1

**ETHIOPIA Humanitarian Situation Report**

**SITUATION IN NUMBERS**

**Highlights**

- The Government of Ethiopia and UNOCHA launched the Humanitarian and Disaster Resilience Plan (HDRP) for Ethiopia appealing for US$1.66 billion to provide support for 7.9 million people in need.
- In January 2018, 26,004 children were treated for severe acute malnutrition, with 94.9 per cent cured.
- Following the measles outbreak in Arba Minch University in the Southern Nations, Nationalities, and People’s (SNNP) region, with UNICEF support, 5,550 university students (95 per cent coverage) and 5,867 children 6 to 23 months old (100 per cent coverage) were vaccinated against measles. No further cases were reported.
- The Government of Ethiopia reported that the residents of Moyale who fled to Kenya following clashes with Ethiopian security forces on 10 March are returning to their homes.
- UNICEF Ethiopia received US$1 million from the Government of Japan and US$6.4 million from the Central Emergency Response Fund to meet the needs of those currently displaced by drought and conflict in the Oromia and Somali regions.

**UNICEF’s Response with Partners**

<table>
<thead>
<tr>
<th>Cluster</th>
<th>UNICEF Target</th>
<th>Total Results</th>
<th>Cluster Target**</th>
<th>Total Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition: Children under 5 years with SAM admitted for treatment to therapeutic care programme</td>
<td>363,611*</td>
<td>26,004</td>
<td>350,111*</td>
<td>24,930</td>
</tr>
<tr>
<td>Health: People provided with access to essential and life-saving health care services</td>
<td>400,000</td>
<td>36,864</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>WASH: People accessing safe water</td>
<td>3,110,000</td>
<td>1,003,099</td>
<td>6,860,000</td>
<td>2,272,840</td>
</tr>
<tr>
<td>Child Protection: Vulnerable children receiving psychosocial support</td>
<td>58,300</td>
<td>1,101</td>
<td>30,000</td>
<td>3,499</td>
</tr>
<tr>
<td>Education: School aged children with access to emergency education</td>
<td>300,000</td>
<td>-</td>
<td>2,190,000***</td>
<td>-</td>
</tr>
</tbody>
</table>

**Funding Status 2018**

- Carry-over: US$12.9m (11.5%)
- Funds received to date: US$9.8m (8.8%)
- Funding gap: US$89.1m (79.7%)

*UNICEF target includes 350,111 Ethiopian children with SAM and 13,500 refugees.
**2018 Humanitarian and Disaster Resilience Plan for Ethiopia, March 2018
*** Revised Education target as per the HDRP 2018

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**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

**1.7 million** Internally displaced people in Ethiopia (64 per cent displaced due to conflict)

**909,301** Registered refugees and asylum seekers in Ethiopia.

**Ethiopia, refugee and asylum seekers** (UNHCR, February 2018)

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*Funds available includes funding received for the current appeal year as well as carry-forward from the previous year.*
Situation Overview and Humanitarian Needs

The Government of Ethiopia is appealing for US$1.66 billion to provide support in agriculture and livestock, education, emergency shelter and non-food items (NFI), food, health, nutrition, protection and water, and sanitation and hygiene for 7.9 million people in need of humanitarian assistance. Just under half of the target population are children. The Humanitarian and Disaster Resilience Plan (HDRP) was released on 13 March 2018. While the document focuses on the immediate response requirements for 2018, it also lays out the basis for a three-pillared model that will allow for further planning and development investments, in line with a disaster risk management approach.

On 10 March 2018, a security incident between the Ethiopian Defence Forces in Moyale led to the death of 10 civilians and the injury of several others. The incident led to the displacement of over 10,000 people across the border to Kenya. In Kenya, the Kenyan Red Cross has reported that 80 per cent of the displaced are women and children and that there are about 600 pregnant women among the 10,557 refugees, who are being provided with basic supplies including food and water. These figures are currently being validated by the Kenyan Refugee Affairs Secretariat and UNHCR. On 21 March, the Secretariat of the State of Emergency Command Post stated that the displaced residents of Moyale who fled to Kenya are returning home. The Government of Ethiopia also announced that the State of Emergency inquiry board will investigate the deaths of civilians. A joint mission to assess the humanitarian situation in Moyale town took place from 23 to 26 March. The team, led by UNOCHA, included WFP, UNICEF, UNHCR and UNDSS. The team was advised that essential services were disrupted immediately after the security incident; however, essential services are now operational. The team recommended to pre-position humanitarian supplies in order to immediately respond to any future needs.

