

UNICEF HUMANITARIAN ACTION

ETHIOPIA

DONOR UPDATE 4 DECEMBER 2003

- ◆ A large malaria epidemic has affected 4 main regions, including areas usually not affected by the disease
- ◆ Somali Region on alert an estimated 1.1 million people in need of food aid and 500,000 in need of emergency water supply

1. EMERGENCY OVERVIEW AND RECENT DEVELOPMENTS

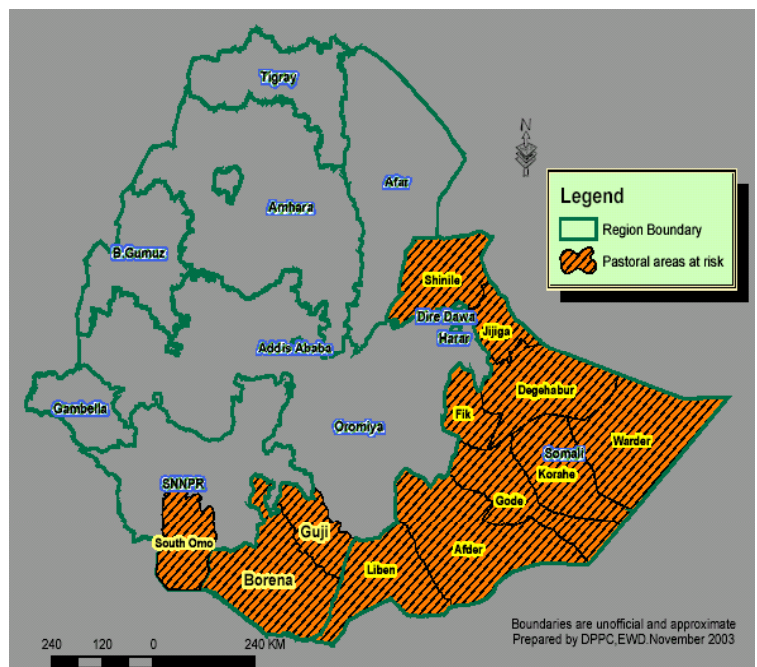
Background to the crisis

The impact of the current drought and its rapid expansion to large segments of the population, even in areas usually not severely affected by crises, has never been more severe. Among the deeply affected areas are: Oromia, Amhara, Southern Nations Nationalities and Peoples' and Tigray regions. Crisis-coping mechanisms of these communities in these areas have seriously been deteriorated, reaching an extraordinary level of vulnerability.

Rain pattern & food aid

Repeated assessments by the Disaster Prevention and Preparedness Commission (DPPC) and partners have closely monitored food availability, primarily through crop assessment. Figures of people in need of food aid have been regularly updated and shared with the international community. While response to food appeals has reached unprecedented levels, some constraints were faced in the food pipeline:

- difficulties in prioritising areas and beneficiaries, and in targeting food relief at lower administrative levels
- difficulties in communication between the federal and lower administrative levels
- inadequate distribution capacity in certain areas (i.e. not all needed / available food could be delivered in time)
- inadequate food basket composition during most of 2003
- difficulty in comparing data from nutritional surveys using different methodologies



Ethiopia, zones on high alert for delayed rains

Following the most recent crop assessments, it was recommended that scaling-down of food assistance programme—as previously planned—should be delayed, as late rains and crop planting are causing delayed harvest in several zones.

Somali Region Alert

The humanitarian community is concerned about the situation in the Somali region, where the 'deyr' rains have been delayed by one month. These rains are typical of these pastoral areas of the East Horn of Africa, essential for pasture regeneration and grazing needed for animals to overcome the *Jilaa* long dry season. The situation, monitored at the regional level, is being made worst by the influx of thousands of nomads with their herds from neighbouring Somaliland, where pasture has already been depleted. Emergency situation assessments are being conducted in zones at higher risk (see map, front page).

