UNICEF is requesting US$57,416,000 for its support of humanitarian work in Ethiopia. This is almost US$11 million less than the 2010 request, due to the improved harvest season of 2010 and integration of the emergency nutrition strategy (Enhanced Outreach Strategy) in non-food-insecure areas with regular nutrition programming. The precarious welfare of women and children in the chronically food-insecure regions of Ethiopia, however, means that full funding is crucial. To meet the needs and reduce the vulnerability of more than 6 million emergency-affected children, UNICEF will continue to partner with the Government of Ethiopia, UN agencies and international and national NGOs to provide emergency relief in line with the organization’s Core Commitments for Children in Humanitarian Action and the Government’s new development plan.

In order for efforts to reflect Ethiopia’s concerns related to food security, public health hazards and displacement, UNICEF will focus on ensuring access to health and nutrition care, safe drinking water, and appropriate sanitation and hygiene. The organization will also focus on improving the response related to emergency education and child protection. Such work is expected to benefit a total of 7 million people.

CRITICAL NEEDS OF CHILDREN AND WOMEN

More than 1 out of 4 women in Ethiopia is affected by undernutrition and anaemia, a key contributing factor to high maternal and neonatal mortality as well as infant undernutrition.

The nutrition and food security situation in Ethiopia improved in 2010 following a good mid-year harvest and improved availability of water and pasture. In most parts of the country, the second-season rains (June–September), which were normal to above normal, were also expected to bring about a good harvest. Despite these improved harvests, however, chronically food-insecure areas in the country will need more than a year of good harvests to recover from consecutive past years of drought. In these areas, an estimated 210,000 children will need treatment for severe acute malnutrition in 2011. Outbreaks of malaria, measles and meningitis also threaten children’s well-being.

Communities in hard-to-reach areas of the Afar and Somali regions are at a greater risk of communicable disease outbreaks than those in other areas due to poor infrastructure and lack of access to health services. In those hard-to-reach areas, women, particularly pregnant women, have only minimal access to health facilities for preventive and curative services, especially skilled care at delivery and emergency obstetric and newborn care.

The persistence of such risk factors as low coverage of safe drinking water and poor hygiene and sanitary practices, coupled with the potential for flood-induced waterborne diseases like acute watery diarrhoea, will continue to pose challenges in 2011. Evolving potential emergency situations in neighbouring countries, including the political developments in the Sudan and the impact on children who may seek refuge in Ethiopia, will be closely monitored.

KEY ACHIEVEMENTS IN 2010

According to the mid-2010 review, an estimated US$68,660,000 was needed for UNICEF’s humanitarian activities in Ethiopia. As of October 2010, a total of US$22,973,851, or 33 per cent of the revised request, had been received. An additional US$21,326,000 carried forward from 2009 was also programmed. Ethiopian capacity to manage severe acute malnutrition continued to expand in 2010 under ministry of health leadership, with UNICEF support (see Building Resilience panel, below). In districts identified as high-priority 1 to 3, access to life-saving treatment for children was improved, with a total of 5,967 out of 9,335 health posts (64 per cent) now implementing outpatient therapeutic programmes, an increase of 44 per cent from 2009. With a 78 per
reported completion rate in the facilities managing severe acute malnutrition, an estimated 176,110 severely malnourished children were treated in therapeutic feeding programmes from January to September 2010, with an 81 per cent recovery rate, in line with Sphere standards. Another 39,000 severely malnourished children were anticipated to need such care between October and December of 2010.

Almost 10 million children (81 per cent) received essential child survival interventions, including vitamin A supplementation, deworming, screening and referral to World Food Programme supplementary feeding programmes. One million pregnant and lactating women received nutritional screening and those undernourished were referred for supplementary feeding.

Major nutrition cluster achievements include: seven emergency nutrition intervention projects were implemented in 22 priority 1 and 2 woredas, or local administrative units; 47 ad hoc surveys were coordinated and their data and reports were quality checked and approved; the therapeutic feeding programme reporting rate increased from 49 per cent to an average of 80.3 per cent in December 2009 and third quarter 2010, respectively; new methodologies and timing for nutrition assessments and response were developed in an effort to strengthen nutrition surveillance in Ethiopia; and funds were secured for the revision of the national guidelines for emergency nutrition assessment and response.

