As of 31 August, Ethiopia had 52,131 confirmed COVID-19 cases, representing an increase of approximately 80 per cent over the 28,894 cases reported in the No.16 COVID-19 Situation Report published on 15 August. The national rate of positive cases is 6.8 per cent as per the data released on 30 August in the Ethiopian Public Health Institute’s (EPHI) COVID-19 Daily Sitrep No. 215, which covers the data of 30 August. A total of 910,293 samples had been tested as of 31 August. The number of tests conducted per day varies but has continued to show an increasing trend compared to the previous reporting period. The ComBAT campaign has significantly increased the number of tests conducted per day as well as the subsequent number of positive cases detected.

As of 31 August, 18,994 people had recovered. The national recovery rate is 36 per cent as reported in the EPHI COVID-19 Daily Sitrep No.215 for 30 August. In addition, as of 31 August, a total of 809 deaths had been reported. The total COVID-19 related deaths include four children under the age of five and another four children aged between 5 and 14.

1 Please note that, the data sources for the Epidemiological Overview section are for data as of 31 August, Minister of Health updates @lia_tadesse and for data as of 30 August, the EPHI Daily Sitrep No.215.
years. According to EPHI’s 30 August Sitrep No.215, the fatality rate is 1.6 per cent, indicative that the health authorities are still responding well in comparison with global trends. However, as of 31 August, 344 people were in critical condition. In addition, as of 30 August, 5,093 people were in mandatory quarantine at designated hotels and selected sites in the country (298 in Addis Ababa hotels, 192 at the Addis Ababa University and 4,603 across the regions) while 20,571 people had completed the 14 days follow-up and had been discharged. Since the start of the Home-Based Isolation and Care (HBIC) management system of asymptomatic and mild cases in mid-July, 7,588 COVID-19 confirmed cases had been followed-up through the HBIC system as of 30 August\(^2\).

As of 20 August, 491 children under the age of five had been infected by the coronavirus, with the majority from Addis Ababa and Oromia Region. Girls were 226 or 46 per cent of the total with the remainder being boys. In terms of sources of infection, community-based transmissions are the most frequent means by which the children have been infected, accounting for 234 cases or 48 per cent. Infections through positive contacts accounted for 214 cases or 43 per cent. Additional data as of 31 August indicates that children aged below one year represent one per cent of the total cases; children under the age of five years represent two per cent of the cases; and children aged 5 -14 represent four per cent of the total cases.\(^3\)

The ComBAT campaign\(^4\) was launched nationwide at the beginning of August. The campaign targeted 295,768 tests with approximately 21,000 tests to be conducted daily at national level. Data from 3 - 31 August shows that national average tests per day were 16,255 while the total number of tests conducted was 471,396, leading to the detection of 33,409 positive COVID-19 cases. ComBAT has shown that with such a comprehensive approach, it is possible to do more tests and detect more cases. The number of positive cases detected per day has increased by two-to-threefold compared to the pre-CoMBAT period. With increased testing, a higher number of confirmed cases were reported particularly at the regional level. The peak in COVID-19 numbers still remains uncertain

**Funding Overview**

UNICEF Ethiopia has updated its initial COVID-19 response needs to US$ 49 million until the end of 2020, which includes US$ 8 million to respond to the needs of 300,000 refugees and 50,000 returnee migrants. The plan supports the government in health (procurement of essential supplies, including PPE and essential drugs, and the overall primary health care system), Risk Communication and Community Engagement (RCCE) activities, and access to WASH awareness. Furthermore, it addresses the secondary impact of COVID-19 across sectors such as education (remote learning and preparations for a future re-opening of schools), nutrition (prevention and treatment of acute malnutrition) and child protection (case management, psychosocial support and interim care/family tracing and reunifications). The plan also includes development of tools to strengthen accountability to affected populations and to ensure that beneficiaries are protected from Gender-Based Violence (GBV) and Sexual Exploitation and Abuse (SEA) through monitoring, strengthening professional capacity, and establishing complaints mechanisms.

The plan currently has a 28 per cent funding gap, with nearly US$ 36 million of the required US$ 49 million mobilized as of 31 August. Eighteen per cent of the available funds (nearly US$ 8.9 million) have been reprogrammed from existing grants and the remaining amounts came from new awards (refer to Annex B Funding Status Table on page 13 for more details).

In addition to this current funding, UNICEF is also acting as the Responding Agency for the World Bank’s Pandemic Emergency Financing Facility (PEF) for Ethiopia, supporting the Ministry of Health (MoH) in the COVID-19 response with US$7.2 million.

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\(^2\) 2,209 of those in the HBIC system have recovered in that system, while 5,701 cases are currently on HBIC. Two COVID-19 related deaths have occurred in the HBIC, whereas 67 cases have been transferred from treatment centres to HBIC and 63 cases have been transferred from HBIC to treatment centres.

\(^3\) UN Ethiopia COVID-19 Daily Sitrep No.160

\(^4\) UNICEF is providing support to the national ComBAT campaign, which aims to check the status of infection among a large portion of the population and eventual containment of the spread of COVID-19. The campaign has different components including the testing of over 200,000 people in a compact period of time. These tests will be conducted in over 80 per cent of all the woredas, by checking 210 people per woreda and doing 15 tests per day. The other objective of the campaign is also to reach 17 million households (or 60 million people) by going house-to-house, and identify potential new cases, provide referral and testing in health facilities and create awareness about COVID-19 to inform behavior change. In addition, frontline workers are also monitoring the delivery of essential services, by checking vaccination and primary care access needs.

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2
Situation Overview

Adaptations in Risk Communication Community Engagement (RCCE) strategies are critical to ensure greater effectiveness of COVID-19 prevention efforts

Since the onset of the pandemic, UNICEF supported RCCE strategy and interventions to mitigate the spread of COVID-19 have been evolving and adapting to the dynamic changes in community attitudes and national and global guidance to contain its spread. Accordingly, in the pre-outbreak phase, messages were targeted at specific groups, and aimed at increasing knowledge among these groups on modes of transmission, symptoms, prevention and protection. Messages, in different languages, were broadcast using both traditional and social media, including through religious leaders.

An assessment conducted by the Ohio State University, Global One Health and Resolve to Save Lives Initiative with the MoH and EPHI, found that people’s knowledge on how coronavirus is transmitted was high. However, knowledge on treatment modalities was poor. Similarly, an assessment by Frontieri, a research company based in Ethiopia, found that 69 per cent of the respondents did not perceive themselves to be at risk of contracting the coronavirus. With this evidence, RCCE activities by UNICEF and partners were geared towards changing perceptions about the disease including its severity and self-risk perceptions. Community-based engagement channels and leaders have been purposely engaged to deliver key prevention messages. Additional RCCE actions have been aimed at strengthening the national and regional risk communication pillar.