More focus needed on sectors other than food

While there has been increased concern for non-food issues, many donors continue to reluctantly accept the importance of crucial sectors such as health, nutrition and water and sanitation in need assessments and appeal processes, as complement to the main food crisis. The limited consideration given to these sectors in emergencies continues to exacerbate food and nutritional problems. The role of non-food sectors in the post-crisis recovery and long-term development cannot be overemphasised: health, clean water, family and community cohesion, access to educational opportunities, HIV/AIDS awareness, and child care and protection form the set of human rights that must be fulfilled in order to mitigate future crises. The threat of HIV/AIDS pandemic has now reached the level of crisis, incapacitating families and entire communities while greatly increasing the food insecurity of people, especially women and children and disrupting age-old traditional coping mechanisms.

2. UNICEF RESPONSE: ACTIVITIES AND ACHIEVEMENTS

Coordination

The 2003 humanitarian response has been marked by an enhanced coordination structure at the federal and regional level. The DPPC-led early warning system is now working well in alerting about any deterioration of crops and food situation. The Crisis Management Group of the Government, chaired by the DPPC, includes sectoral task forces (food, health, etc.) to better assess and coordinate non-food needs. UNICEF has been instrumental in facilitating the process in health, nutrition and water and sanitation, with increased involvement of NGOs. Following consultations with the federal government and upon the request of regional governments, UNICEF has deployed 40 staff to the six most affected regions to provide technical support in the areas of health, nutrition, water and sanitation, education and HIV/AIDS. In Awassa, SNNPR, OCHA has established a UNCT office and UNICEF has deployed 18 technical staff to support response there and in the nine most affected zones of the region. Regional emergency task forces have been formed and coordination between government Bureaus, UN agencies and NGOs improved greatly, including in the areas of measles and malaria prevention, malnutrition, HIV/AIDS and water and environmental sanitation. Direct cooperation with NGOs has improved in several key areas such as health, nutrition and HIV/AIDS, in which the Government has limited capacity to respond.

Nutrition

UNICEF, in collaboration with NGOs and partner agencies, has opened 44 Therapeutic Feeding Centres (TFC) across the country in March-October 2003 (26 in SNNPR, 9 in Oromia, 5 in Somali, 3 in Amhara and 1 in Harari regions). Initial estimates indicate that 9,700 children under five years of age have been admitted and treated for severe malnutrition, and this number is expected to double once all reports have been received. At least 67,000 moderately malnourished children, pregnant and lactating women have benefited from targeted supplementary feeding in 35 drought-affected districts through 358 distribution points. The targeted supplementary feeding prevented children's nutritional status from deteriorating further. UNICEF trained some 900 health workers from the Ministry of Health (MOH), NGOs and partner agencies between February and October in the management of acute malnutrition. A new standard protocol and a training module on treatment of acute malnutrition, developed with UNICEF's support, were adopted by the Ethiopian Government in June 2003. The implementation of this protocol has shown good results with a significant reduction of mortality in TFCs. In SNNPR, 200 students from regional medical schools were trained and provided with technical support before being deployed in TFCs and health centres.

Since the beginning of the year, UNICEF has procured 840MT of therapeutic food and 6,500 MT of supplementary food for targeted supplementary feeding. More than 4,500MT of blended food (Unimix, Famix and BP-5) were made available for targeted supplementary feeding. UNICEF also provided the necessary technical materials (anthropometric, cooking and printed materials) and the drugs prescribed in the national protocol to the TFCs and SFCs. UNICEF seconded a nutritionist to the Emergency Nutrition Coordination Unit (ENCU) at the DPPC, to head the programme supporting the development and dissemination of guidelines on nutrition assessments (surveys), rapid assessments and emergency nutrition interventions. Regional ENCU have been established in Somali, SNNPR and Oromia and are in the process of being established in Amhara and Tigray. The ENCU has also supported training in nutrition surveys and assessments to build the Government staff's capacity to conduct these activities. All nutrition

related responses are coordinated through a monthly UN/NGO coordination meeting and a bi-monthly multi-agency nutrition task force.

