



UNICEF supported Ebo multi-village water scheme, Tigray ©UNICEF Ethiopia/2017/Bizuwerk

# ETHIOPIA

## Humanitarian Situation Report



SitRep # 15 – Reporting Period 06 - 20 September 2017

### SITUATION IN NUMBERS

## Highlights

- Floods affected more than 53,000 people in Gambella and Oromia regions during the months of August and September. The Emergency Shelter/Non-Food Items (NFI) cluster reports a gap in NFIs to respond to the emergency. More than 300,000 people are at risk of flooding in the next few weeks as heavy rains are expected to continue.
- Insecurity and localized conflicts on the border between Oromia and Somali regions have led to unconfirmed reports of large-scale displacement and impeded delivery of humanitarian services in a number of areas. The Regional Governments, supported by UN and partners, are leading the evacuation of at risk people, and registering displaced populations.
- Acute Watery Diarrhoea (AWD) cases continue to be reported from Afar, Amhara, Tigray and Oromia regions. With the ongoing rains, an increase in AWD cases is expected in Amhara, Benishangul-Gumuz, Oromia and SNNP regions.
- UNICEF has a funding gap with regards to supporting the UNHCR and the Ethiopian Administration for Refugees and Returnees Affairs (ARRA) in the provision of basic services to some 25,000 South Sudanese refugees who arrived during the last two weeks of August 2017.

## UNICEF's Response with Partners

	UNICEF		Sector/Cluster	
	UNICEF Target	Total Results*	Cluster Target	Total Results*
Nutrition : Children under 5 years with SAM admitted for treatment to therapeutic care programme	389,397	172,265	376,397	172,265
Health: People provided with access to essential and life-saving health care services	400,000	307,914		
WASH : People accessing safe water	4,393,171	2,122,000	10,475,645	5,349,000
Child Protection : Vulnerable children receiving psychosocial support	50,000	21,572	40,000	17,814
Education : School aged children with access to emergency education	622,000	160,337	1,971,891	1,700,000

### 8.5 million \*

People in need of relief food assistance in the second half of 2017

### 376,000 \*

Children in need of treatment for severe acute malnutrition in 2017

### 10.5 million \*

Children in need of access to safe drinking water and sanitation services

### 1.9 million \*

School-aged children in need of emergency school feeding and learning material assistance

### 852,721

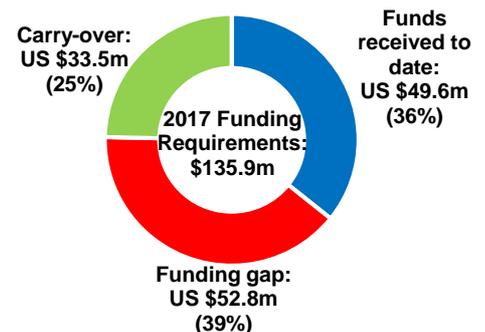
Registered refugees in Ethiopia (UNHCR, August 2017)

\*2017 HRD, mid-year review

## UNICEF Appeal 2017

US\$ 135.9 million

### Funding Status 2017\*\*



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

## Situation Overview and Humanitarian Needs

Heavy rains in the central and western parts of the country led to floods affecting thousands of people in Oromia and Gambella regions.

In Oromia region, the Koka dam, situated around 100 kilometres from Addis Ababa, has reached its maximum water level and although a controlled release of water is taking place there's a high flood risk in downstream areas of the dam. The National Flood Task Force, led by the National Disaster Risk Management Commission (NDRMC), has calculated that eight zones in Oromia and Afar regions are at high risk of flooding. About 310,000 people could be affected and more than 100,000 people could be displaced due to the overflow of the Awash River. Flooding has already taken place in the upstream areas of Koka dam, following the overflow of tributary rivers affecting nearly 35,000 people. The Ministry of Water, Irrigation and Electricity (MoWIE) has deployed a team to Wonji area (East Shewa, Oromia region) to monitor the impact. Media alerts have been transmitted to residents in Adama, Fentale, Merti and Deju in Oromia and Amibara, Bure Mudaitu, Dulecha and Gewane *woredas* in Afar region. The National Flood Task Force has been meeting on a daily basis to closely monitor the flood situation, provide early warning and coordinate emergency response to affected areas. Rapid assessments are being prepared to identify the needs of the affected population and an operational plan has been developed.