While the preliminary results of the ComBAT campaign indicate that infections in Ethiopia may take a while to reach their peak, an alarming level of community fatigue is being observed as once obvious public efforts to physically distance and regularly wash hands with soap are waning. Mask wearing in urban areas is still visible, but physical distancing and handwashing are more likely being compromised. There is also a noticeable disparity in compliance consistency between rural and urban areas.

In light of the ComBAT campaign and the visible community-level complacency, the focus for UNICEF’s RCCE approach will now be to promote consistent preventative behaviors as community transmission continues and daily life to prevent the transmission of COVID-19 becomes ‘the new normal’. The aim is to reach 17.5 million households nationally through the ComBAT RCCE pillar, with messages and a strategy that is reliant on community-led responses as well as on strengthening the enabling environment. For example, increasing the availability of handwashing stations, regular water supply, soap and PPE to encourage compliance and the tools required to enable consistent behavior change. In this respect the revised strategy calls for an improved multisectoral approach to needed solutions, linking RCCE interventions to those of supply provision as well as other sectors. One example is the preparations taking place for the safe reopening of schools. The RCCE pillar of the school re-opening strategy will support the assessments to be conducted on the needs, demands and perceptions of parents and communities on school re-opening. Questions are integrated with MoE’s assessment which is to be done starting the week of 7 September.

The first VIAMO data collection is expected to be done in the 3rd week of September. The results of these assessments will inform an effective RCCE strategy for safe school re-opening. In addition to the assessment on school re-opening, changes in practice, particularly around mask wearing, handwashing, and physical distancing, will be assessed on a regular basis (every two months for three rounds) to identify gaps for improvement and the messages to be reinforced. The assessment will be done in partnership with VIAMO using mobile phone surveys and the first round of data collection is expected to start in the third week of September. This assessment will also contain relevant questions on school re-opening.

Preparedness and response actions

Health

In the reporting period, the health response to COVID-19 has focused on the provision of coordination support to the Emergency Operation Centre (EOC) including to the delivery of the ComBAT campaign; the provision of Personal

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5 The assessment consisted of a rapid COVID-19 communication survey, which targeted 834 community members, via telephone in five major cities in Ethiopia—Addis Ababa, Gondar, Mekele, Adama and Hwassa.

6 The assessment was conducted on 1,050 participants located across the country (Afar, Amhara, Benishangul-Gumuz, Gambella, Harari, Oromia, Southern Nations Nationalities and Peoples - SNNP, Somali, and Tigray and the two city administrations of Addis Ababa and Dire Dawa). Phone survey was the data collection methodology used.

7 Work is being done on subtitles to post them on social media. For now such materials are accessible on UNICEF’s share point at: Video spots on perception and supporting the vulnerable

8 Please note that, the ‘reporting period’ of all the results described in this Sitrep 3-14 August 2020, unless otherwise specified in the narrative or apposite footnotes.
Protective Equipment to 9,089 frontline health care workers, of whom 89 are serving refugees and capacity building activities. UNICEF uses its staff, an additional four health emergency consultants and 15 RCCE Technical Assistants (TAs) to support EOCs at national, regional and city administration levels. UNICEF has also been engaged in supporting the ComBAT campaign in the areas of planning, training, and monitoring, both at national and regional levels.

In terms of PPE and supply related activities, UNICEF, with support from the United States Agency for International Development (USAID) and the UK’s Department for International Development (DFID), recently procured 726 InfraRed (IR) Thermometers and 380 Oxygen Concentrators. These supplies are currently poised for distribution. In addition, in this reporting period, 50 health care facility staff working with refugees received PPE to enable the continuation of services. Significant needs continue to exist as PPE can largely only be used once. So far, PPE has been distributed to 9,089 health care facility staff including 89 who serve refugees.

UNICEF supported the training of 315 health workers, equipping them with the knowledge and skills to ensure the delivery of essential health care services using proper Infection Prevention and Control (IPC) strategies and the accurate and appropriate case management of COVID-19 cases. The training was conducted in Amhara, Tigray and Benishangul-Gumuz regions. Of the trained health workers, 59 were from health facilities located in refugee camp in Tigray and Benishangul-Gumuz. The total number of health workers trained in the afore-mentioned topics since the inception of the COVID-19 response has reached 2,021, including 639 health workers from refugee camps.

Communication for Development (C4D)

UNICEF since the start of the response provided dedicated support to the orientation and sensitization of over 4,864 influencers and members of different community platforms in all regions on COVID-19 prevention and control measures. Among these, 1,500 volunteers and 2,046 religious leaders were equipped with the knowledge and skills to deliver accurate information on the prevention of COVID-19 transmission and treatment modalities in partnership with Ethiopian Red Cross Society (ERCS). The volunteers and religious leaders have been engaging the communities on COVID-19 prevention, with an estimated reach of over four million people in 134 woredas in Amhara, Oromia, SNNP, and Tigray regions and Addis Ababa and Dire Dawa.

UNICEF has likewise supported the MoH, financially and technically to produce and place TV and radio spots that promote safe Infant and Young Child Feeding (IYCF) practices in the context of COVID-19. Amharic TV and radio spots have been broadcast on ETV News, Fana TV and radio, Amhara Regional TV and radio as well as on Sheger FM Radio. These broadcasts will continue for three months while the production of similar spots in five local languages is in progress. These materials can be accessed at:

- The IYCF spot: https://youtu.be/V5x_8TTFKSM
- The TV ad on Health Diet: https://drive.google.com/file/d/1eHngLPi9TRFhD2-PCYtY-0MAYa6OBSsh/view?usp=sharing
- The radio spot on Healthy Diet: https://drive.google.com/file/d/1ok5ooQJNkJYOaHOHCleYRdC3bDSRvh/view?usp=sharing
- The radio spot on safe IYCF practices: https://drive.google.com/file/d/1abRPMeyoALpv7r9ywBjy5dZCPr/view?usp=sharing

Since the COVID-19 response began, 36,968,426 people have been reached with RCCE activities, including 476,101 refugees. In the reporting period alone, 837,884 people were reached as well as 227,967 refugees. In addition, the number of people engaged in RCCE activities in the reporting period was 2,443,897 while refugees who were engaged in RCCE activities in the reporting period were 17,485.

Furthermore, 35,256 people have provided their feedback and three more are in the pipeline.

