Highlights

- The Government of Ethiopia and humanitarian partners released their humanitarian funding priorities for the next six months, asking for US$280.4 million for immediate support in all sectors, prioritizing internally displaced people.
- Ethiopia has increased its preparedness level to avoid the importation of the Ebola Virus Disease (EVD) following the outbreak in the Democratic Republic of Congo.
- Heavy rains continued during the month in Oromia, Somali and SNNP regions causing flooding and landslides and leading to the death of at least 32 people.

In response to flooding in Somali region, UNICEF provided eight emergency drug kits to treat 20,000 people for three months and three Acute Watery Diarrhea Kits to support an estimated 30 inpatients at any given time.

UNICEF’s Response with Partners

<table>
<thead>
<tr>
<th>Sector/Cluster</th>
<th>UNICEF</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</td>
<td>363,611*</td>
<td>82,362**</td>
<td>350,111</td>
<td>80,292</td>
</tr>
<tr>
<td>Health: People provided with access to essential and life-saving health care services</td>
<td>400,000</td>
<td>190,196</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH: People accessing safe water</td>
<td>3,110,000*</td>
<td>1,506,010</td>
<td>6,050,000</td>
<td>4,119,939</td>
</tr>
<tr>
<td>Child Protection: Vulnerable children receiving psychosocial support</td>
<td>58,300*</td>
<td>2,536</td>
<td>30,000</td>
<td>3,541</td>
</tr>
<tr>
<td>Education: School aged children with access to emergency education</td>
<td>300,000*</td>
<td>8,700</td>
<td>2,190,000</td>
<td>1,612,269</td>
</tr>
</tbody>
</table>

*UNICEF targets and results include refugee population
**SAM admission is for January to March 2018

Funding Status 2018*

- 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)
- 915,073*** Registered refugees and asylum seekers in Ethiopia.

*2018 Humanitarian and Disaster Resilience Plan for Ethiopia, March 2018
** Ethiopia: Conflict displacement situation report, April 2018, NDRMC and OCHA
*** Ethiopia, refugee and asylum seekers (UNHCR, April 2018), following verification exercise, the number of refugees has decreased from March 2018.
### Situation Overview and Humanitarian Needs

Landslides, following heavy rains, caused the death of 32 people and injured 23 others in the Sidama and Gamogofa zones of SNNP region and West Arsi zone of Oromia region. Heavy rains have also continued in the Somali region, causing flooding, inundating houses and farmland, damaging crops and causing displacement. Schools, health facilities and water systems have been damaged and inter-agency assessments show that at least 123 schools and 76 health centers and health posts have been damaged and forced to close, with substantial loss of equipment and supplies. In just three districts along the river, approximately 160 essential water points have been damaged. Since April, more than 52,170 households (313,000 people) have been affected by floods of which 31,300 were already displaced in the worst flood affected areas of the Somali region.¹ In Gelena and Abbaya woredas in the West Guji zone, 22,689 people have been displaced by floods.

Flooding will continue to be a major humanitarian risk in the coming months as the National Meteorological Agency (NMA) predicts a normal to above normal rainy (Kiremt) season. Kiremt (June to September) is the main rainy season for most of the country except for the south and south-eastern parts. The onset and the end of the season is expected to be normal but the northern, north-eastern, central, western, south-western and eastern regions are expected to receive above normal rainfall. In May, the National Flood Task Force, led by the National Disaster Risk Management Commission, issued two Flood Alerts based on forecasts from the NMA. The alerts indicate at-risk areas in the country and the necessary preparedness actions and mitigation measures required. A National Flood Contingency Plan is currently being drafted, with UNICEF fully engaged in the process. The floods are expected to affect accessibility, especially in the delivery of humanitarian aid.

