UNICEF Ethiopia – 19 May 2017

ETHIOPIA
Humanitarian Situation Report

SitRep # 7 – Reporting Period 6 – 19 May 2017

SITUATION IN NUMBERS

Highlights

- Somali region is disproportionately affected by the current acute watery diarrhea (AWD) outbreak, accounting for about 91 per cent of the cases reported in Ethiopia since the beginning of the year.

- UNICEF support has enabled 794,150 people to access safe water. This includes 149,150 people in Oromia, Southern Nations, Nationalities and Peoples (SNNP) and Tigray regions, reached during the reporting period, through construction of new water supply schemes, rehabilitation of non-functional water systems and expansion works.

- With UNICEF and partners’ support, 81,681 severe acute malnourished (SAM) children are receiving life-saving treatment. SAM admissions have increased by eight per cent from February to March, the most recently compiled data from partners.

- To respond to the ongoing scabies outbreak, UNICEF provided 166,768 tubes of permethrin to SNNP and Tigray regional health bureaus to benefit 166,768 people.

UNICEF’s Key Response with Partners in 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

There are 843,171 refugees in Ethiopia (UNHCR, April 2017)

*HRD, January 2017

UNICEF Appeal
US$110.5 million
2017 Funds available**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>UNICEF &amp; Partners</th>
<th>Sector/Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNICEF Target</td>
<td>Cumulative results (#)</td>
</tr>
<tr>
<td>WASH: People accessing safe water</td>
<td>1,460,000</td>
<td>794,150</td>
</tr>
<tr>
<td>Nutrition: Children under 5 years with SAM admitted for treatment to therapeutic care programmes</td>
<td>304,300</td>
<td>81,681</td>
</tr>
<tr>
<td>Health: People provided with access to essential and life-saving health care services</td>
<td>400,000</td>
<td>110,641</td>
</tr>
<tr>
<td>Education: School-aged children with access to emergency education programmes</td>
<td>630,000</td>
<td>152,504</td>
</tr>
<tr>
<td>Child Protection: Vulnerable children receiving psychosocial support</td>
<td>30,000</td>
<td>18,785</td>
</tr>
</tbody>
</table>

See Annex 1 for more information on programme results for 2017

Child with SAM recovering at Turmi health post, SNNP ©UNICEF Ethiopia/2017/Bizuwerk

Child with SAM recovering at Turmi health post, SNNP ©UNICEF Ethiopia/2017/Bizuwerk

Funds received to date: US$27.3 m
2017 funding requirements: $110.5 m
Funding gap: US$49.6 m

Carry-over: US$33.6 m
Situation Overview & Humanitarian Needs

According to the National Meteorological Agency, most parts of the western part of the country received normal to above normal rains in April 2017. Below normal rains were received in the eastern part of Tigray, most parts of Afar, eastern part of Amhara, southern, central and eastern Oromia, eastern part of SNNP and most parts of Somali regions. The below average rainfall since the February start of seasonal rains has negatively affected agricultural activities in Belg producing areas and livelihoods in pastoral areas. However, the May rainfall has improved to near normal, increasing pasture and water availability. In Somali region, Gu rains started late, by at least one month, in most parts of the region. In April, while below normal to normal rains were received in most areas of the region, May rains have only covered parts of the zones and drought conditions are reportedly continuing. At the beginning of the month, Shebelle Zone, for instance, remained without rain. As a result, the cumulative Gu seasonal rainfall is expected to be below average.

The Early Warning and Response Analysis Bulletin (April 2017) from the National Disaster Risk Management Commission (NDRMC), reports that there will be heavy rainfall in some areas of Afar, Amhara, Oromia, SNNP, Somali and Tigray regions with the possibility of flash floods. In Somali region, flash floods have already been reported as in Korahe Zone (Kebridahar and Dobowayn woredas) – rains brought the local seasonal dry river to overflow. In Shabelle Zone (Mustahil, Kalafo and East-Imey woredas), as a result of run-off from the Oromia highlands plus some localized showers, 5,183 households were displaced and 34 schools were affected in Kalafo, 5,100 households were affected in Mustahil, 111 households were affected in East-Imey. Flash floods also affected Nogob and Dawa zones, although damage is to date unknown.

