



Mulli primary school, elementary and secondary school students washing and drinking clean water ©UNICEF Ethiopia/2017/Tsegaye

SitRep # 13 – Reporting Period 5 - 21 August 2017

ETHIOPIA

Humanitarian Situation Report

SITUATION IN NUMBERS

Highlights

- The 2017 Humanitarian Requirement Documents (HRD) Mid-Year Review, released 8 August 2017, has identified significant increased needs of girls, boys, women and men for life-saving interventions in food, nutrition, water, sanitation and hygiene (WASH) and health in 2017. The total financial requirements for 2017 have been revised to US\$1.259bn (from US\$949m).
- UNICEF has issued a revised Humanitarian Action for Children (HAC) appeal for Ethiopia amounting to US\$135.9 million to respond to the increased humanitarian needs of children and their families.
- From January to June 2017 (the latest data available), a total of 172,265 children, aged under five, were admitted and treated for severe acute malnutrition (SAM) across the country. The nutrition crisis in Somali region continues to be of concern, with 8,890 SAM admissions reported in June, up from an average of 7,000 for the period January - May.
- In mid-August, the Somali Regional Government approved Round Five general food distribution for all 93 *woredas*, to help offset the nutritional crisis in the region. WFP will also support a blanket supplementary feeding programme (BSFP) in targeted areas to reach 300,000 children under five and pregnant / lactating mothers.

8.5 million

People* require relief food assistance in the second half of 2017

376,397

Children* are expected to require treatment for SAM the second half of 2017

10.5 million

People* require access to safe drinking water and sanitation services

1.9 million

School-aged children* require emergency school feeding and learning materials assistance

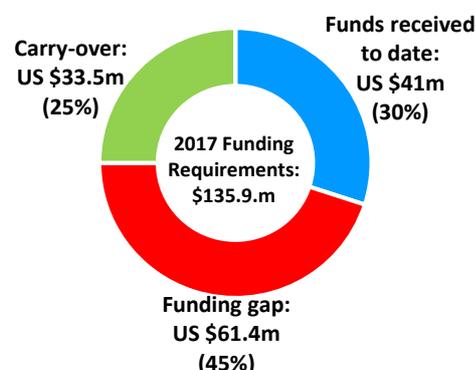
843,374

Refugees in Ethiopia (UNHCR, June 2017)

*HRD Mid-Year Review 2017

UNICEF Appeal 2017 US\$135.9 million

Funding Status 2017**



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

Indicators	UNICEF & Partners		Sector/Cluster	
	UNICEF Target***	Cumulative results (#)	Cluster Target***	Cumulative results (#)
WASH: People accessing safe water	4,393,171	1,832,000	10,475,645	4,329,000
Nutrition: Children under 5 years with SAM admitted for treatment to therapeutic care programmes	389,397*	172,265**	376,397	172,265**
Health: People provided with access to essential and life-saving health care services	400,000	240,813		
Education: School-aged children with access to emergency education programmes	622,000	160,337	1,971,891	1,700,000
Child Protection: Vulnerable children receiving psychosocial support	50,000	21,549	40,000	17,514****

See Annex 1 for more information on programme results for 2017

*UNICEF target includes 376,397 Ethiopian children with SAM and 13,000 refugee children. **Nutrition result includes January to June 2017. *** Cluster targets have been updated based on the HRD Mid-Year Review (August 2017); UNICEF targets have been updated based on the revised HAC. ****Unconfirmed figures were reported in the last SitRep, these have been removed whilst the data is confirmed.

Situation Overview and Humanitarian Needs

The Government of Ethiopia (GoE) released the 2017 Humanitarian Requirements Document (HRD) Mid-Year Review on 8 August 2017. The mid-year review identifies the increased humanitarian needs for girls, boys, women and men. The number in need of humanitarian food assistance to the end of 2017 has increased to 8.5 million people (from 5.6 million). 3.6 million moderately malnourished children and pregnant and lactating mothers will require supplementary feeding and 376,000 children will require treatment for SAM by the end of 2017; 10.5 million people will require regular access to safe drinking water; 6.26 million people will require health assistance and 1.9 million school-aged children will require school feeding. This increase in life-saving needs is mainly attributed to the poor performance of spring rains which in some areas have failed for the third consecutive season. Oromia, Somali and SNNPR remain the most severely drought-affected regions. The financial requirements to meet these needs have risen to US\$1.259bn (from US\$949m). UNICEF has updated its programming targets and humanitarian funding requirements, in order to respond to the increasing humanitarian needs.

