

## UNICEF HUMANITARIAN ACTION

# ETHIOPIA

DONOR UPDATE

6 May 2005

**Currently 136,000 children in the most vulnerable areas are severely malnourished. In the update of the Joint Humanitarian Appeal of 4<sup>th</sup> May 2005, UNICEF requires a total of US\$ 54.6 million of which US\$ 13 million is needed within the next 60 days to:**

- **Scale up therapeutic feeding programmes to save the lives of 80,000 to 170,000 severely malnourished children**
- **Provide supplementary feeding for 360,000 moderately malnourished children together with WFP**
- **Provide non-food items such as blankets, plastic sheeting, water purification materials for 105,000 people affected by flooding in Somali region**
- **Provide funding for key child survival interventions such as water and sanitation, malaria control, drugs and equipment to reduce the threat of common diseases such as acute respiratory infections, diarrhoea, measles and meningitis immunization.**

### 1. EMERGENCY OVERVIEW AND ISSUES FOR CHILDREN

#### Humanitarian situation

The delayed and inconsistent *Belg* (short) rains in parts of the country have resulted in poor agricultural production and limited pasture and loss of livestock in pastoralist areas. These areas largely constitute areas that were badly affected in the 2002-2003 drought and have hardly recovered from repeated shocks. The rise in malnutrition is a reflection of worsening vulnerability at household level, a process which the Food Security and Productive Safety Net program was designed to prevent, but alone, is unlikely to stop at this late stage. Water scarcity and very poor hygiene conditions together with localized measles outbreaks have been the major aggravating factors of a very poor nutrition and health status of communities, especially children in various regions of the country.

Results coming in from the UNICEF/WFP supported Enhanced Outreach Strategy / Targeted Supplementary Feeding (EOS / TSF) are confirming alarming levels of malnutrition in a significant number of hot spots around the country. The EOS conducted in January-April 2005 in half of all vulnerable areas screened a total of 3,566,680 children and identified 60,000 children suffering from severe acute malnutrition and 190,000 suffering from moderate acute malnutrition. This prevalence of malnutrition - 7% Global Acute Malnutrition and 2% severe Acute Malnutrition - if extrapolated to all vulnerable areas gives a present caseload of 136,000 children requiring immediate therapeutic feeding care to avoid high mortality associated with severe acute malnutrition (1).



(1) The expected mortality from untreated Severe Acute Malnutrition, globally is in the range of 20 to 50%

Currently 136,000 children in the most vulnerable areas are severely malnourished and may add to an estimated 370,000 children if conditions do not improve. Severe Acute Malnutrition rates are double the national average in vulnerable areas, and have reached critical levels of 4% in some areas. The January to April period would normally be one where food is in reasonably plentiful supply, and malnutrition rates would be lower than they are being reported at present. This is a life threatening situation, unless intensive nutritional support and care is provided immediately and in a scaled up and sustained manner. Requirements include procurement of anthropometric material, therapeutic products and drugs that are part of the protocol, training of health workers and operational costs.

**Without treatment 80,000-170,000 severely malnourished children may die in 2005**, a death rate that could be accelerated if additional shocks and other diseases such as measles, diarrhoea and pneumonia, are not prevented or treated rapidly. Currently, there is national capacity to meet the needs for treatment of 3,000 severely malnourished children and urgent resources are required to scale up treatment capacity to 19,400 at any given time.

A major additional concern is that global acute (moderate) malnutrition rates are also well above emergency threshold levels in a large number of woredas reaching levels of over 20% in numerous hotspots. **This includes 360,000 children with moderate malnutrition who will soon become severely malnourished if not treated urgently. If adequate funding is not secured over the next 8 months the total caseload of moderately malnourished children could reach over a million.**

As a result of strengthened information for early warning, there is now a window of opportunity for donors to provide urgently needed funding support to stave off a major crisis.

Another immediate priority is to respond to the flooding in the Somali region, which is reported to be the worst in the last fifty years. UNICEF has dispatched supplies to cover the needs of 50,000 people (in conjunction with Government, the ICRC, MSF-B, OCHA) on the assumption that over the coming days it is expected that the number of people in need of assistance could rise. To date, nearly 100 people have been confirmed dead while more remain missing. Initial assessments confirmed about 21,000 households or **105,000 people** have been heavily affected and lost houses and properties. Some areas have not been able to report damages yet because of lack of any kind of communication. It is estimated that the final toll may exceed 30,000 households affected or about **150,000 people**.

Even though 2 border / barrier Polio immunization rounds had been conducted, the Polio outbreak from Sudan spread to North Western Ethiopia with 2 cases of Wild Polio Virus reported in Western Tigray region in December 2004 and an additional 4 cases ( 3 from Western Tigray and 1 from North Gondar in Amhara region) confirmed at end of April 2005 . This is requiring mass immunization and intensified surveillance to prevent further spread of the virus to other parts of the country.

Sporadic meningitis outbreaks have affected 18 woredas of 6 regions, with a total number of reported cases of 519 and 58 reported deaths.

