



Child fetching water from a newly built water point with UNICEF support, Oromia region ©UNICEF Ethiopia/2017/Sewunet

SitRep # 12 – Reporting Period 6 July - 4 August 2017

ETHIOPIA

Humanitarian Situation Report



SITUATION IN NUMBERS

5.6 million

People* require relief food assistance in 2017

303,000

Children* are expected to require treatment for SAM in 2017

9.2 million

People* require access to safe drinking water and sanitation services

2 million

School-aged children* require emergency school feeding and learning materials assistance

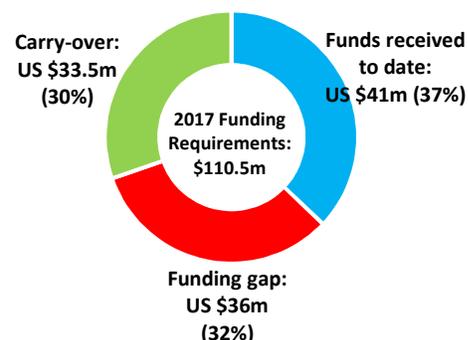
843,374

Refugees in Ethiopia (UNHCR, June 2017)

*HRD January 2017.

UNICEF Appeal 2017
US\$110.5 million

Funding Status 2017**



**Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year.

Highlights

- The severe nutrition crisis in Somali region continues to be of significant concern, with over 7,000 SAM cases reported monthly. This represents over 25% of SAM admissions for the country. UNICEF is working with the Somali regional government, UN and NGO partners to implement an integrated and scaled-up nutrition response with expanded screening, referral and treatment, reaching children and communities across the region.
- From January to May 2017 (the last month for which data is available), a total of 141,636 children under the age of five were admitted and treated for severe acute malnutrition (SAM) across Ethiopia. May admissions, at 30,251, have increased from that of April (28,420), following the same trend as 2016.
- During the reporting period, UNICEF Ethiopia received \$5,430,000 from USAID/OFDA to support critical nutrition, health and WASH interventions. In addition, \$400,000 was received from the Government of South Korea and \$1,050,052 was received from the Government of Sweden to support priority humanitarian activities in the country.

UNICEF's Response with partners

Indicators	UNICEF & Partners		Sector/Cluster	
	UNICEF Target	Cumulative results (#)	Cluster Target	Cumulative results (#)
WASH: People accessing safe water	1,460,000	1,832,000	9,200,000	4,329,000
Nutrition: Children under 5 years with SAM admitted for treatment to therapeutic care programmes	304,300*	141,636**	303,000	141,636**
Health: People provided with access to essential and life-saving health care services	400,000	240,813		
Education: School-aged children with access to emergency education programmes	630,000	160,337	2,000,000	1,700,000
Child Protection: Vulnerable children receiving psychosocial support	30,000	21,275	45,000	18,137

See Annex 1 for more information on programme results for 2017

*UNICEF target includes 300,000 Ethiopian children with SAM and 4,300 for refugees.

**Nutrition result reflects data for January to May 2017. June data has not yet been released.

Situation Overview & Humanitarian needs

Following the reclassification of priority hotspot *woredas* in need of emergency response by the National Disaster Risk Management Commission (NDRMC) in July, the revision of the Humanitarian Requirements Document (HRD) is due to be completed by mid-August. The total number of priority one, two and three *woredas* increased from 454 in December 2016 to 461 in July 2017. The most significant shift has been in the reclassification of priority one hotspot *woredas* in need of emergency response from 192 to 228. Of these, 181 priority one *woredas* are located in the Somali, SNNPR and Oromia, the three regions affected by the negative impacts of the Indian Ocean Dipole¹.

Water shortages continue in Afar, Somali, and parts of SNNPR. In Somali region, gaps remain in the provision of safe water through water trucking. In Amhara the current *kiremt* rains have reduced the water supply constraints, although quality of water remains an issue. There is currently a lack of water supply and sanitation facilities, particularly latrines, in most of the holy water sites where thousands of pilgrims stay for months.