The upcoming Belg/Gu humanitarian needs assessment started on 22 May 2017 in pastoral areas and, in early June, in cropping areas. A total of 19 teams will be deployed in Afar, Amhara, Oromia, SNNP, Somali and Tigray regions. Findings from this multi-sectoral assessment will inform the revision of the Humanitarian Requirement Document (HRD) up to the end of the year. It is expected that the number of food aid beneficiaries will increase by at least 2 million people from the 5.6 million people at the beginning of the year. UNICEF is providing technical and logistics assistance to the assessment.

Ethiopia continues its ‘open door’ policy to refugees. As of 30 April, 2017, there are 843,171 refugees in Ethiopia, of which 49,231 arrived in 2017.1 The majority of the refugees are South Sudanese (375,755), followed by Somali (248,943), Eritrean (169,655) and Sudanese (41,298). With renewed fighting and food insecurity in South Sudan, South Sudanese refugees continue to arrive, accounting for 33,547 of the 49,231 refugees who arrived in 2017. As Nguenyyiel refugee camp (opened in October 2016) in Gambella region is at its full capacity with some 60,000 refugees, a new camp, Gure Shembola, has opened in Benishangul Gumuz region to accommodate the increasing number of refugees. Humanitarian partners, including UNICEF, are preparing to support the expected new influx of South Sudanese refugees into Ethiopia through Gambella region.

Humanitarian leadership and coordination

A number of UN agencies and NGOs are supporting the Government-led humanitarian response. The Government of Ethiopia’s (GoE) 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. Humanitarian partners target priority hotspot woredas (districts).

In the Somali region, the Ministry of Health is leading the current AWD response while the World Health Organization (WHO) has deployed a (senior) surge team, now based in Jigjiga, Somali Region. WHO is also strengthening health cluster leadership at national and Somali region level with UNICEF collaborating and coordinating efforts with the new WHO team.

Together with GoE, UNICEF continues to provide cluster leadership for WASH and nutrition as well as co-leadership with Save the Children International (SCI) for education. In addition, UNICEF 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 mobilization networks, and dissemination of context specific key messages through multiple channels and platforms.

1 UNHCR, Ethiopia: Refugees and Asylum-seekers as of 30 April 2017
Humanitarian Strategy: Prepositioning and Partnerships

The 2017 humanitarian response is based on three strategic objectives which will 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
3. Prepare for, and respond to other humanitarian shocks – natural disasters, conflict and displacement

In line with its Core Commitments for Children in Humanitarian Action, UNICEF is supporting the GoE 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 crises in a timely manner, UNICEF prepositioned non-food item (NFI) stocks in Addis Ababa and at two regional hubs for 120,000 people.

In the refugee response context, UNICEF supports UNHCR and the GoE’s ARRA to spearhead emergency response coordination. The partnership is based on a new Memorandum of Understanding which was signed in 2016 between the two sister agencies and a tripartite agreement signed in 2007 with ARRA and UNHCR to establish a framework of collaboration for the delivery of services and assistance to refugees.

Summary Analysis of Programme response

Nutrition

With UNICEF and partners’ support, from January to March 2017, 81,681 severe acute malnourished (SAM) children are receiving life-saving treatment. In March 2017, 30,497 children with severe acute malnutrition (SAM) were admitted for treatment in the community management for acute malnutrition (CMAM) programme. This represents an 8 per cent increase from February admissions. The increase was reported in Tigray, Oromia, SNNP and Somali regions, with the latter three regions being affected by the drought.

Figure 1. SAM Admissions in Ethiopia, 2016-2017

In areas affected by drought, SAM admissions are expected to continue to rise in the coming months as severe food and water shortage remain. Additionally, in Somali region, an ongoing AWD outbreak continues to affect children, resulting in a further increase in SAM cases. In March 2017, the region registered its highest number of SAM admissions, at 7,835.

