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## Fast Facts

### UNICEF: Facts on children in the Horn of Africa

#### Somalia

##### The Situation

- Somalia has endured a complex socio-political environment for 20 years, alongside extreme poverty, food insecurity, conflict and instability, which has had a significant impact on women and children.
- Currently an estimated 3.7 million people (1 in 3), are caught up in humanitarian catastrophe. An estimated 1.85 million children are in need of humanitarian assistance, a 35% increase since January.
- 855,723 (58%) of the total 1.46 million internally displaced persons (IDPs) are children under 18, mainly displaced by drought and conflict. An average of 1,105 and 845 Somali children are arriving in Ethiopia and Kenya respectively on a daily basis.
- The number of acutely malnourished children has risen from 476,000 in January (103,000 severely malnourished and 373,000 moderately malnourished) to 780,000 (340,000 severely malnourished and 440,000 moderately malnourished) with 82% of all acutely malnourished in the south – representing 638,000 (308,400 SAM and 330,000 MAM).
- In most regions of the south, 1 in 5 children are severely malnourished and in some regions (Bay) 1 in 3 children are severely malnourished and at exceptionally high risk of death.
- Routine immunization coverage is among the lowest in the world (measles coverage in the central and Southern parts of the country in 2008 was 26%). Some areas of the south (Lower Shabelle and Jubas) have been denied access for immunization since 2009.
- Population-wide death rates are above the famine threshold (2 deaths per 10,000 per day) in Bakool agropastoral, and Lower Shabelle, and are elevated across the south. Under 5 death rates are higher than 4/10,000/day in all areas of the south, peaking at 13-20/10,000/day in riverine and agropastoral areas of Lower Shabelle.
- With a primary school age population (6-13 years) estimated at 1,740,068, the Gross Enrolment Rate (GER) is amongst the lowest in the world at 31% throughout Somalia (37% for boys and 22% for girls). In central and southern Somalia, the gross enrolment rate stands at only 22%. Pupil teacher ratio is 33:1 with the number of teachers estimated at 13,966 (11,912 male and 2,054 females)
- Only 30% of the overall population has access to safe water and only 20% of those in the worst affected areas of the south.
- Conflict continues to maim and kill children and women. Campaigns to recruit thousands of children including girls – especially from schools - into armed forces/groups are intensifying. By June, over 904 children (624 boys and 280 girls) were victims of reported grave child rights violations, including 62 Killing; 185 Maiming; 79 illegal arrests; 406 child recruitments; and 170 rapes.

##### Addressing child survival - UNICEF Plans for scaling up response

The acute food security and nutrition crisis must be addressed through an integrated package of nutrition, WASH, health and livelihood interventions. In the absence of food aid the focus is on saving lives through reducing malnutrition and its contributing factors: killer and water borne disease and food insecurity.

##### Nutrition

- Doubling capacity for treatment of malnourished children, including scaling up our network of OTPs and SFPs currently numbering over 500 facilities in the south to reach an additional 100,000 severely malnourished children.
- At the same time, the aim is to provide blanket supplementary feeding for 510,000 families over six months (over 3 million people), especially at transit /IDP camps.

##### WASH

- The package of interventions will also include massive scale-up in WASH, to upgrade water supply/sanitation facilities and hygiene promotion in the 500 targeted Nutrition centres, and ensure large-scale distributions of WASH items (NFIs, soap and household water treatment) using OTPs as community entry points, targeting 300,000 children and their families (totalling 1.8 million people).

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- Scaling up water access through the voucher system, we already have in place, to reach 60,000 people, and emergency water supply and sanitation is also planned for 50,000 IDPs at camps and transit sites.
- A strong component throughout will be hygiene promotion, with the aim to reach communities with hygiene messages through OTPs, in camps, in host communities, and through schools and child-friendly spaces.

