

# UNICEF HUMANITARIAN ACTION UPDATE

## ETHIOPIA

13 MAY 2008

### UNICEF IS RESPONDING TO THE URGENT NEEDS OF CHILDREN AND WOMEN IN DROUGHT-AFFECTED PARTS OF THE COUNTRY

- Widespread drought conditions affect over 3 million people in the Somali region and Lowland zones of Oromia, SNNPR and Afar regions. Over 2 million people are in need of immediate water assistance.
- Nutrition situation of children in the Oromia and SNNPR regions have reached full-blown emergency levels.
- 1.4 million people in the Somali Region continue to be affected by restricted access, including 250,000 under-five children, affecting their survival and well-being.



## 1. OVERVIEW

This year's emergency situation is associated with the unfavourable weather situation in the country, as well as the insecurity and reduced access in the Somali Region. The impact of the drought in Ethiopia has so far been most severe in pastoral areas of Somali as well as in the Oromia and SNNPR regions following two consecutive poor rain seasons. There are also increasing concerns in Amhara and Tigray Regions. The increasing drought will leave more than 2.2 million Ethiopians struggling to survive without sufficient food, health, nutrition and care and extremely high levels of severe malnutrition are now reported in the very short term. The number requiring humanitarian assistance is likely to increase further.

Some rains have been reported but weather forecasts indicate that these are unlikely to replenish water sources and pasture and carry pastoralists through to the next rains in October 2008. Over 2 million are estimated to be in need of immediate water, hygiene and sanitation assistance. Moreover, the arrival of rains in some areas is likely to signal the beginning of outbreaks of acute watery diarrhoea (AWD) and other types of diarrhoeal diseases as already witnessed in Amhara. This is linked to the very poor sanitation and hygiene status in many parts of the country, limited access to safe water, and concentrations of displaced people. The vulnerability of the population to diarrhoeal diseases is greatly increased by their poor nutritional status; children are especially at risk.

## 2. ISSUES FOR CHILDREN

### Malnutrition

Malnutrition rates have recorded a steady increase in all drought-affected Regions of the country. In January/February, nutrition surveys presented findings averaging GAM of 10% and SAM below 1%. Two months later (April surveys) the GAM had risen to 12.8% and SAM 3.1% (Concern, Dugna Fango and Damot Woyde Survey). The recorded trends show that the situation is rapidly worsening. Immediate action is urgently required.

In the **Somali Region**, drought and critical water shortages in several parts of the region have exacerbated the already complex humanitarian situation. Access to food is reportedly highly constrained due to the poor milk production, weak market for livestock and soaring food prices. Malnutrition rates according to the food security indicators recently published are likely to deteriorate if preventive interventions do not start immediately. In the Warder Zone of Somali Region, the therapeutic feeding program is currently treating 83 severely malnourished children compared with 6 admitted early April indicating an extremely precarious situation.

According to reports from the regions coming from the Health authorities, the DPPB, the UN and NGOs partners, the nutritional situation is rapidly deteriorating in **SNNPR Region**. The levels of severe acute malnutrition assessed through nutritional surveys have increased from 0.6% in February 2008 to 3.2% currently. 6,206 children are currently treated in feeding programs supported by government health centers and the NGOs IMC, Concern, GOAL, Samaritan's Puse, ACF, World Vision, IRC and SCF-US. Partners are reporting rapidly deteriorating nutritional status of children with some severe adult cases also starting to appear, a situation unseen since the peak of the 2003 disaster.

In **Oromia**, similar trends have been reported. In Siraro, because of the failure of rains in two successive seasons and the inability of the safety net to provide enough support, extremely high levels of severe acute malnutrition are now reported on both children and adults. Over 2,300 children have been admitted in only one therapeutic feeding program, of which 39 deaths have already been recorded in the last 2 weeks.

The situation is the worst witnessed since the major humanitarian crisis of 2003. The problem of acute malnutrition could further worsen with adverse weather conditions. The capacity of the government and partners to prevent children from falling into severe acute malnutrition is

extremely challenged with major shortages of food aid resources as well as supplementary blended food in the country.

