

1. ISSUES FOR CHILDREN

All food and livelihood analyses forecast a severe humanitarian situation into 2009. Based on the findings of the Government-led multi-agency seasonal assessment conducted in November – December 2008, the joint Government – partners Humanitarian Requirements document launched on 30th January 2009 foresees that 4.9 million people will continue to need emergency food assistance in the coming year. This is a continuation of the end of 2007 and 2008 situation, when response to drought and to the subsequent nutrition crisis was at the centre of humanitarian action in Ethiopia. Drought conditions became obvious at the beginning of 2008, as a result of poorly performing *meher / hagaya* (June – September) rains in 2007, and below normal *belg / gu / ganna* (March – April) rains in early 2008. The effects of the drought combined with rising food prices and low international availability of relief food have provoked the most severe humanitarian crisis in the country since 2003. The situation continues to be especially dire in the eastern half of the country, where *meher* production was below average, and in north-east, south and southeast, where pastoralist and agro-pastoralist populations are still recovering after previous seasons of poor rains. In Somali region, although the end of 2008 *deyr* rains have brought much relief in terms of availing pasture and water to normal levels, potentially addressing concerns over livestock survival during the current dry season, they did little in terms of reducing the overall food insecurity, mainly because of low conception rates for livestock because of rain failure during three consecutive rainy seasons, reduced access to markets and lower crop production, as well as high food prices on local markets. In 2009 the peak of food insecurity and of acute malnutrition is expected to be in June – July for *meher* crops dependant areas and in July – August for the *belg* crops dependant areas, with the nutrition situation of thousands of children continuing to be at critical levels in the affected areas. Conflict continues to affect five Ogaden zones of Somali region, further jeopardizing the well-being of children and women. Community tensions in parts of SNNPR, Oromiya, Somali and Gambella continue to cause displacement and to affect the most vulnerable, including children and women. Following the retreat of Ethiopian troops from neighbouring Somalia, asylum seekers are crossing from Somalia into Ethiopia, at a pace of 100-150 daily according to current estimates.

In 2009, malnutrition will continue to be the main threat to the wellbeing of Ethiopian children and their mothers. The Demographic Health Survey (DHS) of 2005 indicated the existence of a high rate of severely malnourished children, with a prevalence of 2.2% among children under five overall in Ethiopia, aggravated in the most affected districts, which are highly food-insecure. Addressing this general and persistent severe malnutrition caseload has been a critical issue during the past years, with no sufficient funds available through development or humanitarian programmes. Funding requested in the Humanitarian Requirements documents in 2008 and in 2009 respond only to the needs of additional cases coming on top of the ‘chronic’ caseload in the hotspot districts. UNICEF estimates that in 2009 the incidence of acute malnutrition among children from hotspot districts will be lower than in the second half of 2008, but still substantially higher than in a *good year*, and that a number of 175,434¹ children under five are likely to need treatment for severe acute malnutrition in 2009 in hotspot districts.

The risk of Acute Watery Diarrhoea (AWD) outbreaks remains, and is increased by floods and droughts coupled with the limited supply of clean, safe drinking water, as well as poor sanitation and hygiene practices. In 2008, the Federal Ministry of Health (FMoH) supported by WHO reported nationwide 3,941 Acute Watery-Diarrhoea (AWD) cases, with 25 deaths (Case Fatality Rate 0.6%) from 55 districts. During the past weeks, FMoH reported no AWD cases as we are in the dry season. In the coming months, humanitarian partners in the health sector will further concentrate on preparedness and prevention activities. Floods that can occur especially in the second half of 2009 are an important risk factor for new AWD outbreaks. FMoH also reported in 2008 a total of 5,024 measles cases, with 55 deaths. It is believed that low coverage of routine measles immunization, large birth cohorts and low coverage of measles supplementary immunization activities (SIA) in some areas are the factors that contribute to frequent measles outbreaks in high-risk areas, including Somali and Afar regions, where the coverage of routine Expanded Programme of Immunization (EPI) is low. In Somali and Afar regions, access of children and women to healthcare services remains limited, with an estimated 60% of health facilities closed down due to drought and conflict, and shortage of essential supplies and drugs, as well as human resources.

