Highlights

- Failed spring rains this year in parts of Afar, Amhara, Oromia and Somali regions have renewed concerns about another drought affecting children, further compounding vulnerabilities in regions already suffering from chronic food insecurity, prolonged and complex population displacements, and increased risks to outbreaks of cholera and measles. These regions also have over-stretched health care systems, poor access to water, and recurrent outbreaks of preventable diseases.

- As of April 2019, UNICEF has supported the screening and admission of 110,826 children under the age of five for severe acute malnutrition (SAM) treatment and the numbers are expected to grow with the projected drought in the country.

- UNICEF Ethiopia urgently requires US$ 5.4 million to replenish its nutrition commodities pipeline for the expected surge in severe acute malnutrition (SAM) in 2019. In addition, US$ 2.45 million is required to rehabilitate 35 water schemes and provide durable safe water and sanitation for the most vulnerable children, including displaced children, in drought affected areas.

UNICEF’s Response with Partners

<table>
<thead>
<tr>
<th>Sector/Cluster</th>
<th>UNICEF Target</th>
<th>UNICEF Results</th>
<th>Cluster Target</th>
<th>Cluster Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition: Children under 5 years with SAM admitted treatment</td>
<td>503,696</td>
<td>110,826***</td>
<td>487,696</td>
<td>111,170***</td>
</tr>
<tr>
<td>Health: Number of Medical consultations in priority locations (Afar and Somali regions)</td>
<td>441,000</td>
<td>146,049</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH: People accessing sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene</td>
<td>1,850,000</td>
<td>1,138,372</td>
<td>5,500,000</td>
<td>5,244,396</td>
</tr>
<tr>
<td>Child Protection: Vulnerable children provided with psychosocial support, including access to child-friendly spaces with multi-sectoral programming interventions</td>
<td>77,000</td>
<td>68,504</td>
<td>42,000</td>
<td>78,696</td>
</tr>
<tr>
<td>Education: School-aged children, including adolescents, accessing quality education</td>
<td>370,017</td>
<td>61,150</td>
<td>2,346,922</td>
<td>61,150</td>
</tr>
</tbody>
</table>

* UNICEF target includes new arrivals of refugees and has been revised with the release of HRP

** Results are cumulative for the year

*** Nutrition results are in lieu by eight weeks. Results reflected are at end of April 2019
Situation Overview & Humanitarian Needs

The Intergovernmental Authority for Development (IGAD) and the Climate Prediction and Applications Centre (ICPAC) report that there is increased likelihood of drier than normal conditions for much of Ethiopia from June to September 2019. An early cessation of rains in eastern Ethiopia is also expected, potentially resulting in long dry spells. Despite some revitalization of water points for livestock and human consumption in some woredas in the Somali region, Borena and Guji zones of Oromia region, and South Omo zone of Southern Nations, Nationalities, and Peoples’ region (SNNPR) due to the Gu/Genna seasonal rainfall, improvements in livestock body conditions and productivity are not expected until the Deyr/Hageya season in October 2019.

Food security is expected to deteriorate in southern and south-eastern pastoral areas due to the poor performance of the Gu/Genna rains. These pastoral areas will remain in crisis (IPC Phase 3), with a risk of increased malnutrition. In addition, 190 cholera cases have been reported in Amhara plus 11 in Oromia regions since the start of the rainy season, further straining already under-resourced health systems.

Following the announcement of the Government-led strategic plan for the return and relocation of conflict-displaced people in April 2019, the Government has already implemented the first phase, with the reported return of over 1.4 million internally displaced people (IDPs) to their places of origin.

In the West Guji zone, Oromia region, Protection Monitoring Teams are reporting significant protection concerns among the returnees, especially for girls and women (over 51 per cent) and children (61 per cent) who are residing in temporary sites in their kebeles of origin and are vulnerable to exploitation, abuse and neglect. Children continue to be at risk of separation from their caregivers during the return process, with 594 children currently reported to be unaccompanied and separated, all of whom require family reunification services. Furthermore, the IDPs and returnees are hosted in drought-affected areas, thus exposing children to food insecurity. An increase in SAM among returnee children has been noted and more cases are expected as drought and displacements continue to compound existing vulnerabilities.