Malnourished children and mothers are amongst the most vulnerable. Malnourished children are most at risk of opportunistic diseases, such as measles, acute watery diarrhoea (AWD) and meningitis, and the impact of the onset of the rains in limited areas will increase the risk of acute watery diarrhoea epidemics.

### Health situation

The main emergency health issues concerning children vary across and within regions, with the most negatively affected children in the drought affected communities of Somali, SNNPR and Southern Oromia areas. Vulnerable communities in these areas have suffered from serious outbreaks of measles, sporadic cases of diarrheal disease, meningococcal meningitis and fever cases are on the rise caused predominantly by pneumonia and more recently, upsurges in malaria. With the onset of the rains, there are signs that AWD and malaria outbreaks are spreading to other parts of Oromia and SNNPR and may spread rapidly across Ethiopia in the next five months.

Measles outbreaks have occurred in Somali and southern parts of Oromia, with a total cumulative number of 6,889 cases since November 2007. Of these 6,080 cases were in Guji zone of Oromia. The majority of these cases have been among children under the age of five, although older age groups have also been affected, necessitating an emergency response measles campaign for children under the age of 15. Without further measles vaccination campaigns cases are likely to increase in other areas, potentially affecting thousand of other children across the country.

During the dry season AWD has decreased with reports of sporadic outbreaks. However as the rains start spreading northwards, case loads have suddenly begun to increase, and show a similar seasonal and geographical pattern as for 2007, where over 50,000 cases were reported, of which at least 10,000 were children. Immediate action is needed for both preventative and case management to contain the spread of AWD as the rains spread and intensify.

WHO published an alert that the meningococcal meningitis belt across Africa was likely to experience a serious meningitis outbreak in 2007 and 2008. In Ethiopia a total of 387 cases have been reported with 15 deaths since 17 March 2008, which is equivalent to a normal none-major epidemic year. The start of the rains is expected to reduce cases from now on. However, at the end of the rains in October 2008, there is an even higher risk of a serious large meningitis epidemic, and a plan for case management should be implemented as soon as possible, including improved diagnosis and preparedness for a larger scale immunization campaign.

Higher than average minimum temperatures, increased malnutrition rates, and conducive conditions for *Anopheles* breeding sites in Sidama, Illuababor and Wolyiata zones of SNNPR have resulted in increases in malaria cases in a number of villages. These are the first localized upsurges in malaria reported since the last major malaria epidemic that occurred across Ethiopia between 2003 and 2005. Since 2005 Ethiopia has seen a massive roll-out of 20 million long-lasting insecticide-treated nets (LLITN), and the introduction of the new effective anti-malaria drug Artemether-Lumefantrine which has helped reduce the overall national malaria burden. Despite these substantial successes, low utilization rates of these interventions in localized areas, coupled with environmental conditions favoring malaria transmission and low immunities of people, could lead to localized malaria outbreaks. These would especially affect three high risk groups: children under five, pregnant women and HIV-positive people. The malaria control program now has to prioritize epidemic prevention and containment.

Children living in the conflict area of the Somali Region (Ogaden), parts of Afar and Gambella are at risk of health deterioration resulting from weaknesses in health care services. Special attention is required in these areas, to provide "catch-up" campaigns such as Enhanced Outreach

Strategy<sup>1</sup> (EOS), immunization, and LLITN distribution campaigns to “fill” in gaps resulting from breakdown of regular health services.

### Access to water and sanitation

Access to safe water is a significant problem in the country with approximately 46.5% of the rural population having access to water supply from protected sources even under the best of conditions. In Somali region, the failure of the Dayr rains in October-December 2007 and increasing demand for water has left most traditional water sources dry and the water scarcity is reportedly affecting an estimated total of 1.2 million people. In addition, in the Ogaden area, the counter-insurgency operations, restrictions on movement and a consequential increase in fuel costs (up to 50 percent in last six months) have made it much more difficult for rural communities, government staff and NGOs to maintain water sites and pump water from the deeper boreholes on which the majority of the population depends. It is estimated that at the moment, up to 60-70 percent of deep boreholes in the region are not functioning.