An algorithm for AWD treatment in children with SAM was developed with support from UNICEF and WHO, and shared with all partners. Six teams composed of health staff trained on this algorithm were deployed to five zones (Doolo, Korahe, Jarar, Nogob and Shabele/Afder zones) to cascade the SAM/AWD management principles to 40 prioritized AWD case treatment centres. The Somali Regional Health Bureau, UNICEF and WHO jointly organized the SAM/AWD training of trainers for 28 health professionals. Given the magnitude of the AWD outbreak, and taking into account its potential case fatality rate, the AWD response in Somali region has been given high priority.

UNICEF has been supporting the growth monitoring and promotion (GMP) programme in Amhara, Oromia, SNNP and Tigray regions. As part of its community-based nutrition activity, the programme aims at monitoring children’s growth,
through regular weighing sessions of children below 2 years. During the GMP sessions, mothers and caregivers receive nutrition education, empowering them with necessary skills and knowledge to prevent malnutrition of their children. Since the beginning of the year, through this platform, UNICEF reached 1,712,609 mothers and caregivers with information on appropriate infant child feeding practices.

In Gambella region, the annual Standardised Expanded Nutrition survey (SENS) is being conducted by UNHCR in coordination with all partners working in refugee camps. Training for data collectors and supervisors was completed and data collection has begun in Tierkidi camp. The survey is expected to be finalized in two weeks and will provide information on the nutritional status of refugees based on anthropometry and health, WASH services, mosquito net coverage, anaemia, infant and young child feeding practices and food security. UNICEF is providing technical, logistics and supply related assistance.

Health
The Amhara, Oromia and Somali regions reported a decrease in AWD cases as a result of improved surveillance and case management and strengthened leadership and coordination provided by the government. Somali region remains the most affected with 91 per cent of reported cases. With the presence of risk factors, including water shortage and poor hygiene practices, the possibility of further outbreaks is high. UNICEF, together with WHO, deployed staff to the most affected zones to strengthen coordination among Zonal Woreda health bureaus. In Oromia, Bale zone remains the worst affected, accounting for 90 per cent of reported cases in the region. Many districts in Bale zone are highly food insecure and have high rates of malnutrition and limited access to safe water. The zone also hosts the Dire Sheik Hussein pilgrimage site in Golocha woreda, where thousands of pilgrims congregate in an area with poor water and sanitation conditions. UNICEF is providing leadership in social mobilization and WASH and is participating in logistics and case management.

Currently, Amhara, Oromia, SNNP and Tigray regions are actively reporting cases of scabies. To respond to the scabies outbreak, UNICEF provided 166,768 tubes of permethrin to SNNP and Tigray Regional Health Bureaus that can benefit 166,768 people with scabies and their contacts.

In Tigray region, an integrated public health emergency management training is ongoing with financial and technical support from UNICEF for 240 health staff from primary health care units and directors of primary hospitals. The training aims at strengthening the capacity of health managers in emergency response and integration of emergency planning and response with other health development programmes.

In Somali region, drought, high prevalence of acute malnutrition and the ongoing AWD outbreak presents a potential threat for a measles outbreak. The Ministry of Health will conduct a measles vaccination campaign for children under 15 years targeting a total of 2,572,133 children. The campaign is expected to begin on 29 May 2017 in the four priority zones plus temporary resettlement sites of Jägar, Karahay, Nogob, and Dolo zones reaching 818,718 children under fifteen. In a second phase, all children under 15 will be vaccinated against measles in the remaining zones. UNICEF is providing technical and logistical support.

In response to the South Sudanese refugees in Gambella region, UNICEF donated two emergency drug kits (EDKs) and two tents to ARRA to establish temporary clinics at Metu and Gimbi way stations. The clinics will serve refugees who are being relocated from Gambella to Gure-Shembola in Benishangul Gumuz region.