10 Please note that this total figure does not include mass-media level activities, which are not included in Annex A Results Table of this Sitrep nor in the narrative above, because of potential double-reporting from previous reported figures. However, such RCCE activities though mass-media are ongoing.

11 Please note that of this total number of 2,443,897, CAD-led RCCE engagement activities amounts to the result of 1,093,795 (not counting the 17,485 refugees); whereas WASH-led RCCE engagement activities result amounts to 1,350,102. In the case of the WASH-led RCCE activities specifically, in Tigray region, 68,373 people were reached (21,037 women, 26,194 men and 21,142 children) through the collaboration with REST by delivering to them 3,000 posters, 10,000 brochures and 13,283 leaflets, accompanied by awareness creation sessions on the prevention of the pandemic’s spread in Humera, Adigrat, Adwa, Shire, Axum, Tsimbila, Tselemti and Mekele. These sessions were delivered through Mobile Van education and house-to-house engagements. In Oromia region, 69,237 people (15,913 women, 16,629 men and 36,698 children) were reached with key messages on COVID-19 and cholera prevention in East and West Hararghe, West Guji, Bale, Borena and Guji Zones. An additional 64,749 people in Oromia were reached through COVID-19 preventive messages delivered in AV- Van and volunteers in Kelem Wollega, Arsi and Bale zones and different woredas. In addition, with UNICEF’s support the Benishangul-Gumuz RHB developed and disseminated COVID-19 preventive messages to 1,147,743 people (263,786 women, 275,653 men and 608,304 children), through local radio and mobile AV-vans in the local language, for one month, which targeted the entire population of the region.

12 This result is for CAD-led RCCE only as there were no refugee level results for WASH-led RCCE activities in the reporting period.

9 Technical support was provided in all regions. Regional Health Bureaus (RHBs) assigned tasks to partners to provide various support activities including the provision of orientation/training on various pillars of the campaign such as community engagement and social mobilization. Similarly, monitoring was done by UNICEF through field visits and supervision. In addition, RCCE experts have closely supported the MOH in the development of RCCE material including seven videos, of which four are on air and three more are in the pipeline.
mainly through hotlines in Tigray, Oromia, and SNNP. This feedback on the RCCE activities has been shared with regional EOCs for further action and follow-up.

**Water, Sanitation and Hygiene (WASH)**

In the reporting period, WASH activities in response to the COVID-19 outbreak have focused on the provision of WASH Non-Food Items (NFIs) to vulnerable people, the installation of water storage facilities, the improvement of sanitation facilities in health care centres, and the dissemination of hygiene promotion messages.

Accordingly, throughout the reporting period, 112,218 people were reached with critical WASH supplies, including hygiene items, soap, handwashing containers and services to prevent the transmission of COVID-19. In Benishangul-Gumuz alone, 56,169 people (12,909 women, 13,490 men and 29,770 children) were reached with critical WASH supplies. In Oromia, 7,271 people received WASH NFIs (1,671 women, 1,746 men and 3,854 children). Among them were 271 individuals admitted to nine isolation and treatment centers in East and West Hararghe, Borena and Guji zones. Together with 7,000 people in Jimma Zone, they benefited from WASH NFIs such as a handwashing station, soap, sprayer and buckets. An additional 48,778 vulnerable people in Kelem Wollega, Arsi and Bale zones in Oromia region also received WASH NFIs.

Furthermore, in Benishangul-Gumuz, 16 health care facilities serving as regional quarantine centers were provided with 10,000 litre water storage tanks. In Oromia, UNICEF provided water storage tanks and buckets to the Shanam Gibe Hospital in Jimma Zone. More than 5,000 individuals visiting the facility are expected to benefit from the service. Additionally, in Oromia, three treatment and isolation centres (Robe, Bokoji Hospital and Liben health centre) benefitted from roto installation and bucket distributions, benefitting 99 COVID-19 patients admitted in these facilities.

With UNICEF support, 160 hands-free handwashing facilities were distributed to 25 priority health care facilities to improve the quality of sanitation services. Approximately 150 people visit each health centre every day, which corresponds to approximately 3,750 people per day who will access the handwashing facilities. Moreover, the installation of another 29 water storage plastic tanks for at-risk communities and health care facilities/isolation centers is ongoing.

**Child Protection**

In this reporting period, there has been a focus on case management, reunification services, Mental Health and Psychosocial Support (MHPSS) to children and their caregivers affected by COVID-19, integrated messaging on COVID-19 and GBV, provision of dignity kits, and distribution of PPE to social workers along with COVID-19 preventative messaging.

Accordingly, the cumulative number of people reached on COVID-19 through messaging on the prevention and access to Child Protection/GBV services is 50,145, including 7,556 refugees. In the reporting period, specifically, 6,417 people were reached with such key messages, including 2,624 refugees. In total, 1,832 social workers, including 166 in this reporting period, of whom 381 work with refugees, received PPE, including face masks, sanitizers and gloves.

A total of 2,440 children, including 37 refugee and 278 returnee children’s cases have been addressed since the onset of the COVID-19 response. In the reporting period specifically, 140 children’s cases were reported in various regions and have been facilitated through health, psychosocial and legal services, and through the provision of recreational kits.

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13 Some examples of the complaints or concerns include: the importance of strict regulation regarding face mask utilization; the increase in cases in the absence of good service provision; untimely reporting of daily lab results; the need for increasing testing capacity; lack of services and overcrowding in the quarantine centres (Sitile, Hawassa); failure to adhere to preventive actions and lack of awareness (Gamo Gurage); overcrowding and over-payment of transportation (Sitile, Gurage, Bench-sheko); failure of Government bodies to implement preventive measures effectively (Konso, Hawassa, Gedeo); gaps in sample collection and lack of means for their transportation (Sidama).

14 Please refer to the section on C4D above and the associated footnote no.10 for WASH-led RCCE activities results and details.

15 Please note that these are number of people reached on COVID-19 through messaging on prevention and access to child protection / GBV services; not those reached with actual GBV services.

16 In Benishangul-Gumuz, a total of 2,624 people (1,245 female and 1,379 male) from refugee camps and 686 people (314 female and 372 male) from host communities were reached with COVID-19 through messaging on prevention and access to child protection/GBV services. In Tigray, door-to-door awareness activities were carried out by the Norwegian Refugee Council (NRC) social workers on COVID-19 prevention measures and psychosocial messages to a total of 1,200 Unaccompanied and Separated Children (UASC), with the necessary precautions taken, both for the social workers and the children (by wearing masks and applying physical distancing). UNICEF has also supported Bureau of Women, Children and Youth (BWCY) social workers and reached out to 4,531 (2,684 female and 1,847 male), key influential community members through key messages on prevention of GBV and violence against children (VAC) including harmful practices as well as lifesaving messages in the following Internally Displaced People (IDP) sites: Gotal, Degalele,Bombas Gudhacmata, Dakasutti, Bunda, Garan Dango, Adadle, Horode and the following quarantine sites: Jijiga University, and Dawane.

