

# UNICEF HUMANITARIAN ACTION UPDATE

## ETHIOPIA

24 JUNE 2008

### UNICEF CONTINUES TO RESPOND TO THE URGENT NEEDS OF CHILDREN AND WOMEN

- Drought affects 4.6 million people including 75,000 children with severe acute malnutrition.
- Scaled-up response to the severe situation of malnutrition and urgent mitigation and preparedness measures are urgently required.
- UNICEF requires US\$ 49.2 million for immediate humanitarian response and mitigation interventions



## 1. OVERVIEW

On the 12<sup>th</sup> of June 2008, the Government of Ethiopia launched the “Revised Humanitarian Requirements for 2008”. The document was developed in collaboration with humanitarian partners. The Disaster Prevention and Preparedness Agency (DPPA) of the Ethiopian Government announced that the number of emergency relief beneficiaries increased since April 2008 from 2.2 to 4.6 million people, including 75,000 children directly affected by severe and acute malnutrition. The food security situation has been rapidly deteriorating in Ethiopia owing to a complex set of factors. The poor performance of the *meher/hagaya/deyr* rains combined with the present below normal *belg/gu/ganna* rains and the prevailing high market prices resulted in food insecurity in Oromia and Southern Nations Nationalities and Peoples (SNNP) regions forcing people to resort to extreme coping mechanisms. The nutrition situation of thousands of children has reached critical levels in both regions. The humanitarian situation remains of concern also in Somali region, where signs of a deteriorating health and nutrition situation have been reported. Furthermore, signs of deteriorating food security conditions have been recorded in areas of Tigray, Amhara and Afar regions.

The combination of drought, limitations of available resources including supplementary food, and rising food prices has recorded an increasingly adverse impact on children, which requires an urgent scaling-up in the response to the nutrition, health, and water and sanitation situation, in line with the revised “2008 Humanitarian Requirements” document. Furthermore, as the harvest is not due in most areas until late September, there are concerns that the situation may worsen in the next 2 to 3 months.

The overall estimated need for assistance is US\$ 325 million. UNICEF requires US\$ 27.9 million to scale up the ongoing response to the immediate emergency needs. UNICEF also requires further US\$ 21.2 million to enhance mitigation and preparedness measures to allow for a timely response to any increases in acute malnutrition levels in already affected and additional areas of Ethiopia. These mitigation and preparedness measures include strengthening assessment and monitoring to ensure UNICEF's timely and adequate action; strengthening the local Government capacity to address the increasing needs; and pre-positioning essential supplies, including therapeutic food, essential medicines, water purification and sanitation materials. To date UNICEF has received US\$ 5.6 million against the US\$ 49.2 million urgently required.

## 2. ISSUES FOR CHILDREN

Children, especially those under five, are among the most affected by the current nutritional crisis. Thousands of children under five suffer from Severe Acute Malnutrition as extrapolated from data gathered through WFP's Vulnerability Analysis and Mapping (VAM) Unit and through DPPA's Early Warning Department and Emergency Nutrition Coordination Unit (ENCU). The Government estimates that 75,000 children are severely malnourished in the 124 districts currently affected by the drought – where screening capacity exists. It is possible that more children could be acutely malnourished in additional districts where screening has not yet taken place.

