

UNICEF Humanitarian Action 2010

ETHIOPIA

SITUATION UPDATE

An estimated 5.2 million people in Ethiopia will require emergency food assistance this year, out of which 106,457 children will need treatment for severe acute malnutrition between January and June 2010.¹ The Government is presently leading a multi-agency and multi-sectoral seasonal assessment to revise the humanitarian needs for the second half of the year. High food insecurity is likely to continue in the period June to September, which is usually the hunger gap season.² Due to food insecurity, closely monitoring the nutritional status of children is critical. Results of standard nutrition surveys indicate 'poor' to 'serious' nutritional conditions, particularly in the Amhara, Gambella, Somali, and Oromia regions.³ Underlying causes include climate conditions, conflict and insecurity in the Somali Region, as well as disease outbreaks. Conflict and displacements are additional concerns for the protection of children who are left without adequate shelter, food and water and with risks of family separation.

The February-June *belg* rains in Ethiopia have contributed to improving the food security situation and increasing the availability of water and pasture for animals in many parts of the country. However, an extended dry period at the beginning of the year forced thousands of people to rely on water trucking for the supply of safe water. Up to now, pocket areas in some regions still remain dry and continue to be dependent on water trucking. Compounding the situation, the unusually intense rains in the Somali, Oromia and Southern Nations, Nationalities and People (SNNPR) regions in June resulted in floods and landslides, killing 55 people and affecting or displacing some 183,000 people. These floods also damaged and destroyed education facilities and water and sanitation infrastructure. With the start of the main rainy season at the end of June, the risk of more serious flooding extends through September. Localised outbreaks of acute watery diarrhoea (AWD) continue to pose an important public health hazard in areas with inadequate safe water. Floods, pilgrimage events and labour migrations are some of the events that may exacerbate the spread of diarrheal diseases. Measles cases affecting children were reported in Somali, SNNPR and Oromia regions, particularly in drought affected areas where routine immunisation coverage is low and where acute malnutrition prevails with severe acute malnutrition (SAM) prevalence ranging from 0.1 to 2.3 per cent and global acute malnutrition (GAM) prevalence ranging from 3.1 to 17.8 per cent. Increased cases of malaria have also been reported. In the education sector, it is estimated that more than 13,000 children are out of school as a result of drought, cross border conflicts, fire accidents and floods.

KEY RESULTS FOR CHILDREN

UNICEF continues to work with the government and humanitarian partners to ensure that children have access to health, nutrition, education, water and sanitation and are protected in the midst of various emergencies. UNICEF supported the Ministry of Health to ensure coverage of therapeutic feeding programmes (TFP) in almost 80 per cent of drought-affected districts (woredas). Access to the TFP increased from 4,500 sites in December 2009 to 6,350 in March 2010. Out of 106,457 targeted children from January to June 2010, 76,916 children received treatment for severe acute malnutrition from January to April 2010 with an 84 per cent recovery rate. In support of this TFP run by the government with the assistance of NGOs including Concern Worldwide, International Medical Corps (IMC), Save the Children UK, Save the Children US, Action Contre la Faim, World Vision Ethiopia, Médecins Sans Frontières (MSF), CARE and Samaritan's Purse, UNICEF distributed 1,087 metric tons of ready-to-use therapeutic food as of May 2010. Together with the Ministry of Health and NGOs, UNICEF continues to play its technical leadership support role by developing a comprehensive quality assurance system for programme monitoring.

To assist the Somali and Afar Regional Health Bureaus' (RHB) programmes for hard-to-reach communities, UNICEF provided 56 emergency drug kits to mobile health and nutrition teams sufficient to meet the various medical needs of 140,000 people. In addition to quarterly reviews to evaluate the performance of these mobile teams, the RHBs together with UNICEF conducts regular field supervisions to monitor among others the quality of health, nutrition and water and sanitation services provided by the mobile health teams. Similarly, fourteen emergency drugs kits were sent to SNNPR to respond to a measles outbreak, supporting access to basic health service for 35,000 people. In the same region, with technical, financial and supply support of UNICEF, the Health Bureau vaccinated more than one million children against measles, ensuring full coverage.

