Highlights

- Between January and May, UNICEF and partners have provided 141,636 children with treatment for severe acute malnutrition (SAM) in more than 17,600 treatment sites.
- Since January, 228,220 people in hard-to-reach areas in Afar and Somali regions benefited from medical services provided by 49 mobile health and nutrition teams (MHNTs) deployed by respective Regional Health Bureaus with UNICEF support. Of those people reached, 39 per cent are children under five years of age.
- Since January, 4.2 million people have received safe water, with almost 1.2 million of these people reached by UNICEF and partners in 2017.
- UNICEF and partners have reached 160,337 children with emergency education programmes since January, which includes 7,800 displaced children who were provided with access to learning through the establishment of temporary learning spaces.
- In 2017, 20,652 children have been provided with psychosocial support, while 7,147 separated and unaccompanied children were reunified with their family or placed in foster care arrangements by Regional Government Bureaus and UNICEF.
- Humanitarian needs are expected to increase for the next six months, given the continued impact of drought in the south and south eastern parts of the country. However, critical funding gaps, particularly in Nutrition, Child Protection and Education may hamper UNICEF’s ability to reach children in urgent need of humanitarian response.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>UNICEF &amp; Partners</th>
<th>Sector/Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>WASH: People accessing safe water</td>
<td>1,460,000</td>
<td>9,200,000</td>
</tr>
<tr>
<td>Nutrition: Children under 5 years with SAM</td>
<td>304,300*</td>
<td>303,000</td>
</tr>
<tr>
<td>Health: People provided with access to health</td>
<td>400,000</td>
<td></td>
</tr>
<tr>
<td>Education: School-aged children with access</td>
<td>630,000</td>
<td></td>
</tr>
<tr>
<td>Child Protection: Vulnerable children</td>
<td>30,000</td>
<td></td>
</tr>
</tbody>
</table>

See Annex 1 for more information on programme results for 2017

*UNICEF target includes 300,000 Ethiopian children with SAM and 4,300 refugee children.

**Nutrition result includes January to May 2017.

Funding Status 2017**

- 5.6 million People* require relief food assistance in 2017
- 303,000 Children* are expected to require treatment for SAM in 2017
- 9.2 million People* require access to safe drinking water and sanitation services
- 2 million School-aged children* require emergency school feeding and learning materials assistance
- 843,374 Refugees in Ethiopia (UNHCR, June 2017)

UNICEF Appeal 2017 US$110.5 million

**Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year.
Situation Overview and Humanitarian Needs

On the heels of the El Niño-induced drought in 2016, a negative Indian Ocean Dipole phenomenon resulted in drought conditions in the southern and south eastern parts of the country in 2017. This has disrupted the lives of children, women and men and led to a 42 per cent increase in the number of temporarily displaced people in 2017, reaching over one million by the end of June.

Following the multi-agency Meher seasonal assessment conducted at the end of 2016, the humanitarian requirements document (HRD) for 2017 was released, identifying the level of critical and life-saving interventions required to address the water, sanitation, food, health, education and protection needs of up to 9.2 million girls, boys, women and men. To date, US$590 million of the US$948.6 million required for the HRD has been raised. The Belg assessment of the seasonal rains (February to May 2017) was completed in June 2017. The assessment indicated deteriorating food and nutrition security and increasing risks of disease outbreaks, floods and conflicts in particular in the drought affected areas. Consequently, the hotspot priority classification in June 2017 identified 228 woredas as priority one in need of immediate humanitarian interventions, an increase from 192 in December 2016. Based on the preliminary findings from the Belg assessment and hotspot classification, it is likely that the number of people in need of assistance will increase. At least 7.8 million people could face critical food shortages from the end of July 2017 onwards, due to a projected food pipeline break. Seasonal floods also present a risk, particularly in the period between June and September 2017. The National Disaster Risk Management Commission (NDRMC) issued a Flood Alert on 26 June 2017, identifying at-risk areas across the country and recommending preparedness actions at the regional level onwards to mitigate the impact of possible floods.