Health

In response to the prevalent malaria epidemic, UNICEF immediately hired additional technical staff to assist Ministry of Health in the affected regions. An existing Malaria Control Support Team in MOH was re-activated and expanded in order to co-ordinate efforts in the area. The taskforce has agreed to the following strategies: (1) rapid anti-malarial drug distribution and outbreak response, (2) targeted indoor residual spraying (IRS) and (3) distribution of insecticide-treated nets (ITNs) free of charge to the most vulnerable groups in the worst-affected areas (as per the National ITN Strategic Plan). All interventions are being strengthened through detailed micro-planning and training at the regional and district level. UNICEF has so far procured and distributed emergency stocks of anti-malarial drugs with an estimated value of US\$ 1.2 million directly to the zonal level. In addition, 156,000 ITNs have been procured and operational costs were covered in the three main affected regions (Amhara, Oromia and SNNPR). In 2003, UNICEF procured 780 emergency drug kits for Ethiopia, as well as 215 renewable medical supply kits. The drug kits contain 29 essential drugs for treatment of the ten most common infectious diseases affecting vulnerable populations, especially women and children under five years old. Each kit is intended to serve a population of 10,000 for three months. UNICEF emergency health consultants, field monitors and area programme officers followed-up on the distribution, utilization and reporting of all UNICEF supplies allocated to regions.

Measles 'plus'

UNICEF, in partnership with WHO, MOH, USAID and NGOs, is targeting over 21 million children from 6 months to 15 years of age for measles vaccination and Vitamin A supplementation during 2003. Overall, 11.4 million children have received measles immunization and Vitamin A supplementation, with priority given to drought-affected areas. To date, 37% of all children in the country have been immunized during the current emergency. As a result, no outbreaks of measles have been reported in 2002/03. Additional campaigns between October and December 2003, targeting 9.5 million children, are underway in 16 zones. A further 9.5 million children will be targeted for measles and Vitamin A supplementation in 2004. UNICEF, as an active member of the Interagency Co-ordinating Committee (ICC), is assisting the Government in the overall planning of the campaign, providing technical and material support including 25.2 million doses of measles vaccines, 23.3 million auto-destruct syringes, 2.3 million reconstituting syringes, 261,375 safety boxes and 46 million capsules of Vitamin A.

Water and Environment Sanitation (WES)

In addition to Afar and Somali regions, the emergency interventions have expanded to cover the six most affected regions (Afar, Amhara, Oromiya, SNNPR, Somali & Tigray) during 2003. To date, emergency water tankering activities have assisted 142,650 people. Water tankering has also been critical for opening and running many of the TFCs in remote areas. UNICEF supported the rehabilitation of 627 water schemes, benefiting about 1.2 million people. Financial support has been provided for the drilling and construction of 286 new schemes including shallow and deep wells and spring developments in the six most drought-affected regions, benefiting 442,800 persons. The combined efforts in water tankering, rehabilitation of water points and drilling of new wells have assisted over 1,707,900 people, i.e. 40% of the 4.2 million people requiring emergency water assistance. Emergency water and sanitation supplies, including water purification units of 4000 lt/hr capacity, collapsible containers, large storage tanks, family drinking water kits and purification chemicals have also been distributed in all the drought-affected regions benefiting approximately 150,000 people. UNICEF assigned six emergency water and environmental sanitation experts in the highly affected regions to support emergency activities.

Table 1: Beneficiaries of UNICEF emergency water intervention (January to October 2003)

Region	People in critical need of water (May assess.)	People assisted by water tankering	Schemes rehabilitation		New schemes		Total beneficiaries
			beneficiaries	schemes rehabilitated	beneficiaries	new schemes	
Afar	285,000	47,250	47,200	19	56,200	25	150,650
Somali	420,000	34,000	37,380	5	44,890	5	116,270
Oromia	1,300,000	57,400	804,500	345	132,000	72	993,900
SNNPR	550,000	4,000	79,000	116	70,000	92	153,000
Amhara	1,100,000	-	37,380	95	61,710	44	99,090
Tigray	620,000	-	117,000	47	78,000	48	195,000
Total	4,275,000	142,650	1,122,460	627	442,800	286	1,707,910 i.e 40%