The Government and its partners are currently undertaking rapid assessments to document the situation and prioritise the emergency response. The Emergency Nutrition Coordination Unit (ENCU) is coordinating the ongoing nutrition surveys conducted by the Government with support from NGOs. Current hot spots are located in Somali, Oromia (West Arsi, Guji, East Hararge and Bale Zones) and SNNP (Wolayta, Sidama, Hadiya, Kembata Tembaro, Alaba, Lanfera, Silti and Konso Zones) regions. Additionally, parts of Amhara region (in particular North and South Wollo and North Showa Zones), and southern Tigray region expect no harvest in July in the *belg* producing areas. In these potential hot-spot areas, recent nutrition assessments conducted by Save the Children UK and Concern with the Government have recorded 'red flag' indicators of acute food insecurity, such as increased animal deaths, increased adoption of extreme coping mechanisms like consumption of wild foods, untimely migration and reduced food intake. Thus, there are concerns that several districts of Amhara and Tigray regions could also be affected by malnutrition in the coming months if immediate effective emergency nutrition interventions are not established. Furthermore, in Afar region the condition of cattle has started to deteriorate and milk production is declining, triggering further concerns on child survival. Unless the next rains start as expected in June, and perform well, the situation could easily deteriorate very quickly. Countrywide inflation of basic food prices and depletion in selling price of livestock have compounded the adverse effects of the drought on household food security. Although general food rations have been distributed, there are reports of merchants buying these rations from beneficiaries and re-

selling at inflated prices. This further increases the level of food insecurity among the most vulnerable communities.

The present situation is dynamic also in terms of health challenges. The onset of the *belg/gu/ganna* rains from June to September increases both the risk of a large-scale outbreak of diarrhoeal disease; and its impact would be aggravated by the current levels of malnutrition. In 2006-2007, the Acute Watery Diarrhoea (AWD) epidemic had a protracted course resulting in a total cumulative number of 110,549 cases with 1,200 deaths. From January 2008 to end May 2008, a total of 451 cases, including 7 death (Case Fatality Rate 1.6%), have been reported in Amhara, Oromia, SNNP and Somali regions. Currently all risk factors for an increase in AWD cases are present: Limited clean water supply; poor hygiene and sanitation; and limited knowledge of preventive measures.

Measles also remains a threat especially in the parts of the country which have not yet been reached by the 2008 follow-up immunization campaigns. Since January 2008, 7,145 cases of measles and 117 deaths have been reported. Low coverage of routine measles immunization and large birth cohorts have contributed to the increased number of cases. Measles has a higher Case Fatality Rate in malnourished children.

In Oromia, SNNP and Tigray regions, high levels of school drop-out due to drought conditions have been reported. High school drop-out and school closures have been widely reported in Somali region too, owing to the ongoing conflict and drought conditions.

Finally, in light of the 2007 experience, the current drought risks to be followed by flooding, with the consequential possible destruction of crop, later in the year. This would further jeopardize household food security and increase the needs for assistance. Last May recorded the first floods in Jijiga, Somali region, when 29 died and some 500 families were affected.

### 3. UNICEF RESPONSE: ACTIVITIES AND ACHIEVEMENTS SO FAR

UNICEF and its partners, including sister UN agencies and international and national non-Governmental organisations, are working closely with the Government of Ethiopia to respond swiftly and effectively to the humanitarian situation.

In response to the original 'Humanitarian Requirements for 2008' document which was launched jointly by the Government and partners in April 2008, UNICEF responded to the drought conditions in the Somali Region through 15 UNICEF-supported mobile health teams of the Regional Health Bureau and through water tankering operations. The response to the worsening nutrition conditions in Oromia and SNNPR were also addressed through the early dispatch of therapeutic supplies in the most affected areas, including 307 metric tons of BP100 and 70 metric tons of RUTF. Rapid responses to localized AWD outbreaks were also undertaken in Oromia and Amhara regions.

In view of the fast deteriorating situation, the Government and its partners launched the 'Revised Humanitarian Requirements for 2008' on 12 June 2008. The total appeal requirements amount to US\$ 325 million, with US\$ 38.7 million for Health, Nutrition, Water, Sanitation and Agriculture (non-food sector). UNICEF requires US\$ 27.9 million to meet the immediate needs of children and women throughout the affected areas and another US\$ 21.2 million for mitigation and preparedness in broader potentially vulnerable areas of the country.

