



Birtukan Kase Worku. UNICEF Ethiopia/2019/Tadesse

Reporting Period: July to August 2020

Ethiopia Country Office Humanitarian Situation Report



Situation in Numbers

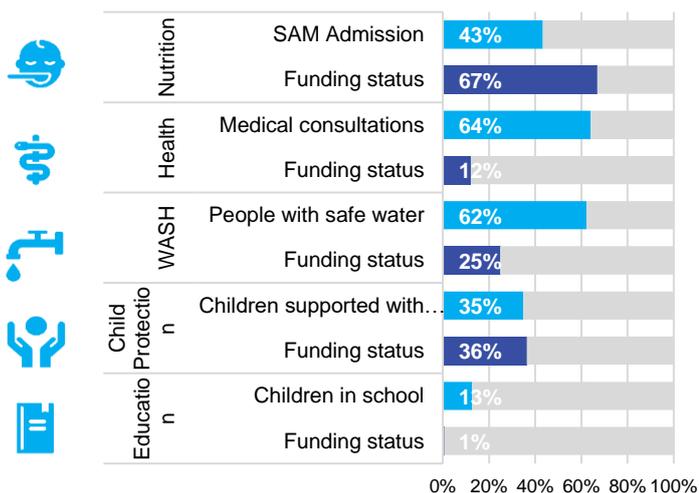
-  **4,872,000**
children in need of humanitarian assistance
-  **8,400,000**
people in need (Humanitarian Response Plan 2020)
-  **1,820,811**
internally displaced people (IOM, Displacement Tracking Matrix 22)
-  **779,267**
registered refugees (UNHCR, 31 August 2020)
-  **151,828** people affected by floods and **100,176** displaced (OCHA, August 2020)

Highlights

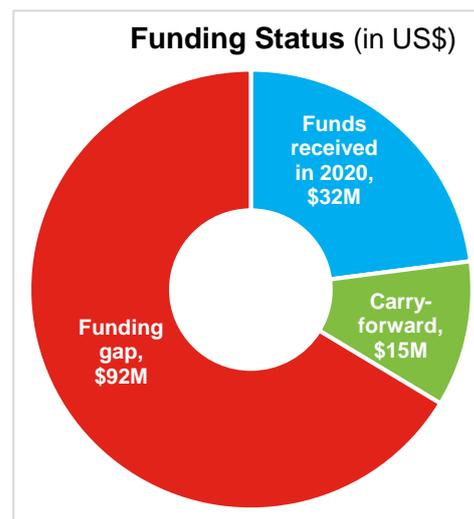
- All regions except the Southern Nations, Nationalities and People's (SNNP) region recorded an increase in Severe Acute Malnutrition (SAM) admissions compared to the same period in 2019. In Tigray and Amhara regions SAM admissions in 2020 are more than 50 per cent higher than admissions recorded during the same period in 2019. UNICEF supported the drafting and dissemination of guidelines to ensure optimal service provision in the context of COVID-19 including management of SAM, infant and young child feeding practices and data collection for surveillance purposes.
- UNICEF supported a national measles campaign that reached 14.4 million children aged 9-59 months (96 per cent national coverage). UNICEF provided Personal Protective Equipment (PPE) as well as technical, financial and logistical support through two key pillars: communication and social mobilization, and vaccine management.
- According to the [UNOCHA Ethiopia Flash Update No.3](#), in July and August, at least 151,828 people were affected by floods, including 100,176 people who were displaced. Overall, floods during the rainy season (June-September) are expected to affect more than two million people and displace 435,000 people. UNICEF has provided Emergency Drug Kits, WASH NFI's, including water treatment chemicals, BP-5 emergency food and tents for shelter.

UNICEF's Response and Funding Status

The funding status covers the cumulative funding status from January-August 2020



UNICEF Appeal 2020 US\$ 139 million



Funding Overview and Partnerships

UNICEF appealed for US\$139 million in 2020 with the objective of sustaining the provision of life-saving services for women and children in Ethiopia. So far, contributions to the appeal have been received from Sweden, Japan, UNOCHA, Canada, the Department for International Development (DFID), the United States Agency for International Development's Food for Peace (FFP), and the European Civil Protection and Humanitarian Aid Operations (ECHO). At the end of August, the 2020 HAC had a funding gap of 66 per cent (Refer to Annex B on page 11). Without sufficient funding, it is estimated that 500,000 people will not have access to adequate sanitation, an estimated 5,000 children will not be able to be reunited with their families or be placed in appropriate alternative care and the nutrition supply pipeline will be disrupted and many of the 570,000 children with severe acute malnutrition will be denied lifesaving treatment. UNICEF Ethiopia's current response to the COVID-19 pandemic is funded separately. Situation reports may be found at https://www.unicef.org/appeals/ethiopia_sitreps.html.

