

UNICEF HUMANITARIAN ACTION

ETHIOPIA

IN 2007



CORE COUNTRY DATA

Population under 18	39792
Population under 5	13063
U5 mortality rate	164
Infant mortality rate	109
Maternal mortality ratio (1990-2005, reported)	870
Primary school enrolment ratio, 2000-2005, net (male/female)	58/55
% U1 fully immunized (DPT3)	69
% population using improved drinking water sources	22
Estimated no. of people (all ages) living with HIV, 2005 (thousands)	420-1300
% U5 suffering from moderate and severe stunting	47

Source: *The State of the World's Children 2007*

Summary of UNICEF financial needs for 2007

Sector	US\$
Health and nutrition	20,600,000
Water and environmental sanitation	16,700,000
Education	2,500,000
Child protection	3,850,000
HIV/AIDS	2,000,000
Total*	45,650,000

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

1. CRITICAL ISSUES FOR CHILDREN

Ethiopia's under-five mortality stands at 164 per 1,000 live births, according to *The State of the World's Children 2007* report. There has been an encouraging 1.8 per cent decline in the under-five mortality rate every year since 1990 (Demographic and Health Survey 2005, preliminary results), but preventable conditions still account for the bulk of the deaths of young Ethiopian children. Malaria, diarrhoeal diseases, pneumonia and neonatal complications each account for nearly a quarter of under-five mortality.

Severe acute malnutrition remains one of the most critical issues facing children. The drought that hit south-eastern Ethiopia in the first half of 2006 was the latest reminder of how vulnerable the country's children and women are to water scarcity and sudden nutritional shocks. Data collected through the nationwide UNICEF-backed Enhanced Outreach Strategy (EOS)¹ and other surveys uncovered alarming pockets of severe acute malnutrition amongst under-fives across the country. A total of 44 nutritional surveys carried out between January and September 2006 recorded global acute malnutrition (GAM) levels as high as 23.5 per cent and severe acute malnutrition (SAM) levels as high as 3.9 per cent – both rated critical. Up to 130,000 under-five children are estimated to be suffering from severe acute malnutrition at any given time in Ethiopia. Malnutrition remains the underlying cause of more than half of all child deaths in the country.

Pervasive poverty underpins the situation of most Ethiopian children, leaving them more vulnerable to the onset of emergencies. This vulnerability is compounded by inadequate implementation capacity at local levels, gender inequality, disproportionate service provision between urban and rural areas, poor sanitation and underserved vulnerable groups, including pastoralist communities.

This underlying vulnerability of Ethiopia's children was highlighted again in the second half of the year when severe floods in 7 out of Ethiopia's 11 regions killed at least 635 people, destroyed farmland, forced thousands to leave their villages and exposed up to 235,800 under-fives to the risks of homelessness, water-borne disease and malnutrition. During the year, children also had to face the appearance and spread of a range of conditions including measles, polio, acute watery diarrhoea (AWD) and meningitis. By October 2006, more than 22,000 AWD cases had been recorded in treatment centres, together with 207 deaths. Many more people will have died in remote communities, beyond the reach of Regional Health Bureau statisticians.

Polio re-emerged as a critical issue for Ethiopian children. A total of 37 cases have been reported in 4 of Ethiopia's 11 regions since the beginning of a fresh spread of the disease in December 2004. Malaria also remains one of the primary causes of child mortality in the country, particularly during the main October to December transmission season. The disease infects more than 9 million Ethiopians in an average year and can kill more than 100,000 children in a matter of months in an epidemic. Children and pregnant mothers are the most vulnerable to the sudden impact of epidemics on unprepared immune systems. Drought-related malnutrition, poor health and sanitation leave youngsters even more exposed.

A ground-breaking study funded by UNICEF found that children across Ethiopia are facing alarming levels of physical, sexual and physiological violence in the private as well as the public domain. There are also indications that increasing numbers of children are made more vulnerable to cross-cutting problems like trafficking and commercial sex work. The findings were made in the detailed *Report on Violence against Children in Ethiopia* which fed into the global *United Nations Secretary General's Study on Violence Against Children*, released in October 2006.