From January through June 2010 in the Afar and Somali regions, 234,000 people lacking access to health services, including 112,000 children under age 5, were treated by UNICEF-supported mobile health and nutrition teams. In addition, 157,500 people in flood-affected areas of Afar, Amhara, Gambella, Oromiya and Tigray regions benefited from the distribution of emergency drug kits. Immunization campaigns helped prevent measles in more than 1 million children in the worst-affected region of Southern Nations, Nationalities and Peoples.

More than 760,000 people in flood-affected regions had access to clean water through the provision of water-treatment chemicals by UNICEF. Water tankering, used as a last resort in some cases, brought clean water to 51,850 people. Emergency communication interventions, which were designed to enhance awareness and influence behaviour for healthy hygiene practices, continued through a variety of media channels.

In education, 66,958 children affected by drought, flood or conflict continued their education at temporary learning centres stocked with learning materials.
“I was able to take Hadas for treatment because the therapeutic feeding programme was being offered right in our village,” Maereg said. “If the programme was far from the village, then I would not have been able to take her because I would not have been able to afford the money for transport and to leave my other children at home, alone.”

Since 2004, a UNICEF-sponsored health extension programme has deployed more than 30,000 health workers across Ethiopia to provide essential health services and support emergency response activities. Following the decision of the ministry of health in June 2008 to decentralize to the health-post level the treatment of children suffering from severe acute malnutrition without complications, UNICEF has assisted the government-led roll-out of an outpatient therapeutic feeding programme by training health extension workers on managing the condition. Results show a dramatic improvement: national treatment capacity of the ministry of health increased from 135,000 cases per month in 2009 to 200,000 cases per month in 2010. Children with severe acute malnutrition can now be identified earlier and receive this life-saving treatment closer to home.

In 2011, UNICEF will work with the Government of Ethiopia, other UN agencies, NGOs and communities to respond to the needs of an estimated 7 million people, among them 6 million children who live in areas vulnerable to natural disasters and political tensions – including the Afar; Amhara; Gambella; Oromiya; Somali; Southern Nations, Nationalities and Peoples; and Tigray regions. UNICEF continues to lead the WASH and nutrition clusters and the child protection sub-cluster, and also co-leads the education cluster. In addition, since February 2004, UNICEF has supported the Government’s emergency nutrition coordination unit. UNICEF will seek opportunities to link its emergency interventions to early recovery and development. Because early warning of impending emergency situations is crucial, UNICEF will continue working with the Government and partners to strengthen nutrition and disease surveillance systems.

To help meet the needs of refugees in Ethiopia, UNICEF will work with partners in the Refugee Task Force headed by the Office of the United Nations High Commissioner for Refugees to provide contingency planning related to the potential refugee situation, in particular with regard to the Sudan’s referendum.

In 2011, UNICEF will take advantage of the opportunity to strengthen systems related to disaster risk reduction and emergency preparedness and response and to address structural vulnerabilities facing Ethiopia. This includes support for the development and roll-out of the draft Disaster Risk Management Policy – specifically decentralizing emergency preparedness and response planning, management of non-food items and participation in various forums discussing the country’s social protection agenda.

NUTRITION (US$26,665,000)
To help prevent deterioration of the nutritional status of children and to provide life-saving treatment for children with severe acute malnutrition, UNICEF will undertake a number of actions to benefit over 6 million people.

