



DROUGHT EMERGENCY



Today, as prolonged drought and severe rural poverty continue to affect large parts of the country, it is Ethiopian children who are paying the heaviest price.

UNICEF estimates that the number of acute malnourished children under five could be as

high as 450,000 with a growing number in need of therapeutic and supplementary feeding. Our immediate priority must be their survival.

But this is not enough. The only way Ethiopian children can be ensured their fundamental rights of survival, development, and protection, is if we take the structural and longer-term development needs of the country seriously. UNICEF is working with the Government of Ethiopia to better integrate our emergency response with our development strategies.

We know all too well that if a child is born of low birth weight, the risk of malnutrition is

greater and rarely with a chance to catch up, their own children will likely suffer the same problem and face life undernourished. We know that with one in two children across the country stunted from chronic malnutrition, then they are more susceptible to acute malnutrition and the opportunistic diseases that attack when children are weak. We know that hungry children will most likely drop out of school or not learn as well, diminishing their opportunities for the future. We also know that these children are the most likely to end up on the street involved in prostitution, begging, and abusive forms of labour. We need to break the vicious cycles that keep so many people living on the edge and find new ways to support Ethiopian families.

The challenges ahead are not easy. Together, we need to find better ways to make sure that we do everything in our capacity to respond to the urgent needs in drought affected areas, without compromising our ability to make the longer-term investments to ultimately improve the future for all Ethiopian children.

Bjorn Ljungqvist
Representative

Saving Lives For A Better Tomorrow: Emergency Interventions

"The main difference between the drought 18 years ago and now is that then children and adults were dying together, now children are dying alone."

Prime Minister Meles Zenawi at a meeting with Sir Bob Geldof on the 1st of June

In November 2002 Prime Minister Meles Zenawi informed the world that a famine of monstrous proportions, even worse than the horrific famine of the mid 1980s, was in the making, and called upon the international donor community to respond to the immediate survival needs of 14 million drought-affected Ethiopians.

The international community responded to the call for assistance. As a result, the food-aid pipeline is secure for the remainder of the year and famine has been averted, however the emergency crisis is far from over.

UNICEF's emergency response focuses on ensuring the survival of children while complimenting its longer-term development strategy. This entails implementing a holistic package of interventions that look beyond the immediate survival needs of children by ensuring that their rights to clean water, education,

health and protection are also addressed.

Ten-year-old Sara Sultan walks one hour from her hut in the hot barren plains of Shinile Zone, Somali Region, with her mother, brother and sister to fill their goatskin containers and jerry-cans with water. It has not rained in Shinile Zone for over three years and the ensuing drought has dried up their traditional sources of water. The nearest alternative water point is a forbidding 20 kilometers away.

Since January 2003 Sara and her family have been dependent on UNICEF supported emergency water tankering for



their supply of water. The truck makes its way along an established route every other day stopping at collection points where families like Samia's gather in anticipation of its life-saving cargo.

A recent emergency water supply needs survey conducted by UNICEF, in cooperation with the Ministry of Water Resources and Regional Water Resources Bureaus in the six regions most affected by drought, indicates that more than 4.2 million people are in need of emergency water supplies. Of these around 380,000 require water tankering.

Since January 121,000 people have benefited from UNICEF-supported water tankering. By rehabilitating 466 water schemes and constructing 219 new schemes, 1.34 million people now have access to safe water.

Halimo Ahmed and her two-year-old son, Mabarik were fortunate to get a lift from a camel-milk trader who drove them for three hours to get to the Jijiga Health and Therapeutic Feeding Center. Halimo knows at least 30 or 40 other mothers in her area with sick children who are not so lucky.

The Jijiga Health and Therapeutic Feeding Center is run by the Mother and Child Development Organization (MCDO), a local NGO supported by UNICEF. The Center is one of the first in Ethiopia to benefit from training on a protocol on the treatment of severe acute malnutrition developed by renowned nutritionists and UNICEF consultants Professor Michael Golden and Dr. Yvonne Grellety. The protocol outlines step-by-step guidelines for the management of severe acute malnutrition and has consistently proved to reduce child mortality rates significantly.

