

UNICEF HUMANITARIAN ACTION

ETHIOPIA

DONOR UPDATE

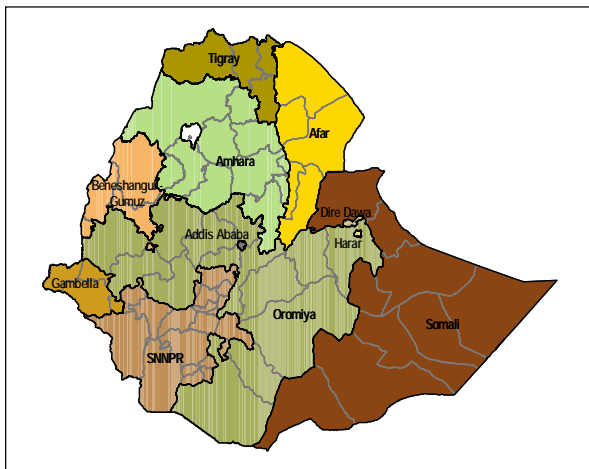
13 APRIL 2005

- The nutritional situation is rapidly deteriorating in several districts of Southern Nations, Nationalities and Peoples (SNNPR), Somali and eastern Oromiya and Tigray regions
- The “Measles plus” Vaccination campaigns urgently requires US\$ 400,000
- Two cases of Wild Polio confirmed after four years; the National Immunization Days are now targeting 14.7 million children, additional funding is critically needed
- Contributions against the UNICEF request for Health, Water and Nutrition in the Humanitarian Appeal 2005 remain very low at 24.8 %, hampering the necessary humanitarian response

1. EMERGENCY OVERVIEW AND ISSUES FOR CHILDREN

Humanitarian situation

On 23rd December 2004, the UN and the Government of Ethiopia launched a Joint Humanitarian Appeal seeking US\$ 112 million for health, nutrition, water and sanitation, agriculture inputs and coordination services. The Appeal also calls for a total of 387,482 MT of food valued at approximately US\$159 million. Despite the mounting humanitarian needs, contributions have remained very low, especially in the non-food sector.



[all boundaries are approximate and unofficial – graphics by UNICEF]

Following the predominately dry weather in most of the country in February, there was a significant improvement in rainfall in March in most of the regions. However, as many as 3.2 million Ethiopians will require emergency assistance for the second quarter of the year and more than 5 million chronically food insecure will require assistance through the safety nets programme.

UNICEF and others have been working closely with the Government of Ethiopia to prevent the food security situation from worsening. However, the humanitarian situation is deteriorating further as the Productive Safety Net Programme has had difficulties to start in an effective manner since the beginning of 2005 and as the emergency requirement has remained under-resourced.

The increased UNICEF emergency field support and mobility has been crucial for the timely, informed and effective response in many critical areas.

Critical issues for children:

- November - December rains have failed over the majority of the Afar and Somali regions. This latest rain failure coupled with recurrent drought in the past years resulted in a very limited availability of water and an even more limited availability of pasture, animal deaths are highly above normal for the season
- In Gashamo district of Somali Region, an SCF-UK recent nutritional survey reported malnutrition rates at 3.3 percent of severely acute cases and 19.9 percent global acute cases, with five out of 10,000 of the affected children dying on a daily basis

- As of 30th March, a total of 233 severely malnourished children were admitted in two Health Units in Boricha district of SNNPR – the nutritional situation in other districts of Sidama and Wollayta zones has been reported extremely fragile and is being assessed
- CARE reported in March the rapid deterioration of the nutritional situation of children in East Hararge zone of Oromiya region, where admission of severely malnourished children has increased since January in the three Community Therapeutic Care (CTC) programs
- In Gambella the incidence of measles, malaria and waterborne diseases remains high - most Health Centers and Schools have been looted during last year's violence and displacement, therefore services are still unavailable in most of the region
- The confirmation of 2 cases of Wild Polio Virus in Tigray region, after 4 years free of cases, has called for the acceleration of all planned National Immunisation Days (NIDs) to continue struggling for a Polio-free Ethiopia