Nationwide, cases of Acute Watery Diarrhoea (AWD) continue to decrease. Over the past month, cases were reported from Amhara, Somali and Oromia regions. While cases have continue to decrease in Somali and Oromia regions, Amhara region reported an increase in week 28, but a coordinated government-led response succeeded in bringing the number of cases down in week 29.

Based on the *Belg/Gu* assessment findings, the Government of Ethiopia has revised the acute malnutrition caseload estimate, with 376,000 children under five expected to suffer from SAM and a total of 3.6 million children and pregnant and lactating women in need of treatment against moderate acute malnutrition (MAM) in 2017, an increase from the estimates made at the beginning of the year. From January to May 2017, an increase in admissions for SAM treatment were reported, especially in Oromia, SNNP and Somali regions. The May SAM admissions in Somali remained alarmingly high at 7,102, with a slight increase compared to April (6,795). Around 25 per cent of the total SAM admissions in the country were reported from Somali region, compared to an average of 5 per cent in non-emergency years.

As a result of continued fighting and food insecurity, population movements into Ethiopia from South Sudan continue with approximately 3,000 new arrivals reported in Pagak, Gambella in July and an unconfirmed number of new arrivals reported in SNNPR.



Humanitarian leadership and coordination

The NDRMC leads the overall humanitarian coordination through the federal and regional level Disaster Risk Management Technical Working Groups (DRMTWGs) and brings together various taskforces and sector cluster partners to coordinate emergency response efforts. UN agencies and NGOs are supporting the Government-led humanitarian response targeting priority hotspot *woredas*.

In support of the Government of Ethiopia (GoE), UNICEF continues to provide cluster leadership for WASH and nutrition, and co-leadership with Save the Children International (SCI) for education. UNICEF also provides sub-cluster co-leadership with UNFPA for child protection and gender based violence and plays a key role in the health cluster coordination.

As a cross-cutting strategy, UNICEF continues to support Communication for Development (C4D) interventions, including strengthening communication coordination mechanisms, enhancing capacity of social mobilisation networks, and disseminating context specific key messages through multiple channels and platforms.



Humanitarian Strategy: Prepositioning and Partnerships

The 2017 humanitarian response is based on three strategic objectives which inform sector specific operational plans. These strategic objectives are:

1. Save lives and reduce morbidity due to drought and acute food insecurity;
2. Protect and restore livelihoods; and
3. Prepare for, and respond to other humanitarian shocks – natural disasters, conflict and displacement.

¹ *Woredas* are classified as “hotspot” priority 1, 2, and 3 based on a combination of factors, including high food insecurity, moderate to high levels of malnutrition, admission trends in therapeutic feeding programmes and other vulnerabilities. Priority 1 *woredas* require the most urgent interventions.

In line with its Core Commitments for Children in Humanitarian Action (CCC), UNICEF is supporting the government to achieve objectives one and three. UNICEF is working with all partners to ensure children have access to health and nutrition care, education, protection and safe water, sanitation and hygiene services during emergencies.

UNICEF maintains pre-positioned non-food items (NFI), essential drugs and emergency nutrition supplies in three regional hubs in Addis Ababa, Gambella and Jijiga that will enable immediate response for up to 120,000 people in the event of a rapid onset crisis.

In the refugee response, UNICEF supports UNHCR and the government's Administration for Refugees and Returnees Affairs (ARRA) to spearhead emergency response coordination. The partnership is based on a Memorandum of Understanding which was signed in 2016 between the two sister agencies.



Summary Analysis of Programme response

Nutrition

In response to the critical nutrition situation in the country, UNICEF has supported the Government of Ethiopia to expand the community management of acute malnutrition (CMAM) programme. From January to May² 2017, a total of 141,636 children under the age of five were admitted and treated for SAM. Following similar trends as 2016, May admissions increased to 30,251, from 28,420 in April.

The CMAM programme provides quality treatment for children with SAM as measured by cure, default and death rates, all of which are above international standards³ in Ethiopia. UNICEF provides supplies and technical support to the programme and supports quality assurance through the intervention monitoring.

