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UNICEF HUMANITARIAN ACTION

# ETHIOPIA

DONOR UPDATE 14 MARCH 2003

## INCREASED MALNUTRITION, ACUTE LACK OF WATER AND DETERIORATING HEALTH CONDITIONS NEED IMMEDIATE ACTION

- 11.3 million drought-affected people requiring emergency humanitarian assistance
- 2.7 million people in critical need of emergency water supply
- 16.2 million children to be immediately targeted for measles/Vitamin A campaign
- School drop-out rate has increased, and exposure to possible exploitation is growing

### 1. EMERGENCY OVERVIEW AND RECENT DEVELOPMENTS

The 2002 failure of both *belg* and *meher* rains (*short* and *long* rains) in many Ethiopian Regions has put at high risk the survival of about 11.3 million people, and possibly 3 million more in the short term, due to the lack of emergency food and medical attention. Some 2.7 million of them are under stress for acute lack of water. Household assets have been depleted by previous crisis and traditional coping mechanisms have been lost to face this acute crisis, especially as the dry season advances to its height.

Water shortage and consecutive pasture depletion has provoked the death of a large number of livestock and the displacement of population to neighbouring areas. Tribal conflicts and insecurity have further aggravated the drought situation in Afar and Somali Regions. Food and water shortage, coupled with increased occurrence of communicable diseases, have led to very high levels of malnutrition in many villages that are now considered 'critically vulnerable pockets' and need urgent international attention and assistance.

The Early Warning system of the Ethiopian Government has triggered immediate assistance and the initial mobilization of resources (mainly cereals) to avert a humanitarian catastrophe in 2002. However, the current shortages in food and water brought about by the failure of rains last year are soon going to provoke a disaster if not attended.



Lack of essential supplements in the food ration (pulses, oil, etc.) needs immediate attention to address the worrying nutritional conditions, especially of children and pregnant/lactating mothers.

The displacement of families and the struggle for survival has disrupted the already limited educational opportunities for children. The increased school drop-out rate is taking away opportunities from children to acquire basic life-skills, benefit from psychosocial counselling and participate in recreational activities. With 7.3 per cent of the adult population infected by HIV/AIDS, Ethiopia is one of the most severely affected countries in the world. This has reduced family and community cohesion, disrupting the traditional patterns of protection and care, placing children and women at heightened risk of trauma and exploitation.

## 2. UNICEF RESPONSE: ACTIVITIES AND ACHIEVEMENTS

UNICEF continues to work in close partnership with the Government's Disaster Prevention and Preparedness Commission (DPPC), line Ministries, sister UN agencies, NGOs and other humanitarian partners in the country. The ongoing/planned interventions are described below, by sector :

### Health and Nutrition

In conjunction with partner UN agencies and NGOs, UNICEF has **supported the federal DPPC** in conducting nutrition surveys as part of its early warning system to trigger relief response; a total of 82 surveys have been carried out in 2002/2003. Support will continue to be extended to DPPC's **nutrition survey & surveillance programmes** through the provision of nutrition survey kits, technical support and survey costs. Standard nutritional survey guidelines will continuously be updated with the **Emergency Nutrition Coordination Unit (ENCU)** and adopted by health professionals throughout the country.

**Expanded Programme of Immunization (EPI)** and other child health services are being strengthened through the distribution of cold chain materials, training of health workers, mobilization of social networks and extension of support to cover operational costs. In addition, a **measles/Vitamin A campaign** in Afar Region and East and West Hararge (Oromiya Region), targeting **2.3 million children** under 15, was completed in December 2002, with a coverage of **over 95 per cent** in Oromiya and **83 per cent** in 5 zones of Afar. A new measles/Vitamin A campaign is planned later in the year, which will target **16.2 million children under 15**. UNICEF has also procured and distributed **253,000 Insecticide Treated Nets** and malaria kits to malaria-prone *woredas*, and **162 drug kits** to benefit 1.62 million people for 3 months. Additionally, support was given to the Somali Regional Health Bureau to **control the outbreak of diarrhoeal disease** in Gogti, Jijiga Zone, in January.

