Highlights

- In 2017, Ethiopia was faced with drought, floods, conflict; and the continued influx of refugees.
- Between January and November 2017, 321,040 children received lifesaving treatment for severe acute malnutrition (SAM).
- 483,701 medical consultations were provided through 49 UNICEF supported mobile health and nutrition teams. 188,671 consultations were received by children.
- UNICEF provided access to safe water for 2.4 million people affected by drought and displacement due to conflict.
- 25,868 children were provided with psychosocial support in child friendly spaces and;
- 163,337 children affected by emergencies accessed education.

UNICEF’s Response with Partners

<table>
<thead>
<tr>
<th>UNICEF</th>
<th>Sector/Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition: Children under 5 years with SAM admitted for treatment to therapeutic care programme</strong></td>
<td></td>
</tr>
<tr>
<td>UNICEF Target*</td>
<td>Total Results**</td>
</tr>
<tr>
<td>389,397</td>
<td>321,040</td>
</tr>
<tr>
<td>Cluster Target</td>
<td>Total Results**</td>
</tr>
<tr>
<td>376,397</td>
<td>315,222</td>
</tr>
<tr>
<td><strong>Health: People provided with access to essential and life-saving health care services</strong></td>
<td></td>
</tr>
<tr>
<td>400,000</td>
<td>483,701</td>
</tr>
<tr>
<td><strong>WASH: People accessing safe water</strong></td>
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</tr>
<tr>
<td>4,393,171</td>
<td>2,427,345</td>
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<tr>
<td>10,475,645</td>
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<tr>
<td><strong>Child Protection: Vulnerable children receiving psychosocial support</strong></td>
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<td>50,000</td>
<td>25,868</td>
</tr>
<tr>
<td>40,000</td>
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<tr>
<td><strong>Education: School aged children with access to emergency education</strong></td>
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<tr>
<td>622,000</td>
<td>163,337</td>
</tr>
<tr>
<td>1,971,891</td>
<td>1,700,000</td>
</tr>
</tbody>
</table>

See Annex 1 for more information on programme results for 2017 year.

*UNICEF target includes 376,397 Ethiopian children with SAM and 13,000 refugees.
**Nutrition result includes January to October 2017.

Funding Status 2017**

- Carry-over: US $33.6m (25%)
- Funds received to date: US $57m (42%)
- Funding gap: US $45.3m (33%)

**Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year.

8.5 million*
People in need of relief food assistance in the second half of 2017

376,000*
Children in need of treatment for severe acute malnutrition in 2017

10.5 million*
Children in need of access to safe drinking water and sanitation services

1.9 million*
School-aged children in need of emergency school feeding and learning material assistance

1.696 million
Number of internally displaced people in Ethiopia** (64 % displaced due to conflict)

892,555
Registered refugees in Ethiopia (UNHCR, December 2017)

*2017 HRD, mid-year review
** IOM briefing document, January 2018
Situation Overview and Humanitarian Needs

In 2017, Ethiopia was faced with drought, floods, conflict, continued influx of refugees and the return of 100,000 undocumented Ethiopian migrants from the Kingdom of Saudi Arabia. The humanitarian situation remained serious throughout the year as people were internally displaced, particularly in the southern and south-eastern regions of the country. Towards the end of the year, conflict on the Oromia and Somali regional borders further increased the number of the internally displaced and compounded the needs of those already experiencing the impact of drought. The regions of Oromia, Somali and Southern Nations, Nationalities, and Peoples' (SNNP) regions have been the worst affected. With deteriorating conditions, children have faced significant threats to their survival, development and protection. Food insecurity and untreated scarce water resources have fuelled rates of severe acute malnutrition among children, cases of Acute Watery Diarrhoea (AWD), scabies and measles. Children have dropped out of school, because their families could not afford to send them to school or closed due to conflict. Children’s vulnerability to violence, exploitation and abuse has been further exasperated. Increased rates of child marriage, unaccompanied and separated children and child labour have been reported.