#### Health

- Measles, DTP, TT vaccination campaigns integrated with Vitamin A and de-worming supplementation (underway in Mogadishu this week).
- 2.5 million children under 15 years of age are targeted for measles immunization
- 1 million children aged 6-59 months for Vitamin A supplementation, and 900,000 aged 12-59 months for deworming.
- A network of 300 maternal and child health centres and health posts we support in the south will also be receiving emergency health kits to meet the basic health needs of 2.5 million people, and we plan to expand routine EPI at supported centres.
- To prevent Malaria during the key transmission season starting in October, we are planning LLIN distributions (100,000 have already been distributed in the south Shabelles) we will be distributing 30,000 for IDPs (on their way) in and around Mogadishu and Baidoa. We have 250,000 allocated for central south regions (70,000 for Mudug) in anticipation of October rains and seasonal spikes in malaria we are likely to witness.

#### Education/Child protection:

- Scaling up coverage of child friendly spaces and temporary learning spaces in 125 IDP sites, to have 343 Child Friendly Spaces (CFS) to reach 177,000 children;
- We are also working on preparations for the next school year to convert Child Friendly Spaces into schools. As schools are on break, the current focus in CFS will be protection with elements of education, while from September the focus will shift to education with elements of protection. In addition, linkages with nutrition, health and WASH elements will be included, to have more formal education opportunities.
- Food vouchers are also being explored to attract children to Child Friendly Spaces (education vouchers are already being provided in Bosasso IDP camps for about 3,000 children). Expanded use of Community Education Committees is being explored to support messaging and community mobilisation in areas such as hygiene education and protection.
- Through 15 child protection networks (mostly in the south), 20 monitoring organisations and 40 child protection monitors we will scale up community mobilisation activities on protection.
- We are also working with partners to identify Separated and Unaccompanied Children and work on prevention of separation. The network of Child protection monitors on the ground will also be leveraged for screening and referrals, and for provision of psychosocial support at CFS.

#### Response in 2011

##### NUTRITION:

By May 2011, a total of 35,295 severely acutely malnourished children had been admitted in 448 Out Patient Therapeutic Programs (OTPs) and Stabilization Centres across Somalia, mostly in the south. Out of these, 21,170 have been treated and 294 were reported dead. In addition, a total of 68,628 moderately malnourished children have been admitted in 340 Supplementary Feeding Programs (SFPs) with 13,399 of them treated and 119 deaths.

##### HEALTH

A campaign in March 2011, in 5 districts in Mogadishu reached 75,197 (89%) children with measles vaccination, 107,949 (95%) women of child bearing age with tetanus toxoid vaccination and 76,575 (96%) children with Vitamin A supplementation. Through a Polio campaign in April and June 2011 in Benadir and Galgaduud regions, over 320,000 (84%) children were reached with 2 doses of Polio. In south central regions a total of 114 Maternal and Child Health centers (MCH), 351 Health Posts (HPs) are being supported to provide basic primary health care services to 883,700 people, including IDPs and drought affected people from nomadic settlements.

##### WASH

Since January, over 234,432 people benefited from new access to safe water sources (urban 67%, rural 9%), through the construction/rehabilitation of 37 water points. UNICEF's support for operations, maintenance and chlorination of drinking water systems, including in Mogadishu and Afgooye Corridor continues to provide safe drinking water to over 1.2 million emergency affected people throughout Somalia, reducing their vulnerability to waterborne diseases.

##### EDUCATION

By May, UNICEF and partners supported 30,488 emergency-affected and displaced children to access schooling, including 13,092 girls. About 1,400 teachers received incentives -304 female- to ensure continuity in education and teacher retention. The lack of funding for emergency education response is a serious concern, as the impact of drought and conflict is especially hitting hard on IDP and pastoral children and a possible discontinuation of teacher's monthly incentives could largely disrupt the teaching and learning process across Somalia. In addition, children continue being recruited into armed forces, especially from schools, and sent to fight on the frontlines.

