




Child recovering from SAM, IDP centre, Adadle woredas, Somali region ©UNICEF/Ethiopia/2018/Ayene

ETHIOPIA

Humanitarian Situation Report



SitRep # 6– Reporting Period January-June 2018

SITUATION IN NUMBERS

Highlights

- The current number of internally displaced people in Ethiopia has increased to 2.4 million from 1.6 million at the beginning of the year. Seasonal flooding from July to September is expected to affect 2.5 million people.
- With UNICEF support, more than 111,000 children under five have received treatment for severe acute malnutrition since January.
- UNICEF-supported Mobile Health and Nutrition Teams have provided medical consultations to 231,529 people, including 89,798 under five children.
- UNICEF has provided access to safe water to 1.9 million people.
- The Humanitarian and Disaster Resilience Plan (HDRP) for Ethiopia, costed at US\$1.6 billion, will be revised in August with humanitarian asks expected to increase.
- Access to affected communities either due to security concerns or lack of infrastructure have been significant challenges to the provision of humanitarian assistance.

7.9 million* People in need of relief food/cash

350,111* Children in need of treatment for severe acute malnutrition

2.2 million* School-aged children, including adolescents, in need of emergency school feeding and learning material assistance

2.4 million** Internally displaced people in Ethiopia

920,262*** Registered refugees and asylum seekers in Ethiopia.

*2018 Humanitarian and Disaster Resilience Plan for Ethiopia, March 2018

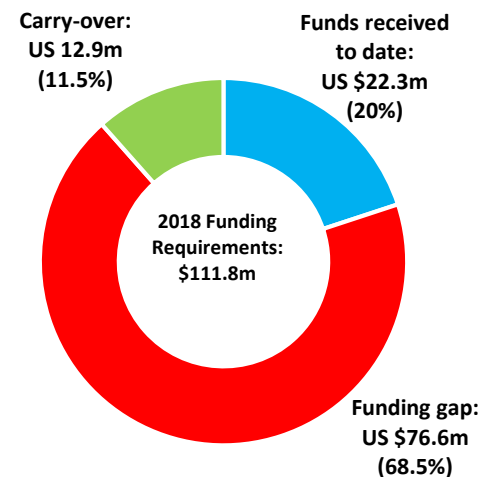
** Ethiopia: Cumulative IDP figures, including 800,000 West Guji/Gedeo displacement.

*** Ethiopia, refugee and asylum seekers (UNHCR, May 2018).

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	363,611*	140,720**	350,111	138,635
Health: People provided with access to essential and life-saving health care services	400,000	231,529		
WASH: People accessing safe water	3,110,000*	1,906,124	6,050,000	4,576,746
Child Protection: Vulnerable children receiving psychosocial support	58,300*	18,144	30,000	6,668
Education: School aged children with access to emergency education	300,000*	14,789	2,190,000	2,200,000

Funding Status 2018*



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

*UNICEF targets and results include refugee population

**SAM admission is for January to May 2018

Situation Overview and Humanitarian Needs

Conflict-induced internal displacement has led to significant humanitarian needs in the first half of this year. At the start of the year, there were 1.6 million people displaced by conflict and drought, including just over one million conflict IDPs along the Oromia/Somali regional borders. However, renewed conflict along the border of the Oromia and the Southern Nations Nationalities and Peoples (SNNP) regions has increased the number of IDPs to 2.4 million. Conflict in Moyale in March led to the displacement of over 10,000 people across the border into Kenya. While some have returned to their places of origin, community tensions in Moyale remain high.

The HDRP was launched in March with the expectation that Ethiopia would enter its fourth consecutive year of protracted drought. However, the country has been receiving above average rainfall in most of the country which has led to unexpected flooding and landslides in several regions (SNNP, Somali) and caused extensive damage to homes, livelihoods and infrastructure. In fact, Ethiopia received heavy winds and rain from a first - tropical storm Sagar in May. The flooding is expected to continue through September as the National Meteorological Agency (NMA) has predicted an extended and above normal (*Kiremt*) season affecting all regions, except Southern Somali region. The NMA currently estimates that 2.5 million people are at risk of being affected, of which 637,000 are likely to be displaced. A national flood contingency planning exercise is underway.