The major transmission season for malaria is expected after the main rainy season (end of August onwards). Although it is difficult to predict with accuracy the evolution of the malaria caseload later in the year, SNNP region reported a sporadic higher than expected caseload in some woredas for the first months of the year. In previous years, malaria epidemics and/or significant outbreaks of malaria have been experienced. Malaria causes 20% (or 95,000) child deaths on a yearly basis in Ethiopia, a level that could go much higher in the presence of high levels of acute malnutrition. Funding is required now to ensure the availability of anti-malarial drugs and Insecticide Treated Nets (ITNs) to prepare for, and ensure a response capacity is in place over the coming few months.

Scarcity of water is one of the major factors in the evolution of almost all health and nutrition emergencies referred to in this update. For Somali and Afar regions it was the prolonged dry season that forced people to migrate and livestock to perish. For most of the affected communities in other regions, poor access to safe water and sanitation increases dramatically the risk of diseases, increases the workload of women and accelerates the rate of nutrition deterioration.

The water and sanitation emergency program is targeting 203 water scarce districts with a population of 25 million. The recent assessment in all the regions has identified 2.6 million people in need of urgent and life-saving water and sanitation interventions, representing an increase of 1.4 million people suffering acute water scarcity and prone to water borne disease since end of 2004. This high at risk population corresponds closely with the 26 hotspot areas. The interventions foreseen are emergency water supply through water tankering, purification, rehabilitation and new construction; and sanitation and hygiene promotion focusing on communities, health institutions and schools.

## **2. UNICEF RESPONSE: ACTION AND IMPACT**

- Through the EOS / TSF -the largest partnership between UNICEF and WFP ever launched in Ethiopia, with requirements of over \$ 60 million per year- 3.9 million under-five children were reached during the past 10 months. In 2005, 3.5 million children have received vitamin A supplementation; 3.1 million children have been

de-wormed; 278,000 non immunized children have been vaccinated through the measles catch up activity. 24,000 families with either pregnant women or children under five years of age received a treated mosquito net. The EOS was first rolled out in SNNPR in April of 2004. In 2005, EOS campaigns have been undertaken in SNNPR, Tigray, Amhara, Oromiya, Harare, Dire Dawa and is currently taking place in Somali Region.

- UNICEF supports 38 therapeutic feeding facilities run by NGO and government.
- A massive phased measles campaign initiated in November 2002 and finalized in July 2004, covered nationwide all children 6-14 years of age (close to 29 millions) with support of WHO and UNICEF. Gambella was the only region not covered due to the insecurity. In early 2005, outbreaks of measles were reported in Gambella, Afar and East Hararge in Oromya region. These districts had either never been covered (Gambella) or had been covered in December 2002- January 2003 (Afar and East Hararge) and due to their low routine coverage have accumulated a high number of susceptible children. Measles immunization, de-worming and Vitamin A supplementation have started in Gambella and will be conducted early June in Afar and East Hararge (2). A total of 800,000 children are expected to be reached.
- Even though 2 border/ barrier Polio immunization rounds had been conducted covering 3,5 million children, the polio outbreak from Sudan spread to North Western Ethiopia with 6 confirmed cases. This is requiring mass immunization an intensified surveillance to prevent further spread of the virus to other parts of the country.
- Additionally, meningitis outbreaks have occurred in 6 regions with 518 reported cases and 58 deaths. UNICEF procured over 2 millions of vaccines doses / injection material for 2005.
- The major transmission season for malaria is expected after the main rainy season starting in September October. It is difficult in April to predict with accuracy the evolution of the malaria caseload later in the year. However one region, SNNPR, reported a sporadic higher than expected caseload in some districts for the first months of the year which need to be followed. It is expected that Somali region, especially the areas affected by the present floods, will require rapid support for both prevention and provision of adequate treatment (Co-Artem) in sufficient quantity.
- The water and sanitation program through a recent assessment in all the regions has identified 2.6 million people in need of urgent and life-saving water and sanitation interventions. UNICEF has launched its largest water tankering operation in the Somali region supplying water to over 130,000 people a day with trucks.
- In response to the floods in Somali region and following regional and federal government appeals for shelter items for flood affected people, most of UNICEF pre-positioned stocks in the country were mobilized to respond to this crisis. Between 28<sup>th</sup> April and 2<sup>nd</sup> May, 20,000 blankets, 250 rolls of plastic sheeting, 1,250 cartons of BP5 emergency ration, 10,000 jericans, 20,000 bars of soap, 15,000 cups, 10,000 plates, 5,000 jugs, 4,000 cooking pots and large quantities of water purification chemicals were dispatched by road from Addis Ababa to Dire Dawa, from where they will be airlifted to the flooded areas. One Water Expert has been deployed to Gode, in the center of the most critical area, to train zonal Staff and communities in water purification techniques. One water purification plant pre-positioned in Gode will supply clean water to about 5,000 people, while the damaged pumping stations are being repaired.