##### CHILD PROTECTION

Through a network of 19 human rights monitoring organizations and 14 Child Protection Networks, by June 2011, UNICEF supported the documentation of over 900 grave child rights violations, with the majority being cases of killing and maiming, abductions, child recruitment (from all parties to the conflict) and sexual violence. Many children were referred to available medical, psycho-social and legal services. UNICEF also mobilized 63 IDP and vulnerable host communities to prevent and respond to child protection violations and 1,522 gender based violence cases were documented and referred to services. In the south, 330 former child soldiers and children at risk of recruitment are being reached through a community based programme offering vocational skills training and school reintegration. Community and school based psycho- social activities reached 17,486 children, primarily from IDP camps and conflict affected areas.

#### **UNICEF operations and current staffing**

Staff: 153 staff based in Somalia and 90 in Nairobi

Staff inside Central South Zone: 27 national staff in Baidoa, Wajid, Mogadishu

Offices: Mogadishu, Baidoa, Galkayo (hub for central south), Bosasso, Hargeisa (also hub for central south), Jowhar (closed)

Work spaces: Garowe, Wajid

#### **UNICEF and partners**

UNICEF works with over 100 partners including governments, United Nations agencies, NGOs and communities to provide emergency relief in line with the Core Commitments for Children in emergencies. Among its key donors and partners are the Governments of Japan, Italy, Spain, Denmark and Norway, the UK's DfID, Swedish International Development Agency (SIDA) and Somali Red Crescent among others as well as UNICEF National Committees. UNICEF is the largest provider of water, education, primary health care and nutrition services in the country.

### **Kenya**

#### **The Situation**

On May 30, 2011, Kenya's President Kibaki declared the drought being experienced in parts of East Africa a national disaster. Kenya is in a severe crisis due to the converging effects of the worst droughts in decades and a sharp rise in food prices which has severely hit the most poor and vulnerable populations. The affected regions are: Turkana, Wajir, Mandera, Isiolo, Marsabit and Moyale. As well the on-going effects of armed conflict in Somalia have triggered one of the sharpest refugee outflows in a decade into Kenya.

- More than 385,000 children and 90,000 pregnant and lactating women are suffering from acute malnutrition, and crude mortality and under-5 mortality rates are now at emergency levels in Turkana. There has been a 78% increase in new admissions of severely acutely malnourished children compared to 2010, and the current caseload is 13,483 children; a 30% increase in numbers of moderately malnourished children admitted, with 54,272 under treatment. 20,346 pregnant and lactating women are in treatment for acute malnutrition. This situation will have consequences on the long-term physical and mental development of children in Kenya.
- The drought and security situation in Somalia has also led to an influx of refugees into the already crowded Dadaab camps, bringing the total population to 423,000 with an additional 50,000 people living on the outskirts. Levels of severe acute malnutrition and mortality in young children are a serious concern in the camps and there are limited resources to address the situation, with 10,000 new people arriving every week. With malnutrition being an underlying factor in more than half of all child deaths and a significant contributing factor to poor growth and development, efforts to address and prevent child malnutrition and mortality must be scaled-up through an immediate response.
- In the drought affected areas, the current migratory pattern in search of pasture and general livelihoods has reduced the populations access to essential health care and as a result many health indicators are worsening as reflected by the low uptake of immunization services, skilled deliveries and antenatal care. There is an increased risk of disease outbreaks including measles, with the northern and north-eastern areas of Kenya reporting measles outbreaks. As well 22 districts with sub-optimal routine immunization and surveillance indicators are at high risk of wild poliovirus. The refugees coming from southern Somalia are from areas which have low routine immunization and have been inaccessible for vaccination campaigns, further increasing the risk of spread of vaccine-preventable disease. The most prevalent diseases are malaria, diarrhoea, vomiting and Acute Respiratory Infections (ARIs). With the increase in malnutrition among children and women together with increasing poor sanitation and hygiene practices this heightens the risk of contracting infectious diseases among the population.
- The failure of the rains has had an impact on availability of water. In the affected areas, the water is now expected to last 1-2 months instead of the usual 3-4 months. Distances to water sources have increased up to 15 kilometres, with some households spending the night at communal water sources because demand is outstripping supply. Households are using 10 litres of water per person per day, less than half of the seasonal average. Low water levels may expose households to diseases, including cholera, often prevalent during drought periods.
- In the drought-affected districts, while there is no drastic change in total school enrolment, migration within districts is leading to a drastic increase in enrolment in some schools and decreases in others. The Ministry of Education cannot cater to this shift in enrolment, with some schools educational materials (education emergency kits). UNICEF is working to assess the extent to which the drought has affected school enrolment, including changes in enrolment in the affected districts.
- The displacement of children due to the drought situation has raised protection concerns: children move to the cities in search for a better situation, and are likely to be separated from their families. They are therefore more vulnerable and exposed to child labour, child abuse, prostitution and drug abuses.

