



Reporting Period: April to May 2020

Ethiopia Country Office Humanitarian Situation Report

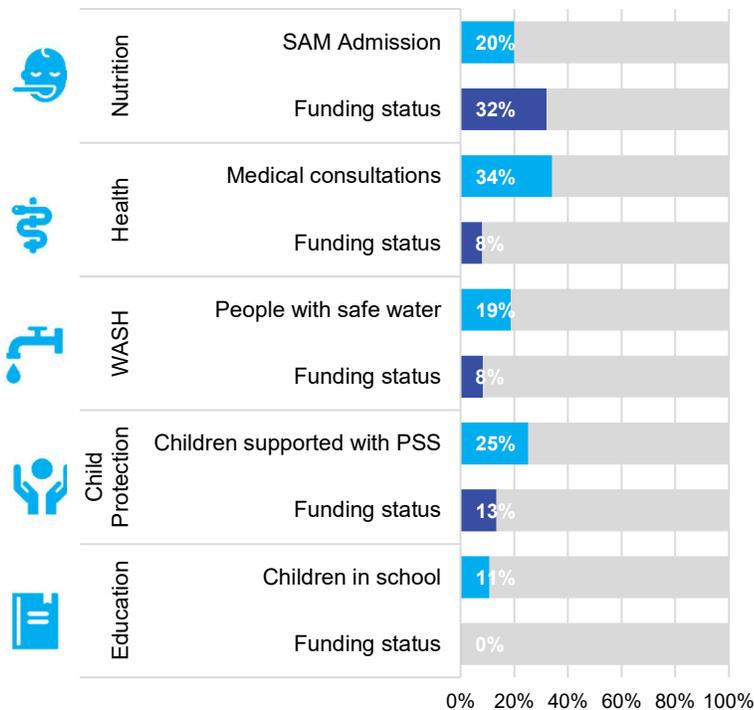


Highlights

- Ethiopia's humanitarian situation became increasingly precarious in April and May 2020 due to increased spread of COVID-19, cholera and measles outbreaks, decimation of food crops by locusts, and flooding.
- Nearly 320,000 people in seven regions have received non-food items through UNICEF support to Regional Water Bureaus (RWBs). The assistance reached internally displaced persons (IDPs), returnees, communities vulnerable to COVID-19, COVID-19 treatment and isolation centers and communities affected by flooding and cholera.
- The humanitarian response has become more difficult to deliver due to access constraints arising from COVID-19 travel restrictions and the need for Personal Protective Equipment (PPE) to deliver services and support safely.

UNICEF's Response and Funding Status*

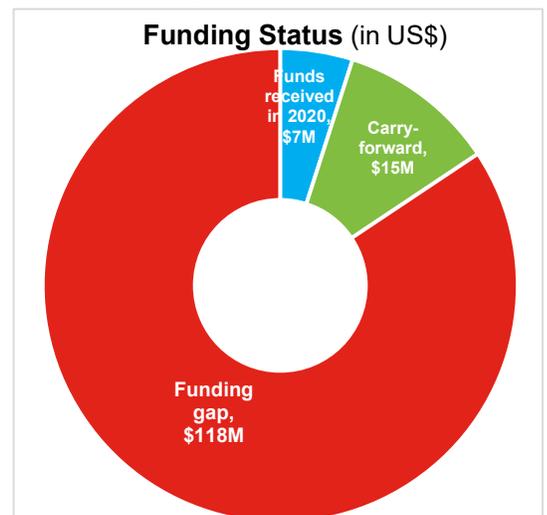
* cumulative funding status from January-May 2020



Situation in Numbers



UNICEF Appeal 2020 US\$ 139 million



Funding Overview and Partnerships

UNICEF appeals for 2020 amount to US\$ 139 million and aim to sustain provision of life-saving services for women and children in Ethiopia. In 2020, Sweden, Japan, and UN OCHA have generously contributed to UNICEF Ethiopia's humanitarian response. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received. In the first quarter of 2020, US\$ 4 million has been received, with US\$1.8 million being held for emergency allocations in the coming months. The 2020 HAC still has a funding gap of 88 per cent. Without sufficient funding, it is estimated that over 500,000 people will not have access to adequate sanitation and estimated over 5,000 children will not be able to be reunited with their families or placed in other appropriate care.

