounds to relief agencies, and putting unprecedented pressure on their governments to send humanitarian relief. Up to a million people may have died, and many more were left destitute, making it one of the worst famines in recent history, and on par with the Chinese famine of 1959–61 in terms of mortality as a proportion of the population (35)

In 2002 Ethiopia was hit by another famine, despite good harvests in 2000/2001 and 2001/2002. Grain prices fell below the historic average. Maize prices in surplus regions fell by almost 80 percent. Although reduced prices favored the rural and urban poor, it created a disincentive for input use by producers. By late 2002 the increase in production and the lower prices were not sufficient to combat the chronic food insecurity that affected the majority of poor households; the number of people in dire need of food had more than doubled (38, 39). About 6 million people were in need of urgent food aid, and 15 million faced the threat of starvation. Unable to supply adequate food to keep people alive, the Government of Ethiopia reached out to the international community for assistance. Droughts threaten areas where livestock rearing is a primary activity, and threaten fodder and range productivity, all of which are likely to worsen under projected changes in climate (39).

### **2.3.2 Impact of the Drought and Famine**

Drought impacts include pasture shortages, overgrazing, land degradation, decreased water availability, and livestock diseases. All of these impacts lead to decreased livestock productivity, crop failure in agro-pastoral areas, food insecurity, and increased conflicts over scarce resources. Droughts not only bring loss of life, famine, and hardship to today's inhabitants (during the 2006 droughts, 25-60% of livestock were killed in some areas), but they also threaten the country's future, as children aged five or less are 36 and 50% (respectively) more likely to be malnourished if they were born during a drought (40-51).

### **2.3.2.1 Economic Impact**

Ethiopia is highly exposed to recurrent negative financial impacts of disasters, especially drought, due to its extreme vulnerability. Data on the financial impacts of disasters in Ethiopia is extremely limited; there is no systematic tracking of economic losses from natural disasters or government expenditures on pre-or post-event spending on disasters (40-51).

The agricultural sector, provider of livelihoods of the majority of Ethiopians and almost half of GDP, is especially adversely impacted by drought and other disasters. Economic losses from droughts and floods are incurred almost on an annual basis. Although the 2011 Horn of Africa drought affected a sparsely populated region of Ethiopia, nearly 4.6million people were estimated to require aid; the total cost of emergency food and non-food aid for transiently food insecure people in Ethiopia for July to December was estimated at US\$454.3 million, nearly 1.4 percent of GDP (40-51).

Drought primarily affects the agricultural sector, causing direct losses to crop and livestock production and indirectly contributing to food price inflation and balance of trade reduction. As agriculture contributes nearly 50 percent of Ethiopia's GDP, drought in productive regions can substantially adversely impact the economy (40-55)

Metrics for assessing expected losses from disasters to GDP are not available for the perils affecting Ethiopia. Historical records of disaster events are extremely limited in Ethiopia; very little economic loss data for disaster events are available. Sources such as EM-DAT, the

International Disaster Database, are incomplete for all perils, thus simulating long-term direct losses based on these records would severely underestimate losses (40-55).

In Ethiopia droughts have a significant effect on the national economy. Oxfam estimates that drought alone costs the country \$1.1 billion per year (51).

Poor crops and pasture: Moisture stress affects performance of crops and pasture causing low yields or even total crop failure.

Depletion of assets: Once households exhaust their food stocks, they start selling their assets including jewellery, livestock, furniture and farm tools.

Depletion of water: Disruption of rainfall (amount and distribution) will reduce surface and underground water sources. Streams and wells will dry up, significantly affecting availability of water for people and livestock. Extended drought will also deplete water used for production of hydro-electric power; when the drought is severe, the government rations electricity, disrupting the power supply to factories and other users.

Poor body condition of livestock: Shortage or lack of pasture and water affect the performance of livestock. They lose bodyweight, which reduces the price they fetch at market.

Increased livestock diseases: In addition to the poor body condition of livestock, during drought they travel long distances in search of pasture and water, increasing their exposure to infections. The dry environment can also be conducive for certain livestock diseases.

Poor/no milk production: Shortage or lack of feed and water affects milk production. During severe drought cows will not be able to provide any milk.

Poor terms of trade for crops: Supply of locally produced food crops in the market will be low (although there could be good supply of food aid in the local market around areas where relief food distribution takes place). This situation leads to high food prices (51).

### **2.3.2.2 Environmental Impact**

The environmental effect includes

Deforestation: One of the coping mechanisms for drought-affected communities is to fell trees for sale as fuel wood, charcoal or timber. Clearing of trees for farming or burning rangeland in pastoral areas can also exacerbate deforestation.

Biodiversity loss: The dry environment will affect plants and wild animals. Wild animals will migrate to other areas while plants that can only grow in wet environments can die out.

Soil erosion: Felling trees and reduced vegetation cover exacerbates soil erosion, especially due to wind. When rains restart after a drought period, the soil can be exposed to erosion.

Desertification: The dry environment coupled with cutting of trees can lead to desertification.

Depletion of surface and underground water resources: Underground and surface water sources will not be re-charged due to reduced precipitation.

Wildfire: Dry bushes and other vegetation easily catch fire, which can quickly spread to large areas (40-55).

### **2.3.2.3 Social Impact**

Social effects include:

Distress migration: In pastoral areas, people migrate with their livestock during drought disaster. In desperate situations, rural people migrate to urban centres. This increases the likelihood of women engaging in commercial sex work, exposing them to risk of HIV/AIDS.

Interruption of social and religious customs: Weddings, funerals and other social activities all require expenditure. Due to limited or no cash, many people are unable to attend such events during drought (44-55).

### **2.3.2.4 Health Impact**

#### **Excess Mortality and Morbidity**

Ethiopia ranks 23rd in the world for mortality risk from multiple hazards, with approximately 70 percent of its population at risk. Of the hazards impacting Ethiopia, drought has affected the

most people in Ethiopia by far since 1980, with approximately 60 million people affected over this period. Flood follows with over two million affected; earthquake, landslide, and wildfire risks are also present, although these have not impacted significant numbers of people during this period (40-55).

## **Malnutrition**

Studies show that children who experienced but survived a large scale and severe nutritional shock at a critical period in their development are discernibly smaller than their peers when measured twenty years later. And that those in the particularly vulnerable age of 12 to 36 months at the height of the famine were about 3 cm shorter due to the famine. These effects are substantial. The loss can be compared it to the findings summarised in Strauss and Thomas that developing countries gained an average of 1 cm in height per decade. However the famine impact in Ethiopia is also in line with findings from other serious famines. For example, the results on China suggest on average a height reduction of 2.8 cm due to the 1959–61 famine, with further effects on educational achievement. Studies on the impact of the famine show that those vulnerable and affected at the time of the famine are less likely to have finished primary school and may very well be more likely to be ill. Indicative calculations show that this height deficit could lead to reduced income of at least 3% per annum, and even up to 8% per year, if we consider that they are less likely to have completed primary school. The analysis of these studies suggests that famine relief in the form of food aid did not appear to have been effective in reducing impacts on the most vulnerable children, despite massive aid efforts (40-55).

**Psychological shock:** Witnessing the suffering, even death, of one's children, death of livestock and disruption of social structures due to drought can lead to depression and other psychological conditions (42-55).

