

UNICEF HUMANITARIAN ACTION UPDATE

ETHIOPIA

7 August 2009

UNICEF HUMANITARIAN FUNDING REQUIREMENTS FOR 2009 INCREASED TO US\$52 MILLION TO RESPOND TO IMMEDIATE EMERGENCY NEEDS OF ETHIOPIAN CHILDREN

- Food insecurity as a result of late and erratic *belg* rains combined with public health hazards negatively impact on the health and nutritional status of children.
- Acute Watery Diarrhoea poses an increasing threat to the lives of children, with increasing numbers of cases and deaths in several parts of the country.
- UNICEF currently estimates that 242,000 children under five will require treatment for Severe Acute Malnutrition.
- First six cases of Influenza A (H1N1) detected in Ethiopia, with preparatory measures being implemented to minimize the impact of the pandemic on children and women.



1. ISSUES FOR CHILDREN

In 2009, the yearly *belg / gu / sugum* rains, normally falling from February to May, were delayed by an average of five to six weeks in most areas, and overall performed poorly. As a consequence the harvest has been insufficient and will have a negative impact on the food security in the *belg* crop-producing areas of the country. The findings from a national Government-led food and non-food Emergency Needs Assessment (ENA) completed early July in concerned areas, will be used to determine the humanitarian requirements during the second half of the year. Another consequence of the inadequate *belg / gu / sugum* rains which normally replenish surface and ground water sources in most parts of the country, is the inability of community water supplies in some areas to meet the most basic demand. In these areas, a combination of emergency rehabilitation of water supplies and water trucking as a last resort is an immediate requirement to save the lives of the most vulnerable children and women. The forecast for the main *kiremt* rains (June to September) in the north-western, eastern and central crop producing areas is normal to below normal, raising concerns that the main crop in these areas at the end of 2009 will be poor. This would further affect the nutritional status of already vulnerable children. In June 2009, a break occurred in the food pipeline of the relief operation, reducing the availability of food for distribution as the main action to prevent further deterioration of the nutritional status of children.

Food insecurity, along with public health hazards and displacement, are major factors impacting negatively on the health and nutritional status of children. UNICEF currently estimates that 242,000 children under the age of five years from 309 districts will suffer from Severe Acute Malnutrition (SAM) during the year. Over the past months, increased numbers of SAM cases have been reported from Southern Nations, Nationalities and People's Region (SNNPR), Oromiya and Somali regions. The nutritional situation of children is also of concern in parts of Amhara, Tigray and Afar regions. Acute Watery Diarrhea (AWD) and other infectious disease outbreaks occurring in parts of the country, pose an increased threat to children already suffering from malnutrition. Floods¹ and droughts coupled with the limited supply of clean, safe drinking water, as well as poor sanitation and hygiene practices are likely to further increase the risk of infectious diseases. To date, a total of 4,254 AWD cases with 101 deaths have been reported from six regions between January and mid-June 2009. Since the beginning of July 2009, numbers of admissions in Case Treatment Centres (CTCs) have further increased.

Ethiopia is one of the most malaria prone countries in Africa and malaria prevention and control is one of the major activities of the Health Extension Workers at health post and community level supported by UNICEF through its regular programme. As for Influenza A (H1N1), Ethiopia has reported six cases to date. Conflict continues to affect five Ogaden zones of Somali region, further jeopardizing the well-being of children and women. Community tensions in parts of SNNPR, Oromiya, Somali and Gambella continue to cause displacement and to affect in particular the most vulnerable children and women.

Emergencies ranging from drought, flooding and outbreaks of infectious diseases to conflict and displacement affect an estimated 200,000 school-aged children not being able to continue their education and the number is only expected to increase. In 2008, schools were among the buildings most frequently occupied as shelter in natural and man-made disasters. Emergency education has, for the first time, been included in the June / July Government-led national Emergency Needs Assessment. Moreover, during the past three months the newly established education cluster has been identifying outstanding requirements in the sector.

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS, AND PLANNED ACTIONS

The devastating and compounded impact that food insecurity, drought, flooding, public health hazards and population displacement has on children needs an effective response. The overall UNICEF humanitarian goal for 2009 is to ensure that the Core Commitments for Children (CCC) in emergencies are upheld. UNICEF will continue to focus its efforts on the priority areas of health, nutrition, water, sanitation and hygiene, education and child protection. It will continue to improve its emergency preparedness planning and pre-positioning of strategic supplies in order to respond promptly when needs arise during crises.

¹ During the next three months (July –September 2009) flooding is likely to occur particularly in the traditional hotspot areas such as Gambella, Amhara, Somali and Afar.

Health

UNICEF focuses its emergency health efforts on children and women affected by malnutrition, drought, outbreaks of infectious diseases, malaria and conflicts, continuously supporting WHO in coordinating the health cluster and through it the Federal Ministry of Health and its regional Health Bureaus.

