

UNICEF HUMANITARIAN ACTION

ETHIOPIA

DONOR UPDATE

22 DECEMBER 2006

- Torrential rains have caused severe floods in several areas, leading to displacement, loss of homes and livelihoods.
- Pervasive poverty underpins the situation of most Ethiopian children, leaving them more vulnerable to the onset of emergencies, which include severe acute malnutrition, floods and acute watery diarrhea.
- Vital emergency interventions are seriously under-funded - UNICEF's 2006 appeal is 59 per cent funded, leaving a shortfall of US\$ 14.2 million.
- UNICEF urgently requires US\$ 6.4 million to carry out life-saving programmes for flood-affected children and women and to prevent further cases of acute watery diarrhea over the next three months.



1. EMERGENCY OVERVIEW AND ISSUES FOR CHILDREN

Data collected through the nationwide UNICEF-backed Enhanced Outreach Strategy (EOS) and other screenings uncovered alarming pockets of severe acute malnutrition amongst under-fives across the country. Fourteen nutritional surveys carried out in rural areas between June and September 2006 recorded Global Acute Malnutrition (GAM) levels as high as 16.5 per cent and Severe Acute Malnutrition (SAM) levels as high as 3.1 per cent - both rated critical. Up to 130,000 children under five are estimated to be suffering from severe acute malnutrition at any given time in Ethiopia. Malnutrition remains the underlying cause of more than half of all child deaths in the country.

However, recent rains in pastoral areas and the on-going humanitarian assistance are improving the food security and nutrition situation in Ethiopia. The rains have improved pasture conditions, livestock's health and milk availability. Meanwhile, good rainfall in pastoral areas will lead to improved pasture and water during the long dry season (December 2006 to March 2007), allowing the slow process of livelihood recovery to begin for drought affected pastoralists. In terms of assistance, more than 7.3 million chronically food insecure people have benefited in 2006 from participation in the Productive Safety Net Program (PSNP), receiving predictable food or cash transfers during the hungry season. Some 3 million additional people are currently receiving assistance to recover from the effects of prolonged drought in pastoral areas. In most of the areas affected by the 2005/06 drought, improvements in livestock production, initial crop harvests, and humanitarian assistance have helped bring about marginal improvements in both food security and nutrition conditions.

Nevertheless, heavy rains since October 2006 have caused severe flooding in areas already suffering from high levels of food insecurity. This could cause severe short-term and possibly longer term impacts, including disruption of transportation and trade through the destruction of road infrastructure, food shortages, and possible disease outbreaks. Heavy rains are expected to continue given current global climate conditions, including a moderate El Niño, predicted to last into early 2007.

The severe floods that hit seven out of Ethiopia's 11 regions destroyed farmland, forced tens of thousands to leave their swamped villages and exposed up to 235,800 under-fives to the risks of homelessness, water-borne disease and malnutrition. During the year, already weakened children had to face the appearance and spread of a range of conditions, including acute watery diarrhea, meningitis, measles and polio. Polio re-emerged as a critical issue for Ethiopian children. A total of 37 cases of polio have been reported in four of Ethiopia's 11 regions since the beginning of a fresh spread of the disease in December 2004. In 2006, 17 cases of Polio were reported, with the latest one detected on 16 October in Somali region.

Floods

As a result of the extended and widespread heavy rainfall since the beginning of the rainy season in May, many areas have experienced devastating damage. Available information indicate that, altogether, the floods have displaced approximately 220,000 people, killed 697 people and affected more than 800,000 people. Thousands have lost their property and means of livelihood.

Following the 6 August Dire Dawa floods, 10,400 people were affected and 6,000 people displaced. In South Omo of the Southern Nations, Nationalities and Peoples Region (SNNPR), a further 44,000 have been affected, including large numbers of displaced. In-depth assessments have been carried out in these two regions. Additionally, 47,000 are affected in the Amhara region and 22,000 in the Oromiya region. In the Somali region 43,200 were affected in August and during the last week of October when the Wabi-Shebelle River burst its banks and flooded the Lower Shebelle areas of Gode and Afer zones.

Affected populations have been stretched to their limit by repeated floods coupled with recurrent droughts, which have weakened livelihoods and undermined coping strategies. Internally displaced persons (IDPs) already living in poor conditions with limited access to services and economic opportunities are particularly vulnerable to the effects of the floods. Many of these are children and women, as the men very often stay in the areas of origin with the livestock. Many schools were also closed or destroyed as floodwaters overwhelmed communities during the rainy season. As the river levels rise due to the continuing rain, families are facing multiple displacement, moving to an area but then being forced to move again as these areas also become at risk.