The Government of the Kingdom of Saudi Arabia (KSA) announced at the end of March 2017 that all irregular migrants (including Ethiopians) in the country must leave voluntarily within a provided amnesty period of 90 days, which was later extended until 27 July 2017. As of 11 July, more than 78,000 returnees (of which nearly 16,000 are deportees) had arrived in Ethiopia. It is estimated that there are more than 500,000 Ethiopian irregular migrants in the KSA, of which half could potentially return to Ethiopia in the near future.

Ethiopia is the second largest refugee-hosting country in Africa, with 843,374 registered refugees (58 per cent children) at the end of June 2017, with 60,293 refugees newly registered in the country in 2017. The majority of these refugees are South Sudanese (58 per cent), followed by Somalis (30 per cent) and Eritreans (19 per cent). With renewed fighting and food insecurity in South Sudan, refugees continue to arrive in Gambella region. As Nguenyyiel refugee camp (a seventh camp that opened in October 2016) in Gambella region is at its full capacity with some 60,000 refugees, a new camp, Gure Shembola, has been opened in Beneshangul Gumuz region to accommodate the increasing number of refugees.

Humanitarian leadership and coordination

The NDRMC 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. A number of UN agencies and NGOs are supporting the Government-led humanitarian response targeting priority hotspot woredas.

In support of the Government of Ethiopia (GoE), UNICEF continues to provide cluster leadership for WASH and nutrition sectors, and co-leads with Save the Children International (SCI) the education sector. 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.

1 Humanitarian Requirements Document, January 2017
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.

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**

Between January and May\(^2\) 2017, UNICEF and partners provided 141,636 children with treatment for severe acute malnutrition (SAM) in 17,600 therapeutic programme sites across the country. Among these children, 11,722 were admitted to stabilisation centres for treatment of SAM with medical complications.

In response to the drought emergency in different regions of Ethiopia, the Federal Ministry of Health and Regional Health Bureaus (RHB), with support from partners including UNICEF, have expanded the CMAM programme. Since January 2017, 926 new treatment sites were opened in the country, allowing more children with SAM to be treated near their home. In support of the CMAM expansion, the capacity of 535 health staff was strengthened with support from UNICEF to provide quality SAM treatment. UNICEF procured and distributed 125,000 cartons of ready-to-use therapeutic food (RUTF) to all regions to meet the SAM treatment needs of children over the first six months of 2017, while also supporting the RHBs in ensuring stabilisation centres were adequately equipped with therapeutic milk, drugs, and medical supplies.

Over the past six months UNICEF deployed 32 CMAM monitors in Amhara, Afar, Oromia, SNNP, Somali and Tigray regions to support RHBs to ensure the quality of care in CMAM and infant and young child feeding (IYCF) programmes. The monitors continue to conduct regular visits to health facilities to develop and strengthen the capacity of frontline health staff through on-the-job supervision and organised trainings.

The Somali region bears the heaviest burden of malnutrition, with 25 per cent of the nationwide SAM admissions reported from this region. The outbreak of Acute Watery Diarrhoea (AWD) in the region has further increased the risk of co-morbidity in children with SAM. The training on AWD treatment in children with SAM, developed by UNICEF and WHO and jointly organised by the Somali RHB, was cascaded to 212 health staff in 41 prioritised case treatment centres (CTC) in five zones (Dollo, Korahe, Jarar, Nogob and Shabelle/Afhder). Furthermore, 24,270 AWD patients in CTC sites in the Somali region were reached with BP-5 (high energy biscuits), procured by UNICEF, to prevent a deterioration in their nutrition situation.

UNICEF has been supporting the growth monitoring and promotion (GMP) programme in Amhara, Oromia, SNNP and Tigray regions, which facilitates the detection of growth faltering in children under the age of two and provides a platform for age-appropriate nutrition counselling for caregivers. Since the beginning of the year, 1,740,903 mothers and caregivers of children under two were reached with information on appropriate IYCF practices.

