

UNICEF HUMANITARIAN ACTION

ETHIOPIA

DONOR UPDATE

13 MAY 2004

- ◆ **Funding continues to lag behind for Education, Gender & Child Protection and HIV-AIDS Awareness emergency programmes with zero contributions received so far in 2004**
- ◆ **The nutrition situation remains extremely fragile in parts of SNNP, Oromia and Amhara regions, where critical spots continue to emerge**

1. EMERGENCY OVERVIEW AND RECENT DEVELOPMENTS

Humanitarian situation

While the most evident effects of the 2002-2003 crisis are slowly fading from the international radar screen with the diminished attention of the humanitarian community, the long-term effects are still affecting the lives of millions of Ethiopians. Repeated crises have increased the level of vulnerability in many areas of the country, including areas once considered food secure: families and communities capacities to cope with even mild crises have been reduced considerably in recent years. The situation is made worst by the spread of the AIDS pandemic. Basic development indicators either confirm a negative trend or indicate a rate of growth much slower than expected. This trend is even worse with regard to children's survival, growth, education and development.

Critical issues

Repeated crises have considerably reduced the development of critical sectors which are chronically unable to cope with both regular and emergency needs. In particular:

- Health Services remain inadequate with less than 40% of the 70 million Ethiopians having access to healthcare. Health Facilities have limited finances, staffing, equipment and supplies. Mothers and children are particularly affected because of their low social status, limited economic and decision power and vulnerability to abuse. Ante-natal services are poorly attended and less than 5% of births are assisted by trained personnel. The Routine Immunisation shows wide variations from one region to another, DPT3 coverage at the national level was estimated at 52 % in 2003, but pastoral areas such as Somali region have a DPT3 coverage at only 5 %.
- Over 50% of children countrywide are stunted (chronically malnourished) and unacceptably high levels of acute malnutrition are superimposed on this already alarming trend.
- Malaria seasonally affects (add how many) millions of people. Widespread resistance has been demonstrated to the treatment combination still in use. Adoption of new drugs will considerably increase the treatment cost. Widespread Insecticide Treated Nets (ITNs) availability and use has only recently been initiated in rural areas.



- In spite of the very high average annual rain precipitation, drinkable water coverage indicators are still among the lowest in Africa. The capacity of maintaining existing sources is very limited. The incidence of waterborne diseases remains widespread. Sanitation levels lag behind set targets.
- Primary education enrolment, not to talk about higher standards, is very low and often affected by seasonal or exceptional crises, which cause additional school drop-outs. The education process is often interrupted. Very low girls' enrolment is made worse by early drop out rates for helping at home, petty employment or traditional early marriage.
- Resettlement areas where about 300,000 people have moved in 2003 / 2004 are faced with ever increasing problems in nutrition health, water, education and sanitation service delivery. The short-coming of the government to meet the current humanitarian needs in most of the resettlement areas has not been addressed by other humanitarian agencies as the government wants to analyze the results of a joint multi-agency assessment.

Rain pattern & food assistance

Although rains started with irregular distribution, the 'belg' rains have benefited the majority of the areas dependant on these short rains for staple food production. In other regions land preparation for long-cycle cereals is progressing well. Only a few spots in Tigray received less rain than required for agricultural preparation. If the 'meher' (long) rains proceed normally starting from July, 2004 would be a normal production year. In spite of the satisfactory rains and food production in 2003 over most of the Country, the Ethiopian Government confirmed that about 7.1 million people in rural areas will remain food insecure and require food support for part of 2004.

2. UNICEF RESPONSE: ACTIVITIES AND ACHIEVEMENTS

Coordination

In consultation with, and on request from, Regional Governments, UNICEF has maintained a limited field monitoring presence in the SNNP and Somali regions, where as a result of the 2003 crisis integrated recovery plans are undertaken. As the situation has generally improved, most of the partner NGOs, which have been instrumental in setting up the emergency response in 2003, have scaled down their presence and activity. Therefore UNICEF's supporting role in the Regional Bureaus is crucial during this transition period. As a lesson learnt from last year, both the SNNP and Somali Regions have maintained stand-by preparedness and co-ordination structures or Task Forces, which are meeting on critical issues. Even at the Federal level, Task Forces and the Technical Information Management Exchange forum continue to meet at least once a month, to discuss the recovery process and emerging issues. However, one of the key tasks is to formalize lessons learned from the unprecedented humanitarian crisis of 2002-2003 through a joint Government / UN exercise. One of the most strategic issue being the development of a standing disaster preparedness and response policy at the federal and regional levels, and involving the health, nutrition and water sectors.