## 2.3.3 Conflict

### 2.3.3.1 Red Terror

Following the deposition of Emperor Haile Selassie 12 September 1974, the Derg had been faced with a number of civilian groups competing for control of Ethiopia, most notably being the Ethiopian People's Revolutionary Party (EPRP). During September 1976, EPRP militants were arrested and executed, in tandem with the EPRP's assassination campaign against ideologues and supporters of the Derg. Although an unsuccessful attempt to kill Mengistu on 23 September was attributed to the EPRP, the first prominent victim of the EPRP's counter attack was Dr. Feqre Mar'ed, a member of the Political Bureau and All-Ethiopia Socialist Movement (MEISON) (56-64).

However, at the time the Derg was split by a rivalry between Mengistu and a faction allied against him, which limited his control. This rivalry was resolved at the meeting of the Standing Committee of the Derg 3 February 1977, in which fifty-eight top Derg officers were killed in an hour-long shootout. Seven of these officers were opponents of Mengistu, who included chairman and Lieutenant General Tafari Benti, Captain Almayahu Haile, Captain Mogas Wolde Mikael and Lt. Colonel Asrat Desta, the latter being an avowed Marxist-Leninist: "We are doing what Lenin did. You cannot build socialism without Red Terror." Although two rivals to Mengistu were still alive, Colonel Berhanu Bayeh and Lt. Colonel Atnafu Abate, Col. Berhanu had sided with Mengistu, and Lt. Colonel Atnafu quickly sided with the victor of the bloodbath, leaving Mengistu as the undisputed head of the Derg and ruler of Ethiopia. A few days later, Mengistu turned his attention to his rivals outside of the Derg, foremost being the EPRP and MEISON (56-64).

The **Ethiopian Red Terror**, or **Qey Shibir** (1977–1978), was a violent political campaign in Ethiopia and Eritrea that most visibly took place once Communist Mengistu Haile Mariam achieved control of the Derg, the military junta, 3 February 1977. In December

2006, Mengistu Haile Mariam was convicted in absentia for his role in the Red Terror while leader of Ethiopia. It is estimated that between 30,000 and 500,000 people were killed over the course of the Red Terror. Groups of people were herded into churches that were then burned down, and women were subjected to systematic rape by soldiers. The Save the Children Fund reported that the victims of the Red Terror included not only adults, but 1,000 or more children, mostly aged between eleven and thirteen, whose corpses were left in the streets of Addis Ababa (56-64).

### **2.3.3.2 Civil War**

The Derg ruled from 1974 to 1991 under a violent regime of terror, torturing, imprisoning, and/or executing those who opposed them and tallying tens of thousands of victims. Opposition groups developed in response to this governmental abuse, forming various insurgencies across Ethiopia's fourteen administrative regions. These groups included the Eritrean People's Liberation Front (EPLF), Ethiopian People's Revolutionary Party (EPRP), Tigrean People's Liberation Front(TPLF) and the Oromo Liberation Front(OLF). 230,000-1,400,000 (56-64).

Government reports and other studies showed that during the war, more than 150,000 Eritrean died, 60,000 of them were guerrilla fighters, and hundreds of thousands of Ethiopians. This meant that virtually every family in Eritrea had lost someone to the war. Worse still, there is a large number of disabled war veterans in the country. Many thousands of the 3 million Eritreans were disabled by the war. Also, during the war, 400,000 Eritreans took refuge in the Sudan and other areas, are now coming back to the country. Furthermore, there was a problem with the combatants who survived the war. Many of these soldiers have spent most of their adult lives fighting the war, which is all they know how to do. More than 50,000 soldiers have been discharged since 1993. It was going to be a very difficult for the Eritrean government to train these people with better skills, and basically integrate them back into the society. And of course,

during war and after the war Eritrea had suffered from chronic food shortages. Only about 20% of Eritrea's national farms were irrigated. The Eritrean government estimated that the nation's farms could only supply about 60% of the country's food needs even with good weather conditions. As estimated two thirds of the population relies on some form of food aid after the war (56-64).

### **2.3.4 Impact of the Conflict**

Of the two wars fought in Ethiopia since the 1974 revolution, the protracted civil war in the north has been significantly more costly and destructive than the Ethic-Somalia war of 1977. Little is known about the number of people killed, injured or otherwise harmed, either physiologically or psychologically, during these wars, for four major reasons. Firstly, morbidity and mortality statistics are characteristically poor. Secondly, mortality statistics gathered by the Ethiopian government were not released to the public. Thirdly, it is impossible to quantify the relative contribution of four factors contributing to increased morbidity and mortality since the revolution: war itself, drought, repressive and misdirected government economic policy, and outright government violence against the population. Fourthly, the effects of war have continued to be felt in Ethiopia after the fall of the Mengistu government in 1991 (56-64).

According one report, 609,000 Ethiopians died in wars between 1974 and 1990, more than 500,000 of them civilians. The defence minister of the transitional government estimated, on the basis of official records, that about 500,000 government soldiers, 150,000 fighters of the Eritrean People's Liberation Front (EPLF), the Tigray People's Liberation Front (TPLF), and other rebel groups, and at least 500,000 civilians died during that period. These casualty figures are conservative and do not include civilians who died from the direct and indirect effects of the war. Recent estimates by the transitional government put the number of Ethiopians who died during the 30-year war in northern Ethiopia at over 1 million not including the Eritrean casualties (56-64).

The number of persons with war-related injuries and disabilities, orphans and political prisoners held by the former government is not known. According to a recent estimate about one-third of the 300,000 prisoners of war returning home from the war front in late 1991 were injured or disabled. The 1984 census reported more than 40,000 persons with amputated legs and/or arms. Morbidity and mortality figures for the more than 2 million Ethiopian refugees in Somalia and Sudan were rarely available. Even less is known about the psychological impact of the war. Preliminary reports indicate that the effects of aerial bombings, violence against the civilian population, and the destruction of socioeconomic systems were particularly serious in the war zones of Tigray and Eritrea. Additional health effects of the war have been identified since it ended in May 1991, including thousands of persons killed in new ethnic clashes and in insecure areas in southern Ethiopia. Severe epidemics of malaria, typhus, relapsing fever and AIDS have also been reported in 1991, and famine conditions persist in the war-torn country. There were 8.7 million people in need of emergency assistance in late 1991, as many as during the 1984 famine (56-64).

Malaria is frequently referred to as a disease of poverty. Even a brief examination of the global distribution of malaria is sufficient to support this claim on a macro scale, given the concentration of malaria in the world's poorest continents and countries. Malaria is also said to cause poverty and prevent or reduce people's ability to escape poverty by reducing productivity and increasing cost of health services. Accordingly, linkage between malaria and poverty is needed to guide the design of coherent and effective policies and tools to tackle malaria and poverty together (56-64).

Diarrheal diseases resulted in high child mortality in war affected areas and refugee camps. The incidence of tetanus, a major killer of neonates and children, could be reduced only after the immunization became available in refugee camps in Somalia after 1982. The sharp decline of

immunization coverage throughout Ethiopia during the expansion of the war front in 1991 must be expected to have resulted in significant increases in infant mortality, although statistics are not available. The mortality rate in children under 5 in Eritrea in 1983 was 520 per 1,000 children, twice as high as in Ethiopia as a whole. Similarly, the inability of the Ministry of Health to carry out routine surveillance and control activities in rural areas in the face of insecurity was instrumental in causing malaria epidemics in 1991. Epidemics of both louse-borne typhus and relapsing fever have traditionally been associated with crowded army camps, as during the Ethio-Italian war, and crowded prisons and relief camps. The numerous publications by Italian military physicians working in Ethiopia and accounts by foreign travellers in historic times indicate the widespread occurrence of these two diseases during wars. Reports by relief and health workers indicate that the spread of typhus and relapsing fever in 1991 was facilitated by the crowded conditions in military camps and by retreating soldiers selling their louse-infested blankets and clothes to local populations. Both diseases also spread among famine victims in relief shelters (56-64).