While reported rates of Acute Watery Diarrhea (AWD) have fallen short of last years' caseload, there have been several reported outbreaks, with an outbreak in Afar yet to be contained. The number of reported cases in Afar has reached 799. Five *woredas* have been affected and three are currently reporting active cases. As the Awash river is the source of infection, 16 *woredas* connected to the Awash river plain are considered high risk. Active AWD outbreaks have also been reported in Tigray and Somali regions.

Following the reported Ebola outbreak in the Democratic Republic of Congo, Ethiopia has increased its preparedness levels and is screening travelers at ports of entry. An isolation center has been activated at Bole International Airport in Addis Ababa and a treatment unit established at Bole Health Center. A National Task Force led by the Minister of Health is currently reviewing preparedness and response plans. UNICEF Ethiopia has updated its Ebola Contingency Plan.

As of end May, 920,262 refugees were residing in Ethiopia – 48.2 per cent from South Sudan, 27.8 per cent from Somalia, 18.4 per cent from Eritrea, and 4.8 per cent from Sudan. In the first five months of this year, 29, 211 refugees arrived in Ethiopia.

Humanitarian Leadership and Coordination

The humanitarian response in Ethiopia is led by the National Disaster Risk Management Commission (NDRMC) which oversees the federal and regional Disaster Risk Management Technical Working Groups (DRMTWGs). UNOCHA coordinates UN agencies and NGOs in support of government-led humanitarian interventions. The Government prioritizes its emergency response based on targeted hotspot *woredas*. In the first half of the year, UNICEF supported seven regional government bureaus to prepare their 2018 Emergency Preparedness and Response Plans based on regional risk assessments and analysis.

UNICEF is supporting implementation of the Comprehensive Refugee Response Framework (CRRF) in coordination with the Administration for Refugee and Returnee Affairs and UNHCR. UNICEF is actively involved in CRRF Technical Committee workshops and through the CRRF Steering Committee is supporting the development of a Comprehensive Refugee Response Strategy.

UNICEF continues to provide the Government with crucial support in cluster coordination at federal and regional levels in water, sanitation and hygiene (WASH), nutrition, and education (with Save the Children International). UNICEF also provides coordination support to the Child Protection and Gender-Based Violence Sub-Cluster and plays a key supporting role in health cluster coordination (with WHO). UNICEF-supported cluster and sub-cluster coordinators will remain in place through to 2019.

The National Flood Task Force has been activated. UNICEF has deployed emergency staff to provide technical support to the response, including in assessments and coordination.

The Emergency Operation Center (EOC) was activated in May in response to the Ebola outbreak reported in the Democratic Republic of Congo. UNICEF is a key lead member of the Communication for Development Technical Working Group and has provided support to contingency planning.

Humanitarian Strategy

UNICEF works with the Government and partners to reach affected populations with critical child protection, education, nutrition, water, sanitation and hygiene (WASH) and health interventions. As co-lead of the Education, WASH, and Nutrition Clusters and Child Protection Sub-cluster, UNICEF supports coordinated humanitarian responses.

Access to Severe Acute Malnutrition Treatment (SAM) is being expanded and the early detection of acute malnutrition is being improved through community mobilization. UNICEF continues to strengthen the capacities of local health personnel to promote Infant and Young Child Feeding in Emergencies through related trainings including on integrated Community based Management of Acute Malnutrition (CMAM). UNICEF supported mobile teams are providing life-saving health and nutrition services in Afar and Somali regions. To better facilitate responses to disease outbreaks, UNICEF is strengthening related prevention, preparedness and response mechanisms through training, supplies and emergency operations. The WASH response is focussing both on life saving activities and building resilient water and sanitation infrastructure, particularly for displaced populations. Children and women are receiving protection risk mitigation and prevention and response interventions, including for gender based violence. Access to quality education in safe environments is being expanded for displaced and refugee children through the provision of school supplies in the construction of temporary learning spaces and teacher training.

