

UNICEF HUMANITARIAN ACTION

ETHIOPIA

DONOR UPDATE

20 DECEMBER 2005

- **Current climate of instability threatens the rights of children and adolescents.**
- **UNICEF urgently requires US\$ 1.5 million for therapeutic food and US\$ 9 million to respond to a measles epidemic.**
- **Vital Water and Sanitation programmes seriously under-funded. UNICEF needs US\$ 4 million to respond to the rapidly deteriorating humanitarian situation in the Somali Region.**

1. EMERGENCY OVERVIEW AND ISSUES FOR CHILDREN

The overall food security situation has improved in recent months due to favourable weather conditions and the improved implementation of food and cash transfers under the Productive Safety Nets Programme (PNSP) and relief food distributions. This improvement is due to the overall good performance of rains during the belg (March – May) and the kiremt (June – September) seasons, the increase in planted area in recent years; the above average cereal prices and other cash crop prices and the late rains during September – October which have improved crop production prospects in some areas.

However, according to World Food Programme estimates, there are still "areas of concern" in 33 districts. Two of these districts, Hula of Sidama zone and Kuraz of South Omo zone, are found in Southern Nations, Nationalities and People's Regions (SNNPR). In Somali region, Sagag and Duhun districts of Fik zone and West Imey district of Afder zone are classified as areas of concern. In Amhara region, Wag Hamra zone is still precarious and requires very close monitoring. In Oromiya region, East Hararghe, West Hararghe and Bale zones are of concern, while Borena zone has experienced flooding and ethnic conflicts that displaced the local people. In Afar region, flash floods and river overflows inflicted serious damages to livelihoods. Poor livestock conditions (especially cattle and sheep), reduced income and a sizeable displaced population mean emergency food assistance is needed in these areas until the end of the year.



Meanwhile, UNICEF in November has taken part in a comprehensive contingency planning process led by the Federal Disaster Prevention and Preparedness Agency (FDPPA) and supported by the sectoral task forces to determine emergency needs and requirements for the 2006 Humanitarian Appeal. The annual appeal is the primary mechanism for raising funds to support aid structures in responding to emergencies. It is a system that has worked relatively well at raising emergency resources to cover relief operations and can be credited for helping to prevent a recurrence of the mortality levels seen in the 1984 famine. However, in line with the initiative taken by the government to address the chronic food insecurity in a more predictable manner through the Productive Safety Net Programme, the non-food requirements in health, nutrition and water in particular should also be developed in such a way that the recurrent predictable needs be planned

and funded on a multi-year basis. The Enhanced Outreach Strategy – Targeted Supplementary Feeding¹ (EOS) is a breakthrough in this respect as it addresses severe and chronic health and nutrition needs which had been neglected for years due to lack of in-country capacities, and will continue to treat hundred of thousands of moderate and severe cases of acute malnutrition as the Health Extension Programme of the Ministry of Health will steadily increase its capacity in this area and gradually take over from the EOS.

Although the number of people in need of assistance in 2006 could be the lowest in recent years, a large segment of the rural population, especially in pastoral areas, will most likely suffer from shocks as their livelihood security is still very fragile and needs to be rebuilt. It is anticipated that these areas could face high levels of malnutrition, disease outbreaks, water shortages, and sanitation problems due to the cumulative shocks they have faced in the past years. The consolidation of the Safety Net Programme in respect of the 4.8 million people for whom food and cash was transferred in the second part of 2005 will require close monitoring and support, as further implementation problems in the Programme would risk aggravating the already precarious situation in 2006. The safety net-related strategy in the pastoral areas, as well as the additional number of beneficiaries who will be added to the existing Programme, are two elements that still need clarification for 2006.

Child Protection

The post-elections demonstrations against alleged vote-rigging in May's elections led to the arrest of thousands of people. UNICEF is very concerned that some of the detainees are children who are as young as 14 years old.