During the 1984 famine, the number of relapsing fever cases more than quadrupled, to over 43,000. Meningococcal meningitis, another crowding disease, which affected all regions of Ethiopia in 1990, was difficult to control by immunization due to slow and incomplete reporting by and the inaccessibility of rural clinics in the northern war zone. A cholera epidemic broke out during the final stage of the war in early 1991 at all fronts when water supplies and medical services deteriorated. A rapid increase in sexually transmitted diseases, above all AIDS, may prove to be the most devastating public health outcome of the war in the long term. Prostitution and violence against women were common wherever the army operated. HIV infection and AIDS became epidemic in Ethiopia towards the end of the war. In 1985 only four of 5,565 (0.07 per cent) representative recruits were positive for HIV; the first AIDS cases in Ethiopia were seen in an Addis Ababa hospital in 1986. Another batch of recruits tested in the middle of 1987

revealed a prevalence of 0.9 per cent. By 1991, HIV prevalence among recruits had increased to 2.6 per cent; according to unpublished statistics of the Armed Forces Hospital in Addis Ababa, 9 per cent of soldiers were infected in 1991. Most soldiers became infected in bars in larger towns, where prostitution is characteristically rampant. Serological studies in 26 towns in 1988 by the National AIDS Prevention and Control Unit revealed HIV prevalence rates up to 39 per cent among local prostitutes (56-64).

A famine in 1973-1974 already had internally displaced an estimated 250,000 Ethiopians; however, civil and political violence soon prompted more displacement. An estimated 200,000 Ethiopians were resettled in 1984, and about 600,000 more were forcibly resettled in subsequent years. Reports estimate that, between 1980 and 1990, approximately 343,000 households — or 1.7 million individuals — were forcibly resettled. Refugees and displaced populations are particularly vulnerable to malnutrition and infectious diseases. About 2 million Ethiopians and 700,000 Eritreans became refugees in Sudan and Somalia in the 1980s. About 5 per cent of the 220,000 Ethiopian refugees in eastern Sudan in 1985 died within 3 months of their arrival. The crude mortality rates of Ethiopian refugees in Somalia in 1980 and in eastern Sudan in 1985 were 18-45 times higher than the rates in the host countries. Even these rates were considered to be under-estimates (56-59).

### **2.3.5 The Tigray people Liberation Front (TPLF) genocide of The Amara People**

Millions of Amara have been subjected to ethnic cleansing and genocide in different parts of the Ethiopia for the last 25 years. Reports showed that during the last 25 years the ruling TPLF regime and its cohorts have committed various gruesome human rights violations against members of the Amara (Amhara) ethnic group in Ethiopia (60-649).

In 1976, the Tigray People's Liberation Front (TPLF) that is currently ruling Ethiopia crafted its Greater Tigray Manifesto. TPLF claimed in its political program as a struggle against “Amara

and imperialism” and labelled the Amaras as staunch enemies of the Tigray people, it is generally assumed that the opposition to TPLF’s apartheid-style rule would come from the Amara ethnic group. The manifesto called for transforming the northern Ethiopian region of Tigray in to an independent country through expansionist policies. For Greater Tigray to become a reality, TPLF decided that they have to take control of the central government in Ethiopia and systematically dismantle the country (60-64).

Since coming to power, the TPLF has unlawfully incorporated and forcefully annexed parts of North Gondar and North Wollo districts of the Amara regional state into Tigray region. The total number of counties which have been taken over from North Gondar are five: Welkait, Tsegede, Tselemt, Setit and Tach Armachiho. Raya and Qobo district of North Wollo, with all its counties, has also been taken over by TPLF and incorporated to Tigray region. Once the TPLF took control of these districts, it has carried out systematic genocide and ethnic cleansing on the indigenous Amara people, who lived there for generations (60-64).

Ethiopian Information Service Network, Moresh Wogene Amara Organization and other humanitarian organizations were documented and reported the large scale genocide of innocent Amaras and other Christians by TPLF (Tigray People Liberation Front), OLF (Oromo Liberation Front) and OPDO (Oromo Peoples Democratic Movement) members in Arsi, Wolega, Harergi, Jimma and Illibabur region of southern Ethiopia in 1991. According to these reports in the six districts located in Arba Gugu sub-province of Arsi and in Bedeno sub-province of Harergi Administrative region, thousands of Amaras and other Christian homes have been razed and burnt down to ashes, thousands of human lives have perished; property worth millions of Birr has been destroyed. Based on eye witness accounts and video evidences, Amaras and other christians have been slaughtered like animals; the breast of women were cut and these very women victims forced to roast or grill their breast by TPLF, OLF and OPDO members. Countless atrocities have been perpetrated (60-64).

Eritrean people Liberation Front (EPLF) along with the OLF forces were also instrumental in the genocide of more than 300 innocent Amaras in Assosa in January 1990. There are reports of Ethnic cleansing targeting Amaras in the present day Eritrea after EPLF took control of Asmara (60-64).

At a hearing testimony to the country rubber stamp Parliament by Miss Samia Zekaria, Director of the Central Statistical Agency, she had publicly admitted that between 1994 and 2007, about 2.5 million Amaras have been systematically unaccounted for in the 2007 census result. This amounts to 5% of the national population and 4% of the Orthodox Christian population of 2007. The Amaras are one of the two linguistic groups which together account for the majority of the Ethiopian population with the Oromo/Amara ratio being 29%/28% in 1984 and 32%/30% in 1994. This ratio, however, showed a precipitous rise in 2007 to 34%/27% which begs a satisfactory explanation that is yet to be provided by the census authorities. As a direct consequence of this finding, the TPLF parliament has reduced the annual budget allocation to the Amara regional state, which further complicates the very survival of the Amara people. According to eye witness accounts of the survivors, the number of Amaras removed from their livelihoods and eliminated during the last 24 years could soar up to about 6 million (60-64).

### **2.3.6 HIV Epidemic**

The national adult HIV prevalence rate for Ethiopia is 2.4 percent while the rate in urban areas is 7.7% for the year 2010 (MOH, 2007). An estimated 1.3 million Ethiopians live with the virus, and roughly 68,136 of them are under 15 years old. Close to 2 million Ethiopians have died from AIDS-related diseases, and about 640,802 children have been orphaned by them. An

estimated 289,734 people living with HIV/AIDS (PLWHA) were in need of antiretroviral therapy (ART) in 2008. HIV infection rates are much higher in urban than rural areas (68-70).

### **2.3.7 Malaria Epidemic**

Studies clearly show that malaria is a major health hazard in Ethiopia: It accounts for up to 20 per cent of under-five deaths. Tragically, in epidemic years, mortality reports of nearly 100,000 children are not uncommon. In the last major malaria epidemic in 2003, there were up to 16 million cases of malaria; 6 million more than in an ‘average’ year. Out of an estimated nine million malaria cases annually, only four to five million will be treated in a health facility. The remainder will often have no medical support. It is estimated that only 20 per cent of children under five that contract malaria are treated in a health facility. Malaria is prevalent in nearly three-quarters of the country, putting over 50 million people at risk. The disease accounts for seven per cent of outpatient visits and represents the largest single cause of morbidity. Large-scale epidemics tend to occur every five to eight years in certain areas due to climatic fluctuations and drought-related nutritional emergencies. Children and pregnant mothers are among the most vulnerable. Drought-related malnutrition, poor health and inadequate sanitation can leave a weak immune system open to attack from malaria. It can also worsen the effects of malnutrition through malaria-related diarrhoea and anaemia (51-54,63).