The 2018 HDRP launched in March 2018 will be revised in August following the findings of the 2018 *Belg* Seasonal Assessment, currently underway.

UNICEF developed response plans for internal displacements mainly because of the Somali- Oromia and Gedeo -West Guji border conflicts. The Gedeo-West Guji IDP response plan will target 615,000 people at a total cost of US\$14,434,638, of which US\$ 8,920,689 is currently unfunded.

To respond to rapid onset of crises in a timely manner, UNICEF has pre-positioned supplies to meet the immediate life-saving needs of 120,000 people.

Summary Analysis of the Programme Response

Nutrition

This year, severe acute malnutrition and food insecurity remain real threats to children and women in Ethiopia, especially in regions affected by protracted drought conditions. This situation is further compounded by conflict related displacements and in the coming months will be impacted by floods. In response, UNICEF's nutrition programme is working closely with the government's Emergency Nutrition Coordinating Unit (ENCU) to support coordination of nutrition interventions at federal and regional levels. UNICEF continues to provide a full package of preventive and curative nutrition interventions that include screening and SAM treatment, nutrition supply pipeline management, building and supporting the strengthening of knowledge and skills within the sector, and ensuring a robust system of quality monitoring in all regions. However, the funding gap in emergency nutrition response, and in the provision of life-saving SAM treatment supplies, constitutes a main challenge.

During the past five months, SAM admissions have maintained expected seasonal trends. From January to May, UNICEF supported treatment of 138,635 cases in host communities and 2,085 in refugee camps. Programme performance as remains high at 91.4 per cent cure rate, 0.2 per cent death rate, and 1.5 per cent default rate, all of which are above Sphere Standards. The graph below shows a comparison of trends in reported SAM admissions for January 2018 with 2017 data, showing expected seasonal trends but no significant change in absolute numbers.

Guidelines for Community Management of Acute Malnutrition (CMAM) are currently being revised. The new guidelines will change the criteria for SAM admissions, from 110 mm to 115 mm Mid Upper Arm Circumference, as per WHO recommendations. A consequent jump in reported SAM numbers is expected once the revised guidelines are endorsed and implemented

In the past six months, UNICEF has been investing in strengthening the government's capacity to identify, treat and provide therapeutic care to children with SAM. Training has focussed on the identification and treatment of SAM, the introduction and use of the newly packaged therapeutic milks, and coordination workshops to equip emergency focal points from key sectors with the knowledge and skills to identify, plan, and implement needed humanitarian action. Since the last report, Somali, Benishangul-Gumuz and Gambella regions have

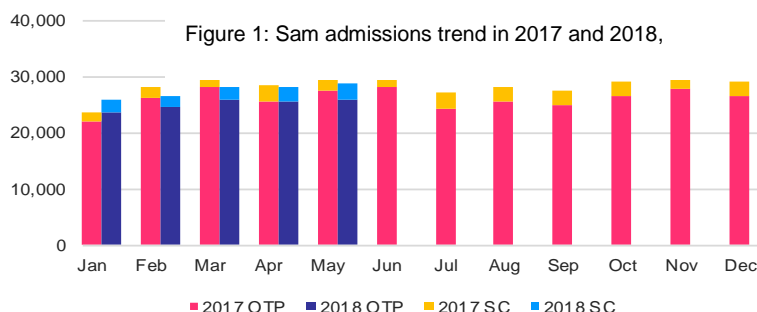


Figure 1: Sam admissions trend in 2017 and 2018,
Source: The Emergency Nutrition Coordination Unit

conducted and compiled reports on their vitamin A supplementation, deworming, and nutritional screening campaigns which have increased the number of children supplemented with vitamin A.

Health

The HDRP estimates that 6.47 million people will require health assistance in 2018, with IDPs, women, and children being the most vulnerable to communicable diseases such as AWD, measles and scabies.

