Ethiopia continues to experience natural disasters, including droughts and floods, landslides and frequent disease outbreaks. Since November 2015, an outbreak of acute watery diarrhea (AWD) has affected many parts of the country, with 12,000 cases as of 18 August 2016.1 Heavy rains have affected nearly 500,000 people since May 2016.2 Seasonal flooding in the north-east and drought in the south-west will likely exacerbate the situation for vulnerable communities already affected by El Niño in the last quarter of 2016. As a result of the prolonged drought and massive contamination of open waters and shallow wells, the demand for household water treatment to prevent waterborne diseases and subsequently, a deterioration in the nutrition status of children and their families, has increased. The revised Humanitarian Requirements Document (HRD), released in August 2016, estimates that 9.7 million people affected by El Niño-induced drought will require emergency assistance until the end of the year.3 This is a decrease from 10.2 million people estimated at the beginning of the year, due to improved food security in some parts of the country. The projected number of children requiring treatment for severe acute malnutrition (SAM) in 2016 decreased from 458,000 to 420,000 and those in need of treatment for moderate acute malnutrition from 2.5 million to 2.36 million.4 However, the needs in education, child protection, water, sanitation and hygiene (WASH) and health sectors have increased. Ethiopia is hosting the largest number of refugees in Africa, with more than 743,000 refugees from Eritrea, Somalia, South Sudan and Sudan.5

Humanitarian strategy

As the cluster lead for Nutrition and WASH, and co-lead for Education and Child Protection sub-clusters, UNICEF, with partners, will continue to scale up its response to mitigate the impact of the drought on women and children. At mid-year, UNICEF is revising its appeal to meet the additional needs in safe water, sanitation and hygiene. UNICEF and partners will complement life-saving WASH interventions with the establishment and rehabilitation of water sources, and the dissemination of sanitation and hygiene information. Community resilience-building efforts aimed at reducing the vulnerability of women and children will continue. In drought-affected pastoral areas, UNICEF will support mobile health and nutrition teams to provide access to life-saving services. Support to the Ministry of Health (MoH) to prevent and control diseases, including scabies, measles and AWD will also continue, as will support for the national community-based management of acute malnutrition (CMAM) to treat and manage malnutrition. UNICEF continues to facilitate education for children affected by emergencies and support community-based social protection structures that aim to strengthen the traditional care and support systems of local communities.

UNICEF Results (January to September 2016)

To date UNICEF has treated 195,351 children for SAM with a recovery rate of 91 per cent through UNICEF procured Ready-to-Use Therapeutic Food at some 15,933 CMAM sites. In Afar and Somali regions, 49 mobile health and nutrition teams provided lifesaving treatments to 200,000 people (40 per cent children). UNICEF continues to provide trainings, drugs, medical supplies and financial support to these mobile teams. UNICEF is also supporting response to AWD outbreaks through technical assistance and the distribution of 130 case treatment centre kits and water treatment at household level benefiting an estimated 10,000 people. UNICEF has supported the vaccination of 6.8 million children under five against measles and has reached more than 2.9 million people with access to clean water through rehabilitation and drilling of water schemes, provision of water purification materials and through water trucking. More than 1.2 million people were reached with hygiene promotion campaigns. An estimated 158,870 children gained access to clean water in 262 schools and over 5,100 separated and unaccompanied children were registered in family tracing services and have received family-based or alternative care.

1 Humanitarian Partner’s Joint Plan to Support Government Response to AWD Outbreak in Ethiopia, September 2016 (an internal working document)
2 WASH Cluster Emergency Flood Response Plan for 2016
3 Government of Ethiopia, 2016 Ethiopia Humanitarian Requirements – Mid-Year Review
4 Ibid.
5 UNHCR Ethiopia, 31 August 2016.

Humanitarian Action for Children

Total affected population: 9.7 million
Total affected children (under 18): 5.8 million
Total people to be reached in 2016: 8 million
Total children to be reached in 2016: 6.8 million

2016 programme targets

Nutrition
• 420,000 children under 5 years with SAM admitted to therapeutic care programmes
• 1.8 million children under 5 years received vitamin A supplementation

Health
• 6.8 million children under 5 years vaccinated against measles
• 5.8 million people provided with access to health care facilities stocked with emergency supplies and drugs
• 35,000 people accessed treatment for diarrheal disease

WASH
• 3.2 million people provided with access to safe water (7.5-15 litres per person per day)
• 2.1 million people reached with key health promotion messages

Child protection
• 4,500 separated and unaccompanied children registered in family tracing services and received family-based or appropriate alternative care
• 74,500 vulnerable children in refugee camps, host communities and drought-affected areas benefitted from critical child protection in emergencies services

Education
• 430,000 school-aged children with access to emergency education programmes
• 130,000 refugee and host community children received psychosocial support in emergency education programmes
UNICEF has revised its 2016 requirements from US$106 million to US$124 million to meet the increased humanitarian needs of children and women in Ethiopia as a result of the impact of El Niño associated drought, flooding and disease outbreaks. To date UNICEF has received US$100.4 million (including US$26.9 million as carry forward from 2015) or 81 per cent of the revised requirement.

Funding Requirements

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Original 2016 HAC Requirements (US$)</th>
<th>Revised 2016 Requirements (US$)</th>
<th>Funds Available* (US$)</th>
<th>Funding Gap (as of 30 September 2016)</th>
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<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td>US$</td>
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<td>124,000,000</td>
<td>100,426,351</td>
<td>23,573,649</td>
</tr>
</tbody>
</table>

*Funds available include funding received against current appeal as well as carry-forward (US$26,956,737). In addition, in kind nutrition supplies from 2015 valued at US$20 million are being utilized in 2016.