



ETHIOPIA

Humanitarian Situation Report

SitRep # 7- Reporting Period July 2019

Highlights

- With school due to reopen in September, over 2.7 million children remain in need of education assistance due to prolonged and compounded emergency crises, including 1 million children unable to access an education because their schools were damaged during conflict.
- Without urgent investments in education response before the start of the new school year, these children are unlikely to receive educational support, some for a third consecutive year. Despite Education in Emergencies (EiE) being central to linking emergency responses with wider development objectives, UNICEF's EiE programme remains grossly underfunded (84 per cent) with only 76,489 children (21 per cent of the target) provided with access to accelerated learning programmes as of July 2019.
- UNICEF has secured severe acute malnutrition (SAM) treatment supplies (RUTF, routine drugs and therapeutic milk) to cover the current need to treat 503,696 SAM children (including refugees) until the end of 2019, with a four-month buffer stock.

UNICEF's Response with Partners

| | UNICEF | | Sector/Cluster | |
|---|----------------|------------------|----------------|------------------|
| | UNICEF Target* | UNICEF Results** | Cluster Target | Cluster Result** |
| Nutrition: Children under 5 years with SAM admitted treatment | 503,696 | 140,988 | 487,696 | 140,988 |
| Health: Number of Medical consultations in priority locations (Afar and Somali regions) | 441,000 | 230,605 | | |
| WASH: People accessing sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene | 1,850,000 | 1,237,231 | 5,500,000 | 3,568,564 |
| Child Protection: Vulnerable children provided with psychosocial support, including access to child-friendly spaces with multi-sectoral programming interventions | 77,000 | 61,576 | 42,000 | 27,611 |
| Education: School-aged children, including adolescents, accessing quality education | 370,017 | 76,489 | 2,346,922*** | 274,286 |

*UNICEF target includes new arrivals of refugees and has been revised with the release of HRP

** Results are cumulative for the year

*** Nutrition results are in lieu by up to eight weeks. Results reflected are at May 2019

SITUATION IN NUMBERS

4.89 million
of children in need of humanitarian assistance
(Ethiopia Humanitarian Needs Overview 2019)

8.86 million
of people in need
(Ethiopia Humanitarian Needs Overview 2019)

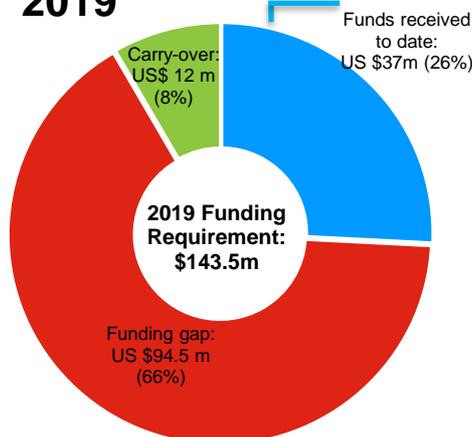
3.19 million*
Internally displaced persons in Ethiopia
(Ethiopia Humanitarian Needs Overview 2019)

655,105
Registered refugees and asylum seekers in Ethiopia
(Ethiopia, refugees and asylum seekers (UNHCR, 29 July 2019)

UNICEF Appeal 2019
US\$ 143.5 million

* IDP numbers have reportedly reduced with the IDP return programme. DTM 17 is pending Government approval