Meanwhile in Oromia region, water shortages are the predominant problems in the lowlands of the region for both human and animal consumptions due to the extended dry spells in the region. Consequently, people and livestock have been compelled to exercise continued mobility in search of water. Water and sanitation related diseases are widely anticipated in the drought-affected areas due to usage of unclean water and excessive concentration of people at the limited water points. According to the recent assessments, an estimated 450,000 people in Oromia region need immediate water supply and sanitation intervention. Increased cases of diarrhoea have been reported in some parts of the region.

Similarly, the failure of two successive rains in some parts of Afar and lowlands of Amhara and Tigray regions left large number of people in acute water shortage. Report on recent rains in Amhara indicated the improvement of water availability. However, quality of water remains a major challenge due to contamination of ponds by remnant of dead animals stricken by the drought as well as confirmed cases of diarrheal disease have been reported in Amhara.

In SNNPR too, there are reports of severe water shortages in Boricha *woreda* of Sidama zone and Alba special *woreda*.

### Education and child protection

In Somali region, the increased levels of conflict in the Ogaden area expose women and children to violence. The occupation of a number of health facilities and schools by the armed forces contribute to limited access to essential services and expose children to abuse. High school drop outs and school closures are widely reported due to the ongoing conflict and drought conditions. As a result, 42 formal schools and 507 alternative basic education centers are closed, and consequently 12,600 students from the formal schools and 25,420 students from the alternative basic education centers are denied the right to education. In the three most affected zones of the Oromia region, 13,279 students have dropped out due to movements of families in search of water and food.

High levels of school drop-out due to drought conditions in Oromia, SNNPR and Tigray have also been reported.

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<sup>1</sup> 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

### 3. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

#### Nutrition

In Somali region, some 226,326 (92.5%) children received at least one dose of vitamin A supplementation and 145,363 (86.7%) children were de-wormed as a part of the child survival package under the Enhanced Outreach Strategy (EOS) in 17 non-conflict *woredas* (4 were without nutritional screening). In Oromia region, a 97% coverage in supplementation of vitamin A and 97% vaccination coverage for measles for children under five has been achieved during the November-December 2007 EOS campaign. De-worming activities stand at 105% coverage as compared to plans, resulting into encouraging impacts on the most vulnerable segments of the community.

The situation requires a rapid scale-up of emergency nutrition support activities in SNNPR and Oromia where thousands of severely malnourished children under treatment need continued support in terms of Ready-to-Use Therapeutic Food (RUTF). UNICEF is supplying the Regional Health Bureau for NGO programmes with RUTF, anthropometric equipment and drugs. In the last three months, UNICEF has supplied 15.8 metric tons of F75 therapeutic milk, 305 metric tons of BP100 and 70 metric tons of RUTF through the government and NGO partners, for the treatment of 25,000 severely malnourished children.

Resources are urgently needed to procure over 900 metric tons of RUTF to support children during the next 6 months, and support the Emergency Nutrition Coordination Support Unit of the DPPA in charge of the coordination of all emergency nutrition activities in the country.

UNICEF is the cluster lead agency 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. ENCU is providing technical support to ensure that standard nutrition surveys are conducted in different regions. In January/February, the nutrition surveys presented findings averaging GAM of 10% and SAM below 1%. Two months later (April surveys) the GAM had risen to 12.8% and SAM 3.1% (Concern, Dugna Fango and Damot Woyde Survey). To date, a total of 13 NGOs have started to respond in 77 *woredas* in the Somali, Oromia and SNNP Regions affected regions and UNICEF has been providing technical guidance and is aiming at increasing its capacity to provide technical assistance and coordination in the various regions.

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 to over 20,000 severely malnourished patients every month. 165 health centers and hospitals and two medical universities (Jimma and Gondar) were strengthened with training and supply provision. The national guidelines were revised in March 2007 to incorporate the latest scientific knowledge including the outpatient management of Severe Acute Malnutrition. This capacity is being fully tested with the current crisis and it is essential that support is provided in terms of technical assistance, supplies and operational costs.