17 Please note that these are children impacted by COVID-19 mostly indirectly, though some may be impacted directly – for instance some are returnees that are in quarantine centres, others are children that experienced sexual violence and other forms of violence (impacted by the school closure and movement restrictions which increases their vulnerability) and have subsequently received services.
Similar interventions have been provided to ten refugee children’s and two returnee children’s cases\textsuperscript{18}. Moreover, in the reporting period, 55 children without parental or family care were provided with appropriate alternative care arrangements\textsuperscript{19}. To date, 1,668 children including 51 refugee children and 306 returnee children have been provided with appropriate alternative care arrangements\textsuperscript{20}.

Some 3,020 women and girls of reproductive age, including 757 refugees and 880 returnees, have been provided with dignity kits since the onset of the COVID-19 pandemic. The number of women and girls who received dignity kits in this reporting period is 58\textsuperscript{21}. In addition, in the reporting period, 26 UASC and vulnerable children in SNNP Region (10 boys and 16 girls) received plastic sheets, washing basins, mattresses and underwear. Furthermore, 21,891 children, parents and primary caregivers, including 3,781 refugees and 90 returnees, were provided with community-based MHPPSS since the start of the COVID-19 pandemic. In the reporting period, 3,159 were supported with MHPPSS as well as 389 refugees and four returnees\textsuperscript{22}.

Furthermore, the Ethiopian Society of Sociologists, Social Workers and Anthropologists (ESSSSWA) delivered a Training of Trainers (ToT) to 49 social workers, equipping them with skills and knowledge on how to provide basic case management in the context of COVID-19 in line with the UNICEF-Ministry of Women, Children and Youth (MoWCY) vetted modules and tools. Those equipped will cascade the knowledge to community service workers. A total of 1,000 community social service workers are targeted for this training.

Additionally, in Tigray Region, 600 vulnerable children in four refugee camps were reached through child-friendly communication materials that consisted of printed materials on ‘Telling the Real Story’, prepared as part of the COVID-19 response (an intervention by UNHCR with the technical support for the printing and coordination of distribution by UNICEF). Similarly, the story book ‘My Hero’ on COVID-19 was translated in the Tigrigna language and distributed to 500 UASC. In Tigray, birth registration services have continued in all kebeles including the births of 2,565 children, of whom 1,078 were registered on time and 1,487 were registered late.

**Education**

During the reporting period, over 3.7 million\textsuperscript{23} primary and secondary school children (46 per cent girls) are estimated to have been reached through distance learning. In addition, a total of 20,000 solar powered radios together with learning content have been distributed to nine regions for both on-line and off-line listenership\textsuperscript{24} targeting children in refugee, IDP and host communities. Over 70,000 children (45 per cent girls) are estimated to have benefitted from this initiative.

Recognizing that schools are best positioned to provide a safe, supportive and learning environment for students, the Ministry of Education (MoE) and the Regional Education Bureaus (REBs) are currently prioritizing school re-opening.

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\textsuperscript{18} In Amhara, two boys that returned from Sudan and quarantined in Metema were provided with recreational materials. In addition, seven children’s (all female) sexual violence cases were reported in Bahir Dar One Stop Centre (OSC) (three), Raya Kobo woreda (two) and Gondar city (two) and health, psychosocial and legal support were provided to survivors. In Benishangul-Gumuz, 10 children (five with physical abuse, two with emotional abuse and neglect and three sexual violence cases) from Bambasi and Sherkole refugee camps were reported and referred to different child protection services. These children received health, psychosocial and material support through the International Rescue Committee (IRC). In Oromia, seven children (two boys and five girls) that had experienced sexual violence have received medical support at the OSC in Nekemte Hospital supported by the Attorney’s Office and five are being followed-up by the BoWCY. In SNNP, UASC and other vulnerable children who are at-risk in connection to COVID-19 have received case management services including identification, case review, referral services through trained social workers in IDP, returnee and most affected urban areas such as Dilla and Hawasa towns. A total of 113 children (64 boys and 49 girls) have been supported in Gedebo, Kecheri and Yiregachew woredas.

\textsuperscript{19} In SNNP, family reunification was completed for seven children (all boys), with one of them being located in Gedebo woreda and six street boys in Kecheri woreda through the support of the BoWCY child protection focal person and UNICEF supported social workers. Similarly, in Benishangul-Gumuz, 48 children (31 boys and 17 girls) living in refugee camps without parental or family care were provided with appropriate alternative care arrangements with foster families.

\textsuperscript{20} In total, there are 1,945 (616 girls) UASC among migrant returnees which excludes number of children impacted by COVID-19 reunified such as street children. Among the migrant returnees currently there are 21 children (four in Haromaya quarantine center and 17 coming from Bosaso for whom family tracing is underway).

\textsuperscript{21} In Afar, dignity kits were provided through the Bureau of Labour and Social Affairs (BOLSA) to 15 returnee women and girls who came from Djibouti and Yemen and placed in Semena and Eldar quarantine centers. Similarly, 32 adolescent girls in SNNP received dignity kits, just as 11 girls in Tigray, who are survivors of sexual violence, and who have also received case management services in the UNICEF supported OSC.

\textsuperscript{22} In Benishangul-Gumuz, 256 children and adolescents (50 boys and 206 girls) in refugee camps were provided with community-based MHPPSS. In Gambella, 74 children (33 female and 41 male) and 54 parents/caregivers (32 female and 22 male) were reached with MHPPSS messages in Kule and Nyguell refugee camps and Pagak reception centre, where confirmed COVID-19 have been identified. In Oromia, 75 children received MHPPSS in East Wellega by World Vision Ethiopia and the BOWCY. In addition, four children in Oda Bultum University (a quarantine centre), have been supported by the Zonal Health Bureau and the MHPPSS was provided by University psychologists. In SNNP, a total of 768 UASC and at-risk children (376 boys and 392 girls) and 650 parents/caregivers (330 women and 320 men) have been reached through key MHPPSS messages in connection to COVID-19 community based MHPPSS messaging and awareness raising activities, including on Child Protection/GBV prevention, mitigation, reporting and referral pathway in Gedebo, Kecheri and Yiregachew. A total of 768 children (376 boys, 392 girls) and 650 (330 women, 320 men) parent/caregivers reached through key MHPPSS messages.