UNICEF Ethiopia has updated its initial COVID-19 response needs to US\$49 million until the end of 2020. The amount includes US\$8 million for 300,000 refugees and 50,000 returnee migrants. In addition to funds raised for the regular emergency programming, the Ethiopia country office has raised an additional \$30 million in reprogrammed and new funding for the response. Our response plan currently faces a 39 per cent funding gap as at June 29, 2020.

Situation Overview and Humanitarian Needs¹

Ethiopia's humanitarian situation deteriorated further in April and May as a result of the countrywide spread of COVID-19, the desert locust infestation and flooding in Southern and Eastern Ethiopia, as well as the continuing health emergencies, notably cholera and measles outbreaks.

In May alone, 470,000 people were affected by excessive rainfall that led to flooding. This resulted in 300,000 people being displaced with loss of lives and livelihoods in the Somali, Oromia, Afar, Southern Nations Nationalities and Peoples (SNNP) regions, Dire Dawa and Harari. The flood-related situation is particularly severe in Somali region: more than 79 per cent of the flood-affected and displaced people are located in Hudet and Mubarak *woredas*, Dawa Zone; in Dollo Ado and Bokolmany *woredas* and in Moyale and Kadaduma *woredas*². A National Flood Response Plan was shared in May 2020 with an estimated cost of US\$ 30.7 million.

In April and May, 2,143 cholera cases and 24 deaths were reported in SNNP (1,875), Somali (234) and Oromia (34) regions³. Since January, a total of 5,029 cholera cases and 68 related deaths were reported. In SNNP region, five zones and one special *woreda* reported cases. Dasenech *woreda* in South Omo reported 1,041 cases and 21 deaths⁴, the highest in the region. The risk factors include poor access to health, unsafe water and poor hygiene and sanitation practices particularly in the remote pastoralist communities of South Omo zone. This area is subject to cholera outbreaks every year, but this year the number of cases and addressing the crisis has been exacerbated by the presence of covid-19.

In April and May, 4,736 measles cases were reported⁵, bringing the cumulative total from January to the last week of May to 22,000 measles, with 90 deaths. These figures are higher than the same period in 2018 and 2019⁶.

Summary Analysis of Programme Response

Health

UNICEF continued its health-related support beyond the COVID-19 response working closely with the Ministry of Health (MoH), Regional Health Bureaus (RHBS) and partners to mitigate the impact of COVID-19 on essential health services.

UNICEF continued to provide multisectoral support to the cholera response in SNNP, Somali and Oromia regions. Hence, technical assistance was provided at regional and district levels in coordination, planning, and monitoring of the response in affected areas. Eight Cholera Treatment Centre (CTC) kits were dispatched to SNNP region. Each CTC kit has 10 beds and the capacity to admit 20 cholera cases a week.

Following high level advocacy carried out by UNICEF and WHO about the necessity of continuing routine health services, the MoH is planning a measles campaign in the first week of July, with a mitigation plan to prevent COVID-19 transmission and address outbreak areas first. Preparations for this campaign are ongoing with support provided by

¹ All COVID-19 related situational updates are found in the COVID-19 SITREPS at: https://www.unicef.org/appeals/ethiopia_sitreps.html: or <https://www.unicef.org/ethiopia/coronavirus-disease-covid-19>

² OCHA Flood Update, 25 May 2020

³ Ethiopian Public Health Institute (EPHI) Cholera Situation Report, May 2020

⁴ Ibid.

⁵ EPHI Report Week 14 to 21, 2020

⁶ Ibid.

UNICEF and partners. Specifically, UNICEF is supporting the planning of the campaign and will provide PPE (already provided 145,000 N95 face masks and 95,000 bottles of hand sanitizers).

In March and April, 89,166 new medical consultations were conducted in Afar (37,689) and in Somali (51,477) regions through 49 UNICEF supported mobile health and nutrition teams (MHNT) and 17 additional MHNTs run by the Somali RHB and INGOs for which UNICEF provides essential drugs and medical supplies. Of these consultations, 37,183 (41.7 per cent) were with children under the age of five years and 30,150 (33.8 per cent) were with women. From January to April, 157,296 medical consultations were conducted - 71,522 in Afar and 85,774 in Somali. Of these, 65,394 consultations (42 per cent) were with under-five children and 53,253 (34 per cent) with women.