Nutrition

UNICEF's NGO partners are scaling down their emergency nutrition programmes since the beginning of the year, as the nutrition situation improves globally, especially in SNNPR. However, the population is highly vulnerable and many children are still suffering from acute malnutrition. UNICEF continues to provide therapeutic products and the necessary equipment, supports 39 Therapeutic Feeding Units (TFUs) across the country, of which 25 TF Centres are managed by NGOs and 14 TF Units have been integrated into the regional Health service system. After the intensive training of 944 medical practitioners in 2003, UNICEF is currently promoting capacity building in the treatment of severe acute malnutrition through medical schools. In 2004, UNICEF supported the training of 41 nurses, 12 medical doctors and 54 interns in Addis Ababa, Gondar and Jimma Universities. The training focuses on the management of severe acute malnutrition (SAM), based on the national protocol that was adopted in a consensus meeting in June 2003. The objective is for the universities to include the management of SAM into the students' curricula. UNICEF supported the university hospitals for the establishment of TFUs that provides hands-on training. Oromia Health Bureau already took the opportunity to send 60 of its health workers to Jimma University to be trained in the management of SAM for opening TFUs in Nekempte, Metu and Dembidolo Hospitals. The TFU in Metu Hospital became operative with the admission of 51 severely malnourished children from the Chewaka Resettlement area and has been quite instrumental in supporting the opening of TFUs in the Illubabor zone. The Amhara Health Bureau has opened one TFU in Dabat Health Centre and is planning to open two units in South Gondar in the near future. The Addis Ababa Health Bureau is starting a TFU in Yekatit 12 hospital. UNICEF plans to assist the MoH in training more regional health workers with the goal of integrating treatment for severe malnutrition into routine health care. Health facilities will be equipped to deal with severe malnutrition patients, including screening for and reporting aspects. UNICEF continue to support the activities of the Emergency Nutrition Coordination Unit (ENCU), the Government body coordinating nutritional assessment and surveys in the country. In the near future, ENCU activities will be

broadened to cover the various aspects of nutritional risk. At the request of the Oromia Regional Health Bureau, UNICEF provided therapeutic food, supplies and equipment to the Bedele Woreda in Illubabor zone, where the Bureau has recently opened a TFU in the Chewaka resettlement for about 50 severely malnourished children and one TFU in the Bedele Health Center to serve as a referral unit for over 80 malnourished children from Chate and Haro Tadessa Resettlement areas.

At the close of 2003, the following quantities of therapeutic and supplementary food had been procured, used and pre-positioned for therapeutic feeding and emergency needs:

Item	unit	procured in 2003	used in 2003	stock usable in 2004
F 75 fortified milk	MT	76.3	23.4	52.9
F 100 fortified milk	MT	522.9	178.8	344.1
BP 100	MT	214.5	14	200.5
Plumpy nut	MT	83.2	49.3	33.9
Resomal	sachet	61,490	13	61,477
BP 5 - biscuits	MT	192.8	120.8	72.0
Famix-local blend	MT	1,768.0	1,466.6	301.4
Unimix-imported blend	MT	4,000.0	4,000.0	0

Measles 'plus'