#### Health

In Somali region, the first phase of the response was initiated in November 2007, when UNICEF successfully advocated for the restocking of 53 health facilities to support 245,000 people for 6 months. This included emergency drug kits, medical equipment, nutrition products and water treatment chemicals to 10 hospitals and health centers as well as 43 satellite health posts. This phase could only be concluded in January 2008, due to access and security problems. The objective of the restocking was to create better access to basic health care services for an estimated population of about 1.2 million people. UNICEF also provided 15 health post kits to Korahe zone of Somali region to assist in reopening 14 non-functioning health posts. To date, ten posts have been made operational, of which seven are further assisted by *Médecins du Monde* (MDM).

In Oromia region UNICEF has dispatched 5 essential drugs kits to affected districts of Borena zone. These kits enable to respond to any disease outbreak and each kit can help 2,500 people for 2 months.

The Somali Regional Health Bureau, with the support of UNICEF and WHO completed a measles campaign (with Vitamin A supplementation and polio vaccination) in all *woredas* of the region targeting 783,718 under five children. Administrative results indicate 91% coverage although an independent coverage survey will review such results. UNICEF provided the bulk of financial and technical support to the Regional Health Bureau amounting to over US\$ 1.1 million. Meanwhile, in response to the increasing number of measles cases in the lowlands of Oromia (Borena, Guji and part of Bale), a catch-up measles campaign has been launched targeting 1.6 million children between 6 and 59 months.

A total of 15 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. The first five teams started functioning during the third week of November 2007 while the deployment of the remaining 10 teams into the military operational *woredas* of the Ogaden was possible after negotiations with the authorities in the first week of January 2008. UNICEF was able to allocate the necessary drugs, therapeutic food and water purification items to the teams. These mobile teams are giving health services in catchment areas where about 1,000,000 people live for a period of six months. UNFPA has partnered with UNICEF to provide training of the teams in emergency obstetric care and reproductive health and has also supplied emergency delivery kits to all teams.

The overall impact of the 15 Mobile Health and Nutrition teams that have been now deployed for the first three months of 2008 was reviewed and preliminary results show that the total number of patients treated by the teams during the period was 47,175 (i.e. an average of 1,210 patients per team per month, though some teams have started late due to authorization-related issues). Among the total number of patients, 20,985 (44%) were children under the age 5 years. The teams also referred and evacuated a total of 55 patients to the closest hospital often ensuring transport. Most of these cases were children with severe malnutrition and associated disease or for pregnant women with obstetrical complications. The most common causes of diseases and patient consultations were diarrheal diseases, other water scarcity linked diseases, respiratory tract infections and malaria. For 1,297 outpatients the reported reason for consultation was described as trauma, of which 299 were linked with physical violence.

Prevention and case management of diarrheal diseases needs to be prioritized immediately. In 2007 UNICEF was the main provider of AWD supplies and cash assistance, mainly to Regional Health Bureaus (RHBs) in collaboration with WHO. Good successes in lowering the CFR (<1 %) were achieved where NGOs rendered assistance to RHBs (that utilized UNICEF supplies, operational funds and technical assistance) including management of CTCs. In areas where there were no NGOs, UNICEF has provided CTC kits, Ringers Lactate, ORS and assisted the RHBs to establish and manage the CTCs. Another important input from UNICEF has been the multi-sector coordination of diarrheal disease prevention and response.

In 2007, UNICEF procured 600,000 doses of meningitis vaccines, which have been utilized to vaccinate hundreds of thousand of people living in communities affected by meningitis outbreaks, especially in the SNNPR.

UNICEF has also been a leading supporter of the national malaria control program by providing strategic assistance within a substantially scaled-up program supported by the GFATM, World Bank and Carter Centre. Of the 20 million LLINs distributed since August 2005, over 14 million were procured by UNICEF (US\$ 3.7 million using UNICEF program funds). UNICEF also provided strategic support for LLIN delivery to millions of malaria affected homes, and provision of social communication for increased utilization rates. In addition the majority of Artemether-Lumefantrine and RDTs in Ethiopia have been procured by UNICEF. This large scale-up of

malaria intervention has contributed to a 50% reduction in overall burden of malaria across Ethiopia. However, preventing and containing localized malaria upsurges is now a priority.

