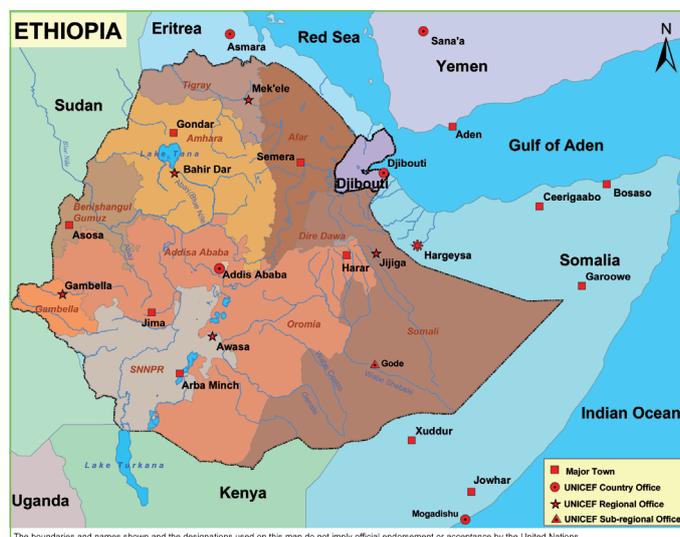


UNICEF HUMANITARIAN ACTION ETHIOPIA IN 2009



Core Country Data	
Population under 18	42,124
Population under 5 (thousands)	13,651
U5 mortality rate (2007)	119
Infant mortality rate (2007)	75
Maternal mortality ratio (2000–2007, reported)	670
Primary school enrolment ratio (2000–2007, net, male/female)	74/69
% U1 fully immunized (DPT3)	73
% population using improved drinking-water sources	42
Estimated adult HIV prevalence rate (aged 15–49), 2007	2,1
% U5 suffering moderate and severe underweight/stunting	11/47

Source: *The State of the World's Children 2009*

A severe drought crisis coupled with high food prices, low international availability of relief food and compounded by floods, conflict, outbreaks of acute watery diarrhoea and population displacement have severely affected the food, livelihood, health and protection security of 2.4 million children in Ethiopia. Forecasts into 2009 predict the continuation of a severe humanitarian situation requiring a large-scale emergency nutrition response supported by complementary response activities in health, water, sanitation and hygiene (WASH), education and child protection to fulfil the right to survival and protection of over 6 million children who will be assisted by UNICEF through the funds raised by the *Humanitarian Action Report*.

Summary of UNICEF Emergency Needs for 2009*	
Sector	US\$
Health	5,000,000
Nutrition	55,000,000
Water, Sanitation and Hygiene	4,500,000
Education	3,800,000
Child protection	2,800,000
Total**	71,100,000

* 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 underfunded emergencies.

** 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 AND WOMEN

The extended dry season in the pastoral areas of Afar, Somali and part of Oromia regions and below normal rainfall in Amhara, Tigray, part of Oromia and Southern Nations, Nationalities, and Peoples (SNNP) regions have led to the most severe humanitarian crisis since 2003. A significant number of people continue to face humanitarian challenges, including malnutrition, acute watery diarrhoea, floods, poor access to health-care services and critical water and sanitation shortage, thereby compromising the well-being of children. In October 2008, the Government estimated at 6.4 million the number of food relief beneficiaries, plus 5.7 million drought-affected people supported by the Productive Safety Net Programme (PSNP) out of a total of 7.2 million PSNP beneficiaries. This followed two requirements' revisions respectively in April 2008 at 2.2 million and in June at 4.6 million. All food security and livelihood analyses forecast a continued severe humanitarian situation into 2009.

Currently more than 200 *woredas* in Somali, SNNP, Oromiya, Amhara, Afar and Tigray regions are identified as being 'hotspots' because of a combination of high food insecurity, moderate to high malnutrition rates and rapid onset emergencies like epidemic outbreaks, floods or conflicts. The current nutrition situation is graded as serious and critical with global acute malnutrition (GAM) and severe acute malnutrition (SAM) prevalence ranging from 7.7 to 23.4 and 2.0 to 4.5 percent respectively, based on recent standard nutrition surveys conducted in vulnerable *woredas* in SNNP, Oromia and Afar regions. It is estimated that more than 84,200 children under age five will be in need of treatment for severe acute malnutrition each month. New admissions to therapeutic feeding programmes have increased significantly from the onset of the emergency to October 2008 with a total of 164,400 new admissions registered from January to October 2008. The number of therapeutic feeding sites has increased in 2008 from less than 200 to more than 1,200 with 500 at health post level. However, the programme coverage in the six regions is still low trailing at 56 per cent. Children in the remaining 44 per cent vulnerable areas have currently no access to lifesaving treatment for severe acute malnutrition.