Education

The main strategy in the sector has been to provide affected regions with school shelter and emergency supplies, and sensitize teachers and school principals on educational and psychosocial needs of drought-stricken children and on methodologies of teaching and handling students under stress. So far, more than 18,000 pupils in severely drought-affected regions have received exercise books, pens, pencils, sharpeners and other basic educational materials. This has been complemented by targeting vulnerable girls with locally available supplies such as school uniforms. This is particularly important as the cost associated with providing such supplies is often a disincentive to poor families for sending their daughters to school. Construction materials have also been provided to 30 primary schools affected by war and drought in the Tigray region. Tents and school furniture have been procured and distributed to schools destroyed by floods in the Wabe-Shabelle river basin and for establishing and improving learning centres for grades 1-4. Efforts are also being made to assist 39 drought-affected schools in the pastoral areas of Afar and Somali region under the UNICEF/WFP joint programme on the provision of integrated basic services at the schools targeted for feeding activities.

HIV/AIDS Prevention

Emergency HIV/AIDS activities have been implemented in selected areas of Somali, Amhara and SNNP regions. The main strategy has been to provide HIV/AIDS prevention education and sensitize population about harmful traditional practices using local anti-AIDS clubs as well as clan and religious leaders. Drama and community dialogues have proven to be successful methods for both building awareness and facilitating community problem solving and action. In SNNPR alone, over 105,000 food beneficiaries were successfully targeted through community dialogue sessions within a three-month period. Some 40 facilitators, 241 anti-AIDS club members and 60 DPPC workers received training to prevent sexual and gender-based violence. In Somali region, 20 food distribution committee members and 16 woreda facilitators were trained to provide HIV/AIDS education. Four anti-AIDS clubs were also established in drought affected woredas to implement HIV activities. Emergency HIV/AIDS activities were conducted in close partnership with the regional HIV/AIDS prevention and control offices. In addition, woreda AIDS councils, the Disaster Prevention and Preparedness Commission and local and international NGOs are involved in the planning and implementation of activities. As part of this process, regional HIV/AIDS prevention and control offices, capacities of NGOs and DPPC have been strengthened to address the pandemic as an integrated part of other emergency interventions. As a result, there is now a push to include HIV/AIDS in the overall emergency response within various sectors.

Child Protection

UNICEF reinforced its existing Child Vulnerability programme, which focuses on street children and orphans in 14 towns. This includes setting-up drop-in centres for children who have been separated from their families for extended periods of time, as well as increasing the capacity of government counterparts through training and other support, including the provision of family packages to set-up child-support committees and appropriate follow-up mechanisms to ensure that children remain in their communities. The programme focuses on providing a comprehensive package of services for street children and has also served as an important link between community-based organizations, NGOs and relevant government ministries, allowing for an improved comprehensive response. Other responses to the emergency have included psycho-social training of government counterparts focusing on protection issues and the provision of emergency support to women in Tigray. Training on the prevention of sexual exploitation in humanitarian crisis has been provided to staff within UNICEF, WFP and Save the Children Alliance. A training of trainers on the prevention of sexual exploitation has also been provided to government counterparts from several ministries including the Ministry of Labour and Social Affairs (MOLSA), DPPC, Ministry of Justice, Women's Affairs Office, as well as to women lawyers and the police. It is clear that an effective strategy for addressing HIV/AIDS prevention, care and support must incorporate gender and child protection issues and vice versa. Consequently, emergency programmes must address these inter-related issues. Experience in addressing HIV/AIDS as part of emergency response in Ethiopia indicates that communities also view these issues as very inter-linked.