¹ Full name: Enhanced Outreach Strategy/Targeted Supplementary Feeding for Child Survival Interventions. The largest ever partnership between UNICEF, WFP and the Ethiopian Government targets more than 7 million children under five, as well as pregnant and lactating mothers twice every year. It provides a child survival package of vitamin A supplementation, de-worming, measles catch-up, nutritional screening, referral to supplementary or therapeutic feeding programmes and, increasingly, malaria insecticide-treated nets. THE EOS is designed to form a bridge to the Ethiopian Government's own Health Services Extension Programme.

Beyond the report, it was found that Ethiopian children's vulnerability to abuse rises significantly during emergency situations, especially related to conflict. The Committee on the Rights of the Child this year expressed its concern over the treatment of children by the military and police, particularly in the wake of political unrest. UNICEF is pioneering a scheme to turn schools into 'Zones of Peace' to reduce incidents of gender-based violence in the capital Addis Ababa and the strife-torn western region of Gambella.

Children's education is one of the first things to suffer in emergency situations in Ethiopia. Schools across the drought-hit Somali region closed as pastoralists took their children out of classes to help supplement the family income. Many schools were closed or destroyed as floodwaters overwhelmed communities during the rainy season.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2006

UNICEF Ethiopia led the way in responding to a string of emergencies in 2006, in partnership with a wide range of NGOs, UN bodies and government agencies. Chief among the emergencies were the drought that hit border regions with Kenya and Somalia in the first quarter of the year; floods that devastated towns and large areas of farmland across the country during the long rainy season from June to September; and the outbreak of acute watery diarrhoea (AWD) that continued to spread into new districts as the year came to a close.

One of UNICEF Ethiopia's main contributions – as cluster lead in water and environmental sanitation and nutrition – was overall coordination and technical support. In all emergency situations, UNICEF encouraged federal and regional authorities to set up coordination committees (Emergency Coordination Task Forces) to oversee the interventions of the UN, state actors and NGOs. In many cases it provided the entire secretariat for these committees (task forces) and led them in collecting, analysing and distributing data from the field. International and national staff were hired to lead these coordination efforts. Thanks to UNICEF, many overlaps in response were spotted and many gaps were filled.

During the drought, UNICEF's interventions included: funding water tankering to more than 96,000 affected people; pioneering the use of 23 mobile health teams to reach all 1.8 million of the affected, predominantly pastoralist populations with high-impact child health services; distributing over 200,000 long-lasting insecticidal nets (LLINs) in drought-affected communities by emergency mobile health teams and through health centres; setting up five water purification units on the affected regions' main rivers; repairing 88 boreholes and pumps, benefiting more than 280,000 people; vaccinating more than 1.5 million children against measles; and funding hygiene and sanitation promotion activities that benefited more than 887,000 people.

UNICEF's response to the floods and spread of AWD was ongoing as this report went to press. By October 2006, it had allocated more than US\$ 4 million from donors and reserve funds to kick start the roll-out of a planned US\$ 18.35 million appeal. UNICEF purchased supplies for more than 70 AWD case treatment centres – each capable of treating between 10 and 25 patients at any one time. Supplies included tents, beds, bed pans, blankets, pillows, jerrycans and soap. UNICEF sent cash assistance worth US\$ 432,000 to the Health Bureaus of the affected regions, together with medicines including ringer lactate and oral rehydration salts. Seven emergency water kits with appropriate chemicals were sent into the field, each capable of supplying 50,000 litres of safe water a day – enough for 2,500 people, if each individual takes 20 litres. UNICEF also broke new ground in coordinating the Amhara response, as water and environmental sanitation cluster lead. Officers from Oromia Regional Health Bureau, the Regional Water Bureau, Médecins sans Frontières (MSF) - Greece, Médecins sans Frontières (MSF) - Netherlands, Oxfam-GB, UNICEF, WHO and other bodies worked together on a range of responses including the training of 60 local health and water professionals.