Funding Status 2019



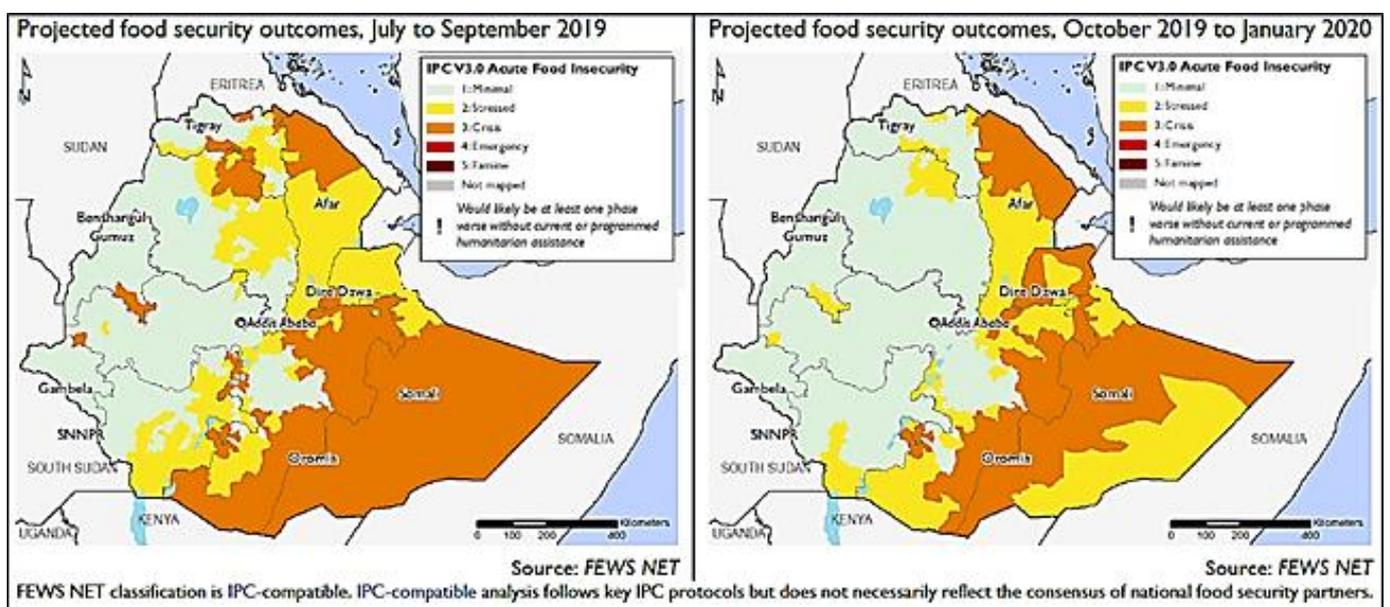
Overall funds available for 2019 includes funding received for the current appeal year as well as the carry-over forward from the previous years.

Situation Overview & Humanitarian Needs

Provision of quality education remains challenged by compounded emergency crises that continue to disrupt children's access to school. Over 2.7 million children have been identified to need educational assistance in 2019¹, including some one million children who were unable to access educational services due to damages and closures of schools in the past three years. Without access to education, children's cognitive development, psychosocial status and protection will continue to be at risk in the new school year. Immediate action, including longer-term investments, is crucial to ensure that quality education is provided to children in emergencies as life-saving and key to securing recovery.

Delayed, erratic and below normal cumulative rainfall in the southern and south-eastern pastoral areas and north-eastern and parts of *belg* producing areas of Ethiopia has adversely affected livestock and food production and household incomes, in turn leading to deteriorating food security. Despite the improved *kiremt* rains (June to July 2019) that may yield a better *meher* harvest (October to November 2019), the drought-affected areas have reported poor regeneration of pasture and water resources as well as late planting of *belg* crops. As a result, they will remain in *crisis* (IPC phase 3²) through September 2019 with 3.8 million people, including 2 million children, affected. The drought is also expected to exacerbate children's access to education with the potential for displacement.

The Government of Ethiopia's strategic plan to address internal displacement that commenced in April 2019 completed its first phase in June 2019. The Government has reported that 94 per cent of IDPs³ have returned to their places of origin⁴. Returnees remain in dire need of lifesaving and recovery assistance as most have not been able to fully resume their normal lives, have returned to destroyed homes, have no livelihoods, and lack of access to basic services. Returnees, many of whom are closer to places of return but have not returned to their original homes, report being fearful of retaliation, living in insecure environments, and lacking access to basic services such as water and shelter. Significant needs remain that could potentially threaten another wave of displacement.



Cholera outbreaks have significantly stabilized as a result of accelerated chlorination of water supply systems. Stepped-up surveillance, vaccination of most vulnerable groups against cholera, especially in Addis Ababa, and the roll-out of hard-hitting cholera preventative social mobilization activities have helped to stem cholera outbreaks.