The risk of AWD outbreaks continues with the presence of limited access to safe water, flooding, and lack of and poor sanitation and hygiene practices. Afar, Somali, Oromia and Tigray regions have all reported cases of AWD with an average case fatality rate of 0.5 per cent. Notably, the number of cases recorded this year is significantly lower than the same period last year. Contributing factors to keeping AWD rates low are thought to be a timely rapid response mechanism staffed with knowledgeable and skilled technicians, adequate supplies of AWD commodities, along with preventative communication interventions. So far, UNICEF has released Acute Watery Diarrhea kits to treat 1,034 cases since the beginning of 2018.

To enhance access to essential medicines and medical consultations for IDPs and the populations affected by flooding, UNICEF, with the Regional Health Bureaus (RHBs) in Afar and Somali regions, has supported 49 Mobile Health and Nutrition Teams and emergency drug kits were provided to 17 MHNTs run by RHBs and international NGOs. Between January and May, MHNTs in Afar and Somali regions provided essential medical consultations to 231,529 people. Of these, 89,798 (39%) were children under five and 82,377 (36%) were women.

To protect displaced women and children from malaria, UNICEF provided 137,630 mosquito nets in the SNNP region and through Administration for Refugee and Returnee Affairs to 275,268 people, including 151,200 refugees.

Scabies has been reported in Addis Ababa City, Dire Dawa and five of the countries eight regions. driven largely by a lack of awareness to identify and treat, coupled with poor hygiene practices.

In response to the outbreak of the vaccine-derived Polio Virus Type-2 (cVDPV2) in the Horn of Africa, UNICEF facilitated the completion of the National Emergency Outbreak Response Plan intending to vaccinate all children under-five (estimated at 516,262) in the Dawa, Jarar, Liban, Shebelle, and Korahe zones of the Somali region. UNICEF will support vaccine logistics and management, communication and social mobilization of the campaign. The campaign will run from 29 June to 3 July and is synchronized with similar campaigns in Somalia and Kenya.

UNICEF continues to support the Gambella Regional Health Bureau to vaccinate refugee children from South Sudan upon their arrival at points of entry. Between January and June, 10,817 children aged below 15 years received the polio vaccine and 10,131 children were vaccinated against measles.

In February, following a measles outbreak in the SNPP region, UNICEF supported the vaccination of 5,550 students from Arba Minch University and 5,867 children aged 6 to 23 months in affected communities in Arba Minch town. Coverage reached 95 and 100 per cent respectively. No new cases have been reported in the area since then.

WASH

UNICEF continues to prioritize WASH interventions for IDPs and host communities along the Somali and Oromia border, and most recently along the Oromia and SNNPR border. UNICEF is supporting efforts to contain the AWD outbreaks in Afar and Tigray regions. Two CERF allocations were received in the first half of this year and a third is expected shortly to respond to the needs of IDPs on the Oromia/SNNPR border. Even with this support, the needs far exceed available resources; the funding gap currently stands at 67 per cent. Additional funds are needed to maintain water trucking and invest in durable solutions such as sanitation for IDPs and alternatives to water trucking.

In Oromia, up to 40 trucks have been providing access to safe water to over 200,000 IDP and host community members daily since the beginning of the year. Water trucking needs are expected to increase in the second half of the year when the rainy season ends in most parts of the country.

Household water treatment chemicals are being distributed to IDPs and host communities in areas where chlorinated water trucking is not taking place and where there are active or high risk of AWD outbreaks. Distributions of other WASH NFIs such as soap, buckets and jerrycans continued during June, with more than 513,909 people reached since the beginning of the year.

UNICEF as cluster lead has developed Sanitation Strategies for IDPs in Oromia and Somali regions. UNICEF has built shared latrines for more than 2,500 people, and has reached more than 1 million people since January with hygiene promotion campaigns.

Working with the Oromia and Somali RHBs, UNICEF is providing durable solutions to IDPs and host communities. Since the beginning of the year, 345,059 IDPs have benefited from rehabilitation and maintenance of motorized boreholes and

water points by mobile maintenance teams (deployed in Somali) and the expansion and construction of motorized systems to ensure water reaches people in need.