In Somali region, UNICEF is working with government, UN and NGO partners to implement an integrated and scaled-up nutrition response that focuses on expanded screening, referral and treatment. As one component of this approach, UNICEF, through the deployment of zonal nutrition coordinators, has supported the activation of nutrition clusters in Doollo, Jarar, Korahe and Liban zones, to strengthen linkages between programme components. Also in the region, UNICEF is currently supporting an integrated measles and EOS campaign in the Shebelle, Afhder, Liban, Fafan, Sitti, Erer and Dawa zones. This service package of integrated measles vaccination, supplementation of vitamin A, deworming and nutrition screening will target children aged 6-59 months and pregnant and lactating women. The campaign is underway and due to be completed in the second week of August.

In order to improve the supply management system in Somali region, the Regional Health Bureau, with UNICEF support, has started implementing a rolling package of training to zonal logisticians and pharmacists in five zones. In July, the capacity of the 24 logisticians and pharmacists in Jarar zone was strengthened to efficiently and effectively manage life-saving nutrition commodities.

Health

In Afar and Somali regions, UNICEF continues to support the operation of 49 Mobile Health and Nutrition Teams (MHNTs) that provide essential and emergency health services to drought and AWD affected communities where access to the fixed health facilities is difficult. In addition to technical support, UNICEF provides the teams with health, nutrition and WASH supplies. 240,813 people (149,801 in Somali and 91,012 in Afar) out of the targeted 400,000 people have been reached since the beginning of the year. Of this figure, 40 per cent are children under five and 35 per cent are women.

In response to the AWD outbreak, 10 new case treatment centre (CTC) kits were provided to the Amhara, five to the Oromia and six to the Tigray Regional Health Bureaus. This is to support the establishment of clinics to treat patients with AWD. Each kit includes 10 beds, stretchers, drugs and medical materials.

With a decreasing trend, scabies cases were still reported from Amhara, Oromia, SNNP and Tigray regions. UNICEF continued supporting distribution of drug for treatment, active surveillance case finding, case management and social mobilization activities in the affected *woredas*.

Water, Sanitation and Hygiene (WASH)

As nutrition and food security becomes an increasing concern in Somali region, the UNICEF WASH team is working with the cluster to prioritize water supply for stabilization centres (SC) in addition to the AWD case treatment centres and health facilities. The Regional Water Bureau, with UNICEF support, continues to deploy the mobile maintenance teams in the drought affected areas. Since January 2017, around 90 boreholes have been maintained throughout the

² June CMAM data is not yet released and will be reported when available.

³ CMAM SPHERE standards: cure>75%, defaulter<15%, death<10%.

region. UNICEF has mobilized a drilling rig, supplies, and team members to Gashamo, a critically water scarce area, to commence in early August drilling of two new deep wells.

In Amhara, water trucking is ongoing to CTCs and holy water sites that do not have access to clean water. UNICEF provided training for 80 WASH staff selected from AWD affected and high risk *woredas* on water quality monitoring and infection prevention. Three teams have been deployed to provide support in strengthening coordination, hygiene promotion, and water quality monitoring.

In Oromia, some 76,000 people affected by drought-induced critical water shortages had access to safe water through 38 water trucks deployed by the Oromia Water, Mineral and Energy Bureau with UNICEF support. Approximately 15,000 people are benefiting from the rehabilitation and maintenance of three water schemes in Borena and three others in Bale zone.

In SNNPR, 180,000 people in 12 water-scarce *woredas* are benefiting from water trucking (15 water trucks). Two water supply system construction works, supported by UNICEF, were completed in Shashego and Anelimo *woredas* with 18,650 people and two schools receiving safe water from these systems.

Education

Schools are currently closed, with the new academic year beginning in September. With UNICEF support, the Education in Emergencies (EiE) response plan has been included in the Ministry of Education 2017/18 plan with the intent of aligning EiE response and development plans.

Child Protection

UNICEF continued to provide technical support for the relocation of newly arrived children in Gambella through the Pagak entry point. Over the past month, 623 children were provided with psychosocial support services at the Pagak entry point, while 13 unaccompanied and separated children were assisted with safe relocation to Gure-Shembolla refugee camp in Beneshangul Gumuz. An additional 17 separated and unaccompanied children were identified during the level one registration held in Pagak and are waiting for relocation.