Meanwhile, Eritrea has imposed new restrictions on the movements of the UN Mission to Ethiopia and Eritrea (UNMEE), further limiting its ability to patrol some border areas. Less than a month after barring UNMEE from conducting helicopter flights and limiting its night ground operations, Eritrea has now restricted some land patrols to main roads. UNMEE says the new restrictions have been in place since the third week of October in the central and western sectors of a buffer zone in Eritrean territory. Since then, the military situation is tense and potentially volatile, with troop movements continuing to be reported on both Ethiopian and Eritrean sides. UNICEF has raised its readiness level to support the protection and assistance of children in the area.

Measles

Measles is one of the five major causes of childhood illness in Ethiopia. The case fatality rate (CFR) is 4 percent, which is one of the highest in the world. According to World Health Organization, annual cases in Ethiopia are estimated at 1.45 million, with 72,000 deaths among children under five. Nearly 28 million children have received measles vaccination in Ethiopia during the immunisation campaign in 2003 and 2004.

In 2005, outbreaks of measles were reported in Gambella, Afar and East Hararghe of Oromya region. These districts had either never been covered (Gambella) or have low routine coverage, resulting in a high number of susceptible children. A measles outbreak has been reported in Afar Region, with 83 cases and 12 deaths to date.

Avian Flu

The World Health Organization has identified Ethiopia a country at great risk of avian flu because of the millions of migratory birds that will arrive in December. Accordingly, the Federal Ministry of Health (FMoH) recently reported that US\$ 1.09 million has been secured for strategic preparedness activities for a possible Avian Influenza Pandemic in the country. The FMoH, in collaboration with WHO and other partners, has submitted a 'Strategic Preparedness and Response Plan' requesting funding of US\$ 1 million for the initial phase and an estimated US\$ 53 million for a possible pandemic. The United Nations has established its own Crisis Management Team and is finalising a contingency plan. The plan includes awareness-raising and preparation of medical facilities (vaccines, drugs and other materials) in the event of an outbreak.

Resettlement

UNICEF, together with the government and the UN Country Team (UNCT), continues to monitor resettlement areas in order to assess the situation of children. Recently UNICEF, in coordination with the regional Head of the Food Security Coordination Bureau and other UN agencies, carried out a visit to North Gondar Zone of Amhara region. Findings revealed that there are about 10,000 children at risk of malaria,

¹ Full name - Enhanced Outreach Strategy / Targeted Supplementary Feeding for Child Survival Interventions. The largest ever partnership between UNICEF, the WFP and the Ethiopian government targets more than 7 million children under 5, as well as pregnant and lactating mothers, in 325 drought affected districts. It provides a child survival package twice a year of vitamin A supplementation, de-worming, measles catch-up, nutritional screening, referral to supplementary or therapeutic feeding programmes and, increasingly, malaria nets

diarrhea, kalazar and malnutrition. Immediately after the return of the team, UNICEF deployed a medical doctor and a nutritionist to the affected areas in order to assist the development of appropriate responses. UNICEF will continue to advocate with partners for better implementation and more interventions in resettlement sites.

2. UNICEF RESPONSE: ACTION AND IMPACT

Nutrition

UNICEF support for treatment of severe acute malnutrition in Ministry of Health facilities has significantly increased in the past two months. UNICEF has supported the health system to increase its capacity to treat 10,215 cases as of December, compared to 7,605 cases in September 2005 and 3,000 cases in May 2005. UNICEF is currently working with three medical universities and regional health sciences training colleges to integrate the concept of managing acute malnutrition into the teaching curriculum. In total, UNICEF supports 56 Therapeutic Feeding Units (TFUs) integrated into hospitals and health centers around the country. **UNICEF urgently needs US\$ 1.5 million to procure 240 metric tonnes of therapeutic food for 8,000 severely malnourished children for 3 months.**

Enhanced Outreach Strategy/Targeted Supplementary Feeding for Child Survival Interventions (EOS/TSF-CSI)

Since the beginning, in April 2004, of the EOS-TSF, 9.6 million children have received vitamin A supplementation, 7.9 million children have been de-wormed, 1.6 million have been vaccinated against measles, 140,000 insecticide-treated nets (ITNs) have been distributed, and 9.2 million children have been screened for malnutrition, of which 616,000 were found to be malnourished and were referred to therapeutic and supplementary feeding programmes. In addition, 2.2 million pregnant and lactating women have been screened for malnutrition, of which 271,000 were found to be malnourished and were referred to supplementary feeding programmes. An additional 6.8 million children, or half of Ethiopia's children under-five, will benefit from EOS services by the end of 2005. The combined effects of these child survival interventions, which are jointly implemented by the Ministry of Health, the Disaster Prevention and Preparedness Agency (DPPA), UNICEF, WFP and NGOs, are likely to save the lives of up to 150,000 children every year.