Humanitarian Leadership and Coordination

The humanitarian response in Ethiopia is led by the National Disaster Risk Management Commission (NDRMC) through the federal and regional Disaster Risk Management Technical Working Groups (DRMTWGs). UNOCHA coordinates the humanitarian response of UN agencies and NGOs in support of the Government-led humanitarian response. The Government as well as the sectoral clusters prioritize the emergency response based on targeted hotspot *woredas* (districts) and the Humanitarian Response Plan (HRP). UNICEF also serves as a co-lead of the Nutrition, WASH, and Education clusters and Child Protection Area of Responsibility. UNICEF is also providing coordination support to regional coordination hubs in Oromia and Somali regions and at the sub-regional level in Emergency Operations Centres (EOCs) in West Guji, Gedeo and Nekemte. UNICEF has taken a co-lead role with regional governments in the Amhara, Tigray and Benishangul-Gumuz regions on rapid assessments and response planning activities.

¹ 2019 Ethiopia humanitarian Response Plan

² Integrated Phase Classification (IPC) phases are used to illustrate thresholds and classify the severity of the current or projected food security situation. The phases range from IPC 1- 5 ranging from minimal food insecurity to famine.

³ Number of IDPs returned is extracted from Government of Ethiopia's official announcement

⁴ It is generally understood that place of origin; refers to the place the IDP was more permanently situated before, first displacement.

Humanitarian Strategy

In March 2019, UNICEF Ethiopia held an internal review of its IDP response, which informed the development of the UNICEF Ethiopia National IDP Response Strategy, as well as the development of regional IDP response strategies, to inform the strategic direction of UNICEF's response over the next 12 months. The national and regional IDP response strategies outline UNICEF's principles of engagement in the IDP response, strategic priorities, and selection criteria for targeting, including increased site level convergence of interventions. The strategies also outline human resource capacities and needs, a monitoring and evaluation plan, coordination mechanisms, partnerships, and the funding situation and gaps. The strategies aim to improve the quality of UNICEF's response through further integration and convergence of UNICEF's multi-sector response. This includes regional response strategies being delivered through a multi-sectoral package of interventions aiming at geographical convergence, identification of common service delivery platforms and consolidation of partners/NGOs. Multi-sector implementation will be complemented by multi-sector monitoring. At both the national and regional levels, the strategies outline the plan for integration and roll-out of cross-cutting issues within the emergency response, including the mitigation and prevention of Gender Based Violence (GBV), Protection against Sexual Exploitation and Abuse (PSEA), Mental Health and Psychosocial Support (MHPSS), Community-Based Approaches, and Accountability to Affected Populations.

UNICEF is investing significant resources to systematically mitigate and prevent GBV and sexual exploitation and abuse to address the protection risks faced by refugees and IDPs, particularly women and girls. UNICEF and partners continue to take appropriate measures across all sectors to mitigate risks, prevent incidents and provide GBV and PSEA capacity-building and mentoring support to staff. Focal Points have been identified in UNICEF programme sections and field offices to lead GBV and PSEA efforts. Hotlines have been activated at regional level to enable beneficiaries to confidentially report protection concerns and seek support.

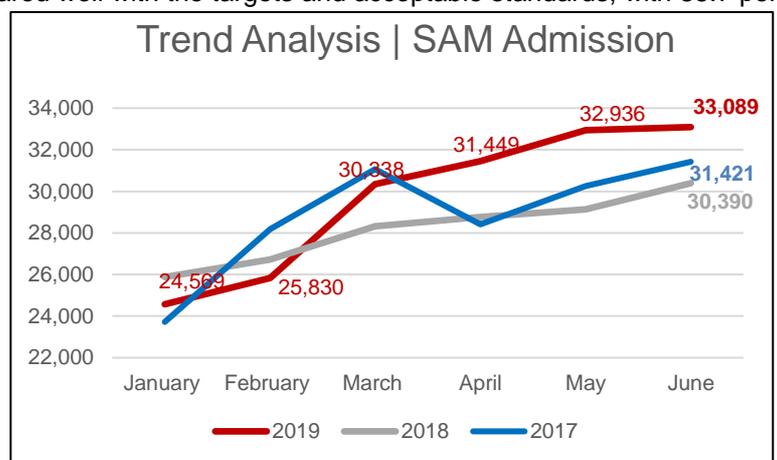
UNICEF Ethiopia has also recently been included in a global benchmarking exercise against Accountability to Affected Population standards. The outcome of this activity will be recommendations to improve UNICEF Ethiopia's accountability to Core Humanitarian Standards and the prevention and response to sexual exploitation and abuse. The findings of this exercise will be available in the last quarter of 2019.

