UNICEF Ethiopia June 2016

ETHIOPIA
Humanitarian Situation Report

SITUATION IN NUMBERS

10.2 million
People require relief food assistance in 2016.

6 million
Children require relief food assistance in 2016.

8 million
People are currently receiving food and cash transfers under PSNP.

458,000
Children are expected to require treatment for acute severe malnutrition in 2016.

5.8 million
People require access to safe drinking water.

743,190
Refugees in Ethiopia (UNHCR, June 2016).

Highlights

• In 2016, UNICEF has reached more than 1.1 million people with access to clean water through the rehabilitation and drilling of water schemes, provision of water purification materials and through water trucking in the drought affected regions of Afar, Amhara, Oromia, SNNP, Somali and Tigray.

• UNICEF is supporting the establishment of 812 additional stabilization centers for the treatment of severely malnourished children and medical complications. To date, 457 new stabilization centers have been established and are functional, with UNICEF providing stabilization opening kits and nutrition supplies.

• In response to the acute watery diarrhoea (AWD) outbreak in the country, UNICEF provided 75 case treatment center (CTC) kits to Addis Ababa Regional Health Bureau as well as to Afar, Oromia, SNNP, Somali and Tigray regions. UNICEF also provided supplies, including essential drugs valued at US$555,615 and covered US$529,610 in operational costs including for training and treatment centers’ running costs.

• In April 2016, the Federal Ministry of Health with support from partners, including UNICEF and WHO, conducted a measles vaccination campaign targeting 25 million children aged 6 months to 14 years plus polio vaccination targeting 16.5 million children under five in all drought affected nutrition priority 1 and 2 woredas. UNICEF facilitated the procurement of 28 million doses of measles vaccines and devices for the campaign that resulted in timely delivery and distribution to health centres.

• UNICEF has procured 177 water tanks for primary schools in Afar, Oromia and Somali regions. As a result, an estimated 58,200 school children have access to clean water in their school premises.

• Following negotiations between the Government of Ethiopia and South Sudan, 91 of the 146 children abducted from Gambella were returned and reunified with their families and communities. UNICEF provided support to the Government in terms of basic health, nutrition and child protection services as well as the provision of non-food items.

UNICEF’s Key Response with Partners in 2016

<table>
<thead>
<tr>
<th>UNICEF Indicators 2016</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 provided with access to safe water</td>
<td>2,200,000</td>
<td>1,149,239</td>
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<tr>
<td>Nutrition: # of children 6-59 months with SAM admitted to therapeutic care</td>
<td>458,000</td>
<td>145,461</td>
</tr>
<tr>
<td>Health: # of people provided with access to health care facilities stocked with emergency supplies and drugs</td>
<td>5,850,000</td>
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<tr>
<td>Education: # of school-aged children with access to emergency education programmes</td>
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</tr>
<tr>
<td>Child Protection: # of children reached with critical child protection services</td>
<td>74,500</td>
<td>19,030</td>
</tr>
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</table>

*Nb. The number of children with severe acute malnutrition is increased based on the new hotspot woreda classification.

UNICEF Funding against the 2016 HAC

Carry forward amount: $26.9 million (25%)

Funds received to date: $54.8 million (52%)

Total Funding Requirements $106 million

Funding gap: $24.2 million (23%)
Situation Overview and Humanitarian Needs

During the first half of 2016, the vast majority of the country was severely impacted by the consequences of the failed 2015 Belg and Kiremt rains. In the Humanitarian Requirement Document (HRD) released in December 2015 and subsequent prioritization in May 2016, the Government estimated that some 10.2 million people would require food assistance in 2016. Nutrition interventions are targeting 458,000 children under five with severe acute malnutrition (SAM) and 2.5 million pregnant and lactating women with moderate acute malnutrition (MAM) for treatment. Health interventions are targeting 3.6 million people with treatment for disease outbreaks including Acute Watery Diarrhea (AWD), Dengue Fever, meningitis, measles and scabies. Some 5.8 million people are estimated to be in critical need of safe and adequate water and sanitation services and 1.3 million children are unable to access education. Furthermore, it is estimated that 2.5 million vulnerable people require assistance to address the increased levels of protection against abuse, neglect and violence as a result of the drought.