Water, Sanitation and Hygiene (WASH)
In Oromia, SNNP and Somali regions, rains have provided some relief, though not for all water sources in drought affected areas. Reduced volumes of river water supply are becoming an increasing concern for Afar region. Water trucking was reportedly reduced in many drought affected areas due to sufficient rain but also due to a lack of funding plus problems related to access because of flooded or muddy roads. In some places it was reported that communities are using water from unsafe sources, including surface water that increases the risk of waterborne diseases including AWD.

With UNICEF support, Regional Water Bureaus (RWBs) continue to drill new water schemes and rehabilitate non-functioning water systems. In Oromia, SNNP and Tigray regions, during the reporting period, 149,150 people are benefitting from the construction of new water schemes, rehabilitation of non-functional water systems and expansion works. The rains have, however, delayed ongoing rehabilitation activities.

In response to the AWD outbreak in Somali region, UNICEF continues to support the RWB with a mass chlorination campaign of water sources. For the mass chlorination campaign the UNICEF team 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. Trainings were conducted in 16 priority AWD hotspot woredas. The trainings were anticipated to support beneficiaries from all of the woredas receiving water through water trucking (temporary resettlement sites, institutions, and communities). In addition, a RWB/RHB/UNICEF team have set up
water truck chlorinators at each water well with trained and equipped chlorinators to ensure the quality of water before water will be delivered to communities.

For the past two weeks, in Gambella, in partnership with IRC, safe water was supplied to Kule and Tierkidi camps and Tharlam host community through a piped system as well as to Nguenyyiel refugee camp through water trucking. Overall, an estimated 175,993 refugees and around 2,000 host community residents have benefitted from safe water supply through UNICEF supported programmes. In Itang, a UNICEF supported team continues to upgrade the water system with the installation of an additional 3.2 km of piping (12.5 km total), excavation of an 800 m trench (8.3 km total) and ongoing installation of collection and booster stations.

In Benishangul-Gumuz, UNICEF provided 100 plastic slabs to UNHCR for sanitation facilities in the new Gure Shembola refugee camp and conducted rapid assessments where refugees are being relocated from the Gambella entry site to the Gure Shembola refugee camp.

**Education**

Shortage of school feeding and school water and sanitation services remains a constraint, disrupting the education of school-age children in drought-affected regions of Ethiopia. With UNICEF and partners support in 2017, 152,504 children have access to emergency education services. The Government, together with partners, is currently providing school feeding to an estimated 1.7 million children out of 2 million children who require assistance.

In response to South Sudanese refugees in Gambella region, Plan International and Save the Children International, under the UNICEF partnership agreements, completed 24 out the planned 40 upgraded classrooms, enabling 2,400 refugee children to access education in a safer environment. The new classrooms are furnished with 400 combined desks; the children also received school materials including exercise books, pens and pencils. Seven blocks of gender-segregated latrines have been constructed and are being utilized by students. This has improved the sanitation situation in schools and contributed to the reduction of dropouts.

**Child Protection**

UNICEF supported the Somali Regional Bureau of Women and Children Affairs (BoWCA) to recruit seven child protection officers and relocate three child protection officers. These 10 officers (six women and four men) have been deployed to the Elbahay and Qorile temporary resettlement sites. They are receiving support from UNICEF to enhance their child protection and social work related skills and experience and are accompanied by community mobilisers to screen protection concerns and make necessary referrals to services. The community mobilisers are raising awareness through age and sex-appropriate messages on AWD, health, and nutrition.

UNICEF also continued to support regions affected by the drought. In Amhara region during the reporting period, 22 children (eight girls and 14 boys) who were separated from their caregivers due to the drought were reunited with their parents. In the same region 1,122 children (490 girls and 632 boys) from the most drought affected kebeles (sub-districts) were provided with psychosocial support in child friendly spaces supported by BoWCA.

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.

Through the Pagak entry point in Gambella, the total number of separated and unaccompanied children reached 19,283 (4,641 unaccompanied and 14,642 separated) since the new influx in September 2016. At the help desk established at the Pagak entry point, 344 children (179 separated, 32 unaccompanied and 133 orphaned) were identified and registered. Among these, 17 children were referred for health services and ration cards. In addition, 1,038 refugee children received psychosocial support through child friendly spaces established with UNICEF assistance.