\textsuperscript{23} This time the report shows reduction to around 3.7 million (46 per cent girl s- 1.7 million) children who are estimated to be accessing the currently ongoing distance education, because many of the regions have concluded the academic year’s radio and TV broadcasts. However, in terms of the result reported in the Annex Table A, the 5.2 million has been kept since the 3.7 million are subsumed in the latter, which is the highest achievement since the COVID-19 response began.

\textsuperscript{24} The radio sets are complemented with USBs that are uploaded with radio lessons for the targeted children, so they are able to listen to the lessons at times that are most convenient for them. In addition, RCCE content with positive prevention messages have been uploaded. The Oromia Regional Education Bureau has developed communication messages around COVID-19 and child marriage.
The MoE has developed draft safe school re-opening guidelines in partnership with education stakeholders including UNICEF\textsuperscript{25}.

In Oromia, a TV channel dedicated to the region through the support of UNICEF and Save the Children has started broadcasting lessons in nine subjects (Afaan Oromo, Amharic, Civics, Chemistry, English, Biology, Mathematics, Physics, and Social Science) for grades 7 and 8 students, benefiting an estimated 120,000 children (53,235 girls). Furthermore, child-friendly entertainment-oriented lessons have been broadcast to reach an estimated 115,000 (54,000 girls) pre-school children. Broadcasting of condensed summer radio education (grades 1-8) has continued using six regional radio education media stations. As reported in an earlier Sitrep, 2.4 million children (1.09 million girls) in the Oromia Region are estimated to be attending these radio lessons. In Afar, with the support of EDUKANS, the Afar REB has completed the production of radio lessons for grades 1-8. So far, 140 lessons have been recorded and are ready for uploading onto USBs for use by children who have received solar-powered radios. Some 2,000 solar radios have already been supplied by UNICEF, targeting an estimated 7,000 primary school children (43 per cent girls) in both refugee and host community settings. The refugee students to be reached are 1,820 (637 girls).

In Amhara, broadcasting of radio lessons for grades 7 and 8 to compensate for topics missed due to the school closure was concluded last week having reached 254,000 children (58 per cent girls). Similarly, new radio lessons with 91 episodes have been developed and are being broadcast, focusing on revisions of the first semester topics for three subjects (Physics, Chemistry and Biology) for grades 7 and 8 students. In addition, the Amhara REB has received 2,500 solar radios accompanied by 2,500 USBs that will be uploaded with radio lessons. This will help an estimated 7,000 IDP and returnee children (50 per cent girls). In Gambella, with UNICEF financial and technical support, the REB has continued broadcasting radio education programmes for primary school children for the fifth week. Some 34,800 children (44 per cent girls) including 25,000 refugee children enrolled in grades 1-7 have been reached through this distance education. UNICEF has also supplied 2,600 solar powered radios with USBs. Recorded radio programmes/audio files have been uploaded, and the REB and the Agency for Refugee and Returnee Affairs (ARRA) are distributing to 5,200 refugee and host community children. In addition, in consultation with the Gambella REB and Plan International, UNICEF’s field office has designed an alternative strategy for summer Accelerated School Readiness (ASR) implementation\textsuperscript{26}, which is a compressed program for school readiness before children join primary school (over 4,000 pre-school aged children, of whom 50 per cent are girls, are being targeted in refugee camps and host communities), and will be implemented through a blended approach - radio plus home-based education\textsuperscript{27}.

Distance learning through radio programme broadcast for grades 5-8 has been continuing in Benishangul-Gumuz. And the distribution of 2,700 solar radios with USBs has been completed, benefitting 12,081 refugee and host community children (5,064 girls) in grades 5-8 with an off-line, distance, education radio program. In Tigray, the radio education programme for grade 1-4 which has been on air for the last couple of weeks is expected to be completed at the end of August. Over 140,000 children including 67,200 girls are estimated to be benefitting from these radio broadcasts.

In Somali, broadcasting of a TV education program for secondary school students (9 to 11 grade) has been launched. This is a scale-up of the 24 episodes broadcast of the grade 12 TV lessons that started in August. A new TV satellite channel which was rented by UNICEF and Save the Children is being used. A total of over 7,500 students (36 per cent girls) are estimated to be reached with this program broadcast. In addition, the broadcasting of radio programs for

\textsuperscript{25} UNICEF has been supporting the MoE technically together with other partners in the process of school re-opening preparedness activities. A key component of this is the development of guidelines to be used by education authorities at different levels, including schools. The guidelines encompass four pillars- safe school operation, communication and advocacy, MHFSS, and teacher and education management guidelines. UNICEF is a member of a task force that is undertaking a quick survey on service availability and school readiness for re-opening as well as the perceptions of families and communities on school re-opening. All regions including Amhara, Afar, Benishangul-Gumuz, Gambella, Oromia, SNNP, and Tigray have started their planning preparedness activities for the safe school re-opening. A regular multisectoral weekly meeting has been established internally within UNICEF, led by the Education section, focusing on the preparations for safe school re-opening. As the re-opening of schools is a top priority for UNICEF, sections have identified key interventions they will support as well as the key staff that will follow-up on their implementation. In the case of Gambella, UNICEF is working closely with the REB and refugee education partners to make the necessary preparations for school re-opening by pushing for the accelerated schools’ construction of Education Cannot Wait (ECW) funded projects, so that some of them would be ready for the upcoming school re-opening season. As part of school re-opening preparedness activities, the Amhara region has developed a school re-opening strategy, which will be endorsed by the regional cabinet for use in the schools. The REB is also working with Teacher Education Colleges to provide distance education for teacher candidates as part of preparations for their deployment when schools re-open. This will help to minimize the class size so that social distancing is respected, as the teachers will be deployed to schools as an additional teaching resource person. With more teachers, there is an opportunity to reduce the teacher-student ratio and the class size, contributing to respecting social distancing requirements. In Benishangul-Gumuz, a regional task force which has been established by the REB is in the process of adopting a regional protocol for school re-opening. In the case of SNNP, following UNICEF’s technical and financial support to the REB for the school re-opening planning meeting with stakeholders, the REB is working on school re-opening with Zone Education Departments and Woreda Education Offices. This is being done through constructing new classrooms, renovating classrooms and procuring new student desks and preparing school compounds.

\textsuperscript{26} ASR has been implemented in our Education humanitarian response in Oromia, Somali, Benishangul-Gumuz, SNNP. In addition, this modality has been implemented as part of refugee education response in Gambella, Afar, BG and Somali regions. This specific report is to simply highlight the blended approach in response to the challenges posed by COVID-19.