The national Government-led food and non-food Belg emergency needs assessment conducted in June 2016 has been completed. The findings are used to determine the humanitarian needs during the second half of the year. The revised HRD is expected to be released during the last week of July 2016. UNICEF was part of 16 of the total 19 assessment teams and also provided logistics and financial support for this national assessment.

The Belg rains caused widespread floods and landslides, which resulted in the death of some 200 people and the displacement of nearly 270,000 people in Afar, Amhara, Oromia, Southern Nations, Nationalities and People’s Region (SNNP) and Somali regions and Dire Dawa town from March to May. Flooding will continue to be a major natural hazard during the June to September seasonal rains as the National Meteorological Agency predicts normal to above normal rainfall. The NDRMC issued a “Flood Alert” in April 2016 to warn about heavy Belg rains and a second alert in June 2016 to prepare for the Kiremt season (June to September). The alert provides information on the likely areas to be affected and helps regions and communities put in place early preparedness measures, including strengthening flood protection measures. Some households will require continued assistance, as fields of crops were flooded, although most are expected to resume normal activities once the flood waters recede. With the end of the El Nino event, meteorology experts predict that La Nina will bring more rains during the coming months. Although the rains will benefit farming activities, there are flooding concerns which call for the implementation of effective mitigation measures. The national Flood Task Force continues to monitor the situation while a contingency plan is prepared to support immediate response in terms of food, shelter and non-food items (NFIs) when the floods come. The contingency plan estimates that more than 1 million people will be affected by floods during the Kiremt rains, while 460,000 people are expected to be temporarily displaced. Floods are also feared to trigger disease outbreak including AWD and malaria cases.

In addition to the 10.2 million people assisted through general food distribution, 8 million chronically food insecure people in Afar, Amhara, Oromia, SNNP and Tigray regions continue to require assistance through the Government implemented Productive Safety Net Program (PSNP). The PSNP is Ethiopia’s flagship social protection programme for food insecure households in rural areas and was formally launched in 2005. The programme aims to improve and stabilize the food security of PSNP beneficiaries and protect their livelihoods through food and cash transfers. UNICEF, as part of the donor working group is supporting PSNP. The regular PSNP transfers usually stretch from January to June, for the core caseload. Due to the extended effects of drought and floods on household food security, the Government of Ethiopia jointly with its partners decided to extend the number of PSNP transfer rounds to the most affected beneficiaries. Initial estimates indicate that approximately 4 million beneficiaries will receive three additional rounds of transfers, however the exact caseload and number of rounds will be confirmed after a thorough analysis of the results from the Belg assessment.

More than 200 people, including women and children, were killed in mid-April of 2016, when the South Sudanese Murle tribe crossed the Ethiopian border and attacked Ethiopians in Jikawo and Lare woredas of Nuer Zone, Gambella Region. The attackers abducted 146 children. More than 90 people were wounded and an estimated 18,000 people were displaced. Homes were burnt and livelihoods were lost. Negotiations are ongoing to peacefully return all the children (currently 91 have been returned) and reunite them with their families, while support to the displaced and orphaned children continues.

In Gambella Region, humanitarian assistance and provision of services for South Sudanese refugees were disrupted in April, following the killings of 14 Ethiopians working in Jewi refugee camp. The Ethiopians were killed in retaliation of an NGO car (with an Ethiopian driver) that accidentally killed two South Sudanese refugee children. The situation has stabilized following the intervention of the Federal Government.
Humanitarian Leadership and Coordination

The Ethiopian Government’s National Disaster Risk Management Commission (NDRMC) leads and coordinates the nationwide humanitarian response through the Federal and Regional level Disaster Risk Management Technical Working Groups (DRMTWGs) and brings together various task forces/sector cluster partners to coordinate drought and flood response efforts.

