

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



UNICEF HUMANITARIAN ACTION ETHIOPIA IN 2008



CORE COUNTRY DATA

| | |
|--|-----------|
| Population under 18 | 41299 |
| Population under 5 (thousands) | 13439 |
| U5 mortality rate (2006) | 123 |
| Infant mortality rate (2006) | 77 |
| Maternal mortality ratio (2000-2006, reported) | 670 |
| Primary school enrolment ratio (2000-2006, net, male/female) | 71/66 |
| % U1 fully immunized (DPT3) | 72 |
| % population using improved drinking water sources | 22 |
| HIV/AIDS prevalence * | 4.4 |
| | 1,500,000 |
| % U5 suffering moderate and severe underweight/stunting | 38/47 |

Source: *The State of the World's Children 2008*
* MoH/HAPOC 2007

The humanitarian situation faced by the Ethiopian children in 2007 has remained severe, marked by a continuing cholera epidemic, floods in several regions of the country, a situation of armed conflict in the Somali Region, the unresolved border tension between Ethiopia and Eritrea, and some of the worst child and maternal survival indicators in the world.

Summary of UNICEF financial needs for 2008

| Sector | US\$ |
|-------------------------------|-------------------|
| Health and nutrition | 16,300,000 |
| Water, sanitation and hygiene | 5,000,000 |
| Education | 1,150,000 |
| Child protection | 3,240,000 |
| HIV/AIDS | 850,000 |
| Total* | 26,540,000 |

* The total includes a maximum recovery rate of 7 per cent. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.

1. CRITICAL ISSUES FOR CHILDREN

The humanitarian situation faced by the Ethiopian children in 2007 has remained severe, marked by a continuing epidemic of cholera (called 'acute watery diarrhoea') at national level which started in 2006, floods in several regions of the country, a situation of armed conflict in the Somali Region with severe protection and assistance consequences on the civilians, the unresolved border tension between Ethiopia and Eritrea, and some of the worst child and maternal survival indicators in the world.

Data collected through nutritional screenings uncovered alarming pockets of severe acute malnutrition amongst under-fives across the country. Forty nutritional surveys carried out in rural areas between January and September 2007 recorded global acute malnutrition (GAM) levels as high as 20.8 per cent and severe acute malnutrition (SAM) levels as high as 3.2 per cent – both rated critical. Micronutrient deficiencies and malnutrition remain the underlying cause of more than half of all child deaths in the country. It is estimated that more than 280,000 under-five children are suffering from severe acute malnutrition in Ethiopia (Demographic and Health Survey 2005), 30 to 50 per cent of which are dying if not treated. Vitamin A deficiency affects 61 per cent of under-five children (Ethiopian Health and Nutrition Research Institute – EHNRI, 2006) and leads to 80,000 deaths a year.

In addition, about 8 million chronically food insecure people in Afar, Oromiya, Amhara, Tigray and Southern Nations Nationalities and Peoples' regions continue to require assistance through the Productive Safety Net Programme (PSNP). The food security of these people is relatively stable as a result of the PSNP food and cash transfers. In addition, about 1.3 million people require emergency food assistance, comprised of 953,481 people from Somali Region (of whom 642,016 live in restricted areas), 84,000 people displaced by floods and 263,700 people based on the belg/gu assessment conducted in June/July. Most of the people requiring relief food assistance based on the belg assessment findings live in the lowlands of Oromiya Region.

Acute watery diarrhoea (AWD) remains one of the most critical issues the country faces. Currently, six of Ethiopia's nine regions are still officially reporting cases. Since the beginning of the current wave of the AWD epidemic in 2006 in the country until the beginning of the third week of September 2007, a total of 92,255 cases of AWD with 1,079 deaths had been recorded in health facilities. Children under the age of 15 years accounted for 41 per cent of the cases of, and the deaths from, AWD. The extent of the problem could definitely exceed from the above levels when considering the likely cases of, and deaths from, AWD, which have occurred in the remote communities and hence could not be captured by the existing recording practise of the health system. A total of 120 districts from the six AWD-affected regions continue to report cases. Nationally, however, the timeliness and completeness of case reporting remains very low due to the lack of health professionals, poor coordination on this specific issue, weak communication systems and security problems in some areas. Without adequate response, this trend is likely to continue given the fact that the majority of the AWD-affected population is located in rural areas with water supply coverage ranging between 15 per cent and 41 per cent, and sanitation coverage between 5 per cent and 21 per cent.

Other infectious diseases such as measles, meningitis and malaria have been under control during 2007, as a result of effective preventative measures, although these need to be sustained to ensure that outbreaks do not occur in 2008. UNICEF procured meningitis vaccines and auto-disable syringes arrived early 2007 and were used to vaccinate more than 400,000 people. No major meningitis outbreaks occurred in 2007. Malaria epidemics, once a major emergency disease, have been halted in 2007 through the major expansion of the national malaria control programme.