**Therapeutic feeding** programmes have been established in health institutions and feeding centres and have been supplied, through NGOs, with therapeutic food (**174 MT of F-100** and **17 MT of F-75**). Essential equipment and training manuals have also been provided. In addition, a distribution of **18 MT of high protein biscuits (BP5)** and another procurement of **100 MT of BP5** is underway.

A total of **118 medical staff have been trained** in Nazareth & Jijiga on the management of severe malnutrition. **Another 60 medical personnel** will complete their training on screening, triage and supplementary feeding by the end of March.

To strengthen its capacity for assistance delivery, UNICEF is in the process of recruiting eight **national and three international professional staff** on emergency nutrition and public health in various zones. This is expected to be completed by the end of April.

### Water and Sanitation

Availability of and access to safe drinking water continues to be a crucial problem for some 2.7 millions Ethiopians. UNICEF continues to **provide essential tools and equipment** for the rehabilitation and maintenance of water systems in the target communities. Rehabilitation includes extension of existing systems to cover drought-affected people and replacement of components of pumps and other water equipment that broke down due to over-use.

The UNICEF emergency water supply activities are **currently assisting a total of 731,771 people in six Regions, or 27 per cent of the targeted 2.7 million people** affected by acute water shortage. This support needs to be intensified to reach a larger number of beneficiaries for a few more months, until the expected rains replenish the natural reserves. Below is a summary table of the UNICEF emergency water supply activities:

Region	Water tankering			Rehabilitation of water schemes		Construction of new schemes		Implementing Partners
	No of Trucks	Benef. by truck	Benef. by train	Schemes	Benef.	Schemes	Benef.	
Afar	4	67,576	-	19	47,500	5	12,500	MoWR, WV, LWF, NACID, APTA
Somali	6	22,800	-	3	11,500	-	-	RWB, MoWR, DPPB, MCDO
Oromiya	6	82,850	3,000	150	305,845	9	27,900	RWB, EFDA
SNNPR	-	-	-	4	12,400	36	18,000	RWB
Amhara	-	-	-	36	18,000	25	12,500	RWB, WWCE
Tigray	-	-	-	50	77,000	4	12,400	RWB, WWCE
sub-totals	16	173,226	3,000	262	472,245	79	83,300	total 731.771 beneficiaries

UNICEF will continue to train hand-pump caretakers, pump operators and **WASHE (Water, Sanitation and Hygiene Education) committees** on the management of water resources. Awareness campaigns will be organized in schools and IDP camps for the promotion of safe sanitation and hygiene practices. Efforts continue for the increase of water access through **technical and financial support to the Disaster Prevention and Preparedness Bureau (DPPB), Water Resources Bureaux and NGOs in all affected Regions**. Although expensive, water tankering remains the only immediate emergency life-saving solution in some areas such as Afar, Oromiya and Somali Regions. At the same time, regular country programmes for new drilling of wells, and maintenance and rehabilitation of existing schemes have been accelerated in most regions to cope with the current drought crisis.

The poor conditions of roads and of government vehicles greatly reduce the water coverage in rural areas. UNICEF is therefore involving more NGOs and private companies to assure a constant flow of clean water to the most needy. As the dry season advances, the **groundwater level is lowering** in hand-dug and shallow wells, and is reducing the water yield in several areas, calling for more permanent solutions like deeper wells.

### **Education**

The displacement of families and the continued struggle for survival mean the complete disruption of children's education. UNICEF is **working with WFP for the continuation and expansion of school feeding programmes** in the drought-affected regions. While WFP is responsible for school feeding activities, UNICEF looks after the promotion of educational activities through the training of teachers, school administrators, education planners and child care givers. UNICEF also provides **essential educational materials and school furniture**.