The Humanitarian Requirements Document (HRD) issued in January 2017 was revised in August 2017. According to the revised HRD, the number of people in need of humanitarian food assistance at the end of 2017 increased to 8.5 million people (from 5.6 million in January 2017). It was projected that by the end of 2017, around 3.6 million moderately malnourished children and pregnant and lactating mothers required supplementary feeding and 376,000 children required treatment for Severe Acute Malnutrition (SAM); 10.5 million people required access to safe drinking water and appropriate sanitation services. An estimated 6.3 million people required health assistance and 1.9 million school-aged children were targeted for school feeding; and the provision of school materials to continue their education. The financial requirements to meet these needs increased from US$949 million at the beginning of 2017 to US$1.259 billion by August and US$1.4 billion by October 2017. To determine the humanitarian needs in 2018, government-led multi agency needs assessments were conducted from 18 November to 13 December 2017 and have estimated that between 5 to 7 million people will require food support in 2018. The HRD (in draft) currently costs the humanitarian requirements for 2018 at US$1 billion for all food and non-food sectoral requirements.

The IOM-led displacement tracking matrix (DTM) Round 8 reports that, as of November 2017, there were nearly 1.7 million internally displaced people (IDPs) in Ethiopia. Drought, conflict and floods were primary causes of displacement. The majority are in the Somali region (806,913 people) and Oromia region (772,242 people) and of these totals 519,651 individuals in Oromia and 408,933 individuals in Somali were displaced in 2017. Although a humanitarian response is ongoing, it is widely considered insufficient and under resourced.

Ethiopia is host to the second largest refugee population in Africa, sheltering 892,555 registered refugees and asylum seekers as of 31 December, 2017, 58 per cent of whom are children. Since January 2017, 109,851 refugees arrived in Ethiopia, mainly from South Sudan (over 75,400), Eritrea (over 25,200) and Somalia (6,700), putting additional pressure on already over extended social services in host communities. In October 2017, the Government of Ethiopia started registering vital events of the refugee population and on 28 November 2017, launched the Comprehensive Refugee Response Framework that promotes out-of-camp support to refugees and supports their integration into host communities to sustain peaceful co-existence.

Humanitarian Leadership and Coordination

The humanitarian response in Ethiopia is led by the National Disaster Risk Management Commission through the federal and regional Disaster Risk Management Technical Working Groups (DRMTWGs). UN OCHA coordinates the humanitarian response with UN agencies and NGOs to support the Government-led humanitarian response. The Government prioritises its emergency response based on target hotspot woredas (districts).

UNICEF continues to provide the Government of Ethiopia with crucial support to cluster coordination at varying administrative levels in Water, Sanitation and Hygiene, Nutrition, Education with Save the Children International; and the Child Protection and Gender based Violence Sub-Clusters. UNICEF plays a key supporting role with WHO in Health Cluster Coordination.

Humanitarian Strategy: Prepositioning and Partnerships

The 2017 humanitarian response was based on three strategic objectives that informed sector specific operational plans.

These strategic objectives were:
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.

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1 Following the end of the fourth extension of an amnesty period on 16 November 2017, the Kingdom of Saudi Arabia (KSA) started to expel Ethiopian migrants who were not legally documented. Between 29 March 2017 and 5 January 2018, more than 100,000 undocumented Ethiopian migrants are estimated by IOM to have returned to Ethiopia. Among the returnees are unaccompanied children, single mothers and other vulnerable people requiring assistance for food, water and transportation. IOM is currently leading the coordination of the response.

2 HRD is under draft currently with NDRMC expected approval beginning of February 2018

3 UNHCR Fact Sheet, December 2017
In line with its Core Commitments for Children in Humanitarian Action, UNICEF supported the Government to achieve objectives one and three. UNICEF is working with all partners to ensure children have access to health, nutrition, 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 stocks in Addis Ababa and two regional hubs for 120,000 individuals.

In the refugee response context, UNICEF supports UNHCR and the Government’s Administration for Refugees and Returnees Affairs that spearhead emergency response coordination.

Summary Analysis of the Programme Response

Nutrition
This year UNICEF significantly contributed to strengthening the regional capacity of Afar, Somali, parts of Oromia and the SNNP regions to plan, coordinate and respond directly to acute malnutrition in children. As of November 2017, 315,222 children received lifesaving treatment for SAM with a recovery rate greater than 90 per cent. These children were provided with quality feeding and care services in line with Sphere standards.