Without adequate investments in early actions in the drought-affected areas, children are exposed to increased vulnerabilities to disease outbreaks, malnutrition, and morbidity due to limited access to essential health care services and sanitation. Children are further exposed to exploitation and abuse, child marriage and child labour as a negative coping strategy, increased school dropouts and a decrease in regular school attendance due to migration for economic reasons and potential school closures. Investments in early actions for children in pastoral communities, such as the provision of fodder and water, re-stocking and veterinary care of livestock, are critical as children’s milk intake in these areas could fall by 90 per cent with livestock depletion, leading to SAM.

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 of UN agencies and NGOs in support of the Government-led humanitarian response. The Government as well as the sectoral clusters prioritize the emergency response based on targeted hotspot woredas and the humanitarian response plan. UNICEF also serves as a lead to Nutrition and WASH clusters, co-lead to Education cluster, and co-lead to Child protection sub-cluster. UNICEF is appealing for additional resources through the Central Emergency Response Fund (CERF) to meet the needs of the most affected children by the impending drought emergency in Ethiopia.

Humanitarian Strategy

Following an internal review of its IDP response, UNICEF will focus on providing an integrated and convergent response to IDPs. This includes preventing disease outbreaks, addressing malnutrition and ensuring the centrality of protection, including prevention from sexual exploitation and abuse, in all its interventions. UNICEF will continue to support people in need and hard-to-reach populations through its eight field offices and UNICEF-supported mobile teams, leveraging its cluster leadership role to influence how partners prioritize resources and interventions. The IDP response strategy is also complemented by an IDP/returnee framework, designed to guide emergency and recovery interventions in IDP and return sites.

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1 Districts, or woredas, are the third-level administrative divisions of Ethiopia. They are further subdivided into a number of wards (kebeles), which are the smallest unit of local government in Ethiopia.  
2 The seasonal calendar of Ethiopia can be accessed here: [http://fews.net/east-africa/ethiopia/seasonal-calendar/december-2013](http://fews.net/east-africa/ethiopia/seasonal-calendar/december-2013)  
3 Integrated Phase Classification (IPC) phases are used to illustrate thresholds and classify the severity of the current or projected food security situation. The phases range from IPC 1-5 ranging from minimal food insecurity to famine.  
4 Number of individuals returned reported by Government Zonal DRMC are collected through UNICEF internal meetings i.e. numbers could show slight variation.  
5 Food and Agriculture Organization of the United States Impact of Early Warning Early Action Report.
UNICEF ETHIOPIA HUMANITARIAN SITUATION REPORT

The Health and Nutrition response will prioritize life-saving services, including the detection and treatment of SAM and the prevention and treatment of diseases by providing essential medicines, strengthening response systems and strengthening the skills of health professionals. The WASH response will focus on life-saving interventions and building resilient water and sanitation infrastructure. UNICEF will invest in mitigating and preventing gender-based violence (GBV) to address the protection risks faced by refugees and IDPs, particularly girls. Through the Ministry of Education and regional education bureaus, UNICEF will advocate for flexible, accelerated access to education for displaced children. The development of regional drought contingency plans to respond to the needs of drought-affected children is also underway.

Summary Analysis of Programme Response

Nutrition

The continued rise in SAM and forecasted drought in the Horn of Africa bring more challenges to vulnerable children and mothers and puts a strain on the nutrition programme as more resources will be required to respond to the projected increase in malnutrition, especially with the introduction of the new Mid-Upper Arm Circumference guidelines due June. UNICEF Ethiopia urgently needs US$5.4 million to replenish its pipeline for nutrition commodities in order to absorb the expected surge in SAM cases and risk of drought conditions.

In May, UNICEF supported IDP returnees in Gedeo and West Guji zones with SAM referral slips to ensure continuum of care and minimize defaulter rates. In March and April, 60,106 children under the age of five were screened and admitted for SAM therapeutic care treatment at a reporting rate of 81.8 per cent. Programme performance indicators from March and April compared well with the targets and acceptable standards, with 87.1 per cent of children cured, 0.3 per cent deaths, and two per cent defaulting. The SAM admission in March (30,338) and April (30,089) show significant rise from that of admissions in February 2019 (25,830) and the projections made for the months (e.g. April=28,380) due to deteriorated food security and associated rise of malnutrition in some of the pocket woredas, and increased screening coverage. UNICEF responded to the cholera outbreak in the Amhara region by conducting a training on cholera diagnosis among SAM children and distributing a management algorithm for health workers to enable the treatment of SAM and cholera children. The graph below depicts SAM admissions in 2019, in a selection of regions; with the highest number of reported cases, each month reported in the Oromia region.