Initially, a Joint Government and Humanitarian Partners Flash Appeal for the 2006 flood disaster in Ethiopia was launched on 25 August 2006. The Flash Appeal seeks a total of US\$ 27,099,526 to meet the emerging needs. This includes a total of 10,178 MT of emergency relief food worth US\$ 5,184,673, US\$ 13,849,864 worth of non food relief items and US\$ 8,064,989 worth of rehabilitation requirements.

In addition, on Thursday 23 November 2006 the Disaster Prevention and Preparedness Agency (DPPA) launched a Joint Government and Humanitarian Partner Emergency Appeal for the flood-stricken Somali Region seeking just over US\$7 million to meet emergency non-food requirements as well as medium-term rehabilitation needs for the flood affected areas of the region, of which US\$ 6,326,164 were for non-food items and US\$ 679,899 for medium-term rehabilitation.

The current gaps in responding to flood emergencies in the severely affected areas are in the area of recovery and development. Reconstruction and rehabilitation of non-functional water schemes and the scaling-up of sanitation and hygiene promotion are activities that are now required.

Acute Watery Diarrhoea

In April 2006, outbreaks of acute watery diarrhea (AWD) were reported in Gambella. In mid-July 2006, there were reported cases of AWD in 15 woredas, with 9 of the woredas in the West Arsi Zone. The West Arsi Zone, the source of the outbreak, is located along a main transport route, causing the disease to spread rapidly to 4 woredas in neighbouring Southern Nations Nationalities and People Region (SNNPR) and as far south as the Guji zone of Oromia region, about 200 km from the border with Kenya.

Currently, AWD cases are being reported in six regions - Oromiya, SNNP, Tigray, Afar, Amhara and Somali regions. As of 1 December 2006, preliminary data indicates that the total number of confirmed cases and deaths reported are 46,953 and 455 respectively. WHO reported that 3.5 per cent of the cases were children under-five years of age. AWD remains a great threat to the community as it has taken on a pattern never seen before, moving quickly into new areas, including to rural villages, often transported by migrant labour. It is likely that the floods across Ethiopia have contributed to this longer term spread.

Measles and Meningitis

Measles is one of the five major causes of childhood illness in Ethiopia. The case fatality rate is 4 percent, one of the highest in the world. According to the World Health Organization, the number of annual cases in Ethiopia is estimated at 1.45 million, with 72,000 deaths among children under five. A total of 28.4 million children aged between 6 months and 15 years have received measles vaccination during the catch up measles vaccination campaigns from 2002 to 2005. Following the catch up campaign pattern, the follow up measles vaccination campaign started in 2005 targeting children aged between 6 to 59 months, with a total of 1,010,549 children vaccinated against measles in Afar region and in East and West Hararge zones of Oromiya region in 2005.

In 2006, there were growing concerns over the numbers of new measles cases in Addis Ababa, SNNP, Gambella and Oromia regions, which could be the result of low levels of routine immunization levels (59 per cent) in 2005. In Addis Ababa, some 71 cases were reported from March to September 2006. The latest figures from Gambella show 46 cases from August to November 2006. In Bench Maji zone of SNNPR, 413 cases were reported from August to November 2006 while 882 cases were reported in South Omo zone of SNNPR. Recently an outbreak in Jimma zone of Oromia region was also reported.

Meanwhile, during the second week of November, two new confirmed cases of meningitis were reported in South Omo zone of SNNPR. To date, 614 cases with 10 deaths are reported in the region. A shortage of vaccines, however, continues to hinder combat the disease. The Ministry of Health has appealed for 4.4 million doses, with UNICEF having pledged to provide the ministry with 1 million doses.

Malaria

Malaria remains one of the primary causes of child mortality in the country, particularly during the main transmission season between October and December. The disease infects more than 9 million Ethiopians in an average year and can kill more than 100,000 children in a matter of months during an epidemic outbreak. Children and pregnant mothers are the most vulnerable to the sudden impact of epidemics on unprepared immune systems. Drought-related malnutrition, poor health and sanitation leave youngsters even more exposed.