In the Gambella region, UNICEF continues to support the regional government’s response to the influx of South Sudanese refugees at the entry points and within host communities. A mobile nutrition team deployed by the RHB and UNICEF provides vitamin-A supplementation, deworming and malnutrition screening at Pagak and Akobo entry points. During the first six months, 679 children 6-59 months of age received vitamin A supplementation and were screened for malnutrition. Of these, 4 per cent were identified as moderately acutely malnourished, 2 per cent as severely acutely malnourished. In addition, over the past 6 months, 511 children 2-5 years of age were reached with deworming tablets.

**Health**

In 2017, AWD, malaria, measles, and scabies remain the major public health threats in the country. Lack of access to safe water, poor hygiene and sanitation practices in addition to low awareness in communities has posed a challenge to control AWD and scabies outbreaks. Treatment continues at health facilities and UNICEF is providing drugs, financial assistance and technical support in affected areas.

To address localised measles outbreaks across the country (with the exception of five zones in Somali region), a national measles vaccination campaign led by the Ministry of Health and partners was completed in March 2017 where UNICEF provided technical and procurement support. The campaign targeted 22.9 million children and results from this

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\(^2\) June CMAM data is not yet released and will be reported as soon as available.
campaign are pending finalized compilation. The vaccination campaign in the five remaining zones of Somalia region will be conducted at the end of July 2017.

AWD remains a challenge in the country this year; the disease is mainly attributed to poor access to safe water and sanitation, together with poor hygiene practices. In 2017, Amhara, Afar, Oromia, SNNP, Somali and Tigray regions have been reporting cases of AWD, with 90 per cent of the cases coming from the Somali region. In response, UNICEF deployed AWD and C4D experts in the Somali region and also provided technical, logistic and coordination support at national and regional levels to the government. More than 35,000 people with AWD have directly benefited from the UNICEF-procured 180 diarrhoeal treatment kits including tents, beds, stretchers, drugs and medical materials.

In its scabies response, UNICEF provided technical and supply support to treat 194,581 patients and their contacts in Amhara, Oromia, SNNP and Tigray regions.

Pastoralists in Afar and Somali regions continue to have access to life-saving health services through 49 mobile health and nutrition teams (MHNTs). UNICEF provides drugs as well as nutrition and WASH supplies to these MHNTs. Since January, 228,220 people received treatment and consultations from these MHNTs; of these 39 per cent were children. UNICEF has also provided 30 tents (56 square meters) for the establishment of temporary clinics to provide health and nutrition services at temporary settlement sites in the Somali region.

UNICEF continues to support vaccination at the entry points in the Gambella region, providing South Sudanese refugee children arriving in Ethiopia with polio and measles immunizations. Since January 2017, 43,138 and 45,758 children received vaccinations against measles and polio, respectively.

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

Since January 2017, 4.2 million people received safe water, with almost 1.2 million of these people reached by UNICEF and partners. As a ‘last resort’ life-saving intervention, the government in coordination with international and local NGOs has been providing emergency water through water trucking, which at the peak of the drought in April 2017 benefited over two million people in Afar, Oromia, SNNP, Somali and Tigray regions. To reduce communities’ vulnerability for the future, WASH partners have restored the operation of non-functioning water supply systems as a result of overuse and other technical issues. Thanks to the combined effort of WASH partners, more than 2.2 million people benefited from access to safe water through the rehabilitation, maintenance and construction of new water points and water point chlorination in different regions, the majority being in Oromia and Somali regions. In response to the AWD outbreak in the Somali region, a joint RHB/WASH cluster/UNICEF team conducted a four-week mass water chlorination campaign for all high-risk surface water and shallow ground water sources from April to May 2017, allowing an estimated 850,000 people to have access to safe water. Chlorination of open wells, reservoirs of water supply networks and water trucking filling stations continues. UNICEF teams trained 1,352 borehole attendants, water truck drivers, Government staff, and household members on proper dosing of chlorine, use of household water treatment chemicals, and jerry can disinfection.