Health

Malaria

The malaria epidemics that broke out between June and August have been brought under control, thanks to generous donor contributions. UNICEF is currently working with the Ethiopian Government and other bodies to roll out the largest anti-malaria programme in Ethiopia's history. The largest ever distribution of ITNs in Ethiopia is currently underway in five regions. Three million ITNs from the Global Fund and UNICEF are being transferred to woreda-level health posts. Distribution of an additional (?) 440,000 ITNs has also been undertaken through the Enhanced Outreach Strategy (EOS) in Oromiya Region.

Meanwhile, an appeal was launched by the Federal Ministry of Health to ensure adequate preparedness should more epidemics occur during the "long" transmission season from September to December. Funds amounting to over US\$7 million have been pledged by donors. These funds will be used to procure extra Artemether - Lumefantrine (Coartem), Rapid Diagnostic Tests (RDTs), insecticides for mosquito control and operational funds to support epidemic prevention and control. The continued use of CoArtem and improved use of Rapid Diagnostic Test (RDT) are believed to have contributed to the improved malaria situation in the country.

Measles

In response to the current outbreak in Afar, UNICEF is currently exploring potential sources of funding to conduct an immunization campaign in the region. Due to the potential risk of outbreaks in other areas of the country, **UNICEF is appealing for 9 million USD to conduct supplemental immunization activities (SIAs) in the first and 4th quarter of 2006 in high-risk areas.** The 1st quarter plan covers 32 Zones and 5 Special woredas with an estimated target of 5,287,616 children aged 6-59 months. The 4th quarter plan will cover 34 Zones and 4 special woredas with an estimated target of 6,411,874 children.

Polio

The Ministry of Health, UNICEF and the World Health Organization (WHO) immunised up to 15 million children in two nationwide polio immunisation campaigns, which ran from 28-31 October and from 25-28

November 2005. Preliminary results indicate coverage of 96 percent for each round. Donors have contributed US\$15 million to the operation costs of these campaigns. Three similar campaigns were conducted in April, May and July where 15 million children were vaccinated in each round. Currently, the polio virus has been detected in 18 children in Tigray, Amhara and Oromiya regions. Before the report of the first case in February, Ethiopia had been polio-free for four years.

Water & sanitation

Donors have contributed about US\$ 2.9 million to UNICEF's water and sanitation programmes. This represents 19.6% of the appeal requirements in this sector, leaving a shortfall of US\$ 12.2 million. With its limited budget, UNICEF has been able to increase its beneficiary number from 536,145 in September to over 681,564 people.

The shortfall in funding has limited UNICEF's ability to prepare for unforeseen water and sanitation emergencies, and has also limited its activities in the areas where Therapeutic Feeding Centres are functioning. The shortfall has also hindered activities such as rehabilitation of water supply schemes damaged by flooding and the improvement of water supplies in the emergency-affected areas of SNNPR, Oromiya, Amhara, Tigray and Gambella regions, where acute water scarcity has been reported. Of particular concern is the humanitarian situation in the Somali Region, where the weak performance of the Deyr rains has had a negative impact on the mainly pastoral and agro-pastoral Somali society. Early signs of stress are already being witnessed.

Update on the reintegration of Internally Displaced Persons in Somali Region

The United Nations Country Team's (UNCT) Recovery Programme for Somali Region has completed the movement of 1,491 Internally Displaced Persons (IDPs) in two rounds. UNICEF has allocated non-food items for the entire caseload of 6,000 people, to be provided when each round of return movements are initiated under the coordination of IOM. WFP and the federal Disaster Prevention and Preparedness Agency (DPPA) have allocated three months each of food rations for the returnees. The UNCT plans to move the next caseload of IDPs on 12 December 2005.