2. UNICEF RESPONSE: ACTIONS AND ISSUES

Floods

A few hours after the first wave of floods hit Dire Dawa, UNICEF was the first agency to begin distributing non-food-items pre-positioned with the Disaster Prevention and Preparedness Agency in Dire Dawa town. Subsequently UNICEF has distributed US\$ 500,000 worth of supplies, principally in Dire Dawa and South Omo. This includes items such as plastic sheeting, cooking materials, mattresses, blankets, tents, jerrycans, emergency water materials including emergency water pumps and purification systems, collapsible water bladders, roto tanks and BP5.

In response to the most recent flooding in Gode zone of Somali region, UNICEF once again mounted an impressive response, including a massive effort to raise funds for the humanitarian effort. UNICEF has airlifted non-food items and medical supplies to Gode, including plastic sheets, plastic cups, cooking pots with handles and covers, jerrycans and oral rehydration salts. The dispatched items will be enough for 2000 families. In addition, three mobile health teams equipped and trained by UNICEF are currently dispatched in Mustahil and Kelafo and East Imy woredas of Gode zone of Somali region to reach remote vulnerable communities. UNICEF has so far dispatched 10 essential drug kits (each benefiting 10,000 people for 3 months) and 5 new emergency drug kits (each benefiting 2,500 people for 3 months).

To date, UNICEF has provided more than US\$ 4 million of aid across the country, targeted primarily at children in the flood affected communities. In addition, with support from donor agencies, government institutions and NGOs, UNICEF has responded by providing emergency water, sanitation and hygiene services to children and women in the affected areas.

Acute Watery Diarrhoea

UNICEF initially began by dispatching US\$ 543,000 worth of supplies to Gambella, including pillow tanks, tents, emergency water treatment kits and medical supplies. Consequently, UNICEF has dispatched existing supplies amounting to about US\$ 1.1 million to other affected regions. Supplies include tents, beds, bed pans, blankets, pillows, jerry cans and soap. Moreover, about US\$ 700,000 has been provided by UNICEF in the form of cash based support or purchases outside of pre-positioned stock together with medicines, including ringer lactate and oral rehydration salts.

Meanwhile, seven emergency water treatment kits with appropriate chemicals were sent across the country, each kit capable of supplying 50,000 litres of safe water a day – enough for 2,500 people if each individual takes 20 litres. In addition, UNICEF purchased supplies for more than 70 AWD case treatment centres across the country– each centre capable of treating between 10 and 25 patients at any one time.

Despite UNICEF's response, much remains to be done to avert the spread of acute watery diarrhoea. Support to prevent further cases must continue well into 2007.

HEALTH

Nutrition

Some 11.9 million children received at least one dose of vitamin A supplementation and 10.5 million children were de-wormed as a part of the child survival package under the Enhanced Outreach Strategy (EOS)¹. The EOS also screened 6.6 million children for malnutrition, of which 475,000 (7.2 per cent) were found acutely malnourished and referred for targeted supplementary feeding program supported by WFP. The Enhanced Outreach Strategy – Targeted Supplementary Feeding (EOS) is a breakthrough in this respect as it addresses severe and chronic health and nutrition needs neglected for years due to lack of in-country capacities, and will continue to treat hundreds of thousands of moderate and severe cases of acute malnutrition.

¹ Full name - Enhanced Outreach Strategy / Targeted Supplementary Feeding for Child Survival Interventions. The largest ever partnership between UNICEF, the WFP and the Ethiopian government targets more than 7 million children under 5, as well as pregnant and lactating mothers, in 325 drought affected districts. It provides a child survival package twice a year of vitamin A supplementation, de-worming, measles catch-up, nutritional screening, referral to supplementary or therapeutic feeding programmes and, increasingly, malaria nets

Meanwhile, UNICEF support for treatment of severe acute malnutrition in Ministry of Health facilities has significantly increased in 2006. UNICEF has supported the health system to increase its capacity to treat 18,000 cases per month, compared to 10,215 cases in December 2005. The capacities for 160 health facilities (health centres and hospitals) and two Medical Universities (Jimma and Gondar) were strengthened for managing severe acute malnutrition cases. In 2006, over 50,000 severely malnourished children were admitted in such facilities.

In addition, 18 emergency mobile health clinics were deployed in Somali and Borena zone of Oromia regions to respond to the drought. The use of mobile health teams to treat and screen for malnutrition is an innovation in UNICEF responses to drought situations. The plan has been drawn up in response to the extremely challenging environments in both Oromia and Somali regions. The mainly pastoralist populations have very little access to established health services. Families are also highly mobile – often making them difficult to track down or treat in one static centre. These teams, and many of the remaining institutions, will be supplied with emergency drug kits, alongside other vital treatments, supplies and equipment. They will screen children for malnutrition and provide treatment where needed and possible on the spot. Where appropriate, families will be given Plumpy'Nut for the affected children and BP5 biscuits for the remaining care-givers.