UNICEF and partners were able to reach 1.2 million with safe water through water trucking, rehabilitation, maintenance and construction of new water points and the provision of water treatment chemicals in Afar, Amhara, Oromia, SNNP, Somali and Tigray regions. As part of this intervention, UNICEF has provided safe water to some 150,000 people in Oromia region through the deployment of 60 water trucks. In Somali region, 198,700 people in the temporary resettlement sites, schools and health facilities had access to safe water, through a partnership between UNICEF and Oxfam. Following the rains, as of June 2017, Regional Water Bureaus have been closely monitoring the performance of the rains to reduce and/or redirect water trucks to areas in most need. Water trucking continues, although very much reduced, in areas of the country where rains were reported to be insufficient.

During the reporting period, UNICEF has reached 822,000 people with health education and key messages on hygiene practices particularly in AWD and scabies affected areas of Amhara, Oromia, SNNP and Somali regions. With support from UNICEF, a local NGO, Organization for Welfare and Development in Action (OWDA), conducted hygiene and sanitation activities in 18 temporary resettlement sites in Dollo zone targeting more than 9,200 households. The activities include construction of emergency latrines (two blocks with four seats each) for women and men, distribution of WASH supplies including soap, water treatment chemicals, buckets and jerry cans and undertaking mass sanitation and hygiene awareness raising activities through community hygiene volunteers. The Somali region has developed a sanitation scale-up strategy for temporary displacement sites. 84 per cent of which reportedly do not have latrines. As part of the cluster response, UNICEF has formed partnerships with five local NGOs to build latrines in the targeted displacement sites.

**Education**

Under the HRD released in January 2017, the Government and education partners estimated that more than two million children would be in need of school feeding and educational material support over the course of the year. In addition, the need to establish temporary learning spaces to enable more than 73,600 displaced children to attend school was identified.
Since January, the Government and partners have provided emergency school feeding for some 1.7 million school children in drought-affected areas of the country. In an effort to complement an integrated response in schools across the Somali region, Oxfam GB, Islamic Relief and Save the Children International provided water to 102 schools benefiting more than 50,000 children. UNICEF, in partnership with OWDA, procured 32 water storage tanks distributed to drought-affected schools so children will have access to safe water on school premises. In Oromia region, UNICEF provided 129 water tanks to schools in 29 affected woredas.

During the past six months, UNICEF has supported 160,337 school-aged children to have access to education through distribution of educational materials, establishment of temporary learning spaces and construction of classrooms. In addition, 141,800 students benefited from exercise books distributed by UNICEF.

In Somali region, UNICEF established 33 temporary learning spaces (TLS) in Babile woreda, Yucub kebele (sub-district) and Sitti zone. The TLS provide 7,833 children at temporary resettlement sites with the opportunity to continue learning and to remain protected, as out-of-school children are at greater risk of child labour, separation from family and child marriage. In response to South Sudanese refugees in Gambella region, UNICEF, with Plan International and Save the Children International has supported the completion of 40 classroom upgrades, thereby enabling 10,700 refugee children to access education in a safer environment. Seven blocks of gender-segregated latrines have been constructed and are being utilised by students. This has improved the sanitation situation in schools and contributed to the reduction of dropouts.

Due to critical funding shortages, only 65 per cent of the targeted children for school feeding programmes have been reached so far this year. In addition, only 11 per cent of students in temporary resettlement sites who were targeted to receive access to education this year have been reached.

**Child Protection**

To ensure children’s safety and wellbeing, UNICEF continues to support the provision of a minimum package of child protection in emergency response in affected regions. The child protection package includes case management, psychosocial support, gender based violence (GBV) awareness and prevention and strengthening community-based structures for prevention and response services. In 2017, more than 20,000 children, including South Sudanese refugee children, received psychosocial support in child friendly spaces established with UNICEF support. In these spaces, children participate in storytelling, traditional dancing and in indoor and outdoor games and are in a protective environment, supervised by social workers.