Flooding continues to pose a risk as alarming increases in dam and river water levels were reported in October 2007. So far, flooding has affected an estimated 240,000 people in Tigray, Amhara, Afar, Somali, Gambella and Southern Nations Nationalities and Peoples' regions, of whom about 84,000 are displaced. In 2007 the impact of flooding was lower than in 2006, when about 524,000 people were affected and close to 200,000 people displaced during the same period, as most communities were better prepared after the government supported by agencies, such as UNICEF, enhanced preparedness measures and issued a flood warning in early June 2007. Some households will require continued assistance, as an estimated 43,300 ha of crops were damaged, although most are expected to resume their normal activities once the flood waters recede, and some households are reported to have started going back to their villages.

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Meanwhile, a severe and complex humanitarian crisis which rapidly scaled up around June 2007 has emerged in the Somali Region of Ethiopia where the Ethiopian Defence Forces has engaged into high-intensity level counter-insurgency warfare against the Ogaden National Liberation Front and other smaller armed groups which cross the border from neighbouring Somalia. The overall livelihood security situation of the estimated 1.4 million people living in the five zones under military operation (and mainly populated by the Ogadeni clans) – Fik, Degehabur, Korahe, Gode and Warder – is deteriorating to an alarming extent particularly due to a blockade of commercial and livestock trade restrictions, with the threats of disease outbreaks such as measles or cholera increasing. The Region is now experiencing the highest level of armed conflict since 1977 linked to the deteriorating situation in Somalia, with severe humanitarian consequences. Fears that the situation could further deteriorate remain and UNICEF is particularly concerned about issues pertaining to the protection of children and women. In addition, active re-mining of fields not only on the border with Somalia but also in the inlands of Ogaden has affected tens of thousands of children. While the number of landmine injuries and casualties is uncertain due to the lack of a consolidated reporting system, several accounts and witnesses have reported a high increase in the use of landmines, remote-controlled ordnances, and landmine victims. In the same region, children have been actively involved, recruited and associated with armed groups. Accounts of burned villages, populations living in fear 'in the bush', and civilians being targeted by both sides of the warring parties have been reported to the UN. Post-traumatic stress disorders for children involved in, or affected by, the conflict is very likely to be widespread and severe. Sexual violence towards girls and women has also been reported as a major issue of personal fear and insecurity during a United Nations mission in August 2007.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2007

UNICEF Ethiopia has remained at the forefront of humanitarian assistance activities in 2007, seeking to build more sustainable institutional disaster management capacities of the Ethiopian state structures as well as enhancing partnerships and coordination mechanisms within the framework of the humanitarian reform and the evolving cluster approach. One of UNICEF Ethiopia's main contributions – as cluster lead in water, sanitation and hygiene and nutrition – was overall coordination and technical support. In all emergency situations, UNICEF encouraged federal and regional authorities to set up coordination committees (Emergency Coordination Task Forces) to oversee the interventions of UN, state actors and NGOs. In many cases it provided the entire secretariat for these committees (task forces) and led them in collecting, analysing and distributing data from the field. UNICEF also, jointly with the World Health Organization (WHO), took a leading role in supporting the health system and partners throughout the country.

UNICEF's response to the spread of AWD was ongoing as this report went to press. To date about 3.5 million sachets of lifesaving 'PUR'¹ have been distributed in AWD-affected areas through UNICEF. This intervention directly benefited an estimated 40,000 people in areas affected by AWD and flood across the country. In addition, over 2.5 MT of high-strength hypochlorite, a powerful water disinfectant used to treat community water supplies, were distributed, sufficient to treat over 600 million litres of drinking water. This has helped ensure that adequate quantities of safe water are available at most case treatment centres where people suffering from AWD receive lifesaving treatment. Furthermore, seven mobile emergency water supply units with appropriate chemicals were sent into the field, each capable of supplying 50,000 litres of safe water a day – enough for 5,000 people in an acute emergency situation. Together, these seven units provided safe water for over 140,000 people for an average of two months. Meanwhile, around 2 million people received sanitation and hygiene education, aided by over 100,000 posters and leaflets printed and distributed by UNICEF's implementing partners in local languages. Training of trainers was conducted in several regions on prevention and hygiene communication for health professionals and administrators in several regions.

UNICEF has been supporting the Regional Health Bureaus and the Federal Ministry of Health to treat AWD cases and limit the case fatality rate by providing technical assistance, medical supplies and equipment to set up case treatment centres across the country.