The Community Management of Acute Malnutrition (CMAM) Programme expanded this year increasing the number of CMAM sites from 16,624 (15,049 Outpatient Therapeutic Programme [OTP] and 1,575 Stabilization Centres [SC]) in 2016 to 18,391 (16,429 OTPs and 1,962 SCs) at the end of November 2017. The expansion of this programme has directly resulted in the early identification and treatment of children with SAM; preventing further health complications and admittance to stabilization centres. To ensure better access to SAM treatment services in pastoralist regions of Afar and Somali, a total of 49 mobile health and nutrition teams provided Community based Management of Acute Malnutrition services to 11,310 children with SAM.

In 2017, UNICEF supported the growth monitoring and promotion (GMP) programme in Amhara, Oromia, SNNP and Tigray regions reaching 2.3 million mothers and caregivers with information on appropriate Infant and Young Child Feeding in emergencies (IYCF-E) practices. During the GMP sessions, mothers and caregivers received nutrition education, empowering them with the necessary skills and knowledge to prevent malnutrition in their children. Further in partnership with a local NGO UNICEF supported the integration of breastfeeding safe spaces in 20 IDP sites reaching 6,100 mothers.

To enhance government capacity to adequately respond to nutrition emergencies, UNICEF supported the training of 1,718 health workers (HW) and health extension workers (HEW) to identify and implement SAM management including the promotion of IYCF-E. One hundred and eight practitioners were equipped with the knowledge and skills in nutrition supply management. UNICEF also equipped 225 health workers and health extension workers deployed in the Somali region through UNOPS to support the emergency nutrition response. In support of the CMAM programme, UNICEF procured 297,453 cartons of Ready-to-Use-Therapeutic-Food, 5,277 cartons of F-75, 6,467 cartons of F-100 and 1,028 cartons of ReSoMal and systematic medicine to treat 309,730 children with SAM.

UNICEF, through the Global Nutrition Cluster, improved the capacity of government partners to analyse and visualize nutrition information by equipping 24 staff from six regions on Geographic Information Systems. To guide the emergency response, UNICEF supported the bi-annual hotspot classification and seasonality assessment to identify the most vulnerable geographic population; and supported a series of surveys including 16 coverage surveys and 5 SMART surveys in all regions to give an enhanced understanding of the nutrition situation, barriers to programme access and the nutritional status of the children. To standardize the quality of nutrition coverage surveys, a national guideline was developed.

To ensure quality of care in CMAM and IYCF programmes, 43 monitors continue to conduct regular visits to frontline health staff identifying challenges and bottlenecks and to provide on the job support and skills training. During the year, CMAM/IYCF monitors equipped more than 3,000 HW and HEWs in seven regions on carrying out CMAM programme.

In Somali region, IDPs are being prioritized for the Blanket Supplementary Feeding Programme supported by WFP and the Government. In anticipation, before food distribution commenced in the Oromia region, UNICEF distributed a total of 12,550 cartons of energy dense biscuits (BP5) to 21,500 pregnant and lactating women and 87,161 under-five children in IDP camps.

Health
In 2017, through technical, logistical and financial support, UNICEF supported the Government of Ethiopia to avert excess morbidities and mortalities in the country due to drought, disease outbreaks, refugee influx and the internal displacement of populations. A total of 483,701 people, (188,671 children) received medical consultations (158,829 and 324,872 people in Afar and Somali regions respectively) through 49 UNICEF supported mobile health and nutrition teams and 11 jointly supported by RHB, UNICEF and International NGOs. The MHNTs provide timely, essential, context specific and high impact lifesaving health and nutrition services; especially to mobile, hard to reach pastoralist populations.

\[\text{CMAM SPHERE standards: cure}>75\%, \text{defaulter}<15\%, \text{death}<10\%\].
UNICEF also provided technical, logistic and coordination support to the Government and partners at national and sub-national level to respond to disease outbreaks, especially Acute Watery Diarrhoea (AWD). Through these efforts, approximately 48,732 people with AWD, (representing all cases presented at health facilities), benefited from quality case treatment with supplies procured by UNICEF. A total of 516,768 people in 237 districts in five regions (Amhara, Tigray, SNNP, Oromia and Benishangul-Gumuz) were treated with permethrin; procured and distributed by UNICEF.

In collaboration with partners, 2,085,435 children (aged 6-months to 14 years old) across the Somali region were immunized against measles in 2017. UNICEF provided technical support, produced and distributed the campaign forms and facilitated measles vaccine procurement services. 126,615 long lasting insecticide treated nets (LLINs), protecting 60,000 families were distributed to displaced families in Somali and Afar regions and new newly arrived refugees in Gambella, Tigray and Benishangul-Gumuz.

