

## UNICEF HUMANITARIAN ACTION

# ETHIOPIA

DONOR UPDATE

1 JUNE 2004

- ◆ **Funding continues to lag behind for Education, Gender & Child Protection and HIV-AIDS Awareness emergency programmes**
- ◆ **The nutrition situation remains extremely fragile in parts of SNNP, Oromia and Amhara regions, where critical spots continue to emerge**
- ◆ **A malaria crisis is expected to peak in September-December, which will be exacerbated by internal displacement in Oromia, Amhara, SNNP and Tigray regions**

### 1. EMERGENCY OVERVIEW AND RECENT DEVELOPMENTS

#### Humanitarian situation

While the most evident effects of the 2002-2003 crisis are slowly fading from the international radar screen with the diminished attention of the humanitarian community, the long-term effects are still affecting the lives of millions of Ethiopians. Repeated crises have increased the level of vulnerability in many areas of the country, including areas once considered food secure: families and communities capacities to cope with even mild crises have been reduced considerably in recent years. The situation is made worst by the spread of the AIDS pandemic, with a heavy impact on children's survival, growth, education and development. The Ethiopian Government confirmed that about 7.1 million people in rural areas will remain food insecure and require food support for part of 2004.

#### Critical issues

Repeated crises have considerably reduced the development of critical sectors which are chronically unable to cope with both regular and emergency needs. In particular:

- Health Services remain inadequate with less than 40% of the 70 million Ethiopians having access to healthcare. Mothers and children are particularly affected because of their low social status, limited economic and decision power and vulnerability to abuse. Ante-natal services are poorly attended and less than 5% of births are assisted by trained personnel. The Routine Immunisation shows wide variations from one region to another, DPT3 coverage at the national level was estimated at 52 % in 2003, but pastoral areas such as Somali region have a DPT3 coverage at only 5 %.
- Over 50% of children countrywide are stunted (chronically malnourished) and unacceptably high levels of acute malnutrition are superimposed on this already alarming trend.
- In a typical year, 45 million Ethiopians are at risk of malaria, with at least 5 million clinical cases reported in a non-epidemic year and as many as 15 million in an epidemic year. Widespread resistance has been demonstrated to the current 1<sup>st</sup> line treatment. Therefore, adoption of new ACT (artemisinin-based combination therapy) drugs will be necessary this year. This will result in a significant increase in costs.
- The incidence of waterborne diseases remains widespread. Sanitation levels lag behind set targets.
- Primary education enrolment, not to talk about higher standards, is very low and often affected by seasonal or exceptional crises, which cause additional school drop-outs. The education process



- is often interrupted. Very low girls' enrolment is made worse by early drop out rates for helping at home, petty employment or traditional early marriage.
- Resettlement areas where about 300,000 people have moved in 2003 / 2004 are faced with ever increasing problems in nutrition health, water, education and sanitation service delivery. The short-coming of the government to meet the current humanitarian needs in most of the resettlement areas has not been addressed by other humanitarian agencies as the government wants to analyze the results of a joint multi-agency assessment.