### **2.3.8 Earth Quake**

Ethiopia is exposed to seismic activity along the boundaries of the African plate and the Somali plate, which run north-south through the centre of the country. The highest level of earthquake activity ever recorded in the country is 6.9 on the Richter scale 5. A number of Ethiopia’s major cities and towns, including the capital, Addis Ababa, are situated along this boundary and are

particularly vulnerable to earthquake risk. In 1969, a series of shocks ranging up to magnitude 6.2 destroyed the town of Serdo in Central Afar, killing 39 and injuring 1606 .Addis Ababa is exposed to a magnitude 6.9 earthquake once every 100 years. Stakeholders in the country do not perceive earthquake as a priority concern (35, 51, 65).

### **3. DISASTER RISK FACTORS**

Ethiopia is one of the most disaster- prone countries in Africa, with numerous small and large scale incidents including drought, famine, floods, hail storms, plant pests and insects, as well as epidemic health issues and the threat of violent conflict.

Ethiopia is vulnerable to disasters caused by drought, earthquake, flood, war and conflict, human and livestock diseases, pests, wildfire and landslide, amongst others. These different hazards occur with varying frequency and severity. In 2008, more than six million Ethiopians required emergency food assistance due to drought and rising food prices. In recent years the value of emergency food and non-food aid has reached over us \$350 million on average per year. Although once self-sufficient in food and a net exporter of food grains, since the 1980s, Ethiopia has been a net importer of grain due to a decline in crop production caused by land degradation, soil erosion, and a decline in farm sizes, and rapid population growth and increasing demand for grains as livestock feed. Food aid has tended to be managed through emergency mechanisms that hand out food to needy households, rather than being provided as part of development programs that build and/or protect assets (human, natural or physical). Thus, although there have been massive flows of food aid into Ethiopia since the 1980s, its contribution to sustained economic development has been insignificant. The 2011 Horn of Africa drought revealed that despite significant progress on its disaster risk management (DRM) agenda, Ethiopia remains highly vulnerable to disasters The risk factors to disasters in Ethiopia are multifaceted and we can classified into four major broad category.

1. Socio-economic risk factors
2. Environmental risk factors
3. Political risk factors and,
4. Geological risk factors

## 3.1 SOCIO-ECONOMIC RISK FACTORS

### 3.1.1 Poverty

Almost half the world's population lives on under \$2 per day, this half consumes only 1.3 per cent of the global product. By contrast, according to reports, 955 million citizens of high-income countries have about 81 per cent of the global product. Furthermore, almost one in seven people do not have the means to consume enough food for a healthy life - they are undernourished. Almost all of the 852 million undernourished people live in developing countries. Similarly, every day around 25,000 people, mostly children, die of hunger or hunger-related causes. Ethiopia is one of the poorest country in the world (66-74).

**Table 1. Poverty indicators of Ethiopia**

Poverty Indicators	Value
Human Development Index (out of 187)	174
Living below 1,25 (USD) a day (% pop)	39
GDP per capita (USD)	848
Life expectancy at birth (years)	59.3
Infant mortality rate (per 1000 live births)	104
Gini coefficient 29.8	29.8
Adult literacy rate (% aged >15)	29.8

Mean years of schooling (of adults) 1.5	1.5
Gender inequality index	N.A
Global hunger index (>20 alarming)	28.7
Corruption perceptions index (10 = clean)	2.7

### 3.1.2 Agriculture Dependent Economy

Ethiopia is one of the world's poorest countries at US\$115 GDP per capita. Half of the population lives in absolute poverty. The agricultural sector, which accounts for more than half of GDP and 80% of total employment, suffers from frequent drought and poor cultivation practices. Low prices of coffee, which is a major Ethiopian export, force farmers to switch to the production of local narcotic 'qat' to supplement income. Government has become increasingly dependent on aid in supporting its economic activities. Ethiopia remains the single biggest recipient of foreign humanitarian aid in Africa and 70% of the Government's direct budget relies on aid. Acute food shortages caused by drought is the most protracted economic problem and devastates a large portion of the Ethiopian population. Rural communities plagued with crop failures, pests, and extensive livestock losses and become dependent on international food assistance. Despite enormous amounts of food aid, child stunting in Ethiopia has persisted at alarming rates. Decrease in percentage of the population with access to improved water (from 24% to 22%) and sanitation (from 12% to 6%).<sup>30</sup> 47% of children under 5 are underweight, and 46% of the population is undernourished. Development in private sector hampered by lack of

skills and capital, weak investment climate, and structural constraints such as market size and geography (66-90).

### **3.1.3 Population Growth**

Furthermore, with a population of more than 80 million people, Ethiopia is the second most populous country in Africa, and has a relatively rapid annual population growth rate of 3.2%. 43.9% of the population is between 0 and 14, creating youth bulge. When population growth not meet with rapid economic growth and better life condition, the population will become more vulnerable for disasters (66-74, 82-90).