**UNICEF Emergency Response****In nutrition**

UNICEF is currently supporting the Ministry of Health through eight NGO partners and 18 Nutrition Support Officers in the most affected district to ensure access to essential services at health facility and community levels. UNICEF response includes:

- Scaling-up access to essential nutrition services, including management of acute malnutrition, at community level through increased outreaches, through existing partnerships as well as in areas with no partners (i.e. Turkana North, West Pokot).
- Scaling-up human resource support through existing partnerships to ensure adequate delivery of critical services at health facility and community levels
- Providing essential nutrition commodities (e.g. therapeutic foods, anthropometric equipment) for management of severe acute malnutrition to all affected districts
- Strengthening coordination at national and sub-national level to ensure timely response and adequate coverage among key partners
- Increasing collection, analysis and dissemination of key information for response planning and monitoring.
- Advocating with other sectors for increased response e.g. food aid, water and sanitation, health.

**In health**

- A weekly bulletin on epidemics forms the basis for support to the affected areas. The provincial health teams in the affected regions are equipped with a rapid assessment checklist to record emergency status and track supplies, gaps and response activities.
- Assorted emergency health supplies, including insecticide, treated nets, assorted antibiotics, ORS, Ringers lactate, anti-malaria drugs, have been pre-positioned in the affected provinces.
- Support to the scale-up of the delivery of High Impact Interventions, including immunization, management of illnesses including diarrhoea through use of ORT/ORS and zinc, ITN distribution, deworming, antenatal care, Prevention of Mother To Child Transmission of HIV, health education using integrated outreach services to increase the level of communities and health facility teams to detect, refer and respond to emergencies.
- Support to implement an immunization campaign with measles and polio vaccines, together with Vitamin A supplementation and de-worming targeting 205,000 children in the Dadaab camps and surrounding districts from 25-29 July.
- Communication and social mobilization to increase uptake of integrated outreach services and to promote good hygiene practices.  
In Water, Sanitation and Hygiene (WASH)
- The WASH sector is reaching out to donors and development partners to meet the funding gap of US\$5.5 million to be able to effectively respond to the drought emergency.
- Support through a partner to rehabilitate 10 shallow wells and construct five new ones in Marsabit district to provide access to safe water for 4,250 people.
- 3,000 ceramic water filters have been sent to District Public Health Officers in Turkana, Isiolo, Mandera and Wajir, and to UNICEF field offices Garissa and Kisumu to improve the quality of water for 15,000 people in 3,000 households
- Provision of safe water supplies through the drilling of new boreholes, possible extensions of piped water systems and rehabilitation of existing water systems in the worst affected areas and host communities around Dadaab.
- 200,000 aqua tabs and five drums of chlorine have been sent to the District Public Health Officer in Mandera.
- Development of a hygiene education campaign to promote hand washing with soap and household water treatment in the affected areas.

**In education**

- UNICEF is ready to provide emergency education kits and tents to 18,000 pupils, requiring \$300,000 for tents and additional educational kits.
- UNICEF is also discussing with the World Food Programme, the possibility of scaling up the school feeding programme.
- In the long-term UNICEF is addressing the chronic situation of droughts by advocating for mobile schooling and low-cost boarding schools.
- UNICEF together with the Ministry of Education and partners are undertaking an in-depth  
In child protection
- UNICEF has undertaken a rapid assessment mission to Eldoret which is experiencing an influx of unaccompanied children fleeing the drought in Turkana, and is working on modalities to scale up government programmes.
- For North Eastern Province, child protection responses will build into and expand on existing components of the child protection system.
- UNICEF is scaling up partnerships with Save the Children in Dadaab camp to meet the growing protection needs of the existing and incoming populations.