"The combination of theory and practical training has saved lives," said Abide Abdullah Mohammed, center coordinator from MCDO. "Before people could stay in a center up to two months receiving inappropriate diet with bad surveillance. Now they stay no longer than three weeks."

The crucial factor in providing effective therapeutic feeding treatment is to ensure that children are properly diagnosed for different types of malnutrition. On the 19th and 20th of June, UNICEF hosted a National Consensus Meeting where the protocol on treatment of severe acute malnutrition was adopted by the Ministry of Health to be standardized across the country.

To tackle the urgent health needs UNICEF and the Ministry of Health have invested in the training of health workers. Already 530 people have been trained in the treatment of malnutrition. In a country that under 'normal' conditions faces high levels of childhood malnutrition and stunting, and has limited health capacity, UNICEF believes this investment will show results well beyond the emergency.

The challenge remains to reach all the children suffering from acute malnutrition with the necessary supplementary and therapeutic feeding. To date, thirty therapeutic feeding centers (TFCs) supported by UNICEF are operating in Oromia, Somali and Southern Nations Nationalities and Peoples (SNNP) regions. 21 additional TFCs are in the process of being opened. 146,000 children and pregnant/lactating women have been targeted for supplementary feeding.

With a worried look in her eyes 6 year-old Raham rolls up her sleeve as requested by the health worker in front of her. A crowd of people is watching her, including her father, sister, brother and a long line of children waiting outside the make shift immunization post in Kombolcha, South



Wollo in Amhara Region. A needle enters her thin arm and seconds later the girl is protected against one of the major childhood killers in Ethiopia.

Raham is one of nearly 5.2 million children immunized against measles during a seven-day campaign held in June 2003 in South Wollo, an area highly affected by the current drought.

Nearly 1.2 million children in both urban and rural communities received the injection and one or two drops of vitamin A, depending on their age. The vitamin A, urgently needed by many malnourished children, makes the body less susceptible to transmittable diseases.

Measles is one of the greatest threats to children in Ethiopia, and the spread is exacerbated by drought and the children's weakened conditions. WHO estimates that more than 72,000 children

die every year due to the disease, but the number of cases has been increasing lately with reports of smaller outbreaks in different parts of the country. More than 19 million children will be targeted by the measles and vitamin A campaign in 2003, which is expected to reduce the annual number of measles cases estimated to be 1.45 million.

Health sector interventions during the present crisis include 150 health kits with 647 in the pipeline, all together sufficient to treat 9,790,000 people for 3 months. 253,000 mosquito nets have been distributed in malaria-prone regions in 2002 and early 2003, with approximately 650,000 more in the pipeline.



Interview with Marc Rubin Early Warning / Disaster Preparedness (EW/DP) section

What is the main priority for UNICEF in response to the current humanitarian situation?

Our main focus is child survival. It is crucial over the next few months that we have enough

therapeutic feeding centres (TFCs) and supplementary food sites to cater to all the children in need. With better targeted immunisation and vitamin A campaigns combined with increasing the availability of supplementary food and the provision of emergency water supplies, we can add to the thousands of lives that have already been saved.

We know that even if we can move beyond the current crisis, this is an on-going emergency. The question remains how do you make the real push into longer-term development activities.

At the moment the focus is on survival, but we know one of the most tragic consequences of the crisis is the increase in school drop-out rate. Children, especially girls, who are already under-represented, can no longer go to school and in turn the cycle of poverty is likely to continue. This, compounded by the impact of HIV/AIDS, has not only complicated the challenge, but also increased

the urgency to move beyond constantly responding to emergencies.

What is UNICEF's strength in assisting children in the emergency?

UNICEF is involved in all sectors of child survival and development, from water to health and nutrition, to HIV/AIDS, education and child protection. Each UNICEF section has integrated Emergency Preparedness and Response within their regular programming. It presents our strength but also an enormous challenge to work with all our partners to better co-ordinate the non-food response and increase our capacity to respond more comprehensively to children's needs.