In the last two months, several areas of the country have been affected by floods, which have displaced populations and damaged WASH infrastructure. In the Shabelle and Afder zones of the Somali region, people have been forced to rely on unprotected surface water. To mitigate the risks, UNICEF has supplied household water treatment chemicals and NFIs.

In the three refugee camps in Itang in Gambella region, UNICEF continues to supply water to over 250,000 refugees and host communities daily, and is currently planning the expansion of the pressure line at Nguenyel Refugee Camp to accommodate the needs of additional refugees. In addition, UNICEF is drilling boreholes in the host communities of Itang Town and Ateti village to increase the amount of water available to refugees and host communities through piped water schemes.

Child Protection

In response to child protection needs, UNICEF supported the Bureau of Women and Children's Affairs (BoWCA) to conduct a child protection rapid assessment in 21 IDP sites in Oromia. In Somali region, BoWCA was supported to identify key child protection issues through the seasonal multi-sectoral assessments led by the government. Results of the assessment informed the development of Child Protection and Gender-Based Violence Response Plans led by BoWCA in Oromia and Somali regions. With funds from UNICEF for the roll-out of the response plans, twelve social workers and 36 para social workers were deployed in *woredas* reaching out to 19 IDP sites in Oromia region and 9 para-social workers were deployed in four *woredas* hosting IDP sites in the Somali region. Two Child Protection in Emergency (CPiE) consultants were recruited for both Somali and Oromia regions to provide technical support in implementation of the response plan in coordination with the child protection sub-cluster and regional BoWCA. UNICEF conducted a CPiE training for 21 para social workers (5 women, 16 men) recruited to support the child protection response in 15 IDP affected *woredas* in the Oromia and Somali regions and in Somali region, a four-day child protection training was provided to 60 frontline staff (27 women, 33 men) who directly deal with children's issues (i.e. Office of Women and Children Affairs, Justice, and Police) from 10 IDP hosting *woredas*.

UNICEF recruited coordinators for the CP/GBV sub-cluster at federal level and in Somali and Oromia regions to strengthen coordination. UNICEF has supported service mapping in these two regions through the CP/GBV sub-cluster and revised the 5Ws data collection tool to improve reporting and to capture information on both child protection and GBV activities conducted by all actors. Following a UNICEF-supported, federal-level GBV training for stakeholders in May, the CP/GBV sub-cluster provided technical support to the revision of the government's seasonal assessment tools to capture child protection and GBV concerns and better inform response.

In response to the conflict-affected IDPs in Somali and Oromia regions, UNICEF signed partnerships with the International Rescue Committee (IRC) for Somali and Imagine One Day for Oromia regions to reach 20,769 and 13,500 children and women respectively. Core interventions include provision of community-based response services for unaccompanied and separated children (including family tracing and reunification), referral services, psychosocial support services (PSS) to children and women and promotion of community involvement in awareness-raising and community mobilization for risk mitigation of GBV. UNICEF also signed a partnership agreement with Voluntary Services Overseas – Ethiopia (jointly with Education section) to strengthen the quality of psychosocial services delivered by para social workers deployed to meet the needs of the IDPs in both Somali and Oromia regions.

Since the beginning of the year, UNICEF support to BoWCA has helped to identify 3,751 separated and unaccompanied children displaced in Oromia and Somali regions due to conflict. Of these, 458 (201 girls, 257 boys) have been reunified with their families or placed under alternative care arrangements. The remaining children are with their extended family members in the IDP settlement and tracing efforts are under way for those children for whom family tracing was assessed to be in their best interest.

An estimated 8,254 IDP children (4,788 girls, 3,466 boys) across the two regions have benefitted from psychosocial interventions delivered through child-friendly spaces by trained social workers and community volunteers.

In Oromia and Somali regions, 1,844 community members (945 women, 899 men) have been reached with messages on protection of children, identification of gender-based violence, and reporting which has resulted in increased reporting of cases through community structures. In the two regions, 4,905 women and girls were provided with GBV risk mitigation, prevention and response interventions related to gender-based violence. Five girls received response support.