Following ethnic conflicts between the Gedeo and Guji communities in April, a rapid joint assessment by IOM, People in Need, UNICEF, UNOCHA and World Vision was undertaken in the first week of May. The findings indicate that more than 274,000 people were displaced.² Following an agreement between the regional governments of Oromia and SNNP, people were being encouraged to return to their places of origin. To date, more than 102,000 people have returned, but there are significant concerns that they are not staying long as the conflict continues and homes and livelihoods are being destroyed. Although relief support is ongoing, there are still critical needs including shelter, non-food items, food, water, drugs, medical supplies and education. The region is also working to identify unaccompanied and separated children and mitigate risks of gender-based violence. Because of the conflict, at least 76 water schemes and 6 schools were damaged and require urgent rehabilitation.

Following the reported Ebola outbreak in the Democratic Republic of Congo, Ethiopia has increased its preparedness and is screening travelers at ports of entry. An isolation center was activated at Bole International Airport in Addis Ababa and a treatment unit was 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.

The Government of Ethiopia and humanitarian partners released their humanitarian funding priorities for the next six months, asking for US$280.4 million for immediate life-saving support across all sectors. The priorities focus on scaling up the response to internally displaced people particularly in Oromia, Somali and SNNP regions. The intention of this document is to help donors prioritize funding allocations.

### Humanitarian Leadership and Coordination

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

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).

In response to the reported floods in parts of the country, the National Flood Task Force has been activated. In May, the Task Force released two Flood Alerts for affected and at-risk areas and will coordinate the humanitarian response. A Flood Command Post was established in the Somali region and UNICEF deployed emergency staff to support the response, including assessments, coordination and response activities.

In May, UNICEF supported the regional government bureaus of Afar and Benishangul-Gumuz to prepare their respective Emergency Preparedness and Response Plans for 2018. Based on regional risk assessments and analysis, key preparedness and response actions for the year have been developed.

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² Joint conflict assessment report Gedeo Zone, SNNP Region, May 2018
Humanitarian Strategy: Prepositioning and Partnerships

The 2018 Ethiopian Humanitarian Disaster and Resilience Plan (HDRP) was launched in March and will be revised in August following the findings of the 2018 Belg Seasonal Assessment, due to start on 23 June.

To respond to rapid onset crises in a timely manner, UNICEF has pre-positioned supplies to meet the immediate life-saving 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 effect of the Horn of Africa drought on nutrition outcomes in Ethiopia continues to affect the population, largely in Somali, SNNP, Oromia and Afar regions. The recent Somali-Oromia regional border skirmishes and internal displacements have exacerbated the nutrition situation with increased food insecurity and cases of severe acute malnutrition (SAM) among under-5 children and pregnant and lactating women. UNICEF is supporting a full package of nutrition interventions that include screening internally displaced people (IDP) in IDP camps and host communities, supporting supply pipeline management, enhancing capacity, and ensuring a robust system of quality monitoring in all regions.

In March, 27,717 children were admitted for SAM treatment. Those requiring in-patient treatment constituted eight per cent of total admissions. While this represents an 11 per cent decrease over the same period last year, as shown below, the needs are still significant and the factors that increase risk must be mitigated in the coming months. Programme performance, measured by key exit indicators, remains above Sphere Standards (cure rate at 91.7 per cent, death rate at 0.1 per cent and defaulting rate at 1.4 per cent).

In May, a nutrition survey using SMART methodology was completed in Kelafo woreda of Shabelle zone in the Somali Region. Kelafo was selected given its persistently high SAM admissions. The survey found that the global acute malnutrition (GAM) rate was 13.9 per cent of which SAM was 1.2 per cent. The GAM rate falls short of the WHO emergency threshold of 15 per cent but is considered serious enough to warrant a broad, multi-sectoral response.

UNICEF dispatched second quarter supply distributions nationally for the treatment of SAM. Some 2,019 cartons of high energy biscuits (BP5) were distributed to flood affected households in Shabelle and Afder zones and UNICEF-targeted IDP sites in the Oromia and Somali regions. In the second week of May, a replenishment consignment of anthropometric equipment, 5,861 cartons of Ready-to-Use-Therapeutic Food (RUTF), 951 cans of therapeutic milk (F100), 400 cans of therapeutic milk (F75), 267 Stabilization Centre Kits, 5,241 250mg tablets of amoxicillin and an assortment of OTP cards were delivered to various regions to fill supply gaps and support a continued response to the needs of IDPs and host communities. These supplies will meet the immediate needs of 6,512 children for one month.