Together with the Government of Ethiopia, UNICEF continues to provide cluster leadership for the sectors of WASH, Nutrition, and Education (co-leadership with SCI) and sub-cluster co-leadership, with UNFPA, for Child Protection and Gender Based Violence; and plays a key role in the Health Cluster coordination.

In May, as part of the UNICEF strategy for strengthening clusters, UNICEF organised a two day workshop on Core Cluster Functions and Multi-cluster Integration. A total of 113 participants attended the workshop (including 50 Regional Government Counterparts, 37 UNICEF Project Officers from the regions, eight federal Cluster Coordinators and Information Management Officers, as well as OCHA and SCI from federal and regional levels) from the six drought affected regions and five sectors (Health, Nutrition, WASH, Child Protection and Education). UNICEF Ethiopia is working to extend the training at the regional level for all cluster members.

Humanitarian Strategy: Prepositioning and Partnerships

The Government and humanitarian partners’ strategic priorities as detailed in the HRD 2016 include:
1. Save lives and reduce morbidity related to drought
2. Protect and restore livelihoods
3. Prepare for, and respond to other humanitarian shocks (i.e. natural disasters, conflict and displacement)

In line with its Core Commitments for Children in Humanitarian Action, UNICEF is supporting the Government to achieve objectives 1 and 3 listed above. UNICEF is scaling-up its response to mitigate the impact of the current drought and flood on children and women. UNICEF is working with all partners to ensure that children have access to education, health and nutrition care, child protection and safe water, sanitation and hygiene services during emergencies.

Ongoing support is being provided to community resilience-building efforts aimed at reducing the vulnerability of women and children. In drought-affected pastoralist areas, UNICEF is supporting mobile health and nutrition teams to provide access to life-saving health and nutrition services. UNICEF and partners are supporting the Ministry of Health in the prevention and control of diseases, including Scabies, Measles, Meningitis, and AWD. UNICEF is also supporting the treatment of children with SAM through the community-based management of acute malnutrition (CMAM). In addition, UNICEF is complementing life-saving WASH interventions with the establishment and rehabilitation of water sources and the dissemination of sanitation and hygiene information and water treatment chemicals. UNICEF facilitates education for children affected by emergencies and is providing minimum packages for child protection in emergencies. UNICEF has reached an agreement with the Regional Governments of Afar, Somali, Oromia, Tigray and Amhara to implement the Child Protection Minimum Package of interventions reflected in the HRD Operational Plan in selected woredas and is mobilizing funds to accelerate the plan’s implementation. These services will include identification and referral of children at risk of or victims of abuse, violence and exploitation, identification and referral of unaccompanied and separated children, psychosocial support through child-friendly spaces and community mobilization to prevent family separation, dangerous migration, child marriage and other protection issues.

To respond to rapid onset crises in a timely manner, UNICEF has prepositioned stocks available in Addis Ababa and at two regional hubs to address the humanitarian needs of 120,000 people. These supplies are currently being used to provide immediate assistance to drought and flood affected populations based on requests from Regional Governments and other partners. UNICEF has long-term agreements established with suppliers of key emergency stocks, which enable scaling up quickly when needed.

In the refugee response context, UNICEF supports UNHCR and the Government’s Administration for Refugees and Returnees Affairs (ARRA) to spearhead the emergency response coordination. The partnership is based on a Memorandum of Understanding which was signed in 2012 between the two 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 for refugees.
Summary Analysis of Programme Response

Nutrition

Between January and May 2016, 145,461 children under five were admitted and treated in the CMAM programme, with 10,907 (7.5 per cent of the total children admitted in CMAM) of these children having medical complications and had to be treated as inpatients in the therapeutic feeding units (stabilization centers). Following a peak in March 2016, admission of malnourished children appears to be stabilizing with slight decreases observed. Distribution of targeted supplementary and relief food coupled with good rainfall (particularly for pastoral areas) in previous months are likely to have contributed to the decrease in child admissions.