Summary Analysis of Programme Response

Nutrition

In June, 33,089 children under the age of five⁵ were screened and admitted for SAM therapeutic treatment at a reporting rate of 85.1 per cent. Programme performance indicators compared well with the targets and acceptable standards, with 85.7 per cent of children cured, 0.3 per cent dying, and 2 per cent defaulting⁶. SAM admissions in June (33,089) show a significant rise from that of admissions in May (29,876), June 2018 (31,421) and the projections made for the month due to deteriorated food security, associated rise of malnutrition in some of the pocket *woredas*, and increased screening coverage.

In July 2019, UNICEF, in collaboration with its partners, conducted a malnutrition screening of 1,113,406 children in drought-affected areas of Afar and Oromia regions. The screening identified 7,030⁷ severely malnourished and 113,288 moderately malnourished children in Afar (2,073 SAM cases, of 240,146 screened) and Oromia (4,957 SAM cases, of 873,260 screened) regions. Children identified with SAM were admitted to the Therapeutic Food Programme (TFP).



SAM admission trend analysis | January to June in 2017, 2018, 2019

Data collection for the Food Security and Nutrition Monitoring System (FSNMS) in selected livelihood zones is ongoing and is expected to be finalized by the end of August. The findings will inform the upcoming Integrated Phase Classification-of Acute Food Insecurity Analysis (IPC-FI).

UNICEF has secured SAM treatment supplies (RUTF, routine drugs and therapeutic milk) to cover the current need to treat 503,696 SAM children (including refugees) until the end of 2019, with a four-month buffer stock. Third quarter nutrition supplies for July to September were handed over to Regional Health Bureaus (RHBs) and Zonal Health Bureau (ZHBs) for distribution. In July, 6,054 cartons of energy dense BP5 biscuits were delivered to the Kamashi ZHB to be distributed to IDPs/returnees to benefit 12,103 children and 5,000 adults. Some 900 Stabilization Centre Kits were also delivered to the Ethiopian Pharmaceutical and Supplies Agency (EPSA) to treat 6,300 children. In July, 437,108 children aged 6-59 months received

⁵ Information on nutrition programme response is lieu by two months due to lengthy data collection and verification process from the *kebeles* to federal level, and cumulative SAM admissions may include unreported SAM cases from previous months

⁶ Sphere; >75 per cent cure, <10 per cent death, <15 per cent default.

⁷ This is in addition to the existing 140,988 SAM caseload as of May 2019. The cumulative caseload, including June 2019, will be reported in August 2019.

Vitamin A supplementation: 185,169 in Southern Nations, Nationalities and Peoples' Region, 14,274 in Oromia Region, and 237,665 in Afar Region.

Through the third-party Community- Based Management of Acute Malnutrition (CMAM) monitors, UNICEF continues to provide quality SAM management at health facilities through standard score cards and on-the-job mentoring. For example, in the Gambella Region, 95 health care providers (39 health workers and 56 health extension workers) in 57 health facilities received on-the-job mentoring to improve the quality of care.

The Nutrition Cluster carried out its annual Cluster Coordination Performance Monitoring (CCPM) exercise. Results showed that the Nutrition Cluster offers a strong coordination platform, providing technical leadership and informing strategic decision making. However, it was recognized that efforts must be made to improve on mainstreaming Protection principles and to encourage consultations and involvement of local actors and affected population.