UNICEF is also conducting a **rapid assessment on the educational and psychosocial needs** of children in drought-affected areas. Temporary learning centres will be set-up at food distribution points to benefit children who do not have access to formal schooling. Education activities both in temporary and permanent structures will focus on life-skills, HIV/AIDS prevention and counselling services. Sensitization messages targeting religious leaders, elders and community members of nomadic population on the importance of girls' education will be carried out. The on-going assessment will quantify the school drop-out rate and suggest appropriate actions to address the situation.

### **HIV/AIDS Prevention**

With an estimated 2.2 million people living with HIV/AIDS, including 200,000 children, Ethiopia has one of the largest HIV/AIDS affected populations in the world. Clearly the drought may accelerate the transmission of HIV/AIDS given the population movements, potential for increased sexual violence and sex work as a survival strategy. UNICEF plays a leading role in the provision of education on HIV/AIDS prevention with a focus on behaviour change. It is working to ensure that HIV/AIDS education is provided as part of the overall emergency response to the drought. Opportunities to integrate HIV/AIDS education as part of other activities include: food distribution sites, existing health services, formal and non-formal education settings, IDP camps and other community-based settings. Support will be provided to build the capacities of partners working with HIV/AIDS affected people. UNICEF will also support further strengthening of HIV/AIDS surveillance. Rapid assessments have been conducted in Somali region, East and West Hararge and IDP camps in Bale.

UNICEF is working with Save The Children-UK on a project in Amhara, Oromiya and Somali Regions. The aim of the project is to increase access to relevant information and youth-friendly services in emergency settings such as food distribution sites, and provide care and support for vulnerable and affected children. In addition, more partnerships are being established with NGOs working to prevent HIV/AIDS in drought affected regions.

### **Child Protection**

UNICEF interventions aim to provide specialized assistance to the vulnerable groups, who face either physical or psychological exploitation, until conditions permit for their safe return to their communities. In particular, interventions for children and women in need of special protection include registration and data collection of unaccompanied children, parents who have lost their children and other vulnerable groups. Child Friendly Spaces will be established to provide a package of basic services and will particularly focus on child-headed families.

Based on the rapid assessment results, UNICEF is supporting the supply of measles and meningitis vaccines through NGOs and nutritional care in East Hararge and IDP camps in Bale. In addition, education - particularly for girls - was badly affected in both sites. Fear of sexual violence within Bale IDP camps was clearly an issue which UNICEF raised with both local administration and NGOs operating in the camps.

UNICEF is organizing a training in mid-March for its own staff as well as for staff from WFP, NGOs, DPPC and other Government partners in the prevention of sexual exploitation and abuse in humanitarian crisis. The training will particularly focus on the six core principles and action plan identified by the IASC Taskforce to create an environment free of sexual abuse and exploitation in humanitarian crises.

### **Shelter**

A total of 120,000 people are estimated to be displaced in Bale Zone (40,000) and Jarso (7,000) of Oromiya Region and in parts of Afar and Somali Regions. In addition, as a result of the Ethiopia-Eritrea conflict, an estimated 60,000 people deported from Eritrea to drought-affected Tigray still live in difficult circumstances. UNICEF has been the main

provider of shelter assistance for drought and conflict displaced populations in Ethiopia, targeting women and children as the most vulnerable group of the displaced. UNICEF will continue to assist these people with non-food items including shelter, blankets, cooking and feeding supplies.

### Mine Risk Education

Despite the fact that hostilities between Ethiopia and Eritrea ceased in June 2000, many communities along the 1,000 km border still cannot access valuable land due to landmines and Unexploded Ordnance (UXO). Since these are some of the same communities most-affected by the drought, there is now greater risk that people will enter the contaminated areas to seek food and water, resulting in a commensurate increase in the number of mine and UXO casualties. During the year, UNICEF will support the dissemination of mine risk education messages to the affected populations and others at risk. Support will be maintained to the Ethiopian Mine Action Office (EMAO) for the capacity-building of its recently established Mine Risk Education Department. UNICEF will also conduct training workshops for mine personnel and develop information materials for public awareness campaigns.