Situation Overview and Humanitarian Needs¹

An estimated 4.87 million children have been identified as needing humanitarian assistance in 2020. The humanitarian needs in Ethiopia are complex and have been compounded by previous years' (and continuing) caseloads of protracted displacements from droughts, floods, and conflicts as well as recurrent outbreaks of diseases such as cholera, measles and polio, all of which have exhausted community capacities, Government resources and fragile services, including the health system. With the arrival of the COVID-19 pandemic, these needs have been exacerbated and essential health services have become overstretched.

In the reporting period, the humanitarian situation has been aggravated by flooding in numerous regions. Some 151,828 people were affected by recent floods (July and August). By mid-August² the number of people displaced due to flooding was 100,176 people, more than half of whom were estimated to be children. Houses and schools have been destroyed, livelihoods have been lost and WASH and other public infrastructure, such as roads have been damaged. Overall, floods during the rainy season are expected to affect more than two million people and displace 435,000. The risk of further flooding remains high during the remainder of the rainy season, which goes to the end of September. The National Disaster Risk Management Commission (NDRMC), in collaboration with humanitarian partners including UNICEF, is currently working on flood preparedness and operational response measures.

Desert locusts continue to destroy crops and vegetation, affecting communities in Afar, Amhara, Oromia, Somali, and Tigray regions and Dire Dawa. The locusts have directly impacted livelihoods and food security in affected communities. FAO's appeal of US\$ 48 million for desert locust control currently has a funding gap of 36 per cent. It has been estimated that the combined effects of both the COVID-19 pandemic, the desert locust infestation and flooding could increase the number of children on average that are malnourished by 24 percent.³ Therefore, the total number of children UNICEF is targeting for SAM treatment has been revised from the initial 460,000 children at the start of 2020 to 570,000 children.

According to IOM, Ethiopia received more than 25,500 returnees between 1 April and 13 August⁴ with at least 1,830 returnees in quarantine centres at the time of reporting. The Government, with support from IOM and other partners including UNICEF, has provided direct assistance to the returnees in quarantine facilities. The support has included registration, food, water, Non-Food Items (NFIs), and onward transportation assistance.

Summary Analysis of Programme Response

Health

In the reporting period, UNICEF supported the coordination of the cholera response in Somali, Oromia and the SNNP regions. UNICEF is also providing technical expertise in the development of a national Cholera Response Plan for August 2020 to January 2021 and recently supported a nationwide measles campaign that reached 14.4 million children aged 9-59 months (96 per cent national coverage).

In July and August, 2,458 cholera cases (eight confirmed) with 87 deaths (CFR=3.5 per cent) were reported in SNNP (2,102), Sidama (183), Oromia (169) and Somali (4). Since January, some 8,120 cholera cases (50 confirmed) and 160 deaths (CFR=1.97 per cent) have been reported. UNICEF has continued to support the cholera response in SNNP, Somali and Oromia regions through provision of technical assistance and Cholera Treatment Centre (CTC's) kits. In SNNP, UNICEF has deployed two technical experts, including health emergency and risk communication and

¹ The sources for this section are [OCHA: ETHIOPIA: COVID-19 Humanitarian impact Situation Update No. 11](#); [OCHA: ETHIOPIA: Floods Update No.3](#); [OCHA: Humanitarian Bulletin Ethiopia Issue #15](#) and [Minister of Health updates @lia_tadesse](#).

² The disaggregation's are: 40,731 people displaced in Afar, 20,868 people displaced in Somali, 1,125 people displaced in Oromia (excluding the 141 people displaced by landslide in East Wollega zone), 25,703 people displaced in Southern Nations Nationalities and Peoples (SNNP) and 11,749 people displaced in Gambella

³ This figure was obtained from several UNICEF planning documents including supplies forecast in light of the COVID-19 pandemic, desert locust invasion and other food security shocks.

⁴ The disaggregation's are: 6,173 from Djibouti, 5,982 from Somalia, 5,082 from Sudan, 3,162 from the Kingdom of Saudi Arabia (KSA), 1,060 from Kenya, 1,024 from Kuwait, 650 from Lebanon, and some more from other countries.

community engagement (RCCE) experts in affected zones and *woredas*. They have provided support that includes training, coordination, and planning and monitoring the day-to-day implementation of the response in the affected areas. Furthermore, in West Omo Zone, a remote and hard-to-reach area, seven CTC kits and WASH NFIs have been distributed to reach 17,500 affected people.

UNICEF supported a national measles campaign in June/July that reached 14.4 million children aged 9-59 months (96 per cent national coverage). UNICEF supported national and regional coordination and the joint planning and monitoring of the immunization campaign. UNICEF's technical support focussed on communication and social mobilization and vaccine management. UNICEF furthermore provided technical support to the Federal Ministry of Health (FMOH) and Regional Health Bureaus (RHBs) in planning and developing context-specific communication and social mobilization strategies. This included the development of key messages to support social mobilization for the campaign. UNICEF also supported the FMOH in procuring vaccines and logistical support. In view of COVID-19, UNICEF provided Personal Protective Equipment (PPE) for 9,089 health care workers.