How does UNICEF operate in an emergency?

Our primary partner in the emergency is the Disaster Preparedness and Prevention Commission (DPPC) with whom we work very closely. At the same time as each of the different sections work on their response with their respective ministries, they do so in co-ordination with the DPPC. UNICEF also works closely with the federal task forces that have been created to streamline the emergency response and strengthen the capacity of the Government. In addition, UNICEF works closely with UN agencies, NGO partners and the Regional Bureaus.



NEWS FILE



1 April: Bjorn Ljungqvist joined the UNICEF Ethiopia Country Office to take up the position as UNICEF Representative. Ljungqvist will be focusing on the continuing challenges of the current humanitarian crisis, HIV/AIDS, girls' education and nutrition.

2 April: UNICEF donated two vehicles to the Oromia Health Bureau as part of the Reproductive Health/Safe Motherhood project designed to help reduce the high maternal mortality rate in Ethiopia.

17 April: The Ministry of Health, WHO and UNICEF kicked off a measles and vitamin A campaign targeting 1.9 million children ages six months to 15 years in Bale, Shinile, Gurage and Silti zones which are severely affected by the current drought.



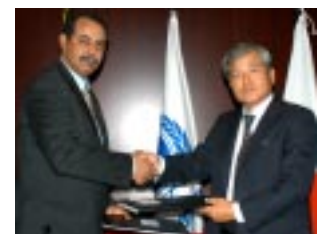
7 May: Ethiopian Orthodox, Muslim and Protestant leaders affirmed their commitment to influence their followers in fighting the stigma and discrimination faced by people living with HIV/AIDS as part of National Religious AIDS Week.

26 May: Promoting a zero tolerance policy on sexual exploitation, UNICEF conducted the second in a series of workshops to educate and train humanitarian actors on the issue. NGO partners, members of the Ethiopian Police Commission, Representatives of the Ethiopian Women Lawyers' Association and the Women's Affairs Office took part in the five day workshop. The training focused on how to ensure communities know what their rights are, to understand that relief aid is free and can never be given in exchange for sexual or labour favours and that communities have the right to recourse through effective complaint mechanisms.



27 May - 3 June: Musician and activist Sir Bob Geldof returned to Ethiopia with UNICEF for the first time since his landmark visit 20 years ago. Geldof's visit, facilitated by UNICEF and Save the Children UK enabled him to witness the current humanitarian crisis and explore the longer-term development challenges that are facing the country.

29 May: The Government of Japan donated \$ 3 million to UNICEF for polio eradication and measles control in Ethiopia. The donation will be used to purchase vaccines, cold-chain equipment and to cover operational costs including the training of vaccinators.



4 June: The Ministry of Health, UNICEF and WHO conducted a joint measles and vitamin A campaign targeting nearly 5.2 million children between six months and 15-years-old in South and North Wollo, Waghimra, Arsi, Sidama, Wolaita and Fiq zones.



11-13 June: Ms. Carolyn M. McAskie, UN Deputy Emergency Relief Coordinator in the Office for the Coordination of Humanitarian Affairs (OCHA) traveled to Ethiopia to review the overall humanitarian situation, raise awareness among the international community and mobilise further support for emergency relief operations.

16 June: The Ministry of Labor and Social Affairs, Addis Ababa Social and NGO Affairs Office, Plan Ethiopia, Save the Children Alliance, Christian Children's Fund-Ethiopia, other NGOs and UNICEF called for all Ethiopian children to have their right to be registered at birth met and their future citizenship guaranteed as part of Day of the African Child Celebration.



20 June: The Ministry of Health agreed to adopt and standardize the Protocols on the Management of Acute Malnutrition developed by world-renowned nutritionists, Professor Mike Golden and Dr. Yvonne Grellery. The Protocol is credited with directly reducing child mortality rates.

For further information, please contact the UNICEF Communication Section, telephone: 251-1-515155 or 444400; fax 517111; e-mail: sbloemen@unicef.org