## 2. UNICEF RESPONSE: ACTIVITIES AND ACHIEVEMENTS

### Nutrition

UNICEF's NGO partners are scaling down their emergency nutrition programmes since the beginning of the year, as the nutrition situation improves globally, especially in SNNPR. However, the population is highly vulnerable and many children are still suffering from acute malnutrition. UNICEF continues to provide therapeutic products and the necessary equipment, supports 41 Therapeutic Feeding Units (TFUs) across the country, of which 24 TF Centres are managed by NGOs and 17 TF Units have been integrated into the regional Health service system. After the intensive training of 944 medical practitioners in 2003, UNICEF is currently promoting capacity building in the treatment of severe acute malnutrition through medical schools. In 2004, UNICEF supported the training of medical practitioners in Addis Ababa, Gondar and Jimma Universities. The training focuses on the management of severe acute malnutrition (SAM), based on the national protocol that was adopted in a consensus meeting in June 2003 to include the management of SAM into the students' curricula. UNICEF supported the university hospitals for the establishment of TFUs that provides hands-on training. Nutrition Rehabilitation Units (NRUs) have been opened in Nekempte, Metu and Dembidolo Hospitals in Oromia region, in Dabat Health Centre in Amhara region (with plans to open two units in South Gondar). The Addis Ababa Health Bureau is starting a TFU in Yekatit 12 hospital. At the request of the Oromia Regional Health Bureau, UNICEF provided therapeutic food, supplies and equipment to Illubabor zone for two TFU recently opened in Chewaka resettlement for about 50 severely malnourished children and Bedele Health Center to serve as a referral unit for over 80 malnourished children from Chate and Haro Tadessa Resettlement areas. UNICEF plans to assist the MoH in training more regional health workers with the goal of integrating treatment for severe malnutrition into routine health care. Health facilities will be equipped to deal with severe malnutrition patients, including screening for and reporting aspects.

### Measles 'plus'

Over 20.6 million children 6 months up to 14 years of age were immunized for measles and received Vitamin A supplementation thanks to UNICEF partnership with the federal Ministry of Health, WHO and several Donor Agencies in the Interagency Co-ordinating Committee (ICC), during the period November 2002 - December 2003. This was made possible through funding from the 2003 appeal. This broad age group for Vitamin A supplementation in drought-affected woredas is justified by the children's high vulnerability to disease and malnutrition. The measles campaign was extended well into 2004 to cover the remaining zones. Between January and April 2004, 3.2 million children were targeted in 4 zones of Oromia region, 300,000 in Benshangul-Gumuz region, over 2 million in 6 zones of SNNP region and about 800,000 in 3 zones of Somali region. UNICEF assisted the Government in the overall planning of the campaign, providing technical and material support including measles vaccines, auto-destruct syringes, reconstituting syringes, safety boxes and Vitamin A capsules. No measles outbreaks were reported in the woredas covered by the measles campaign in 2003 and 2004, where the average coverage was 92%.

### Health

**Malaria** - High resistance to SP (Fansidar) has been confirmed. The Ministry of Health (MoH) is planning a workshop to decide on new treatment options. A treatment with Co Artem, which probably will be the MoH drug of choice, is significantly more expensive than the present treatment option, as are the newly adopted perma-nets do not need re-treatment. More funds will therefore be required. Between January and April, UNICEF emergency anti-malarial drugs were distributed to the Zonal Health Bureaus, free ITNs were provided to drought-affected people and funds provided for the operational costs of distributing ITNs and drugs and conducting mobilisation for Indoor Residual Spraying (IRS) teams.

**Drug supply** - In 2003 UNICEF procured 956 emergency drug kits, each containing 29 essential drugs to serve a population of 10,000 for three months for the treatment of the ten most common infectious diseases affecting vulnerable populations, especially women and children under five-years-old. Some 346 emergency drug kits were carried over into 2004. Some 255 renewable medical supply kits were procured as well in 2003 and distributed to drought affected regions.

**Meningitis** – The Federal Ministry of Health reported a total of 3,103 meningitis cases with 164 deaths registered between September 2003 and 05 May 2004, with an attack rate of 4.5% and a case fatality of 5.3%. A total of 3 million people were vaccinated with bivalent vaccine using the remaining balance from the national contingency stock of about 5 million doses, leaving a current pre-positioning of 500,000 doses only. Cases of meningitis were reported from Amhara, Tigray, Benishangul, Oromiia, SNNP and Somali regions. UNICEF had previously contributed to the national stock with 2 million doses, and is currently procuring more doses with the new Netherlands Government contribution.