Health

UNICEF continues to provide technical and material assistance to reduce the prevalence of disease outbreaks. In July, UNICEF supported the planning and preparedness of polio and Ebola preparedness plans with the Ministry of Health and RHBs by providing expert technical assistance. The polio response planning involved cross-border discussions with district-level health officials from Ethiopia and Somalia in Jigjiga in the Somali Region between 16 - 18 July. The meeting agreed to conduct the first-round monovalent oral poliovirus type 2 (mOPV2) campaign from 19 - 22 August and the second from 16 - 19 September 2019. For Ebola preparedness, UNICEF supported the screening and the establishment of quarantine centres at various points-of-entry (PoEs) through the provision of 5 CTC kits in Gambella, 2 in Oromia (Borena), and 5 in Benishangul-Gumuz. The development of information, education and communication materials has been initiated and an Ebola Emergency Operations Centre has been activated and is housed at the Ethiopian Public Health Institute. With schools opening in September, it is hoped that key public health messages will be shared with children and through them their caregivers and communities.

In July, 145 cholera cases were reported: 24 in Addis Ababa, 23 in Afar, 89 in Oromia, 3 in SNNP, and 6 in Tigray, bringing the cumulative cholera caseload in 2019 to 1,008. A fast, integrated and intense cholera preventative campaign, spearheaded by the Ministry of Health, can be credited with the slow spread and mitigated risk of significant outbreaks, especially in Addis Ababa. UNICEF supported the response with technical experts, deployed rapid response teams, the training of health workers on cholera and measles outbreak management, and provision of Cholera Treatment Centre kits in Afar and other regions.

UNICEF, through its partners, continues to provide the most vulnerable with access to health care in remote areas in the Afar and Somali region. In July, Mobile Health and Nutrition Teams (MHNTs) conducted 40,348 new medical consultations: 11,891 in Afar (5,232 children under five, 3,805 women and 2,854 men) and 28,457 in Somali (12,521 children under five, 9,106 women and 6,830 men), with women and children making up 76 per cent of the people accessing the health care needed.

UNICEF has secured resources for insecticide-treated bed nets to be distributed to refugees in Gambella and Benishangul-Gumuz regions, deemed to be malaria prone areas. These nets will be procured and distributed in the coming months.

WASH

UNICEF continues to focus its WASH interventions on the provision of safe drinking water, sanitation and hygiene to communities hosting internally displaced people. The country continues to face the impact of drought, cholera outbreaks and potentially new displacements in the coming months. The current drought conditions in specific pockets of the country exacerbate already water stressed communities' access to WASH services and, as a result, increase the risk of waterborne diseases and further displacement. WASH services remain non-existent to inadequate in many schools,⁸ further exposing children to preventable diseases.

UNICEF supports the cholera outbreak response through prepositioning of WASH NFIs with Regional Water Bureaus (RWBs), installation and chlorination of water tanks, Communication for Development (C4D) activities, and cholera prevention training for health extension workers and community leaders in cholera prone areas, including IDP and returnee sites. These training activities enable health extension workers and community leaders to conduct hygiene promotion and awareness-raising sessions with communities on cholera prevention, safe water storage and handwashing practices and safe latrine usage. The hygiene promotion messages are focused on handwashing and hygiene practices to prevent oral-faecal transmission and encourage safe water storage and treatment and latrine usage. In July, 151,585 people were reached with hygiene promotion messages and 250,692 accessed WASH NFIs: 212,440 in Oromia, 7,000 in Somali, and 31,252 in Tigray. Also distributed were body soaps, jerry cans, buckets and tablets of water disinfectants or strips aqua tabs, dignity kits and washing basins. UNICEF continued to support hygiene promotion activities in Amhara Region reaching 18,570 people. WASH NFIs reached 11,320 people in Amhara and 35,000 in Afar. To improve sanitation in emergency settings, household and community latrines were constructed and rehabilitated to benefit 49,145 in Oromia and 6,400 in Somali regions.