Since the beginning of the year, UNICEF supported the reception and relocation of refugees in Gambella region to Gure Shamola refugee camp in Benishangul Gumez region. At Pamdong reception center in Gambella, Plan International, with UNICEF support, identified and registered new South Sudanese arrivals. Concurrently, new arrivals received information on protecting children and risks to children that make them vulnerable to violence, exploitation, abuse and neglect, including family separation and abduction. From among the new arrivals, 132 children (52 girls, 80 boys) were reunited with their

families in Nguenyiel refugee camp in Gambella and 69 children (24 girls, 45 boys) were reunited in Gure Shamola camp in Benishangul Gumuz region.

In Gambella region, UNICEF continued to strengthen awareness-raising on protection and psychosocial support services in Therapeutic Feeding Centers (TFCs) both in the refugee camps and host communities in partnership with Plan International and International Medical Corps (IMC). Since the beginning of the year, nine baby-friendly corners located within TFCs in Terkidi, Nguenyiel, Kule and Pugnido-2 refugee camps have been furnished with recreational materials and psychosocial support training was provided to 70 para social workers (45 female and 25 male). As part of the roll-out of the Psychosocial Support Curriculum developed for Gambella refugee operations, psychological first aid and community-based psychosocial support training was provided to 40 child-friendly space supervisors, case management social workers, and Early Childhood Care and Development facilitators to equip them with the basic skills and knowledge to deliver psychological first aid to children. The training enhanced the knowledge and skills of social workers to identify and provide targeted support for vulnerable children and caregivers attending the TFCs.

Since the beginning of the year, 9,890 children (4,359 girls, 5,531 boys) were provided with psychosocial support services through child-friendly spaces in the refugee camps of Gambella region.

With support from UNICEF, International Medical Corps (IMC) reached 7,897 community members (5,470 women, 2,427 men) and 863 women and girls attending Infant and Young Child Feeding (IYCF) centers in Jewi and Terkeidi refugee camps were reached through awareness-raising sessions focusing on the five key GBV risk prevention messages for women and young mothers, including benefits of early reporting within 72 hours and service availability for GBV survivors which includes medical services, psychosocial support and legal aid.

Through support provided to Plan International and International Medical Corps, 228 Mother-to-Mother Groups in Kule, Nguenyiel, Tierkidi and Jewi refugee camps were sensitized on child protection, GBV risks and appropriate referral pathways for those vulnerable to, or victims of, violence.

Education

The education cluster estimates that over 2.2 million children in Ethiopia need assistance to continue their education. Most these children are in the regions of Somali, Oromia and SNNP and have been displaced due to drought and ethnic conflict. Many schools in the emergency affected areas have been impacted by insufficient water which has directly impacted on children's retention in the second half of the 2017/18 academic year.

The Ministry of Education and the Regional Education Bureaus (REBs) have responded by providing school meals to approximately 1.6 million school-aged children across the affected regions. Further, through the pivoting of funds from within the education pooled sector programme, the Ministry of Education procured stationary for students across the three regions. In May 2018, the Ethiopia Humanitarian Fund (EHF) allocated US\$1 million to implementing partners for the delivery of education in emergency programmes to reach an estimated 30,000 IDP students in Oromia and Somali regions.

UNICEF, in partnership with the NGOs Imagine One Day and the Ogaden Welfare Development Association (OWDA), has provided early childhood education and primary education to 14,789 displaced children since the start of 2018. The low achievement of UNICEF's education response against the target for 2018 is mainly due to inadequate humanitarian funding to implement inter-communal and/or inter-regional IDP EiE plans and inaccessibility of humanitarian partners working on the right to education in IDP sites. An Accelerated School Readiness (ASR) and Child-to-Child (CtC) programme has been modified to suit the conditions of displaced settlements, benefitting both young pre-primary aged children (aged 4-6) as well as upper primary students who serve as facilitators. In addition, a partnership with Volunteer Services Overseas has been initiated to develop the ability of primary school teachers to support and respond to the needs of children who have experienced trauma and stress. As a means of institutionalizing this initiative within the education sector, VSO is collaborating with 12 Colleges of Teacher Education in Somali and Oromia regions to deliver in-service training and coaching to 1,300 teachers directly within classroom settings.