In one of UNICEF's major emergency health interventions, from January to March 2009, 20 Mobile Health Teams (MHT) in marginalized and conflict-affected areas of the Somali region attended to 65,684 consultations, of which more than 25,000 (38 per cent) were children under five. The majority of these consultations included treatments for pneumonia, malaria², and diarrhoea. Up to 29,199 children were screened for malnutrition, with 1,194 (4 per cent) and 6,495 (22 per cent) identified to be severely and moderately malnourished respectively. All children were admitted into appropriate feeding programs and treated accordingly. From March 2009 onwards, UNICEF supported the deployment of four mobile teams in Afar in response to drought, malnutrition, measles epidemics in two of the most affected and poorly staffed districts. During the first two months of activity, these teams provided 1,716 consultations, out of which 1,360 were for children under five. UNICEF has further responded to localized Acute Watery Diarrhoea (AWD) outbreaks in Oromiya, Somali, Harari, SNNPR and Afar regions, by providing technical assistance, as well as 35 Case Treatment Centre (CTC) kits and additional drugs offering the possibility to treat up to 130,000 cases over a period of three months. Additionally, UNICEF pre-positioned 11 CTC kits in Somali region and 8 CTC kits in Afar region, in case a rapid response is needed to AWD outbreaks. As preventative measures, UNICEF developed and distributed communication materials, as well as water treatment chemicals for about 150,000 people in areas where outbreaks occurred. UNICEF and WHO are supporting the Government to prepare AWD preparedness and response plans in all regions of Ethiopia, with plans for Afar and Amhara already finalized. In May, UNICEF provided 112,500 multi-species Rapid Diagnostic Test (RDT) kits to malaria-affected districts in SNNPR. In close collaboration with the Federal Ministry of Health (FMoH) and other UN agencies, UNICEF has been actively involved in the coordination of preparedness and response activities for the Influenza A (H1N1) pandemic. UNICEF supported the set-up of a 24 hours hotline in the service of people potentially affected by the disease, will procure 30,000 doses of paediatric Tamiflu and will engage in awareness raising and behaviour changing communication activities.

Following the mid-year review of its 2009 Humanitarian Action Report (HAR), UNICEF has increased its funding needs for emergency health, from US\$ 5 million to US\$ 9 million due to increased needs to prepare and respond to the rapidly expanding AWD and other infectious diseases outbreak. Preparedness is also needed to be able to quickly respond to the influenza A H1N1 pandemic. UNICEF will continue providing access to health, nutrition, WASH and emergency referral services to 1.57 million people in Somali region, and 65,000 in Afar region, by supporting 32 MHTs in remote and / or conflict-affected areas of Somali and Afar regions, where no other health services are available.

Nutrition

UNICEF continues to support the coordination of the nutrition cluster through the Emergency Nutrition and Coordination Unit (ENCU). The ENCU and UNICEF supported the Government to organize seven nutrition surveys in Ayisha, Filtu, Degehabur, Hamero, Bokh, Barey and Kelafo districts of the Somali region in April and May 2009. The findings of the surveys have been shared with stakeholders late June, and planning of responses has started accordingly.

Since the beginning of the year, UNICEF has provided 1,897 MT of Ready-to-Use-Therapeutic Food (RUTF) to Government and NGO-run Therapeutic Feeding Programmes (TFP) in SNNPR, Oromiya, Somali, Afar, Amhara and Tigray regions. Between January and May 2009, an estimated 126,000 children received treatment for severe acute malnutrition. To the same end, UNICEF is supporting a national TFP roll-out strategy, to better respond to the needs of severely malnourished children all over the country. The strategy also includes actions targeted at improving water, sanitation and hygiene in the newly opened TFPs.

Although the capacity of the Health Extension Programme (HEP) to treat Severe Acute Malnutrition (SAM) cases at the national level has increased from almost non-existent in 2003 to 20,000 cases in the beginning of 2008 and then three fold during the last year, it needs to receive additional support. This is particularly important in times of crisis when the number of malnourished children, including many with medical

² Although generally supported by UNICEF through its regular programme, in the event of high numbers of malaria cases, UNICEF will exceptionally supplement its efforts with humanitarian funds.

complications, sharply increases. To counter this shortcoming, UNICEF together with the Government has started implementing a national strategy of TFP roll-out in 211 districts in SNNPR, Oromiya and Amhara regions. However, the lack of systematic information from the field regarding the nutritional situation of children and the response being implemented through the existing TFPs continues to hamper the implementation of an adequate response. A monitoring plan is being developed and will start being implemented in the coming weeks in Oromiya, Amhara and SNNPR.