### **Priorities for Child Survival - May to July 2005 -**

Given the rapid and large-scale deterioration in the situation, UNICEF has identified a few priority interventions to be undertaken over the next 3 months. The intention is to focus on a few key interventions that directly support child survival. The Health / nutrition priority actions are:

- Reducing the threat of malnutrition through i) Strengthening of nutrition surveillance and coordination of the nutrition response ; ii) a second round of EOS in Oromya , Amhara , Tigray, SNNPR ( third round ), a total of 3,5 millions children will be covered ; finalization of the first round in Somali region . iii) Technical support, equipment, and consumables to rapidly double the capacity to manage children with severe acute malnutrition ( scale up treatment capacity from 3000 to 6000 at any moment in time).
- Reducing the threat of immunizable diseases particularly measles through a measles / Vitamin A / de-worming campaign for 800,000 children in Gambella, Afar , East and West Hararge.
- Reducing the threat of common diseases (ARI , pneumonia , diarrhoeal diseases) by provision of Essential drug kits , logistics and cash support for outreach mobile Health services with particular focus on children in pastoralist areas (Afar and Somali) .
- Reducing the threat of malaria through distribution of Long Lasting Impregnated Nets (LLINs) through the EOS in malaria prone districts of SNNPR, Amhara, Harar and Dire Dawa (covering 350,000 families with children under five years of age and/or pregnant women). Supporting the Ministry of Health and the Regional Health Bureaus in developing a Malaria treatment plan with the new ACT drugs and supporting the availability and accessibility of Co-Artem treatment in critical areas such as the flooded zones of

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(2) Delay in campaign initiation due to Polio NIDs and election period

Somali region (targeting > 100,000 people). Facilitating through procurement services the nationwide increase in ITNs coverage in Ethiopia.

- Supporting the Ministry of Health in the second round of Polio National Immunization Days (NIDs) - planned for the third week of May, covering 14,5 million children- through provision of OPV vaccines, operational costs and technical assistance at national and sub-national levels.

The water and sanitation priority actions planned are:

- Water trucking for 140,000 people, rehabilitation of schemes for 45,000 people, construction of new schemes for 85,000 people, provision of water purification materials for 50,000 people
- Improving sanitation provision for 100,000 people and hygiene education for 250,000 people
- Keep preparedness and pre-positioning for water supply and sanitation needs of 100,000 people
- Capacity building of partners at all levels in emergency preparedness and response through coordination, training and equipment supply.

### 3. 2005 REQUIREMENTS AND RECEIPTS

Based on the original 2005 Joint Humanitarian Appeal issued in December 2004, on 4<sup>th</sup> May 2005 the Government and the UN launched a flash update of the same Appeal, where UNICEF increased its total funding requirement to about **US\$ 54.6 million** to undertake emergency interventions in the sectors of Health, Nutrition, Water and Sanitation. The table below indicates the funding level and shortfalls of UNICEF requirements versus the revised Appeal by sector:

Table 1: TOTAL CONTRIBUTION BY SECTOR AGAINST THE 2005 REVISED APPEAL AS AT 4 MAY 2005				
PROGRAMME	UNICEF budget in revised Appeal 05	Amount Received	% Funded	Funding Gap
Health & Nutrition	39,691,401	8,137,848	20.5	31,553,553
Water & Sanitation	15,000,000	1,975,870	13.2	13,024,130
<b>GRAND TOTAL</b>	<b>54,691,401</b>	<b>10,113,718</b>	<b>18.5</b>	<b>44,577,683</b>

The table below shows the total funds received against the 2005 Appeal by Donor - an additional contribution from SIDA (Sweden) is expected, but still to be confirmed:

Table 2: TOTAL 2005 EMERGENCY CONTRIBUTIONS BY DONOR AS AT 4 MAY 2005		
Donor	Total amount (US\$)	Sectors
Netherlands	3,515,000	Health, Nutrition, Water, Sanitation
ECHO	3,268,320	Emergency Epidemic Malaria Control
DFID (United Kingdom)	1,886,790	Health, Nutrition (EOS)
NORAD (Norway)	1,111,111	Health, Nutrition, Water, Sanitation
ECHO	332,497	Water, Sanitation
<b>Total</b>	<b>10,113,718</b>	

Funds were also received for regular programmes outlined in the HAR: US\$ 133,000 from DFID for Mine Risk Education and US\$ 20,161 from the Canadian National Committee for UNICEF for education.

The table below lists the current priority projects and related urgent funding needs:

Table 3: IMMEDIATE REQUIREMENTS AS OF 4 MAY 2005		
Project	Purpose	Requirements - USD
<b>Nutrition</b>	Support to treatment of severe malnutrition, technical support and training, emergency nutrition surveys	3,000,000
<b>WatSan</b>	Emergency water purification, water tankering, rehabilitation of schemes in hot spot areas, provision of clean water and sanitation in health and feeding centres in affected areas.	4,000,000
<b>EOS</b>	Support to the forthcoming rounds of the EOS in Oromyia, Ahmara, Tigray and SNNP targeting over 3.5 million children.	4,000,000
<b>Health</b>	Support to mass vaccination campaigns, provision of emergency drug kits, malaria prevention programs	2,000,000
<b>TOTAL</b>		<b>13,000,000</b>

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