- UNICEF will provide immediate response to an estimated 210,000 children affected by severe acute malnutrition, while continuing to implement its Enhanced Outreach Strategy in collaboration with the World Food Programme.
- Early indication of deterioration in children’s nutritional status is crucial for a timely response to alleviate sickness and save lives. UNICEF will lead the nutrition cluster in support of the development and roll-out of a nutrition surveillance system to provide timely and accurate information on the nutritional status of children countrywide, with a focus on the most vulnerable districts and the identification of sentinel sites. In addition to ad hoc surveys, other sources of nutrition surveillance to be implemented or conducted in selected sentinel sites include routine therapeutic feeding programme monthly reports, monthly community-based nutrition reports, quarterly Child Health Days and early warning systems.
- Approximately 5,354,000 children and 600,000 pregnant and lactating women will benefit from a series of essential child survival interventions, including management of severe acute malnutrition for 210,000 children as noted above, nutritional screening (with referral to supplementary feeding programmes as appropriate), vitamin A supplementation and deworming, as well as the promotion of appropriate infant and young child feeding practices. Pregnant women and lactating mothers will receive nutritional screening and those who are undernourished will be referred for supplementary feeding.
UNICEF and Government partners will work to establish a reliable and decentralized system of emergency preparedness and response planning, including the establishment of a pipeline for non-food items. An estimated 100,000 people affected by emergencies will be supported with such non-food items as temporary shelter material, blankets and kitchen utensils.11

**HEALTH (US$9,991,000)**

UNICEF will focus on strengthening health systems while supporting preventive and immediate response to disease outbreaks in affected areas of the country, including the hard-to-reach areas of the Afar and Somali regions. Efforts are designed to benefit over 3.5 million people.

- Basic rural and remote health services are essential for the well-being of children and women. Twenty mobile health teams will continue to provide care to 2 million people in the Somali region, six mobile teams will help meet the basic health needs of 90,000 people of the scattered pastoralist population in the Afar region, and two mobile health teams will provide access to essential care for 302,000 people in the South Omo Zone of the Southern Nations, Nationalities and Peoples region.
- UNICEF will continue to work closely with the World Health Organization in support of government-led health cluster coordination, as well as with partners to ensure the needs of women, boys and girls are met through effective coordination, collaboration, preparedness and timely response, including support of disease surveillance and early warning systems.
- UNICEF will ensure measles vaccination for displaced persons as a result of conflict, floods or drought (with a 95 per cent coverage target). UNICEF will also provide vitamin A supplementation and deworming medication for an estimated 20,000 internally displaced persons, of which 2,800 children under age 5 (14 per cent) will be targeted in the measles campaign, and will ensure that a targeted 4,000 households each receive two insecticide-treated mosquito nets.
- In collaboration with the World Health Organization, UNICEF will provide technical support, drugs and kits to case treatment centres to enable management of acute watery diarrhoea in 32,000 people, to prevent malaria in 100,000 people in flood-affected areas, and to vaccinate 1 million children in high-risk areas against measles.

**WATER, SANITATION AND HYGIENE (WASH) (US$13,277,000)**

The overall goal for 2011 is to provide reliable access to safe water and proper sanitation and hygiene for an estimated 5 million people affected by drought, floods and acute watery diarrhoea outbreaks.

- UNICEF will focus on strengthening health systems while supporting preventive and immediate response to disease outbreaks in affected areas of the country, including the hard-to-reach areas of the Afar and Somali regions. Efforts are designed to benefit over 3.5 million people.
- Basic rural and remote health services are essential for the well-being of children and women. Twenty mobile health teams will continue to provide care to 2 million people in the Somali region, six mobile teams will help meet the basic health needs of 90,000 people of the scattered pastoralist population in the Afar region, and two mobile health teams will provide access to essential care for 302,000 people in the South Omo Zone of the Southern Nations, Nationalities and Peoples region.
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**CHILD PROTECTION (US$1,687,000)**

The most vulnerable children are at risk of resorting to negative coping mechanisms to deal with various hazards, including chronic food insecurity. To assist such children, UNICEF will work with the ministry of women, youth and children and the ministry of labour and social affairs in several areas.

- Child-focused social welfare services will cater to the needs of at least 15,000 out of an estimated 40,000 vulnerable children in the worst-affected regions of Gambella and Somali.
- UNICEF and its child protection sub-cluster entities will support the establishment of local and community-based child protection mechanisms to monitor, report and respond to child rights violations and other concerns regarding children. UNICEF will help to prevent sexual abuse and exploitation of children and women by monitoring, reporting and advocating against sexual violence and by providing post-rape health and psychosocial care and support.
- UNICEF will assist in the prevention of child separation and will facilitate the identification, registration and medical screening of separated children.
- UNICEF and partners will ensure that family tracing systems are implemented with appropriate care and protection facilities.