The food security situation in the eastern half of the country is expected to remain problematic in the coming months. In some areas, staple food prices have more than doubled while livestock prices are on the decline, depriving pastoralists from income to manage their basic food needs. Access to water and pasture remains a problem in Afar and Tigray regions. Poor pasture availability and drought-related endemic diseases are also resulting in increased emaciated and death of livestock in most areas in the Somali region.

A direct consequence of the low food security is a worsening impact on people's lives and a further rise in malnutrition cases. There is therefore an urgent need to mobilize a timely and adequate response to address the immediate needs of women and children and alleviate further deterioration of the situation.

Acute watery diarrhoea (AWD) remained a challenge from April to September 2008. The disease is mainly attributed to poor access to safe water and to sanitation, together with extremely poor hygiene and limited capacity to contain the disease by adequate regulations and practices. As of 19 October 2008, the World Health Organization (WHO) reported a total of 3,710 AWD cases and 20 deaths in 49 districts of 6 regions and Addis Abeba. The number of cases in the country is feared to be higher as presently notification is limited because of inadequate surveillance systems and political implications in reporting AWD. However, the trend shows that, while nationally cases are decreasing, geographical coverage is expanding with new districts being affected.

Severe water shortage in various parts of the country is forcing an estimated 600,000 people to rely on water tankering. The start of the rainy season in the pastoral areas of Somali, Afar, SNNP and Oromia regions did little to relieve the situation as it was limited in amount. On the other hand, heavy rainfalls affected over 100,000 people and led to the displacement of an estimated 50,000 people, including 35,000 in Gambella region alone.

During 2008, drought, floods, AWD and conflict in the Ogaden, Oromia, Amhara and Gambella regions forced more than 150,600 children to drop out of school. This if not addressed will impact negatively on the achievement of Millennium Development Goal 2 (MDG2) by Ethiopia. At national level, 128 formal schools and 529 alternative basic education centres were reported to have closed with some of them serving as shelter for internally displaced persons (IDPs). Moreover, the severe impact of high food prices on child protection in urban and peri-urban areas in particular is of great concern.

2. KEY ACTIONS AND ACHIEVEMENTS IN 2008

In 2008, UNICEF undertook one of the largest responses to severe malnutrition ever undertaken globally. Since the beginning of the emergency (April 2008), some 137,500 children have been treated in therapeutic feeding programmes. UNICEF procured a total of 4,542 tons of ready-to-use therapeutic food (Plumpy'nut and BP100, locally and internationally) to support the treatment of 100,000 severely malnourished children every month in the drought-affected regions (Oromia, SNNP, Somali, Afar, Amhara and Tigray). The number of therapeutic feeding sites increased in 2008 from less than 200 to more than 1,200, with 500 at health post level. However, the programme coverage in the six regions is still low at 56 per cent. The remaining 44 per cent of children, particularly those living in vulnerable areas, currently have no access to lifesaving treatment for severe acute malnutrition. This situation is aggravated by high consumer food prices and the lack of supplementary/relief food in the country. The resources and availability of ready-to-use therapeutic food into 2009 at a level of 600 to 1,000 tons a month will remain a major issue.

In support to the Government and in collaboration with local, national and international partners within the framework of the cluster approach, UNICEF actively contributed to prevent and reduce child mortality and morbidity due to malnutrition and communicable diseases and to the impact of conflict and displacement. For the fourth consecutive year, UNICEF continued to support the Enhanced Outreach Strategy (EOS) for child survival. Accordingly, under this strategy implemented in the first semester of 2008, 11 million children were supplemented with vitamin A (93.8 per cent), an increase from 1.3 million children reached in 2004. In addition, 7.9 million children received deworming tablets (99 per cent), again an increase from 855,000 reached in 2004. Furthermore, 78,000 children diagnosed with severe acute malnutrition (2.4 per cent) were referred to inpatient and outpatient therapeutic feeding programmes. Another 464,000 children and women with moderate malnutrition were referred to targeted supplementary food programmes supported by the World Food Programme (WFP) – 9.6 per cent and 24.8 per cent respectively.