In the third week of April, the Regional Health Bureau (RHB) in Afar, working with UNICEF, conducted the 23rd round of an Enhanced Outreach Strategy campaign that covered 32 woredas, including Asayta and Berhale refugee camps. The campaign mobilized the community, conducted nutritional screening for children aged 6-59 months and pregnant and
lactating women, provided Vitamin A supplementation to children aged 6-59 months, deworming of children aged 24-59 months, and referred malnourished children and pregnant and lactating women to therapeutic feeding (TFP) and targeted supplementary feeding (TSF) programme sites. A total of 1,999 children (aged 6-59 months) were identified with SAM and 40,256 children, under 5 with moderate acute malnutrition (MAM). In addition, 23,175 pregnant and lactating women were identified with acute malnutrition (both SAM and MAM) and referred for appropriate treatment.

Because of the joint advocacy by UNICEF and WFP to the Federal Ministry of Health (FMOH) and NDRMC, a memorandum of understanding between UNICEF, WFP and the Government of Ethiopia was signed to scale up the integration of MAM treatment into routine health services, starting with 100 woredas in 2018. This will ensure a continuum of care for children identified with acute malnutrition.

UNICEF continues to work closely with the Emergency Nutrition Coordinating Unit (ENCU) to provide support to the coordination of nutrition interventions both at federal and regional levels.

Health
Acute watery diarrhea (AWD) remains a public health hazard in the country, particularly in areas where there are water shortages. During the month, suspected cases continued to be reported from Dupty woreda in Afar region among the community as well as commercial farms, where laborers have been affected. This year, cases of AWD have also been reported in Afar, Somali and Tigray regions. However, the number of AWD cases reported in 2018 so far, compared to the same period last year, is significantly lower. This is thought to be a result of improved preparedness, availability of trained and experienced health workers, public health expertise, and placement of health commodities for a rapid response in high risk areas. In addition, the current season with relatively improved rainfall and water availability in most parts of the country may also be contributing to a reduced AWD case load. On the other hand, flooding brings an increased risk of disease outbreaks, including AWD with contamination of water and damage to sanitation facilities particularly in communities with limited access to toilets and safe water.

In response to flooding in the Somali region, UNICEF has provided eight Emergency Drug Kits and three Acute Watery Diarrhea Kits as a preparedness measure to meet the needs of 20,000 people for three months. The supplies have been delivered to eight flood affected woredas in Shabelle and Afder zones.

In April, mobile health and nutrition teams (MHNTs) deployed in Afar and Somali regions provided medical consultations to 32,787 people bringing the total cumulative number for 2018 to 190,196 (75 per cent are children under five and women). Currently, UNICEF is supporting 49 of the 66 mobile teams deployed in the Afar and Somali regions.

The Emergency Operation Center (EOC) was activated on 15 May because of the Ebola outbreak in the DRC and meets weekly. UNICEF is part of the Communication for Development Technical Working Group.

UNICEF continues to support the Gambella Regional Health Bureau to vaccinate refugee children from South Sudan at entry points. From mid-April to mid-May, 1,711 children under 15 years old received polio vaccines while 1,521 children were vaccinated against measles. Since January, a total of 10,344 refugee children from South Sudan have received polio vaccines while 9,684 have been vaccinated against measles upon arrival at the border.

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

Scabies continued to be reported in Addis Ababa, Amhara, Benishangul-Gumuz, Dire Dawa, Tigray, Oromia and SNNP, with the latter two regions reporting the highest number particularly in areas with limited access to water.