¹ 34,300 children under five, as identified in the joint UN-Government Humanitarian requirements document released in January 2009, as well as 53,317 children with SAM that will be identified in families which are not covered by emergency food assistance and Productive Safety Net Programme (PSNP) in the hotspot districts, add up to give a total caseload of 87,617 children with SAM for the first 6 months of 2009. For the year, this results in a figure of 175,434 children under five are therefore expected to need treatment for SAM. Depending on how the situation will change during the year, this figure will be revised upwards or downwards.

Drought related emergencies are expected to persist in parts of SNNPR, Amhara, Afar, Somali and in lowland areas of Tigray, Oromiya, Harare and Dire Dawa Administrative Council, after severe water shortage forced 600,000 people in 2008 to rely on water tankering. Additionally, a significant number of people in Gambella region are experiencing water and sanitation problems due to the floods that occurred during the second half of 2008. New floods are highly likely to occur in 2009 too. As only 11% of the communities access adequate sanitation, preparedness and response measures will continue to be needed in case outbreaks of water-borne diseases occur.

The education sector was not included in the Government-led multi-agency emergency needs assessment conducted at the end of 2008. Nevertheless, in the recently-launched joint Humanitarian Requirements document, the Government together with its partners acknowledged the needs that exist in emergency education. It has been agreed that the newly-established education cluster will identify outstanding requirements in the sector during the year and that education will be also included in the upcoming national emergency needs assessment. In 2008, it was estimated that at least 150,000 children dropped out of school because of drought and conflict. At national level, 128 formal schools and 529 alternative basic education centres were reported to have closed, with some of them serving as shelter for internally displaced persons (IDPs).

High food prices have recorded a severe impact on child protection in urban and peri-urban areas in particular, with concerns over school attendance, child labour, capacity to pay for services and other. Conflict and displacement are further causes for child protection concerns in Somali, Gambella, Tigray and Afar. One major concern is the presence of mines and unexploded ordinances (UXOs) in many parts of Somali region.

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS, AND PLANNED ACTIONS

In 2009 and throughout 2008, UNICEF has continued to support the response to the humanitarian needs of Ethiopian children and women affected by food insecurity, drought, floods, infectious diseases and conflict, in collaboration with the Government of Ethiopia, UN sister agencies and NGOs. It has mainly focused on the priority areas of health, nutrition, water, sanitation and hygiene, education and child protection. It paid increased attention to emergency preparedness planning and pre-positioning of strategic supplies to enhance response in case a crisis occurs.

Health

In 2008, UNICEF continued to support WHO in coordinating the health cluster. Emergency health activities supported by UNICEF focused on communities affected by drought, AWD and conflict. In Somali region, UNICEF supported 20 mobile health teams (MHT) which provided integrated high-impact child health, nutrition and WASH interventions in conflict-affected areas of the Somali region. Of the 188,344 outpatient consultations that were made in 2008, 68,594 (36.4%) were children under five. In terms of AWD control, comprehensive support including the procurement and distribution of 33 Case Treatment Centres (CTC) kits, ORS, Ringer Lactate and antibiotics has been provided, offering the capacity to treat 25,000 cases. In 2008, measles immunization integrated with the Enhanced Outreach Strategy (EOS) was conducted for a total of 10.7 million children between 6 and 59 months old, with a preliminary 93% coverage rate.

In 2009, UNICEF will need US\$ 5 million to minimize the impact of ongoing emergencies on the health status of children and women. To this end, UNICEF will support with funds, supplies and technical assistance at least 24 Mobile Health Teams (MHT) staffed with government nurses to deliver essential health, nutrition and WASH services to at least 1.4 million people in Somali and Afar regions who have no other possibility to access such services. The target is to provide at least 200,000 health consultations in 2009 through the regional government health teams. Additionally, UNICEF will support 30 fixed health facilities in the area. UNICEF will also procure and distribute drugs and materials for the prevention and treatment of AWD cases for at least 100,000 people, and train health officers to provide lifesaving treatment, isolation and containment of possible AWD epidemics. Support with funds, supplies and technical assistance will be provided for emergency measles campaigns in drought and conflict-affected areas and targeting at least 450,000 children between 6 and 59 months, as well as to malaria interventions in flood-prone areas benefiting more than 1 million people.