Emergency shelter

In addition to the shelter and non-food items delivered to over 53,300 IDPs in East and West Hararge, and to 107,950 people affected by flood in the Somali region between January and July 2003, UNICEF has recently procured a large stock of non-food items for an immediate response to over 40,000 most affected children in several regions. Some 10,000 jerrycans, 14,600 cooking pots, 20,000 cups, 20,000 plates, 10,300 plastic sheets and 13,700 soap bars were procured for the Somali region. Additional 6,500 plastic sheets, 24 large canvas tents, 8,800 kerosene stoves and 8,800 cooking pots were delivered to the Tigray region. For SNNP Region, 12 motorcycles and 2 large warehouses are being procured offshore to assist the regional government (DPPB) in improving early warning and rapid response preparedness.

Seventeen large canvas tents and a supply of stoves, cooking pots, plates, bowls, jerry cans, blankets, soap and plastic sheets are being procured as part of the emergency and recovery assistance to the people most affected by the drought.

Mine Risk Education (MRE)

The phase out for handover of responsibility of Mine Risk Education (MRE) from the UNICEF-sponsored NGO RaDO to the regional Government in Tigray and Afar has commenced. In the first phase, UNICEF, through RaDO, is developing training packages for selective Government staff in the Regions. The training of regional government staff will commence at the start of next year. The training packages are based on:

- Basic Mine Risk Education
- Training of Trainers
- Monitoring and evaluation
- MRE management
- Communication strategies

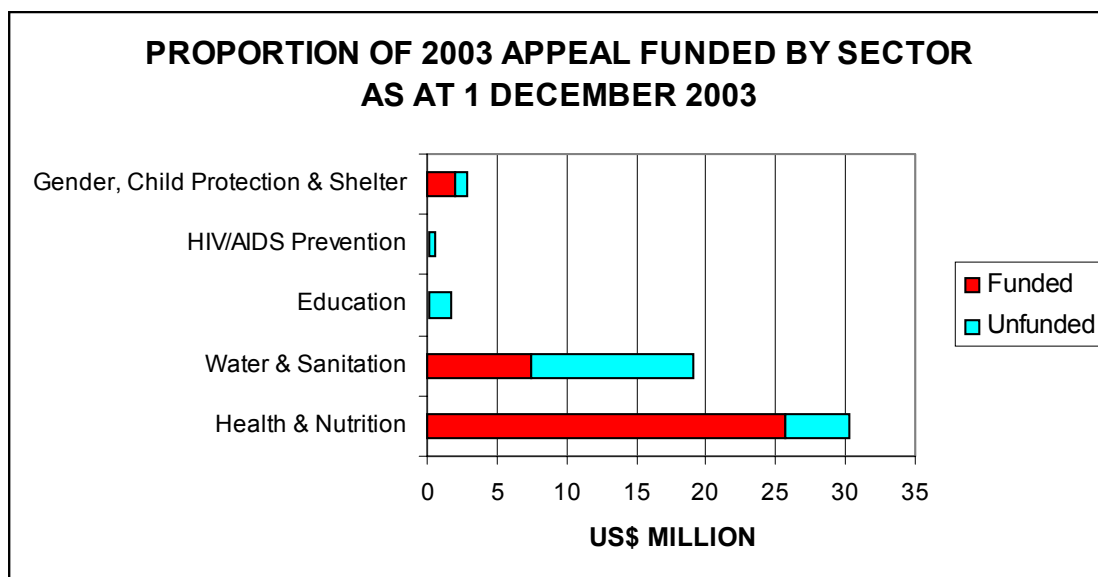
UNICEF is also working towards building the capacity of the Ethiopian Mine Action Office (EMAO). It is presently working with EMAO to address training shortfalls. Field staff are being trained in basic MRE and community liaison and will be deployed to the field to work alongside the mine clearance teams. The liaisons are a vital link of communication between the community and the mine clearance team. Other training needs will be addressed in the New Year. Due to the return of people to the Zalenbesa area and the commencement of reconstruction of building in this torn war town, EMAO mine clearance teams have completed battle area clearance (surface area clearance). EMAO and RaDO have also increased their dissemination of MRE to the building contractors and community in the Zalenbesa area to increase their awareness of landmines.