WASH
The WASH Cluster is requesting US$53.4 million to meet its prioritized WASH needs for the next six months to ensure AWD preparedness and rapid response, provision of basic services to IDPs, and provision of emergency WASH services to health centers, AWD treatment sites, schools, and vulnerable groups. Prioritized activities include water supply to IDPs and host communities through durable piped solutions (alternatives to water trucking), installation of sanitation facilities specifically in IDP sites, hygiene promotion, water trucking, procurement of essential NFIIs, water treatment chemicals, and rehabilitation of water points. A WASH response to flood affected areas in the Somali region is also a priority.

UNICEF supplied safe drinking water to 200,327 people in May and reached 330,765 people with hygiene messages. For conflict-affected IDPs in the Oromia region, UNICEF allocated 40 water trucks in Bale, West and East Hararge, and Guji
zones. Some 1.9 million sachets of water purification chemicals, 88,541 bars of laundry soap, and 75,000 bars of body soap were allocated to IDPs in West Guji, Borena, East and West Hararghe zones.

UNICEF, through its interventions in Gambella, is currently providing safe water to a cumulative total of 223,000 South Sudanese refugees in Nguenyyiel, Tierkidi, and Kule camps.

Child Protection
In the Oromia region, UNICEF supported the placement of 12 social workers and 36 community volunteers in woredas reaching 18 IDP sites. The para social workers working with the Bureau of Women and Children Affairs (BOWCA) provided psychosocial support to 92 children (40 girls and 52 boys) through child-friendly spaces in two IDP sites. Family tracing was initiated for three separated children from an IDP site in Hirna woreda and one GBV case was reported and responded to in coordination with BoWCA. Eighteen babies from the Tulo IDP camp in East Hararghe Zone, Oromia region had their births registered and received certificates.

In the Somali region, nine para social workers were placed in woredas and in four IDP sites, identifying and registering 150 separated and unaccompanied children. Family tracing efforts were initiated to reunify these children with their families. In the same region, a community-based child protection committee was established at Farrar IDP site in Addadle woreda to support the identification of unaccompanied and separated children, facilitate family tracing and reunification, and undertake community mobilization for the prevention of violence.

UNICEF continued strengthening the provision of psychosocial support in Therapeutic Feeding Centers (TFCs) in Gambella refugee camps and host communities in partnership with Plan International and International Medical Corps. In May, 228 Mother-to-Mother Groups in Kule, Nguenyyiel, Tierkidi and Jewi refugee camps were sensitized on child protection, GBV risks and appropriate referral pathways for those vulnerable to, or victims of, violence.

With support from UNICEF, International Medical Corps (IMC) sensitized 2,541 community members (2,028 women and 513 men) on GBV with a focus on reporting within 72 hours and availability of existing services, including GBV referral pathways, in Jewi and Tierkidi refugee camps.

Education
The latest prioritization of the education cluster estimates that some 80,000 children currently not in school require urgent support for them to go to school. Among these are an estimated 16,688 internally displaced children in Oromia and Somali regions due to conflict who have no access to education. In addition, 50,755 students are out of school in the Somali region after the recent floods affected 148 alternative basic education centers (of which 48 were destroyed). In Guji zone in Oromia region and Gedeo zone in SNNP region, 10,600 students currently have no access to education as five schools are closed and 11 are damaged due to the conflict that occurred in April.

Humanitarian partners, including UNICEF in partnership with the NGOs “Imagine 1 Day” and the Ogaden Welfare Development Association, continue to support the IDP education response and supporting 8,700 children aged 4-6 displaced by conflict to access an Accelerated School Readiness programme. The Ethiopia Humanitarian Fund allocated US$1 million to implementing partners for education in emergencies which will be used to support an additional 30,000 internally displaced students in Oromia and Somali regions.

Communication for Development (C4D)
UNICEF’s communication and community engagement activities are coordinated through the relevant clusters and sub-cluster working groups. This includes the current response to the AWD outbreak in the Afar region. In Afar, the AWD Command Post has been activated and UNICEF has been working on the C4D response plan through this coordination mechanism.