UNICEF, as co-chair of the Zonal Nutrition and Health Forum in SNNPR, is playing a crucial role in coordinating IDP nutrition interventions through two nutrition cluster coordinators (one international and one national), four Community-based Management of Acute Malnutrition (CMAM monitors, one CMAM coordinator, and two CMAM monitors in Gedeo zone). Moreover, with the technical and financial support of UNICEF, 30 health workers and 35 health extension workers in Gedeo zone were equipped with knowledge and skills to deliver SAM treatment and management and Infant and Young Child Feeding in Emergencies (IYCF-E).

In March, UNICEF provided medicine and financial support to the Vitamin A supplementation campaign led by the Somali Regional Health Bureau, reaching 805,962 children, 78% of the total national target.

Health

UNICEF continues to support the cholera outbreak response by providing technical and material assistance that includes Cholera Treatment Centre (CTC) kits and WASH supplies. The Federal Ministry of Health (FMOH) and the Ethiopian Public Health Institute (EPHI) received 770,000 Oral Cholera Vaccines (OCV) for IDPs in Gedeo and Guji zones and other high-risk communities. The OCV distribution will be based on prioritization arising from risk assessments to be conducted in affected IDP return sites and woredas. In May, CTC kits and Communication for Development (C4D) materials provided by UNICEF, including technical assistance in planning, coordination and monitoring, to the cholera response in Amhara resulted in the

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6 Information on nutrition programme response is lieu by two months due to lengthy data collection and verification process from the kebeles to federal
7 Sphere; >75 per cent cure, <10 per cent death, <15 per cent default.
treatment of 201 cholera cases in these woredas: 76 in Abergelie, 111 in Tselemt, and 3 in Beyeda. A further 11 cases were treated Chiro Woreda in Oromia region.

To respond to the continued measles outbreaks in the Oromia and Somali regions, UNICEF initiated a measles vaccination campaign in targeted zones to be concluded in June 2019, reaching 195,131 under-five children in East and West Hararghe zones of Oromia and 430,200 children under 14 years in the Somali region. Furthermore, UNICEF supported the Gambella Regional Health Bureau (RHB) to vaccinate 32 South Sudanese refugee children at entry points in May and 457 children in refugee camps in April 2019.8

Mobile Health and Nutrition Teams (MHNTs) provided 33,993 new consultations in Afar (7,629 children under five, 5,548 women and 4,161 men) and in Somali (7,328 children under five, 5,329 women and 3,997 men). These consultations were provided through 66 MHNTs with the financial and technical support of UNICEF. Below is a breakdown of the population that received medical consultations in the two regions:

**Medical Consultations | Regions**

- **Children <5**: 21,369
- **Women (5y+)**: 22,921
- **Other**: 15,787
- **Children <5**: 32,994
- **Women (5y+)**: 17,388
- **Other**: 16,516

**Afar region**

- **Children <5**: 21,369
- **Women (5y+)**: 17,388
- **Other**: 16,516

**Somali region**

- **Children <5**: 32,994
- **Women (5y+)**: 17,388
- **Other**: 16,516

UNICEF dispatched 12 emergency drug kits to IDPs in East and West Hararghe zones in the Oromia region to support essential health service delivery. The kits are enough to make 30,000 consultations for a period of three months.

**WASH**

UNICEF supported the Amhara Regional Water Bureau (RWB) to distribute WASH non-food items (NFIs) (Aquatabs, body and laundry soap, hand washing containers and jerrycans) in response to the cholera outbreak in the Amhara region. The WASH NFI distribution will benefit 73,000 people, approximately 38,690 children in North Gondar, Waghimra, Central and West Gondar, and West Gojam zones. A C4D specialist was deployed to cholera-affected woredas to carry out an assessment and provide capacity-building for local government staff in key hygiene messages that in turn reached 21,342 people in IDP sites, drought-affected areas, and areas at risk of cholera.