Over 20.6 million children 6 months up to 14 years of age were immunized for measles and received Vitamin A supplementation thanks to UNICEF partnership with the federal Ministry of Health, WHO and several Donor Agencies in the Interagency Co-ordinating Committee (ICC), during the period November 2002 - December 2003. This was made possible through funding from the 2003 appeal. This broad age group for Vitamin A supplementation in drought-affected woredas is justified by the children's high vulnerability to disease and malnutrition. The measles campaign was extended well into 2004 to cover the remaining zones. Between January and April 2004, 3.2 million children were targeted in 4 zones of Oromia region, 300,000 in Benshangul-Gumuz region, over 2 million in 6 zones of SNNP region and about 800,000 in 3 zones of Somali region. UNICEF assisted the Government in the overall planning of the campaign, providing technical and material support including measles vaccines, auto-destruct syringes, reconstituting syringes, safety boxes and Vitamin A capsules. No measles outbreaks were reported in the woredas covered by the measles campaign in 2003 and 2004, where the average coverage was 92%.

Health

Malaria - High resistance to SP (Fansidar) has been confirmed. The MoH is planning a workshop to decide on new treatment options. A treatment with Co Artem, which probably will be the drug of choice, is significantly more expensive than the present treatment options. In Dec 2003, WHO approved the long-lasting mosquito net (LLTNs). UNICEF will no longer procure conventional nets for Ethiopia. The new nets do not need re-treatment, which represents a serious constraint in any net distribution programme especially for remote areas, pastoralists, Internally Displaced Persons, resettled groups, insecure areas etc. As with the new drugs, more funds will be required initially as the nets are more expensive (about \$4.50 as opposed to about \$2.50 for conventional nets plus a treatment kit). However the use of LLTNs is cost-efficient since they do not require re-treatment, which often represents a costly part of a malaria prevention programme (insecticide, distribution, IEC). Between January and April, UNICEF emergency anti-malarial drugs were distributed to the Zonal Health Bureaus, free ITNs were provided to drought-affected people and funds provided for the operational costs of distributing ITNs and drugs and conducting mobilisation for Indoor Residual Spraying (IRS) teams.

Drug supply - For the treatment of the ten most common infectious diseases affecting vulnerable populations, especially women and children under five-years-old, UNICEF procured emergency drug kits containing 29 essential drugs to serve a population of 10,000 for three months. Renewable medical supply/consumable kits were procured as follows:

item	unit	procured in 2003	used in 2003	stock/pipeline for use in 2004
Emergency drug kits	kit	956	610	346
Renewable supplies kits	kit	255	255	0

Meningitis – The Federal Ministry of Health reported a total of 2,777 meningitis cases with 147 deaths registered as of 28 April with case fatality <4%. A total of 3 million people were vaccinated using a bivalent vaccine at a total cost of about 7 million Birr. Cases of meningitis were reported from Amhara, Tigray, Benishangul, Oromiya, SNNP and Somali regions.

Enhanced Outreach Strategy for Child Survival - As part of its recovery programme and in order to bridge towards the Health Extension Package strategy, UNICEF has launched the "Enhanced Outreach Strategy for Child Survival Intervention" (EOS). The three years programme targets 6,779,867 children from 6 to 59 months of age living in the 325 most food insecure and drought-affected *woredas* (districts) in the country. The overall objective is to reduce mortality and morbidity in children under 5 years of age by ensuring they get access twice a year to the following key child survival interventions in the targeted *woredas*:

- Vitamin A supplementation
- De-worming
- Screening for acute malnutrition and referral to the nearest feeding centre when appropriate; referral of severely malnourished children to the closest TFC
- Measles immunisation of children too young to have been reached by the 2003 measles campaign
- Information, Education and Communication (IEC) on infant and young child feeding, hygiene promotion and HIV/AIDS prevention

The EOS project has been piloted in 14 districts of Sidama and Wolaita zones in SNNPR in April and will be expanded to the other regions in the second half of the year. The project links up to the longer-term plan of the Ministry of Health offering a minimum health package to every child. In SNNP region, the project will work in partnership with WFP, who will provide the necessary supplementary food.

