

1. OVERVIEW

Extended dry season in the pastoral areas of Afar, Somali and part of Oromia regions, and below normal rainfall in Amhara, Tigray, part of Oromia and Southern Nations and Nationalities People's (SNNP) regions have resulted in poor seasonal crop production and further reduction in access to water and sanitation. The concomitant impact of climate change, global rise in food prices and the resulting low availability of food internationally have contributed to the onset of the most severe humanitarian crisis in Ethiopia since 2003. Women and children are facing grave humanitarian challenges including malnutrition, Acute Watery Diarrhea (AWD), floods, poor access to health care services and critical water and sanitation shortage thereby compromising the well being of children.

In April 2008, the Government of Ethiopia reported 2.2 million people in need of emergency aid; this figure was raised to 4.6 million people in June. As of October, populations critically affected rose to 6.4 million, out of which one million are estimated to be children under-five. Another 5.7 million people are affected by drought and are supported by the Productive Safety Net Programme (PSNP), out of a total 7.2 million beneficiaries. The situation in the lowlands of Afar, Oromia and Somali is of particular concern, due to drought, floods, epidemics and continued conflict in the Ogaden which increases the vulnerability of over 1.8 million people. More than 84,200 children have been identified to require monthly therapeutic feeding until end of 2008.

2. ISSUES FOR CHILDREN

Nutrition

Currently more than 200 woredas in Somali, SNNP, Oromiya, Amhara, Afar and Tigray regions are identified as being "hot-spots" because of a combination of high food insecurity, moderate to high malnutrition rates and rapid onset emergencies like epidemic outbreak, natural disaster or unexpected conflicts. The current nutrition situation is graded as serious and critical with global acute malnutrition (GAM) and severe acute malnutrition (SAM) prevalence ranging from 7.7% to 23.4% and 2.0% to 4.5% respectively based on recent standard nutrition surveys conducted in vulnerable woredas in SNNPR, Oromia and Afar regions. It is estimated that more than 84,200 children under five years of age will require treatment for severe acute malnutrition each month. New admissions to Therapeutic Feeding Programmes have increased significantly from the onset of the emergency to September with a total of 137,500 new admissions registered so far in 2008. The number of therapeutic feeding sites has increased in 2008 from less than 200 to more than 1,200 with 500 at health post level. However, the programme coverage in the six regions is still low at 56%. The remaining 44% of children, particularly those living in vulnerable areas, currently have no access to life saving treatment for severe acute malnutrition. This situation is aggravated by the food price increase and lack of supplementary/relief food in the country.

Health

Acute Watery Diarrhea (AWD) remains a challenge during the past few months particularly from April to September. The disease is mainly attributed to poor access of safe water supply estimated at 51% and sanitation estimated at 51%, together with poor hygiene practices and limited capacity to contain the disease by adequate regulations and practices. WHO reports a total of 3,710 AWD reported cases and 20 deaths as of 19th of October from 49 districts in six regions and Addis Ababa. Two heavily affected regions are Oromia and Amhara. The actual number of cases is believed to be higher, since the current surveillance system is inadequate due to the low capacity of the Regional Health Bureaus. The national trend shows that the overall number of cases is decreasing, but the geographic coverage is expanding with new districts being affected by the epidemic. The risk of further outbreaks remains high as localized rains and floods continue to be reported. In the Somali region access to healthcare services remains limited with an estimated 60% of the health facilities closed down, due to drought and conflict, and shortage of essential supplies and drugs.

Water, Sanitation and Hygiene (WASH)

Severe water shortage continues to be reported in various parts of the country forcing an estimated 600,000 people to rely on water supplied through water tankering. The extended drought situation in Tigray region has affected an estimated 160,000 people and their livestock in 10 districts of the region.

The response plans to the Somali region's drought situation identified 46 hot-spot districts with critical water shortages. Some of these areas will need water trucking over the coming months. It is the first time in seven years that water tankering interventions had to continue throughout the rainy season in Warder, Korahe, Gode and Afder zones.

Water supply through water tankering has continued in Afar region as well. The rainy season did little to replenish water points and relieve the situation in most parts of the region as rainfall was below normal levels, with a late onset and an early cessation. The low level of functional water points remain a major challenge to access to potable water.

Torrential rains mid-August have caused flooding in Gambella region, affecting some 94,000 people in Itang, Akobo, Abobo, Lare, Gog, Dimma, Jor, Jikawo and Wanthoe districts and Gambella town. About 35,000 have been displaced, including 22,462 children (8,500 girls). Some of the displaced population are located in sites which are inaccessible.