¹ Humanitarian Requirement Document (HRD) released February 2010 by the Government of Ethiopia and humanitarian partners.

² Famine Early Warning Systems Network (FEWSNET) ETHIOPIA Food Security Outlook Update May 2010.

³ February 2010 update of the Emergency Nutrition Coordination Unit (ENCU) under the Disaster Risk Management and Food Security Sector.

Since the beginning of the year, UNICEF has been supporting the Ministry of Health to respond to localised acute watery diarrhoea (AWD) outbreaks in Oromia, SNNPR and Somali regions through provision of technical, financial and material assistance. Case Treatment Centre (CTC) kits were supplied for rapid response to AWD outbreaks.

In Somali and Amhara, UNICEF financially supported the government and NGOs for water trucking, reaching more than 82,500 people with safe drinking water. UNICEF also supplied the Water Bureaus with water treatment chemicals, thus enabling more than 240,600 households to have access to clean water in areas affected by floods, fire and AWD. In the Oromia region, 1,508 children were able to continue their education through UNICEF's financial assistance. In response to various emergencies, UNICEF provided non-food items including shelter material to 37,000 displaced people. As part of the child-focused social protection programme, 360 children from the most vulnerable families affected by floods were financially supported.

UNICEF provides technical and financial support to regional governments' Disaster Prevention and Preparedness (DPPB) offices in Oromia, Amhara, Tigray, SNNP, Afar, Somali and Gambella regions in the preparation of regional government emergency preparedness and response plans for 2010. These decentralized regional plans were first initiated with support of UNICEF in 2007 and have contributed to improved emergency preparedness and response in regions.

KEY CHALLENGES

- Lack of adequate information at field level and lack of strong coordination at federal level remain the main challenges in emergency preparedness and response activities.
- During the first quarter of the year, issues of access to some parts of Somali Region impacted the ability to reach the population in need. While restrictions on access eased in the second quarter of the year, a security incident in May involving the burning of a UNICEF vehicle in the Garbo District by unidentified gunmen, resulted in travel being curtailed by security.
- The launch of the much-needed Nutrition Surveillance System has been delayed due to discussions with the government that are still ongoing. A recent decision by the government restricted the provision of food assistance to populations threatened with survival, which would exclude people whose livelihoods are affected. This issue is still under discussion.

INTER-AGENCY COLLABORATION

UNICEF's coordination work has taken place within the framework of the emergency cluster leadership approach in Ethiopia. UNICEF is the Cluster lead agency for Water, Sanitation and Hygiene (WASH) and co-lead of the Education Cluster with Save the Children UK. Thanks to the work of the Education Cluster, the requirements for education in emergency situations have been recognised and included as part of the national appeal document for the first time in 2010. The Cluster is also working with the Ministry of Education to include elements of education in emergency situations into the Education Sector Development Programme IV of the country. A Sub-Cluster to the Protection Cluster on Child Protection and Gender-Based Violence was established in February 2010, with a shared leadership between UNICEF and UNFPA.

UNICEF continues to work closely with WHO in support of the Health Cluster leadership. UNICEF supports the Emergency Nutrition Coordination Unit under the Disaster Risk Management and Food Security Sector (DRMFSS) that is acting as the Nutrition Cluster lead in Ethiopia. The Nutrition Cluster contributed to the coordination of 27 ad-hoc emergency and monitoring surveys across the country, by conducting quality control of the assessment and report preparation and ensuring that implementation and reporting were in accordance with existing national guidelines. Additionally, the number of TFP beneficiaries estimated by the Cluster was accepted by the government and is reflected in the government's Humanitarian Requirement Document for January-June 2010. For coordinating the response to the refugee population in Ethiopia, UNICEF is a member of the Refugee Task Force headed by UNHCR.