**Immediate response by UNICEF so far:** The humanitarian response of UNICEF was coordinated from the outset with national authorities and with other UN agencies. As an immediate measure, UNICEF used its pre-positioned stocks to address the most pressing emergency needs of children. An internal loan of US\$ 7 million from UNICEF's Emergency Programme Fund (EPF) was released to kick-start the therapeutic feeding response. In addition, UNICEF received US\$ 5.6 million from donors for the emergency programme in Ethiopia.

#### Nutrition

UNICEF is the cluster lead for emergency nutrition and has been supporting the Emergency Nutrition Coordination Unit (ENCU) under the Early Warning Department of the Disaster Prevention and Preparedness Agency (DPPA) to enable continuous coordination and information sharing. The ENCU is providing technical support to ensure that standardized nutrition surveys are conducted in different regions. Since the beginning of 2008 to date, 27 full nutrition surveys have been conducted jointly by NGOs in collaboration with Government bodies. Findings from twelve surveys indicate the nutrition situation to be

either serious (Global Acute Malnutrition (GAM) 10%-14%, with aggravating factors), or critical (GAM 15-19%, with aggravating factors). Sidama, Wolayta and Hadiya zones of SNNP region show the worst nutrition situation with three surveys presenting GAM higher than 15% and Severe Acute Malnutrition (SAM) of around 3%. A recent survey in South Wollo zone in Amhara region found GAM of 12.2% and SAM of 0.5% with aggravating factors, indicating a fragile situation which has not reached critical levels yet.

The ENCU together with the Multi-agency Nutrition Task Force (MANTF) estimates that a total of 9,657 children are currently receiving Therapeutic Feeding Programme (TFP) services through Government or NGO facilities in SNNP region – in Sidama, Wolayta, Hadiya, Kembata Tembaro zones and Alaba special woreda. In Oromia, approximately 6,304 children are currently receiving TFP services.

In Somali, SNNP and Oromia regions, UNICEF provided technical and logistics support to TFP for the treatment of malnutrition of children under five years. UNICEF sent during the month of May 2008 alone 89.7 metric tons of Ready-to-use Therapeutic Food (RUTF), 7.8 metric tons of therapeutic milk F-75, 5.5 metric tons of F-100, 24 TFP opening kits, 25 training kits, as well as various other TFP equipment, anthropometric materials, drugs and micronutrients to the affected areas, for the treatment of 9,000 severely malnourished children.

A critical capacity for the management of severe malnutrition has been built over the past 5 years nationally, since the last major crisis of 2003. UNICEF has been supporting the increase in treatment capacity from near to nil in 2003 to a treatment capacity of 25,000 severely malnourished patients/ month. Some 223 health centres and hospitals and two medical universities (Jimma and Gondar) were strengthened by UNICEF with training, equipment and supplies. The national guidelines were revised in March 2007 to incorporate the latest scientific knowledge including the SAM outpatient management. However the capacity of individual health facilities, in terms of human resources, infrastructure and supplies, is insufficient to treat the great number of children currently in need.

## Health

Since November 2007, measles outbreaks have been reported in Somali and Oromia regions. The majority of the cases were children less than five years of age. At least 7,145 cases have been reported since the beginning of 2008. The prevailing drought situation is expected to further exacerbate the outbreak. In February – March 2008, the Somali Regional Health Bureau, with the support of UNICEF and WHO completed a measles vaccination campaign (with Vitamin A supplementation and polio vaccination) in all *woredas* of the region targeting 783,718 children between 6 months and 5 years. Administrative results indicate 91% coverage. A validation survey is under way to confirm these results. UNICEF provided the bulk of financial and technical support to the Regional Health Bureau amounting to over US\$ 1.1 million.

Measles follow up Supplementary Immunization Activities (SIAs) have been conducted in April and May 2008 in four additional regions. The regional vaccination coverage accounts for 95.9 % in SNNP, 90.4 % in Oromia, 53.7 % in Dire Dawa %, and 57.1 % Addis Ababa. A total of 4,070,725 children between 6 and 59 months were vaccinated in these regions.