From January to June 2017 (the latest data available), a total of 172,265 under five children were admitted and treated for SAM across the country. The admission trend shows a gradual increase since April 2017, with June admissions at 30,624, showing a slight increase from May (30,251). This follows the expected trend for the year although the figures disguise regional disparities.

In Somali region, SAM admissions reached their highest level of 2017, with 8,890 children admitted in June, a significant increase compared to May (7,102). Around 29 per cent of the total SAM admissions in the country was reported from Somali region, compared to an average of 5 per cent in normal years. It is imperative that the humanitarian relief continues in the region in the form of food distribution in order to prevent further exacerbation of the nutrition crisis.

In mid-August, the Somali Regional Government approved one round of general food distribution for all 93 *woredas*, to be followed by further rounds of combined food or cash distribution, ratios to be determined by market conditions and availability of infrastructure to deliver. A BSFP will also be implemented in the most critical sites / *woredas* in Somali region, to reach 300,000 children under five years and pregnant / lactating mothers, to prevent a further decline in their nutritional status. The targeted supplementary feeding programme will continue in all other *woredas*. The cost of the BSFP has not been included in the HRD Mid-Year review.

The Ethiopian National Meteorological Agency has updated the seasonal forecast, and estimated normal to near-normal rainfall for most areas in August apart from some areas in Eastern Ethiopia. However, concerns remain for pockets of the Eastern and South Eastern Kiremt-receiving areas.

Acute Watery Diarrhoea (AWD) cases continue to be reported from Somali, Oromia, Amhara, Tigray and Afar regions. Epidemiological reports show increased numbers of AWD cases in Amhara and Tigray in this period. In Somali region, following a significant decrease in the number of active cases, the last week has seen an increase in cases in Jijiga town.

The ongoing conflict in Upper Nile State of South Sudan has led to the suspension of refugee registration and humanitarian services at the Pagak Border Entry Point since Friday 11th August. Unconfirmed numbers of South Sudanese civilians are reported to have crossed into Ethiopia in July and August prior to the entry point being closed, and at other border areas. The majority of new arrivals are reported to be unwilling to register as refugees, as they are waiting for an end to the current conflict in Pagak and surrounding areas, and because many do not wish to be relocated to Beneshangul Gumuz.



Humanitarian leadership and coordination

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

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

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



Humanitarian Strategy: Prepositioning and Partnerships

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

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

In line with its Core Commitments for Children in Humanitarian Action, UNICEF is supporting the government to achieve objectives one and three. UNICEF is working with all partners to ensure children have access to health and nutrition care, education, protection and safe water, sanitation and hygiene services during emergencies. Following the release of the 2017 HRD Mid-Year Review, UNICEF has revised the 2017 Humanitarian Actions for Children to take account of the greater needs.

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

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



Summary Analysis of Programme response

Nutrition

In response to the nutrition situation in the country, UNICEF has supported the government to expand and strengthen the community management of acute malnutrition (CMAM) programme. Currently, CMAM services are provided in 15,706 OTPs, 1,821 stabilisation centres and through 49 mobile health and nutrition team (in Afar and Somali) admitting and treating a total of 172,265 children with SAM from January to June 2017 (latest data available). During the reporting period, 30,629 severely malnourished children under five were admitted and treated. The CMAM programme provides quality treatment for children with SAM as measured by cure, default and death rates, which are all above the Sphere standard.¹

In Somali region, UNICEF-led implementation of the integrated and intensified nutrition response, focusing on expanded screening, referral and treatment, continues through regional government, NGOs and UN agencies. UNICEF continues to strengthen linkages between nutrition programme components through the deployment of zonal nutrition coordinators in all nine prioritised zones. Five permanent teams are now in place, and four temporary teams are covering the remaining zones, while orientation of newly recruited zonal coordinators is completed. The UNICEF-supported integrated measles and nutrition screening campaign in Shebelle, Afder, Liban, Fafan, Sitti, Erer and Dawa zones was completed 5th August. Data analysis is underway and findings will inform intervention targeting once completed.

An additional nine CMAM monitors, taking the total to two per zone, have been deployed to work with the zonal coordinators in the nine severely affected Somali zones, to further strengthen quality assurance of the nutrition response. All 18 CMAM monitors received training on Nutrition in Emergencies prior to (re)deployment. UNICEF has also supported the training of 84 zonal/*woreda* nutrition focal persons and logisticians/pharmacists to improve the supply management system in Somali region.