Plan International is supporting the relocation of refugees from Gambella to the new camp in Assosa. UNICEF provided four tents for child protection services (such as registration of unaccompanied, separated, or other vulnerable children and identification of those who require individual assessment and referral services) for the new camp in Assosa. Water and sanitation facilities were installed and are in use in six child friendly spaces at Nguenyyiel Jewi and Tierkidi extension camps in Gambella.

**Social Protection**

At the national level, some 7.9 million beneficiaries will receive cash and in-kind transfers under the Productive Safety Net Programme (PSNP). The transfers are made in exchange for public works, except for vulnerable groups, who are supported directly. In drought affected areas, PSNP has reached 1,617,927 people while food aid relief from the HRD funding reaches 1,337,434 beneficiaries in Somali region.
The World Bank has extended a US$108.1 million dollar loan for the implementation of the PSNP. It will enable strengthening the PSNP response to core permanent direct support beneficiaries affected by the drought and will ensure additional rounds of transfers in drought affected districts.

UNICEF Ethiopia supports the implementation of PSNP nutrition sensitive provisions. For instance, households that do not benefit from PSNP but have children with SAM or moderate acute malnutrition (MAM) are expected to be supported by HRD funds or the contingency budget of the PSNP. In addition, pregnant and breastfeeding women under the PSNP are exempt from public works beginning from their first antenatal care visit through 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 currently supports the RHB and Regional Emergency Nutrition Coordination Units to monitor and track the inclusion of SAM and MAM children through PSNP and HRD funds in drought-affected areas. In Somali region, to collect information regarding the inclusion of SAM children in PSNP and HRD transfers, UNICEF Ethiopia has financially supported the RHB to print and distribute forms in the eight most drought-affected woredas. The first round of data collection is currently ongoing and is expected to be reported at the regional nutrition coordination platform by mid July 2017, when the regional emergency nutrition coordination unit (RENCU) and the RHB will report the monthly SAM and MAM caseload for May 2017.

Communications for Development (C4D)

UNICEF has developed an integrated C4D response plan for Somali region which includes cross sectional approaches and messaging for the wider drought response in health, nutrition, WASH and child protection. A social mobilization plan was also developed to scale up AWD response and contribute to prevention and control.

UNICEF has deployed nine health and C4D technical assistants to Dollo, Jarar, Korahe, Shebelle, Nogob and Erer zones in Somali region, and is supporting zonal health teams to undertake mass mobilization activities in AWD affected woredas. Specifically this includes: messages on transmission, symptoms, prevention plus demonstration of the use of household water treatment chemicals. AWD spot messages are broadcast five times a day through five local and national radio stations. To scale up community mobilization, an AWD orientation session was conducted for 138 volunteers from each sub-locality and one coordinator per locality in Jijiga. The participants are expected to conduct house to house mobilization activities for 20,000 households (100-1,200 households per locality). They will provide household water treatment chemicals, conduct demonstration sessions on their use, handwashing, oral rehydration salt (ORS) preparation, and will also provide ORS.

In Oromia, a UNICEF C4D Specialist has conducted a social mobilization and sensitization training in AWD-affected woredas of Harena Buluk and Goro for 25 Public Health Emergency Management staff. A community mobilizer is currently providing hygiene promotion in Moyale, an area of previous AWD outbreaks.

Scabies prevention and control education continued in SNNP, reaching 6,517 students in 15 primary schools and 12,543 community members of Dilla Zuria woreda in Gedo zone. Additionally, 1,500 brochures on scabies prevention and control were distributed to affected communities in the same woreda.

Media and External Communication

UNICEF Ethiopia has highlighted the Horn of Africa drought emergency on media platforms through the use of human interest stories and photos. External media coverage is being monitored and media outlets have been approached to share stories.

UNICEF participates in the Ethiopia Humanitarian Country Team (EHCT) Emergency Communications working group to ensure streamlined messaging and advocacy efforts. Since February 2017, the group has been working together with the GoE to host an international media visit to drought affected areas during the week of 8-12 June 2017.