The Recovery Programme aims at repatriating and reintegrating 6,000 IDPs from Jijiga zone to their places of origin in Degehabur zone. The first movement of 129 IDPs from Hartisheik camp to Dege-hamedo woreda took place at the beginning of October 2005. Following their return, the UNCT conducted an assessment in the area to monitor the situation of the returnees and to identify their immediate needs. The team reported that all IDPs are reintegrated and well-received by their home communities. This initiative could pave the way for similar reintegration of IDPs elsewhere in the country

Child Protection

A number of actions are necessary in direct response to the recent civil/political unrest. Two key initiatives need immediate support:

- The Child Protection Units (CPU) established within the police departments in several major towns need to be expanded and better trained. Training support for the CPUs is proposed and this should be followed up, in coordination with child protection officers addressing juvenile justice, to ensure coordination with Government and partners.
- The Child Protection Network (CPN), initially established in June in response to political violence, provides a forum for raising issues of concern with partners and consists of 12 local and international agencies. The Network must be strengthened through a number of training and capacity-building activities, in order for it to be in a better position to analyse, advocate for and protect children affected by violence.

UNICEF, within the framework of the UN Country Team, has been increasing its preparedness related to the border situation. Although key preparedness steps have been taken in the areas of health, nutrition, water education and child protection, **more remains to be done in terms of training and pre-positioning, for which an additional US\$ 1 million is urgently required.**

Floods

The July flooding in Zone One of Afar region has covered a vast area, affecting up to 8,900 people. The joint UNICEF, OCHA, FAO assessment of the flood affected woredas reported that the flood in Assaita woreda has covered a very wide area and affected residents of five kebeles (districts). However, the team could not confirm the population and livestock affected as the area was inaccessible. UNICEF dispatched 3.1 tonnes of high energy biscuits (BP5), which fed 413 children for 30 days.

Meanwhile, the Afar regional Disaster Prevention and Preparedness Bureau (DPPB) has issued an emergency request for food and non-food items for an additional 5,472 people affected by the eruption of Mount Erta Ale in Teru District on 24 September. The Government, with the support of UNICEF and WFP, has previously responded with food and non-food items for some 6,000 people affected by the eruption.

Volcano eruption

On 24 September, a series of earthquakes measuring an average of 5.5 on the Richter scale caused the eruption of a long-dormant volcano, Mount Erta Ale, in Terru woreda of Afar Region.

The Federal Disaster Prevention and Preparedness Agency (FDPPA) reported that up to 7,000 nomads moved from the affected area, although the exact number of people affected is still unknown. There were no human casualties among this population. However, molten lava from the volcano may have a longer-term impact on livestock conditions and grazing areas. A task force to study the long-term effects has been formed by the Addis Ababa University, the State Government and the Capacity Building Ministry.

UNICEF immediately dispatched 120 plastic sheets (4x50m), 6,384 plastic plates, 1,200 cooking pots and seven tons of high energy biscuits (BP5) to support 1000 children for 30 days.

ACHIEVEMENTS IN FIGURES

INDICATORS	TARGET 2005	ACHIEVED	% Achieved
Enhanced Outreach Strategy – EOS			
No of children screened in 2005 (6-59 months)	6,827,389 (twice a year)	9,312,130	68.2%
No of children given de-worming treatment in 2005 (12-59 mths)	5,973,965 (twice a year)	7,965,187	66.7%
No. of people trained since EOS started	6,850	4,430	64.7%
Therapeutic Feeding Units			
No. of Therapeutic Feeding Units supported	100	56	56%
Child treatment capacity in the available Therapeutic Feeding Units	19,400	10,215	52.6%
No. of people trained in the management of malnutrition	n.a.	740	n.a.
Measles 'plus' immunization			
SIA	1,274,635	1,180,123	92.5%
EOS - Missed Opportunities	n.a.	902,121	n.a.
Polio immunization			
Areas along borders (Sub-Nat. Immun. Days)	3,500,000	3,675,000	105%
Round 1 (National Immunization Days)	14,700,000	15,425,000	105%
Round 2 (National Immunization Days)	14,700,000	14,994,000	102%
Round 3 (National Immunization Days)	14,519,016	14,246,849	98%
Round 4 (National Immunization Days)	15,500,000	14,880,000	96%
Round 5 (National Immunization Days)	15,500,000	14,880,000	96%
Malaria Control using UNICEF Funds			
ITNs distributed	820,000	639,007	77.9%
Net Re-treatment Kits distributed	200,000	223,439	112%
Test Kits distributed	1,000,000	906,725	90.7%
Co-Artem distributed	2,899,380	2,899,380	100%
Malaria Control using GFATM Funds (delivered with UNICEF's support)			
ITNs distributed	1,000,060	1,000,060	100%
Net Re-treatment Kits distributed	1,000,000	1,000,000	100%
Emergency Water and Sanitation activities			
Emergency water tankering	419,903	219,700	52%
New schemes	469,259	167,600	35%
Sanitation and Hygiene	131,870	418,208	317%
Rehabilitation	431,894	85,160	19%