The development since 2004 of the Health Extension Programme resulted in the deployment of 24,000 health extension workers across the country (another 6,000 to be deployed in December 2008), two in each *kebele*. These health extension workers are providing health services to the population and support the emergency health and nutrition response activities. In June 2008, the Federal Ministry of Health decided to decentralize the treatment of children suffering from severe acute malnutrition without complications at the health post level. To this end and together with other partners UNICEF supported the development of training guidelines and of a manual on the management of severe acute malnutrition in local languages. In addition, UNICEF hired consultants to support the training of 447 health post supervisors and 3,762 health extension workers deployed in the 100 worst-affected districts in Oromia and SNNP regions. This decentralization made it possible to increase the national treatment capacity of the Ministry of Health from 25,000 cases a month to 65,000 a month at the end of 2008.

In the area of health, UNICEF supported the Regional Health Bureaux procuring drugs, medical supplies and technical assistance. In particular, UNICEF with the Regional Health Bureau of the Somali region was able to deploy 15 mobile health and nutrition teams in the conflict-affected areas. Since January 2008, the teams have provided more than 170,000 consultations (40 per cent to children). In response to an outbreak of AWD in 2008, UNICEF sent Ringer's lactate and oral rehydration salts (ORS) to the affected regions as well as 33 case treatment centre kits, which allow for the treatment of 330 inpatients at any point in time and more than 500 outpatients per day. The technical assistance provided by UNICEF staff and consultants proved essential to ensure the correct establishment and management of case treatment centres. The affected regions also received water purifying chemicals and various sanitation supplies valued at US\$ 1.3 million, which benefited 145,000 people and enhanced the prevention of waterborne diseases through household water treatment and safe storage. Furthermore, to contain the spread of the disease and, as part of preparedness activities, UNICEF, WHO and Population Services International (PSI) together with the Regional Health Bureaux conducted trainings on AWD prevention and case management for 160 health personnel in Gambella, Amhara, Somali and SNNP regions. Added to these interventions, case management, prevention and communication activities were facilitated through UNICEF/WHO and the Regional Health Bureaux' joint efforts to control the disease. However, while the number of cases is decreasing, the overall disease trend is showing a geographic spreading, particularly as the progression of the rains heads south.

UNICEF continued to support the drought-affected population providing clean water through water tankering for approximately 215,000 people. Some 30,000 people affected by floods and displacement benefited from the provision of shelter, water storage and cooking materials in Somali and Gambella regions through UNICEF's decentralized prepositioning strategy. Response was coordinated within 10 days of flood occurrence.

In response to the education emergency, UNICEF distributed 497 school furniture, 362 'school-in-a-box' kits and 80 Aluronda tents to set up temporary learning centres, and provided psychological trainings to 240 parent-teacher associations in Somali, Gambella, Oromia, Amhara, SNNP and Tigray regions. As a result, 43,630 emergency-affected school-aged children (29 per cent of the total affected children) across the country were able to resume schooling. In addition, an education cluster, consisting of UN agencies and NGOs, was established recently at national level to respond in an organized manner to education in emergencies.

3. PLANNED HUMANITARIAN ACTION FOR 2009

Coordination and Partnership

Much of the Country Office's coordination work is taking place within the framework of the new cluster leadership approach in Ethiopia. UNICEF is the cluster lead for nutrition and WASH, and cluster lead for education in partnership with Save the Children Fund UK (SCF-UK). UNICEF works also very closely with WHO in support of the health cluster leadership and with the UN Refugee Agency (UNHCR) within humanitarian assistance, recovery and food security. The Enhanced Outreach Strategy-Targeted Supplementary Feeding (EOS-TSF), one of the largest child survival programmes globally, supported by UNICEF and WFP, reaches over 7 million Ethiopian children under age five twice a year.

Linkages of HAR with the 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. Within the framework of the new Country Programme, UNICEF has deployed seven regional-based teams, which provide support to the Government and enhance local partnerships with communities, including in the area of disaster prevention, mitigation, preparedness and recovery. UNICEF ensures the integration of critical emergency preparedness into the annual work plans.

UNICEF Ethiopia will remain at the forefront of humanitarian assistance activities in 2009, seeking to support the Ethiopian State to develop more sustainable institutional disaster management capacities as well as reinforcing partnerships and coordination mechanisms within the framework of the humanitarian reform and the evolving cluster approach. UNICEF will in particular look into strategies that maintain and strengthen the capacities to treat severe acute malnutrition at the national level, whilst exploring further preventative options in partnership with WFP and other partners.