On 10 May, the UNICEF Deputy Executive Director, Mr. Omar Abdi, visited Warder woreda (district) of Somali region, the hardest hit drought and AWD region. The mission included several high-level government and donor meetings, including with the NDRMC Commissioner, Somali Regional President plus high-level World Bank, KfW and USAID officials.

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 emergency in Ethiopia while the remaining is to assist refugee response in the country.
UNICEF Ethiopia
– 19 May 2017

UNICEF is currently responding to the emergency situation in the country using US$33.56 million carried over from 2016 and US$27.3 million received in 2017. In 2017, UNICEF has received funds from the HRF, CERF, ECHO, the Governments of Canada, Japan, Sweden and USA and the Swedish Committee for UNICEF.

The table below shows the funding status as of 18 May 2017:

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements* US$</th>
<th>Funds available** US$</th>
<th>Funding gap US$</th>
<th>Funding gap per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>41,600,000</td>
<td>14,907,855</td>
<td>26,692,145</td>
<td>64%</td>
</tr>
<tr>
<td>Health</td>
<td>13,200,000</td>
<td>11,679,797</td>
<td>1,520,203</td>
<td>12%</td>
</tr>
<tr>
<td>WASH</td>
<td>36,700,000</td>
<td>29,021,269</td>
<td>7,678,731</td>
<td>21%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,900,000</td>
<td>309,073</td>
<td>3,590,927</td>
<td>92%</td>
</tr>
<tr>
<td>Learning &amp; Dev</td>
<td>11,600,000</td>
<td>5,001,001</td>
<td>6,598,999</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>Total</td>
<td>110,500,000</td>
<td>60,918,995</td>
<td>49,581,005</td>
<td>45%</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$27.3 million) against current appeal as well as carry-forward (US$33.56 million). In addition, nutrition supplies valued at US$9.4 million have also been moved to 2017.

Next SitRep: 5 June 2017

Who to contact for further information:

Gillian Mellsop
Representative
UNICEF Ethiopia
Tel: +251 11 5184001
Fax: +251 11 5511628
Email: gmellsop@unicef.org

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

Frehiwot Yilma
OIC-Communication, Advocacy, Partnerships
UNICEF Ethiopia
Tel: +251 11 5184065
Fax: +251 11 5511628
Email: fyilma@unicef.org
### SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>Cluster Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall needs</strong></td>
<td><strong>2017 Target</strong></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 diarrhoeal disease</td>
<td></td>
</tr>
<tr>
<td>South Sudanese refugee children aged 6 months to 14 years vaccinated against measles</td>
<td></td>
</tr>
<tr>
<td>South Sudanese refugee children vaccinated against polio</td>
<td></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>
<tr>
<td><strong>OPERATIONAL PARTNERS</strong></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>Regional Health Bureaus, Mercy Corps, SCI, ADRA, Ogaden Welfare and Development Association, Islamic Relief, MSF</td>
</tr>
<tr>
<td>Nutrition</td>
<td>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</td>
</tr>
<tr>
<td>WASH</td>
<td>Federal and Regional Mines and Water Bureaus, Oxfam Intermon, Adhorn, Ogaden Welfare and Development Association, SCI</td>
</tr>
<tr>
<td>Education</td>
<td>Federal and Regional Education Bureaus, SCI, PIE, Ogaden Welfare and Development Association</td>
</tr>
<tr>
<td>Child Protection</td>
<td>Regional Bureau of Labor and Social Affairs, Regional Bureau of Women, Children and Youth Affairs, SCI, Plan International Ethiopia , the Ethiopian Red Cross Society, GOAL Ethiopia</td>
</tr>
</tbody>
</table>

---

1. UNICEF target includes refugee response
2. 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.
3. Health cluster report as of 8 May 2017
4. Figure includes water trucking, expansion and rehabilitation of water schemes. It does not include water treatment chemicals distributions.
5. This information captures data against CP Sub Cluster indicator “CP cases identified, referred and responded to” which includes separated and unaccompanied children
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.