Education and Child Protection

During 2008, drought, floods, AWD and conflict in the Ogaden, Oromia, Amhara and Gambella have forced more than 150,600 children to drop out of school. This, if not addressed, will impact negatively on the achievement of MDG 2 by Ethiopia. At national level, 128 formal schools and 529 alternative basic education centres were reported to have closed during the year of 2008, with some of them serving as shelter for internally displaced persons. Moreover, the severe impact of the rise of food prices on children living in urban and per-urban areas is of great concern.

3. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

In support to the government and in collaboration with local, national and international partners within the framework of the cluster approach, UNICEF actively contributed to the prevention and reduction of child mortality and morbidity due to malnutrition, communicable diseases and the impact of conflict and displacement.

Nutrition

UNICEF undertook one of the largest responses to severe malnutrition ever undertaken globally. Since the beginning of the emergency in April 2008, some 137,500 children have been treated in Therapeutic Feeding Programmes, with the number of those affected likely to increase in the coming months. UNICEF procured a total of 4,542 tons of Ready-to-Use Therapeutic Food (RUTF) in 2008 such as Plumpy'Nut and BP100 (locally and internationally) for the treatment of 100,000 severely malnourished children every month in the drought affected regions (Oromia, SNNPR, Somali, Afar, Amhara and Tigray). As mentioned above, the number of therapeutic feeding sites has increased in 2008 from less than 200 to more than 1,200 with 500 at health post level.

Enhanced Outreach Strategy

For the fourth consecutive year, UNICEF has been supporting the Enhanced Outreach Strategy (EOS) for child survival. Under this strategy, 11 million children (with coverage of 93.8%) were supplemented with vitamin A, an increase from 1.3 million children reached in 2004. 7.9 million children (with coverage of 99%) received de-worming tablets again an increase from 855 thousands reached in 2004. In addition, 78,000 children screened (2.4% out of the screened) with severe acute malnutrition were referred to inpatient and outpatient therapeutic feeding programmes. An additional 464,000 children and women (9.6% and 24.8% respectively) with moderate malnutrition were referred to targeted supplementary food programmes supported by WFP. The second round of the EOS will start nationwide at the end of October 2008.

Management of Severe Acute Malnutrition

UNICEF is supporting the Ministry of Health and NGOs in the management of severe acute malnutrition to more than 1,200 therapeutic feeding programmes (in and out-patient totalling a treatment capacity of more than 65,000 cases every month). Therapeutic food, essential drugs and equipment have been provided in addition to support for capacity development of the national health staff, provision of logistics and technical assistance.

The development of the health extension programme since 2004 has resulted in the deployment of 24,000 health extension workers across the country – two in each Kebele. An additional 6,000 are to be deployed in December 2008. These health extension workers are providing health services to the population as well as supporting the emergency health and nutrition response activities. In June 2008, The Federal Ministry of Health decided to decentralize at health post level the treatment of children suffering from severe acute malnutrition without complications. UNICEF, together with other partners, supported the development of training guidelines and of a manual on the management of severe acute malnutrition in local languages. Technical support was provided through training of 447 health post supervisors and 3,762 health extension workers deployed in the 100 worst affected districts in Oromia and SNNP regions. Decentralization of the

treatment of severe acute malnutrition has increased the MoH national treatment capacity to 65,000 cases a month presently, from the 25,000 cases a month at the end of 2007.

However, UNICEF and nutrition cluster members are faced with projected shortages of RUTF due to the low supply capacity at global level. Ethiopia urgently needs an increased amount of therapeutic food to scale-up the coverage of treatment centres since the number of children needing assistance remains substantial and the prospects for 2009 are of concern.

Nutrition cluster support

UNICEF continues to support the cluster coordination leadership in nutrition through the federal Emergency Nutrition Coordination Unit (ENCU) and five regional ENCUs in Amhara, Oromia, SNNP, Somali and Tigray regions. The ENCU is leading and facilitating information sharing and coordination of nutrition response by humanitarian partners.