UNICEF continues to support the Gambella RHB to vaccinate newly arriving South Sudanese refugee children at entry points and refugee camps. In May, no new arrivals were reported in Gambella because the Pamdong refugee reception centre was permanently closed in May. Therefore, no children were vaccinated against measles or polio at entry points. Since then, the Pagak entry point has been reopened and is being accessed by asylum seekers, with congestion reported in the camp.

In April, 532 children received measles vaccination at refugee camps in Gambella. Since January, there have been 692 new arrivals; out of these, 377 were children who were vaccinated for polio and 361 for measles at entry points. Additionally, 2,784 children in refugee camps were vaccinated against measles.

UNICEF procured and distributed 160,000 long lasting insecticide treated nets for 320,000 refugees; Gambella received 130,000 nets and Benishangul-Gumuz 30,000 to support over 320,000 refugees.

Water Sanitation and Hygiene (WASH)

UNICEF continues to provide safe drinking water, sanitation and hygiene to communities affected by cholera, floods, and water shortages, as well as communities which are on the move or hosting displaced people. In Benishangul-Gumuz, Oromia, SNNP, Somali, Tigray and Gambella regions, 138,724 people (31,883 women, 33,317 men and 73,524 children) now have access to safe water. UNICEF supported water bureaus to rehabilitate 26 water schemes in Benishangul-Gumuz from which 9,500 people benefited. In Oromia region, 70,229 people have access to clean water through rehabilitation of the existing water systems, which included the supply and installation of generators and pumps, pipeline extensions, construction of reservoirs, and water points, along with installation of Emergency Water Kits (EmWatKits) in four zones where they are treating drinking water from the river. The water is tested before distribution.

In SNNP, 8,650 people now have access to water through the rehabilitation of five shallow wells in Konso, Amaro and Alle *woredas* including the installation of one EmWatKit in Dasenech *woreda*. In Somali, an EmWatKit installed along the riverbank in Cherati *woreda*, Afder Zone is providing safe drinking water to 4,000 people and contributing to controlling the spread of cholera. In Tigray, water is being trucked to 42,845 people in seven *woredas* which are experiencing critical water shortages. An EmWatKit installed near Gambella University is providing 2,000 people with safe water.

Hygiene promotion activities reached 317,524 people (72,977 women, 76,260 men and 168,288 children) in Afar, Oromia, Amhara, Gambella, and Tigray regions. In Afar, with UNICEF support, mass community mobilization is ongoing through an audio van. Community-based hygiene promotion activities conducted by the Oromia RHB reached 150,964 people in Bale, Guji, East Hararghe, West Hararghe, West Guji and Borena zones. Similarly, in Amhara, 114,628 people were reached with messages on safe hygiene and social distancing using a mobile audio van.

In Oromia, 385 Internally Displaced Persons (IDPs) and host community members in Borana, East Hararghe and Guji zones have access to improved sanitation and hygiene through the construction of 45 new household latrines and the rehabilitation of 25 household latrines, with funding from UNICEF. An additional three solid waste disposal pits were excavated for Hidi Lola High School, which now serves as quarantine centre in Borana Zone.

Non-Food Items (NFI) distributions supported by UNICEF and implemented by RWBs reached 319,720 people in seven regions, including 73,481 women, 76,787 men and 169,452 children. Of these, 61,861 were reached in cholera affected and high risk *woredas* in SNNP. The NFIs included water treatment chemicals, soap, jerry cans, buckets, sanitary pads and water storage tanks. In Tigray, emergency NFI support, including water storage tankers and water treatment chemicals, was provided to 24,950 people affected by drought.

In Somali, 41,016 people affected by floods and cholera, as well as IDPs and returnees, were reached with NFIs mainly in Cherrati, Moyale, Kelafo, and Hargelle *woredas*. The NFIs included water storage tanks, calcium hypochlorite (HTH, used for water treatment), chlorine, soap, jerry cans, and water treatment chemicals. In Amhara, 31,237 people were reached with NFIs that included soap, hand washing containers with taps, buckets/jerrycans, and chlorine powder. In Oromia, NFIs were provided to 95,656 people in flood and cholera affected areas which included East Hararghe, West

Hararghe, Bale, Borena, Guji, West Guji, West Arsi and Jima zones that also have a high concentration of IDPs. The NFIs included hand sanitizers, chlorine powder, soap, plastic buckets, hand washing containers, water tanks, disinfection kits (boots, broom and heavy-duty gloves), sprayers and aqua tabs.