Ethiopia has seen a major scaling-up of its national malaria control programme in 2007, with potential protection for 9,000 families owning 18 million insecticide-treated mosquito nets (ITNs), scaled-up Indoor residual Spraying (IRS) and the roll-out of the highly efficacious new antimalarial drug, Artemether-

¹ 'PUR' is a specially formulated powder, packaged in a 5-gram sachet, designed to treat highly contaminated and turbid water and make it safe to drink.

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Lumefantrine. No malaria epidemics were recorded and the number of malaria cases has been decreasing throughout the country.

Just over 11 million under-five children were reached twice during the year with a lifesaving package of vitamin A supplementation, deworming, measles catch-up, nutritional screening and referral to supplementary or therapeutic feeding programmes. This took place through the UNICEF-backed Enhanced Outreach Strategy (EOS). Around 1 million pregnant and lactating women were also screened for malnutrition twice during the year. In the first half of 2007, more than 10.9 million children were supplemented with vitamin A, 7.7 million were dewormed, 6 million children and 1 million women were screened for malnutrition. A total of 715,000 children and women were identified with acute malnutrition and referred to the targeted supplementary food programme of WFP; 112,000 cases were identified with severe malnutrition and referred to in- and outpatient therapeutic feeding programmes. The preparation of the second half of 2007 EOS round was completed by the end of the year.

Meanwhile, UNICEF's support for treatment of severe acute malnutrition in Ministry of Health facilities has significantly increased in 2007. UNICEF has supported the health system to strengthen its capacity to treat up to 25,000 cases per month, compared to 18,000 cases in December 2006. In addition, UNICEF procured over 800 tons of ready-to-use therapeutic food in 2007 to support the treatment of over 80,000 severe malnutrition cases.

In the area of child protection, UNICEF has revitalized the border war contingency plan of Tigray region and consolidated the deployment of child protection services and supplies around 10 children safe centers equipped to welcome separated or abandoned children. Youth trainings on tracing and family reunification also took place in the region. Mine-risk education (MRE) programmes, vulnerability profile of selected villages and rehabilitation services have been rolled out in all villages along the border. Cash grants for vulnerable children and orphans have been implemented in 10 *woredas* of the region. UNICEF has also developed its existing national prepositioned strategy with health, water, sanitation and hygiene (WASH) and shelter items in Addis and three decentralized stocks (Mekelle, Gambella and Gode) aimed at responding to the needs of 200,000 displaced women and children at any point in time. Over 30,000 displaced people were supported in 2007.

Meanwhile, in the Somali Region, where about 1.4 million civilians are affected by a violent counter-insurgency warfare, UNICEF has responded to the complex situation of non-international armed conflict by dispatching supplies for health, WASH and nutrition to 10 key health facilities for 200,000 people in the area of conflict during October 2007. UNICEF is also supporting the establishment of 15 mobile teams, 5 of which are being trained as of the first week of November. Plans are being made to increase UNICEF's capacities to enhance regional coordination in nutrition, WASH and health and develop strategic partnerships with NGOs despite access restrictions imposed upon them. A comprehensive response plan until mid-2008 is being developed including a strong child protection component. Initial actions, such as training of the Ethiopian military forces on the Convention on the Rights of the Child and the Code of Conduct have been organized. Communication campaigns on landmine issues are also being developed. Rapid assessment of bottlenecks in the service provision of MRE and victim assistance is being undertaken and findings will guide further actions in this field. The rehabilitation and reinsertion of demobilized child soldiers is also being planned.

3. PLANNED HUMANITARIAN ACTION FOR 2008

Coordination and partnership

Much of the office's coordination work is taking place within the framework of the new cluster leadership approach in Ethiopia. UNICEF has taken on the cluster leadership role in WASH and nutrition. UNICEF works also very closely with WHO in support of the health cluster leadership. UNICEF is moreover a major partner in the UN Development Assistance Framework (UNDAF) theme group on 'humanitarian assistance, recovery and food security'. Within the framework of the new Country Programme, UNICEF is deploying seven area-based teams which provide support to the government and enhance local partnerships with communities.

Regular programme

UNICEF Ethiopia's new Country Programme Action Plan 2007-2011 focuses on mainstreaming a transitional approach to emergency prevention and recovery, linked to capacity-building for ensuring longer-term solutions to protecting lives and livelihoods. Programmatically, regular country responses – for example sanitation advocacy sessions – are regularly upgraded and refocused to respond to emergency situations.