Due to recent reports of a cholera outbreak in Somaliland, particularly in the areas bordering the Somali region, a joint assessment was held with the Regional Health Bureau (RHB), WHO, and UNHCR to assess risks and develop a preparedness plan. UNICEF is pre-positioning C4D materials and is working with the RHB to build the capacity of woreda level coordinators and provide refresher training for social mobilization committees to sensitize the community about AWD.

Sensitization and community mobilization on hygiene and sanitation was undertaken in IDP sites in East and West Hararghe, Bale and Guji zones in the Oromia region. More than 12,000 IDPs received education on personal hygiene and environmental sanitation. An integrated IDP C4D plan that incorporates elements from nutrition, health, child protection, and WASH has also been developed.

Media and External Communication
UNICEF organized two donor field missions with representatives from Australia, DFID, France, Ireland, Japan, Netherlands and Sweden to conflict affected IDPs in the Oromia region. Two ambassadorial-level field visits involving Germany, EU,
UK, and Japan to IDP sites in the Somali region are currently being organized for June and August. UNICEF also continues to provide support to 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 May 2018, UNICEF Ethiopia received US$3 million from ECHO and US$469,075 allocated from UNICEF Global Thematic Humanitarian Response. With a total funding of US$17.3 million received in 2018 and a carryover of US$12.9 million, UNICEF Ethiopia currently has a funding gap of US$81.6 million.

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

UNICEF Ethiopia funding status as of 31 May 2018

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements US$</th>
<th>Funds available ** US$</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Funds received current year</td>
<td>Carry over*</td>
</tr>
<tr>
<td>Nutrition</td>
<td>41,610,000</td>
<td>4,513,956***</td>
<td>4,373,071</td>
</tr>
<tr>
<td>Health</td>
<td>14,036,440</td>
<td>1,326,663</td>
<td>1,791,444</td>
</tr>
<tr>
<td>WASH</td>
<td>43,475,000</td>
<td>8,563,236</td>
<td>3,547,397</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,829,863</td>
<td>1,449,119</td>
<td>1,339,356</td>
</tr>
<tr>
<td>Education</td>
<td>8,859,136</td>
<td>1,424,449</td>
<td>1,877,059</td>
</tr>
<tr>
<td>Total</td>
<td>111,810,939</td>
<td>17,275,423</td>
<td>12,923,237</td>
</tr>
</tbody>
</table>

* 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 April, this figure was 4,519,392 and is now lower to adjust for wrong grant allocation.

Next SitRep: 6 July 2018

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### Annex A

#### SUMMARY OF PROGRAMME RESULTS 2018

<table>
<thead>
<tr>
<th>Cluster Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall needs*</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
</tr>
<tr>
<td>Children under 5, including refugee children, treated for SAM</td>
<td>350,111</td>
</tr>
<tr>
<td>Children received vitamin A supplementation</td>
<td>-</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
</tr>
<tr>
<td>Women and children under 5 accessing essential maternal and child health services</td>
<td>-</td>
</tr>
<tr>
<td>People affected by acute watery diarrhoea accessing life-saving curative interventions</td>
<td>-</td>
</tr>
<tr>
<td>Children immunized against measles (refugee)</td>
<td>-</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
</tr>
<tr>
<td>People have access to safe water of appropriate quality and quantity</td>
<td>10,239,130***</td>
</tr>
<tr>
<td>People reached with key messages on hygiene practices</td>
<td>7,695,650</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></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>
</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>
</tr>
<tr>
<td>Children and women provided with risk mitigation, prevention or response interventions to address gender-based violence</td>
<td>65,000</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
</tr>
<tr>
<td>School-aged children, including adolescents, accessing quality education</td>
<td>2,190,000</td>
</tr>
</tbody>
</table>

*Nutrition result includes January to March 2018.
**Health result for MHNT is from January to April 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.
****WASH cluster overall needs and target for 2018 corrected.
*****Provision of school feeding programme by the Government reached 1,595,966 children in all regions.