As part of its ongoing strategic shift from trucking towards more durable solutions, UNICEF handed over 96 per cent of its water trucking operations to the Oromia Regional Water Bureau, with the remaining four water trucks planned to be handed over in the coming months. Water needs in the Tigray region, however, continue to be met through two water trucks. In addition, UNICEF also supported the construction of a deep borehole, maintenance of a motorised scheme as well as the rehabilitation of 10 shallow wells providing durable water supply to 73,208 people: 2,700 in Amhara; 63,893 in Oromia; and 6,615 in SNNPR.

Some 303,565 people were reached with UNICEF’s hygiene promotion activities focusing on critical behaviours, waste management and promotional roles of health extension workers and community leaders; 187,581 were in Oromia and 115,984 in SNNPR. The Oromia RHB was supported to prepare a detailed hygiene and sanitation action plan and budget to support hygiene promotion and sensitization in 11 IDP sites in West and East Wollega, Bale and East Hararge zones. Some 150,624 people were supported with WASH NFIs, including water treatment chemicals and containers, laundry and hygiene soaps, and sanitary napkins in Amhara (10,422), Oromia (59,820), SNNP (73,010) and Somali (7,372).

**Education**

UNICEF, together with government and non-government partners, supports displaced children with accelerated access to quality education, and coordinates the humanitarian response as a co-lead of the education cluster in Somali and Oromia regions. In May, 707 teachers, district managers and cluster supervisors (133 females, 574 males) were equipped to deliver psychosocial and emotional learning training in Benishangul-Gumuz (60 females, 229 males) and SNNP (73 females, 345 males) regions. Through these training activities, a total of 33,900 school-aged IDP children exposed to emotional stress will be supported with guidance and counselling in the Benishangul-Gumuz (14,000) and SNNP (19,900) regions.

8 Information on vaccination of refugee children in refugee camps is in lieu by four weeks due to delayed data cleaning and reporting. The vaccinations include Kule, Terkidi, Nguenyiel, Jewi, Pugnido1, Pugnido 2 and Ukugo refugee camps.
Additionally, UNICEF, through its partners, is constructing 65 temporary learning spaces for IDPs in Oromia, Somali and SNNP regions to benefit 3,250 children, 60 per cent of them girls, and rehabilitating eight classrooms at Haro Jitu Primary School in Gedeb woreda in the SNNP region. A three-day awareness-raising workshop was held for 30 Parent-Teacher-Student Associations, Kebele Education Training Bureaus, religious leaders, and women’s groups on the importance of quality, safe and inclusive primary education for conflict-affected IDP children in the West Guji zone.

Child Protection
Following the Government-led return of IDPs in Gedeo and West Guji zones, UNICEF is supporting partners with registration, tracking and verification of unaccompanied and separated children (UASC) in both the displacement and return sites. Of the total UASC caseload of 3,399 (1,422 girls, 1,977 boys) in Gedeo Zone, 494 UASC (207 girls, 287 boys) have been returned to West Guji zone and verification is underway to track the whereabouts of the remaining children after the shutdown of the collective centers. Furthermore, UNICEF is supporting partners with registration of new UASC that have been separated during the return in both Gedeo and West Guji zones. In May, UNICEF through its partners, supported 182 UASC with family reunification in Oromia (15 girls, 20 boys), Amhara (64 girls, 68 boys), and Gambella refugee camps (7 girls, 8 boys).

In May, 3,572 IDPs and refugees (2,460 women, 1,112 men) were reached with risk mitigation and prevention interventions to address gender-based violence in Oromia (727 women, 853 men), Somali (407 women, 237 men), Gambella refugee camps (1,068 women) and Benishangul-Gumuz refugee camps (258 women, 22 men). Additionally, seven cases of GBV (two cases of rape in Gedeo zone of SNNPR, three of physical violence in North Gondor zone of Amhara region, two of physical violence in Afar region zone of Somali region) were referred to multi-sectoral response services.