During this reporting period, UNICEF worked closely with the FMOH, RHBs and partners to monitor the delivery of essential health services. The first phase of this approach involved the contracting of a firm to periodically monitor essential services in over 250 health facilities in Oromia, Amhara, SNNP and Somali regions. Key areas covered by the third-party monitors include the availability of maternal, neonatal and child health care services, key health commodities, human resources, and utilization of services by the community. The preliminary results will be available by the end of September 2020.

UNICEF provided 21 emergency drug kits to Gambella and Oromia regions which will support 52,500 people seeking medical care for three months from vulnerable communities including IDPs, refugees and host communities. In July, 44,386 new medical consultations were conducted in Afar (18,697) and Somali (25,689) through UNICEF supported mobile health and nutrition teams (MHNTs). Of those who received medical consultations, 16,702 (37.6 per cent) were children under five years of age and 16,325 (36.8 per cent) were women. From January to July, a total of 294,433 medical consultations were conducted, 136,221 from Afar and 158,212 from the Somali region. Of these consultations, 119,249 (40 per cent) were for children under the age of five, 102,132 (35 per cent) were for women and 73,052 (25 per cent) were for men.

UNICEF is supporting preparedness planning for the upcoming polio immunization campaign slated for first week of October in Oromia, SNNP, and Somali and the three administrative centres of Harari, Dire Dawa and Addis Ababa. The PPE include 517,889 surgical masks and 25,8945 bottles of hand sanitizers enough for 61,653 individuals who will be engaged in the four- day campaign. The vaccination campaign aims to reach over 7,103,959 children between 0 and 59 months. UNICEF's support will include social mobilization, vaccine management, logistics, provision of PPE, and technical assistance for micro plan development, coordination and monitoring.

UNICEF continues to support the Gambella RHB to provide vaccinations for new arrivals from South Sudan. In this reporting period, 3,187 children received measles vaccination at entry points, bringing the cumulative total since January to 8,399.

Water, Sanitation and Hygiene (WASH)

UNICEF Ethiopia delivers life-saving WASH services for displaced populations (internally displaced and refugees) in line with the Core Commitments for Children in Humanitarian Action (CCCs) and ensures that sustainable water is supplied to prolonged IDP/refugee settings and relevant host communities. UNICEF likewise supports hygiene promotion and behaviour change in emergency settings. COVID-19's continued spread, with still limited access to basic WASH for many, underscores the vulnerability of these displaced communities. Apart from ongoing risks due to COVID-19, this reporting period has been characterized by multiple floods that have directly impacted people, especially children in Afar, SNNP, Somali and Oromia regions. In this reporting period, UNICEF provided access to 223,428 people to safe, accessible water supply by rehabilitating or expanding existing water schemes and installing emergency water treatment kits. Non-food items, including water treatment chemicals and jerry cans for the flood and IDP response, were distributed to 781,349 people. Technical and financial support on the delivery of risk communication messages on hygiene practices reached an estimated 2,619,862 people.

In Oromia, SNNP and Tigray regions, 223,428 people (51,350 women, 53,661 men and 118,417 children) were provided with access to safe water. In Oromia UNICEF supported the Regional Water Bureau (RWB) to rehabilitate 43 water schemes, reaching 115,420 people, including 3,100 IDPs. In South Omo Zone in SNNP Region, 38,820 people were provided safe water through the installation of two emergency water treatment kits with the capacity of 12,000 litres and the installation of two water storage tanks with a capacity of 10,000 litres each. A total of 14,020 community members have benefited from the expansion of two water supply schemes in emergency affected *woredas* in Wolayita and Kenbata Tenbaro zones.

In Tigray, 69,188 people residing in Atsbi, R/Azebo, K/tembien, S/Samre, Alaje, D/tembien and R/Alamata *woredas* received access to water supply through the rehabilitation of nine water schemes and the installation of 12 water storage tanks.

Distribution of NFIs through RWBs for flood affected and internally displaced people took place in Afar, Amhara, SNNP, Oromia, Somali, Tigray and Benishangul-Gumuz and reached 781,349 people (179,577 women, 187,657 men and 414,115 children). The NFIs included water treatment chemicals, soap, jerry cans, buckets, water storage tanks, hand washing containers, chlorine drums, and Emergency Water Kits (Emwat Kits).

Hygiene promotion activities reached 2,619,862 people (602,123 women, 629,212 men and 1,388,527 children) in Afar (6,400), Amhara (172,017), Benishangul-Gumuz (118,560), Oromia (662,502, 63,848 IDPs) and Tigray (1,660,383). Those reached were from IDP/returnee sites, holy water sites, commercial farms and marketplaces. Messages were shared through FM radio and mobile vans in public spaces such as churches and marketplaces. To complement these efforts, health professionals, health extension workers, health development armies,⁵ and religious and *kebele* leaders across the regions, specifically in East Dembiya, Fogera, Lay Armachiho, F. Lekoma, Basona Worena, M. Shenkora, and Bahir Dar Zuria *woredas* received key hygiene messages. The intention is that, once equipped and sensitized with this knowledge, they will use their role in communities to spread accurate information and promote positive behaviour change.