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**EASTERN AND SOUTHERN AFRICA: ETHIOPIA**

- The UNICEF-led WASH cluster will coordinate preparedness and delivery of emergency assistance and will develop a sustainable, longer-term water resource strategy and annual work plan in line with the Government of Ethiopia’s move towards disaster risk reduction.
- Both droughts and floods can impact access to safe water. About 480,000 people from drought- and flood-affected areas will have access to safe water provided by various means, including construction or rehabilitation of existing systems, receipt of household water treatment chemicals and safe storage receptacles, and, as a last resort in some cases, through water trucking.
- Preparing for outbreaks of acute watery diarrhoea is crucial, and containing them when they occur can save lives. UNICEF will provide important WASH-related information to children and women to help them prevent the illness. Preparedness and containment measures are expected to benefit an estimated 4 million people in 55 districts at risk of or directly affected by the illness.
- UNICEF will target 140 health centres, schools and therapeutic feeding programmes in localities at high risk for acute watery diarrhoea outbreaks and with malnutrition problems, with a target population of 700,000 people. The organization will also work to ensure increased access to clean water and the establishment of latrines and hand-washing facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate.
EDUCATION (US$3,450,000)
UNICEF will ensure that 210,000 children (out of 280,000 affected) in flood, drought and conflict-affected areas have access to quality education in child-friendly learning spaces.
• 210,000 children will be able to continue their education in temporary or rehabilitated safe and child-friendly learning centres due to the provision of tents and learning and teaching materials.
• The integration of these children will be ensured through the provision of psychosocial support and critical catch-up education programmes. Some 2,500 teachers and 450 parent-teacher associations will be trained on psychosocial techniques.

HIV AND AIDS (US$700,000)
UNICEF will strengthen the ability of drought, flood- and conflict-affected communities to reduce vulnerability and exposure to HIV, through activities to benefit 6,000 people. 
• To enable people in crisis-affected communities to have full access to HIV and sexual and reproductive health services, including services to respond to sexual violence, UNICEF will ensure that children, young people and women have access to information regarding HIV and AIDS prevention care and treatment.

CLUSTER COORDINATION (US$1,646,000)
To enable an effective and efficient coordinated response to improve the prospects of people affected by emergencies, all cluster coordination costs (national and sub-national) need to be adequately funded. These costs include a team for coordination and information management, along with administrative and operational support, to undertake a number of key actions and outputs. These include coordinating the collective response to maximize synergy and minimize duplication of efforts; identifying priority needs of affected communities based on experience and the results of rapid impact assessments; and developing a common strategic operational framework and response strategy that meets priority needs. In addition, UNICEF as cluster lead expects to put in place an effective monitoring mechanism that tracks progress and identifies gaps in the type of services being provided and in their geographical scope, and also articulates impact and outcomes through periodic progress reports. Information will be disseminated in a timely way and used in decision-making and planning.

2. This figure includes 5.3 million children who are reached through the Enhanced Outreach Strategy for Child Survival in the most vulnerable districts. In total, the programme reached 12 million children throughout the country through supplementation of vitamin A and deworming tablets, measles vaccination and screening for acute malnutrition.
5. Ethiopian Meteorological Agency.
8. Ethiopia-based classification system, where 1=highest priority; also referred to as hot-spot woredas, or districts.
11. One non-food kit includes blankets, plastic sheets, jerrycan, laundry and body soap, plastic basins, cups, plates, cooking pot, jug, ladle, polypropylene bags and ropes. One kit is provided per household.
12. Total number of beneficiaries may not equal the sum of beneficiaries per sector, due to overlap in services provided to individuals.
13. This amount includes US$1,500,000 for non-food items, such as shelter materials, jerrycans and utensils.

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<th>By sector</th>
<th>US$</th>
<th>Total per sector (all beneficiaries)</th>
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<th>Girls</th>
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