By the end of 2006, UNICEF will have directly funded or supported the acquisition of 8 million treated malaria nets, as part of the largest ever distribution of nets in the country's history. By the end of 2007, there will be more than 20 million nets in the country, enough to protect 10 million households or 50 million Ethiopians – 100 per cent of the population that is exposed to both endemic and epidemic malaria. UNICEF has been instrumental in rolling out the new antimalarial drug, Artemether/Lumefantrine (Coartem), which is especially good at preventing and controlling emergency malaria epidemics.

Just under 7 million under-five children were reached twice during the year with a life-saving package of vitamin A supplementation, de-worming, measles catch-up, nutritional screening and referral to supplementary or therapeutic feeding programmes. This took place through the UNICEF-backed EOS. Around 1.1 million pregnant and lactating women were also screened for malnutrition twice during the year.

UNICEF moved in to protect the education of children caught up in emergency situations in Gambella, Oromia and Somali regions. 'Back-to-school' and 'schools as zones of peace' programmes were set up in Gambella, with the aim of increasing enrolment and reducing gender-based violence following years of ethnic conflict. A total of 16 destroyed primary schools were rehabilitated and 26 facilitators from the schools were trained in community dialogue. Emergency programmes aiming at preventing sexual abuse and exploitation in Somali region, Southern Nations, Nationalities and People's region (SNNPR) and Oromia region reached 114,000 children. School-in-a-box kits were supplied to drought-hit communities in Somali region and Oromia's Borena zone.

UNICEF supported the Ethiopian Government in monitoring and reporting on the status of the implementation of the Convention on the Rights of the Child in the country during the UN special session held in Geneva and hosted by the Committee on the Rights of the Child. UNICEF drew up the first detailed rapid assessment guidelines for child protection in emergencies to guide its own interventions as well as those of government agencies and NGO partners.

3. PLANNED HUMANITARIAN ACTION FOR 2007

Coordination and partnership

Much of UNICEF Ethiopia's coordination work will take place within the framework of the new Cluster Leadership Approach, as it has taken on the cluster leadership role in nutrition and water and environmental sanitation. UNICEF will also work closely with other UN agencies to achieve the UN Development Assistance Framework (UNDAF) goals. UNICEF also continues to be a leading member of all regional and federal Task Forces coordinating State, UN and NGO response in all relevant sectors, from nutrition to sanitation. Regional and district-level coordination is led by UNICEF Ethiopia's network of regional offices, which are due to grow in number through 2007.

Regular programme

UNICEF Ethiopia's new Country Programme Action Plan 2007-2011 focuses on mainstreaming a transitional approach to emergency prevention and recovery, linked to capacity-building for ensuring longer-term solutions to protecting lives and livelihoods. Programmatically, regular country responses – for example sanitation advocacy sessions – are regularly upgraded and re-focused to respond to emergency situations.

Health and nutrition (US\$ 20,600,000)

Ethiopian women and children caught up in health and nutrition emergencies will benefit from the following interventions in 2007:

- Purchase therapeutic products to benefit 240,000 severely malnourished children;
- Supply life-saving package of interventions – including vitamin A supplementation, de-worming, measles vaccinations and nutritional screening – to benefit 7 million children under the UNICEF-backed EOS;

- Purchase and distribute 500 emergency drug kits benefiting more than 1,250,000 people;
- Fund, equip and support 25 mobile health teams reaching 450,000 remote patients;
- Support operational costs for preparedness in the event of further AWD outbreaks (treatments have already been pre-positioned);
- Support operational costs in the event of a malaria epidemic affecting 1 million people;
- Procure meningitis vaccines and syringes for an at-risk population of 3 million people;
- Procure measles vaccines and support emergency operational costs;
- Respond to health emergencies among pastoralist populations, benefiting an estimated 800,000 people.