## **3.2 ENVIRONMENTAL RISK FACTORS**

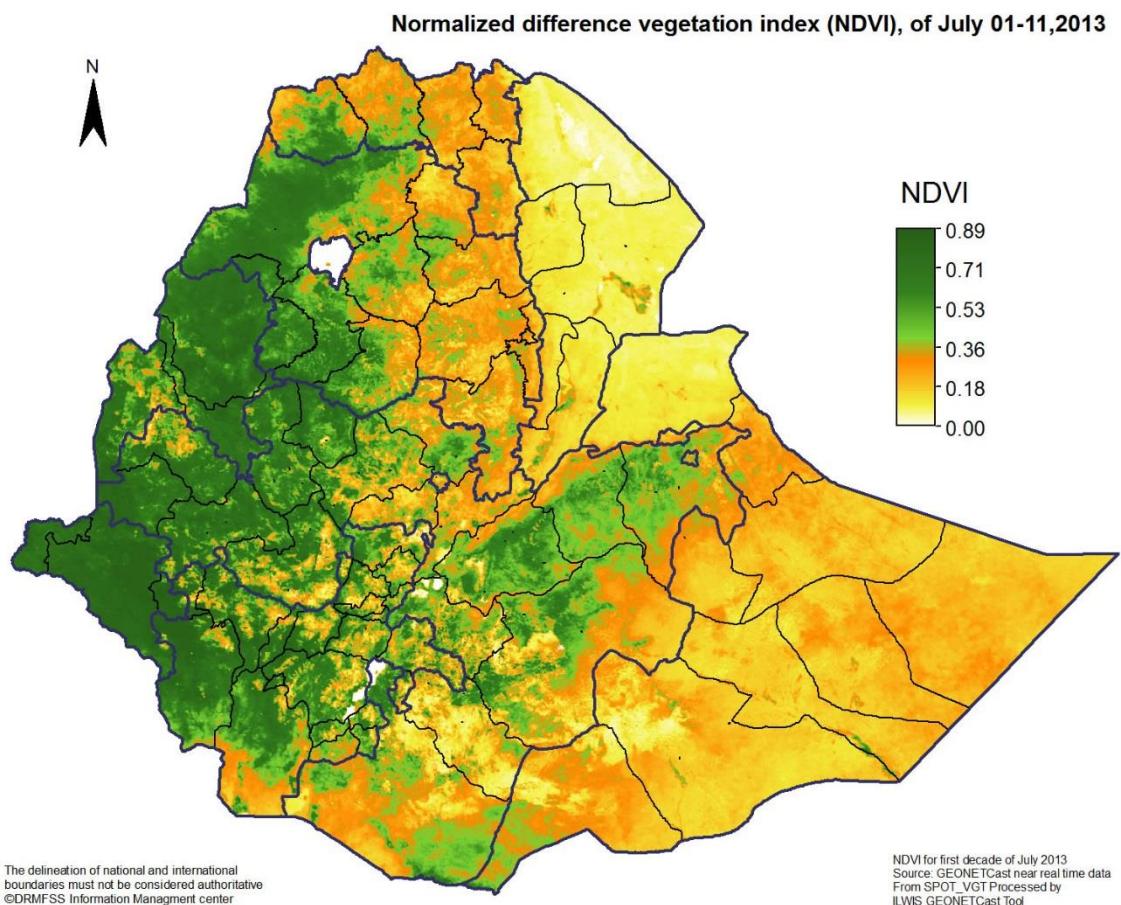
### **3.2.1 Location**

Western and eastern Tigray, all parts of Afar and Somali regions, eastern Amhara region, South Omo of SNNPR and Borana zone of Oromiya region are classified as high drought-risk areas. Medium drought-risk areas include central Tigray, small areas in central Wollo, most of northern Omo, the northern part of North Gondar, Metema area, all of Gambella, most of Shewa, parts of east and west Hararghe, parts of Arsi and Bale, Sidama, Gedo and central Borana (66-74,82-90).

Among the major river flood-prone areas are parts of Oromia and Afar regions lying along the upper, mid and downstream plains of the Awash River; parts of Somali Region along the Wabishebeli, Genale and Dawa rivers; low-lying areas of Gambella along the Baro, Gilo and Akobo rivers; downstream areas along the Omo River in SNNPR and the extensive floodplains surrounding Lake Tana and the banks of Gumara, Rib and Megech rivers in Amhara (see figure

5 below). Flash floods, which occur in lowland areas when excessive rain falls in the highlands, are also frequent in central and western Tigray; North and South Wollo, West Gojjam and Oromia zones (Amhara); North and West Shewa (Oromia); Wolayita, Hadiya, Guraghe and Sidama zones (SNNPR) and Dire Dawa and Jijiga Towns (66-74).

Figure 5. Map of normalized difference vegetation index



### **3.2.2 Climate Change, Drought and Deforestation**

Ethiopia's low economic development, inadequate infrastructure, and lack of institutional capacity all contribute to the country's vulnerability to climate change. These conditions have already led to significant land degradation, which results in greater vulnerability to climate-related natural hazards, including wildfires, epidemics, floods, and droughts (66-74).

Ethiopia's climate is highly variable, and is projected to become more variable due to climate change, with the potential for increased frequency of extreme weather events including floods and droughts. Rural areas are very vulnerable to climate variability. The most vulnerable sectors to climate variability are agriculture, water, health, and energy. Smallholders dependent on rain-fed crop production and pastoralists in drought-prone areas are the most vulnerable rural livelihood systems (66-74).

As a result of its varied topography, Ethiopia has a highly variable tropical climate. The highland regions are cool and host most of the country's population, while temperatures in the Dallol Depression are some of the hottest on the planet. The country's climate is broadly divided into three zones: 1) the alpine vegetated cool zones (Dega) are areas over 2,600 meters above sea level, where temperatures range from near freezing to 16:C; 2) the temperate Woina Dega zones, where much of the country's population is concentrated, are areas between 1,500 and 2,500 meters above sea level where temperatures range between 16:C and 30:C; and 3) the hot Qola zone, which encompasses both tropical and arid regions and has temperatures ranging from 27:C to 50:C. Mean rainfall can range between 0 and over 4000 mm annually, with considerable spatial and temporal variability in both distribution and quantity. Rainfall in the

country is bimodal, with 60% occurring during the long rainy season (Gaana), which generally lasts from March to May, and the short rainy season (Hagaya), which occurs between September and November (71-74).

Two similarly distinguished dry seasons exist: a long dry season (Boonahagaya) occurs throughout much of the country between December and February, and a short dry season (Adolessa) occurs between June and August. The onset and duration of the rainy seasons (as well as rainfall intensity and annual quantity) vary considerably inter-annually, due to the movements of the Inter-Tropical Convergence Zone (ITCZ), which can lead to droughts in various parts of the country (71-74).

Mean annual temperature increased by  $1.3^{\circ}\text{C}$  between 1960 and 2006, an average rate of  $0.28^{\circ}\text{C}$  per decade. The increase in temperature has been most rapid for the period of July-September, at a rate of  $0.32^{\circ}\text{C}$  per decade. Daily temperature observations show significantly rates of increase in the frequency of hot days, and much larger increases in the frequency of hot nights. The average number of hot days per year increased by 73 (an additional 20% of days) between 1960 and 2003. The rate of increase is seen most strongly during the short dry season (Adolessa) between June-August when the average number of hot days has increased by 9.9 days per month over the same period (71-74).

The average number of hot nights per year increased by 137 (an additional 37.5% of nights) between 1960 and 2003. The rate of increase is seen most strongly during the short dry season (Adolessa) between June and August, when the average number of hot nights increased by 18 days per month over this period. The frequency of cold days<sup>8</sup> decreased significantly in all seasons except during the long dry season (Boonahagaya) in December-February. The frequency of cold nights decreased even more rapidly and significantly in all seasons. The average number of cold days per year decreased by 21 (5.8% of days) between 1960 and 2003.

This rate of decrease is most rapid from September to November when the average number of cold days decreased by 2.3 days per month over this period. The average number of cold nights per year decreased by 41 (11.2% of days). The rate of decrease is most rapid from June to August, when the average number of cold nights decreased by 3.7 nights per month (71-74).

Long-term trends in rainfall are difficult to determine for Ethiopia due to strong inter-annual and inter-decadal variability in rainfall data. A lack of rainfall records impedes the proper analysis of historical trends in rainfall variability, which is particularly important since much of the rainfall in Ethiopia is brought about by localized, convective storms (71-74)

Approximately 85% of the population lives in rural areas and depends on the local natural resource base to meet their basic welfare needs. The relatively under-developed, semiarid, and arid regions of Afar and somali have been historically vulnerable to unfavorable climatic conditions, which are being exacerbated by climate change. The Amhara and oromia regions are characterized both by areas of good agricultural production in the highlands and midlands and by recurrent droughts. The Tigray region, vulnerable to recurrent drought, is also vulnerable to climate change (71-74).

The vulnerability to climate-related hazards and food insecurity is closely linked to land degradation. Forest clearing for agriculture, population increases, and overgrazing has led to rapid deforestation and degradation of land sources. This has worsened the availability of food, water, and fuel. The current rate of deforestation is estimated at 160,000 to 200,000 hectares per year according to the Ethiopian Agricultural Research Organisation. Tree planting and conservation programs have had little success. About 85% of the land surface in Ethiopia is considered susceptible to moderate or severe soil degradation and erosion. in the Highlands, shrinking farm sizes and soil degradation and erosion are reducing the sustainability of agricultural production and causing downstream pollution (including siltation of dams), thereby

making it difficult for rural populations to meet their basic needs. The annual costs of land degradation are estimated to be at least 2-3% of agricultural GDP (71-74).