In 2017, the Gambella Regional Health Bureau provided emergency consultations to newly arriving South Sudanese refugees and host communities at the clinics established at entry points with technical, financial and supplies assistance provided by UNICEF. To prevent occurrence of vaccine preventable diseases, 111,321 children 0 - 14 years old were given polio vaccines and 53,231 of those aged 6 months - 14 years immunized against measles.

In Oromia to meet the immediate needs of IDPs, UNICEF dispatched 30 Emergency Drug Kits (EDK) to treat approximately 75,000 people for three months. In addition, 12 MHNTs were relocated to districts hosting IDPs in Somali region providing lifesaving health and nutrition services to Qoloji, Gashamo, Salahad, Lagahida, Kubi and Mayu-Muluko IDP sites.

UNICEF provided technical support at national and regional levels to coordinate, plan and monitor the health interventions in emergencies.

UNICEF, with key donors, successfully leveraged US$24 million from the Sustainable Development Goal-Pool Fund to finance the health, nutrition, communication for development response for AWD and other health emergencies in the Somali region.

**WASH**

As the WASH cluster leads with the Government of Ethiopia, UNICEF has provided technical support to coordinate emergency preparedness and response activities across the country. UNICEF has supported the collection of WASH emergency data from regions through the deployment of eight Information Management Officers in the regions who carry out data analysis and reporting. This has supported informed decision making on the coordination and emergency response by the different WASH Cluster partners.

During 2017, with UNICEF’s support, over 4.2 million people benefitted from access to safe water. Of these, 2.7 million people benefitted from life-saving water trucking, distribution of water treatment chemicals and provision of WASH non-food items, while 716,476 people benefitted from the provision of water supply through the construction, expansion and rehabilitation of water supply systems. To improve emergency response planning, the Somali Regional Water Bureau (RWB), with support from UNICEF and IRC, conducted an inventory exercise of real time monitoring on functionality of existing water schemes and other critical WASH indicators through the use of mobile technology. This exercise informed the prioritization of borehole rehabilitation and maintenance interventions in the Somali region resulting in the rehabilitation of over 100 boreholes benefiting 591,624 people.

In the Somali region, which was the worst affected region by AWD, UNICEF supported the distribution of water treatment chemicals, complimented by a mass water chlorination campaign in all high-risk communities who use surface water and shallow ground water sources. UNICEF equipped, 352 borehole attendants, water truck drivers, government staff, and household members on how to use the proper dose of chlorine to treat water, household water treatment chemicals, and how to appropriately disinfect jerry cans.

In response to disease outbreaks in various parts of the country, including AWD and scabies, UNICEF reached over 3 million people with hygiene promotion activities. As part of the AWD response, UNICEF also dispatched community and household level water treatment chemicals, water storage containers and hygiene materials including body soaps to 293 districts affected by AWD and scabies.

In Gambella region, UNICEF supported the expansion of the Itang water supply system to provide safe water to South Sudanese refugees in Kule, Tierkidi and Nguenyyiel refugee camps as well as host communities. Currently, this system provides access to safe water to approximately 206,000 refugees and 30,000 host community members.

**Child Protection**

UNICEF continued to lead the Child Protection Sub-Cluster at the national level, with a dedicated coordinator and information management officer. Led by the Protection Cluster, the Sub-Cluster continued to provide technical inputs on child protection for two seasonal assessments conducted by the Government to ensure that child protection issues, including child labour, abuse and separation from families, among children were identified. In response to the drought and to protect children, UNICEF provided a minimum package of interventions, including psychosocial support, support to separated and unaccompanied children and awareness creation for the prevention of child violence and abuse. However, limited funding received during the year has limited child protection interventions.
Some 25,868 children accessed structured, recreational, socialisation, and learning platforms in child friendly spaces in five regions affected by drought (Afar, Amhara, Oromia, Somali, and Tigray) and Gambella regions to restore and help ensure their psychosocial well-being for both refugee and drought response. UNICEF organized a training for supervisors of frontline workers with a focused psychosocial support (PSS) training curriculum (at level three of the Mental Health and Psychosocial Support pyramid to address psychosocial needs of children who face emotional issues and require individual attention) for 25 master trainers from five partner organizations in Gambella refugee camps. This was organised to address the gap in this level of service which was identified as a need among the children who came into the refugee camps after facing difficult situations in South Sudan, many of them unaccompanied and separated children.