In supporting the Government to respond to the drought situation and in collaboration with local, national and international partners within the framework of the cluster approach, UNICEF actively contributes to the prevention and reduction of child mortality and morbidity due to malnutrition. UNICEF has supported the expansion of the CMAM programme; the number of outpatient therapeutic feeding programme sites has reached 14,522 in May 2016 (from 13,383 in May 2015). In addition, the number of stabilization centers for inpatient care has increased to 1,411 (from 1,020 in May 2015). To reduce distance barriers for the treatment of children with SAM with complications, UNICEF has planned in 2016 to establish 812 additional stabilization centers (therapeutic feeding units) with, 457 new stabilization centers established to date, with UNICEF providing stabilization opening kits and nutrition supplies.

In addition to monitoring the admission of children with SAM in the CMAM programme and the classification of hotspot woredas, bi-annual nutrition surveys are particularly important to provide an enhanced understanding of the nutrition situation on the ground. From December 2015 to February 2016, with UNICEF support, the regional ENCUs conducted a nutrition survey in 21 woredas of Afar, Amhara, Oromia, SNNP, Somali and Tigray regions.

With the aim of ensuring the quality of service provided to children with SAM, UNICEF recruited 30 field monitors, (an increase from 9 at the beginning of 2016) who are deployed to all six affected regions of Afar, Amhara, Oromia, SNNP, Somali and Tigray, to support rapid response, provide technical support and help maintain a high standard of service in the CMAM programme and in the Infant and Young Child Feeding (IYCF) programmes. The quality of the CMAM programme service has remained within the international SPHERE standards\(^1\) with recovery rates of 91.3 per cent, death rates of 0.2 per cent and default rates of 1.8 per cent.

As per the accountability matrix of the Nutrition Cluster, UNICEF is responsible to procure ready-to-use-therapeutic food (RUTF), therapeutic milk and first line drugs for the CMAM programme in the country. Accordingly, UNICEF has stepped up the procurement of large scale therapeutic food in 2015, in preparation for the anticipated worsening nutritional situation nationwide. From the 2016 requirement of 522,000 cartons, 186,031 are already distributed to regions, covering the needs for quarter 1 and 2 of 2016. Distribution for the third quarter has started in June with 23,415 cartons already dispatched (61,048 remain to be dispatched) to the different regions. UNICEF procured 136,193 cartons which are currently in transit while there are 178,006 cartons in stock in UNICEF’s warehouse.

\(^1\) The global (SPHERE) standards are: cure rate of >75 per cent, defaulter rate of <15 per cent and death rate of <10 per cent.
As lead of the Nutrition Cluster, UNICEF continues to support the Federal (under the NDRMC) and the Regional ENCUs, to improve access to timely information and strengthen the coordination of the nutrition response. UNICEF continues to provide technical and financial assistance to ENCU.

Health

As of 30 June, a total of 2,145 cases of AWD have been reported in Addis Ababa, Afar Amhara (1 case), Oromia, SNNP and Somali regions. AWD has remained a challenge since November 2015, when the first outbreak was reported in Moyale Woreda, Oromia Region. The disease is mainly attributed to poor access to safe water and sanitation facilities, coupled with poor hygiene practices. Since November 2015, the outbreak has expanded to additional woredas in Oromia, Somali, SNNP regions and Addis Ababa. UNICEF continues to support the emergency response and has provided supplies, including essential drugs valued at US$535,415 and US$529,610 for operational costs including the training and running costs for treatment centers in Oromia, Somali and SNNP regions and Addis Ababa regional health bureaus. Operational funds were also sent to Afar, Amhara, Benishangul Gumuz, Gambella and Tigray for preparedness activities.