Ethiopia continues to receive refugees and, as of 28 February 2018, 909,301 refugees were reported in Ethiopia. In the first two months of 2018, 15,097 refugees arrived in Ethiopia, including 7,202 in February. They include more than 10,700 from South Sudan and more than 3,700 from Eritrea.

Humanitarian Leadership and Coordination

The humanitarian response in Ethiopia is led by the National Disaster Risk Management Commission through the federal and regional Disaster Risk Management Technical Working Groups (DRMTWGs). UNOCHA coordinates the humanitarian response with UN agencies and NGOs in support of government-led humanitarian interventions. The Government prioritizes its emergency response based on target hotspot woredas.

UNICEF continues to provide the Government of Ethiopia 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).

To bolster its support to the Education Cluster, UNICEF HQ has kindly provided expert technical Education in Emergency support for an initial eight weeks and dedicated Education Cluster coordination and information management support to the Cluster through a standby partnership for the next six months. Child Protection has also mobilized technical experts to strengthen the Child Protection in Emergency and Child Protection Sub-Cluster’s capacity to monitor, measure and report on results. UNICEF is further reinforcing its commitment to the WASH Cluster by securing a role for an expert WASH Cluster Coordinator until mid-2019.

Humanitarian Strategy: Prepositioning and Partnerships

The 2018 Ethiopia HDRP was launched in March 2018. The plan is a first step in the development of a multi-year planning framework. The current HDRP seeks to aid across three pillars: 1) Prevention and Mitigation; 2) Response and Response Preparedness; and 3) National Systems Strengthening and Recovery.

UNICEF will support the Government under Pillar 2 to respond to humanitarian situations. Through its regular programming, it will contribute to Pillars 1 and 3. UNICEF is working with its partners to ensure that children have access to health, nutrition, education, protection, safe water, sanitation, and hygiene during emergencies.

UNICEF Ethiopia has completed its inputs into the Emergency Preparedness Platform. This is an online information platform that helps teams analyse risks, self-assess and monitor their operational preparedness and identify high-return actions to get ready for immediate response before an emergency happens or a situation deteriorates. It enables users to identify practical actions that significantly increase the Ethiopian Country Office’s ability to activate and scale up response quickly as soon as a crisis strikes. Through this process, a country-specific risk analysis was completed, and scenario and preparedness actions were identified for priority risks.

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1 UNHCR Fact Sheet February 28, 2018
2 A woreda is an administrative unit under zone. The administrative hierarchy in Ethiopia is Region, Zone, Woreda and Kebele.
3 HDRP, March 2018
To respond to rapid onset of crises in a timely manner, UNICEF has pre-positioned supplies to meet the immediate lifesaving needs of 120,000 people. Prepositioned stocks are kept in Addis Ababa and in two regional hubs in Gambella and Somali regions.

Summary Analysis of the Programme Response

Nutrition

The outcome of the protracted drought, now in its fourth year, in Ethiopia continues to affect many households, mainly in the Somali, SNNP, Oromia and Afar regions. Severe acute malnutrition (SAM) and food insecurity remain real threats to the regions that have been affected by drought, further compounded by conflict displacement (especially along the Oromia and Somali regional border). Consequently, there is an ongoing need for the delivery of integrated nutrition services that include general food distribution (GFD), Blanket Supplementary Feeding Programme (BSFP), a complete Community Management of Acute Malnutrition (CMAM) package, Targeted Supplementary Feeding Programme (TSFP), Outpatient Therapeutic Programme (OTP), and Stabilization Centres (SC), Infant and Young Child Feeding in Emergencies (IYCF-E), WASH and basic health services.