Nutrition

In March, UNICEF supported the treatment of 31,349 severely malnourished children, bringing the total number of children treated nationwide so far in 2020 to 92,727, this accounts for 79 per cent of the target for the period (117,798). Due to the reporting process from treatment centres, updated results for Severe Acute Malnutrition (SAM) admissions are only available after a two-month lag. There is a 15 per cent increase in cases of malnutrition in the first three months of 2020 when compared to the first quarter of 2019. Performance indicators in March remained above the SPHERE standards, with an 89 per cent cure rate; 0.2 per cent death rate and 1.8 per cent default rate. Of the children admitted for SAM treatment in March, 9.4 per cent were treated in stabilization centres due to medical complications. In SNNP and Gambella regions, 16.4 per cent and 18 per cent of children with SAM required treatment for medical complications. With elevated levels of medical complications for the past three months, immediate action is required to improve early identification and referral of children with SAM.

UNICEF supported nutrition screening during Community Health Day (CHD) activities in Afar region. Some 65,728 children aged 6-59 months and 245,287 pregnant and lactating women were screened resulting in 3,131 children being identified with SAM and 46,446 children with moderate acute malnutrition. An overall global acute malnutrition rate of 20 per cent was observed during the CHD in Afar region. Furthermore, 25,843 pregnant and lactating women were found to be malnourished. The acutely malnourished children were admitted to the therapeutic feeding programme (TFP). Children and mothers with moderate malnutrition were also linked to the targeted supplementary feeding programme (TSFP). UNICEF supported the Afar RHB to provide food, purchased by the *woreda* health office for 1,714 mothers of children being treated in 66 stabilization centres to reduce their risk of defaulting on treatment.

In Amhara region, 73 health workers and health extension workers (HEWs) were sensitized on the updated acute malnutrition guidelines, including admission based on new mid-upper arm circumference cut off points. Emergency nutrition officers conducted joint monitoring activities in two zones, and three *woredas* of Amhara region covering 59 therapeutic feeding programmes and 86 health workers and HEWs were orientated on the new national protocol.

UNICEF continues to play a critical role as the sole procurer of therapeutic nutrition supplies for Ethiopia, with 226,116 cartons of ready to use therapeutic food distributed for the first and second quarter of 2020. Resource mobilisation has so far ensured no disruption of the pipeline and efforts are being intensified to ensure minimal stock-outs in the last-point-of-use facilities.

Following an average 24 per cent adjustment of therapeutic nutrition supply requirements due to the COVID-19 outbreak and desert locust infestation and other food security shocks, an additional 106,389 cartons of RUTF are required to meet the therapeutic requirements for children, at a cost of US\$4.3 million. UNICEF continues to engage development partners to ensure supplies are made available throughout the year.

Child Protection

UNICEF continues to support child protection case management services to ensure continued support for vulnerable children including unaccompanied and separated children (UASC) in emergency affected *woredas* in Amhara, Benishangul-Gumuz, Oromia, Somali and SNNP regions. With a total of 3,321 UASC (1,902 girls and 1,319 boys) receiving case management services as of 30 May, UNICEF partners have started reviewing the current caseload to prioritize high-risk cases. Of the total caseload, 696 children (295 girls and 401 boys) are unaccompanied children who require urgent family tracing and reunification.

UNICEF is distributing PPE for 300 social workers in the Bureaus of Women, Children and Youth (BoWCYs) across the regions to allow social workers to conduct case management support safely. In April and May, 69 children (35 girls and 34 boys) were reunified with their families. In addition, 153 children (72 girls and 81 boys) were placed in foster care arrangements while family tracing is under way.

A total of 12,674 IDPs and returnees (6,735 women and 5,939 men) were reached with key gender-based violence (GBV) mitigation messages that include information on intimate partner violence, sexual exploitation, where to report risks/threats and how to access GBV response services. The awareness-raising activities increased knowledge and understanding of GBV prevention and response programming, including on available services. Furthermore, 14 girls in the Oromia region who were victims of sexual violence were referred and provided with appropriate services such as psychosocial support, and health and legal support.