Over the next 6 months, UNICEF is targeting 127,000 displaced children with the introduction and/or extension of early childhood and primary education programmes. Building on expertise gained in early childhood education programmes in IDP settings in Oromia and Somali regions, UNICEF will support the implementation of both modalities between July to September to provide young children with structured early learning and development activities. Over the summer, UNICEF will invest in building the capacity of primary teachers assigned to schools in both regions to better understand the impact of displacement and stress on children's learning and classroom mitigation measures. In collaboration with Child Protection programme, sports and life-skills programmes for adolescent girls and boys will be delivered in support of their social and emotional learning needs. Should displacement of school-aged children continue through mid-September, UNICEF will support the establishment of temporary learning spaces attached to host primary schools to alleviate congestion of classrooms and facilities. Underpinning these interventions will be UNICEF's investment in capacity building of the Oromia, Somali and SNNP regional education clusters to coordinate and monitor implementation of the humanitarian response.

Social Protection

The government, in partnership with development partners, is planning to implement an integrated Productive Safety Net Programme (PSNP) to provide emergency-related support to PSNP clients who experience shocks¹. UNICEF, DFID, and the World Bank are working together to ensure a 'continuum of response' to fill existing PSNP budget gaps to address both chronic and transitory needs of PSNP clients who would also be recipients of humanitarian assistance in PSNP *woredas*. The contingency budget aims to prioritize pregnant and lactating women as well as caretakers of malnourished children to be temporarily included in the PSNP as direct support clients.

This year, US\$11 million was channeled through UNICEF by SIDA to PSNP channel one of the Ministry of Finance and Economic Cooperation based on a five-year financial agreement. The funds will enable 1,293,065 beneficiaries (803,397 are humanitarian beneficiaries and 489,668 are existing PSNP clients) in Oromia and Somali regions to receive cash transfers.

Communication for Development (C4D)

UNICEF continues to play a significant role in the coordination of C4D interventions and strengthening of social mobilization, Technical Working Groups (TWG) during emergencies. Community engagement has been at the center of the C4D interventions where those in need are engaged across multiple sectors. UNICEF followed an integrated approach incorporating elements from nutrition, health, child protection, and WASH. All of UNICEF's communication and community engagement activities are coordinated through the relevant clusters and sub-cluster working groups.

In the Somali region, AWD and nutrition related messages both in IDP sites and host communities have been integrated and social mobilization coordinators and social mobilization committees (SMC) have been activated in 377 kebeles. The reactivation of the SMCs was instrumental in the quick containment of the AWD outbreak in Shebelle zone earlier this year. The lessons learnt in the Somali region are being applied in the Afar region where there is an ongoing AWD outbreak.

In the first half of this year, UNICEF implemented an integrated C4D plan with a focus on nutrition, including messaging on health, hygiene and sanitation, and child protection in 42 IDP sites in Somali. Within the target sites, 720 mother to mother support groups (M2MSG) have been established. 6,351 members, 296 volunteers, and 77 health workers have directly benefitted from information disseminated through facilitated discussion sessions twice a month. There are several key outcomes that are currently being linked to the positive impact of the support groups and these include reduced SAM admissions, more institutional deliveries, and increased number of women attending ANC services more frequently.

Media and External Communication

UNICEF Ethiopia continues to highlight conflict and drought related displacement on media platforms through videos, human interest stories, case studies and photos. Between January to June, UNICEF hosted 20 donor and partner visits to different regions of Ethiopia to advocate for a consistent focus on humanitarian and development issues including a visit by donors and partners to IDPs displaced by the Oromia-Somali conflict.

UNICEF attends the Ethiopia humanitarian country team (EHCT) Emergency Communications working group to ensure streamlined messaging and advocacy efforts. In June 2018, the group met to draft the Humanitarian Communication and Advocacy Strategy for Ethiopia, this strategy supports efforts to secure timely funding for the humanitarian appeal as well as funding for preventive and mitigation opportunities.