Some 483,927 people received messages to prevent and mitigate gender-based violence through WASH interventions. For example, in Tigray, GBV risk prevention messages were broadcast on local TV. In SNNP, 8,927 people, mainly women and adolescent girls residing in Wolaita, Kembata and South Omo zones along water collection routes had their exposure to the risk of GBV reduced by bringing water closer to the communities through water pipe extension works.

Some 13,377 people benefitted from newly constructed and rehabilitated household latrines with installed handwashing units in Bale, Borana and Guji zones. UNICEF monitors provided technical support and closely followed-up with the zonal health department.

While UNICEF has provided support to flood-affected areas, there remain significant needs. In Amhara, 164 water supply schemes have been reported damaged by floods in Libo Kemkem, Fogera and Dera *woredas*, thus increasing the risk of water borne diseases. Currently, 65,657 people need urgent WASH assistance. In the Somali Region, floods have damaged the existing water infrastructure in Kelefo, Mustahil and Ferfer *woredas*. Based on assessment findings, 10 river water supply structures, 34 hand dug wells, one water surface harvesting structure (heifer dam), and eight underground water storage containers (birkas) have been destroyed in these three *woredas*. The assessment indicates that 14,381 households have been affected, of which 3,719 have been displaced. In the Oromia Region, over 300,000 people already displaced by conflict have been affected by the flooding. This is especially the case of communities in West Guji, East Shoa, South West Shoa, West Hararghe, East Hararghe and Guji zones. In Afar, 67,885 people have been affected by the overflow of the Awash River and consequent flash floods. Of these, 40,731 have been displaced in 11 *woredas* while an additional 32,839 people are at-risk. A request for urgent support, through the Central Emergency Response Fund, has been received.

Nutrition

Between January and June, a total of 199,992 children with SAM were admitted for treatment nationwide, representing 45.1 percent of the annual Nutrition cluster national target. Compared to the same period last year, there has been a 12.2 percent increase in the number of children treated for SAM. All regions except SNNP have seen a rise in admissions, compared to 2019.

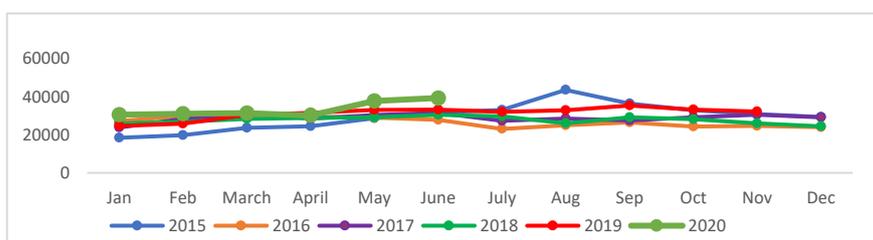


Figure 1: SAM Admission Trends 2015- 2020, September 2020

Particularly noteworthy is the trend in Tigray and Amhara where admissions in 2020 are more than 50 per cent higher than admissions recorded in the same period in 2019. This increase could be attributed not only to the impact of COVID-19, food insecurity, desert locusts, but also the change in the MUAC cut off for admission from <11.0 cm to <11.5 cm, which enables more children to be included in the SAM treatment program. Among the new national level SAM admissions in June, 8.8 per cent were treated in stabilization centres (SCs) because of medical complications and this was slightly lower than the 9.2 percent admitted in May 2020. In Gambella, the proportion of SAM admissions with medical complications was more than a quarter of all admissions, which is associated with increased risk of death.

⁵ Health Development Army/HDA volunteers are 'multi-purpose' and cohesive, enabling community participation in improving their health and wellbeing in a holistic manner.

UNICEF, with the MoH, NDRMC and RHBs and implementing cluster partners on the ground, is investigating the underlying causes of this spike in SAM admissions with complications in Gambella.

UNICEF has continued to leverage its strong presence in the regions to support knowledge and skills transfer for quality SAM treatment services and the provision of other lifesaving nutrition services. In Benishangul-Gumuz, all inpatient and outpatient care takers received key nutrition messages in the context COVID-19. UNICEF provided technical support remotely and physical mentoring and on-the-job training for 30 health workers at health facilities and in communities using Emergency Nutrition Officers (ENOs) and staff.

UNICEF likewise supported community outreach activities by screening 50,260 under five children for acute malnutrition, including 1,678 South Sudanese refugee children at the Pagak reception centre through Action Against Hunger (AAH)/Action Contre la Faim (ACF). Out of the screened children, 321 were identified as having SAM and 486 as moderately malnourished. These children were linked to Outpatient Therapeutic Feeding Programme (OTP) and Targeted Supplementary Feeding Programme (TSFP) services. Those already in the program (and measured during screening) have continued their treatment.