Health and nutrition (US\$ 16,300,000)

Ethiopian women and children caught up in health and nutrition emergencies will benefit from the following interventions in 2008:

- Provide technical assistance, operations, supplies and costs for lifesaving package of interventions – including vitamin A supplementation, deworming, measles vaccinations and nutritional screening – to benefit 7 million children under the UNICEF-backed Enhanced Outreach Strategy (EOS);
- Purchase therapeutic products to benefit 160,000 severely malnourished children;
- Purchase and distribute 400 emergency drug kits benefiting more than 1 million people;
- Fund, equip and support 15 mobile health teams reaching 400,000 remote patients in the Somali Region;
- Support operational costs for preparedness for further outbreaks of AWD (treatments have already been pre-positioned);
- Support operational costs in the event of a malaria epidemic affecting 1 million people;
- Procure meningitis vaccines and syringes for an at-risk population of 2.3 million people;
- Procure measles vaccines and support emergency operational costs including the Somali Region;
- Respond to health emergencies among pastoralist populations, benefiting an estimated 800,000.

Water, sanitation and hygiene (US\$ 5,000,000)

About 2.4 million people are expected to be affected by drought, conflict, flood and AWD emergencies throughout the country in 2008. UNICEF has planned the following key activities:

- Provide safe water through water tankering to up to 30,000 people suffering from acute water scarcity, mainly the pastoral population of Afar and Somali Regions, as a short-term emergency measure;
- Provide WASH facilities in up to 30 health facilities in emergency-affected areas, including 10 in the conflict-affected Somali Region;
- Train up to 500 government health staff on response, prevention, management of AWD, focusing on WASH;
- Provide point-of-use water purification chemicals, water storage containers and soap for up to 150,000 people affected by flooding and AWD;
- Provide up to 15 emergency water supply kits for up to 50,000 displaced people;
- Promote hygiene education and hygiene awareness programmes for some 100,000 individuals in flood and AWD hotspot areas;
- Provide water, hygiene and, sanitation kits for up to 50 case treatment centres in AWD-affected areas;
- Provide technical assistance in monitoring, evaluation and coordination of anticipated emergency water, sanitation and hygiene interventions in the country.

Education (US\$ 1,150,000)

An estimated 540,000 schoolchildren, whose education will be affected by emergencies, will benefit from the following interventions:

- Conduct rapid assessments of the situation of children affected by emergencies so as to meet the commitment of rapidly resuming education for 100 per cent of school-going children in situations of displacement;
- Undertake advocacy, training (of teachers and local administrators) and social mobilization on the importance of basic education even during emergencies, and on psychosocial and educational needs of children in crises situations;
- Support the establishment and equipping of alternative basic education centres/semi-permanent learning centres, and training of facilitators selected from within the community;
- Provide basic educational materials for pupils (school-in-a-box kits) seriously affected by emergencies;
- Undertake advocacy in order to ensure that schools are not occupied by the military or armed groups in Somali and Gambella Regions;

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- Provide technical assistance and monitoring and evaluation of the performance of anticipated emergency education interventions and develop a humanitarian education cluster;

Child protection (US\$ 3,240,000)

Children in need of protection during emergency situations – particularly those vulnerable to gender-based violence – will benefit from the following interventions:

- Follow up on the Committee on the Rights of the Child's recommendations on improving legal and social protection practices for children in emergency situations in Ethiopia;
- Introduce further 'zones of peace' in additional five regions to protect children in schools;
- Implement 50 child rights trainings for Military Troops in border zones, particularly in Gambella and the troubled Somali Region;
- Deliver basic social services for 2,000 victims of abuse, exploitation or trafficking;
- Demobilize and reintegrate child soldiers in the Somali Region. Roll out communication campaign through churches, local leaders and elderly to prevent further enrolment;
- Strengthen the capacity of Child Protection Police Units to operate during times of political unrest;
- Work with all partners to develop an effective surveillance system that includes data collection on mine-risk education (MRE) activities, victims of unexploded ordnance (UXO), suspect mined areas, and village profiles in the Somali Region.

HIV/AIDS (US\$ 850,000)

Some 1.2 million children/youth and women in emergencies and at higher risk of being infected with HIV will be supported. HIV-positive children/youth and women vulnerable to deteriorating physical conditions will also be targeted through the following key activities:

- Develop training materials for peer facilitators in an emergency;
- Enhance the capacity of Secretariats and the Federal Disaster Prevention and Preparedness Commission (FDPPC) on HIV/AIDS as part of a disaster preparedness and response strategy;
- Ensure that the Federal and Regional HIV/AIDS Prevention and Control Offices (HAPCOs) have a sufficient store of condoms, post-exposure prophylaxis (PEP) kits, drugs for sexually transmitted diseases and rapid test kits;
- Establish youth committees/teams at regional, zonal and *woreda* levels who are equipped to respond rapidly in an emergency to support Regional AIDS Commissions (RACs);
- Enhance the capacity of zonal and *woreda* officials and youth associations/clubs at *woreda* level to respond rapidly and effectively in an emergency.
- Develop mapping and monitoring tools to assist the identification of vulnerable groups and risk areas and high-risk behaviour in affected populations.