The latest analysis of nutrition response data for the month of January 2018 indicates that a total of 24,930 Ethiopian children were admitted for the treatment of SAM, of whom 2,017 received inpatient care for medical complications and subsequent transfer to outpatient treatment. The 24,930 cases admitted for treatment of SAM represents a slight decrease (14.3 per cent) in admissions compared to December 2017, when 29,078 admissions were reported. The decrease can be partially explained by a decrease in the reporting rate (86 per cent in January 2018 compared to 92 per cent in December 2017) from the two large regions of Amhara and Oromia. Increased quality assurance and monitoring of the overall therapeutic treatment programme continues to show positive results. In January 2018, 92.6 per cent of SAM cases were cured, with 0.1 per cent deaths and 1.3 per cent of cases defaulting. The January 2018 Therapeutic Feeding Programme (TFP) admissions in Somali and Oromia Regions remain high. One thousand and seventy-four (1,074) refugee children were treated for SAM during this same period.

The needs of conflict- and drought-displaced populations (IDPs) remain a significant concern in both the Somali and Oromia regions, with IDPs having limited access to basic health and nutrition services. Mobile Health and Nutrition Teams provide a bridge in this accessibility; but road access and long distances are still significant challenges to ready access UNICEF, with the Government, just completed the distribution of all second quarter nutrition supplies for 85,678 children with SAM, including at IDP sites in both Somali and Oromia regions.

In Somali region, a series of social mobilization activities in IDP sites in Shabelle, Dollo and Jarar Zones were initiated to disseminate and educate mothers on optimal IYCF practices. Seventy-seven health care workers were equipped to deliver adequate information on IYCF to mothers. Information was disseminated through 190 mother-support groups to promote and sensitize mothers about optimal IYCF practices, and 336 community volunteers were sensitized on optimal IYCF practices. In addition, information, education and communication (IEC) materials, including 100 speaking books, 500 family health guideline posters, 3,000 pamphlets, and 300 books on IYCF messages, were distributed to mothers and community members. Through these initiatives, a total of 4,755 mothers of children under 2 years of age received information and appropriate IYCF counselling during this reporting period.

In Oromia region, all IDP sites were targeted and covered by nutrition screening of 6 to 5-month old children for malnutrition, who were then referred to the TSFP, OTP and SC, as appropriate. Corn Soya Blend (CSB++) was provided for targeted supplementary feeding (for moderate acute malnutrition cases) in most priority 1 woredas. To further support and reinforce nutrition interventions, referrals and follow-up, 23 community-based CMAM monitors visited target sites in both Oromia and Somali regions and provided on-the-spot technical support, thus improving the delivery of nutritional services.

In January 2018, a total of 87,981 under-five children and 21,702 pregnant and lactating women (PLW) among the IDPs in Oromia received a 10-day ration of BP5 (high energy biscuit) to supplement their food needs. To strengthen the response to the displaced population, UNICEF supported orientation activities on screening for malnutrition for 916 health workers from 35 woredas with IDPs. UNICEF also transferred US$900,000 to support 35 woredas to conduct the screening and monitoring of nutrition activities among the IDPs in East and West Hararge Zones in Oromia region. The result of the screening for under-five children found proxy global acute malnutrition (GAM) and SAM rates of 15.3 per cent and 1.1 per cent respectively in East Hararge and 14.3 per cent and 0.2 per cent respectively in West Hararge. Meanwhile, pregnant and lactating women were screened using a mid-upper arm circumference (MUAC) measurement. Of the pregnant, lactating women measured in West Hararge, 36.2 per cent were malnourished and in East Hararge this increased to 46.4 per cent.