Health (US\$ 5,000,000)

For 2009, the overall goal is to minimize the impact of the ongoing crisis on the health status of children under age five. Emergency-affected people and host communities will benefit from the following key activities:

- Procure and distribute essential emergency drugs and equipment to ensure that 38 comprehensive emergency health, nutrition and WASH mobile teams provide preventative, curative and referral services to more than 1.4 million people (77 per cent of the affected population) in the emergency-affected areas of the Somali and Afar regions. These mobile teams will also provide maternal and neonatal services. UNICEF will support the operations of these teams with funds, technical assistance, including logistics and monitoring and evaluation;
- Replenish health supplies in more than 30 fixed health facilities, benefiting 1.4 million people severely affected by the conflict and drought situation in Somali and provide essential medical products, including medicines, to pastoral areas of Afar;
- Procure ORS, Ringer's lactate and case treatment centre kits, and train health officers to provide lifesaving treatment, isolation and containment of AWD epidemics for at least 100,000 people;
- Support emergency measles campaigns in drought- and conflict-affected areas targeting at least 450,000 children.

Nutrition (US\$ 55,000,000)

For 2009, the overall goal is to reduce mortality associated with malnutrition in drought-affected *woredas*, whilst ensuring that the management and resourcing of severe acute malnutrition treatment for most cases is integrated within the regular framework of the Health Extension Programme. Key activities include:

- Support the overall coordination of the emergency nutrition response through the Emergency Nutrition Coordination Unit (ENCU) (cluster lead);
- Closely coordinate with the Disaster Prevention and Preparedness Agency (DPPA), WFP and NGOs to ensure that adequate food and supplementary feeding response (blanket and/or targeted) is provided;
- Maintain the number of therapeutic feeding programmes through health centres, hospitals and health posts for the treatment of around 100,000 severely malnourished children every month (70–80 per cent coverage);
- Provide technical assistance in the field to ensure quality services and operation;
- Support/monitor the logistics of the operation;
- Act as the provider of last resort (nutrition cluster lead);
- In 2009, reach twice 12 million children under age five and 1.5 million pregnant/lactating women with key child survival interventions through EOS (85 per cent coverage expected).

Water, Sanitation and Hygiene (US\$ 4,500,000)

For 2009, the overall goal is to improve water supply and sanitation of drought- and conflict-affected populations through the construction/rehabilitation of water points, water tankering and the promotion of hygiene education. The overall estimated number of beneficiaries, about 1.2 million people, focusing particularly on children and women, will be reached through the following key activities:

- Construct/rehabilitate wells/water supply schemes and adequate sanitary facilities in 130 health centres;
- Rehabilitate/construct 200 wells, boreholes and water supply schemes and install pumps to provide safe drinking water to some 450,000 individuals in permanent and areas of return, and as last resort support water trucking where water needs cannot be supported with any other option;
- Promote hygiene education and hygiene awareness programmes in schools and communities in the seven regions the programme is operational in order to complement existing water and sanitation services reaching some 700,000 people;
- Train water, sanitation and hygiene committees (WASHCO) and health extension workers in basic maintenance and testing activities;
- Procure and distribute water treatment chemicals and WASH-related items to 150,000 people.

Education (US\$ 3,800,000)

For 2009, the overall goal is to support all 120,000 schoolchildren displaced and affected by the emergency situation and to reach 18,000 teachers through the following key activities:

- Conduct on-the-spot rapid education in emergency assessment;
- Supply basic scholastic materials including 975 'school-in-a-box' kits for 78,000 primary schoolchildren;
- Procure/distribute 32,000 school uniforms, 230 recreational kits and school supplies for 32,000 children;
- Train 18,000 primary schoolteachers and 2,400 parent-teacher associations on psychosocial needs with particular emphasis on the integration of children to school after emergency crises and on HIV/AIDS and safe education practices;
- Support the construction of 180 temporary learning centres and rehabilitate 200 classroom structures to accommodate 16,900 primary schoolchildren;
- Construct 34 separate latrines for boys and girls.

Child Protection (US\$ 2,800,000)

For 2009, the overall goal is to reach some 572,000 children in need of protection in the Somali, Gambella, Tigray and Afar regions with the following key interventions:

- Deliver basic social services and psychosocial support for 2,000 survivors of abuse, exploitation or trafficking;
- Demobilize and reintegrate child soldiers in the Somali region; roll out communication campaign through churches, local leaders and elderly to prevent further enrolment;
- Work with all partners to develop an effective surveillance system that includes data collection on mine-risk education (MRE) activities, victims of unexploded ordnance (UXO) and suspect mined areas in the Somali region;
- Reach 300,000 children through MRE activities;
- Ensure standing readiness capacity to provide shelter to 200,000 people.