In 2017 in Gambella region, UNICEF supported UNHCR and NGOs to place 7,519 refugee children in alternative care arrangements while 392 refugee children were reunited with their parents. In addition, 1,120 refugee children at risk of abuse were identified and received multi-sectoral protection services including psychosocial support. In the same region, capacity building of 18,614 families and caregivers of refugee children was undertaken and they were equipped to provide improved care and protection for their children through training on positive child discipline, parenting skills and child protection. 18,796 children received key child protection messages on self-protection and available child protection services, resulting in enhanced awareness among the children to report and seek services. In the camps, UNICEF supported the establishment of Child Protection Committees that enabled the identification of 258 children who faced violence and abuse and who were separated from families. These committee members are trained on identification of cases and the referral mechanism and the identified children are referred to the appropriate child protection services.

UNICEF initiated a partnership with Plan International and International Medical Corps to mainstream child protection across the health and nutrition sectors in Gambella refugee camps and host communities to help children and caregivers access PSS at health and nutrition centres and to use the nutrition sector as entry point for identification of child protection cases. Together with IOM and the Bureau of Women and Children Affairs (BoWCA), UNICEF supported the return of 254 unaccompanied minor returnees from Yemen, Djibouti and KSA who were reunited with their families.

UNICEF supported Child Protection interventions in the five drought affected regions. In 2017, 266 children who were separated from their parents due to the drought were reunified, 584 children and 21,375 adults were reached with child protection messages that contributed towards improving the reporting of protection issues and enhanced safety for children at the community level.

UNICEF received 6-month surge capacity support for the Somali region during the first half of the year, where the Indian Ocean Dipole-induced drought led to a significant increase in displacement and temporary settlements. In partnership with BoWCA, UNICEF supported targeted interventions in two camps. The activities included awareness creation on gender based violence (GBV) through community conversations which reached 1,700 people. Government social workers identified and referred 45 children to the CMAM programme and 13 children for health services.

In response to recent inter-communal conflict in Oromia and Somali region, UNICEF and the sub cluster participated in field missions to collect, analyse and disseminate relevant information to inform programme and policy response and advocacy. UNICEF supported Oromia BOWCA to conduct a child protection rapid assessment in 21 sites which has informed the development of the CP GBV response plan for the region. Somali region was supported technically to identify key protection issues through the seasonal assessments led by the Government. UNICEF committed funds to procure supplies to replenish the pre-positioned supplies for Oromia, Somali and Gambella regions. A Child Protection in Emergency Consultant was recruited for the response in Somali region and recruitment is under process for Oromia region with a focus on support for child protection in emergencies and coordination of the Child Protection sub-cluster with technical inputs for the Regional BOWCA.

**Education**

During the year, 163,337 children affected by emergencies could access education, a result confined by an overall 53 per cent funding gap. In Somali region, 5,000 children displaced due to conflict since 2016 accessed education in temporary learning spaces constructed with UNICEF support. Further, 50,000 primary school aged children were provided with scholastic materials to encourage them to return and remain in schools. In Oromia region, 28,072 children in 129 schools benefited from the provision of water tanks which allowed for more consistent availability of water for drinking and hand washing in the school premises. In partnership with Volunteer Services Overseas, 1,411 primary school teachers from Afar, Amhara, Oromia, SNPP and Tigray regions enhanced their knowledge and skills on how best to support and manage children affected by emergencies through the provision of training.

A key achievement in 2017 was the development of Education Operational Response Plans (covering the 2017/2018 academic calendar) for Oromia, Somali and SNPP regions and a set of prioritized interventions for support by Government and development partners over the coming months were identified. These plans have informed a reprogramming of an estimated US$10 million within the General Education Pooled Sector Fund towards children in schools directly affected by the drought and conflict related emergencies. This is the first time in which the pooled programme within the education sector has re-oriented its financing towards an emergency response. The next iteration of the pooled sector programme

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5 Child protection committees include members of different community structures; such as religious leaders, clan leaders, representatives from women and youth associations and parents.
CSOs levels, capacity building of community actors, strengthening social mobilization at grassroot
establish breastfeeding safe spaces in 42 IDP sites in Ethiopia. During the year, UNICEF Ethiopia has highlighted the drought emergency on media platforms to ensure streamlined messaging and advocacy efforts.