\textsuperscript{27} The strategy has been discussed with the education stakeholders in the region and the REB and ARRA have agreed to implement the strategy. In addition, UNICEF has discussed and agreed with the REB and the Gambella College of Teacher Education to provide in-service teacher upgrading training through modular distance education for those teachers who teach refugee children, who have been supported by UNICEF through the ECW fund. A total of 625 graduating teachers in two programmes (247 in diploma and 378 in certificate) are expected to receive the distance training.
primary school children enrolled in grades 1-6 has been completed benefitting 200,000 children (32 per cent girls). However, 10,400 school children (38 per cent girls) who did not have access to the online radio broadcast in Somali, will now benefit from the provision of 2,600 solar radios with USB uploaded radio lessons, which have already been distributed. These children include those in IDP and host communities. In SNNP, the REB has been distributing 2,700 solar radios for IDPs, pastoralists and hard-to-reach woredas. An estimated 13,500 children (40 per cent girls) will benefit from distance education through the radio distribution. The radio and TV distance learning broadcasting have been completed in July as reported by the REB.

Nutrition

The nutritional needs of children have continued to be met in all the regions, through UNICEF’s continued collaboration with partners on the ground including NGOs and front-line health workers. To date, 3,411 health workers including 42 working in refugee settings have been oriented and sensitized on the required adaptions for delivering IYFC, Severe Acute Malnutrition (SAM) treatment and nutrition for COVID-19 patients. In the reporting period, the number of health workers who received such support is 773 including 21 working in refugee camps.

In the reporting period, 22,521 mothers/primary caregivers of children below the age of five received counselling on appropriate IYCF, tailored to the age of their children. Among them, 2,487 received counselling in health facilities and 20,034 were counselled in community platforms. The number of refugee mothers/primary caregivers of children under the age of five who received counselling support was 10,465, of whom approximately 56 per cent were reached through community platforms and the rest through health facilities. UNICEF has begun to roll out an End-User Monitoring (EUM) tool after training a network of 26 Emergency Nutrition Officers (ENO) and other regional nutrition focal points. Through EUM, the ENO will monitor the impact of interventions across various nutrition response indicators that include IYCF training, supplies, micronutrient supplementation, capacity-building, and quality of care support.

SAM treatment services are among the most critical and lifesaving interventions which have been prioritized by the Government and partners for continuation in the context of COVID-19, along with other preventive measures. Accordingly, in this reporting period, 3,073 children with SAM and another 81 in refugee communities (60 in Gambella and 21 in Benishangul-Gumuz) were admitted in the Community-Based Management of Acute Malnutrition (CMAM) program.

Since mass screening of children for malnutrition is challenging, given the current COVID-19 situation, to ensure early detection and treatment, UNICEF in collaboration with the MOH and partners, is piloting the use of family-based Mid-Upper Arm Circumference (MUAC). Through this community-based approach, caregivers will be trained on conducting MUAC based assessments of their children’s nutrition status. This will help detect cases of faltering growth and identified children will be referred for further assessments and specialized care as required. A Programme Cooperation Agreement (PCA) has been signed with Action Against Hunger (AAH) and the implementation of the family MUAC in eight woredas and two towns will start as soon as the MUAC tapes are cleared and distributed.

While the broadcasting of TV and radio spots in Amharic on messages on healthy diets and safe IYCF practices in the context of COVID-19 is already underway for the next three months (refer to the C4D section above), UNICEF in collaboration with the MoH, celebrated World Breastfeeding Week (1-7 August) nationwide by using its social media platforms like Facebook and YouTube to post key breastfeeding messages as well TV spots, reaching as of 31 August, more than 200,000 views alone for one particular post on Facebook (refer to CAP section below).

The COVID-19 pandemic is expected to cause delays in global supply chains and locally, intermittent movement restrictions could also pose risks for sub-optimal supply deliveries. To minimise the impact of these delays, since the beginning of the third quarter, UNICEF has worked closely with regional nutrition focal persons, the RHBS and the MOH to identify 240 woredas across the country that are hard-to-reach and underserved with the aim of supporting them through last mile distribution. In the reporting period, the distribution has been ongoing in most of the woredas except those in West Hararghe Zone of Oromia Region, which was delayed due to ongoing conflict in the area. The fourth

28 The COVID-19 pandemic poses additional threats to the survival, wellbeing and nutritional status of children and women, as its direct and indirect impacts are expected to especially increase malnutrition in children. This is because, on top of the direct infection-malnutrition correlation, the secondary impact of COVID-19 on market stability, access to food and health services, is expected to have a serious impact on nutrition status of children.
29 These 773 are inclusive of 72 health workers in Amhara, 512 in Oromia, 27 in Gambella, 153 in Benishangul-Gumuz and nine in SNNP.
30 In Oromia, Amhara, Gambella, Benishangul-Gumuz and Somali regions.
31 In Gambella and Benishangul Gumuz regions.
32 157 from Amhara, 69 from Gambella, 228 from Benishangul-Gumuz, 1,385 from SNPP and 1,234 from Somali.
33 The eight woredas and two towns are: Oromia - Moyale, Myo, Menasebu and Jimbo woredas; Somali - Ahidele and Gode woredas; Benishangul-Gumuz: Kamashi woreda; Amhara - Sekota woreda; and Dire Dawa and Harar towns.
quarter supply gap is an estimated 23,351 cartons of RUTF valued at US$ 1,167,559.78. Efforts are underway to advocate for and mobilize the required resources to meet the children’s needs.

Communication, Advocacy and Partnerships (CAP)

UNICEF’s advocacy and communication efforts in the reporting period focused on communicating key messages on school re-opening\(^{34}\), breastfeeding safely during COVID-19, and promoting the wearing of masks to prevent the spread of COVID-19 as part of the national #MaskEthiopia\(^{35}\) campaign.

A TV spot\(^{36}\) on breastfeeding, produced in partnership with the Nutrition section, MOH and shared on Facebook, has resulted in more than 200,000 views by people in Addis Ababa, Amhara and Oromia regions, of whom more than 43 per cent were women.

In support of the MOH’s #MaskEthiopia campaign, posts on wearing masks appropriately in public were scaled-up. The UNICEF Ethiopia Representative\(^{37}\) also joined the initiative on social media.

To mark the World Humanitarian Day, as one of the #RealLifeHeroes\(^{38}\) making a difference in their community, a nurse from Ethiopia was featured by UNOCHA global communication\(^{39}\) and on UNICEF’s global social media platforms.