Water and Environment Sanitation (WES)

UNICEF response in 2004 was mainly focused on recovery activities from the 2002/2003 crisis, except in Harari Region and in some pocket areas of Somali and Afar, where purely emergency interventions like water tankering have been ongoing. In Harari town, water has been tankered for the town's people using 6 water trucks for the last three months. The service will continue until the end of May 2004. The number of beneficiaries in the three regions is estimated to be 66,647. From January to April 2004, UNICEF supported the rehabilitation of 21 water schemes benefiting over 28,100 people and funded the drilling and construction of 91 new schemes, including shallow wells, deep wells and spring developments in the seven drought-affected regions benefiting 81,400 people. Emergency water purification units donated by the Norwegian Government have been serving more than 15,000 people in Oromia, SNNP and Afar regions and emergency water equipment (10 collapsible tanks of different capacities and 15 roto tanks) were distributed for schools and the community in Harar town benefiting about 25,000 people including students. UNICEF assigned two emergency water supply and sanitation experts in Oromia and SNNP regions in order to support emergency activities. Emergency sanitation is one of the focus areas of the 2004 intervention and 11 school latrines and communal and household latrine construction were conducted in Afar, SNNPR and Somali regions. The implementation of school water and sanitation activities started in partnership with WFP and World Vision in Afar, SNNP and Somali regions in 39 schools in the drought-affected areas which will benefit more than 18,000 students in primary schools as well as people living nearby. Emergency assessment is currently ongoing in 43 *woredas* of SNNPR. Training for pump caretakers, community water committee members, sanitarians, sanitation clubs in primary schools and hygiene education were also part of the emergency intervention and conducted in the majority of the areas. UNICEF Staff participated in the assessment of humanitarian needs in the resettlement areas of Oromia, Amhara and SNNPR regions. Although the Donors' response to the joint appeal in the first quarter of 2004 was encouraging, there is still a substantial gap to address. Co-ordination within the water and sanitation sectors is critical; some level of co-ordination for emergency activities has been achieved through the water and sanitation taskforce at federal level, but this is still an area that requires major attention, as some efforts may be undertaken haphazardly without setting regional priorities, quality control and standardisation of equipment. Thus, emergency water task forces were formed in Somali and SNNP regions and there are plans to replicate this experience in other regions (Oromia, Amhara and Tigray), to provide co-ordinated services to drought-affected communities

Education

Assessment visits were made to Afar, Somali, Tigray, SNNPR, Amhara and Oromiya regions. As observed, the recurrent drought hampered educational opportunities for many children by increasing the dropout rate and absenteeism of school age children and reducing enrolment and retention of students in schools. Due to a shortage of family resources, children often lack writing materials to attend classes. In a nutshell, the situation of drought and its impact on the education system reveals that children are attending classes under stress and suffering. In response to these problems, the following major activities were implemented during the last three months:

- 670 combined desks and 40 blackboards provided to Somali region
- Basic writing materials such as exercise books, pens, pencils, sharpeners, school bag and ruler provided to needy school children in Afar and Somali regions. Implementation in other regions has started
- 32 temporary learning centres at food distribution sites established
- Separate toilets for both boys and girls are in the process to be constructed
- 50 metric tones of BP-5 biscuits provided to 17,987 needy primary school children in 55 schools of 6

drought-affected zones

- Rapid assessment conducted on educational needs of children in Afar, SNNPR, and Somali regions
- Orientation to communities on the benefits of education, especially girls education, provided

UNICEF and WFP are jointly working on school feeding programmes in Somali and Afar regions. Assistance is targeted to 39 primary schools (19 schools in Afar and 20 schools in Somali). Activities being implemented by UNICEF include the followings:

- Rapid assessment on the impact of drought on the education system as well as on the educational and psychological needs of children
- Training of school principals, teachers, and educational personnel on educational and psychological needs of children under stress
- Training on teaching methodologies of children in humanitarian crises
- Provision of locally tailored uniforms for 2,900 drought-affected girl students of the poorest families
- 520 combined desks provided to selected drought-affected schools in Afar and Somali regions
- Basic writing materials provided to 3,700 needy children
- Construction of separate latrines for girls and boys in 5 feeding schools in Afar region (in progress).