2. UNICEF RESPONSE: ACTION AND IMPACT

Malnutrition in SNNP region

Latest UNICEF field assessments indicate that the situation is quickly deteriorating in the Boricha district of Sidama zone in SNNP region. The regional Health Bureau and NGOs with UNICEF support are carrying out a fresh nutritional screening of all children below five years of age in the *woreda*. The situation is considered at critical levels and therefore immediate interventions were made to mitigate the problem, with nutrition supplies, refresh training of concerned Staff and technical support in the Nutrition Rehabilitation Units. As of 30th March, 131 severely malnourished children were admitted and 34 more were on day care in Yirba Health Center, while 68 more children have been admitted in Derera Health Center. Both centers are overwhelmed by this extraordinary workload, therefore the human resources in both Health Units have been strengthened by the Regional Health Bureau. UNICEF and the RHB are considering additional interventions like reinforcing the capacity of other Nutrition Rehabilitation Units in nearby Health Centers, opening Therapeutic Feeding Centers and expand community based treatment of severely acute malnourished children. Joint field assessments by UNICEF with the regional Health Bureau are being conducted to investigate the development of the situation in other areas of Sidama and Wollayta zones in the same region. Water tankering in Boricha started on March 28 with one truck, which does three trips per day for 3 Therapeutic Feeding Centers (TFCs). Numbers of beneficiaries have still not been confirmed.

Afar region

The humanitarian situation in Afar remains critical according to the UNICEF teams which have repeatedly assessed health, nutrition and water availability in the region. This is mainly due to rain failure in the zones traditionally used by pastoralists for communal animal grazing, pushing thousands of them to migrate to nearby areas in Amhara and Tigray regions. Only families whose flocks did not entirely migrate are relatively better off thanks to the limited milk available and water provided. Large numbers of livestock are concentrated in extremely limited grazing areas and their shepherds are in extreme living conditions, with critical sanitation made worse by the death of hundreds of animals in each site. In addition to the on-going water trucking activities in 10 districts, which are currently serving about 18,200 people, UNICEF is supporting the drilling of additional 10 shallow wells in the critical areas, benefiting 6,000 people, and the rehabilitation of existing water schemes. Moreover, UNICEF donated a shallow well drilling rig for the region with all the accessories to enhance the drilling capacity in the emergency areas and it is expected to drill 50 wells each year which can benefit about 25,000 drought affected people per year. Also, the School Water & Sanitation package, including rainwater harvesting reservoirs, is being enhanced to limit school drop-out in all critical areas in the region. While in theory 28 percent of people in Afar region have access to health care services, due to the present critical situation, access is even more limited. UNICEF has delivered 36 emergency drugs kits to the Regional Health Bureau to cater for about 360,000 people over a period of three months and is currently monitoring that these can reach all end-user in the remote affected areas. The RHB has confirmed measles cases in this region, which was covered by Special Immunization Activities campaigns early in 2002: about 230,000 children will be targeted in the new regional campaign planned for April.

Somali region

Following the nutritional survey conducted by SC-UK in January in Gashamo woreda of Somali Region, where malnutrition among under-five children was reported alarming (19.9% GAM and 3.3% SAM) with excess mortality, in February UNICEF has supported with equipments, nutritional supplies and running costs the establishment of one Therapeutic Feeding Center with MCDO, a local NGO, to cater for the severely malnourished children screen in this district. Unfortunately, because of bureaucratic and logistic constraints, the supplementary food expected from the Government partners could not be delivered, jeopardizing the benefits of the therapeutic activities (TFC). The situation was reported to be aggravated by lack of water, sanitation problems and unavailability of basic health services. Potentially critical areas in the districts are being monitored for possible emergency needs, like Cidenle, Hililig, Dhegahdher, Sibili, Yo'ada, Gorgor, Bohoddhere and Meygag Jife villages. Other critical areas which UNICEF is preparing to support with nutritional activities are the IDP camps in Hartisheikh and Fanfan, where recent nutritional surveys (DPPB/ENCU/SCF-UK/MCDO) have reported critical nutritional levels in under-five