Other highlights from UNICEF Ethiopia’s digital platforms include:

- An article\(^{40}\) featuring Ethiopian social worker Tirusew under the theme “Despite disruptions, social workers, counsellors and helpline workers show courage and commitment on the frontline for every child”
- A post on how Health Extension Workers are key in the fight against #COVID19\(^{41}\)
- A post on the need to ensure access to basic hygiene products to vulnerable communities\(^{42}\)

In sum, during the reporting period there were 507,192 impressions on Facebook (392,792) and Twitter (114,400) and a total of 7,744 engagements have been registered on Facebook (6,977) and Twitter (867).

Social Policy, Evaluation and Research (SPEAR)

As part of the social protection response, in the reporting period, UNICEF facilitated the provision of essential items for clients on the Urban Productive Safety Net (UPSNP) and Rural Productive Safety Net (PSNP) Programmes, besides supporting the Ethiopian Human Rights Commission (EHRC) to monitor the Government’s COVID-19 response at federal and regional levels, specifically focusing on Addis Ababa, Amhara, SNNP, Tigray and Gambella regions.

Accordingly, in Tigray Region, UPSNP beneficiaries received hygiene kits that included liquid and solid soap, alcohol-based hand sanitizers and face masks. The items were distributed to 2,398 household-heads (1,811 females and 587 males) and 1,927 (1,516 female and 411 male) of their dependents in Mekelle town, in total reaching 4,325 UPSNP beneficiaries. Similarly, in Dire Dawa 5,309 UPSNP and PSNP beneficiaries (3,363 females and 1,946 males) were targeted and benefited in nine urban kebeles and two rural clusters/ woredas. In addition, 130 urban destitute beneficiaries (80 female and 50 male) received a supply of basic needs and hygiene materials to prevent and mitigate COVID-19 related infections. Therefore, a total of 5,439 vulnerable children in the UPSNP and PSNP kebeles and woredas have benefited through the provision of 5,439 face masks, 5,439 bars of soap, 949 sanitizers and 720 packed biscuits.

Challenges

While the MoE is keen to re-open schools in mid-September, the risk of COVID-19 exposure without adequate prevention strategies in place is the most significant challenge to school re-opening. Added to this complexity is the impact of seasonal shocks, such as floods. In Afar specifically, whilst the REB is engaged with school re-opening

\(^{34}\) This post was published on 17 August.
\(^{35}\) This post was published on 22 August.
\(^{36}\) This post was published on 17 August.
\(^{37}\) This post was published on 25 August.
\(^{38}\) This post was published on 19 August.
\(^{39}\) This post was published on 20 August.
\(^{40}\) This article was published on 17 August.
\(^{41}\) This post was published on 24 August.
\(^{42}\) This post was published on 18 August.
preparedness activities, 105 schools which were accommodating over 20,000 children (9,538 girls) before schools were closed in March, have been affected by flash floods. In addition, five of the schools are currently being used as a safe haven by communities displaced by the flooding. Therefore, even if school re-opening becomes a reality, some children simply don’t have schools to return to.

In addition, conflicts and security incidents have been affecting the distribution of supplies in some woredas in the Oromia Region. Where possible, alternate roads are being used to transport supplies and the situation is being monitored closely. Delays in obtaining the necessary custom clearance for supplies, such as the MUAC tapes, has affected their timely distribution and use. UNICEF is following up with relevant authorities.

The increased number of confirmed COVID-19 cases requiring quarantine is putting a strain on existing isolation and treatment centers. While the new guidelines recommended that asymptomatic and mild cases be isolated in community centers or at household level, this is not possible for families that live in multi-generational households and have no separate areas safe for quarantine. Additional challenges include the ongoing weak public adherence to precautionary measures, mainly physical distancing and handwashing. Similarly, PPE shortages is one of the major challenges, such as N95 face masks (12,000 pieces), isolation gowns (2,555 pieces) and coveralls (135,871 pieces) especially considering the increasing number of cases and increasing need to place them in Intensive Care Units. PPE shortages and an increase in the number of health care workers infected by COVID-19 (325 as of 26 August, just behind daily laborers in terms of the most affected workforce) threaten to further weaken the health care system and its capacity to deliver, not only on the COVID-19 response, but also other essential services.

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43 Please see EPHI COVID-19 Weekly Bulletin No.16.
44 the pieces mentioned are those in stock at the time of reporting and not the required amount.
45 Please see EPHI COVID-19 Daily Sitrep No. 211.
### Annex A

#### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs</th>
<th>Cluster/Sector Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2020 Target</td>
<td>Total Results</td>
</tr>
<tr>
<td><strong>Risk Communication and Community Engagement including social science</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td># of people trained/oriented to sensitize the community on COVID-19 prevention and control measures</td>
<td>5,000</td>
<td>20,967</td>
</tr>
<tr>
<td>Number of people reached on COVID-19 through messaging on prevention and access to services*</td>
<td>30,000,000</td>
<td>36,968,426$^{47}$</td>
</tr>
<tr>
<td><strong>C4D</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people engaged on COVID-19 through RCCE actions$^{48}$</td>
<td>9,000,000</td>
<td>8,473,891$^{49}$</td>
</tr>
<tr>
<td><strong>Communication, Advocacy and Partnerships</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of impressions on social media (Twitter and Facebook) for COVID-19 stories / prevention messages $^{50}$</td>
<td>20,000,000</td>
<td>3,894,462$^{51}$</td>
</tr>
<tr>
<td>Number of social media engagements on COVID-19</td>
<td>2,000,000</td>
<td>109,582$^{52}$</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached on COVID-19 through messaging on prevention and access to child protection / GBV services</td>
<td>30,000</td>
<td>50,145</td>
</tr>
<tr>
<td><strong>Improve Infection and Prevention Control (IPC) and provide critical medical and water, sanitation and hygiene (WASH) supplies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of healthcare facility staff and community health workers provided with PPE</td>
<td>10,000</td>
<td>9,039</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of facilities (treatment, isolation quarantine sites) accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene through emergency water trucking, roto tanks to prevent COVID-19 transmission.</td>
<td>200</td>
<td>112</td>
</tr>
<tr>
<td>Number of people reached with critical WASH supplies (including hygiene items) and services</td>
<td>2,500,000</td>
<td>2,168,338</td>
</tr>
<tr>
<td>Number of people with access to basic sanitation services</td>
<td>500,000</td>
<td>131,724</td>
</tr>
<tr>
<td>Number of health care facilities with improved sanitation</td>
<td>272</td>
<td>247</td>
</tr>
<tr>
<td><strong>Support the provision of continued access to essential health and nutrition services for women, children and vulnerable communities, including case management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of healthcare facility staff and community health workers trained in Infection Prevention and Control</td>
<td>550</td>
<td>2,021</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children supported with distance/home-based learning$^{54}$</td>
<td>6,079,349</td>
<td>5,236,987$^{55}$</td>
</tr>
</tbody>
</table>