## FACTS ABOUT KENYA

<b>Total population:</b>	<b>2009; 38.6 million</b>
<b>Pop. under 18/ pop under 5</b>	<b>2007; 20 million/ 7.12 million</b>
<b>Life expectancy at birth</b>	<b>2008; 54</b>
<b>Development level</b> (source: UNDP)	<b>2007-2008 ; 148</b>
<b>GNI per capita</b> (source: WORLD BANK)	<b>2008; US\$ 770</b>
<b>Maternal mortality ratio (per 100,000 live births)</b>	<b>2008; 488</b>
<b>U5 mortality rate (per 1,000 births)</b>	<b>2008; 52</b>
<b>U5s moderately or severely underweight</b>	<b>2008; 16%</b>
<b>Access of population to clean water</b> (source: JMP)	<b>2008; 83%; urban, 52% rural</b>
<b>Access to adequate sanitation</b> (source: JMP)	<b>2008; 27% urban, 32 % rural</b>
<b>Primary school enrollment ratio (net)</b>	<b>2009; 94.6%(boys), 90.5% (girls)</b>
<b>One-year-olds immunized against DPT3 (% , age 12-23 months)</b>	<b>2008; 86</b>
<b>One-year-olds immunized against measles(% , age 12-23 months)</b>	<b>2008; 85</b>
<b>Adult HIV prevalence</b> (source: UNAIDS)	<b>2008; 7.4%</b>
<b>People living with HIV</b>	<b>2009; 1.45 million</b>
<b>No. of orphans or vulnerable children due to HIV/AIDS</b>	<b>2007; 2.4 million</b>

Source: All other data from the 2008-2009 Kenya Demographic Health Survey (KDHS)

### UNICEF in Action

The Country Programme of Cooperation (2009 to 2013) with the Government of Kenya focuses on Child Survival and Development (including Nutrition, Health, Water, Sanitation and Hygiene (WASH) Child Protection; and Education and Young People. The result areas for each of the programme components are as follows: -

#### Nutrition

- Infant and young child nutrition;
- Micronutrients and management of acute malnutrition; and
- Incorporating issues related to HIV as well as emergency preparedness and response.

#### Health:

- Full immunization coverage, with emphasis on measles immunization;
- Increase in the use of ITNs;
- Prevention of mother-to-child transmission;
- Treatment and care for children and others living with HIV and AIDS;
- Maternal health care; and
- Community based preventive interventions.

#### Water, Sanitation and Hygiene (WASH)

The delivery and use of sustainable improved water supply;

- Improved sanitary facilities with hand washing as well as behaviour change;
- Evidence-based policy/ and Institutional capacity building; and
- Emergency preparedness and response.

#### Child Protection

- A national child protection system grounded in the legal and policy framework;
- Implementation of child-friendly and gender appropriate justice procedures for child victims, witnesses and offenders;
- Expansion of the Child line (free telephone helpline) and child protection centres as key components of response and referral mechanisms;
- Capacity-building of health professionals to ensure a comprehensive response to victims of violence, including sexual violence;
- Retention of OVC in households through the cash transfer programme;

- Capacity-building for reunification of separated children and strengthening of alternative family-based care, such as guardianship and foster care; and
- Support the development of a communication strategy to address harmful social norms at community level.

## Education

- Access to Early Childhood Education and primary education levels of basic education for children disadvantaged by economic and geographic circumstances.
- Expanding education opportunities in Arid and Semi-Arid lands and urban informal settlements.
- Enforcing quality through the mainstreaming of the Child Friendly School concept throughout basic education and its use to ensure and measure the quality of teaching and learning nationwide.
- Youth Empowerment to promote stronger political commitment to the empowerment of at-risk youth and the development of mechanisms for their integration in society as productive citizens.
- A Life Skills curriculum for in-and-out-of-school children.