FUNDING REQUIREMENTS

The HAR 2010 requirement amounts to US\$68.7 million, against which US\$17.7 has been received by the beginning of June 2010, which represents only 26 per cent of the funding required. With a gap of 74 per cent, UNICEF will urgently need additional funds to support prevention and response activities to meet the needs of children affected by emergencies in Ethiopia. The period from June to September usually marks the peak period of AWD transmission in addition to being the hunger gap period. A seasonal assessment which will start in mid-June under the government's lead will further evaluate the situation and may result in a revision of humanitarian requirements for the second half of the year. Three quarters of the funding received to date was received from the Japanese and US Governments. In

addition to the funds indicated below received against the 2010 HAR, a total programmable amount of US\$21.3 million was carried over from 2009.

Funds received against the HAR 2010 (US\$)						
Sector	Original 2010 HAR requirements	Revised HAR requirements	Funds received	Funding gap	Additional funds utilized in 2010	Final funding gap
Health	13,200,000	13,200,000	3,220,343	9,979,657	2,814,922	7,164,735
Nutrition	38,000,000	38,000,000	7,105,519	30,894,481	15,546,120	15,348,361
Water, Sanitation and Hygiene	11,500,000	11,500,000	6,847,109	4,652,891	2,881,458	1,771,433
Education	3,460,000	3,460,000	500,022	2,959,978	83,210	2,876,768
Child Protection	1,800,000	1,800,000	0	1,800,000	0	1,800,000
HIV/AIDs	700,000	700,000	0	700,000	0	700,000
Total*	68,660,000	68,660,000	17,672,993	50,987,007	21,325,710	29,661,297

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

EMERGENCY PROGRAMME PRIORITIES: JULY – DECEMBER 2010

As a member of the Refugee Task Force headed by UNHCR, UNICEF ensures that basic needs of children are met in refugee camps and settlements. UNICEF has signed a letter of understanding with the Government's Administration for Refugees and Returnees Affairs and UNHCR to guide its assistance to refugees. During July-December, UNICEF will ensure that Ethiopian children get access to basic health, nutrition, water, sanitation and hygiene, education and protection in the event of emergencies.

Health

- Access to health, nutrition, WASH and emergency referral services will continue to be provided to 1.57 million people in Somali region, and 65,000 in Afar region, by supporting 34 mobile health teams in remote areas of Somali and Afar regions, where no other health services are available.
- Support will be provided to national measles vaccination campaigns commencing October 2010 to reach 14 million children under five. Technical, cash and supplies assistance will be provided for curative and preventative actions in response to AWD and other infectious disease outbreaks.

Nutrition

- As the lead on Nutrition Cluster, UNICEF will support the development and roll out of a nutrition surveillance system to provide timely and accurate information on the nutritional status of children countrywide.
- Around 12 million children and 600,000 pregnant and lactating women will benefit from a series of essential child survival interventions.

Water, Sanitation and Hygiene

- Emergency task forces focusing specifically on prevention activities will be reactivated and strengthened.
- Fifteen thousand severely malnourished children and their caregivers will have access to essential water and sanitation services, thus decreasing impact of AWD on child survival. To this same end, 16,900 children will have access to water and sanitation facilities in schools. An additional 671,000 people will be targeted with hygiene messages in high AWD-prone areas.

Education

- Working with education bureaus, school-in-a-box kits, recreational kits, tents and essential learning materials will be provided to 150,000 children affected by different emergencies who will be enabled to continue with their education.

Child Protection

- The situation of the most vulnerable children will be improved through social welfare programmes, in coordination with the Ministry of Women's and Children's Affairs. UNICEF will continue reviewing contingency plans for a potential refugee situation in western Ethiopia, taking into account the upcoming referendum in the Sudan.