Nutrition

In 2008, UNICEF continued to support the coordination of the nutrition cluster through the Emergency Nutrition Coordination Unit (ENCU). The ENCU coordinated a total of 39 standardized emergency nutrition surveys throughout the country, controlling also data quality. In 2008, UNICEF played a critical role in the delivery of one of the largest responses to acute malnutrition ever undertaken in Ethiopia. The Ministry of Health with support from UNICEF, WHO and NGOs succeeded in increasing the capacity for management of severe acute malnutrition by three during the year, from 20,000 cases a month in less than 200 districts to 62,500 cases in more than 400 districts of Oromiya, SNNP, Somali, Afar, Amhara and Tigray regions. UNICEF supported the Federal Ministry of Health (FMoH) in the training of more than 5,800 health workers and 544 trainers on the management of severe acute malnutrition. However, the supply of Ready-to-Use Therapeutic Food (RUTF) globally was a limiting factor, with not enough of it being available at the peak of the crisis. For this reason, the actual maximum number of children treated for SAM at the peak of the crisis was 40,000 per month. In terms of geographic distribution, programme coverage in the six regions needs to be expanded with only 46% of the 2008 “hotspot” districts having both a Therapeutic Feeding Programme (TFP) and a Targeted Supplementary Feeding (TSF) intervention to respond to the needs of severely and moderately malnourished children. UNICEF procured 4,830 MT of Ready-to-Use-Therapeutic Food, 260 MT of therapeutic products (therapeutic milk F75 and F100, and ReSoMal for the treatment of around 240,000 severely malnourished children throughout the year. Taking into account that the Case Fatality Rate (CFR) among severely malnourished children can be as high as 30% if not treated, it was estimated that the lives of around 80,000 children under five were saved through this intervention.

For the fourth consecutive year, UNICEF in partnership with WFP has been supporting the Enhanced Outreach Strategy (EOS) for child survival. Under this strategy, the first EOS round in April 2008 targeted 11.9 million children (with 93.8% coverage) for vitamin A supplementation, some 7.9 million children received deworming tablets, and 82,880 children were found to suffer from severe acute malnutrition and were referred to inpatient or outpatient therapeutic feeding programmes. The second round of EOS started in October 2008 and was completed at the end of January 2009. Results for Tigray, Harari and Dire Dawa are still being processed; while results at country level will be made available over the next few weeks.

According to current estimates, in 2009 UNICEF will need US\$ 20 million to reduce mortality associated with malnutrition among children under five, whilst ensuring that the management of severe acute malnutrition treatment for most cases is integrated within the regular framework of the Health Extension Programme. Key activities include: support to the overall coordination of the emergency nutrition response through the Emergency Nutrition Coordination Unit (ENCU); close coordination with the Disaster Management and Food Security Sector (DMFSS), WFP and NGOs to ensure that adequate food and supplementary feeding response is provided; support therapeutic feeding programmes through health centers, hospitals and health posts for the treatment of around 175,434 severely malnourished children during the year; provide technical assistance in the field to ensure delivery of quality services; support and monitor the logistics of the operation; and reach twice 12 million children under five years and 1.5 million pregnant and lactating women (PLW) with key child survival interventions through EOS (85% coverage expected).