Measles and Meningitis

The follow up measles vaccination campaign continued in 2006 in two phases, covering the remaining part of the country. Measles outbreaks in different parts of the country have been successfully contained through follow up vaccination campaigns. The second phase of the mass measles follow-up campaign targeting more than 5.8 million children aged under 5 is currently ongoing across the country. The campaign, backed by UNICEF in collaboration with the federal and regional health bureaus and WHO, began in early November and the last children are currently being vaccinated in Oromia, Dire Dawa and Harari regions. The first phase of the campaign was conducted from May to June 2006, targeting some 5.7 million children from 6 to 59 months with 91 per cent coverage.

Meanwhile, in response to the meningitis outbreak, UNICEF has ordered 500,000 doses of meningitis vaccines and 1 million AD syringes and 400 safety boxes for pre-positioning should a major outbreak occur in early 2007. This is based on an appeal launched by the Federal Ministry of Health (FMOH) in June 2006 for more than 3 million vaccine doses to protect 3.2 million people during the next meningitis season. Currently, the FMOH has 650,000 doses of vaccine, half of which has been pre-positioned at regional level. When an outbreak occurs, the Emergency Health and Nutrition Task Force, of which UNICEF is an active member, will coordinate the identification of communities requiring immediate immunization to conduct an immunization campaign to reduce the further spread of meningitis and reduce morbidity and mortality.

Malaria

Ethiopia has seen a major scaling up of its national malaria control program in 2006. By the end of 2006, UNICEF will have directly funded or supported the acquisition of 8 million treated malaria nets, as part of the largest ever distribution of nets in the country's history. By the end of 2007, there will be more than 20 million nets in the country, enough to protect ten million households or 50 million Ethiopians - 100 per cent of the population that is exposed to both endemic and epidemic malaria. UNICEF has also been instrumental in rolling out the new anti-malaria drug, Artemether-Lumefantrine (Coartem); a total of 8.7 million treatment doses of Coartem (ACT) have been procured through UNICEF in 2006. In addition, over 1.7 million Rapid Diagnostic Test kits have been introduced to enable malaria cases to be diagnostically confirmed at community level for the first time.

Polio

The Federal Ministry of Health, in collaboration with UNICEF and WHO conducted seven rounds of Polio Sub-National Immunisation Days (SNIDs) in 2006 benefiting 16 million children. Two subsequent rounds of Polio SNIDs were conducted in February and April 2006 targeting 11.5 and 5 million children age 0 – 59 months respectively and reaching 93 per cent and 95 per cent coverage. Due to the continuous transmission of wild poliovirus in the Eastern part of the country, 5 rounds of SNIDs were conducted from May to November 2006 targeting about 1 million children, with coverage rates of above 97 per cent achieved at each round.

WATER AND SANITATION

Donors have contributed about US\$ 6.1 million to UNICEF's water and sanitation programmes. This represents 63.7 per cent of the appeal requirements in this sector, leaving a shortfall of US\$ 3.4 million. UNICEF has been able to increase the number of beneficiaries from 1.3 million in 2005 to over 2.1 million in 2006.

According to the emergencies at hand, a considerable life saving emergency WASH intervention was undertaken through water tankering, supply of water purification chemicals, on site water treatment with emergency water treatment kits, provision of household water containers/jerry cans, distribution of plastic squatting slabs as well as body and laundry soaps and hygiene promotional materials in areas affected by AWD, flooding, drought and in resettlement sites. In total more than 750,000 people were reached with water supply while over 2,000,000 people have been provided with sanitation and hygiene education messages. The significant coverage increase with regard to sanitation and hygiene education interventions has been achieved through an intensive mass hygiene education program, mainly in AWD affected communities in Gambella, Oromia, SNNP, Addis Ababa, Amhara, Afar, Tigray and partly in Somali regions.