children (15.5% GAM and 1.2% SAM in Fanfan, 24.2% GAM and 5.1% SAM in Hartisheikh) with excess mortality. To respond to these alarming spots, in addition to the nutritional interventions, UNICEF is seeking the necessary resources to continue supporting the regional Mobile Health Clinics, which UNICEF had promoted and supported for sometime to cover 12 districts in the region, including Gashamo. Some permanent Nutrition Rehabilitation Units established in the recent past with the support of UNICEF are operational in Jijiga, Gode and Kabri-Dehar Hospitals. Since January UNICEF has been supporting water tankering projects in the region with both the regional Government and several local NGOs, covering the cost of 19 trucks delivering emergency water supply to about 150,000 beneficiaries in 14 districts, including Gashamo and Hartisheikh.

Gambella region

Since late 2003 the Gambella region has been experiencing a high degree of insecurity and ethnic conflict resulting in displacement of large sectors of the population and the evacuation of UN staff in the region for sometime. In October 2004, UNICEF participated in the first UN inter-agency assessment in the region since the fighting had started. During this and the following field visits, the regional government repeatedly requested for the establishment of a UNICEF presence in the region, namely in the sectors of coordination, humanitarian assistance, health, water, nutrition, education, HIV awareness & child protection. Starting last March, one International UNICEF Emergency Officer supported by four national experts has been deployed in Gambella to coordinate the needed actions. As part of its immediate commitment in emergency, UNICEF is supporting the region emergency measles vaccination campaign with Vitamin A supplementation and de-worming, targeting nearly 200,000 children from 6 months to 15 yrs; in the regional Hospital, UNICEF is facilitating with needed supplies and training the opening of one Nutrition Rehabilitation Unit and providing essential drugs and equipment. Funds have been provided for the drilling of 6 new wells in Guinea Worm affected areas and for wells rehabilitation. Two deep wells have already been completed in Abobo and Makway. In the immediate plan ahead, UNICEF will focus on strengthening the capacity of the government line Bureaus in the region, expanding life saving activities to include special support for anti-malaria programmes, including supply of long lasting insecticide-treated nets and Co-artem drug. In this respect, UNICEF's plan is to reduce morbidity and mortality from Malaria by 20% over the next 12 months for 100,000 people based around Itang, Abobo, and Gambella. As for basic health care, UNICEF is re-equipping looted and damaged facilities such as schools and Health centres to make them function again and be gender friendly (separate latrines / water supply). Community structures will be supported, re-energising stagnant community initiatives such as Anti-Aids clubs, water and hygiene committees that have been neglected or broken because of the recent conflict.

Resettlement

The national resettlement program is part of the food security policy developed by the Government to reduce food-aid dependency in the most drought-prone and food-deficient areas. Since 2004 UNICEF has been engaged in consultations with the Food Security Coordination Bureau and different regional and sub-regional authorities about the general situations in the most critical resettlement sites with special emphasis on health, nutrition, water and sanitation, where UNICEF provided emergency supplies. Unfortunately the education sector has been neglected in all resettlement plans and UNICEF is advocating for the urgent establishment of needed educational opportunities for the children in resettlement areas. Needed resources are sought for this programme expansion. UNICEF is continuing to monitor the nutritional situation in both old and recent resettlement areas, to prevent the health & nutritional crises which had previously occurred in 2003 and 2004, affecting the lives of hundreds of children. A substantial amount of UNICEF emergency supplies were redirected to address the critical gaps in resettlement areas: their efficient delivery and effectiveness needs to be verified, while the critical spots are continuously brought to the attention of the concerned departments. In 2005, some 34,000 Heads of Households have been resettled in Oromiya, Amhara, Tigray & SNNP regions, adding up to about 365,000 people resettled in the previous two years.