**Enhanced Outreach Strategy for Child Survival** - As part of its recovery programme and in order to bridge towards the Health Extension Package strategy, UNICEF has launched the “Enhanced Outreach Strategy for Child Survival Intervention” (EOS). The three years programme targets 6,779,867 children from 6 to 59 months of age living in the 325 most food insecure and drought-affected *woredas* (districts) in the country. The overall objective is to reduce mortality and morbidity in children under 5 years of age by ensuring they get access twice a year to the following key child survival interventions in the targeted *woredas*: Vitamin A supplementation, deworming, screening for acute malnutrition with referral to the nearest feeding centre when appropriate or referral of severely malnourished children to the closest TFC, Measles immunisation of children too young to have been reached by the 2003 measles campaign, Information, Education and Communication (IEC) on infant and young child feeding, hygiene promotion and HIV/AIDS prevention. The EOS project has been piloted in 14 districts of Sidama and Wolaita zones in SNNPR in April and will be expanded to the other regions in the second half of the year. The project links up to the longer-term plan of the Ministry of Health offering a minimum health package to every child (HEP). In SNNP region, the project will work in partnership with WFP, who will provide the necessary supplementary food.

### **Water and Environment Sanitation (WES)**

UNICEF response in 2004 was mainly focused on recovery activities from the 2002/2003 crisis, except in Harari Region and in some pocket areas of Somali and Afar, where purely emergency interventions like water tankering have been ongoing. The number of beneficiaries in the three regions is estimated to be 66,647. From January to April 2004, UNICEF supported the rehabilitation of 21 water schemes benefiting over 28,100 people and funded the drilling and construction of 91 new schemes, including shallow wells, deep wells and spring developments in the seven drought-affected regions benefiting 81,400 people. Emergency water purification units donated by the Norwegian Government have been serving more than 15,000 people in Oromia, SNNP and Afar regions and emergency water equipment were distributed for schools and the community in Harar town benefiting about 25,000 people including students. Emergency sanitation is one of the focus areas of the 2004 intervention and 11 school latrines and communal and household latrine construction were conducted in Afar, SNNPR and Somali regions. The implementation of school water and sanitation activities started in partnership with WFP and World Vision in Afar, SNNP and Somali regions in 39 schools in the drought-affected areas, which will benefit more than 18,000 students in primary schools as well as people living nearby. Training for pump caretakers, community water committee members, sanitarians, sanitation clubs in primary schools and hygiene education are also part of the emergency intervention. UNICEF Staff participated in the assessment of humanitarian needs in the resettlement areas of Oromia, Amhara and SNNPR regions.

### **Education**

Assessments made to Afar, Somali, Tigray, SNNPR, Amhara and Oromiya regions confirmed that the recurrent drought hampered educational opportunities for many children by increasing the dropout rate and absenteeism of school age children and reducing enrolment and retention of students in schools. Due to a shortage of family resources, children often lack writing materials to attend classes. In a nutshell, the situation of drought and its impact on the education system reveals that children are attending classes under stress and suffering. In response to these problems, the following major activities were implemented during the last three months:

- 670 combined desks and 40 blackboards provided to Somali region
  - Basic writing materials such as exercise books, pens, pencils, sharpeners, school bag and ruler provided to needy school children in Afar and Somali regions. Implementation in other regions has started
  - 32 temporary learning centres at food distribution sites established
  - Separate toilets for both boys and girls are in the process to be constructed
  - 50 MT of BP-5 biscuits provided to 17,987 needy primary school children in 55 schools of 6 drought-affected zones
  - Orientation to communities on the benefits of education, especially girls education, provided
- UNICEF and WFP are jointly working on school feeding programmes in Somali and Afar regions. Assistance is targeted to 39 primary schools (19 schools in Afar and 20 schools in Somali). Activities being implemented by UNICEF include the followings:
- Rapid assessment on the impact of drought on the education system as well as on the educational and psychological needs of children
  - Training of school principals, teachers, and educational personnel on educational and psychological needs of children under stress
  - Training on teaching methodologies of children in humanitarian crises
  - Provision of locally tailored uniforms for 2,900 drought-affected girl students of the poorest families
  - 520 combined desks provided to selected drought-affected schools in Afar and Somali regions
  - Basic writing materials provided to 3,700 needy children
  - Construction of separate latrines for girls and boys in 5 feeding schools in Afar region (in progress).