Seventy-five boys returning from Kenya, Djibouti and Tanzania were reunited with their families in SNNPR, Oromia and Amhara regions, with the support of the Addis Ababa Bureau of Women and Children Affairs and UNICEF. A total of 105 separated and unaccompanied children were provided with family tracing and reunification services during the reporting period.

In Jewie and Terkidi refugee camps, some 562 community members were reached with child protection community awareness campaigns through child protection committees over the past month. The community members also received key messages on sexual abuse (early marriage and forced marriage), physical abuse and neglect, and reporting/ referral pathways in case child abuse is found within the community.

In Somali region, UNICEF-supported social workers deployed through Jijiga BOWCA in both Korile and Elbahay temporary settlement sites, and continued identification and referral of children with various protection concerns to different service providers. As a result of continued community mobilisation efforts by the social workers, four children (between 9 and 12 years of age) who have undergone female genital mutilation were reported from Elbahay temporary resettlement site and provided with care.

Communications for Development (C4D)

In July, as AWD cases in Somali region continued to decline, UNICEF C4D interventions focused on sustaining the gains made as well as intensifying the social mobilization work in the current hotspot zones. The emphasis has been on the integration of AWD interventions with nutrition and immunization. C4D regional and zonal teams support the ongoing AWD/nutrition response efforts in the region by strengthening the regional and zonal coordination mechanisms and participating in daily/weekly coordination fora at the command posts (Regional Health Bureau) and at sector bureaus/clusters. Over the past month, 568 health personnel, 748 community leaders, 316 Quranic school students and 1,392 religious leaders were sensitized by UNICEF C4D partners. Moreover, 1,200 shops and 300 households were visited and 1,216 community gatherings were conducted to communicate the integrated messages.

In Amhara region, UNICEF supported mainstreaming C4D in the AWD training, which enabled 494 health professionals in health centres and primary hospitals to provide preventive and treatment services with a stronger focus on community engagement, support, and empowerment. The training was followed by community mobilization in 48 localities in 9 *woredas*.

During the last week of July, hundreds of thousands of people gathered at Kulubi town, in East Hararge of Oromia, to take part in a religious celebration on 26 July. UNICEF supported the Federal Ministry of Health and Oromia Health Bureau to disseminate health information/education to pilgrims. A total of 60,000 information, education and communication materials were distributed during the event.

Media and External Communication

Between 26 and 31 July, UNICEF Ethiopia hosted a visit by the US Fund for UNICEF, which included NBA stars, UNICEF Goodwill Ambassadors and donors to highlight the UNICEF nutrition, WASH and health programmes in the Tigray region.

Funding

UNICEF Ethiopia requires US\$110.5 million for its humanitarian programme in Ethiopia in 2017. Of this, US\$93.1 million is to respond to the drought while the remaining is to assist refugee response in the country.

UNICEF is currently responding to the emergency situation using US\$33.5 million carried over from 2016 and US\$41 million received in 2017. UNICEF has received 2017 funds from the EHF, CERF, ECHO, the Governments of Canada, Japan, South Korea, Sweden and United States of America and the Danish, German, Spanish and Swedish Committees for UNICEF.

Over the past month UNICEF Ethiopia received \$5,430,000 from USAID/OFDA, \$400,000 from the Government of South Korea, and \$1,050,052 as an additional contribution from the Government of Sweden.

The table below shows the funding status as of 4 August 2017:

Appeal Sector	Requirements US\$	Funds available** US\$	Funding gap	
			US\$	per cent
Nutrition	41,600,000	21,797,631	19,802,369	48%
Health	13,200,000	14,255,996***	0	0%
WASH	36,700,000	32,792,261	3,907,739	11%
Child Protection	3,900,000	723,173	3,176,827	81%
Education	11,600,000	5,011,427	6,588,573	57%
Cluster coordination	3,500,000	0	3,500,000	100%
Total	110,500,000	74,580,488	35,919,512	33%

**Funds available include funding received in 2017 (\$41million) against current appeal as well as carry-forward (\$33.5million). In addition, nutrition supplies valued at \$9.4 million have also been moved to 2017.