UNICEF supplies included 75 case treatment centers and Addis Ababa regional health bureaus. Operational funds were also sent to Afar, Amhara, Benishangul Gumuz, Gambella and Tigray for preparedness activities. UNICEF facilitated the procurement of 28 million doses of Measles vaccines and devices for the campaign that conducted a Measles vaccination campaign targeting 25 million children aged 6 months to 14 years plus polio children, in April 2016, the Federal Ministry of Health with support from partners including UNICEF and WHO, Measles, one of the major causes of high morbidity and mortality among under five children, has been on the increase since the last quarter of 2015. To prevent the complication and fatality rate of measles in malnourished children, in April 2016, the Federal Ministry of Health with support from partners including UNICEF and WHO, conducted a Measles vaccination campaign targeting 25 million children aged 6 months to 14 years plus polio vaccination targeting 16.5 million children under five in all drought affected nutrition priority 1 and 2 woredas. UNICEF facilitated the procurement of 28 million doses of Measles vaccines and devices for the campaign that resulted in a timely delivery of critical supplies to health centers.

A scabies outbreak has been reported since June 2015 in Amhara, Oromia, SNNP and Tigray regions. In response to the outbreak, UNICEF procured 211,728 doses of drugs to cover the needs of 30 per cent of those requiring treatment. Since the onset of the outbreak, Regional Health Bureaus treated a total of 734,194 affected people and their contacts in all three affected regions. The number of scabies cases reported has decreased considerably; in Amhara, it is reported that cases have decreased by 95 per cent.

UNICEF is supporting Mobile Health and Nutrition Teams (MHNT) in Somali and Afar regions to provide people with access to health care services in the remote areas of these two regions. Each team is comprised of six staff from the Regional Health Bureau (RHB) and include two health workers (clinical and/or midwife nurse), two health extension workers, one social mobilizer and one driver. The MHNTs provide medical consultations, nutritional screening and promote safe motherhood (screening of pregnant and lactating women), health education and sanitation, hygiene promotion and emergency water treatment. UNICEF supplies these teams with essential drug kits and nutrition suppliers and continues to provide technical support. In response to the drought and as requested by the Ministry of Health, 13 additional teams were deployed in 2016, bringing the total number of teams deployed to 20 in Afar and 39 teams in the Somali Region. Between January and March 2016, the teams were able to provide...
more than 94,450 medical consultations (37 per cent of whom are under five children). Data collection and sharing remains a challenge to the mobile teams mainly due to the remoteness of the area that they are operating in.

**WASH**

Good seasonal rains (February to May 2016), were received in many parts of the country including those woredas which were affected by the drought and were dependent on water trucking. The rains have improved the water situation and contributed to the regeneration of pasture. Since April 2016, the number of water trucks has been reduced to 98 trucks (Afar, Amhara, Oromia, Somali and Tigray regions) from 440 trucks deployed by the WASH cluster at the peak of the drought in March 2016. As a result, more than 2 million people benefited from the supply of clean water. Out of these, 306 are deployed by the Government, 34 are deployed by different NGOs while UNICEF operated 100 trucks enabled an estimated 300,000 people to have access to clean water. In addition, UNICEF has provided supplies valued at US$1.6 million, which includes 60 generator sets, bladders, water treatment chemical and other supplies and enabled more than 615,000 people to have access to clean water. UNICEF recruited six water trucking monitors who were deployed to all six affected regions to monitor the provision of the service, while seven information officers are directly supporting the government in data management. Although the Belg and Kiremt rains have reduced the need for this kind of assistance, there are still areas where critical water shortage is reported and where there is need for water trucking until permanent solutions are in place.