HIV/AIDS Prevention

During the first quarter of 2004, efforts were made to develop a longer-term programme to address HIV/AIDS in food-insecure areas. UNICEF and its Partners delivered HIV/AIDS education in drought-affected communities in SNNPR at market places through Anti-AIDS clubs and over 179,000 people were reached. Furthermore, in collaboration with Goal and the Sidama HIV/AIDS secretariat office, several trainings were conducted focusing on emergency-affected people. Effort has gone into ensuring that the activities that were developed to target rural populations at former food distribution sites continue after the food distribution ceases. In SNNP, a HIV/AIDS early warning and preparedness working group has been established to monitor situations and take prompt action when problems are encountered, which will eventually be instituted in the rest of the regions. There is great concern about the current resettlement program and its impacts on the spread of HIV/AIDS. Clearly the fact that males often move first to the new site, leaving women and children behind, has the potential to spread HIV/AIDS both within the new resettlement sites and the communities of origin. UNICEF is working to develop an HIV/AIDS prevention and control strategy within this new context, together with Government and NGO partners. It is worth noting that the funding of HIV/AIDS awareness and prevention activities, against both the 2003 and 2004 Joint Appeals, remains very low, therefore limiting full implementation.

Child Protection

Despite receiving no additional funds from the humanitarian appeal, UNICEF has created a temporary post in Tigray for Emergency Child Protection as evidence of its ongoing commitment to addressing key protection concerns. The post holder will focus upon the escalating street children problem, displaced and refugee communities, HIV-affected and other vulnerable groups. A review meeting was held in March to follow up anti-sexual exploitation in emergency trainings delivered by UNICEF consultants last year. NGOs, police and other agencies outlined their institutional response to mitigate and confront sexual exploitation by staff and others in emergencies.

Mine Risk Education (MRE)

UNICEF through its Mine Risk Education partners has been making significant progress on implementing a sustainable MRE project in Ethiopia. At regional level UNICEF is working with the indigenous NGO 'Rehabilitation and Development Organisation' (RaDO) to hand over the MRE programme to regional authorities as they are keen to take ownership of this project. UNICEF and RaDO, with the Regional Governments, are now in phase two of the handing over process. In this phase, RaDO is conducting training for all concerned parties, which is based on the planned programme. UNICEF is also working with the Federal designated agency, the Ethiopian Mine Action Office (EMAO), to assist them in building their capacity to independently implement MRE throughout the country. With assistance from the UNICEF MRE Project Officer, EMAO conducted different courses for their staff. Further training is scheduled for June 2004 on the following subjects: surveillance system development, training of trainers and planning, monitoring and evaluation. All MRE partners will be invited to attend these courses. In April, UNICEF facilitated training from the Geneva International Centre for Humanitarian Demining (GICHD) for all MRE partners. Subjects included MRE management, the Ottawa treaty and MRE project planning. It is hoped that GICHD will hold future trainings for the Ethiopian MRE actors in future. UNICEF is working with all MRE partners to develop a surveillance system, which will collect data on victims, dangerous areas and MRE activities. This system will help the partners to manage MRE activities in a strategic, efficient and effective manner.

Emergency shelter

In 2003, UNICEF assisted over 200,000 people in difficult circumstances with provision of shelter and non-food items: IDPs in East & West Hararge of Oromia region, flood victims in Gode of Somali region and drought affected households in several districts of the Country. Thanks to contributions received toward the end of 2003, a considerable stock of non-food items has been pre-positioned in Somali, SNNP and Tigray regions and in Addis Ababa for prompt humanitarian response in vulnerable areas. Possible needs for shelter and non-food items in critical resettlement areas are being assessed.