Other components such as Policy, Planning, Advocacy and Communication, Human Rights (including Gender Equality), Participation and Capacity Development, Social Protection and Emergency Preparedness, Response, Mitigation and Early Recovery cut across all programming areas. HIV and AIDS is also a cross-cutting issue addressed in all programme areas.

## UNICEF in Kenya

- UNICEF began its operations in Kenya in 1971
- The Kenya Country Office currently has 195 members of staff, including 40 National Officers, 39 International Professionals, 89 General Service, 3 UNVs, 24 TFTs and TAs
- The main languages spoken are Arabic, English, Russian and Spanish.

UNICEF works with the Government of Kenya, UN agencies, national and international NGOs such as Concern Worldwide, Family Health International, GTZ, International Rescue Committee, Oxfam and Save the Children.

## ETHIOPIA

### The Situation

- Although emergency conditions are familiar to many in Ethiopia, the failure of two consecutive rains has severely affected Ethiopia's food security situation. Since the beginning of 2011, the double blow of escalating food prices combined with drought has meant that the number of people in need of emergency food assistance has increased from 2.8 million to 4.5 million. An estimated 312,740 children are severely malnourished and require urgent life-saving treatment. This is a 33% increase from projections made at the beginning of the year.
- Children face an increased risk of diarrhoea, measles and other killer diseases. In June and July there has been a noticeable increase in the cases of acute watery diarrhoea in the Somali region. Countrywide, the number of cases is expected to increase even further from September with the usual pilgrimage and migration to holy water sites.
- The Government indicates that 5 million people are at risk of acute watery diarrhoea (AWD), 8.8 million people at risk of malaria and 2 million children under 5 at risk of measles.
- The number of Somali refugees escaping drought and conflict in Somalia has been on the rise in 2011, with nearly 2,000 refugees being registered by UNHCR every day since July, making a total of 135,000 presently. An estimated 100 children are arriving in Ethiopia every day, many of them severely malnourished.
- Dolo Odo in the Somali region houses approximately 115,000 refugees and the nutrition indicators are much worse than the rest of the country with 30% Moderate Acute Malnutrition (MAM) and 12% Severe Acute Malnutrition (SAM).
- With malnutrition being an underlying factor in more than half of all child deaths and a significant contributing factor to poor growth and development, efforts to address and prevent child malnutrition and mortality must be scaled-up through an immediate response.
- Although there have been recent improvements in the routine immunisation coverage in Ethiopia, the country still has one of the highest number of un/under immunised children in the region, leaving children more vulnerable to disease outbreaks of measles and polio.
- Keeping children in school in the drought-affected pastoralist areas is a challenge. Many children drop out of schools as communities move in search of pasture for animals and drinking water.
- 30 million Ethiopians – out of a total population of 82 million – still lack access to basic sanitation and safe and reliable drinking water. Drought is exacerbating these issues.

Emergency facts and figures at a glance

Overall number of people in need of food assistance

4.5 million people

Displaced children 100 Somali refugee children arriving in Ethiopia daily

Crisis malnutrition levels 312,740 severely acute malnourished

## UNICEF Emergency Response

UNICEF is one of the key partners of the Government of Ethiopia working with other UN agencies and NGOs. UNICEF Ethiopia continues to lead the nutrition, the water, sanitation and hygiene clusters as well as the child protection sub-cluster. UNICEF also co-leads the education cluster.

## In nutrition and health

- Nutrition remains a top priority and the nutrition cluster is now fully operational in the Somali region, with additional coordinators being deployed to 2 other affected regions.
- UNICEF is increasing nutrition surveillance in the drought-affected areas and provides technical support to the government's emergency nutrition unit.
- UNICEF is scaling up support for therapeutic feeding and between January and April has established 460 additional sites. There are now 8,105 sites in place which have treated 78,100 severely malnourished children in the 6 drought affected regions.
- 1,205 metric tons of Ready-to-Use Therapeutic food has been dispatched to the vulnerable areas.
- UNICEF has increased added 4 mobile health and nutrition units to the existing 20 to expand services to those most vulnerable, particularly the pastoralist communities in the conflict-affected Somali region.
- Given the risk of disease outbreaks and the overall low routine immunization coverage, measles vaccination is being scaled up in the Amhara region targeting children between 6-59 months.