Health

UNICEF has supported Regional Health Bureaus with the provision of drugs, medical supplies and technical assistance. Together with the Regional Health Bureau of the Somali region, UNICEF supported the deployment of 15 mobile health and nutrition teams to provide the population in the conflict affected areas with access to health services. The teams provided more than 170,000 patient consultations since January 2008; 40% of the patients were children. In response to the AWD outbreak in 2008, UNICEF provided Ringers lactate and ORS to the affected regions, in addition to 33 case treatment centre kits, which allow for the treatment of 330 in-patients and more than 500 out-patients per day. UNICEF technical assistance supported the establishment and management of Case Treatment Centres. Water purifying chemicals and various sanitation supplies in support of water-borne diseases prevention activities at community level were provided. UNICEF, WHO, PSI and Regional Health Bureaus conducted AWD prevention and case management trainings in Gambella, Amhara, Somali, SNNP regions benefiting 160 health workers. Moreover, case management, prevention and communication activities were facilitated through joint UNICEF/WHO and Regional Health Bureaus efforts. While the total number of reported cases is decreasing, the epidemic trend shows a geographic spreading, particularly as the progression of the rains heads south, generating localized flooding.

Water, Sanitation and Hygiene

In the Somali region, 40 out of the 140 water trucks proposed in the regional bureau WASH response plan are deployed, with UNICEF and NGOs support. UNICEF planned to support 38 water trucks but this had to be revised downwards to 20 trucks due to financial constraints. The Somali Disaster Prevention and Preparedness Bureau (DPPB), with support from UNICEF, deployed 20 trucks to deliver water to communities living in severely drought affected woredas in Fik, Afder, Degehabur and Warder zones. Water tankering in the region is constrained by restriction of water points, increased price and availability of diesel. UNICEF is supporting the Somali Regional Water Bureau to rehabilitate 28 non-functioning boreholes and for the building of five new boreholes that will benefit 49,500 people.

In Oromia, Somali and Afar regions, UNICEF supports the provision of clean water through water tankering benefited approximately 215,000 people in 2008 so far.

The WASH programme continues to support the establishment of basic sanitation and hand washing facilities and water points in selected case treatment centres and Therapeutic Feeding Centres, including the deployment of 10 water treatment (EMWAT) kits in SNNP region and Oromia.

As cluster lead for WASH, UNICEF has improved the coordination of WASH responses particularly at federal level. Weaknesses on coordination at regional level are being addressed through capacity building with emphasis being given on AWD surveillance, response and communication as it relates to environmental sanitation and hygiene.

In Gambella region, water purification chemicals, 10,000 insecticide treated nets, ORS and various non-food relief items including shelter and household utensils were provided to benefit 30,000 people displaced by floods through the UNICEF's decentralized emergency pre-positioning strategy.

Education and Child Protection

Some 43,630 emergency-affected school aged children are being supported across the country to have access to education. UNICEF provided 497 school furniture, 362 school-in-box-kits, 80 Aluronda tents to establish 36 temporary learning centres, and psychological training to 240 Parent-Teacher Associations in Somali, Gambella, Oromia, Amhara, SNNP and Tigray regions. In addition, to enhance the national capacity

to support education activities in emergencies, the Ministry of Education supported by UNICEF and SCF-UK is establishing the Education Humanitarian Cluster.

4. FUNDING REQUIREMENTS AND RECEIPTS

UNICEF received US\$43,637,601 against the 2008 Humanitarian Action Report (HAR). Another US\$23.6 million has been received as a loan from the UNICEF Emergency Programme Fund (EPF). UNICEF Ethiopia expresses its deep gratitude to the donors and partners that have provided valuable funding.

**Table 1: Funds received against the UNICEF Humanitarian Action Report
As of October 2008**

All figures in USD

Appeal sector	Revised Requirements**	Funds received	Funding Gap**	% Unfunded
Health	9,700,000	7,222,068	2,477,932	25
Nutrition	43,300,000	29,335,812	13,964,188	32
WASH	6,500,000	5,161,482	1,338,518	20
Child Protection	2,150,000	632,844	1,517,156	70
Education	1,500,000	498,353	1,001,647	67
Emergency Shelter	2,000,000	787,042	1,212,958	60
Total*	65,150,000	43,637,601*	21,512,399	33

* 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.

** Revised requirements (and funding gaps) based on the latest Revised Humanitarian Requirements (Government-partners joint documents) of October 14, 2008.

Table 2: Funding priorities as of October 2008

URGENT FUNDING REQUIREMENTS		
Sector	Beneficiary coverage	Funding requirements (In USD millions)
1. Therapeutic food and management of severe acute malnutrition	100,000 children	12.0
2. Water and sanitation support to case treatment centres and therapeutic feeding programmes	300 centres (Benefiting up to 20,000 children)	1.0
3. Medical supplies and drugs to support 36 mobile teams in the Somali region	1.2 million people	1.8
4. Education materials and rehabilitation of schools in conflict and flooded areas	20,000 school children	1.0
5. Shelter and non-food relief items in flood areas	4,000 households	1.2
Total*		\$17.0

*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.

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

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