Water, Sanitation and Hygiene (WASH)

UNICEF is cluster lead for the WASH sector, and in this quality it substantially contributed in 2008 to improving the coordination of WASH responses, particularly at federal level. The WASH cluster supported the government-led WASH Emergency Task Force (ETF) in coordinating humanitarian response in the sector. At regional level, the emphasis was put on capacity building in the fields of AWD surveillance, response and communication as relates to environmental sanitation and hygiene. In 2008, as the total number of people requiring emergency water and sanitation in the country was estimated at 800,000 (as per the October 2008 Humanitarian Requirements document), UNICEF supported drought-affected populations from Somali region and southern and eastern Oromiya providing safe drinking water through water tankering for approximately 250,000 people suffering from acute water scarcity. As a more sustainable way of addressing water scarcity issues in drought-affected areas, UNICEF provided funding and technical assistance for the establishment or rehabilitation of 189 community water supplies in Somali, Afar, Oromiya and Tigray, benefiting an estimated 66,150 people. As a support to the nutritional response, WASH emergency support to therapeutic feeding units (TFUs), out-patient therapeutic centres (OTPs) and high risk communities (HRCs) targeted 63 TFUs and 205 OTPs in Amhara, Oromiya, SNNP and Somali regions with improved water supply, sanitation and life saving hygiene promotion, contributing significantly to nutrition

and health interventions. The activities, some of which are in progress, include rehabilitation or extension of water supply schemes, provision of latrines with hand washing facilities, the supply of soap and household water treatment chemicals, and the promotion of hand-washing practices undertaken by health extension workers. In response to the AWD outbreaks and mitigation against any outbreaks in the flood affected regions, water treatment chemicals and other WASH supplies for 145,000 beneficiaries were dispatched to Afar, SNNP, Oromiya, Amhara, Tigray, Gambella and Somali regions, going a long way in saving lives of children and women from water-borne illness.

In 2009, the overall goal continues to be the improvement of water supply and sanitation of drought and conflict-affected populations. US\$ 4.5 million are needed to construct/rehabilitate water supply schemes and institutional sanitary facilities in up to 130 health centres in areas suffering from acute water scarcity; rehabilitate/construct 200 wells, boreholes and water supply schemes and install pumps to provide safe drinking water to some 450,000 individuals in communities facing acute water scarcity; as last resort, supporting water trucking where water needs cannot be supported with any other option; promote hygiene education and hygiene awareness programmes in schools and communities in order to complement existing water and sanitation services reaching some 700,000 people; train water, sanitation and hygiene committees and health extension workers in basic operation and maintenance and life saving hygiene promotion; procure and distribute water treatment chemicals, water containers and other WASH-related items for 150,000 people.

Education

An education cluster consisting of UN agencies, government and NGOs was established in the second half of 2008 at national level to respond in an organized manner to education in emergencies. The cluster is jointly supported by UNICEF and SCF-UK. During the past year, UNICEF delivered furniture to schools affected by internal conflict and emergencies; 362 school-in-a-box kits were provided to emergency-prone regions. A total of 300 teachers and Parent-Teacher Association (PTA) members received training on psychological and educational needs of children in emergencies. As a result, 43,630 emergency-affected school-aged children across the country were able to resume schooling.

The overall goal in 2009 is to support 120,000 school children displaced and affected by various emergency situations. US\$ 3.5 million are needed for the construction of 180 temporary learning centres and the rehabilitation of 200 classroom structures to accommodate around 17,000 school children; the procurement and distribution of teaching and learning materials, as well as uniforms and recreational kits for 110,000 children; and the training of 18,000 teachers and 2,400 PTA members on psychosocial needs of children in emergencies.

Child Protection

UNICEF also actively participated in the protection cluster that became active in late 2008. Through the NGO Mobility without Barriers Foundation, UNICEF provided 240 wheel chairs to disabled children and youth victims of landmines and UXOs in Somali region. The project aims at providing rehabilitation and reintegration services to disabled children. UNICEF also supported life-skills training programmes, as well as basic vocational training and literacy programmes for 60 demobilized youth aged between 16 and 20 years in Somali region. In SNNPR, which was heavily touched by the nutrition crisis, UNICEF funded in 23 sites a pilot project for emergency psychosocial and emotional stimulation among children and caretakers in severe food shortage situations. A total of 55 Health extension Workers (HEW) and youth were trained to be filial coaches and are currently intervening with group therapy and one-to-one sessions of filial therapy in selected Therapeutic Feeding Programmes (TFP). Some 30,000 people affected by floods and displacement benefited from the provision of shelter and household materials in Somali and Gambella regions through UNICEF's decentralized pre-positioning strategy.