Education

In response to the COVID-19 outbreak and its impact on children's access to education, UNICEF and Save the Children have planned to invest US\$ 6.5 million to reach over six million primary and secondary school age children through the costed distance radio and TV programme. To address low access to radios, UNICEF has procured 20,000 solar radios, which are due to arrive in early July and will be distributed to end users by mid-July.

With UNICEF financial support, SNNP Regional Education Bureau (REB) broadcast radio lessons to 485,296 students (437,940 girls) in grades 5 and 6 in four subjects - English, Social Science, Integrated Science, and Civics. The broadcasts were done by Yirgalem, Wolayita, Mizan stations and nine local community FM radio stations. Similarly, SNNP REB broadcast lessons in three subjects - Biology, Chemistry and Physics through 'Dehub' Television for 538,703 secondary school students (249,296 girls)⁷.

UNICEF has contributed US\$1.7 million and technical support to the Ministry of Education (MoE) and REBs for the development and transmission of the distance education programme using radio and television. With UNICEF financial support, Imagine One Day, a local non-government organisation, developed radio lessons for lower primary school children (grades 1-4) in four subjects. The lessons will be broadcast on radio in the mother tongue of the children, including 531 IDP children in Barek IDP site in Oromia region.

With UNICEF financial and technical support, Voluntary Service Overseas (VSO) is developing an interactive psychosocial support (PSS) and emotional learning (SEL) interactive programme, contextualized in three local languages for Colleges of Teacher Education (CTEs), schools and parents. The programme uses context specific digital tools (radio, cell phone, SMS and television) and hard copies to deliver messages on SEL for 60 primary schools, nine CTEs, three REBs, four zonal Education Offices, and ten *woreda* Education Offices. These tools will also be useful and relevant after the COVID-19 outbreak. The tools aim to improve the resilience of over 4,000 primary school age IDP children (7-14 years), 35,000 teachers and parents/caregivers in Oromia, Somali and SNNP regions. The proposed interventions are broadly focused on contextualized PSS/SEL interactive programme development for primary school age children, teachers and parents in three local languages that can be used by CTEs, schools and parents on how to understand children's trauma, anxiety and fear due to emergency. The tool also includes a clear guide on how to support children and teachers to learn about and manage these feelings while also promoting self-confidence and learning within both school settings and at home.

With UNICEF technical support, the Gambella REB has started broadcasting education radio programmes in Nuer, Agnewa and English via Gore radio transmission station. The REB is collecting data related to radio listenership and tracking results.

Communication for Development (C4D), Community Engagement & Accountability

Besides leading on risk communication around covid-19, UNICEF supported the risk communication response for other health outbreaks such as cholera and measles. The support included training and deployment of 28 community mobilizers in Somali region, door-to-door education and promotion using mobile vans and town criers. Similarly, hygiene promotion activities were done in SNNP and Oromia regions for the prevention and control of cholera outbreaks. As a result, over 494,299 people (465,824 in Somali and 28,475 in Oromia) were reached with key messages on hygiene.

UNICEF is supporting the MoH to develop messages on nutrition in the context of COVID-19. Radio and television scripts on safe feeding and healthy diets have been developed. Additionally, content has been developed focussing on optimal infant and young child feeding. UNICEF continues to advocate for increased support to meet the needs of children whose livelihoods are threatened by ever-worsening humanitarian conditions using various media channels.

UNICEF's main support continued to be on COVID-19 including critical programming on secondary impacts. With financial and technical support implementation of risk communication activities has intensified in the regions. Among others, the risk communication activities include community awareness through house-to-house visits (done with preventive measures in place for the mobilisers), audio mobile vans, local media, and community networks. At the national level, communication materials targeting children and caregivers were produced and disseminated widely using mass media and partner networks. As a result, over 16.7 million were reached or engaged at the end of May.

⁷ UNICEF SNNP programme section April 2020 SitRep.

Humanitarian Leadership, Coordination and Strategy

UNICEF leads the Nutrition and WASH Clusters, co-leads the Education Cluster with Save the Children International and leads the Child Protection Area of Responsibility (AoR). UNICEF is also providing coordination support to regional coordination hubs in Oromia and Somali regions and at the sub-regional level in eight Emergency Operations Centres in West Guji, Gedeo and Nekemte zones. UNICEF participates in the interagency Prevention of Sexual Exploitation and Abuse (PSEA) Task Force for Ethiopia. UNICEF continues to advocate for resource mobilization, response management and standards at all levels to strengthen, and improve the effectiveness of information management.