For the fifth consecutive year, UNICEF together with WFP have been supporting the Enhanced Outreach Strategy (EOS) for child survival. Under this strategy, the EOS round that started in May 2009 targeted 12 million children with a range of child survival interventions including vitamin A supplementation, de-worming and screening to detect malnutrition. This year, in addition to screening in districts that are formally included in the EOS, the programme supported on an ad hoc basis the screening of children from hotspot districts where there were concerns of rising malnutrition rates. The EOS is still ongoing in some of the regions. Results are being compiled and will become available in the coming weeks. The expected coverage of the campaign is 85 per cent. Approximately 12 million children under five and 600,000 pregnant and lactating women will be reached through key child survival interventions through the second 2009 round of Enhanced Outreach Strategy (EOS), with an expected coverage of 85 per cent.

Following the mid-year review of its 2009 Humanitarian Action Report, UNICEF increased its emergency nutrition needs for the year from 20 to US\$ 30 million, with the overall objective to reduce mortality and morbidity associated with malnutrition. The main activities that will be implemented are: assistance to 242,000 severely malnourished children by ensuring coordination among nutrition action actors at the federal and regional levels, by supporting TFPs through health centres, hospitals and health posts and by providing technical assistance in the field to ensure delivery of quality services.

Water, Sanitation and Hygiene (WASH)

UNICEF is the cluster lead for water, sanitation and hygiene and is supporting the Ministry of Water Resources and its Regional Water Bureaus to enable continuous coordination and information sharing. The coordination at regional level assists in identifying gaps and avoiding duplication thus enhancing better utilisation of resources. At the federal level, the cluster coordinates emergency assessments and reviewing of the Humanitarian Requirements document.

In Afar region, in response to continued needs for safe water in Elidar, Kori, Bidu and Erepti districts, the Government financially supported by UNICEF, re-started water trucking at the end of April, with water placed in water tanks or birkas where available, and treated at source. When this is not possible, water treatment chemicals are distributed directly to households. Through these activities, a total of 57,000 people are having access to safe water. UNICEF field staff in collaboration with zonal and district water bureaus and community committees closely monitor the activity. In Somali region, as a cluster lead and provider of last resort UNICEF dispatched an Emergency Water Kit for the refugees from neighbouring Somalia newly arrived in Dollo Ado thereby providing safe drinking water to 5,000 people per day in the initial phase of the refugee operation. UNICEF further provided technical assistance and water treatment chemicals to implementing partners for distribution to the refugees. In Tigray region, UNICEF provided financial support for water tankering in the drought affected districts of Raya Azebo and Tanqua Abergele, benefiting around 16,000 people. In areas of Oromiya, SNNPR, Afar, Amhara and Somali regions where AWD outbreaks occurred, UNICEF purchased and distributed water treatment chemicals to vulnerable populations and directly to CTCs benefiting around 150,000 people as part of preventative measures to stop the spread of the outbreaks.

As a support to the nutritional response, WASH emergency support to therapeutic feeding units (TFUs), outpatient therapeutic centres (OTPs) and high risk communities (HRCs) targeted 36,000 children and their caregivers in 63 TFUs and 205 OTPs in Amhara, Oromiya, SNNPR and Somali regions with improved water supply, sanitation and life saving hygiene promotion, contributing significantly to nutrition and health interventions; as well as 60,000 people at high risk of water-borne diseases from communities. The activities started at the end of 2008, were completed during the first half of 2009 and included rehabilitation or extension of water supply schemes, provision of latrines with hand washing facilities, the supply of soap and household water treatment chemicals, and the promotion of hand-washing practices undertaken by health extension workers.

Following the mid-year review of the 2009 Humanitarian Action Report (HAR), UNICEF increased its funding needs for WASH emergency projects from US\$ 4.5 million to US\$ 6.4 million, mainly to respond to increased needs for safe water supply and water treatment chemicals as a result of the prolonged drought in some low-land areas, failure of rains and the current AWD outbreak with possibility of worsening situation upon start of rains in the affected areas. In the coming months, UNICEF will continue to improve water supply and sanitation primarily for the benefit of children and women in Therapeutic Feeding Programmes (TFPs) and nearby high risk communities, as well as in communities affected by Acute Watery Diarrhea (AWD) outbreaks, displacement due to conflict or ethnic tensions, drought and possibly floods. The main activities planned to take place in the second half of the year include: support to 120 Therapeutic Feeding Programmes (TFP) requiring a package of WASH services, provision of capacity to treat up to 10,000 people suffering from AWD and of chemicals for the disinfection of public water sources in AWD affected areas in closed coordination with the health sector, and response to the needs of 52,000 flood-affected people and 600,000 drought affected people, in need of basic WASH services.