In SNNP, through UNICEF support, 269,820 under five children and 196,479 children aged 24 - 59 months received Vitamin A Supplementation (VAS) and deworming services during routine services in July and Child Health Days in Afar in August. Furthermore, four ENOs have continued providing on-the-job technical support on SAM management and Infant and Young Child Feeding (IYCF) in the context of COVID-19 in Gamo, Gofa, South Omo and Gedeo zones. A total of 39 Health Posts (HPs) and 24 Health Centres (HCs) were visited and on-the-job orientation provided to 66 health extension workers and 93 health workers. In the Somali Region, 822 mothers and caretakers were reached with IYCF counselling in IDP settlements through mother-to-mother support groups and health facilities supported by the Relief and Development for Vulnerable (RDV)/Mother and Child Multi-Sectoral Development Organisation (MCDO). In Afar, UNICEF delivered PPE, including face masks, hand sanitizers and gloves, to be used in SCs and OTP centres for COVID-19 prevention.

In terms of supply and logistics, UNICEF has continued to mobilise resources to meet the increasing demands for the management of SAM under the increasingly complex humanitarian situation that is demanding more resources and therapeutic food and milk. To this end, third quarter supply deliveries were distributed. An imminent pipeline breakage in therapeutic milk was averted through fast-tracking the re-positioning and release of supplies in bonded warehouses. The advent of COVID-19 has meant increased difficulties in delivery of supplies to the last point of use facilities in the country. To this end, UNICEF is working closely with regional focal points in 240 *woredas* to avoid potential supply pipeline disruptions. This joint action includes transportation and delivery of supplies to hard-to-reach and underserved facilities in selected *woredas* under a "last-mile" supply delivery initiative to reduce the risk of stock outs.

Child Protection

As part of GBV risk mitigation, prevention and response activities, 43,704 IDPs and returnees (22,566 women and 21,138 men) were reached with key GBV risk mitigation messages that included information on intimate partner violence, sexual exploitation, where to report risks/threats, and how to access GBV response services. The regional disaggregation includes 7,084 (2,525 women, 4,559 men) in Amhara; 2,577 (1,368 women, 1,209 men) in Benishangul-Gumuz; 2,964 (1,820 women, 1,144 men) in Oromia; 4,894 (2,497 women, 2,397 men) in SNNP; and 26,185 (14,356 women, 11,829 men) in Somali. These awareness-raising activities sought to increase knowledge and understanding of GBV prevention and response programming, including information on available services. In addition, 24 girl survivors of sexual violence were referred for multisectoral response services such as health, psychosocial support and legal aid interventions in Benishangul-Gumuz (eight), Oromia (11) and Somali (five). Furthermore, UNICEF dispatched 8,000 dignity kits to flood victims in Afar Region.

UNICEF, through its Government counterparts (mainly the Bureau of Women Children and Youth - BoWCY) and NGO partners, has continued to support child protection case management services to ensure continued multisectoral support for vulnerable children including unaccompanied and separated children (UASC) in emergency affected *woredas* of Benishangul-Gumuz, Oromia and SNNP regions. In the reporting period, 68 children (18 girls and 50 boys) were reunified with their families. The children came from Oromia (17, including seven boys), Benishangul-Gumuz (16 including eight boys) and SNNP (35 boys). In addition, nine children (two girls, seven boys) were placed in foster care arrangements. These included three boys in SNNP and six in Benishangul-Gumuz (two girls and four boys). As of 31 August, 3,111 UASC were receiving case management services (1,282 girls and 1,829 boys). Of this caseload, 1,392 (572 girls and 820 boys) were unaccompanied children for whom family tracing and reunification processes are underway. The remaining 1,719 (710 girls and 1,009 boys) were separated children who were living under kinship care with extended families and relatives.

Since mid-March when the first COVID-19 cases were reported, schools and child-friendly spaces which are the main protective and recreational platform for children, have been closed. The closure of schools and child-friendly spaces has significantly affected children by leaving them with limited or no space for learning, socialization and recreation which are all critical components of development, protection and healthy psychosocial wellbeing. In the reporting period,

UNICEF, through its partners the regional BoWCYs in Amhara, Benishangul-Gumuz, Oromia, SNNP and Somali regions, as well as World Vision, Imagine One Day International, and the International Rescue Committee, reached 7,165 children (3,480 boys and 3,685 girls) with community-based psychosocial support, focusing on strengthening family and community support and on improving the care conditions that enable children and families to survive and thrive.

UNICEF has signed a partnership agreement with the International Medical Corps (IMC) for the provision of services to survivors of sexual exploitation and abuse (SEA) and capacity-building support in eight regions⁶. The partnership agreement's primary beneficiaries are GBV/SEA case management service providers, government social and health services, and survivors of SEA. Children will be included if they are survivors of SEA. Girls above the age of 15 will be provided with dignity kits as per the need. The capacity-building activities include direct service provision by IMC as well as capacity-building and technical support to government service providers through trainings on GBV and PSEA. In addition, IMC will provide remote support (telephone/app), which will be available for SEA survivors referred by UNICEF (directly or facilitated through partners), across all the regions where local GBV case management services are not available, as well as for COVID-19 quarantine facilities in Addis Ababa.

Education

As the Government prepares to reopen schools following their closure in March 2020, the education sector is facing additional challenges as several schools are damaged by extensive flooding and if not damaged, are being used as shelters for the flood displaced.