### Water, Sanitation and Hygiene

The Government with support from UNICEF has hired trucks to tanker water to the worst-hit populations of Somali region, benefiting more than 20,000 people. In addition, 23 tankers are being operated by NGOs benefiting 90,000 people. More than 100 trucks have been mobilized in the past three months for one of the largest tankering operations seen in the region.

In Southern Oromia region, UNICEF and NGOs working in the area have deployed 20 trucks to deliver water to 80,000 people. UNICEF funded maintenance of 28 boreholes to sustain water supplies for 110,000 people and planning to conduct emergency drilling to alleviate the shortage of water in six chronic water shortage Kebeles benefiting 90,000 people. Regional water bureau is currently procuring 20 new generators and 20 submersible pumps with switchboard to install newly drilled boreholes for emergency water provision.

UNICEF plans to scale up its water rationing intervention based on assessed needs and priorities targeting 110,000 people. In Oromia, 17 motorized schemes, 10 hand pump systems and 2 springs were rehabilitated in Bale and Guji zones, benefiting more than 85,000 people. In Somali region, it is planning to maintain the sustainability of water supplies to 13,000 people by rehabilitating 43 existing schemes and drill 7 new boreholes. In SNNPR, the regional government has already reprogrammed UNICEF emergency funds to initiate an emergency water response. A CERF grant (under-funded window) for US\$ 1.1 million was received on 03 April 2008 and will allow a rapid scale-up of the WASH response. Additional resources will be required rapidly.

### Education and Child Protection

UNICEF has focused on the analysis of the adverse impact of the conflict situation on education, gathered critical data on the situation of schools in the Ogaden and engaged into advocacy with the government to find solutions. As negotiations are ongoing in Somali region, UNICEF plans to establish and furnish 10 temporary learning centres for an expected enrolment of 4,000 children and to provide these schools with essential learning materials, school-in-a-box kits and uniforms for 4,000 students. This component will be fully linked with the protection initiative. Funding is urgently required to start this activity.

In Mine Risk Education and Disability, the NGO *Mobility without Barriers Foundation* has been financially supported by UNICEF and has established an office in Jijiga in March 2008. The first 40 wheel chairs have been dispatched to Jijiga and the first 18 beneficiaries have been trained on how to use mobility cycles that were given to them. The beneficiaries will also get other services including psychosocial support, education services and income-generating activities. The project aims to provide rehabilitation and reintegration services to children and youth with disability, including land mine victims. Meanwhile, life skill training and employment skills training will be given to 150 young people who are caught in the ongoing conflict in the 5 zones of the Somali region. The training of the first 25 youth on life and employment skills has started.

### Coordination

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. To strengthen this, experienced international experts have been brought into the country to support nutrition and water and sanitation programmes. Activities being undertaken include:

- WHO and UNICEF are advocating for the Emergency Health and Nutrition Task Force meeting which was stopped in early 2007 to be re-established. UNICEF and WHO have started bi-monthly bilateral meetings to enhance coordination between the two agencies.

- UNICEF supports the WASH Emergency Task Force of the Ministry of Water Resources as well as the Emergency Nutrition Coordination Unit of the Disaster Prevention and Preparedness Agency.
- Through the presence of its area-based teams in all regions of the country, UNICEF provides support to the regional governments in establishing regional emergency task forces in the areas of health, nutrition and WASH. These efforts will need to accelerate particularly in Somali, Amhara and Oromia.

A major process of revamping the cluster lead approach in Ethiopia has started and UNICEF is playing an essential role on consolidating progress made in the areas of Nutrition and WASH where it is cluster lead.