Enhanced Outreach Strategy (EOS)

In 2004, UNICEF launched the Enhanced Outreach Strategy (EOS) targeting about 7 million under-five children in 325 *woredas* in 6 regions for a period of three year, with the overall objective to reduce mortality and morbidity, ensuring their access twice a year to key child survival interventions like measles catch-up, vitamin A supplementation, administration of de-worming tablets, screening for acute malnutrition and referral to supplementary feeding programme when appropriate. The EOS is presently the only intervention linking health, care practices and food and it is the single most important action currently underway to improve the child survival in Ethiopia. The screening activities are carried out by medical staff from the regional Health Bureaus, after appropriate training is given at regional level. In addition to under-five children, the EOS is targeting to screen the nutrition of all women in the last 6 month of pregnancy or in the first 6 months of breastfeeding. All malnourished children and women eligible for supplementary feeding are given supplementary ration cards and referred to DPPB / WFP. In the table below are summarized the first results by round and by region:

Table 1: Nutrition screening: Enhanced Outreach Strategy- results	SNNPR	SNNPR	Tigray	Amhara
	round 1	round 2	round 1	round 1
	April-Aug 04	Jan-Feb 05	Jan-Feb 05	Jan-Feb 05
Number of woredas (districts) covered	54	57	18	35
Total population in the target woredas	9,158,990	9,314,448	2,276,969	6,326,067
Children population (6-59 months)	1,501,204	1,555,513	362,038	990,029
Children (6-59 mth) supplemented Vit. A	1,389,438	1,302,917	351,049	922,654
Children (1 to 5 yrs) given de-worming tabs	855,482	1,127,699	320,373	817,249
Children (< 1 year) given measles vaccine	171,867	(*)	28,119	116,568
Children screened (6-59 months)	1,304,429	1,324,935	351,025	923,500
Moderate Acute Malnourished Children - MAM	58,284	62,146	22,722	21,460
% of children screened with MAM	4.5	4.7%	6.5%	8.2
Severe Acute Malnourished children - SAM	14,452	11,524	4,919	4,023
% of children screened with SAM	2.1	1.3%	1.7%	2.8
Pregnant and lactating women screened	158,928	211,572	44,496	76,890
Women with moderate malnutr. - MUAC<21cm	33,010	41,114	14,569	21,226
% of Women with moderate malnutr. - MUAC<21cm	20.8	19.4%	32.7%	27.6

MAM: moderate acute malnutrition = Weight/Height between 70 and 79% of the median

SAM: severe acute malnutrition = Weight/Height <70% and/or bilateral oedema

(*): Measles Vaccination only conducted once a year

New rounds took place in March in Oromiya region, in Harar and in Dire Dawa and results are being compiled, while the first round in Somali region will take place in April. This new strategy does not only address the prevention of nutritional crises in the most vulnerable districts in Ethiopia, but links it to the recovery strategy being planned with the Ministry of Health, linking nutritional issues to the national Health Extension Programme (HEP) being prepared by the MoH.

UNICEF continues to support 16 Therapeutic Feeding Centres through NGOs, 22 Therapeutic Feeding Units integrated in Government Health facilities and 9 Outpatient Therapeutic Programme, providing the necessary drugs, equipment, technical assistance and therapeutic products: such as F75, F100 therapeutic milk; Plumpy Nut, BP100, ReSoMal and Famix. UNICEF continues as well capacity building in treatment of severe acute malnutrition at national level through the medical universities. The objective is to include the management of severe acute malnutrition into the medical student's curricula and later on into the nursing schools, hence targeting the critical gap in term of addressing institutional capacity in addressing the treatment of severe acute malnutrition in the country. UNICEF is supporting the Regional Health Bureaux to make 100 TFUs operational with government health units before the end of the year.

Meanwhile, the requested funds for the Water and Sanitation component of EOS in the 2005 Appeal was about US\$ 1.6 million. However, to date, only US\$ 200,000 has been received.

Measles

Measles cases have recently been reported in Afar, Gambella and East & West Hararge of Oromiya region. Emergency vaccination campaigns with Vitamin A supplementation and de-worming will therefore be conducted in April in Gambella and Afar regions, targeting about 430,000 children. Another campaign will then follow in East & West Hararge of Oromiya region. UNICEF urgently requires USD 400,000 as the Measles component in the humanitarian Appeal 2005 remains largely unfunded.