Due to overflow of the Awash river, 105 schools have been damaged due to flooding and five schools are currently occupied by those displaced by floods in nine *woredas*. This will have a direct impact on the return to school of approximately 20,965 children (9,538 girls).

Gambella region has also experienced incidents of flooding due to overflow of major rivers such as the Baro and Gilo. These floods have damaged 31 schools, affecting an estimated 5,636 school-aged children (2,820 girls). In terms of mitigating responses for both regions, rapid needs assessments have been undertaken. Six-month recovery plans have been completed for Afar and Gambella costed at US\$ 400,000 and US \$ 225,000 respectively. They include construction of Temporary Learning Spaces (TLS). Mobilization of resources by regional authorities to support the implementation of these plans is underway.

The education sector's humanitarian response is significantly underfunded. Added to these gaps will be the inevitable cost of equipping schools to receive children when they reopen. The costs will include planning, targeting, campaigning, monitoring and equipping the school environment as a safe place for children to learn without the risk of COVID-19 transmission.

Communication for Development (C4D), Community Engagement & Accountability

In the reporting period, UNICEF's main support continued to be on the COVID-19 response to which UNICEF has provided financial and technical support for the intensification of risk communication activities in the regions. In August, UNICEF provided technical support, alongside partners to the implementation of the ComBAT campaign which aimed to test over 200,000 people and reach 17 million households with prevention messages. UNICEF C4D consultants both at the federal and regional levels, provided technical support in the Campaigns roll-out. UNICEF also technically supported the production of materials with the campaign theme *'I won't be a reason'*. Through these materials the most vulnerable were targeted ([Video Spots on perception and supporting the vulnerable](#)).

Over 6.2 million people were reached or engaged through RCCE activities on COVID-19 prevention via mass media and mobile vans, and engagements were done through house-to-house education and small group sessions using over 20,967 (10,833 in the reporting period) trained Ethiopian Red Cross Society volunteers, religious leaders, and frontline health workers.

UNICEF also supported risk communication for cholera prevention mainly in Amhara and Oromia regions. Messages focused on hygiene and sanitation for cholera prevention combined with COVID-19 messages were disseminated by health extension workers, community volunteers, and using mobile vans. As a result, over 185,061 people (117,948 in Amhara and 67,113 in Oromia) were reached with key messages on hygiene practices for the prevention of cholera.

Social Policy, Evaluation and Research (SPEAR)

The focus of the programme has been the implementation of the COVID-19 response. Accordingly, UNICEF's joint workplans with the Bureau of Labour and Social Affairs (BoLSA) in Amhara, Harar and Afar were implemented to respond to COVID-19.

⁶The regions are Gambella, Somali, Oromia, and other regions to be supported through remote services (including Afar, Tigray, Benishangul-Gumuz, Amhara, SNNP and quarantine facilities in Addis Ababa).

In the case of Amhara, 4,878 Permanent Direct Support (PDS) and Temporary Direct Support (TDS) households received soap, oil, floor and rice in three Integrated Safety Net Programme (ISNP) *woredas*. Of these, 1,317 were children (645 males and 672 females). Key messages on GBV risk mitigation were also provided to 4,441 PDS beneficiaries by community social workers during household visits. A total of 5,429 PDS individuals/families were reached with basic necessities and hygienic kits to mitigate the effects of COVID-19. Among these, 4,344 were females and 1,032 were under the age of 18.

In Harar, 1,220 UPSNP PDS beneficiaries received soap, sanitizer and biscuits in six *woredas*. In Afar, the BoLSA distributed soap and sanitizers to 310 PDS beneficiaries affected by flooding in two *woredas* and raised awareness on COVID-19 prevention across these two *woredas*. In addition, sanitation and hygiene supplies were distributed for a total of 350 PSNP beneficiaries, with everyone receiving three bars of soap and 500 ml hand sanitizers. Out of the total beneficiaries who received this support, 182 were males (72 from Asayita and 110 from Afambo *woreda*) and 128 were females (50 from Asayita and 78 from Afambo *woreda*). In addition, public awareness on COVID-19 prevention was conducted in these *woredas* to improve hand washing, sanitation, social distancing, and instill a proper usage of masks that are new to the public.

As part of the COVID-19 support to the Urban Productive Safety Net Programme (UPSNP), with financing from the Swedish International Development Cooperation Agency (SIDA), UNICEF transferred funds to the Ministry of Finance (MoF) to cover top-up cash transfers for all UPSNP PDS households (approximately 49,892, inclusive of 93,120 beneficiaries) in all of the 11 cities covered by the programme. In collaboration with WFP, UNICEF will also cover all TDS, approximately 17,460 across these cities⁷.

Humanitarian Leadership, Coordination and Strategy

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 coordination mechanism. The mid-year review of the Humanitarian Response concluded at the end of August. The revised people in need stands at 19.2 million, up from 8.4 million at the start of the year. Sixty-one percent of this figure are children. The drastic change in the humanitarian context is driven by the multi-sector impact of the COVID-19 pandemic, coupled with the locust infestation that has contributed to food insecurity. Of greatest concern is the significant overlap between areas affected by desert locusts and chronically food insecure *woredas* in Afar, Amhara, Oromia, SNNP and Somali regions.