UNICEF has seconded an international staff member to EMAO to build the capacity of the MRE department. UNICEF, along with the regional governments and the local NGO 'Rehabilitation and Development Association' (RaDO), conducted a three week field visit as part of the evaluation of a RaDO project. At present, the collected data are being analysed and compiled. Results will be available in April.

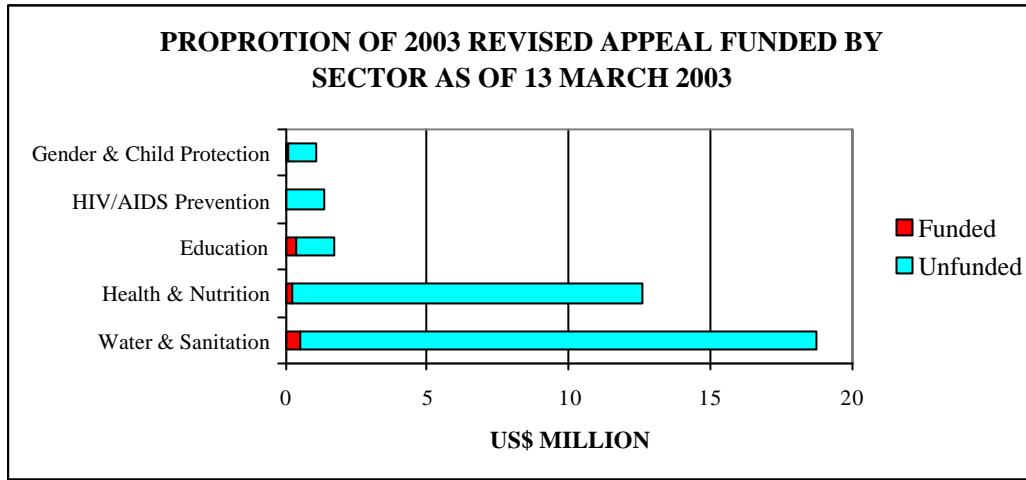
In 2003, UNICEF plans to fill the training gap at various levels. A Memorandum of Understanding will be worked out for the coordination of activities between Federal (EMAO), Regional bodies (ORSA, DPPC) and UNICEF. Furthermore, UNICEF will assist the targeted communities to develop strategies from the data collected and will involve the Education department in the MRE school-based activities, addressing the needs at the *Woreda* level.

Most of the above mentioned activities in the various sectors were made possible through re-programming of UNICEF own resources (US \$ 3 million in the last quarter 2002, and US \$ 8.25 million in the first quarter of 2003).

### 3. 2003 UNICEF EMERGENCY REQUIREMENTS

As part of the revised Joint Government/UN Emergency Appeal 2003, which is officially being launched on 14 March 2003, UNICEF is requesting **US\$ 35.5 million** to undertake emergency interventions in various sectors, especially for vulnerable children and women in Ethiopia. The **table 1** and **chart** below show the **sectoral requirements for the UNICEF segment of the joint Appeal** as well as the current funding status and shortfalls:

<b>Table 1: PROPORTION OF 2003 REVISED APPEAL FUNDED BY SECTOR AS OF 13 MARCH 2003</b>				
<b>Sectors</b>	<b>Target (US\$)</b>	<b>Funded (US \$)</b>	<b>% Funded</b>	<b>Funded (US\$)</b>
Water & Sanitation	18,717,045	495,000	2.6	18,245,611
Health & Nutrition	12,581,007	222,495	1.8	12,369,107
Education	1,702,000	373,734	22.0	1,346,057
HIV/AIDS Prevention	1,386,900	26,243	1.9	1,361,900
Gender & Child Protection	1,111,997	84,000	7.5	1,031,997
<b>Sub-total by sector</b>	<b>35,498,949</b>	<b>1,201,472</b>	<b>3.4</b>	<b>34,297,477</b>
Un-earmarked funds (Netherlands Govt.)		947,700		- 947,700
Other unallocated funds		216,250		- 216,250
<b>Grand total</b>	<b>35,498,949</b>	<b>2,365,422</b>	<b>6.7</b>	<b>33,133,527</b>