With UNICEF support, more than 7,000 separated and unaccompanied children, including South Sudanese refugees, were reunited with their families or were placed in community-based or foster care arrangements. As economic vulnerability is the major cause of separation, UNICEF provided the most vulnerable families with a reunification grant and training on positive parenting skills. The positive parenting sessions were organised in order to create parental awareness on development of children, positive disciplining and identifying signs and symptoms of abuse.

Among the voluntary returnees from Djibouti, 26 unaccompanied boys received psychosocial support during their stay at the IOM transit centre. The support was provided by social workers deployed by the Addis Ababa BoWCA in collaboration with UNICEF. The social workers also prepared children’s case files and supported the reunification with their families.

Awareness sessions were also conducted with UNICEF support in Oromia and Somali regions, resulting in 4,556 adults and 4,221 children receiving messages on child protection and GBV. The messages aim to prevent child abuse cases and give information on what to do and where to report suspected cases. The training also aims to develop adults’ knowledge on their role and responsibilities in promoting and protecting the welfare of children during emergencies.

Lack of funding in child protection has forced UNICEF to discontinue its child protection in emergencies interventions in all regions except in Oromia where intervention is downscaled and in Somali in two temporary displacement sites.

**Ethiopian returnees from the KSA**

Humanitarian partners are providing assistance to vulnerable returnees from the Kingdom of Saudi Arabia (KSA). The Addis Ababa Health Bureau has deployed a medical team and ambulance services, provided by the Ethiopian Red Cross Society (ECRS), for the returnees at Bole International Airport. At the airport, IOM has installed a rub hall, donated by ICRC, to facilitate registration and profiling. UNICEF has provided two tents to receive vulnerable returnees and provide them with necessary assistance.

**Communications for Development (C4D)**

C4D remains an important prevention and control intervention in the regions where AWD and scabies are reported. Beyond the provision of safe water, UNICEF has supported regional Government authorities to increase community participation, and engage traditional and community leaders to promote safe hygiene practices and influence health seeking behaviour in their communities. UNICEF has used different media including mobile vans, radio spots and printed messages to transmit messages and encourage the continued practice of acquired knowledge.
Religious celebrations and public gatherings increase the risk of AWD transmission due to the large number of people who stay for up to one week in the absence of water and appropriate sanitation facilities. With support of UNICEF, the Ethiopian Red Cross Society (ERCS) conducted social mobilisation activities during the celebration of Ethiopian Christmas in Lalibela, Amhara region, and some 500,000 people were sensitised with AWD prevention and control messages. The ERCS disseminated messages on AWD using audio vans, documentary film and drama shows and distributed 10,000 information, education and communication materials.

UNICEF has deployed six emergency C4D technical assistants to Afar, Amhara, Oromia, SNNP and Somali regions to support mass mobilisation activities. Partnering with the media, UNICEF has supported disseminating public information on AWD on local radio, BBC and VOA radio in the Somali region. UNICEF has produced some 100,000 posters and brochures on key AWD messages that were distributed to affected areas since January.

**Social Protection**

At the national level, some 7.9 million beneficiaries have been receiving cash and in-kind transfers under the Productive Safety Net Programme (PSNP) in 2017. The transfers are made against public works, except for vulnerable groups whom are supported directly.

Households that do not benefit from PSNP but have children with SAM or MAM are supported by the funds from the HRD or the contingency budget of the PSNP. In addition, pregnant and breastfeeding women under the PSNP are exempt from public works from their first antenatal care visit through to the first year postpartum. PSNP caretakers of malnourished children are also exempt from public works upon referral from the health sector for the duration of the treatment. UNICEF and the World Food Programme (WFP) have been supporting the GoE to monitor and track the inclusion of SAM and MAM children through PSNP and HRD funds in drought-affected areas.