UNICEF leads the Nutrition and WASH Clusters, co-leads the Education Cluster with Save the Children 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. UNICEF participates in the in-country interagency Prevention of Sexual Exploitation and Abuse (PSEA) Task Force and, through the clusters, continues to advocate for resource mobilization, response management and standards at all levels to strengthen and improve the effectiveness of humanitarian information management.

Apart from co-chairing the national WASH cluster with the Government of Ethiopia, UNICEF leads and co-leads subnational WASH clusters in Oromia, Afar, Amhara, SNNP, Tigray and Somali regions, which have all been active throughout the reporting period. The WASH cluster has taken an active role in mapping partners' presence to respond to COVID-19 and in sharing resources to help partners integrate COVID-19 RCCE measures into the ongoing humanitarian responses. The WASH Cluster has also provided key inputs into technical guidelines, most recently on an NFI technical note, to include COVID-19 precautions.

The education cluster has continued to receive support from UNICEF as a cluster co-lead agency. In collaboration with the Ministry of Education and other education in emergency partners, the cluster coordinated the task that has informed and supported the development of School Reopening Guidelines. The guidelines are under translation into Amharic and will be used as a reference point by the regions before and during school reopening. In support of continued learning through distance education, education cluster partners procured and are distributing more than 10,000 solar powered radios in addition to the 20,000 radios with recorded lessons procured by UNICEF. These radio sets (with a USB port) are supporting more than 150,000 children (one radio utilized by five children in a household). In the reporting period, the cluster also supported the refugee education working group in the grantee selection process in which Education Cannot Wait leveraged the role of the Education Cluster to coordinate and award US\$2.8 million First Emergency Response funds (ECW FER) for an education COVID-19 response for refugees and host communities.

⁷ The funds have now been allocated to the 11 cities, and the UPSNP payment system (UPASS) is being modified to trigger the payment in the coming weeks. While this will be much needed support to existing beneficiaries, there are still a significant number of households categorized as 'the poorest of the poor' spread across small towns that are not part of the UPSNP, who are in need of support from the Government.

UNICEF leads the nutrition cluster through the Emergency Nutrition Coordination Unit (ENCU) and the Multi-Agency Nutrition Technical Forum (MANTF). This is the main coordination platform where NGOs, development partners and UN agencies participate in the coordination process at federal level and respective platforms at regional levels⁸. UNICEF also supports other technical working groups⁹ in Community-Based Acute Malnutrition Management (CMAM), IYCF and the nutrition information working group (NIWG) to support and bolster the nutrition response. During the reporting period, the ENCU/Nutrition Cluster provided continuous support to the MoH in defining the national operational guidance towards strengthening the IYCF component of the humanitarian response. A task force was also established under the lead of MoH to support the design of a new approach called Family-MUAC, which aims at empowering parents in monitoring the nutritional status of their children, an important modality to ensure early identification and referral of acutely malnourished children during these times when the health system is stretched by COVID-19.

The ENCU/Nutrition Cluster partners continued to deliver enhanced support to the health system with the delivery of life-saving nutrition services while integrating COVID-19 prevention and response. Humanitarian nutrition partners adjusted their ongoing nutrition response to also address the needs of the flood-affected population notably through Mobile Health and Nutrition teams.

The ENCU/Nutrition Cluster also supported the NDRMC hotspot *woreda* classification exercise that will contribute to identify *woredas* of most severe concerns or Priority 1 *woredas* where multi-sectoral assistance must be scaled-up in the next six months (results of the hotspot *woreda* classification were undergoing NDRMC approval at time of reporting and will be shared in the next situation report).

UNICEF is chairing with UNFPA the Child Protection/GBV Area of Responsibility (AoR), both at national and sub-national levels where there are emergency humanitarian coordination needs. In July and August, the CP/GBV AoR was actively involved in inter-agency and inter-sectoral strategic planning. Protection checklists were developed by the AoR for child protection mainstreaming during the mid-year review of the Humanitarian Response Plan. Together with members of its Strategic Advisory Group, the AoR initiated a first draft of the CP/GBV AoR strategy.

Human Interest Stories and External Media

Communication efforts were focused on COVID-19, especially on general prevention messages targeting the general public and specific messages highlighting UNICEF and partners' response. [Social media](#) focused on the ComBAT campaign which launched nationally on 7 August, and which among other objectives, seeks to determine the level of COVID-19 infection within Ethiopia as well as understand the current awareness on COVID-19 prevention measures among the population to identify corrective actions for implementation.

With the Government, UNICEF leads the communication and advocacy pillar to develop the communication guideline for the safe re-opening of schools. The communication guideline empowers teachers, school administrators and staff, caregivers/parents, students, and the communities to adopt COVID-19 preventive behaviors in and out of school settings. [Our social media efforts focused on this.](#)

Other [photos](#), [stories](#) and [video](#) assets focused on the measles vaccination campaign and an Op-Ed by the Representative has been shared with key donors and partners on [how the advent of COVID-19 strengthens the case for building a social service workforce in Ethiopia](#).