The Emergency Nutrition Coordination Unit (ENCU)/Nutrition Cluster COVID-19 Task Force developed a set of recommendations on emergency nutrition and COVID-19 to support the continuation of life-saving nutrition interventions while limiting the human-to-human transmission of the coronavirus. The document was jointly developed with Government counterparts and disseminated by humanitarian nutrition partners who are supporting community-based management of acute malnutrition (CMAM) and Infant and Young Child Feeding (IYCF) activities now inclusive of all WHO recommended precautions on social distancing, handwashing and respiratory etiquette.

The ENCU/Nutrition Cluster provided support to a number of technical platforms and supported the MoH to identify alternative and innovative modalities to ensure continuation of the CMAM services including piloting the family-middle upper arm circumference approach for monitoring of acute malnutrition.

The Child Protection (CP)/GBV AoR continues to provide technical support to partners for child protection programming in the context of COVID-19. The AoR coordination was actively involved in the National Emergency Coordination Centre (ECC) meetings that oversee COVID-19 coordination. The CP/GBV AoR was actively involved with UNOCHA and other clusters in sectorial inputs for inter-sectorial strategic plan development, inter-sectorial assessment of quarantine facilities and revision of standard operating procedures for returning migrants, and regrouping relevant CP and GBV context specific documents, including Information Education Communication (IEC) materials. At national level, the CP/GBV AoR was actively involved providing sectorial inputs to the COVID-19 Global HRP, the multi-sectorial COVID-19 preparedness and response plan, the national Government of Ethiopia COVID-19 response plan (through technical support to the Ministry of Women, Children and Youth - MoWCY).

In addition, the 2020 HRP recently went through a light revision, to include COVID-19 and desert locust humanitarian needs and priorities, to which the AoR was actively involved with; including in the review of sectorial narrative and activities. The AoR also contributed to the national flood response plan that was recently finalised. At sub-national level, CP/GBV AoR Coordinators were also engaged in sectorial inputs and technical advice to regional COVID-19 response plans. The CP/GBV AoR worked on the prioritization, review and selection of proposals for the first standard allocation for 2020 of the Ethiopian Humanitarian Fund.

Ethiopia's education cluster in April supported the MoE in drafting the preparedness and response plan for COVID-19 in Ethiopia. Through consultation with REBs and cluster partners, the response plan has served as the reference point in defining the strategy and priorities for partners implementing COVID-19 education in emergency response activities. The plan was complemented with a Response Framework, which was endorsed by the cluster members. The response plan has also been referred to in developing funding proposals for pooled funding (Ethiopia Humanitarian Fund) and in seeking support for funds from Global Partnership in Education (GPE).

UNICEF co-chairs the national WASH cluster with the Government of Ethiopia as well as leads and co-leads subnational WASH clusters including in Oromia, Afar, Amhara, SNNP, Tigray and Somali regions which have all been active. In response to COVID-19, emergency WASH response, especially hygiene promotion as well as preparedness measures at key health care facilities, needs to be strengthened. The WASH Cluster has taken an active role in mapping partners' presence to respond to COVID-19 and sharing resources to help partners integrate COVID-19 risk communication and community engagement measures into ongoing humanitarian responses. However, more attention should be paid to vulnerable affected population, such as IDPs, drought-affected population and cholera-affected areas, to contribute to preventive measures.

Human Interest Stories and External Media

In this reporting period, UNICEF Ethiopia has focussed a large portion of its external communication on content for COVID-19 under three broad categories: general prevention messages targeting the general public, specific messages highlighting UNICEF's response and acknowledging the leadership of the government, the support of donors, and the collaboration of implementing partners, and human interest stories of service providers in the frontline of the response and service recipients, including children.

A regular update on our COVID-19 response is shared with donors and NGO partners and published on the [UNICEF website](#) and social media channels. Human interest stories photo essays and videos developed to highlight general prevention messages, UNICEF's response and service recipients and service providers, including the recent sudden surge of returnees to the country and its implications on the COVID-19 response and [on the secondary impacts of COVID-19 on children's well-being](#).