The 4Ws Mental Health and Psychosocial Support (MHPSS) Regional Service Directories for Amhara, Benishangul-Gumuz, Gambella, Oromia, SNNPR (Gedeo zone), Somali, and Tigray regions were finalized and shared with partners for review and validation. The Service Directories will support the development of MHPSS referral pathways at field level. In addition, a three-day MHPSS/Psychological First Aid (PFA) training was conducted for 112 child protection staff and social workers (50 women, 62 men) from Bureau of Women and Children Affairs/Zone of Women and Children Affairs and NGOs in Somali (25 women, 15 men) and SNNPR (25 women, 47 men). The training is designed to equip participants with the knowledge and skills required to provide PFA to children and adults in distress, and to identify and plan other types of psychosocial interventions at the grassroots level. In May 2019, 14,934 children (6,623 girls, 8,311 boys) accessed psychosocial support services through child-friendly spaces. Of these, 8,238 children (3,707 girls, 4,531 boys) were in Gedeo, 554 in Oromia (230 girls, 324 boys), 598 in Somali (138 girls, 460 boys), 5,165 in Gambella refugee camps (2,358 girls, 2,807 boys), and 379 in Benishangul-Gumuz refugee camps (190 girls, 189 boys).

Communication for Development (C4D), Community Engagement and Accountability
UNICEF continued to support the response to the cholera outbreak in Amhara through the provision of C4D materials and deployment of two C4D consultants to affected woredas to support social mobilization and building the capacity of frontline responders. Due to the shift in terminology use for the cholera outbreak, a revision of the already-printed C4D materials was required, posing a delay in the C4D response. To mitigate this, actions were taken to engage community leaders and frontline responders through interpersonal communications, a more realistic model for communities with low literacy levels and consequently, showing the need to shift from print to interactive and community-based approaches. These approaches are costlier and pose a challenge in coordination and quality assurance. UNICEF also developed materials for health workers in Somali region to support the planned measles campaign in June 2019.

Additionally, a C4D preparedness plan is being developed focusing on provision of timely and relevant information to the drought-affected population, integrating messages on nutrition, sanitation and hygiene, and health seeking behaviours has been developed. This plan will mainly target caregivers and children. UNICEF’s communication and community engagement activities are coordinated through the relevant bureaus, clusters and sub-cluster or technical working groups.

External Relations
UNICEF Goodwill Ambassador Priyanka Chopra Jonas travelled to Ethiopia to meet refugee children who have fled their countries due to conflict and humanitarian crises. She met with the President and the Minister of Education and children and young people living in Bambasi refugee camp, home to 17,000 refugees largely from Sudan, and Hitsats and Adi-Harush camps, where 55,000 refugees from Eritrea currently live. The visit resulted in extensive coverage of UNICEF’s refugee response in mainstream and social media, and additional communication assets from the visit will be communicated during the World Refugee Day in June.

Security
The humanitarian response continues to be affected by localised conflicts that pose access challenges. The hostilities between different ethnic groups around the regional boundaries coupled with clashes between Ethiopian Defence Forces (EDF) and Unidentified Armed Groups (UAG) affects thousands of people in need across the country, with Amhara, Benishangul-Gumuz, Oromia, and SNNP being the major regions affected by insecurity. Due to hostilities in West Wollega zone of Oromia and Awil zone of Amhara, routes through West Wollega and Awil to crisis-affected zones in Benishangul-Gumuz have been blocked for months. Similarly, clashes between EDF and UAGs as well as between other community groups, have adversely obstructed humanitarian response access to rural areas in West Guji zone of Oromia region.
Poor road conditions because of the rainy season have also hindered access to kebeles in SNNP (Gotiti and Chiriku sites, and the village of Bank Tatatu of Gedeb Woreda) and Oromia (villages in Hambala Wamena Woreda and Gerba “1” in Bule Hora Woreda of West Guji zone, and Lakole Kebele of East Hararghe zone). A mass demonstration over interruption of electricity and water supplies in Mechara Town in West Hararghe zone restricted movements and prompted the evacuation of humanitarian personnel.

Funding
UNICEF Ethiopia is appealing for US$ 143.5 million in 2019 to support its humanitarian actions for children. The cost per sector incorporates the needs on the ground, agreed targets and UNICEF and partner capacities to deliver. Since January 2019, UNICEF has received US$ 17.9 million. With a carry-over fund of US$ 11.9 million from 2018, the current funding gap stands at US$ 113.6 million. The below table depicts UNICEF Ethiopia’s funding status.