The number of CMAM monitors has also been increased in Oromia from 4 to 6 and SNNP from 3 to 5, to ensure intensified monitoring and system strengthening in *woredas* where malnutrition levels are a concern.

Health

In Afar and Somali regions, UNICEF continues to support the operation of 49 Mobile Health and Nutrition Teams (MHNTs) that provide essential and emergency health services to drought and AWD affected communities where access to the fixed health facilities is difficult. In addition to technical support, UNICEF provides the teams with health, nutrition and WASH supplies. In 2017, a total of 285,376 people (192,831 in Somali and 92,545 in Afar) out of the targeted 400,000 people have been reached since the beginning of the year. Of this figure, 39 per cent (110,749) are children under five and 36 per cent (101,483) are women and 26 per cent (73,144) are others.

¹ CMAM SPHERE standards: cure>75%, defaulter<15%, death<10%.

In response to the AWD outbreak, UNICEF is continuing its support to the affected regions through the deployment of technical assistance, procurement and distribution of CTC kits, and the support to health coordination and response planning. To this end, 26 health workers from Beneshangul Gumuz and Amhara were trained in emergency preparedness and response planning; this training aims to improve the health workers capacity to plan for and respond to health emergencies at different levels (health facility, *woreda*, zonal, and regional). In Oromia region, UNICEF has supported East and West Hararge Zonal authorities to train health workers working at the CTC sites.

Although the scabies outbreak is ongoing in Amhara, Oromia, SNNPR, and Tigray regions the trend has decreased significantly due to strengthened surveillance, awareness creation and social mobilization, and case management, in the affected *woredas* of all the four regions. As of end July 2017, 57 districts reported active scabies cases as compared to 169 districts in January, 2017. Measles and polio vaccinations continue at point of entry for South Sudanese children crossing into Ethiopia to escape the ongoing conflict in South Sudan.

Water, Sanitation and Hygiene (WASH)

In Somali Region UNICEF continues to deploy the mobile maintenance teams in the drought affected areas. 100 boreholes have been maintained throughout the region since the beginning of the year. Water trucking, particularly to CTCs, IDP sites in AWD hotspot areas, and Stabilisation Centres (SC) continues in response to the ongoing AWD outbreak and the nutrition crisis. UNICEF as the WASH Cluster lead has conducted a mapping water supply and sanitation in SCs and is working with partners to prioritize provision to these centres.

With increasing cases of AWD in Amhara, UNICEF has been supporting the Regional Water Bureau to utilise a GIS database system to capture information on the functionality of water points and infrastructure installed. UNICEF has provided purification chemicals, emergency water treatment kits, soap, and latrine squatting slabs to the health and water bureaus as part of the AWD prevention and response activities.

In Oromia, UNICEF provided WASH materials to East Hararge Zone to support AWD prevention during the *Kulubi Gabriel* religious festival which normally attracts over 200,000 pilgrims. UNICEF provided 40,000 AWD brochures, 5,000 posters, 3,000 bars of soap, 50 water containers, 50 buckets, 2 drums of chlorine, 22 boxes of water purification chemicals and 4 large water reservoirs. Rehabilitation and maintenance of water supply systems is ongoing in Borena, Bale, Arsi, and Guji Zones. 25 water trucks, supported by government and partners, continue to provide emergency safe water supply in 17 *woredas* reaching 146,356 people.

In SNNP region, UNICEF has maintained nine water supply sources over the past two weeks. The completed water supply system construction projects in Analemo and Shashego *woredas* are benefitting approximately 18,650 people and two schools.

In Gambella, UNICEF continued to support the operation of the Itang water supply system that is currently serving *Tierkidi* and *Kule* refugee camps, with a combined population of over 200,000 people. UNICEF is finalizing a partnership agreement with IRC to continue the operation for another six months as utility staff are recruited. UNICEF also continued construction of the pipeline to *Nguenyiel* camp and expansion work to the host community at *Tharpham*. Similarly in Beneshangul Gumuz UNICEF has deployed a team to begin the design of the permanent water supply system for the *Gure Shembolla* refugee camps which are anticipated to receive 40,000 South Sudanese refugees over the coming months.