In Somali region, floods were reported in Kelafo town along the Wabi Shebelle River. Assessments by regional authorities are ongoing to assess the impact and humanitarian needs. In Gambella region, heavy rainfall at the end of August 2017 led to floods that have displaced approximately 18,000 people.

Insecurity and localised conflicts on the border between Oromia and Somali regions that have intensified in the first half of September led to unconfirmed reports of large-scale displacement and impeded delivery of humanitarian services in *woredas* along the border of the two regions... The Government is coordinating the emergency response. The Emergency/Non-Food Item (NFI) Cluster has reported a critical gap to meet the needs of the existing displaced caseload as well as the immediate needs of the most vulnerable newly displaced people in the two regions.

Acute Watery Diarrhoea (AWD) cases continue to be reported from Afar, Amhara, Tigray and Oromia regions mainly from religious sites and commercial farms that have poor sanitation facilities and limited access to clean water. Somali region also continues to report AWD cases although at a reduced rate. With the ongoing rains, increased numbers of AWD cases are expected in the coming weeks; particularly in Amhara, Benishangul-Gumuz, Oromia and SNNP regions.

Refugees continue to come into Ethiopia. As of end of August 2017, there were 852,721 refugees in the country, mainly from South Sudan (45.5 per cent), Somalia (29.6 per cent), Eritrea (19 per cent) and Sudan (5 per cent). In 2017, 72,890 new refugees have arrived in the country with over 44,000 from South Sudan, 17,000 from Eritrea and over 6,400 from Somalia. A multi-sector needs assessment of 2,700 South Sudanese refugees who arrived in South Omo zone in SNNPR was done at the beginning of September including a rapid assessment to determine the nutritional status of the children was conducted among 686 children 6-59 months. The findings showed a proxy Global Acute Malnutrition of 30.5 per cent - with 9.8 per cent children identified with severe acute malnutrition (SAM) and 20.7 per cent identified with moderate acute malnutrition (MAM).

## Humanitarian Leadership and Coordination

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

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

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

## Humanitarian Strategy: Prepositioning and Partnerships

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

These strategic objectives are:

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

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

To respond to any rapid onset of crises in a timely manner, UNICEF pre-positioned NFI stocks in Addis Ababa and two regional hubs that can benefit 120,000 people.

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

## Summary Analysis of Programme Response

### Nutrition

The sustained nutrition response continues across the country with special focus on the Somali region. In the Somali region, UNICEF has so far distributed 27 per cent of the quarter four nutrition supplies and is expected to complete all distributions by the end of the month. Due to insecurity in border areas with Oromia, distribution of nutrition supplies in Dawa and Liben zones have been delayed. The zones have sufficient supplies until 26 September. A contingency plan is being developed to deliver emergency supplies through the CMAM monitors should the insecurity continue. In addition, as part of the ongoing quality assurance and monitoring, the CMAM monitors have provided on-the-job support to a total of 148 health workers.

For the South Sudanese refugees' response in Gambella region, UNICEF supported the procurement of nutrition supplies and one nutrition staff secondment to UNHCR. The nutrition screening for the new South Sudanese arrivals conducted in Watgach waiting site and Pamdong temporary camp identified a total of 127 children under 5 with SAM and 204 children with MAM, out of a total of 3,308 children screened using both Mid-Upper Arm Circumference (MUAC) and Weight-for-Height. This gives a proxy GAM of 10 per cent (with SAM 3.8 per cent and MAM 6.2 per cent). These identified children were enrolled into appropriate treatment programmes for SAM and MAM. Meanwhile, for the nutrition status findings among pregnant and lactating women (PLW), the screening exercise found a proxy GAM of 17 per cent (49 PLW suffering from MAM out of 288 screened). The PLW were enrolled in the Infant and Young Child Feeding (IYCF) programme for counselling and psychosocial support.

The result of the assessment of the new South Sudanese refugees in South Omo found critical nutrition conditions and UNICEF is working with partners to ensure appropriate and timely response.