UNICEF Ethiopia funding status as of 31 May 2019

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements US$</th>
<th>Funds Available US$</th>
<th>Funding gap US$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Funds Received Current Year</td>
<td>Carry over*</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td>61,222,849</td>
<td>10,072,692</td>
<td>9,562,211</td>
</tr>
<tr>
<td>Health</td>
<td>14,492,865</td>
<td>260,013</td>
<td>434,769</td>
</tr>
<tr>
<td>Wash</td>
<td>56,200,000</td>
<td>6,032,078</td>
<td>1,109,407</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,687,192</td>
<td>792,032</td>
<td>325,197</td>
</tr>
<tr>
<td>Education</td>
<td>7,918,851</td>
<td>748,082</td>
<td>542,380</td>
</tr>
<tr>
<td>Total</td>
<td>143,521,757</td>
<td>17,904,896</td>
<td>11,973,964</td>
</tr>
</tbody>
</table>

* Funds available includes funding received against current appeal as well as carry-forward from the previous year and report has been rounded-off

Next SitRep: 15 July 2019

UNICEF Ethiopia: [www.unicef.org/ethiopia](http://www.unicef.org/ethiopia)
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Twitter: [https://twitter.com/UNICEFEthiopia](https://twitter.com/UNICEFEthiopia)

Who to contact for further information:

Adele Khodr
Representative
UNICEF Ethiopia
Tel: +251 11 5184001
Fax: +251 11 5511628
Email: akhodr@unicef.org

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

Victor Chinyama
Chief-Communication, Advocacy, Partnerships
UNICEF Ethiopia
Tel: +251 11 5184068
Fax: +251 11 5511628
Email: vchinyama@unicef.org
## Annex A

### SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs</th>
<th>Cluster Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall needs</td>
<td>2019 Target</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years with SAM admitted treatment</td>
<td><em>Total results for Sectors are cumulative.</em></td>
<td>609,961</td>
</tr>
<tr>
<td>Children received vitamin A supplementation</td>
<td>-</td>
<td>1,029,497</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of medical consultations in priority locations (Afar and Somali regions)</td>
<td>-</td>
<td>441,000</td>
</tr>
<tr>
<td>People affected by acute watery diarrhoea accessing life-saving curative interventions</td>
<td>-</td>
<td>15,000</td>
</tr>
<tr>
<td>Children immunized against measles</td>
<td>-</td>
<td>760,270</td>
</tr>
<tr>
<td>Number of insecticide-treated bed nets distributed in Malaria-endemic areas.</td>
<td>-</td>
<td>400,000</td>
</tr>
<tr>
<td>Number of people with access to health care facilities stocked with emergency drugs and supplies for 3 months.</td>
<td>-</td>
<td>320,000</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People accessing sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene. This is principally through durable, long lasting infrastructural investments.</td>
<td>-</td>
<td>9,243,666</td>
</tr>
<tr>
<td>People reached with key messages on hygiene practices</td>
<td>-</td>
<td>7,260,454</td>
</tr>
<tr>
<td>People have access to emergency NFIs (including household water treatment chemicals)</td>
<td>-</td>
<td>7,260,454</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vulnerable children provided with psychosocial support, including access to child-friendly spaces with multi-sectoral programming interventions</td>
<td>-</td>
<td>592,648</td>
</tr>
<tr>
<td>Unaccompanied and separated girls and boys reunified with their families and/or placed in appropriate alternative care</td>
<td>-</td>
<td>592,648</td>
</tr>
<tr>
<td>Children and women provided with risk mitigation, prevention or response interventions to address gender-based violence</td>
<td>-</td>
<td>1,028,910</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-aged children, including adolescents, accessing quality education</td>
<td>-</td>
<td>2,616,444</td>
</tr>
</tbody>
</table>

*Total results for Sectors are cumulative.*

**The total SAM admission result includes 490 unreported cases, accumulated monthly from January 2019 to April 2019.**

***Total result on measles vaccinated children include the 457 South Sudanese children vaccinated in April 2019.**