To improve and strengthen the coordination of nutrition initiatives for IDPs, UNICEF, with the Nutrition Cluster, hosted two coordination workshops equipping 150 emergency focal points from key sectors in 30 woredas with the knowledge and skills to identify, plan for, coordinate, and implement needed humanitarian action.
Health

The number of Acute Watery Diarrhoea (AWD) cases has significantly dropped compared to this period last year, with a small number of cases reported in the Somali and Tigray regions. The coordination and collaboration of the Regional Health Bureau (RHB), Save the Children International, WHO, and UNICEF on the response to the AWD outbreak in Tigray led to the containment of cases. To respond to the AWD outbreak in Tigray, UNICEF provided technical support on response coordination and treatment of patients, and pre-positioned two Cholera Treatment Center (CTC) kits. Each CTC kit contains a tent, 10 beds, drugs and medical materials, and can be established as a temporary ward for the isolation and treatment of patients with AWD. In February, following the measles outbreak in SNPP region, with UNICEF support, 5,550 students from Arba Minch University and 5,867 children aged 6 to 23 months in affected communities were vaccinated, with 95 and 100 per cent coverage respectively. No new cases have been reported since the vaccination campaign was completed. In Gambella, 1,231 boys and girls below 15 years of age that arrived from South Sudan received measles vaccinations at the entry points.

Scabies cases continue to be reported from woredas in Amhara, Benishangul-Gumuz, Oromia, SNNP and Tigray regions. Due to the high threat of communicable disease outbreaks among IDP settlements, the Oromia and Somali RHBs, with support from WHO, have strengthened their active disease surveillance.

The Health Cluster has reported that the Government and partners lack essential medicines to meet the needs of the 6.5 million people requiring health assistance and there is a pending break in June of the medical supply pipeline due to insufficient and unpredictable funding. Prevailing gaps in funding and a lack of strong coordination have been impediments to improving access to health services nationwide. Proposals have been submitted to donors to mobilise additional resources, including from the Emergency Humanitarian Fund.

WASH

UNICEF will continue to provide access to water and sanitation services to conflict-affected IDPs. Since these IDPs are less likely to return to their place of origin, they will require durable solutions such as new water source development, extension of water pipe systems and rehabilitation of non-functional water supply schemes. Moreover, 56.5 per cent and 76.1 per cent of the IDP populations in Somali and Oromia regions respectively are drinking water from unprotected water sources. These IDPs need immediate WASH interventions such as water trucking, rehabilitation of non-functional water sources, expansion of pipelines and new drilling, as well as water treatment chemical distribution.

UNICEF has expanded the water trucking operation from 30 to 40 trucks in Bale, West and East Hararge, and Guji Zones in Oromia region, reaching 216,140 individuals. There is a plan to increase the number of trucks to 90 from April for a three-month period, benefitting 400,000 people in the Oromia region. UNICEF has deployed five NFI distribution monitors in the Oromia and Somali regions during March to conduct assessments of available NFI stocks and current gaps in needs. These monitors will also follow up on the delivery of WASH NFIs dispatched by UNICEF for AWD prevention, targeting 250,000 IDPs in Somali and 320,000 IDPs in Oromia regions.

The WASH Cluster is currently identifying and prioritizing needs since the lack of funding for water trucking and the absence of sanitation NFI are critical in many zones in arid lowland areas and IDP sites, in particular as Ethiopia enters the final months of the dry season.

Child Protection

In Oromia region, ongoing drought conditions, coupled with conflict displacement, have further exacerbated child protection and gender-based violence concerns.

With UNICEF support, the Bureau of Women and Children Affairs (BoWCA) identified 527 separated and unaccompanied children in 12 woredas hosting IDPs. Of these 527 children, 176 were reunified with their families/primary care givers. Foster care was arranged for seven children. In the same region, 396 children received psychosocial support through safe spaces. These safe spaces provide the children with a place to get together, play and learn.

In Somali region, BoWCA identified and registered 700 children separated from their parents, but who are currently living with their extended families.

In Gambella, a total of 807 (408 girls, 399 boys) separated children and 221 (102 girls, 119 boys) unaccompanied children were identified and registered among the new arrivals from South Sudan at Pamdong reception centre.

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. In Kule and Nguenyyiel refugee camps, a total of 5,000
community members were reached through child protection and gender-based violence messaging disseminated on March 8 as part of the celebration of International Women's Day. These messages promote prevention of violence against children and gender-based violence.