Improved water availability in all regions has given relief to partners that are currently focusing on building the resilience of populations through the rehabilitation and maintenance of water supply systems. The combined efforts of partners in water trucking, rehabilitation of water points and drilling of new points and sanitation activities during the past six months, have assisted nearly 3.2 million people, which is 51 per cent of the 5.8 million people in critical need of water supply and sanitation services in the country. In addition to the 300,000 people that UNICEF supported through water trucking, UNICEF supported the rehabilitation and drilling of water schemes reaching 151,400 people, in Afar, Oromia, SNNP and Tigray regions. UNICEF has also provided procurement service to the Ministry of Water, Irrigation and Electricity for the purchase of 140 generators and 160 submersible pumps to support the rehabilitation and maintenance efforts of the Ministry.

In addition to working to increase access to safe drinking water, to contain the spread of the AWD, prevention activities are being promoted by UNICEF. Since November 2015, UNICEF has deployed WASH technical officers that provided assistance for the coordination of prevention activities, disinfection of water schemes and promoting safe hygiene practices at market places, hotels and other at risk areas. The affected regions also received water purifying chemicals and various sanitation supplies (soap, jugs, buckets etc) valued at US$ 1.3 million, which benefited 145,000 people and enhanced the prevention of waterborne diseases through household water treatment and safe water storage. UNICEF also reached at least 230,000 people with AWD and scabies awareness and prevention messages through mass campaigns and the distribution of IEC materials.

In response to the flood emergency, UNICEF distributed jerry cans, 440,000 pieces of soap and nearly 5 million sachets of household water treatment chemicals to affected population in Afar, Oromia, SNNP, Somali and Tigray regions. Some 40,000 families were provided with access to clean water over a two month period. The distribution of household water treatment chemicals is accompanied by information on their correct use.

UNICEF has engaged through surge capacity a WASH Cluster Coordinator and a Deputy Coordinator to strengthen the WASH cluster coordination, which has been instrumental in ensuring timely and efficient response from humanitarian actors.

**Education**

The Ethiopian Government has recognized the positive impact of school meals in reducing school dropouts, increasing attendance and improving cognitive abilities of the children. In 2016, the Government together with WFP and Save the Children International has provided some 2.8 million children with school feeding services in 6,986 primary schools.

The Education Cluster, including the Ministry of Education, has provided education materials to benefit 813,955 school children, provided over 590 primary schools with safe water and helped 57,700 displaced children to continue their education through the establishment of temporary learning spaces. To address the gap in access to water in schools, UNICEF has provided financial support for the establishment of water and sanitation services in 48 UNICEF targeted hotspot priority 1 woredas. So far, UNICEF’s support has benefited 58,200 school children in Afar, Oromia and Tigray regions through provision of safe water in their school premises.

In Gambella Region, UNICEF has completed the construction of six schools, two in Jewi camp for refugees and four for host community children.
To strengthen the capacity of the Education Cluster, UNICEF recruited and deployed as of June 2016, a new Education Cluster Coordinator. The Coordinator is expected to strengthen the coordination of the emergency response and the information management system, including the state of affected children, response and response gaps. At the beginning of the year, two rapid response team members from the Global Education Cluster provided support for the initial stages of the emergency response. In May 2016, a Strategic Advisory Group comprising the Ministry of Education, Save the Children International and UNICEF was established at the national level to strengthen the national and regional education cluster coordination. Despite the significant support provided during these months, the cluster faces considerable gaps in funding to provide an integrated multi-sector response, including school meals, education materials, water and support to provide extra lessons to cover missed school time.

**Child Protection**

During the past six months of 2016, partners have been responding to child protection issues arising from the drought situation that was triggered by the *El Nino* phenomenon. Assessment reports in all six affected regions brought out key evidence on child protection issues including increased levels of separation of children from families, increased movement or migration of children from affected regions/families to nearby towns, increased risk of child/forced marriage and high risk of sexual violence for girls/women, who are impacted by the drought/flood situation.

Based on initial findings and with support of established systems to ensure a protective environment, UNICEF is focusing on three key intervention areas:

- Identification, registration, family tracing, reunification, provision of alternative care/support to orphan children, abducted children and other unaccompanied and separate children in affected communities;
- Provision of psychosocial support to affected care givers and children through targeted individual and counselling sessions and through structured activities for children through Child Friendly Spaces; and
- Referral of identified vulnerable children to specialized services, through the local community care coalitions and Bureau of Women Children Affairs at *woreda* level.