To put this in perspective that means that land productivity would need to increase by more than 20% immediately to reverse the damage of the past 10 years. In addition, land productivity is declining as average per household landholdings are declining due to population pressure and limited uncultivated land (71-74).

### **3.3 POLITICAL RISK FACTORS**

#### **3.3.1 Lack of Good Governance**

The previous regimes of Emperor Haile Selassie and the Derg serve as good examples where, respectively, the 1973-4 and 1984 famines were occurred in the absence of democracy. At present, the situation becomes worsened under EPRDF (3, 14, 43, 46, 51).

#### **3.3.2 Potential Ethnic Violence**

Initially greeted with enthusiasm, ethnic federalism has failed to resolve the “national question”. Instead it generates greater conflict at local level, as ethnic groups fight over political influence. That policy has empowered some groups but has not been accompanied by dialogue and reconciliation. For Amhara and national elites, it impedes a strong, unitary nation-state. For ethno-national rebel groups like the Ogaden national libration front (ONLF) and OLF, it remains artificial (3, 14, 43, 46, 51).

Communal conflicts sparked by ethnic-based federalism have become common. While they often involve killings, displacement and property destruction, they are not directed against the

federal government. Ethno-national rebellions against the EPRDF have not disappeared, however. With varying success, the ONLF, OLF, Ethiopian People's Patriotic Front (EPPF) and Tigray People's Democratic Movement (TPDM) are waging such armed struggles. Oromia is of particular concern, since it contains 37 per cent of Ethiopia's population (roughly 27 million people). Its secession would entail disintegration of the Ethiopian state. The ONLF insurgency in Somalia would not, but it has triggered a humanitarian crisis (3, 14, 43, 46, 51).

### **3.3.3 Armed Resistance**

Ethiopia has experienced substantial political transformation since EPRDF forces captured Addis Ababa in 1991, but many things stay the same. Despite its democratic rhetoric, the regime is unwilling to share power or to accept criticism as normal. After 2005, its objective has been simply to stay in power. To do so, it has established a party-state system that perpetuates its rule but frustrates large parts of the population. Its obsession with controlling political processes from the federal to the local level reflects the former liberation fighters' paranoia and incites opposition groups to consider armed struggle their only remaining option. Currently there are a lot of armed guerrilla groups due to absence of democracy and lack of good governance (3, 14, 43, 46, 51).

## **KEY INDICATORS**

### **History of conflict**

History of violent conflict (1974 coup against Haile Selassie, 1977 General Teferi Benti killed, 1991 coup against Colonel Mengistu by EPRDF) and a history of ethnic conflict exacerbated by scarce resources and famine/droughts. Ethiopia has historically been affected by external conflicts as it continues to be a recipient of displaced persons.

- Border war with Eritrea 1998-2000.

- Large scale ethnic cleansing of the Amara people.
- Violent suppression of political demonstrations.
- Governance and Political instability (3, 14, 43, 46, 51).

## **Internal Security**

Clashes between ethnic groups, as well as between civilian protesters and state security forces have been frequent in the last 25 years.

The regime military forces continue to conduct operations against the outlawed Ethiopian people patriotic Front(EPPF), Oromo Liberation Front (OLF), Genbot 7 Popular Movement, the Somalia based Al Shabab, Islamic movement and elements of the Ogaden National Liberation Front (ONLF). Ethiopian National Defence Force (ENDF) abuses against Anuak civilians and villages in the southwest Gambella exacerbate ongoing ethnic tensions.

Ongoing human rights abuses and political repression have been reported in the Amhara and Oromia Regions targeting ethnic Amhara and Oromo, including tight monitoring of civil activity by government bodies, as well as forced attendance at political meetings.

In 2003 bloody ethnic clashes broke out in Gambella between the Anuak and Nuer, a large population of Sudanese heritage.

Ethnic clashes over border lines and resources have also been reported over the last few years in the Southern, as well as the Somali/Oromia, regions resulting in the deaths of hundreds and the displacement of thousands. Local officials have been found guilty of inciting violence between tribes over land (3, 14, 43, 46, 51).

## **Contested Elections**

The May 2005 elections were marred by allegations of government harassment, killing of opposition supporters, and electoral fraud. Following the elections, protests against government fraud and abuse were brutally put down, with more than hundreds people killed and more than 10,000 people arrested.

State authorities brought charges against many editors from Amharic language newspapers and arrested a lot of journalists. The trials of opposition members using the new anti-terrorism and treason are ongoing (3, 14, 43, 46, 51).

## **Militarization**

Clashes and general tension along the Eritrean-Ethiopian border leads to regional instability.

High military spending diverts funds from other sectors.

EPRDF/TPLF has been accused of intimidation and human rights violations. There are continued reports of unlawful killings, as well as abductions and arbitrary detainment, particularly in the Amara, Oromia, Gambela, Afar, SNNPR and the Somali Regions.

There are approximately 2 million landmines in the country, many dating from the war with Eritrea. Reports have been made of new landmines being planted on both sides of the Ethiopian-Eritrean border during 2004. The border war with Eritrea and ethnic clashes have resulted in an estimated 150,000 to 178,000 internally displaced persons (24 ).

Ethiopia also hosts over thousands of Eritrean, Sudanese and Somali refugees. These groups are at risk due to scarce resources and strained relief efforts.

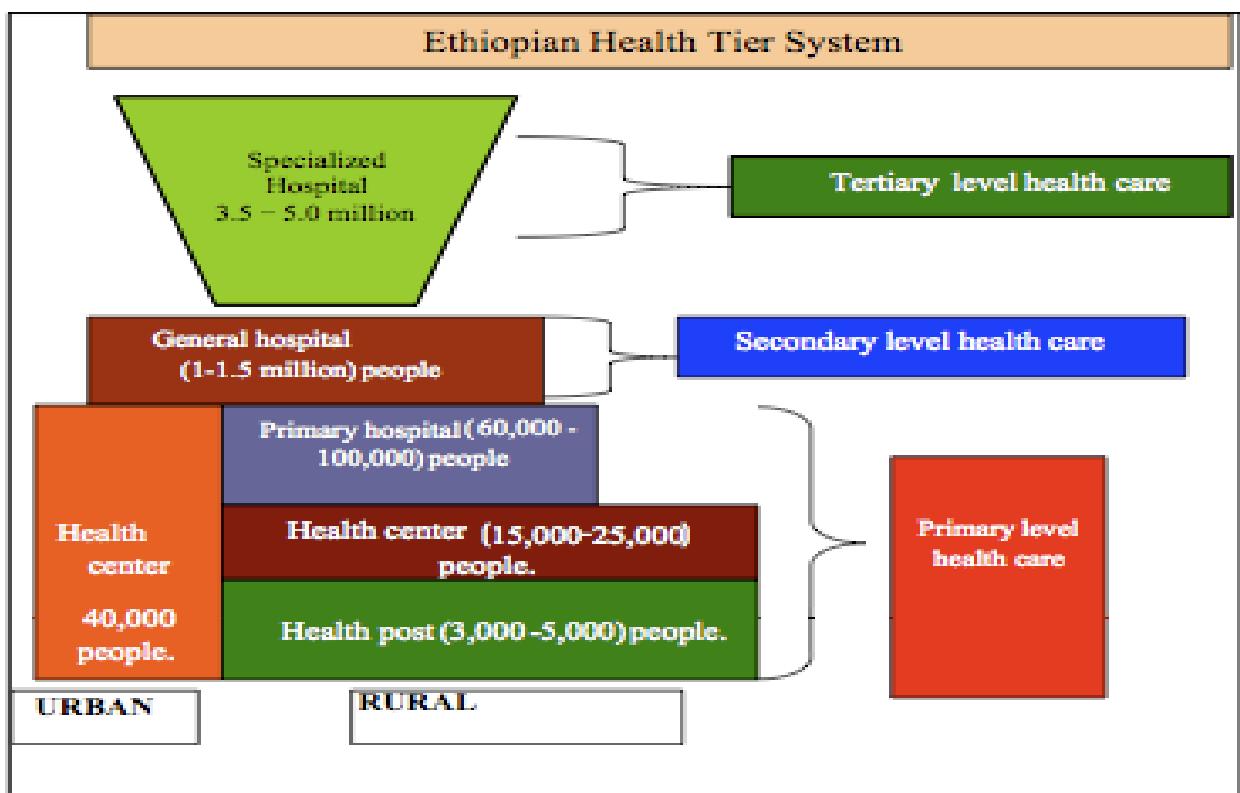
Tension has been reported within Muslim communities, particularly with Wahhabi Muslims.