### Health

In response to the AWD outbreak in Afar region, UNICEF is providing technical and logistical support to two multi-sectoral teams which were established to coordinate and provide required response. Ten Case Treatment Centre (CTC) kits, provided to the region at the end of August 2017 have been distributed to the affected *woredas*. An additional 10 CTC kits were distributed in Oromia and SNNPR to establish new treatment centres in the affected *woredas*. These kits will enable the establishment of temporary clinics offering the possibility of quality treatment to 10 severe and 23 mild patients with AWD cases at any point in time. Each kit includes a tent, 10 beds, medical materials, drugs and cleaning supplies

The scabies outbreak is ongoing in Amhara, Oromia, SNNPR, and Tigray regions. In the last two weeks, cases have slightly increased. Schools are expected to open in mid-September which could increase the incidence rates among school children.

Twenty *woredas* in Afar and Somali regions are being covered by mobile health and nutrition teams (MHNTs) providing preventive and curative health services to the affected communities where the regular health services infrastructure and capacity are poor. Provision of essential health services are being supported in Somali region through 29 MHNTs (fully supported by UNICEF). In addition, UNICEF managed to support an additional 12 MHNTs, run by the Somali Regional Health Bureau and NGOs, with Emergency Drug Kits (EDKs). Furthermore, 15 EDKs have been secured to temporarily fill the gap in supplies for the newly established MHNTs run by NGOs. In 2017, the 49 MHNTs provided consultations for 307,914 people, of whom 40 per cent are children.

Since the beginning of the year, 49,383 children received polio vaccination while 45,334 children were vaccinated against measles at the entry points from South Sudan. The UNICEF-supported intervention has been effective in preventing polio and measles outbreaks in the refugee camps. UNICEF continues to support the entry point vaccination in coordination with the Gambella Regional Health Bureau, ARRA and UNHCR.

### WASH

In Gambella region, the extension of the Itang water system to the Nguenyiel refugee camp will increase its capacity to accommodate more than 85,000 individuals from the initial 60,000. UNICEF-constructed Itang water supply system continues to provide water to the camps. UNICEF anticipates completing the main transmission line to Nguenyiel camp in the next two months to supply water directly to the camp. UNICEF is anticipating drilling two new boreholes and rehabilitating two existing boreholes to augment the water supply to the system. To support UNHCR with the new influx of refugees, UNICEF has supplied 20,000 bars of soap, 80,000 bars of laundry soap, 100 hand washing stations, 3,500 buckets for drinking water, and 900 jerry cans to the agency.

In Guji zone of Oromia region, UNICEF rehabilitated three motorised water schemes benefiting more than 7,000 people. In the same region, the Ethiopian Red Cross Society is distributing water and food for the individuals displaced by the Koka Dam flooding.

In support of the AWD response in SNNPR, UNICEF donated 62,725 Information, Education Communication (IEC) materials, posters and brochures to the Regional Health Bureau. In Afar, a Communication for Development Specialist was deployed to assist with the AWD response.

## Child Protection

During the recent registration of the South Sudanese refugees who arrived in August and September in Gambella region, 2,265 separated, unaccompanied, separated and other vulnerable children (1,026 girls, 1239 boys) were identified and registered by Plan International at the temporary reception centre in Pamdong. Alternative care arrangements were facilitated for 109 of the children (62 girls, 47 boys) through temporary adult care, and older children with younger siblings were supported through close follow up, referral and supervision.

Based on the feedback from partners on the effectiveness of child protection processes and procedures, a two-day training was conducted in Gambella. Participants included representatives from different child protection service providers and child protection processes and procedures were reviewed in order to improve the quality of service provision for refugee children.

In the last quarter, the Sexual and Gender Based Violence (SGBV) working group identified rape, physical assault, emotional abuse, and forced marriage as the major protection issues affecting children in refugee camps in Gambella. While the SGBV taskforce is working on the key actions to address these issues, as a first step it was agreed that child protection partners conduct joint SGBV mini campaigns on risk reduction, make SGBV services available in the camps (including case management for child survivors), and organize life skills training for adolescent girls.

The ongoing conflict in Oromia has continued to cause displacement of households, including children. Confirmed information is limited but rapid assessments and programme interventions to address immediate priority protection needs will be initiated as soon as possible.

In coordination with IOM and Addis Ababa Bureau of Women and Children's Affairs, family tracing support was provided to 12 unaccompanied boys who came from Djibouti and Yemen during the reporting period. The children also received psychosocial support at the transit centre before they departed for Oromia, SNNPR and Amhara regions to be reunified with their families.