As part of our overall engagement with influencers, [UNICEF Ethiopia supporter Zeritu Kebede visited COVID-19 isolation centre](#) at Bole-Chefe and the quarantine centre at Basha Wolde in Addis Ababa and advocated with the Minister of Health and the Mayor of Addis Ababa for more WASH and PPE support for health workers and the centres. As a result, the Minister and the Mayor visited the centre and immediately addressed some of the concerns.

In the last two months: photos, videos and stories produced on risk communication and advocacy resulted in a collective impression of over 15 million and with more than 350,000 people engaged across all our social media platforms.

Challenges

An overall persisting challenge is related to funding shortages, both for the HAC and COVID-19 response plan. In particular, the 2020 HAC still has a funding gap of 88 per cent. Without sufficient funding, an estimated over 500,000 people will not have access to adequate sanitation, and an estimated over 5,000 children will not be able to be reunited with their families or placed in other appropriate care.

In April and May 2020 travel restrictions to prevent the further transmission of COVID-19 slowed partners ability to deliver humanitarian aid for COVID-19 and other emergencies, including cholera and flooding. To address this, UNICEF is using third party monitors and existing local transport agreements to get supplies where they are most needed.

Due to the recommended measures of physical distancing and concerns of increased risk of COVID-19 transmission in communities, implementation of previously planned mass vaccination campaigns has been temporarily postponed. This has left children at an increased risk of vaccine-preventable disease. Considering the pre-existing population immunity gaps in country, morbidity and mortality from measles is expected to be high during the COVID-19 outbreak. The national measles vaccination campaign expected to commence in early July 2020 will hopefully make it possible to reach those children most vulnerable to measles.

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Annex A Summary of Programme Results

Sector	Overall needs	Cluster/Sector Response			UNICEF and IPs		
		2020 target	Total results*	Change since last report	2020 target	Total results	Change since last report
Nutrition*							
Children under 5 years with SAM admitted to therapeutic care programmes	544,000	443,638	92,727	▲30,563	459,638	91,758*	▲30,563
Children received vitamin A supplementation					1,271,985	-	-
Health**							
Number of medical consultations in priority locations (Afar and Somali regions)					460,000	157,296	▲89,166
People affected by acute watery diarrhoea with access to life-saving curative interventions					10,000	5,029	▲2,143
Children immunized against measles					160,000	3,145	▲1,191
People with access to health care facilities stocked with emergency drugs and supplies for 3 months					250,000	37,500	▲25,000
WASH							
# of people have received water treatment chemicals	7,000,000	4,200,000	944,144	▲415,336	2,650,000	471,640	▲319,720
People reached with key messages on hygiene practices	6,980,000	5,224,000	1,445,333	▲535,446	2,650,000	499,583	▲317,524
# of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene. Principally through durable, long lasting infrastructural investments	5,280,000	1,738,000	1,632,415	▲467,784	1,060,000	347,042	▲138,724
# of people accessing appropriate sanitation facilities	971,000	583,000	259,516	▲148,006	100,000	18,875	▲358
Child Protection							
Vulnerable children provided with PSS, including access to CFSs with multi-sectoral programming interventions	142,000	110,000	21,271	▲8,241	96,250	24,246	▲3,420
Unaccompanied and separated girls and boys reunified with their families and/or placed in appropriate alternative care	47,000	10,000	734	▲197	5,570	512	▲222
Children and women provided with risk mitigation, prevention or response interventions to address GBV	1,164,000	270,000	60,158	▲23,944	118,750	31,550	▲12,688
Education							
School-aged children, including adolescents, accessing quality education	1,645,521	1,300,000	37,150	▲0	345,521	37,150	▲0

* SAM reporting is delayed by one month.

** MHNT report is delayed by one month.

Annex B Funding Status*

Sector	Requirements	Funds available		Funding gap	
		Received Current Year	Carry-Over	\$	%
Nutrition	45,994,917	3,996,230	11,613,041	30,385,646	66.1%
Health	11,997,504	492,514	476,374	11,028,616	91.9%
WASH	47,262,404	2,178,110	1,737,302	43,346,992	91.7%
Child Protection	9,378,579	180,661	1,077,663	8,120,254	86.6%
Education	15,589,281	21,168	31,059	15,537,054	99.7%
Social Protection	9,158,400	-	-	9,158,400	100.0%
Total	139,381,085	6,868,684	14,935,439	117,576,962	84.4%

* As defined in Humanitarian Appeal of January 2020 for a period of 12 months.