*This is one directional communication that includes the Ethio-telecom initiative that replaces ringtones with COVID-19 prevention messages and broadcast of COVID-19 prevention and control messages through local media channels (TVs and Radio).
<table>
<thead>
<tr>
<th>Number of households receiving a solar radio (with USB Capacity)</th>
<th>60,000</th>
<th>-</th>
<th>40,000</th>
<th>500,000</th>
</tr>
</thead>
</table>

**Child Protection**

<table>
<thead>
<tr>
<th># of social workers supported with materials for self-care and messages on lifesaving / behaviour change messages on COVID-19</th>
<th>750</th>
<th>1,832</th>
<th>500</th>
<th>381</th>
<th>1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td># of child protection cases reported and referred (by type of service)</td>
<td>12,000</td>
<td>2,440</td>
<td>500</td>
<td>37</td>
<td>2,500</td>
</tr>
</tbody>
</table>

**Nutrition**

<table>
<thead>
<tr>
<th>Number of staff trained or oriented on appropriate nutrition (IYCF, SAM treatment, nutrition for COVID-19 patients) in the context of COVID-19</th>
<th>40,762</th>
<th>3,411</th>
<th>-</th>
<th>42</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of primary caregivers of children aged 0-23 months and 24-59 months who received IYCF counselling through facilities and community platforms.</td>
<td>73,260</td>
<td>195,699</td>
<td>3,680</td>
<td>30,763</td>
<td>42,474</td>
</tr>
</tbody>
</table>

**Support access to continuous education, social protection, child protection and gender-based violence (GBV) services**

| Number of children and adults that have access to a safe and accessible channel to report sexual exploitation and abuse | 20 | - | - | - | n/a |

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46 Please note that this total figure does not include mass-media level activities, which are not included in the results tracker nor in the Annex A table above, because of potential double-reporting from previous reported figures. However, such activities are ongoing.

47 These refer to two-dimensional communication activities.

48 This includes 1,350,102 people engaged in RCCE activities through the WASH programme in the reporting period, which has also reached a cumulative 1,770 returnees.

49 This is a new indicator and replaces the previous indicator that measured the number of people reached on COVID-19 through messaging on prevention and access to services, with a focus on social media engagement. The previous indicator has been discontinued, noting the challenge of measuring unique individuals, by impressions.

50 Reach: On Facebook and Twitter 507,192 impressions (for the reporting period).

51 Engagement: Facebook and Twitter 7,744 engagements (for the reporting period).

52 This target is a combination of two indicators: water trucking and rehabilitation and maintenance of water schemes and pipe-line expansion as per the Humanitarian Response Plan (HRP), June 2020.

53 The indicator targets primary and secondary school students aged 7-17 years.

54 This time the report shows reduction to around 3.7 million (46 per cent girl s- 1.7 million) children who are estimated to be accessing the currently ongoing distance education, because many of the regions have concluded the academic year’s radio and TV broadcasts. However, in terms of the result reported in the Annex Table A, the 5.2 million has been kept since the 3.7 million are subsumed in the latter, which is the highest achievement since the COVID-19 response began.

55 In this reporting period, 140 children, as well ten refugee children and two returnee children had their child protection cases reported and referred for follow-up.

56 In this reporting period, 48 refugee children as well as seven non-refugee, non-returnee children without parental or family care were provided with appropriate alternative care arrangements.

57 In this reporting period, 58 women and girls received dignity kits (non-refugees, non-returnees).

58 In the reporting period, 3,159 children and their parents/caregivers as well as 384 refugee and four returnee children and their parents/caregivers received MPHSS support.

59 This includes 30,763 refugee children.
<table>
<thead>
<tr>
<th>Number of UNICEF personnel and partners that have completed training on GBV risk mitigation and referrals for survivors</th>
<th>100</th>
<th>34</th>
<th>-</th>
<th>-</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of boys and girls provided with learning materials for back to school / school re-opening after COVID-19 (IDPs)</td>
<td>60,000</td>
<td>-</td>
<td>40,000</td>
<td>-</td>
<td>355,000</td>
</tr>
<tr>
<td>Number of pre-primary and primary schools equipped with handwashing and school cleaning supplies</td>
<td>439</td>
<td>-</td>
<td>65</td>
<td>-</td>
<td>n/a</td>
</tr>
<tr>
<td>Number of schools implementing safe school protocols</td>
<td>439</td>
<td>-</td>
<td>65</td>
<td>-</td>
<td>n/a</td>
</tr>
<tr>
<td>Number of children accessing formal and non-formal education with handwashing and school cleaning supplies&lt;sup&gt;52&lt;/sup&gt;</td>
<td>315,187</td>
<td>-</td>
<td>140,655</td>
<td>653</td>
<td>500,000</td>
</tr>
<tr>
<td><strong>SPESI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of beneficiaries (affected by COVID-19) receiving cash transfers through existing safety nets&lt;sup&gt;53&lt;/sup&gt;</td>
<td>90,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

<sup>52</sup> All four indicators for Education will start being reported upon during back to learning campaign and after school re-opening.

<sup>53</sup> This activity is expected to start at the beginning of September 2020.
### Annex B: Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Received Current Year</td>
<td>Reprogrammed</td>
</tr>
<tr>
<td>Nutrition</td>
<td>6,027,372</td>
<td>1,949,794</td>
<td>2,985,099</td>
</tr>
<tr>
<td>Health</td>
<td>14,318,065</td>
<td>9,018,489</td>
<td>1,341,360</td>
</tr>
<tr>
<td>Wash</td>
<td>11,737,062</td>
<td>8,279,483</td>
<td>741,914</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,256,939</td>
<td>1,040,873</td>
<td>1,888,441</td>
</tr>
<tr>
<td>Education</td>
<td>9,106,268</td>
<td>1,225,382</td>
<td>1,202,021</td>
</tr>
<tr>
<td>CAD</td>
<td>1,898,765</td>
<td>1,993,053</td>
<td>0</td>
</tr>
<tr>
<td>SPESI</td>
<td>2,678,832</td>
<td>3,031,887</td>
<td>797,928</td>
</tr>
<tr>
<td>CAP</td>
<td>34,344</td>
<td>35,170</td>
<td>0</td>
</tr>
<tr>
<td>Field Operations</td>
<td>28,620</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>49,086,267</td>
<td>26,576,131</td>
<td>8,956,763</td>
</tr>
</tbody>
</table>