Attempts by the government to resolve disputes between ethnic groups, such as the October 2004 referendum in the border areas of the Somali and Oromia regions led to increased tensions between communities. Regional ethnic conflicts continue to disrupt the work of aid workers (3, 14, 43, 46, 51).

## 4. CRISES AND PUBLIC HEALTH RESPONSE CAPACITIES

The recently implemented Business Process Reengineering (BPR) of the health sector has introduced a three-tier health care delivery system: level one is a Woreda/District health system comprised of a primary hospital (to cover 60,000-100,000 people), health centres (1/15,000-25,000 population) and their satellite Health Posts (1/3,000-5,000 population) connected to each other by a referral system. The primary hospital, health centre and health posts form a Primary Health Care Unit (PHCU). Level two is a General Hospital covering a population of 1-1.5 million people; and level three is a Specialised Hospital covering a population of 3.5-5 million people (90).

Figure 9. Ethiopian Health Tier System



The public health system is continually challenged by recurrent and unexpected disease outbreaks and is facing the challenge of managing health consequences of natural and human made disasters, emergencies, crisis, war and conflicts. These problems continue to disrupt the health care system, while successful detection and response to these challenges is becoming increasingly complicated (91).

According to CDC report the most common emergencies affecting the health of large populations in developing countries have involved famine, war and forced migrations (40).

The CDC notes: When populations are forced to migrate in large numbers, they usually end up in camps or urban slums characterized by overcrowding, poor sanitation, substandard housing, and limited access to health services. These conditions hamper the effective and equitable distribution of relief supplies and promote the transmission of communicable diseases. An effective health care system is needed for the management of emergency public health threats.

Where there is a strong and functioning public healthcare system, disaster-affected populations can expect to be able to access needed health care in times of crises. Where there is not, however, the only sources of health care are either the private sector or NGO-managed emergency health programs. These latter programs often are based only in camp or refugee settings, especially in crises-affected countries with established health care systems. It is clear that when people are able to stay in their home communities in times of crisis their exposure to infectious diseases is less than when they are displaced to camp settings. in the context of Ethiopia, it should be noted that preventing displacement, while important, does not alone adequately address the specific public health threats associated with drought, famines and livelihoods collapse. It is a very serious concern that the majority of disaster-affected populations in Ethiopia does not benefit from an adequate system and are therefore at risk of elevated levels of malnutrition, morbidity and mortality in times of disasters (14-16, 40)

Emergency response strategies designed to prevent distress migration have been important for limiting vulnerable populations' exposure to disease threats because morbidity and mortality has been proven to be higher in IDP and refugee camps than in stable settings. However, a lack of leadership from government and UN agencies to devise and implement emergency public health strategies has contributed to an alarming level of vulnerability to disease epidemics. The DPPC has inadvertently segregated the line ministries (including the MoH) from operational levels of responsibility for disaster responses. Even in the best of times, the health system in Ethiopia is inadequate. One of the most immediate threats to life in crisis areas stems from vulnerable populations' lack of access to any form of meaningful health care. Emergency measures are still insufficient given the vast public health threats including adequate EPI coverage for vulnerable populations, sufficient quantities of clean water for consumption and hygiene purposes, satisfactorily balanced, adequate and appropriate food aid rations, and other properly conceptualized and managed nutrition interventions (40).

According to WHO report the MoH needs considerable support to enhance its technical, managerial, or system capacities for organizing and directing a large-scale emergency health relief effort as part of an overall disaster response. These and other emergency public health system shortcomings are explicitly recognized in the MoH's appeal documents. Perhaps because it presides over a chronically distressed population, the health system has not been able to adopt strategies, build capacity or seek resources adequate for providing for populations in the context of a disaster or crisis with significant health consequences. Further, the mandate of a separate government agency responsible for disaster prevention, preparedness and Risk and Vulnerability in Ethiopia coordination of response (the DPPC) has inadvertently segregated the health ministry from operational levels of deliberations or responsibility for disaster response. The DPPC has accomplished a thorough process of risk assessment and has identified a range of

disasters in its planning scenarios. There is no indication in the DPPC plan of action that the resources of the health system have been integrated into response strategies (40).

For instance, during 2003 famine the DPPC began to arrive at the assessment that a drought-induced famine was in process in several sections of the country by July 2002. Although the MOH was enlisted at the National DPPC and other levels (e.g. the Crisis Management Committee), the MOH did not appear fully engaged in the early warning and assessment processes. Based on discussions with health officials at the sub-zonal level, had there been a system of robust facility-based reporting of patient nutritional status, early warning might have been obtained as early as the spring of 2002 that the prevalence of malnutrition was rising among children visiting the health posts and health clinics. Reports of outbreaks of severe malaria among pastoralist populations in the summer of 2002 were not mapped to areas of crisis as identified by the DPPC (40).

Despite the DPPC's assessments, prior to the onset of the crisis, there were no prior plans to mobilize a mass measles vaccination campaign, despite the known fact that underlying EPI coverage in the country is very low; there was no established or ongoing training in clinical management of therapeutic feeding centers for physicians or nurses; and there was no procedure in place for filling or maintaining the pipeline for the particular drugs and supplies required to protect a famine-affected population from the known assaults of specific infectious diseases. Furthermore, the health system has not been able to manage the public health implications of severe acute malnutrition (40).

## 5. ALLEGATIONS

Some investigations and reports has found Millions of pounds of Western aid money intended to buy food for starving Ethiopians during the country's 1984 famine were instead used by TPLF/EPRDF to buy weapons. Max Peberdy, an aid worker in 1984 with Christian Aid, told the BBC that he carried more than \$500,000 across the border into Ethiopia to buy food. He insisted that there was "a complete separation" between cooperation from the rebel army and the "logistics" of buying food from local farmers. But one of the traders who sold grain to Mr Peberdy directly, Gebremedhin Araya, said that he was in fact a senior rebel commander. "I was given clothes to make me look like a Muslim merchant. This was a trick for the NGOs," he said, referring to non-governmental organisations, or aid agencies. He said sacks filled with sand were hidden under a top layer of real grain bags. Another man claiming to be a senior commander, Aregawi Berhe, said that "95 per cent" of the \$100 million given to buy food was diverted to purchase weapons or to boost the rebels' cause. "The aid workers were fooled," he said (92-94).