Education

The global education cluster, through the deployment of a surge member, is supporting the Ministry of Education and the education cluster to review and update the cluster response plan for the upcoming academic school year. This support will also assist with strengthening the cluster response strategy in the Somali region specifically, and ensuring adequate preparedness of temporary learning spaces for start of new school year in IDP camps. As part of this process, UNICEF and education cluster members are developing a temporary learning space/school package to meet the educational and support needs of displaced children living in IDP camps.

Child Protection

With continued technical support from UNICEF, Plan International Ethiopia provided psychosocial support for 304 children (167 girls) through the child friendly space at the Pagak entry point in Gambella during the reporting period. Also at the entry point, Plan International conducted an awareness raising campaign that reached 231 refugees /asylum seekers (174 females and 57 males) emphasizing prevention of family separation during the relocation, prevention of child recruitment in armed groups (noting the proximity to South Sudan where active conflict is ongoing) and the available services at the entry point. At the same entry point, 33 children (21 girls, 12 boys) 32 of whom were separated children and 1 unaccompanied minor) were relocated to the new camp in Assosa, and 23 children (all girls), 14 of whom were separated children and 9 unaccompanied minors, were registered and are ready for the next relocation.

In Jewie and Terkidi refugee camps, 13 children (5 girls) were referred for health, nutrition and ration card services.

In Somali region, funding for the UNICEF-supported intervention with the Bureau of Women and Children's Affairs, which provided child support services in two temporary settlement sites, has ended. The results and learning will be assessed to determine next steps.

Communications for Development (C4D)

In Somali region, UNICEF regional C4D staff and nine zonal Communication Coordinators continue to support the ongoing AWD/nutrition response through regular social mobilization meetings, regular monitoring and participation in daily/weekly coordination fora at the regional health bureau command posts and cluster meetings. In order to strengthen the integration of nutrition with AWD in the response activities, a two day training was also provided to 39 social mobilizers who will help with social mobilization and train volunteers to be deployed to 59 IDP sites.

In Amhara region, 28 participants from North Gondar and 50 health professionals from different zones of the region have taken a two and three day training respectively on AWD prevention. The training includes topics such as prevention and control of AWD, case management, communication and social mobilisation etc. The social mobilisation component was facilitated by C4D technical assistants in the region. Thanks to the advocacy of UNICEF, WHO and health bureaus at different levels, the Amhara Regional President took part in a one-day workshop for investors that hire daily laborers in their commercial farms. The President urged investors to build proper latrines in their sites and pledged government support to provide water treatment chemicals and strengthen awareness in the sites to prevent an AWD outbreak.

A team composed of emergency and C4D staff supported the UNICEF Tigray field office and partners in their AWD response. Technical support was provided to regional health bureau staff on the design and implementation of communication strategies, and on the planning of social mobilization activities. 130,000 brochures and 10,000 posters were repositioned to complement the social mobilisation activities.

Media and External Communication

Between 7 and 11 August, UNICEF Ethiopia hosted three parliamentarians from the Government of Canada and a Results Canada delegation to highlight the successes of some of UNICEF Ethiopia's nutrition programmes in Halaba special woreda and Hawassa town of SNNP region.

UNICEF Ethiopia also supported a USAID Headquarter delegation's visit to Warder *woreda* in Somali region on 9-10 August to observe the severity of the nutrition crisis, and also a UK Minister's visit to Addis Ababa to discuss nutrition situation, response, and coordination with a focus on the Somali region on 18 August.

Funding

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

UNICEF is currently responding to the emergency situation using US\$33.5 million carried over from 2016 and US\$41 million received in 2017. UNICEF expresses its gratitude to the EHF, CERF, ECHO, the Governments of Canada, Japan, South Korea, Sweden and United States of America, and the Danish, German, Spanish and Swedish Committees for UNICEF who have contributed generously to the humanitarian response in 2017. Over the past month, UNICEF Ethiopia received \$5,430,000 from USAID/OFDA, \$400,000 from the Government of South Korea, and \$1,050,052 as an additional contribution from the Government of Sweden.

The table below shows the funding status as of 21 August 2017:

Appeal Sector	Revised Requirements	Funds available**	Funding gap	
	US\$	US\$	US\$	per cent
Nutrition	50,282,399	21,797,631	28,484,768	57%
Health	14,430,124	14,255,996	174,128	1%
WASH	51,339,000	32,792,261	18,546,739	36%
Child Protection	4,750,000	723,173	4,026,827	85%
Education	11,600,000	5,011,427	6,588,573	57%
Cluster coordination	3,500,000	0	3,500,000	100%
Total	135,901,523	74,580,488	61,321,035	45%

**Funds available include funding received in 2017(\$41million) against current appeal as well as carry-forward (\$33.5million). In addition, nutrition supplies valued at \$11.4 million have also been moved to 2017.