A total of 14 mobile Health, Nutrition and WASH teams funded, equipped and trained by UNICEF and the Somali Regional Health Bureau (RHB), were deployed in six zones of Somali region, between November 2007 and March 2008. UNICEF allocated the necessary drugs, therapeutic food and water purification items to the teams. These mobile teams will be giving health services in catchments areas where about 1,000,000 people live, for a period of six months. The total number of patients treated by the 14 mobile health teams during the first three months of 2008 was 53,401, of which an average of 40% were children under the age of 5 years. The teams also referred and evacuated a total of 85 patients to the closest hospital. Most of these cases were children with severe malnutrition and associated disease, or pregnant women with obstetrical complications. The most common causes of diseases were diarrhoeal diseases, other water scarcity linked diseases, respiratory tract infections and malaria. Mobile teams have provided treatment to 660 children with severe acute malnutrition during the first three months of 2008. Activities of the mobile teams should be maintained at least up to end of 2008.

With the start of the rains, prevention and case management of diarrhoeal diseases needs to be prioritized immediately. UNICEF has provided comprehensive support in the prevention and containment of acute watery diarrhoea through distribution of drugs and 14 Community Treatment Centres (CTCs) kits, operational fund to run the CTCs, technical assistance, and transportation of drugs and supplies to affected communities. Further and urgent preparedness efforts are needed to strengthen hygiene, sanitation and water treatment at household level.

## Water, Sanitation and Hygiene

UNICEF is the cluster lead for water and environmental sanitation and has been supporting the Ministry of Water Resources and its Regional Water Bureaus to enable continuous coordination and information sharing.

In Somali region, during the month of April the Regional Water Bureau (RWB) and UNICEF supported extensive water trucking operations. These efforts were complemented by those of many NGOs, who together were operating over seventy water tankers. The combined efforts of NGOs and Government have benefited up to 150,000 people. Following the recent rains, only 10 of the NGO hired-trucks remained operational in Warder and Hargelle zones, to respond to the needs of an estimated 10,000 people. With the US\$ 1.15 million received from CERF on 3 April, UNICEF supports water trucking with 10 trucks, and the rehabilitation of 28 priority boreholes in strategic positions for water trucking.

The Regional Water Bureau and UNICEF in Oromia region supported water distribution with 10 trucks in Borena, East Harerge and Arsi zones, reaching an estimated of 10,000 people. Water supply was enhanced with the rehabilitation of 47 non-functional water schemes. NGOs also operated over 20 water tankers, supplying an estimated 20,000 people. Water tanking has now ceased in Borena zone due to the delayed onset of the *Belg* rains, but continues in Arsi, southern Oromia, at a much reduced scale.

In response to the floods in Jijiga, in Somali region, at the end of May 2008, UNICEF provided the Disaster Prevention and Preparedness Bureau (DPPB) with 240 non-food item kits, for distribution to the affected families, as well as with technical support for immediate response and planning. The kits include items such as blankets, household items and water treatment chemicals.

## Education and Child protection

Education has been disrupted in the drought-affected areas, resulting in decreased school attendance, increase drop-out rates, teachers migrating from their assigned school as currently reported in parts of Oromia, SNNPR and Somali Regions. Interventions ensuring that a functioning primary school system is available in the affected areas have started, but funds to scale-up this response are urgently needed.

Children and youth's rights are particularly at risk of being violated in these conditions of severe drought. UNICEF is undertaking together with WFP a study in all 11 sub-cities of Addis Ababa to identify the main threats to children caused by the high food price increases. The study will cover various aspects: nutrition, health, capacity to pay for food and services, water and sanitation, school attendance, child labour and other.

Within the joint UNICEF/Government decentralised Emergency Preparedness and Response Exercise that took place from November 2007 to March 2008, minimum levels of supplies to be pre-positioned to ensure shelter and of access to household items have been defined. The most basic required non-food relief items include: Plastic sheets and tents for sheltering, lifesaving jackets, plastic boats, blankets and household items, such as cooking pots, ladles, jerry cans, jugs, plastic plates, cups, bowls, sufficient for an estimated 50,000 households at any given time.