## Communications for Development (C4D)

In Somali region, integrated C4D interventions of AWD and malnutrition have continued. By the end of August, 24,167 people in the camps for internally displaced people (IDP) were reached through interpersonal communication and an estimated 60,000 more people in the camps were reached using public address systems such as megaphones. In addition, 41 sessions were organized to raise the awareness of mothers and caregivers on child nutrition and support screening of children with malnutrition. This has resulted in the screening of 4,206 children who were referred to the appropriate services for further support.

In relation to the recent AWD outbreak in Afar region, UNICEF has been providing technical support to the Regional Health Bureau and partners. In the region, the social mobilization component of the response was very weak. UNICEF has provided support to develop and roll out a social mobilization plan. As a result, mobilization in communities as well as mosques has taken place. In the next weeks, the C4D technical assistant will work with a rapid response team deployed by the Federal Ministry of Health to focus on establishing or reactivating social mobilization networks in hotspot *woredas*. The main focus will be on disseminating correct and timely information to people for AWD prevention and to promote immediate care-seeking.

## Media and External Communication

UNICEF Ethiopia continues to highlight the drought on media platforms through videos, human interest stories, case studies and photos. UNICEF also continues to monitor external media coverage and media outlets have been approached to share stories. UNICEF participates in the Ethiopia Humanitarian Country Team (EHCT) Emergency Communications Working Group to ensure streamlined messaging and advocacy efforts.

## Funding

In line with the revised inter-agency 2017 HRD issued in August 2017, UNICEF Ethiopia increased its funding appeal to US\$135.9 million from US\$110.5 million to meet the increased humanitarian needs of children in the country. Of this, US\$116.8 million is to respond to the drought while the remainder is to assist the refugee response in the country.

UNICEF is currently responding to the emergency situation using US\$33.5 million carried over from 2016 and US\$48.6 million received in 2017. UNICEF expresses its gratitude to the EHF, CERF, ECHO, the Governments of Canada, Japan, South Korea, Sweden, United Kingdom and United States of America and the Danish, German, Luxembourg, Spanish and Swedish Committees for UNICEF who have contributed generously to the humanitarian response in 2017. In order to fill critical gaps in funding, UNICEF Ethiopia received a humanitarian regional thematic fund of US\$966,000 and a loan from UNICEF Head Quarters Emergency Programme Fund in the amount of US\$2 million.

Appeal Sector	Requirements US\$	Funds available US\$*		Funding gap	
		Funds Received Current Year	Carry over	\$	%
Nutrition	50,282,399	21,689,547	8,309,732	20,283,120	40%
Health	14,430,124	5,863,685**	7,681,576	884,863	6%
WASH	51,339,000	17,986,289	14,847,264	18,505,447	36%
Child Protection	4,750,000	979,571	293,422	3,477,007	73%
Education	11,600,000	3,021,168	2,432,643	6,146,189	53%
Cluster coordination	3,500,000	0	0	3,500,000	100%
<b>Total</b>	<b>135,901,523</b>	<b>49,540,260</b>	<b>33,564,637</b>	<b>52,796,626</b>	<b>39%</b>

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

\*\*Funds received for health are lower during the reporting period (compared to last sitrep) to reflect a wrong allocation.

\*\*\* In addition to the above funding, to fill critical gap, UNICEF Ethiopia received a loan in the amount of US\$2 million, from the Emergency Programme Fund of UNICEF Head Quarters.

## Next SitRep: 5 October 2017

UNICEF Ethiopia: [www.unicef.org/infobycountry/](http://www.unicef.org/infobycountry/)

UNICEF Ethiopia Facebook: [www.facebook.com/unicefethiopia](https://www.facebook.com/unicefethiopia)

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

### Who to contact for further information:

Gillian Mellsop  
Representative  
UNICEF Ethiopia  
Tel: +251 11 5184001  
Fax: +251 11 5511628  
Email: [gmellsop@unicef.org](mailto:gmellsop@unicef.org)

Alhaji Bah  
Chief-Field Operations and  
Emergency  
UNICEF Ethiopia  
Tel: +251 11 5184082  
Fax: +251 11 5511628  
Email: [abah@unicef.org](mailto:abah@unicef.org)

Frehiwot Yilma  
OIC-Communication, Advocacy,  
Partnerships  
UNICEF, Ethiopia  
Tel: +251 11 5184082  
Fax: +251 11 5511628  
Email: [Fyilma@unicef.org](mailto:Fyilma@unicef.org)