⁸ According to UNICEF's 2018 sanitation microplanning data, nationally only 22% of primary schools have access to drinking water from a protected source, 23% have separate toilets for girls meeting national standards, and 11% have handwashing facilities.

UNICEF is investing in improved access to safe water through the rehabilitation and expansion of durable water supply schemes, including shallow wells. In July, 2,500 new beneficiaries⁹ in SNNP Region were supported with access to safe water in addition to the continued support provided to existing beneficiaries: 54,600 people gained sustainable access to safe water through the rehabilitation of existing water supply systems in Oromia, Somali and SNNP regions and 750,000 people through chlorination of water supply systems in Oromia Region and 9,778 IDP returnees in West Oromia.

Education

Quality education provides children with structured normalization amongst the chaos of an emergency. In emergencies, schools provide children with a safe and structured environment that creates stability, predictability and a platform for building safe relationships. This in turn, helps children cope with the distress they are experiencing. Evidence also shows that out-of-school girls and boys are at much higher risk of, and vulnerability to, violence and exploitation. Having considered this reality, UNICEF, together with Government and non-government partners, supports displaced children with accelerated access to quality education and coordinates the humanitarian response as a co-lead of the Education Cluster in Somali and Oromia regions. In July, UNICEF, in partnership with Voluntary Overseas Services, equipped 135 primary school teachers and 9 regional education experts with the skills to deliver psychosocial and emotional learning, reaching 6,750 IDP children exposed to psychosocial distress in Kamashi Zone, Benishangul-Gumuz Region. To complement this effort, 34 Accelerated School Readiness (ASR) facilitators were equipped with the knowledge and skills to provide quality pre-primary education to 3,870 children in 16 Temporary Learning Spaces (TLS) in West Guji Zone, Oromia Region.

In July, 84 TLS and classrooms were constructed, followed by training of 80 facilitators on basic pedagogy to create educational opportunities for 4,719 school-aged children (2,300 girls, 2,419 boys) in Dawa and Fafan zones, Somali Region.

UNICEF, through its partners, is constructing 65 TLS for IDP children in Oromia, Somali and SNNP regions to benefit 3,250 children. Eight classrooms at Haro Jitu Primary School in Gedeb *Woreda*, SNNP Region will be rehabilitated, benefitting 200 primary school children. A three-day awareness-raising workshop was held for 30 Parent-Teacher-Student Associations, *kebele* Education Training Bureaus, religious leaders, and women's groups on the importance of quality, safe and inclusive primary education for conflict-affected IDP children in the West Guji Zone. It is anticipated that this sensitization exercise will directly impact 300 primary school children as it encourages parents to send their children to school.

Child Protection

In 2019, 5,571 unaccompanied and separated children (2,436 girls, 3,135 boys) were identified and documented by UNICEF in Oromia (860 girls, 904 boys), Somali (569 girls, 943 boys), SNNP (897 girls, 1,179 boys) and Benishangul-Gumuz (110 girls, 109 boys). The rising caseload is associated with conflict-induced displacement and return programmes with the highest cases recorded being in SNNP (2,076), Oromia (1,764), Somali (1,512), and Benishangul-Gumuz (219). UNICEF, through its partners, continues to support the case management of Unaccompanied and Separated Children (UASC) with identification and care with the goal of family tracing and reunification. In July, 145 children (88 girls, 119 boys) were reunified with their families and 42 placed in alternative care arrangement. UNICEF continues to advocate with other sectors to help identify and prioritize UASC in the provision of assistance.