Somali Region

After the alert caused by the delay of the 'deyr' rains (short rains of Somali region) last December, the *Jilaal* long dry season made more acute the water scarcity in several areas, with deterioration of the health and nutritional status especially of children. The regional crisis coordination group continued to meet on specific tasks, the most recent being on flood risk in Gode Zone. UNICEF's response to the emergency situation over the last few months has been on several fronts. Mobile emergency clinics have been organised with the Health Bureau to reach remote vulnerable communities in Warder, Korahe, Degahbour, Fik and Gode zones. In Warder Zone, supplies and funds have been provided to a local NGO, to support targeted supplementary feeding for 3,000 moderately malnourished children. UNICEF will provide supplies for the extension of the pipeline in Fafan and will continue to tanker a minimum of 4,000 litres of clean water per week to the children admitted in the Hartsheik TFC, which has been technically and financially supported by UNICEF for the last two years. In the water sector, funds have been released to the Water Bureau for the purchase of emergency fuel for water pumping in seven zones, while NGOs received financial support for hand dug wells in Korahe and Gode zones. UNICEF has also delivered therapeutic and supplementary food, non-food and shelter items, water pumps, generators and other emergency water supplies to different partners in the region as a preparedness measure. UNICEF is currently assessing the recent flood in Asbuli Kebele of Shinile Zone where 13 victims and 120 displaced households have been confirmed. UNICEF is part of the UN-Donor group which will support the return and reintegration of 6,000 IDPs from Fafan and Hartesheikh camps to their original communities in Degehabur zone, in the Somali Region.

3. 2003 REQUIREMENTS AND RECEIPTS

With the last contributions received toward the end of 2003, UNICEF Ethiopia received a total of US \$ 39,673,893 for emergency projects (as of December 2003). This includes both cash and in-kind donations toward the 2003 joint appeal, as well as non-appeal projects like the MRE. Most of the contributions received were linked to specific emergency projects in the sectors of Health, Nutrition and Water, while Education, Gender & Child Protection and HIV-AIDS remained largely unfunded, crippling these projects' implementation. The Joint Government/UN Emergency Appeal 2004 was officially launched on 10 December 2003, in which UNICEF outlined a total funding requirement of about **US\$ 34.2 million** for 2004 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 shows the current funding level and shortfalls of the UNICEF component in the 2004 Emergency Appeal by sector:

Table 1: PROPORTION OF 2004 APPEAL FUNDED BY SECTOR AS AT 12 MAY 2004				
Sectors	Target (US\$)	Funded (US\$)	% Funded	Unfunded
Water & Sanitation	17,800,000	3,731,340	21%	14,068,660
Health & Nutrition	11,362,574	3,379,862	30%	7,982,712
Education	2,421,848	0	0%	2,421,848
HIV/AIDS Prevention	820,000	0	0%	820,000
Gender, Child Protection	1,819,500	0	0%	1,819,500
Total	34,223,922	7,111,202	21%	27,112,720

The table below outlines UNICEF's additional needs and funding received for supporting non-Appeal emergency projects in 2004 :

Table 2: 2004 NON- APPEAL EMERGENCY REQUIREMENTS & FUNDING AS AT 12 MAY 2004				
Sector	Required (US\$)	Funded (US\$)	Donor	Gap (US\$)
Mine Risk Education	684,000	0	-	684,000
PDME & Early Warning	-	500,000	USAID / OFDA	-
	-	33,567	Canadian Natcom	-
Total	684,000	533,567	-	-

The table below shows the total funds received in 2004 for Appeal and non-appeal emergency needs, by Donor:

Table 3: TOTAL 2004 EMERGENCY CONTRIBUTIONS BY DONOR AS AT 12 MAY 2004		
Donor	Total amount (US\$)	Sectors
UK (DFID)	5,597,010	health, nutrition, water
Netherlands	1,110,000	health, nutrition
USAID / OFDA	800,000	early warning, health
Japan Natcom	104,192	health, nutrition
Canadian Natcom	33,567	monitoring & evaluation
Total	7,644,769	

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

Table 4: PRIORITY REQUIREMENTS AS OF MAY 2004		
Project	Purpose	Requirements (US\$)
1. Education	- Support to School rehabilitation programs through provision of emergency school supplies and basic building materials to increase Schools capacity, enrolment and retention	200,000
2. Gender & Child Prot.	- Training costs for Government & NGO Staff on prevention of sexual exploitation in emergency situations	100,000
3. HIV-AIDS	- Mobilize strong youth clubs to contribute HIV/AIDS education - Establish and strengthen AACs at the emergency sites - Build the capacity of AACs to enable them provide HIV/AIDS education at water points, food distribution sites and TFCs	120,000

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