Between January and June 2016, with UNICEF financial support, Regional Bureaus initiated child protection services in 10 *kebelles* in Amhara, Afar, Oromia, Somali and Tigray regions. A total of 630 separated children were reunified with their families in Oromia Region while eight new Community Care Coalitioons (CCC) were established in the drought hit *kebelles* of Afar to respond to child protection concerns in the region. CCCs are community based structures engaged in social protection activities with the aim of strengthening traditional care and support systems. In addition to the financial support, UNICEF also dispatched tents and recreational materials to establish child friendly spaces, where children can get together and take part in recreational and educational activities.

The Government led the process of rescuing 91 out of the 146 children who were abducted from Gambella by South Sudanese Murle tribes. In addition, 686 children were orphaned in the 4 *woredas* which were attacked by the Murle during the conflict. To date, 91 of the abducted children have been reunified with their families and communities. UNICEF continues to provide support to the government in terms of basic health, nutrition and child protection services as well as the provision of NFIs. Twelve social workers are recruited for Jikawo, Lare and Makuwe, the three most affected *woredas* by the cross border attack. UNICEF has trained 12 social workers in Jikawo, Lare and Makuwe (the three most affected *woredas* by the cross border attack) on care and support for children affected by trauma and separation.

**Communication for development**

AWD remains a great threat to the community as it can spread swiftly and prevention and early detection is necessary to reduce morbidity and mortality. UNICEF, together with humanitarian partners, is focusing on assessing behavioural risk, and is supporting the preparation and roll out of C4D response plans, community awareness and mobilization activities and materials and is producing and disseminating multi-media productions.

In response to the AWD outbreak in the country, UNICEF distributed 150 megaphones to Oromia, SNNP and Somali regions; the megaphones are used by volunteer town criers to transmit AWD message to communities in market places, worship places, streets and gatherings. UNICEF also developed and distributed information, education and communication materials with a focus on key messages for prevention of AWD. These messages focus mainly on behavior changes with some of the key messages including: washing hands, boiling or disinfecting water, avoiding open defecation, the use latrines and highlighting the risks associated with funerals and eating of uncooked food. A total of 950,000 brochures, 225,000 posters as well as audio and video messages were developed and distributed to all affected areas. UNICEF also developed an information package for media professionals, church leaders and preachers, prison commissions, transport offices and associations. UNICEF has developed project cooperation agreements with the Ethiopian Red Cross Society and Oxfam to deploy volunteers...
UNICEF Ethiopia June 2016

to support social mobilization and hygiene promotion interventions in religious sites, market places, bus stop areas and informal settlements, among others.

Following reports of scabies in Amhara, Oromia and Tigray regions, UNICEF provided scabies management guidelines, education, information and communication materials that included: 105,500 scabies job aids for health workers, 66,000 scabies foldable posters for the Health Development Army and 60,000 brochures on scabies. UNICEF recruited and deployed six emergency staff to support the AWD and scabies response with planning and coordinating the implementation of communication activities.

Communication & Advocacy

From January to June 2016, emergency related field visits for over 10 high level delegations and over 17 media stations have been carried out. Below are some highlights. As part of ongoing partner engagement, a field visit to Gambella was organized for KFW to see the needs of refugee communities and the impact of WASH and Education interventions. Media visits were organized for CCTV and Reuters to cover the story of cross-border abductions in Gambella, and Aftenposten to Somali Region to cover the Nutrition response to the drought and floods. There was further media coverage, featuring UNICEF advocacy, of the Gambella abduction issued by AFP and the impact of climate change in Ethiopia by the Australian Broadcasting Corporation.