Education

UNICEF is co-leading the newly established education cluster together with Save the Children UK. In partnership with the Government, as well as with NGOs such as Save the Children UK and Cooperazione Internazionale (COOPI), UNICEF is targeting around 50,000 children who have dropped out of school in SNNPR, in Borena zone of Oromiya region, in Liben and Fik zones of Somali region, as well as in Gambella and Tigray. These projects aim at supporting children to continue their education through capacity building trainings, provision of safe temporary spaces, classroom materials including essential learning materials, and through school rehabilitation in order to facilitate a return to formal schooling. UNICEF is currently procuring 1,164 school-in-a-box kits and 70 tents for pre-positioning, which will benefit nearly 47,000 emergency-affected school-aged children when need arises.

In education, UNICEF' funding needs remained unchanged at US\$ 3.5 million, which are needed to respond to the needs of emergency-affected school-aged children. The main activities to be implemented include support to 120,000 school children displaced and affected by various emergency situations through construction / rehabilitation of classrooms, procurement and distribution of teaching and learning materials, and training of teachers and Parent Teacher Associations (PTA).

Child Protection

UNICEF is actively participating in the protection cluster and its working groups. In April 2009, UNICEF started a project aiming at providing support to 600 vulnerable families living in 10 districts of the Somali region through cash transfers and facilitation of access to basic social services. UNICEF also donated materials for the set up of three Child Friendly Spaces in the transit centre for refugees from Somalia in Dollo Ado. Through its pre-positioning strategy, UNICEF Ethiopia has reached more than 65,000 IDPs nationwide with non-food items such as plastic sheeting, blankets, cooking utensils and jerry cans since the beginning of the year.

In child protection, UNICEF's funding needs remain unchanged at US\$ 2.8 million, which are needed to reach around 50,000 children by continuing child protection assessments in regions with ongoing and recurrent disaster, and by implementing social protection and mine risk education programmes in Somali region, and further to continue developing its readiness capacity to provide shelter and non-food items to 200,000 people in coordination with partners in the shelter cluster, through its decentralized emergency preparedness and response capacity support process, focused on ensuring protection of children and women during crises.

3. FUNDING REQUIREMENTS AND RECEIPTS

The total original HAR 2009 requirements of US\$ 71 million were revised to US\$ 36 million in March 2009, to reflect a partial stabilization of the overall situation during the early part of 2009 and the benefit of a large amount of RUTF carried over from the previous year. However, due to the partial failure of the *belg* rains and the resumption of the national nutrition crisis, the funding needs have been revised upwards again during the current HAR MYR. With a substantial funding gap of 78 per cent, UNICEF Ethiopia is in urgent need of funding to in the coming months to respond and to put in place preventative measures to the AWD outbreak,

and to scale up response to the growing numbers of children suffering from Severe Acute Malnutrition (SAM).

Table 1: Revised Funding Needs in 2009 (US\$)*

Appeal sector	Original 2009 HAR Requirements	Revised HAR Requirements – March 09	Revised Requirements – June 09	Funds received	Funding Gap	% Unfunded
Health	5,000,000	5,000,000	9,000,000	1,573,792	7,426,208	81%
Nutrition	55,000,000	20,000,000	30,000,000	5,149,592	24,850,408	83%
WASH	4,500,000	4,500,000	6,360,000	4,130,607	2,229,393	35%
Education	3,800,000	3,800,000	3,800,000	241,749	3,558,251	94%
Child Protection	2,800,000	2,800,000	2,800,000	241,749	2,558,251	91%
Total**	71,100,000	36,100,000	51,960,000	11,337,489	40,622,511	78%

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

** 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 2: Funding Priorities as of June 2009

Project	Beneficiaries/ coverage	Amount Required (US\$)
1. Water, Sanitation and Hygiene (WASH): provision of safe water and sanitation for drought and flood affected populations.	600,000 drought affected and 52,000 flood affected persons.	1,000,000
2. Nutrition: supplies, cash and technical assistance for the roll-out of Therapeutic Feeding Programmes (TFPs) in selected districts; through EOS, ensure vitamin A supplementation and screening of children and women in affected districts for referral to TFPs and WFP Supplementary Feeding Programmes.	Approximately 242,000 children under five suffering from SAM.	12,000,000
3. Health: support to Mobile Health teams (MHT) in conflict and drought affected communities in Somali and Afar regions, preparedness and response actions in response to AWD and malaria outbreaks, as well as to the influenza A H1N1 outbreaks.	Around 65,000 consultations for children under 5 years by MHTs; 150,000 children affected by infectious diseases outbreaks.	3,500,000
4. Emergency Education: School rehabilitation, temporary learning centres, essential teaching and learning materials, training of stakeholders in emergency education.	50,000 emergency affected children.	1,500,000
Total Priority needs		18,000,000

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

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