Next SitRep: 5 September 2017



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Annex A

SUMMARY OF PROGRAMME RESULTS

	Cluster Response				UNICEF and IPs		
	Overall needs	2017 Target	Total Results	Change since last report ▲ ▼	2017 Target	Total Results ²	Change since last report ▲ ▼
NUTRITION							
Children under 5 years with SAM admitted for treatment to therapeutic care programmes	376,397	376,397	172,265	30,629	389,397	172,265	30,629
Caregivers of children 0-23 months accessing infant and young child feeding counselling ³	1,550,000	1,550,000	1,740,903 ⁴	-	1,550,000	1,740,903	-
HEALTH							
People provided with access to essential and life-saving health care services					400,000	285,376	44,563
People with access to treatment for diarrhoeal disease					45,000	39,748	447
South Sudanese refugees children aged 6 months to 14 years vaccinated against measles					68,400	40,975	- 9,489 ⁵
South Sudanese refugee children vaccinated against polio					177,485	44,165	-9,482 ⁶
WATER, SANITATION & HYGIENE							
People accessing safe water	10,475,645	10,475,645	4,329,000	-	4,393,171	1,832,000 ⁷	-
People reached with key messages on hygiene practices	5,222,307	5,222,307	3,073,000	-	2,208,000	1,367,000 ⁸	-
CHILD PROTECTION							
Separated and unaccompanied children receiving appropriate care and protection services	25,000	22,500	5,367 ⁹	-105	10,000	7,222 ¹⁰	-30 ¹¹
Vulnerable children receiving psychosocial support	45,000	40,000	17,514 ¹²	-623	50,000	21,549	304
EDUCATION							
School-aged children with access to emergency education programmes	1,971,891	1,971,891	1,700,000 ¹³	-	622,000	160,337	-
OPERATIONAL PARTNERS							
Health	Regional Health Bureaus, Mercy Corps, SCI, ADRA, Ogaden Welfare and Development Association, Islamic Relief, MSF						
Nutrition	Ministry of Health, Regional Health Bureaus Federal and Regional, Emergency Nutrition Coordination Unit (under DRMFSS), Concern Worldwide, International Medical Corps, World Vision, Action Against Hunger (ACF), Islamic Relief, Mercy Corps, SCI, MSF, ADRA, GOAL Ethiopia and Plan International Ethiopia						
WASH	Federal and Regional Mines and Water Bureaus, Oxfam, World Vision, International Rescue Committee, Adhorn, Ogaden Welfare and Development Association, and Save the Children International						
Education	Federal and Regional Education Bureaus, SCI, PIE, Ogaden Welfare and Development Association						
Child Protection	Regional Bureau of Labour and Social Affairs, Regional Bureau of Women, Children and Youth Affairs, SCI, Plan International Ethiopia, the Ethiopian Red Cross Society, GOAL Ethiopia						

² UNICEF Results include refugee response results, which means UNICEF results in some sectors will be higher than the cluster results

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

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

⁵ Incorrect figures may have been used in the last SitRep, these have been removed whilst the data is confirmed.

⁶ Incorrect figures may have been used in the last SitRep, these have been removed whilst the data is confirmed.

⁷ Figures for the WASH Cluster are updated on a monthly basis. The figures will be compiled next week and reflected in the next SitRep

⁸ Figure includes water trucking, expansion of water schemes, installation of water storage, rehabilitation of water schemes, and water treatment chemical distributions.

⁹ This information captures data against CP Sub Cluster indicator "CP cases identified, referred and responded to" which includes separated and unaccompanied children. Unconfirmed figures were reported in the last SitRep, these have been removed whilst the data is confirmed. No additional data was received in the reporting period, this is being followed up.

¹⁰ UNICEF data includes 'refugee population' as well.

¹¹ Unconfirmed figures were reported in the last SitRep, these have been removed whilst the data is confirmed.

¹² This captures data against CP Sub Cluster indicator "children receiving skills and support (including PSS) to prevent, mitigate or respond to CP risks" which includes vulnerable children receiving psychosocial support. Unconfirmed figures were reported in the last SitRep, these have been removed whilst the data is confirmed. No additional data was received in the reporting period, this is being followed up.

¹³ The GOE and NGOs have reached 1.7 million children with school feeding programme.