UNICEF supported 9,739 children exposed to psychosocial distress (4,382 girls, 5,357 boys) to access psychosocial support through child-friendly spaces, community-based psychosocial support, and psychological first aid. Some 3,400 children were reached in SNNP (1,475 girls, 1,925 boys), 861 in Somali (361 girls, 500 boys), 1,057 in Oromia (460 girls, 597 boys), 4,405 in Gambella (2,080 girls, 2,325 boys), and 16 in Benishangul-Gumuz (6 girls, 10 boys). Additionally, 2,026 IDPs were reached with GBV prevention, risk mitigation and response interventions: 102 women in Benishangul-Gumuz, 843 women and 474 men in Oromia, 29 girls, 320 women, and 252 men in Somali, and 6 girls in SNNP. Of the 2,026 IDPs, 35 survivors of rape, physical assault, denial of resources and domestic violence in Somali (29) and SNNPR (6) were supported to access multisectoral response services including referral to health services, psychosocial support and legal aid. Investments in access to education will also reduce children's risk of psychosocial and protection concerns, including child labor, violence, exploitation, abuse and neglect. It is also evident that higher level of girls' education result in delayed child marriages and teen pregnancies.

To enhance the knowledge and skills of service providers on the prevention and response to CP-GBViE, Plan International, with the support of UNICEF, conducted a training of trainers' workshop on child protection and GBViE to 25 service providers (6 women, 19 men) from the Bureaus of Women, Children and Youth and Labour and Social Affairs, Police, Attorney General, IOM, and UNHCR. The child protection referral pathway recently finalized by UNICEF and endorsed by the child protection Area of Responsibility was widely shared with the partners and was used to sensitize community-based structures through the protection monitors. The sensitization is anticipated to enhance the involvement and engagement of the community in the identification and referral of cases.

Communication for Development (C4D), Community Engagement and Accountability

⁹ 2,500 people are beneficiaries of UNICEF's intervention who have not been reached with any other programme, to avoid double counting.

UNICEF continues to provide financial and technical support to the cholera response. In July, UNICEF supported the production of audio, audio-visual, and print materials, and social mobilization in seven regions and dissemination of messages on religious events. As a result, with the active engagement of social mobilizers, reports of cholera have stabilized in almost all regions. UNICEF consultants are also working with religious leaders in the prevention of cholera outbreaks in holy sites for preparedness of the upcoming fasting season. This includes the production of a documentary on cholera which features religious leaders from Ethiopian Orthodox Church. The main challenge will be the poor sanitation facilities at the holy sites.

UNICEF's C4D consultants are supporting the Public Health Emergency Management (PHEM) emergency operation centre in finalizing EVD messages. UNICEF will support the production and prepositioning of EVD materials to areas bordering South Sudan

Security

Hostilities between unidentified armed groups and security officials, and intercommunal disputes, remained the key issues restricting humanitarian access in the country. In July, armed conflict between security forces and unidentified armed groups in Metekel Zone, Benishangul-Gumuz Region, and activists in Sidama Zone, SNNP Region, hindered movement in the humanitarian response. Insecurity in Sidama Zone resulted in restrictions of movement within the Region and to neighbouring zones. To stabilize the security situation and restore law and order in the region, a state of emergency was declared, and a command post led by federal security established. In Oromia, Miyoy, Guchi, Moyale, Wachile, Liben, Gumi Eldello, Kelem Wollega, Horoguduru, and Mendi *woredas*, and areas outside Arero and Dhas, and Dawe Kachen, Dawe Serer, Rayitu and Lege Hida *woredas* have officially been declared restricted areas due to continued conflicts. Additionally, intercommunal disputes and tribal tensions have triggered sporadic fights in Gambella and Somali regions, thus delaying and/or restricting programme implementation. The disputes in Gambella and Somali regions were mostly triggered by limited grazing lands.

Funding

UNICEF Ethiopia is appealing for US\$ 143.5 million in 2019 to support its humanitarian actions for children. The cost per sector incorporates the needs on the ground, agreed targets as well as UNICEF's and its partners' capacities to deliver. Since January 2019, UNICEF has received US\$ 37 million. With a carry-over fund of US\$ 11.9 million from 2018, the current funding gap stands at US\$ 94.5 million. The below table depicts UNICEF Ethiopia's funding status.