Meningitis

As of 30th March 2005, a total of 346 cases of Meningococcal Meningitis have been reported from various areas of Ethiopia. While the number of cases in some regions has not reached an epidemic proportion, the situation is being closely monitored by MoH in Benshangul-Gumuz region, where about 80 cases were reported in few weeks. UNICEF has been supporting the federal MoH with vaccines, and the request for additional funds has been included in the 2005 Humanitarian Appeal, which as reported remains highly un-funded.

Polio alert

The confirmation of two cases of Wild Polio Virus (WPV) in February in Tigray region of Ethiopia, bordering with Sudan, is jeopardizing the country's efforts to be accredited with a polio free status: WPV cases had not been reported in Ethiopia since January 2001. The Interagency Coordination Committee, chaired by the Ministry of Health and comprising UNICEF, WHO and Donors, has accelerated the planned rounds of polio vaccination, aiming at covering four million children in March (SNID) in the areas bordering Sudan. The second and third National Immunisation Days (NIDs) are scheduled in April and May respectively, targeting 14.7 million children each round. This plan will assure that children in the most risky border areas will get three consecutive rounds of Polio vaccination. UNICEF and WHO have hired 34 national and international consultants to support these large campaigns. On 9th March, the UN Country Team launched a special alert on the urgent funding needs of nearly five

million USD to cover the necessary activities. UNICEF immediately needs 1.6 million for the immediate procurement of additional vaccines and to cover the most urgent operational costs.

Border issues

The situation along the northern border with Eritrea remains calm, but tension is reportedly raising between the two countries. The long stalemate on this issue has provoked an impressive delay in the developmental programme of both countries, where thousands of people continue to be displaced from their original homes. In these situations, children remain highly vulnerable. UNICEF is increasing its capacity to assess, address and monitor the protection and fulfilment of children's rights in this region in coordination with the local government and the Office for Rehabilitation and Social Affairs of Tigray (ORSA).

3. 2005 REQUIREMENTS AND RECEIPTS

On 23rd December 2004 the Government launched the Joint Appeal 2005, where UNICEF outlined a total funding requirement of about **US\$ 40.7 million** to undertake emergency interventions in various sectors. Almost the same amount was requested through UNICEF's HAR 2005 (US\$ 38,254,900). This amount included funding requests for additional emergency programs including education and mine risk education, but did not take into account the total amount of the US\$ 30,730,245 needed particularly for health and nutrition. The table below indicates the funding level and shortfalls of UNICEF requirements in the 2005 Appeal by sector:

PROGRAMME	UNICEF Appeal 05	Amount Received	% Funded	Funding Gap
Health & Nutrition	30,730,245	7,516,838	24.5%	23,213,407
Water & Sanitation	10,042,894	1,485,769	14.9%	8,557,125
Recent unallocated confirmed pledges		1,111,111		
GRAND TOTAL	40,773,139.00	10,113,718	24.8%	30,659,421

The table below shows the total funds received against the 2005 Appeal by Donor; an additional contribution from SIDA (Sweden) is expected but still to be confirmed:

Donor	Total amount (US\$)	Sectors
ECHO	3,268,320	Emergency Epidemic Malaria Control
Netherlands	3,515,000	Health, Nutrition, Water, Sanitation
DFID (United Kingdom)	1,886,790	Health, Nutrition (EOS)
NORAD (Norway)	1,111,111	Recent unallocated confirmed pledges
ECHO	332,497	Water, Sanitation
Total	10,113,718	

Funds were also received for regular programmes outlined in the HAR (US\$ 133,000 from DfID for Mine Risk Education and US\$ 20,161 from the Canadian National Committee for UNICEF for education.

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

Project	Purpose	Requirements - USD
Polio	Procurement of OPV (Polio) vaccines and operational costs	1,650,940
WES	Emergency Water & Environment Sanitation interventions for communities and schools	3,196,660
Shelter	Preparedness for possible population displacement due to drought or community tensions.	300,000
Measles	"Measles Plus" Vaccination Campaign	400,000
TOTAL		5,547,600

Details of the Ethiopia Programme can be obtained from:

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