In May, a field visit to Afar was also organized jointly with WFP, for the government of Germany, Japan and Korea to see the impact of their contribution in the Emergency Health, Nutrition and WASH response. Another field visit was organized for OFDA, SIDA and ICM covering drought-related programme interventions in Education, Health, Nutrition, Child Protection and WASH. From 16 to 19 March 2016, USAID/OFDA Director Jeremy Konyndyk visited Ethiopia to assess the drought response. He travelled to Tigray Region to observe USAID-supported drought response interventions and consulted with government and key partners in Addis Ababa on the ongoing response and additional requirements needed.

Non-food items

Through its partnership with the Ethiopian Red Cross Society, UNICEF provided 800 NFI kits for people displaced as a result of a conflict in Gambella Region. The kits included blankets, shelter materials, sleeping mats and kitchen utensils.

In response to the floods in different parts of the country, the UK Government donated 30,000 NFI kits, valued at US$2,378,549 to the Government of Ethiopia. The kits include kitchen sets, sleeping mats, blankets and shelter and hygiene kits. UNICEF provided logistics support to deliver these items to the NDRMC, which will distribute the items to flood displaced families in affected regions.

Funding


In 2016, UNICEF Ethiopia has received funds from the Governments of Canada, Germany, Ireland, Italy, Japan, Sweden, UK, and USA, and from the Bill and Belinda Gates Foundation, CERF, ECHO, Ethiopian Humanitarian Fund, and the UNICEF National Committees of Japan, the Netherlands, the US and UK.

As of the end of June 2016, UNICEF has received US$54.8 million against the HAC appeal and has carried forward US$26.9 million in humanitarian funds from 2015 that are being used in the current response.
UNICEF’s funding status as of 30 June 2016

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<th>Appeal Sector</th>
<th>Requirements US$</th>
<th>Funds available US$</th>
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<td>Nutrition</td>
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<td>Health</td>
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<td>WASH</td>
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<td>Child Protection</td>
<td>4,000,000</td>
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<td>Education</td>
<td>12,000,000</td>
<td>3,186,232</td>
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<td>Cluster coordination</td>
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<td><strong>Total</strong></td>
<td><strong>106,000,000</strong></td>
<td><strong>81,758,190</strong></td>
<td><strong>24,241,810</strong></td>
<td><strong>23%</strong></td>
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</tbody>
</table>

**“Funds available” includes funding received against the current appeal as well as carry-forward (US$26,956,737) funds from 2015. In addition, nutrition supplies valued at US$20 million have also been allocated to humanitarian response in 2016.**

Next Situation Report: August 2016
**Annex A**

**SUMMARY OF PROGRAMME RESULTS: ETHIOPIA**

<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 to therapeutic care programmes</td>
<td>458,000</td>
</tr>
<tr>
<td>Children under 5 years who received vitamin A supplementation</td>
<td>11,800,000</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years vaccinated against measles</td>
<td>6,800,000*</td>
</tr>
<tr>
<td>People provided with access to health care facilities stocked with emergency supplies and drugs</td>
<td>5,850,000</td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
</tr>
<tr>
<td>People provided with access to safe water</td>
<td>5,849,964</td>
</tr>
<tr>
<td>People reached with key health promotion messages</td>
<td>3,500,000</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
</tr>
<tr>
<td>Separated and unaccompanied children registered in family tracing services and received family-based or appropriate alternative care</td>
<td>22,000</td>
</tr>
<tr>
<td>Vulnerable children in refugee camps, host communities and drought-affected areas benefitted from critical child protection in emergencies services</td>
<td>800,000</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
</tr>
<tr>
<td>School-aged children with access to emergency education programmes</td>
<td>1,287,444</td>
</tr>
<tr>
<td>Refugee and host community children received psychosocial support in emergency education programmes</td>
<td>130,000</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>

*Initially, the target was for under five children (6.8 million children). Based on an analysis of on the ground situation the Government increased the target to include children under 15 years of age.

**The Government has plans to roll out school feeding programmes in all affected regions for all students and has so far reached 2.8 million children.