**Funding**

UNICEF Ethiopia requires US$110.5 million for its humanitarian programme in Ethiopia in 2017. Of this, US$93.1 million is to respond to the drought while the remaining is to assist refugee response in the country.

UNICEF is currently responding to the emergency situation in the country using US$33.5 million carried over from 2016 and US$34.5 million received in 2017. UNICEF has received 2017 funds from the EHF, CERF, ECHO, the Governments of Canada, Japan, Sweden and the United States, as well as the Danish, German, Spanish and Swedish Committees for UNICEF.

The table below shows the funding status as of 17 July 2017:

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements US$</th>
<th>Funds available** US$</th>
<th>Funding gap US$</th>
<th>per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>41,600,000</td>
<td>19,199,522</td>
<td>22,400,478</td>
<td>54%</td>
</tr>
<tr>
<td>Health</td>
<td>13,200,000</td>
<td>12,723,445</td>
<td>476,555</td>
<td>4%</td>
</tr>
<tr>
<td>WASH</td>
<td>36,700,000</td>
<td>30,553,466</td>
<td>6,146,534</td>
<td>17%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,900,000</td>
<td>612,577</td>
<td>3,287,423</td>
<td>84%</td>
</tr>
<tr>
<td>Education</td>
<td>11,600,000</td>
<td>5,011,427</td>
<td>6,588,573</td>
<td>57%</td>
</tr>
<tr>
<td>Cluster coordination</td>
<td>3,500,000</td>
<td>0</td>
<td>3,500,000</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>110,500,000</strong></td>
<td><strong>68,100,437</strong></td>
<td><strong>42,399,563</strong></td>
<td><strong>38%</strong></td>
</tr>
</tbody>
</table>

*Requirements reflected in this table for the drought response are part of the HAC 2017

**Funds available include funding received in 2017 (US$34.5 million) against current appeal as well as carry-forward (US$33.5 million).

In addition, nutrition supplies valued at US$9.4 million have also been moved to 2017

**Next SitRep:** 4 August 2017

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## SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>Cluster Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall needs</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years with SAM admitted for treatment to therapeutic care programmes</td>
<td>303,000</td>
</tr>
<tr>
<td>Caregivers of children 0-23 months accessing infant and young child feeding counselling</td>
<td>1,000,000</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
</tr>
<tr>
<td>People provided with access to essential and life-saving health care services</td>
<td></td>
</tr>
<tr>
<td>People with access to treatment for diarrheal disease</td>
<td></td>
</tr>
<tr>
<td>South Sudanese refugees children aged 6 months to 14 years vaccinated against measles</td>
<td>36,000</td>
</tr>
<tr>
<td>South Sudanese refugee children vaccinated against polio</td>
<td>143,000</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
</tr>
<tr>
<td>People accessing safe water</td>
<td>9,200,000</td>
</tr>
<tr>
<td>People reached with key messages on hygiene practices</td>
<td>4,800,000</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
</tr>
<tr>
<td>Separated and unaccompanied children receiving appropriate care and protection services</td>
<td>25,000</td>
</tr>
<tr>
<td>Vulnerable children receiving psychosocial support</td>
<td>45,000</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
</tr>
<tr>
<td>School-aged children with access to emergency education programmes</td>
<td>2,000,000</td>
</tr>
</tbody>
</table>

### 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 Intermon, Adhorn, Ogaden Welfare and Development Association, SCI
- **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

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* UNICEF Results include refugee response results, which means UNICEF results in some sectors will be higher than the cluster results.
** Nutrition data is Jan – May 2017. Data for June 2017 will be released in August.
³ 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. Target will be revised during the mid-year review.
⁴ This information captures data against CP Sub Cluster indicator “CP cases identified, referred and responded to” which includes separated and unaccompanied children
⁵ UNICEF data includes ‘refugee population’ as well.
⁶ 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.
⁷ The GOE and NGOs have reached 1.7 million children with school feeding programme.