Water and environmental sanitation (US\$ 16,700,000)

About 3.2 million people are expected to be affected by drought, flood and AWD emergencies throughout the country in 2007. UNICEF has planned to reach 700,000 children through the following key activities:

- Provide safe water through water tankering to 100,000 people, mainly the pastoral population of Afar and Somali regions;
- Rehabilitate/construct 100 deep wells and 500 shallow wells to provide safe drinking water to some 750,000 individuals in drought and other hotspot areas of the country;
- Train 5,000 water, sanitation and hygiene (WASH) committee members, 1,500 pump attendants and 150 government staff on scheme management, operation and maintenance;
- Train 1,000 health government staff on response, prevention and management of AWD;
- Construct demonstration and model household latrines and promote appropriate household latrine construction for 700,000 community members;
- Provide water purification treatment for 150,000 people affected by flooding and AWD;
- Undertake hygiene education and hygiene awareness programmes for some 1.5 million individuals in flood and AWD hotspot areas of the country;
- Provide hygiene, sanitation and isolation kits for 50 case treatment centres in AWD-affected areas of the country;
- Provide essential education information materials; organize mass communication awareness programmes and organize ad hoc awareness-raising campaigns for 1 million community members to protect them from AWD;
- Provide school water and sanitation packages (water supply, sanitation facilities, hygiene promotion) in 70 schools for 14,000 schoolchildren in drought-affected areas of the country;
- Provide water and sanitation facilities in 30 health institutions in drought-affected areas;
- Provide technical assistance in monitoring, evaluation and coordination of anticipated emergency water, sanitation and hygiene interventions.

Education (US\$ 2,500,000)

An estimated 650,000 schoolchildren, whose education will be affected by emergencies, will benefit from the following interventions:

- Undertake advocacy, training (of teachers and local administrators) and social mobilization on the importance of basic education even during emergencies, and on psychosocial and educational needs of children in crises situations;
- Support the establishment and equipping of alternative basic education centres/semi-permanent learning centres as well as the training of facilitators selected from within the community;
- Provide basic educational materials (school-in-a-box kits) for pupils seriously affected by emergencies;
- Promote girls' education through the provision of school uniforms, incentives and tutorial classes for needy/emergency-stricken girls and orphan students, with special focus on emergency-affected feeding schools;
- Provide technical assistance and monitor and evaluate the performance of anticipated emergency education interventions;

Child protection (US\$ 3,850,000)

Children in need of protection during emergency situations – particularly those vulnerable to gender-based violence – will benefit from the following interventions:

- Follow up on the recommendations of the *United Nations Secretary General's Study on Violence Against Children* for what is relevant to Ethiopia, with a special focus on gender-based violence against young adolescent girls;
- Follow up on the recommendations of the Committee on the Rights of the Child on improving legal and social protection practices for children in emergency situations in Ethiopia;
- Roll out the emergency package for vulnerable children to reach 2.5 million orphans by the end of 2007;
- Introduce further 'zones of peace' in additional five regions to protect children in schools;
- Implement 50 child rights trainings for military troops in border zones, particularly in Gambella and the troubled Somali region;
- Train 250 social workers on psychosocial techniques to support children in emergencies;
- Deliver basic social services for 2,000 victims of abuse, exploitation or trafficking;
- Fund the African Child Policy Forum's Children's Legal Protection Centre to give legal aid to children in conflict with the law;
- Strengthen the capacity of child protection police units to operate during times of political unrest;
- Work with all partners to develop an effective surveillance system that includes data collection on mine-risk education activities, victims of unexploded ordnance, suspect mined areas, and village profiles.

HIV/AIDS (US\$ 2,000,000)

Some 5 million children/youth and women in emergencies and at higher risk of being infected with HIV will be supported. HIV-positive children/youth and women vulnerable to deteriorating physical conditions will also be targeted through the following key activities:

- Develop training materials for peer facilitators in an emergency;
- Develop the capacity of secretariats and the Federal Disaster Prevention and Preparedness Commission (FDPPC) to deal with HIV/AIDS as part of a disaster preparedness and response strategy;
- Ensure that the Federal and Regional HIV/AIDS Prevention and Control Offices (HAPCOs) have a sufficient store of condoms, post-exposure prophylaxis kits, rapid testing kits, as well as drugs for sexually transmitted infections;
- Establish youth committees/teams at regional, zonal and woreda levels and equip them to respond rapidly in an emergency and to support the Regional AIDS Commissions;
- Develop the capacity of zonal and woreda officials and of youth associations/clubs at woreda level to respond rapidly and effectively in an emergency;
- Develop mapping and monitoring tools to help identify vulnerable groups, risk areas and high-risk behaviour in affected populations.