3. 2005 REQUIREMENTS AND RECEIPTS

EMERGENCY CONTRIBUTIONS BY SECTOR AGAINST THE 2005 REVISED APPEAL AS AT 09 NOVEMBER 2005				
Programme	UNICEF budget in Appeal 05 (US\$)	Received (US\$)	% Funded	Funding Gap
Health & Nutrition	39,691,401	18,535,618	46.7	21,155,783
Water & Sanitation	15,000,000	2,951,061	19.6	12,048,939
Sub-total for appeal needs	54,691,401	21,486,679	36.3	33,204,722
ADDITIONAL EMERGENCY CONTRIBUTIONS FOR NON-APPEAL SECTORS AS AT 09 NOVEMBER 2005				
US\$ 20,161 from the Canadian National Committee for UNICEF for education, US\$ 791,944 from SIDA for Youth & HIV/AIDS, Education and Early Warning, US\$ 430,837 from the UK Natcom for HIV/AIDS and Early Warning, US\$ 120,627 for education from Dutch Natcom and US\$ 60,975 from the Andorra Government for Early Warning			1,424,544	
Grand-total for all emergency needs			22,911,223	

TOTAL 2005 EMERGENCY CONTRIBUTIONS BY DONOR AS AT 09 NOVEMBER 2005		
Donor	Total amount (US\$)	Sectors
ECHO	3,609,845	Emergency Epidemic Malaria Control and Water and Sanitation
UK/DFID	3,571,420	Health, Nutrition
Netherlands	3,515,000	Health, Nutrition, Water, Sanitation
Sweden SIDA	3,415,300	Health, Water, Sanitation & non-appeal sectors
USAID/OFDA	2,550,000	Health, Nutrition
DFID (United Kingdom)	1,915,710	Health, Nutrition (EOS)
US Natcom/Amy Robbins	1,575,000	Nutrition
Norway	1,111,111	Health, Nutrition, Water, Sanitation
UK Natcom	793,652	Health, Nutrition, Water and Sanitation & non-appeal sectors
CIDA/IHA	406,505	Health, Nutrition
Dutch Natcom	241,546	Health, Nutrition & non-appeal sectors
Belgian Natcom	64,683	Nutrition
Andorra	60,976	Non-Appeal Sectors
Ireland/Ethiopia (DCI)	60,314	Water, Sanitation
Canada NatCom	20,161	Education
Total	22,911,223	

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

Table 3: IMMEDIATE REQUIREMENTS AS OF 4 MAY 2005		
Project	Purpose	Requirements - USD
Child Protection	Building the capacities of the Police Child protection Units. Strengthening the Child Protection Network. Developing preparedness to address requirements related to the border situation.	1,200,000
WatSan	Emergency water purification, water tankering, rehabilitation of schemes in hot spot areas, provision of clean water and sanitation in health and feeding centres in affected areas.	4,000,000
Health	Respond to the outbreak in Afar Region and immunize at least 90% of children aged 6 months to 59 months of age in all zones of the country in two phases during the year 2006 with a dose of measles vaccine irrespective of their vaccination or disease status.	9,000,000
Nutrition	Support outreach feeding centers for the treatment of severe malnutrition for 8,000 children from January 2006 onwards,	1,500,000
TOTAL		15,700,000

Details of the Ethiopia Programme can be obtained from:

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