3. 2003 REQUIREMENTS AND RECEIPTS

In order for UNICEF to be able to maintain humanitarian assistance during the first quarter of 2003, especially given the severe funding shortfalls, UNICEF had to re-programme funds from its regular resources in the beginning of the year. Despite these measures, the scale of the interventions remained well below what was required to address the unfolding emergency. However, thanks to donor contributions in the second and third quarter of the year, UNICEF was able to significantly scale-up its interventions in key sectors, enabling it to contribute in averting a major humanitarian catastrophe.

Following fresh situation assessments, a revised Joint Government/UN Emergency Appeal 2003 was officially launched on 5 September 2003, in which UNICEF outlined a total funding requirement of about **US\$ 54.6 million** for 2003 (from the previous appeal for about US\$ 40 million) 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 below and chart below show the current funding level and shortfalls of the **UNICEF 2003 Emergency Appeal by sector**:

Sectors	Target (US\$)	Funded (US\$)	% Funded	Unfunded
Health & Nutrition	30,311,168	25,675,607	84.7	4,635,561
Water & Sanitation	19,094,777	7,419,077	38.8	11,675,700
Education	1,740,748	174,999	10.1	1,565,749
HIV/AIDS Prevention	537,449	80,323	14.9	457,126
Gender, Child Protection & Shelter	2,915,136	2,099,891	72.0	815,245
Total	54,599,278	35,449,897	64.9	19,149,381



N. B. –In-kind donations and new pledges **not** included

The table below shows the funds received for the 2003 UNICEF Emergency Appeal, **by Donor**:

Table 3: CONTRIBUTIONS TO 2003 APPEAL BY DONOR AS AT 1 DECEMBER 2003		
Donor	Total amount (US\$)	Sectors
UK (DFID)	10,063,742	health, nutrition, water
US (USAID)	6,736,882	health & nutrition
Sweden (SIDA)	5,505,450	health, nutrition, water
Canada (CIDA)	4,765,094	health, nutrition, water
Netherlands	1,947,700	mostly health, nutrition, water
Ireland	1,162,875	water & sanitation
French Natcom	963,735	health, nutrition, water, education
Belgium	950,018	health & nutrition
Denmark	692,325	shelter
ECHO	540,205	water & sanitation
Netherlands Natcom	369,695	water & sanitation
Finland	322,929	health & nutrition
US Fund	320,000	mostly health, nutrition, water
German Natcom	308,383	mostly health, nutrition, water
UNDP	285,000	water & sanitation
Norway	191,858	mostly health, nutrition, water
New Zealand	146,200	mostly health, nutrition, water
Japan Natcom	100,000	mostly health, nutrition, water
New Zealand Natcom	57,143	education
Hong Kong Natcom	20,664	gender & child protection
Total	35,449,897	

In addition to the above, in-kind donations valued at some **US\$ 2 million** have been received from the

Norwegian Government (water equipment, BP-5 biscuits, BP-100 enriched milk and anti-malaria drugs). A new pledge of **US\$ 715,000** has recently been announced by the **Norwegian Government** to support the on-going efforts to combat the massive malaria epidemic threatening 15 million people in Ethiopia.

The table below outlines UNICEF's additional emergency needs for supporting non-Appeal projects:

Table 3: NON- APPEAL EMERGENCY REQUIREMENTS & FUNDING				
Sector	Required (US\$)	Funded (US\$)	Donor	Gap (US\$)
Mine Risk Education	1,192,228	331,319	US Dept. of State	710,909
		150,000	Italian Government	

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

Table 4: PRIORITY REQUIREMENTS AS OF DECEMBER 2003		
Project	Purpose	Requirements (US\$)
1. Gender & Child Protection	- Training costs for Government & NGO Staff on prevention of sexual exploitation in emergency situations	100,000
2. Education	- Support to school feeding programs through provision of emergency school supplies and essential materials for 32,000 drought affected pupils, construction of traditional shelter schools (<i>"dibora"</i>) for about 9,700 pupils	389,000
3. Water & Sanitation	- Emergency water supply & Sanitation activities for 55,000 people in Somali and East Oromia Regions, currently on high alert, with priority to Educational & Medical Centers	550,000

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