## 4. UNICEF RESPONSE: PLANNED ACTIONS

UNICEF is providing cluster coordination leadership in nutrition and water, sanitation and hygiene (WASH), whilst contributing significantly to WHO-led coordination in health, and supporting education and child protection. Through the presence of its area-based support teams in all regions of the country, UNICEF provides support to the regional Governments in the response in the areas of health, nutrition and WASH. These efforts are being accelerated particularly in Somali, SNNP and Oromia regions. These interventions constitute UNICEF's response to the agreed required needs document of 12 June 2008.

### Nutrition

#### In response to the revised humanitarian requirements (US\$ 15,447,000)

- As cluster lead, UNICEF support the overall coordination of the emergency nutrition response through the Emergency Nutrition Coordination Unit;

- Coordinate with Government, WFP and NGOs to ensure that adequate general food distribution and supplementary feeding response is provided, as well as take-home ration for children admitted in Outpatient Therapeutic Programmes;
- Procure therapeutic feeding products (RUTF, F75 and F100 therapeutic milk, ReSoMal), drugs and anthropometric materials for the running of the TFP to treat 75,000 children.
- Provide technical assistance in the field to ensure quality services.

## Water, Hygiene and Sanitation

### In response to the revised humanitarian requirements (US\$ 3,500,000)

- Support emergency rehabilitation of an estimated 150 drinking water supplies in drought affected areas (Afar, Oromia, Somali, and SNNP regions) including protected wells, traditional water supplies, shallow wells fitted with hand-pumps and deep wells fitted with a motorised pump and piped water distribution system, improving access to safe water for an estimated 150,000 people
- In area without a sustainable, reliable water supply, support the establishment of up to 20 new ground water schemes, providing relief to an estimated 60,000 people and improving the efficiency and cost effectiveness of emergency water tankering operations
- As a last resort, and in areas where no other alternative is possible, support water trucking for around 40,000 people for a period of two months.
- Support emergency hygiene promotion an IEC focusing on awareness, prevention and action to mitigate water and faeces related diseases. Ensure that the Nutritional and AWD response is supported by WASH interventions, focusing on the provision of water treatment chemicals to up to 100,000 households in the affected areas.
- Support the establishment of basic sanitation facilities, hand washing facilities and water points in selected CTCs and Therapeutic Feeding Centres, including the deployment of ten emergency water treatment (EMWAT) kits

## Provision of basic health services

### In response to the revised humanitarian requirements (US\$ 5,400,000)

- Prevention and treatment of AWD and other diarrhoeal diseases, through purchase of drugs and materials, coverage of operational costs and trainings of health workers;
- Support mobile teams with supplies, operational costs and technical expertise to provide health services in emergency affected communities in Somali region;
- Prevention of measles outbreaks for an estimated target population of 6.6. million of children between 6 and 59 months – vaccines have already been secured, but US\$ 3.4 million is required for coverage of operational costs and social mobilization;
- Technical assistance, coordination, monitoring and evaluation

## ADDITIONAL RESPONSE MEASURES

### Child Protection and Psycho-social Support: (US\$2,150,000)

- Provide cash grants to 10,000 households with depleted livelihoods for priority families in the drought affected areas of Somali, SNNPR and Oromia regions;
- Undertake the assessment of the impact on coping mechanisms and livelihoods of households affected by the drought and in crease in food prices;
- Enhanced preparedness in case of floods or other emergencies resulting in displacement and separation, support tracing, registration and reunification of separated and unaccompanied children;
- Responding as necessary in the areas of psychosocial support for fast deployment of specialised professionals during natural and man made disasters.

### Education: (US\$1,500,000)

- Ensure effective assessments of the impact of the drought on school drop-out and advice on response strategies.