This year has been critical in terms of emergency response and strengthening UNICEF's role as water, sanitation and hygiene (WASH) cluster lead. The emergencies constrained regular project activities, leading to diversions of program time and resources related to emergency response. In the beginning of the year there was a noticeable internal capacity constraint of WASH staff, especially at the field level. However, UNICEF strengthened the WASH sector through recruitment and deployment of a number of WASH professionals and consultants who provided technical support to the regional bureaus of Water and Health of Amhara, Oromia and Somali and to the Ministry of Water Resources Emergency WASH Preparedness and Response Unit.

Meanwhile, opportunities were created for UNICEF to strengthen the engagement of more NGOs in emergency response and introduce new interventions such as community engagement and education for AWD, emergency water treatment kits and water purification chemicals in collaboration with NGOs such as PSI.

Coordination

UNICEF Ethiopia led the way in responding to a string of emergencies in 2006, in partnership with a wide range of NGOs, UN bodies and government agencies. UNICEF Ethiopia is providing cluster coordination leadership in nutrition and water and sanitation, whilst contributing significantly to WHO-led coordination in health, and supporting education and child protection. In all emergency situations, UNICEF encouraged federal and regional authorities to set up coordination committees (Emergency Coordination Task Forces) to oversee the interventions of UN, state actors and NGOs. In many cases it provided the entire secretariat for these committees (task forces) and led them in collecting, analysing and distributing data from the field. International and national staff were hired to lead the coordination efforts. Through UNICEF's efforts many overlaps in response were spotted and many gaps were filled.

3. 2006 FUNDING REQUIREMENTS AND RECEIPTS

On January 23 2006 the Ethiopian Government, the United Nations and humanitarian partners appealed for US\$ 166 million in emergency food and non-food assistance for 2006. Based on continuing humanitarian needs for affected populations, UNICEF requested US\$ 34.6 million for non-food interventions in the Joint 2006 Government - UN Appeal.

The table below shows the funding level and shortfalls of the UNICEF 2006 Emergency Appeal by sector:

Table 1: Total contributions by sector

TOTAL CONTRIBUTION BY SECTOR AGAINST YEAR 2006 APPEAL				
PROGRAMME	UNICEF APPEAL 2006	Total Amount Received	per cent Funded	Funding Gap
Health & Nutrition	25,000,000	10,996,872	44per cent	14,003,128
Water & Sanitation	9,600,000	6,118,776	64per cent	3,481,224
GRAND TOTAL	34,600,000	17,115,648	49per cent	17,484,352
ADDITIONAL NON-APPEAL SECTORS FOR 2006				
Mine Risk Education	0	0	0per cent	0
Early Warning / Disaster Preparedness	0	439,376	0per cent	-439,376
PDME	0	0		
Education	0	218,007	0per cent	-218,007
HIV/AIDS plus addressing vulnerability	0	555,155	0per cent	-555,155
Programme Support (YP520)	0	1,938,730	0per cent	-1,938,730
GCP	0	86,983	0per cent	-86,983
Total Non-Appeal	0	3,238,251	0per cent	-3,238,251
Grand Total (Appeal + Non-Appeal)	34,600,000	20,353,899	59per cent	14,246,101

Table 2: Total contributions by donor

TOTAL 2006 EMERGENCY CONTRIBUTIONS BY DONOR AS AT DECEMBER 2006		
Donor	Total amount	Sector
African Development Bank	250,000	Water, Sanitation
Belgium	507,616	Water, Sanitation & non-appeal sectors
CERF 1 (Grant-Horn of Africa Emerg.Drought)	1,155,000	Health, Nutrition, Water, Sanitation & non-appeal sectors
CERF2 RAPID Responses	950,000	Health, Nutrition, Water, Sanitation & non-appeal sectors
CERF - UNOCHA	927,000	Health, Nutrition & non-appeal sectors
CERF - UNOCHA	763,093	Health, Nutrition
Denmark	810,350	Health, Nutrition, Water, Sanitation & non-appeal sectors
DFID/HRF (UNOCHA)	2,748,978	Health, Nutrition, Water, Sanitation & non-appeal sectors
EPF converted to GI (non-replenishable)	1,064,335	Health, Nutrition, Water, Sanitation
French National Committee (Non-Thematic)	295,858	Health, Nutrition
French National Committee (Non-Thematic)	382,653	Health, Nutrition
Global - Thematic Humanitarian Response (Norway) - 2006 Additional Contribution against the appeal	1,038,576	Health, Nutrition, Water, Sanitation & non-appeal sectors
Italian National Committee (Global-Thematic)	932,015	Health, Nutrition, Water, Sanitation (Rephased to 2007)
Netherlands National Committee (Global-Thematic)	414,229	Health, Nutrition (Rephased to 2007)
Norway (Global-Thematic)	3,200,000	Health, Nutrition, Water, Sanitation & non-appeal sectors
Netherlands	723,000	Health, Nutrition, Water, Sanitation & non-appeal sectors
Sweden (SIDA) (Global-Thematic)	685,871	Water, Sanitation & non-appeal sectors
Sweden (SIDA) (Global-Thematic)	3,000,000	Health, Nutrition, Water, Sanitation
Turkey	100,000	Water, Sanitation
United Kingdom National Committee (Global-Thematic)	53,571	Non-appeal sectors
USAID/OFDA	300,000	Health, Nutrition & non-appeal sectors
US Fund (Global-Thematic)	51,754	Health, Nutrition
Total	20,353,899	