### **HIV/AIDS Prevention**

During the first quarter of 2004, efforts were made to develop a longer-term programme to address HIV/AIDS in food-insecure areas. UNICEF and its Partners delivered HIV/AIDS education in drought-affected communities in SNNPR at market places through Anti-AIDS clubs and over 179,000 people were reached. Effort has gone into ensuring that the activities that were developed to target rural populations at former food distribution

sites continue after the food distribution ceases. There is great concern about the current resettlement program and its impacts on the spread of HIV/AIDS. Clearly the fact that males often move first to the new site, leaving women and children behind, has the potential to spread HIV/AIDS both within the new resettlement sites and the communities of origin. UNICEF is working to develop an HIV/AIDS prevention and control strategy within this new context, together with Government and NGO partners. It is worth noting that the funding of HIV/AIDS awareness and prevention activities, against both the 2003 and 2004 Joint Appeals, remains very low, therefore limiting full programme implementation.

### **Child Protection**

Despite receiving no additional funds from the humanitarian appeal, UNICEF has created a temporary post in Tigray for Emergency Child Protection as evidence of its ongoing commitment to addressing key protection concerns. The post holder will focus upon the escalating street children problem, displaced and refugee communities, HIV-affected and other vulnerable groups. A review meeting was held in March to follow up anti-sexual exploitation in emergency trainings delivered by UNICEF consultants last year. NGOs, police and other agencies outlined their institutional response to mitigate and confront sexual exploitation by staff and others in emergencies.

### **Mine Risk Education (MRE)**

UNICEF through its Mine Risk Education partners has been making significant progress on implementing a sustainable MRE project in Ethiopia. At regional level UNICEF is working with the indigenous NGO 'Rehabilitation and Development Organisation' (RaDO) to hand over the MRE programme to regional authorities as they are keen to take ownership of this project. UNICEF is also working with the Federal designated agency, the Ethiopian Mine Action Office (EMAO), to assist them in building their capacity to independently implement MRE throughout the country. Further training is scheduled for June 2004 for all MRE partners on surveillance system development, training of trainers and planning, monitoring and evaluation. In April, UNICEF facilitated training from the Geneva International Centre for Humanitarian Demining (GICHD) for all MRE partners. Subjects included MRE management, the Ottawa treaty and MRE project planning. UNICEF is working with all MRE partners to develop a surveillance system, which will collect data on victims, dangerous areas and MRE activities. This system will help the partners to manage MRE activities in a strategic, efficient and effective manner.

### **Emergency shelter**

Thanks to contributions received toward the end of 2003, a considerable stock of non-food items has been pre-positioned in Somali, SNNP and Tigray regions and in Addis Ababa for prompt humanitarian response in vulnerable areas. Possible needs for shelter and non-food items in critical resettlement areas are being assessed.