## In Water, Sanitation and Hygiene (WASH)

- Between January and May, UNICEF and partners have responded to meet the need for clean drinking water by supporting water trucking operations, reaching 558,292 people in the drought affected areas.
- 48 health centres and 18 schools have been provided with a WASH package (includes sanitation facilities, water supply, soap and hand washing facilities) to support 250,000 people.

In education

- UNICEF has provided 350 school-in-a box kits and tents to provide learning spaces to allow 28,000 children to remain in school.

## FACTS ABOUT ETHIOPIA

<b>Total population:</b>	<b>82,825,000 (2009)</b>
<b>Pop. under 5</b>	<b>13,581,000</b>
<b>Life expectancy at birth</b>	<b>Life expectancy at birth 56.1 years</b> <i>UNDP 2010</i>
<b>Development level (source: UNDP)</b>	<b>157 (UNDP 2010)</b>
<b>GNI per capita (source: WORLD BANK)</b>	<b>GNI per capita \$330</b> <i>(World Bank/2009)</i>
<b>Maternal mortality ratio (per 100,000 live births)</b>	<b>470 per 1000 live births</b> <i>2009</i>
<b>U5 mortality rate (per 1,000 births)</b>	<b>104 per 1000 live births</b> <i>2009</i>
<b>U5 Global Acute Malnutrition Rate (GAM)</b> <i>(2003 -2009)</i>	<b>38% (NCHS/WHO),</b>
<b>Access of population to clean water (source: JMP)</b>	<b>38% (2008)</b>
<b>Access to adequate sanitation (source: JMP)</b>	<b>12% (2008)</b>
<b>Primary school enrollment ratio (net)/ males and female</b>	<b>Male – 81; female - 75</b> <b>2005-2009</b>
<b>One-year-olds immunized against DPT3</b> <b>(%, age one year)</b>	<b>79% (UNICEF &amp; WHO)</b>
<b>One-year-olds immunized against measles</b> <b>(%, age one year)</b>	<b>75% (UNICEF &amp; WHO 2009)</b>
<b>Adult HIV prevalence (source: UNAIDS)</b>	<b>Not available</b>

## UNICEF in Action

UNICEF Ethiopia's cooperation with Ethiopia began in 1952 and the office was established in 1958. Since then UNICEF has continued to work closely with the Government of Ethiopia and other partners in the realisation of the rights of the children and women in Ethiopia based on the programmes and projects developed and agreed upon by the Government of Ethiopia and UNICEF. The programme and

projects operating nationally and/or in selected regions falls under the following areas: Health and Nutrition, Education, Gender and Child Protection, Water and Environmental Sanitation, Capacity Building in Planning, Monitoring and Evaluation.

Children and women in Ethiopia face complex and interwoven social and economic problems. This makes the realisation of children rights and well-being a challenging task. UNICEF in collaboration with the government of Ethiopia and other partners work closely to address problems that affect children and women.

The overall goal of the UNICEF Ethiopia country programme is to support the national and regional efforts towards the realisation of the rights of the child to survival, development, protection and participation.

UNICEF Ethiopia has six interrelated programmes: Health and Nutrition, Basic Education, HIV/AIDS, Water and Environmental Sanitation, Gender and Child Protection, Capacity Building Planning, Monitoring and Evaluation.

UNICEF and partners

UNICEF Ethiopia works with partners including governments, United Nations agencies, NGOs and communities to provide emergency relief in line with the Core Commitments for Children in emergencies. Among its key donors and partners are the Governments of Japan, Spain, France, Denmark, DFID, OCHA/HRD & CERF, ECHO, USAID/OFDA, CIDA, SIDA among others as well as UNICEF National Committees.

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