# SUMMARY OF PROGRAMME RESULTS

	Overall needs	Cluster Response			UNICEF and IPs		
		2017 Target	Total Results	Change since last report ▲▼	2017 Target	Total Results <sup>1</sup>	Change since last report ▲▼
<b>NUTRITION</b>							
Children under 5 years with SAM admitted for treatment to therapeutic care programmes	376,397	376,397	172,265	30,629	389,397	172,265 <sup>2</sup>	-
Caregivers of children 0-23 months accessing infant and young child feeding counselling <sup>3</sup>	1,550,000	1,550,000	2,319,705 <sup>4</sup>	578,802	1,550,000	2,319,705	578,802
<b>HEALTH</b>							
People provided with access to essential and life-saving health care services					400,000	307,914 <sup>5</sup>	22,538
People with access to treatment for diarrhoeal disease					45,000	42,781	800
South Sudanese refugees children aged 6 months to 14 years vaccinated against measles					68,400	45,334	3,251
South Sudanese refugee children vaccinated against polio					177,485	49,383	4,028
<b>WATER, SANITATION &amp; HYGIENE</b>							
People accessing safe water	10,475,645	10,475,645	5,349,000	734,000	4,393,171	2,122,000 <sup>6</sup>	242,000
People reached with key messages on hygiene practices	5,222,307	5,222,307	4,809,358	448,000	792,000	1,712,000	231,000
<b>CHILD PROTECTION</b>							
Separated and unaccompanied children receiving appropriate care and protection services	25,000	25,000	5,367 <sup>7</sup>	-	10,000	7,362 <sup>8</sup>	109
Vulnerable children receiving psychosocial support	45,000	45,000	17,814 <sup>9</sup>	-	50,000	21,572	12
<b>EDUCATION</b>							
School-aged children with access to emergency education programmes	1,971,891	1,971,891	1,700,000 <sup>10</sup>	-	622,000	160,337	-
<b>OPERATIONAL PARTNERS</b>							
Health	Regional Health Bureaus, Mercy Corps, SCI, ADRA, Ogaden Welfare and Development Association, Islamic Relief, MSF						
Nutrition	Ministry of Health, Regional Health Bureaus Federal and Regional, Emergency Nutrition Coordination Unit (under DRMFS), Concern Worldwide, International Medical Corps, World Vision, Action Against Hunger (ACF), Islamic Relief, Mercy Corps, SCI, MSF, ADRA, GOAL Ethiopia and Plan International Ethiopia						
WASH	Federal and Regional Mines and Water Bureaus, Oxfam, World Vision, International Rescue Committee, Adhorn, Ogaden Welfare and Development Association, and Save the Children International						
Education	Federal and Regional Education Bureaus, SCI, PIE, Ogaden Welfare and Development Association						
Child Protection	Regional Bureau of Labour and Social Affairs, Regional Bureau of Women, Children and Youth Affairs, SCI, Plan International Ethiopia, the Ethiopian Red Cross Society, GOAL Ethiopia						

<sup>1</sup> UNICEF Results include refugee response results, which means UNICEF results in some sectors will be higher than the cluster results

<sup>2</sup> The TFP admission data is shared by ENCU on monthly basis

<sup>3</sup> Includes Caregivers of children 0-23 months accessing infant and young child feeding counselling and pregnant and lactating women

<sup>4</sup> Growth monitoring and promotion (GMP) data is used as a proxy for the indicator "caregivers of children 0-23 months accessing infant and young child feeding counselling" and data is compiled within regions with 2 to 3 months delay. UNICEF has reached more than its target as it is using this proxy-indicator.

<sup>5</sup> The MHNT data is shared on monthly basis. The next sit rep will contain updated figures.

<sup>6</sup> Figure includes water trucking, expansion of water schemes, installation of water storage, rehabilitation of water schemes, and water treatment chemical distributions.

<sup>7</sup> This information captures data against CP Sub Cluster indicator "CP cases identified, referred and responded to" which includes separated and unaccompanied children.

<sup>8</sup> UNICEF data includes 'refugee population' as well.

<sup>9</sup> This captures data against CP Sub Cluster indicator "children receiving skills and support (including PSS) to prevent, mitigate or respond to CP risks" which includes vulnerable children receiving psychosocial support.

<sup>10</sup> The GOE and NGOs have reached 1.7 million children with school feeding programme.