During this reporting period, UNICEF received missions from the Child Protection Global Area of Responsibility team to support the strengthening of the child protection situation and response monitoring to inform programme planning and management. The mission team met with the Protection Cluster lead, UNHCR, and agreed on a way forward to develop a common monitoring tool for response led by the Protection Cluster.

**Education**

As an immediate response over the next months, the Education Cluster is prioritizing the provision of learning opportunities for 125,000 IDP children in Oromia and Somali regions who have no access to education.

The Ministry of Education has allocated US$10.7 million to 10 regions for a school feeding programme. The Ministry has also reprogrammed US$1.1 million for the provision of learning materials in Somali and Oromia regions.

The Education Cluster recommends a strong coordination with the WASH cluster to ensure that temporary learning spaces in IDP settlements have access to water and hygiene facilities.

**Communications for Development (C4D)**

UNICEF utilizes an integrated approach to community engagement in Somali region, incorporating messages from nutrition, health, child protection, and WASH. UNICEF’s communications and community engagement activities are coordinated through the relevant clusters and sub-cluster working groups.

In response to the ongoing emergency in Somali region and in preparation for an AWD outbreak, UNICEF continues to support the development of social mobilization committees and community groups to facilitate conversations and communicate messages on critical issues such as hygiene promotion, AWD prevention, IYCF, harmful traditional practices and other child protection risks. As part of its support, UNICEF has provided training on social mobilization to committee members from all woredas of Shebelle Zone, equipping 110 men and women with skills to facilitate and support interpersonal communication and social mobilization efforts in their communities.

In addition to supporting these community groups and working with local NGOs, UNICEF has supported the establishment of child- and mother-safe spaces in IDP camps in Jarar and Dollo Zones in Somali region. A total of 420 women-to-women support groups were also established in 42 sites to reach women with information on breast feeding. IYCF, hygiene and sanitation, and child protection issues. Community volunteers also carry out social mobilization efforts within the community on a weekly basis using megaphones.

**Media and External Communication**

UNICEF Ethiopia actively monitors external media coverage to keep track of the trends and highlights of its activities. UNICEF attends the Ethiopia Humanitarian Country Team (EHCT) Emergency Communications Working Group.

**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.

In March 2018, UNICEF Ethiopia received US$6.4 million from the Central Emergency Response Fund and US$1 million from the Government of Japan. UNICEF currently has a funding gap of US$89 million (80 per cent). Funding is urgently required to continue the scale-up of life-saving interventions for children and women, particularly in the displacement sites in Oromia and Somali regions.

**UNICEF Ethiopia funding status as of 30 March 2018**

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements US$</th>
<th>Funds available</th>
<th>US$***</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Funds Received Current Year</td>
<td>Carry over*</td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>41,610,000</td>
<td>1,842,556</td>
<td>4,373,071**</td>
<td>35,394,373</td>
</tr>
<tr>
<td>Health</td>
<td>14,036,440</td>
<td>303,394</td>
<td>1,791,444</td>
<td>21,941,802</td>
</tr>
<tr>
<td>WASH</td>
<td>43,475,500</td>
<td>7,510,523</td>
<td>3,542,307</td>
<td>32,422,670</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,829,863</td>
<td>0</td>
<td>1,339,356</td>
<td>2,490,507</td>
</tr>
<tr>
<td>Education</td>
<td>8,859,136</td>
<td>136,006</td>
<td>1,877,059</td>
<td>6,846,071</td>
</tr>
</tbody>
</table>
The carry-over figures are provisional and subject to change.

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.

In addition to the above funding, to fill critical gaps in the response for IDPs, UNICEF Ethiopia received a loan in the amount of US$3 million from the Emergency Programme Fund of UNICEF Headquarters.