### **Somali Region**

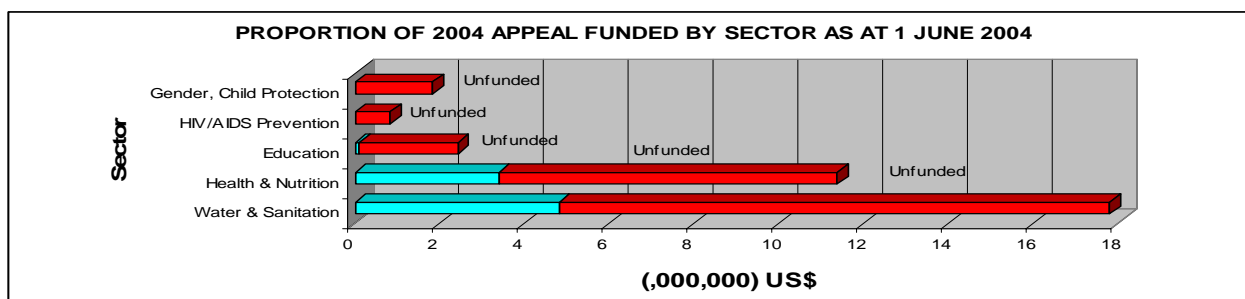
UNICEF's response to the emergency situation over the last few months has been on several fronts. Mobile emergency clinics have been organised with the Health Bureau to reach remote vulnerable communities in Warder, Korahe, Degahbour, Fik and Gode zones. In Warder Zone, supplies and funds have been provided to a local NGO, to support targeted supplementary feeding for 3,000 moderately malnourished children. UNICEF will provide supplies for the extension of the pipeline in Fafan and will continue to tanker a minimum of 4,000 litres of clean water per week to the children admitted in the Hartsheik TFC. UNICEF is currently assessing the recent flood in Asbuli Kebele of Shinile Zone where 13 victims and 120 displaced households have been confirmed. UNICEF is part of the UN-Donor group which will support the return and reintegration of 6,000 IDPs from Fafan and Hartesheikh camps to their original communities in Degehabur zone, in the Somali Region.

### 3. 2004 REQUIREMENTS AND RECEIPTS

Towards the end of 2003, more contributions were received versus the 2003 emergency appeal, from the National Committees for UNICEF in the Netherlands (US\$ 452,396), in Hungary (US\$ 70,300) and in New Zealand (US\$ 3,317).

The Joint Government/UN Emergency Appeal 2004 was officially launched on 10 December 2003, in which UNICEF outlined a total funding requirement of about **US\$ 34.2 million** for 2004 to undertake emergency interventions in various sectors, especially for vulnerable children and women in Ethiopia. In addition, UNICEF also requires non-Appeal Emergency funds for Shelter and Mine Risk Education. The table and chart below show the current funding level and shortfalls of the UNICEF component in the 2004 Emergency Appeal by sector:

Sectors	Target (US\$)	Funded (US\$)	% Funded	Unfunded
Water & Sanitation	17,800,000	4,811,695	27%	12,988,305
Health & Nutrition	11,362,574	3,379,862	30%	7,982,712
Education	2,421,848	88,740	4%	2,333,108
HIV/AIDS Prevention	820,000	0	0%	820,000
Gender, Child Protection	1,819,500	0	0%	1,819,500
<b>Total</b>	<b>34,223,922</b>	<b>8,280,297</b>	<b>24%</b>	<b>25,943,625</b>



The table below outlines UNICEF's additional needs and funding received for supporting non-Appeal emergency projects in 2004:

Sector	Required (US\$)	Funded (US\$)	Donor	Gap (US\$)
Mine Risk Education	684,000	0	-	684,000
PDME & Early Warning	-	500,000	USAID / OFDA	-
	-	35,244	Canadian Natcom	-
<b>Total</b>	<b>684,000</b>	<b>535,244</b>	-	-

The table below shows the total funds received in 2004 for Appeal and non-appeal emergency needs, by Donor:

Donor	Total amount (US\$)	Sectors
UK (DFID)	5,597,010	health, nutrition, water
Netherlands	1,110,000	health, nutrition
Ireland Gov't	1,080,355	water
USAID / OFDA	800,000	early warning, health
Japan Natcom	104,192	health, nutrition
US fund for UNICEF	88,740	education
Canadian Natcom	35,244	monitoring & evaluation
<b>Total</b>	<b>8,815,541</b>	

The table below lists the current priority projects and related urgent funding needs:

Project	Purpose	Requirements
<b>Malaria</b>	procurement of new anti-malarial drugs before the main epidemic season (Sept-Dec) and support for new treatment guideline development and training of health Staff	<b>3,000,000 US\$</b>

Details of the Ethiopia Programme can be obtained from:

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