- Ensure preparedness to establish learning spaces from locally available materials and/or tents so that children displaced by the drought or floods will continue their education until a time they go back to their permanent settlement areas.
- Procure and distribute 1,000 school-in-a-box kits to benefit 80,000 school children in potential flood affected areas

## **UNICEF MITIGATION AND PREPAREDNESS MEASURES**

UNICEF Ethiopia finalized Emergency Preparedness and Response Plans (EPRP) for all regional states which are being incorporated in the joint annual work plans of Government and UNICEF within the framework of the regular programme. This is an unprecedented achievement, which will lead to better prevention of and response to crisis situations.

Directly connected with the regional Emergency Preparedness and Response Plans, stocks of emergency supplies have been pre-positioned by UNICEF in collaboration with the Government in five hubs in Addis Ababa, Jijiga and Gode (Somali), Mekele (Tigray) and Gambella. This allows UNICEF to maintain a standing readiness to support the Government in the response to sudden onset emergencies causing internal displacements and affecting 200,000 people within 48 hours. This is done in partnership with the DPPA. Funding is required to replenish those stocks which have now been critically depleted. Adequate supplies are also critically important for our ability to respond should the situation deteriorate in the next two to three months.

The current humanitarian crisis is highlighting once again the importance of early warning and preparedness for a rapid response to rapidly evolving needs and sudden shocks. The immediate availability of basic humanitarian supplies and the ability to dispatch them rapidly to the populations in affected areas, and to ensure provision of the necessary services must be enhanced as per the UNICEF's Core Commitments for Children in Emergencies.

### **Actions to strengthen assessment and monitoring for effective response (US\$ 5,450,000)**

One of the biggest challenges at the onset of the crisis has been to get timely and accurate information on nutritional trends. Continuous monitoring of the health and nutrition situation is critical given the dynamic, changing environment.

- Support the preparation and ensure implementation of joint assessments as well as nutrition surveillance to enhanced understanding of the situation of children and inform an adequate response.
- Support updated assessments to informed adapted responses, and review and upgrade of contingency plans in all Regions.
- Ensure operational capacities for the Enhanced Outreach Strategy screening activities, key child survival interventions and referral to Targeted Supplementary Feeding (TSF) and TFPs.
- In affected districts without any TFPs and known to be drought affected, support Government and NGO partners to conduct ad-hoc screening of all children under five for SAM and provide a three-month RUTF take-home ration;
- Monitor the condition of children in the additional districts presently not critical but with signs of failed harvests;

### **Strengthen local preparedness through training of Government experts (US\$ 3,000,000)**

- Ensure basic training in case management of severe malnutrition for all Health Extension Workers in the affected areas;
- Strengthen the capacity of Water and Sanitation Committees to sustain water supplies – a critical prevention measure that is often overlooked – focusing on an estimated 220 communities
- Ensure adequate preparedness for the provision of basic water supply, sanitation facilities and hygiene promotion.
- Undertake inventories of WASH facilities, their functionality, capacity, water safety and potential for development in ten districts affected / likely to be affected by drought / flood / AWD
- Enhance effective coordination of WASH emergency response efforts at Federal and Regional level with short term technical assistance and related capacity building

### **Essential supplies and strategic pre-positioning (US\$ 12,800,000)**

- Provide supplies to Government and NGOs implementing TFPs to expand coverage and ensure quality services

- Maintaining activities of the Mobile Health Teams in Somali Region until end December 2008;
- Support mobile teams and Health Extension Workers with supplies, operational costs and technical expertise to provide health services in emergency affected communities in other drought or flood affected areas;
- Ensure adequate provisions of WASH supplies to all health structures in affected areas.