In 2009, US\$ 2.8 million are needed to fulfil the overall goal to reach children in need of protection in the Somali, Gambella, Tigray and Afar regions with the following key interventions: development of an effective surveillance system that includes data collection on mine-risk education (MRE) activities, victims of UXOs and land mines in the Somali region; mine risk education activities (MRE) benefiting 300,000 children from Somali region; readiness capacity to provide shelter to 200,000 people; basic social services and psychosocial support for 2,000 children survivors of abuse, exploitation or trafficking.

4. FUNDING REQUIREMENTS AND RECEIPTS

In 2008, UNICEF Ethiopia received US\$ 56.9 million (87%) against its humanitarian funding needs of US\$ 65.1 million as outlined in its revised Humanitarian Action Review 2008 document. UNICEF expresses its deep gratitude to the donors and partners that have provided valuable funding.

UNICEF requires US\$ 36 million in 2009 to carry out emergency activities in the sectors of health, nutrition, water and sanitation, education and child protection. No funds have been received so far this year.

Table 1: Revised Funding Needs in 2009, as anticipated on 1 March 2009 (US\$)*

Appeal sector	Original HAR requirements	Revised Requirements	Funds received	Funding Gap	% Unfunded
Health	5,000,000	5,000,000	0	5,000,000	100%
Nutrition	55,000,000	20,000,000	0	20,000,000	100%
WASH	4,500,000	4,500,000	0	4,500,000	100%
Education	3,800,000	3,800,000	0	3,800,000	100%
Child Protection	2,800,000	2,800,000	0	2,800,000	100%
Total**	71,100,000	36,100,000	0	36,100,000	100%

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

** The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF's Executive Board Decision 2006/7 dated 9 June 2006.

Table 2: Funding Priorities as of March 2009

Project	Beneficiaries/ coverage	Amount Required (US\$)
Water, Sanitation and Hygiene (WASH) – Emergency water trucking to vulnerable populations and rehabilitation of mal-functional water supply schemes and sanitation facilities with life-saving hygiene promotion, in Tigray, Afar, Somali and Oromiya regions	217,000 people	1,870,000
Nutrition: purchase of Ready-to-Use Therapeutic Food (RUTF) ahead of time, to cover the needs in the second half of the year; ensure vitamin A supplementation and screening of children and women in affected districts for referral to therapeutic feeding programmes and WFP supplementary feeding programmes	Approx. 106,000 children under 5 suffering from SAM	9,000,000
Health: Measles vaccination in Afar region, and in East and West Harerghe zones of Oromiya, support to Mobile Health Teams (MHT) and procurement of Emergency Drug Kits (EDK) for conflict affected communities in Somali region, preparedness and prevention activities for malaria and AWD outbreaks	1,300,000 children under 15 years for measles vaccination, around 65,000 consultations for children under 5 years by MHTs, 150,000 children	3,200,000
Protection: child protection assessments in regions with ongoing and recurrent disasters, social protection in Somali region, mine-risk education in Somali region	50,000 children	1,300,000
Total Priority needs		15,370,000

The current needs are substantially lower than the US\$ 71 million reflected in the *Humanitarian Action Report (HAR)*. This is due to the revised needs for the nutrition sector, which are substantially lower than the in HAR 2009 for two reasons: first, when HAR 2009 was prepared back in September 2008, the expectations for the *meher* crop at the end of 2008 and beginning of 2009 were much more pessimistic than what happened in reality; second, much of the RUTF ordered in 2008 arrived after the peak of the crisis, could not be used as initially planned and was carried over to 2009.

Further information on the Ethiopia emergency programme can be obtained from:

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