Key challenges to the implementation of the cluster lead are:

- Difficulties to get full government counterparts involvements due to lack of capacities.
- Scarcity of resources to fund full-time staff to ensure continuous and sustained support to established emergency units within line ministries (health, water, nutrition, etc.)
- Effective decentralisation of the cluster lead to regionally led coordination bodies remains weak.

#### 4. APPEAL REQUIREMENTS AND RECEIPTS

The Joint 2008 Humanitarian Requirements document that requests approximately US\$ 68 million to address food and non-food needs in the drought-affected areas of the country was launched on the 10<sup>th</sup> of April. The document identified approximately 2.2 million beneficiaries from Somali, SNNP, Tigray and Oromiya regions that require emergency food assistance amounting to 171,646 MT. The majority of the beneficiaries are from Somali Region. In addition, 947,380 emergency beneficiaries in safety net areas are expected to be addressed through safety net contingency resources. Emergency requirements for the non-food sector – Health and Nutrition, Water and Sanitation, and Agriculture – were set with particular emphasis to address the adverse impacts of the prevailing drought conditions in different parts of the country for three months duration. The Joint 2008 Humanitarian Requirements document appeals for US\$ 26.5 million required for the humanitarian partners to address Health and Nutrition Emergencies related to acute malnutrition, measles, meningitis, malaria and acute watery diarrhoea. To address emergency Water and Sanitation requirements of approximately 1.9 million people in Somali, Oromiya, SNNP, Amhara and Afar regions, US\$ 5 million are also required to undertake a number of interventions including water trucking, water purification and rehabilitation and maintenance of schemes. The rapid deterioration of the humanitarian situation calls for an urgent review of the requirements until the end of 2008.

**Table 1: Funds received against appeal (UNICEF Humanitarian Action Report)**

FUNDS RECEIVED AGAINST APPEAL				
Appeal sector	Requirements by sector	Funds received (US\$)	% Funded	Funding Gap (US\$)
Health	7,000,000	2,536,442	36%	4,463,558
Nutrition	9,300,000	1,012,755	11%	8,287,245
Water, Sanitation and Hygiene	5,000,000	1,156,842	23%	3,843,158
Child protection	3,240,000	295,857	9%	2,944,143
Education	1,150,000	-	-	1,150,000
HIV/AIDS	850,000	-	-	850,000
<b>Total*</b>	<b>26,540,000</b>	<b>5,001,896</b>	<b>18.8 %</b>	<b>21,538,104</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.

**Table 3: Funding priorities as of May 2008**

<b>URGENT FUNDING REQUIREMENTS</b>		
<b>Sector</b>	<b>Project</b>	<b>Funding requirements (US\$)</b>
<b>Health</b>	Provide support to the response in the most drought affected areas of the country with care treatment centers (CTC), emergency drug kits.	<b>2,300,000</b>
	Support measles campaign in the next 8 weeks (a total of US\$ 10.4 million is required to undertake emergency measles catch-up campaigns until December 2008)	<b>1,700,000</b>
<b>Nutrition</b>	Procure RUTF for the treatment of an estimated 15,000 severely malnourished children during 6 months	<b>2,600,000</b>
<b>Water, Sanitation and Hygiene</b>	Scale-up the response to the drought as well as looming risks of AWD in Somali, Oromia, SNNPR, Amhara and Afar	<b>2,200,000</b>
<b>Education</b>	Establish temporary learning centres as a protection strategy in the conflict affected area of Somali Region	<b>650,000</b>
<b>Total*</b>		<b>9,450,000</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.

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

Bjorn Ljungqvist Representative UNICEF Ethiopia Tel: +251 11 5517 648 Fax: +251 11 5511 628 Email <a href="mailto:bljungqvist@unicef.org">bljungqvist@unicef.org</a>	Esther Vigneau UNICEF EMOPS Geneva Tel: + 41 22 9095612 Fax: + 41 22 9095902 E-mail: <a href="mailto:evigneau@unicef.org">evigneau@unicef.org</a>	Gary Stahl UNICEF PARMO New York Tel: + 1-212 326 7009 Fax: + 1-212 326 7165 Email : <a href="mailto:gstahl@unicef.org">gstahl@unicef.org</a>
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