To mark World Humanitarian Day (WHD), as one of the [#RealLifeHeroes](#) making a difference in their community, a nurse from Ethiopia was featured on [UNOCHA global communication](#) channels and on UNICEF global [social media platforms](#).

In support of the MoH's Mask Ethiopia campaign, posts on wearing masks appropriately and when in public were scaled-up. The [UNICEF Ethiopia Representative](#) also joined the initiative on social media.

Challenges

The humanitarian response in specific geographic locations continues to be limited due to access constraints, mainly caused by inter-communal conflicts. Some of the affected areas include Metekel and Kemashi zones in Benishangul-Gumuz and Guji Zone in Oromia. Community-based insecurity therefore remains a challenge. In Guji, a UNICEF contractor recently withdrew from contractual obligations due to security concerns. These security related challenges have also affected the CP and GBV risk mitigation, prevention and response services by restricting access to some IDP

⁸The Government as well as the sectoral clusters prioritize the emergency response based on targeted hotspot *woredas* and the integrated food security phase classification (IPC). Based on the analysis from these methods, the targeted numbers for the HRP are drafted to guide resource mobilisation and targeting of beneficiaries according to need.

⁹ These technical working groups include UN agencies (UNICEF, WFP, WHO.), NGO partners, MoH, NDRMC and donors (DFID, USAID).

sites. UNICEF is mitigating these challenges by providing remote technical support to partners working in the affected IDP locations.

PPE shortages continue to challenge the implementation of face-to-face interventions. Additional PPE is required for frontline essential workers including health care and social workers.

Furthermore, the current PSNP programme cannot reach all of those in need of support. A horizontal expansion of the current programme is required if the Government is to reach all in need, rather than just those in targeted *woredas*.

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Annex A

Summary of Programme Results

Sector		Cluster/Sector Response			UNICEF and IPs			
		Overall needs	2020 target	Total results*	Change since last report	2020 target	Total results	Change since last report
Nutrition*								
Number of children 6-59 months affected by SAM admitted for treatment		544,000	443,638	199,174	▲39,202	459,638	199,174*	▲39,202
Number of children 6-59 months receiving Vitamin A supplementation***						1,271,985	466,299 ¹⁰	▲466,299
Health**								
Number of medical consultations in priority locations (Afar and Somali regions)						460,000	294,433 ¹¹	▲44,386
People affected by cholera with access to life-saving curative interventions						10,000	8,120	▲2,458
Children immunized against measles						160,000	8,399	▲3,187
People with access to health care facilities stocked with emergency drugs and supplies for 3 months						250,000	90,000	▲27,500
WASH								
# of people have received water treatment chemicals		7,000,000	4,200,000	974,216	▲30,072	2,650,000	1,441,170	▲781,349
People reached with key messages on hygiene practices		6,980,000	5,224,000	1,619,954	▲174,621	2,650,000	5,852,705	▲2,619,862
# 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	1,723,228	▲90,813	1,060,000	660,044	▲223,428
# of people accessing appropriate sanitation facilities		971,000	583,000	266,398	▲6,882	100,000	62,759	▲13,377
Child Protection								
Number of children provided with PSS, including access to CFSs with multisectoral programming interventions		142,000	110,000	28,620	▲7,165	96,250	33,491	▲7,165
Number of unaccompanied and separated children accessing family-based care or appropriate alternative services reunified		47,000	10,000	900	▲77	5,570	631	▲77
Number of women and children accessing GBV prevention and response interventions		1,164,000	270,000	122,107	▲51,728	118,750	88,210	▲51,728
Education								
Number of children accessing formal or non-formal education		1,645,521	1,300,000	43,967	▲6,817	345,521	43,967	-
Social Protection								
Number of households receiving cash transfers						220,000	109,225	-
Communication for Development (C4D)								
Number of people reached with key lifesaving/behavior change messages to prevent disease outbreaks; promote immunization, good nutrition practices.						1,490,000	1,211,122	▲185,061

* SAM reporting is delayed by one month.

** MHNT report is delayed by one month.

***Vitamin A supplementation has been affected by the Covid19 restrictions and reporting could also be delayed.

Annex B: Funding Status

Appeal Sector	Requirements	Funds available US\$		Funding gap	
	US\$	Funds Received Current Year	Carry over*	\$	%
Nutrition	45,994,917	18,791,894	11,613,041	15,589,982	34%
Health	11,997,504	959,399	476,374	10,561,731	88%
WASH	47,262,404	9,931,664	1,737,302	35,593,438	75%
Child Protection	9,378,579	2,232,697	1,077,663	6,068,219	65%
Education	15,589,281	59,313	31,059	15,498,909	99%
Social Protection	9,158,400	-	0	9,158,400	100%
Total	139,381,085	31,974,966	14,935,439	92,470,680	66%

¹⁰ This is reflective of results for Vitamin A supplementation in SNNP region

¹¹ This total includes, unreported 22,434 unreported consultations from previous months