*** Based on an increase in humanitarian needs, the health requirements have increased. Funds have been received against this increased need. The Funding requirement for all sections will be officially revised following a formal revision of the HAC 2017. The revisions will be reflected in the next report.

Next SitRep: 21 August 2017



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SUMMARY OF PROGRAMME RESULTS

	Overall needs	Cluster Response			UNICEF and IPs		
		2017 Target	Total Results	Change since last report ▲ ▼	2017 Target	Total Results ⁴	Change since last report ▲ ▼
NUTRITION							
Children under 5 years with SAM admitted for treatment to therapeutic care programmes	303,000	303,000	141,636	-	304,300	141,636 ⁵	-
Caregivers of children 0-23 months accessing infant and young child feeding counselling	1,000,000	1,000,000	1,740,903 ⁶	-	1,000,000	1,740,903	-
HEALTH							
People provided with access to essential and life-saving health care services					400,000	240,813	12,593
People with access to treatment for diarrhoeal disease					35,000	39,301	3,880
South Sudanese refugees children aged 6 months to 14 years vaccinated against measles					36,000	50,464	7,326
South Sudanese refugee children vaccinated against polio					143,000	53,647	7,889
WATER, SANITATION & HYGIENE							
People accessing safe water	9,200,000	9,200,000	4,329,000	91,000	1,460,000	1,832,000 ⁷	635,000
People reached with key messages on hygiene practices	4,800,000	4,800,000	3,073,000	-	1,600,000	1,367,000 ⁸	545,000
CHILD PROTECTION							
Separated and unaccompanied children receiving appropriate care and protection services	25,000	25,000	5,472 ⁹	105	10,000	7,252 ¹⁰	105
Vulnerable children receiving psychosocial support	45,000	45,000	18,137 ¹¹	623	30,000	21,275	623
EDUCATION							
School-aged children with access to emergency education programmes	2,000,000	2,000,000	1,700,000 ¹²	-	630,000	160,337	-
OPERATIONAL PARTNERS							
Health	Regional Health Bureaus, Mercy Corps, SCI, ADRA, Ogaden Welfare and Development Association, Islamic Relief, MSF						
Nutrition	Ministry of Health, Regional Health Bureaus Federal and Regional, Emergency Nutrition Coordination Unit (under DRMFSS), Concern Worldwide, International Medical Corps, World Vision, Action Against Hunger (ACF), Islamic Relief, Mercy Corps, SCI, MSF, ADRA, GOAL Ethiopia and Plan International Ethiopia						
WASH	Federal and Regional Mines and Water Bureaus, Oxfam Intermon, Adhorn, Ogaden Welfare and Development Association, SCI						
Education	Federal and Regional Education Bureaus, SCI, PIE, Ogaden Welfare and Development Association						
Child Protection	Regional Bureau of Labour and Social Affairs, Regional Bureau of Women, Children and Youth Affairs, SCI, Plan International Ethiopia, the Ethiopian Red Cross Society, GOAL Ethiopia						

⁴ UNICEF Results include refugee response results, which means UNICEF results in some sectors will be higher than the cluster results

⁵ Nutrition data has not been released for the last reporting period. Data will be reported when received.

⁶ Growth monitoring and promotion (GMP) data is used as a proxy for the indicator "caregivers of children 0-23 months accessing infant and young child feeding counselling" and data is compiled within regions with 2 to 3 months delay. UNICEF has reached more than its target as it is using this proxy-indicator. Target will be revised during the mid-year review.

⁷ Figure includes water trucking, expansion of water schemes, installation of water storage, rehabilitation of water schemes, and water treatment chemical distributions

⁸ The significant increase in results in this period is due to verification and inclusion of results from interventions implemented earlier in 2017 but not previously included.

⁹ This information captures data against CP Sub Cluster indicator "CP cases identified, referred and responded to" which includes separated and unaccompanied children

¹⁰ UNICEF data includes 'refugee population' as well.

¹¹ This captures data against CP Sub Cluster indicator "children receiving skills and support (including PSS) to prevent, mitigate or respond to CP risks" which includes vulnerable children receiving psychosocial support.

¹² The GOE and NGOs have reached 1.7 million children with school feeding programme.