**Next SitRep:** 30 April 2018

Who to contact for further information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Organization</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gillian Mellsop</td>
<td>Representative</td>
<td>UNICEF Ethiopia</td>
<td>Tel: +251 11 5184001 Fax: +251 11 5511628 Email: <a href="mailto:gmellsop@unicef.org">gmellsop@unicef.org</a></td>
</tr>
<tr>
<td>Alhaji Bah</td>
<td>Chief-Field Operations and Emergency</td>
<td>UNICEF Ethiopia</td>
<td>Tel: +251 11 5184082 Fax: +251 11 5511628 Email: <a href="mailto:abah@unicef.org">abah@unicef.org</a></td>
</tr>
<tr>
<td>Victor Chinyama</td>
<td>Chief-Communication, Advocacy, Partnerships</td>
<td>UNICEF, Ethiopia</td>
<td>Tel: +251 11 5184039 Fax: +251 11 5511628 Email: <a href="mailto:vchinyama@unicef.org">vchinyama@unicef.org</a></td>
</tr>
</tbody>
</table>

UNICEF Ethiopia: [www.unicef.org/ethiopia](http://www.unicef.org/ethiopia)
Facebook: [https://www.facebook.com/UNICEFETH](https://www.facebook.com/UNICEFETH)
Twitter: [https://twitter.com/UNICEFEthiopia](https://twitter.com/UNICEFEthiopia)
## Annex A

### SUMMARY OF PROGRAMME RESULTS 2018

<table>
<thead>
<tr>
<th>Category</th>
<th>Overall needs*</th>
<th>2018 Target</th>
<th>Total Results</th>
<th>Change since last report ▲▼</th>
<th>2018 Target</th>
<th>Total Results</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5, including refugee children, treated for SAM</td>
<td>350,111</td>
<td>350,111</td>
<td>24,930</td>
<td>24,930</td>
<td>363,611**</td>
<td>26,004**</td>
<td>26,004</td>
</tr>
<tr>
<td>Children received vitamin A supplementation</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>10,500,000</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women and children under 5 accessing essential maternal and child health services</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>400,000</td>
<td>36,864</td>
</tr>
<tr>
<td>People affected by acute watery diarrhoea accessing life-saving curative interventions</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>38,000</td>
<td>125</td>
</tr>
<tr>
<td>Children immunized against measles (refugee)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>56,000</td>
<td>4,262</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People accessing sufficient water of appropriate quality and quantity</td>
<td>6,860,000</td>
<td>6,860,000</td>
<td>2,272,840</td>
<td>1,115,790</td>
<td>3,110,000</td>
<td>1,001,099</td>
<td>471,378</td>
</tr>
<tr>
<td>People reached with key messages on hygiene practices</td>
<td>5,900,000</td>
<td>5,900,000</td>
<td>417,289</td>
<td>21,008</td>
<td>1,760,000</td>
<td>184,991</td>
<td>97,954</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Girls and boys provided with psychosocial support, including access to child-friendly spaces with multi-sectoral programming interventions</td>
<td>30,000***</td>
<td>30,000</td>
<td>3,449</td>
<td>2,861</td>
<td>58,300</td>
<td>1,101</td>
<td>396</td>
</tr>
<tr>
<td>Unaccompanied and separated girls and boys reunified with their families and/or placed in appropriate alternative care</td>
<td>5,000</td>
<td>5000</td>
<td>293</td>
<td>-</td>
<td>12,760****</td>
<td>334</td>
<td>183</td>
</tr>
<tr>
<td>Children and women provided with risk mitigation, prevention or response interventions to address gender-based violence</td>
<td>65,000****</td>
<td>55,000</td>
<td>103</td>
<td>-</td>
<td>20,000</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-aged children, including adolescents, accessing quality education</td>
<td>2,190,000</td>
<td>2,190,000</td>
<td>-</td>
<td>-</td>
<td>300,000</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*Humanitarian and Disaster Resilience Plan of Ethiopia, (HDRP) 2018
** UNICEF target includes 350,111 Ethiopian children (HDRP 2018) and 13,500 South Sudanese refugee children. Result also includes refugees.
***Note that CP/GBV Sub Cluster has a total target of 60,000 – 50% each for CP and GBV actors
****UNICEF child protection target and result also includes refugee children
*****This figure now includes the HDRP target of 10,000 women
******This figure includes refugee children; not included in the cluster results