\* Unallocated funds (i.e. Netherlands Government & Others) not included in the above chart

The **Table 2** below outlines UNICEF's additional needs for supporting the ongoing Mine Risk Education & shelter activities:

<b>Table 2: 2003 UNICEF NON-APPEAL REQUIREMENTS</b>	
Sector	Target (US\$)
Shelter	586,747
Mine Risk Education	1,192,228
<b>Total</b>	<b>1,778,975</b>

The **Table 3** and the **pie chart** below show the funds received for 2003 revised UNICEF Appeal by donor:

<b>Table 3: FUNDS RECEIVED FOR 2003 UNICEF REVISED APPEAL BY DONOR AS OF 13 MARCH 2003</b>		
Donor	Total amount (US \$)	Purpose
Netherlands Government	947,700	Unallocated
French National Committee	808,443	Cross Sectoral
Italian Government	294,984	Education
UNDP	285,000	Water & Sanitation
Norway Government	29,295	Logistics for in-kind donation
<b>TOTAL</b>	<b>2,365,422</b>	

In addition to the above, UNICEF has received an in-kind donation of 100 MT high protein biscuits from the Norwegian Government. This has been in support of UNICEF requirements as part of the joint Appeal.

#### **4. IMPACT OF UNDER-FUNDING AND CURRENT PRIORITIES**

As it is evident from the above tables & charts, without adequate contributions for the 2003 requirements, not only **UNICEF will be unable to face its most urgent emergency commitments**, but all the on-going emergency activities above reported will remain dangerously crippled, in spite of the worsening situation and increasing needs in all drought affected areas, thus **neutralizing all the benefits obtained to date by the successful Early Warning** in 2002.

The impoverished general nutritional status of the population does need emergency procurement of supplementary food, and in particular **children with acute malnutrition** do need immediate support, and in most cases therapeutic feeding

Vitamin A supplementation must be intensified in all areas under nutritional stress, especially where the population health status has been visibly deteriorating, and distribution organized both during Measles campaign & relief food distribution

For some months ahead, until the rains will hopefully resume, water tankering must be continued in the most critical areas,

otherwise the lack of water, accompanied by other kind of stresses, will definitely increase disease incidence and transmission, and finally the mortality rate among children; people may then start dying silently in their villages

Measles campaigns are urgently needed as increasing number of cases are reported from drought-affected areas: measles infection causes high mortality especially in malnourished children

**Table 4** below lists the priority projects:

<b>Table 4: PRIORITY REQUIREMENTS (CASH) AS OF MARCH 2003</b>		
<b>Project</b>	<b>Beneficiaries/coverage</b>	<b>Amount required (US\$)/ Quantity Required (MT)</b>
<b>1. Water supply: tankering, maintenance &amp; new water schemes</b>	770,000 people currently assisted out of the targeted 2.7 million	5,000,000
<b>2. Measles &amp; vitamin A campaign</b>	16.2 million children U15 in 2003	8,600,000
<b>3. Mine Risk Education (MRE)</b>	400,000 people in mine-affected areas in Afar & Tigray Regions	500,000
<b>4. Therapeutic feeding</b>	42,500 severely malnourished children (N.B. – the quantities next indicated do not include relapsing cases, which may be expected, further increasing the total need)	50 MT of F-100 375 MT of F-75 125 MT of BP 100

Details of the Ethiopia Programme can be obtained from:

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