Funding

UNICEF Ethiopia is appealing for US\$111.8 million for its emergency interventions in 2018. The amount includes US\$15.3 million for the response to refugees.

As of 30 June 2018, UNICEF Ethiopia received US\$22.27 million for its humanitarian action for children that is in turn added to a carry-over fund of US\$12.9 million. UNICEF currently has a funding gap of US\$76.6 million.

UNICEF Ethiopia's humanitarian interventions were made possible through the valuable contributions of the governments of the Canada, Sweden, the United States, Japan and Spanish National Committees for UNICEF, ECHO, the Ethiopia Humanitarian Fund, CERF and a global thematic contribution.

Critical funding gap has negatively impacted the humanitarian response in the country particularly for the continuing displacement in SNNP, Oromia and Somali region.

¹ The concept of "scalable safety nets" is referred to in various Government of Ethiopia policy documents including the National Social Protection Policy and the National Disaster Risk Management Policy.

UNICEF Ethiopia funding status as of 30 June 2018

Appeal Sector	Requirements US\$	Funds available US\$*		Funding gap	
		Funds Received Current Year	Carry over*	\$	%
Nutrition	41,610,000	5,991,533	4,373,071	31,245,396	75%
Health	14,036,440	2,297,065	1,791,444	9,947,931	71%
WASH	43,475,500	10,686,702	3,542,307	29,246,491	67%
Child Protection	3,829,863	1,875,673	1,339,356	614,834	16%
Education	8,859,136	1,424,449	1,877,059	5,557,628	63%
Total	111,810,939	22,275,422	12,923,237	76,612,280	69%

* In addition, UNICEF Ethiopia has supplies for nutrition, carried over to 2018 valued at US\$10 million

** Funds available include funding received against current appeal as well as carry-over from the previous year.

Next SitRep: 31 July 2018

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

SUMMARY OF PROGRAMME RESULTS 2018

	Overall needs	Cluster Response			UNICEF and IPs		
		2018 Target	Total Results	Change since last report ▲▼	2018 Target	Total Results	Change since last report ▲▼
NUTRITION							
Children under 5, including refugee children, treated for SAM	350,111	350,111	138,635*	29,683	363,611*	** 140,720	29,683
Children received vitamin A supplementation	-	-	-	-	10,500,000	4,075,567**** **	1,387,574
HEALTH							
Women and children under 5 accessing essential maternal and child health services					400,000	231,529***	41,333****
People affected by acute watery diarrhoea accessing life-saving curative interventions					38,000	1,034	791
Children immunized against measles (refugee)					56,000	10,131	2,349****
WATER, SANITATION & HYGIENE							
People have access to safe water of appropriate quality and quantity	10,239,130	6,050,000	4,576,746	456,807	3,110,000	1,906,124	400,114
People reached with key messages on hygiene practices	7,695,650	5,900,000	1,940,444	718,617	1,760,000	1,070,655	323,751
CHILD PROTECTION							
Girls and boys provided with psychosocial support, including access to child-friendly spaces with multi-sectoral programming interventions	30,000	30,000	6,668	3,127	58,300	18,144	15,608
Unaccompanied and separated girls and boys reunified with their families and/or placed in appropriate alternative care	5,000	5,000	458	165	12,760	659	189
Children and women provided with risk mitigation, prevention or response interventions to address gender-based violence	65,000	55,000	1,246	1,097	20,000	12,802	10,019
EDUCATION							
School-aged children, including adolescents, accessing quality education	2,190,000	2,190,000	2,200,000*****	-	300,000	14,789	6,089

* UNICEF target includes 350,111 Ethiopian children (HDRP 2018 target) and 13,500 South Sudanese refugee children.

** Nutrition result covers January to May 2018.

*** Health result for MHNT is from January to May 2018

**** These figures are not the same as reported in the narrative for the monthly result because of late reports from the previous reporting period. This result covers the period of May and June 2018.

***** Provision of school feeding programme by the Government reached 1,595,966 children in all regions.

***** Reports from Afar, Benishangul Gumez and Somali regions