To respond to the latest wave of floods, a Joint Flash Flood Appeal was launched on November 23 2006. The Ethiopian Government, the United Nations and humanitarian partners appealed for US\$ 7.1 million of non-food assistance, including medium term rehabilitation needs for the estimated 361,000 affected people.

UNICEF Ethiopia requires US\$ 3.5 million to fund its emergency interventions for the next 3 months and US\$ 9,133,567 for the next 12 months, including rehabilitation. There have been some encouraging responses from donors, including a US\$ 1.3 million pledge from the CERF and US\$ 2.8 million from the Regional Emergency Programme Fund. UNICEF Ethiopia has also been redeploying existing resources to kick-start its response.

4. IMPACT OF UNDER FUNDING AND URGENT PRIORITIES

UNICEF is appreciative of the generous donor contributions to its portion of the 2006 UN-Government Appeal for Ethiopia, which was funded at around 59 per cent (or some US\$ 20.3 million) out of an appeal of US\$ 34.6 million. While previous interventions have had a significant impact, the shortfall in funding has limited UNICEF's ability to prepare for unforeseen water and sanitation emergencies, and has also hindered activities such as rehabilitation of water supply schemes damaged by flooding and the improvement of water supplies in the emergency-affected areas of SNNP, Oromia, Amhara, Tigray and Gambella regions, where Acute Watery Diarrhoea has been reported. The under-funding in the health sector is also the cause for scaling down of health interventions even though the country faces one of the highest Under 5 Mortality Rate in the world, at 166 per 1,000 live births. The timely provision of resources will allow UNICEF to avoid any critical disruption in the provision of essential services and supplies across its sectors of intervention.

Funding is urgently required to continue the scale-up of life-saving interventions for children and women in the flood-affected parts of Somali region in the last remaining days of 2006. In addition to the immediate life threatening events of floods, outbreaks of acute watery diarrhoea is a major problem in most of the flood affected areas and has spread to areas that have not experienced floods. The incidence of diseases such as malaria is also feared to increase dramatically as a result of flooding and subsequent stagnant water. Ensuring access to and use of safe water and sanitation to prevent outbreak of water borne and water related diseases remains the priority, while it is also imperative to reduce human suffering and death due to communicable diseases, acute malnutrition and epidemics of an emergency nature.

The following life-saving initiatives require support to ensure their continuity into 2007.

Table 3: Immediate requirements as of 20 December 2006

IMMEDIATE REQUIREMENTS AS OF 20 DECEMBER 2006		
Project	Purpose	Requirements – US\$
Water & Sanitation	Emergency water purification, rehabilitation of schemes, provision of clean water and sanitation in health and feeding centres in SNNP, Gambella, Afar, Tigray, Oromia and Afar regions.	1,100,000
Health	Drugs and supplies/vaccines for AWD, common diseases (including ORS) and potential meningitis outbreak. Transport and operational costs for health personnel.	2,300,000
Nutrition	Procurement of Plumpy Nut	3,000,000
TOTAL		6,400,000

Details of the Ethiopia Programme can be obtained from:

Bjorn Ljungqvist

Representative
UNICEF Ethiopia
Tel: +251-15 51-51-55
Fax: +251-15 51-16-28
E-mail: bljungqvist@unicef.org

Pierrette Vu Thi

UNICEF EMOPS
Geneva
Tel: +4122 909 5601
Fax: + 41 22 909 5902
E-mail: pvuthi@unicef.org

Gary Stahl

UNICEF PFO
New York
Tel: + 1 212 326 7009
Fax: + 1 212 326 7165
E-mail: gstahl@unicef.org