UNICEF Ethiopia funding status as of 30 June 2019

| Appeal Sector | 2019 original Requirements US\$ | 2019 revised Requirements US\$ | Funds Available US\$ | | Funding gap | |
|------------------|---------------------------------|--------------------------------|-----------------------------|-------------------|-------------------|------------|
| | | | Funds Received Current Year | Carry over* | US\$ | % |
| Nutrition | 48,619,225 | 61,222,849 | 21,578,053 | 9,562,211 | 30,082,585 | 49% |
| Health | 14,192,865 | 14,492,865 | 1,320,333 | 434,769 | 12,737,763 | 88% |
| Wash | 49,675,000 | 56,200,000 | 11,700,404 | 1,109,407 | 43,390,189 | 77% |
| Child Protection | 3,687,192 | 3,687,192 | 1,731,703 | 325,197 | 1,630,292 | 44% |
| Education | 7,918,851 | 7,918,851 | 714,812 | 542,380 | 6,661,659 | 84% |
| Total | 124,093,133 | 143,521,757 | 37,045,305 | 11,973,964 | 94,502,488 | 66% |

* Funds available includes funding received against current appeal as well as carry-forward from the previous year and report has been rounded-off

** The nutrition funds include in-kind support, valued at US\$ 7.8 million

Next SitRep: 10 August 2019

UNICEF Ethiopia: www.unicef.org/ethiopia

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UNICEF Ethiopia Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/ethiopia.html>

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Annex A

SUMMARY OF PROGRAMME RESULTS

| | Overall needs | UNICEF and IPs | | | Cluster Response | | |
|--|---------------|----------------|----------------|--------------------------------|------------------|----------------|--------------------------------|
| | | 2019 Target | Total Results* | Change since last report ▲▼ | 2019 Target | Total Results* | Change since last report ▲▼ |
| NUTRITION | | | | | | | |
| Children under 5 years with SAM admitted treatment | 609,961 | 503,696 | 178,211 | 33,089 | 487,696 | 54,414 | - |
| Children received vitamin A supplementation | - | 1,029,497 | 1,243,070 | 437,108 | - | 1,243,070 | 437,108 |
| HEALTH | | | | | | | |
| Number of medical consultations in priority locations (Afar and Somali regions) | | 441,000 | 230,605 | 39,146 | | | |
| People affected by acute watery diarrhoea accessing life-saving curative interventions | | 15,000 | 1,008 | 145 | | | |
| Children immunized against measles | | 760,270 | 600,884 | - | | | |
| Number of insecticide-treated bed nets distributed in Malaria- endemic areas. | | 400,000 | 135,000 | - | | | |
| Number of people with access to health care facilities stocked with emergency drugs and supplies for 3 months. | | 320,000 | 100,000 | - | | | |
| WATER, SANITATION & HYGIENE** | | | | | | | |
| People accessing sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene. This is principally through durable, long lasting infrastructural investments. | 9,243,666 | 1,850,000 | 1,237,231 | 2,500 | 5,500,000 | 3,568,564 | 108,983 |
| People reached with key messages on hygiene practices | 7,260,454 | 1,750,000 | 1,015,262 | 151,585 | 5,000,000 | 1,598,352 | 151,585 |
| People have access to emergency NFIs (including household water treatment chemicals) | 7,260,454 | 3,000,000 | 2,060,854 | 250,692 | 5,000,000 | 3,461,478 | 423,264 |
| CHILD PROTECTION | | | | | | | |
| Vulnerable children provided with psychosocial support, including access to child-friendly spaces with multi-sectoral programming interventions | 592,648 | 77,000 | 61,576 | 9,739 | 42,000 | 27,611 | 4,931 |
| Unaccompanied and separated girls and boys reunified with their families and/or placed in appropriate alternative care | 592,648 | 4,400 | 1,483 | 207 | 5,000 | 1,769 | 413 |
| Children and women provided with risk mitigation, prevention or response interventions to address gender-based violence | 1,028,910 | 95,500 | 66,675 | 2,026 | 52,000 | 72,890 | 3,113 |
| EDUCATION | | | | | | | |
| School-aged children, including adolescents, accessing quality education | 2,616,444 | 370,017 | 76,489 | 15,339 | 2,346,922 | 274,286 | 15,339 |

*Total results for **Sectors** are cumulative.

** WASH result only refers to new beneficiaries in any the three programmes to avoid double counting.