## 5. IMPACT OF UNICEF'S ACTION

### In response to the revised humanitarian requirements

- Treatment of at least 75,000 children with severe acute malnutrition with enhanced capacity for possible rapid increase in the number of cases – mortality reduction in severely malnourished children;
- 1.7 million people with no current access to health services reached through emergency mobile health teams supported by UNICEF and NGO partners in Somali region;
- 4.5 million people affected by the drought / floods have improved access to safe water, sanitation and practice improved hygiene practices;
- Reduced incidence of diarrhoeal diseases in the affected areas; containment of any outbreak of AWD;
- 90% of 6 million children immunized against measles (follow up SIAs)

### To enhance preparedness and mitigating measures in the relevant areas

- Ensure adequate capacities and resources to meet an increasing number of children suffering from SAM;
- Support critical assessments of the situation of children and inform a dynamic and effective response as well as continuous monitoring and surveys;
- Support the need to rapidly increase the capacity of Government structures to address the most critical needs;
- Early and effective intervention addressing the psycho-social needs of children affected by the emergency is enhanced in affected areas.

## 6. CURRENT FUNDING PRIORITIES

Funding is urgently required to ensure continued support the crisis affected areas of Ethiopia. Some 4,000 metric tons of RUTF for the treatment of severely malnourished children are required during the next 3 months. Emergency drug kits, operational costs for mobile teams and measles vaccination, scale up of the WASH response to the continued drought as well as to the looming risks of diarrheal diseases in Somali, Oromia, SNNP, Amhara and Afar regions are required to decrease the risks of disease on children and women. Additional funds are needed to establish temporary learning centers as a protection strategy in the conflict affected areas of Somali region; and to provide cash grants to households with depleted livelihoods.

To date, UNICEF has received US\$ 5.6 million from donors for the Health, Nutrition, Water, Sanitation and Hygiene, and Child Protection sectors of the emergency programme in Ethiopia. This represents 11% of the current revised requirements. Funds received have supported the implementation of an initial response in nutrition supply and technical assistance, measles and polio vaccination, restocking of health facilities, set-up of mobile health, nutrition and WASH teams, early response to AWD cases, provision of safe water with water tanks and through rehabilitated water schemes, and distribution of water treatment chemicals. In addition, an internal loan of US\$ 7 million from UNICEF's Emergency Programme Fund (EPF) was released to kick-start the implementation of live-saving actions.

As a result of activities funded by reprogrammed and early received funds, more than 5.7 million children have been immunized against measles in Somali, Oromia, SNNP regions and Dire Dawa and Addis Ababa Federal cities. Around 150,000 people benefited from safe water distribution in Somali region, and 9,000 children received treatment against severe malnutrition in May 2008.

UNICEF estimates that a total of almost US\$ 50 million is required to be able to respond adequately to the evolving situation in accordance with the Revised Humanitarian Requirements for 2008.

**Table: Funds received against appeal (revised funding requirements as of June 2008)**

<b>FUNDS RECEIVED AGAINST APPEAL</b>					
<b>Appeal Sector</b>	<b>Revised Requirements by Sector (\$US)</b>		<b>Funds Received (\$US)</b>	<b>Unmet Requirements (\$US)</b>	<b>% Unfunded</b>
	<b>Immediate Response</b>	<b>Mitigation and Preparedness</b>			
<b>Health</b>	5,400,000	3,200,000	2,536,442	6,063,558	71%
<b>Nutrition</b>	15,447,000	14,700,000	1,581,711	28,565,289	95%
<b>Water &amp; Sanitation</b>	3,500,000	1,350,000	1,156,842	3,693,158	76%
<b>Education</b>	1,500,000	-	77,881	1,422,119	95%
<b>Child protection</b>	2,150,000	-	295,857	1,854,143	86%
<b>Emergency Shelter</b>	-	2,000,000	0	2,000,000	100%
<b>Sub-total</b>	<b>27,997,000</b>	<b>21,250,000</b>	<b>5,648,733</b>	<b>43,598,267</b>	<b>89%</b>
<b>Total*</b>	<b>49,247,000</b>				

*\* 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.*

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