Recently declassified documents from the CIA support these claims. "Some funds that insurgent organisations are raising for relief operations, as a result of increased world publicity, are almost certainly being diverted for military purposes," the Agency wrote in a secret 1985 report (92-94).

Human right organizations accused the current government for using food aid as a tool to suppress dissents (94). BBC documentary and other researchers accused TPLF/EPRDF for diverting food aid to purchase weapon during 1984-1987 great famine (92,93). Recent Human Right Watch "*Development without Freedom How Aid Underwrites Repression in Ethiopia*" report documented different evidence that the ruling Ethiopian People's Revolutionary Democratic Front (EPRDF) has used donor-supported programs, salaries, and training opportunities as political weapons to control the population, punish dissent, and undermine

political opponents—both real and perceived. According to this report local officials deny these people access to seeds and fertilizer, agricultural land, credit, food aid, and other resources for development. Human right watch report accuses EPRDF government for using donor aid programmes for political gain and human right repression including safety net programme. The Productive Safety Net Programme (PSNP) provides food and cash to vulnerable families in return for work on public projects in approximately 300 woredas (94).

#### Productive Safety Net Programme (PSNP)

Ethiopia has a long history of relying on foreign food aid in response to natural and man-made disasters. Launched in 2005, the Productive Safety Net Programme aims to provide predictable transfers of food or cash to food-insecure households through a public works program, or direct transfers to those who cannot work. It was intended to address the causes of underlying food insecurity in Ethiopia, with the idea that beneficiaries would over time accrue enough assets to withstand a food shock on their own. Between 7 and 8 million beneficiaries are targeted, based on historical patterns of areas needing food relief. The total program cost of phase three, which was approved in September 2009, is approximately \$1.7 billion.<sup>73</sup> Annual spending has been about \$350 million. The safety net program is financed by the Canadian International Development Agency (CIDA), the European Commission (EC), Irish Aid, the Netherlands embassy, the Swedish International Development Agency (SIDA), the United Kingdom Department for International Development (DFID), the United States Agency for International Development (USAID), and the World Bank. The last three donors provide over two-thirds of the funding. The Ethiopian Ministry of Agriculture and Rural Development is responsible for the program's overall operation (94).

According to human right groups report the safety net is used to buy loyalty to the ruling party. Opposition farmer from Dessie said that “That is money that comes from abroad.... Do those people who send the money know what it is being used for? Let them know that it is being used against democracy” (94).

One of Ethiopian Human Rights Council official testified that “The PSNP beneficiary list is a weapon, pure and simple”. The government of Ethiopia denied all these allegations (94).

## 6. RISK ANALYSIS

### 6.1 Worst Case

#### Famine, Chaos and Civil War

- Total inhalation of the Amara People
- Opposition leaders and human right activists incite and help popular uprising and revolution against state authorities
- Sporadic violence spreads to overwhelm state authorities, triggering a full out civil war.
- Continued drought and famine.
- As food gets scarcer, local tensions between ethnic groups and displaced peoples can turn into insurrections.
- Tensions over the disputed border with Eritrea could flare up again into war.
- Substantial pull-out of foreign aid
- Ethiopia collapses as a state (95).

### 6.2 Best Case

#### Resolution of Competing Political and Economic Claims, Resilience of the Community and Addressing Climate Change Effect

- Peaceful transition of power to the people and national reconciliation
- Stopping of the ongoing massacre and genocide against the Amara people.
- Release of opposition members and other political prisoner including journalists, allowing for broad participation in the political process by opposition groups, free of intimidation
- International community and relevant groups focus on the internal tensions in Ethiopia, offering infrastructural support in exchange for appropriate government reforms.
- Repatriation of refugees and internally displaced persons.

- Efficient economic reforms, reducing dependence on foreign aid and pushing forward development.
- Redirecting government funds to building infrastructure and social programs rather than to military and suppression.
- Resolution of the Ethiopian-Eritrean border dispute leading to improved relations as well as resuming use of ports for trade purposes (95).

## **6.3 Most Likely Case**

### **Unstable Status Quo**

- The current large scale genocide against the Amara people will continue with different forms and tactics.
- Support from the United States, and the international community's avoidance of Ethiopia's internal struggles, will continue the status quo with the government ruling by suppressing opposition where necessary.
- Current political structure will continue to exacerbate ethnic tensions.
- Frequent drought, poverty, and decreasing availability of arable lands will continue to affect Ethiopian peoples (95).

## **7. CONCLUSION**

Fascist Italy genocide, drought, famine, civil war, TPLF genocide of the Amara people and disease epidemics were major disasters in Ethiopia during the last 70 years. Fascist Italy, Haileselassie imperial regime, Mengistu Derg regime and the current TPLF/EPRDF regime took their part for the suffering of Ethiopian in various ways. Three million Amara were inexplicably erased from official records in the 2007 national population and housing census.

The ongoing ethnic cleaning of the Amara ,Poverty, agricultural dependent economy, climate change, lack of good governance, human right repression and people are the major risk factors for potential disasters in Ethiopia. There are alarming reports of misuse of aid resource for political purpose and human right violation. The health system of the country is not well organized for large scale disaster response and poorly coordinated with the disaster risk reduction and management structure.

## **8. RECOMMENDATION**

### **To Ethiopian government**

- Stop the ongoing genocide and ethnic cleansing of the Amara people
- Addressing the underlying causes including poverty, climate change, lack of good governance and human right violations.
- National reconciliation to resolve the country political problems
- Cease the manipulation of donor supported humanitarian programmes for political gain and conduct independent enquiry on those allegations.
- Involve the country health system into disaster risk reduction and management activities.
- Training and capacity building in public health emergency and disaster management for health care professionals

### **To United Nations, European Union, Italian government, Roman Catholic Church and others Human Right Organizations**

- The United Nation Security Council should refer TPLF official's individuals who are committed crime against humanity to the international criminal Court (ICC).
- The United Nations should openly apologize for its failure of not proceeding investigation against fascist Italian war criminals.
- The united nation and European Union should acknowledge the fascist Italy war crimes against Ethiopian as genocide.
- The Italy government should ask apology to all Ethiopians who suffered from fascist Italy genocide and openly declared the action of fascist Italy against Ethiopian as genocide.
- The Roman Catholic Church should ask apology to all Ethiopians for its direct involvement of fascist Italy war crimes and genocide against Ethiopians.

**To Donors including World Bank, the United States, the European Commission, Key European Union Member States (Austria, Belgium, Denmark, Finland, France, Germany, Ireland, Italy, the Netherlands, Spain, Sweden, and the United Kingdom), Norway, Switzerland, and Japan**

- Focus on programmes which strengthen the resilience of the community to disasters.
- Ensuring independent monitoring of all humanitarian aid programs funded or partly funded by donors.
- Pressuring the government to stop the ongoing ethnic cleansing of the Amara people and ensure human rights of its citizens

**To World Bank:** Assessing, evaluating and monitoring Productive Safety Net Programme by independent international body.

The international community, Donors, International Red Cross, United Nation, Amnesty International, Human right watch and other responsible bodies should send an international commission of inquiry to establish and verify the atrocities and the ongoing genocide against the Amara people.

**To International Criminal Court:** Investigate the ongoing genocide of the Amara people and the large scale crime against humanity reports which is committed by Tigray people liberation front.

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