During 2017, Media and External Communication

UNICEF has supported C4D interventions at the federal and regional levels by taking part in coordination meetings at command post level, strengthening social mobilization at grassroots levels, capacity building of community actors, enhancing community engagement, and message development and dissemination. UNICEF has also engaged the Ethiopian Red Cross Society (ERCS) and five regionally based Civil Society Organizations (CSOs) in the community mobilization for the prevention and control of the outbreaks.

During the year:

- Over 3.1 million people were reached with hygiene related and nutrition messages, which mainly focused on the control, prevention and early treatment of AWD and scabies in Somali, Amhara, Tigray, and SNNP regions. The messages were delivered using regional media mainly on pro bono basis.
- Interpersonal communication was the main strategy used by partner CSOs to reach households with appropriate prevention messages and demonstration of skills. The CSOs have reached over 1,788,328 people during community events and household visits.
- Health workers, religious, community, and local leaders were also instrumental in reaching people through interpersonal communication. UNICEF supported the training of health workers on community mobilization and communication and the sensitization of these influencers on AWD and scabies prevention. During the year, over 2,753 health workers were trained on effective communication, and over 4,742 community influencers (that include religious and community leaders, and local government officials) were sensitized.
- UNICEF has provided technical support to Regional Health Bureaus in message development, production and dissemination of contextualized communication materials and job aids. In addition to the radio and TV spots, UNICEF supported the production and dissemination of over 356,575 posters and brochures that provided information and increased the awareness of the public on AWD and scabies prevention and treatment in the affected regions.
- UNICEF has initiated C4D interventions in IDP camps with a focus of nutrition which reached over 58,000 people and 5,322 children with suspected malnutrition referred for treatment. The C4D intervention in IDP camps was also expanded to include promotion of hygiene and sanitation and child protection. UNICEF has signed a partnership agreement with a local NGO to establish breastfeeding safe spaces in 42 IDP sites in Somali region with the aim of supporting appropriate feeding for infants and young children affected by emergencies. The C4D intervention also aims at providing information on IYCF, hygiene and sanitation, prevention of child marriage and education. This intervention will continue in 2018.

As a result of UNICEF’s interventions, people in affected areas have improved knowledge on prevention of AWD and scabies and started seeking care for malnutrition and AWD. Zero reports of AWD in Amhara, Oromia, Tigray, and Afar; and only few cases in Somali region in the last weeks of December are testament of the contribution of C4D in increasing knowledge of people on AWD and encouraging them to practice the desired behaviours.

In 2018, UNICEF will provide support for the Federal Ministry of Health in its new initiative ‘Building Resilient Health System for Health and Nutrition Emergencies’ which has behaviour change as one of its pillars.

Communications for Development (C4D)

As drought and disease outbreaks have continued to affect many children and mothers, Communication for Development (C4D) has been instrumental in providing information to the public and to bring about positive behavioural change. Throughout 2017, AWD, Scabies, and malnutrition had been the major emergencies that C4D interventions focused on. UNICEF has supported C4D interventions at the federal and regional levels by taking part in coordination meetings at command post level, strengthening social mobilization at grassroots levels, capacity building of community actors, enhancing community engagement, and message development and dissemination. UNICEF has also engaged the Ethiopian Red Cross Society (ERCS) and five regionally based Civil Society Organizations (CSOs) in the community mobilization for the prevention and control of the outbreaks.

During the year:

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Media and External Communication

During 2017, UNICEF Ethiopia has highlighted the drought emergency on media platforms using human interest stories and photos. UNICEF attended the Ethiopia humanitarian country team (EHCT) Emergency Communications working group to ensure streamlined messaging and advocacy efforts. UNICEF Ethiopia has been proactive and hosted several media,
donor and other high level visits. This has helped to shine light on the concerns for children but also raised global awareness of how the global show to the world how its support is helping to having an impact and is helping to improve lives. This engagement has also supported the advocacy and fund raising agenda.

Donor visits during the year included Canada and USAID to Gode in Somali region, KOICA to Benishangul-Gumuz region, DFID to Semera in Afar region and the US Fund for UNICEF’s, UNICEF USA National Committee visit, which included NBA stars and UNICEF Goodwill Ambassadors and donors to highlight the UNICEF nutrition, WASH and health programmes in the Tigray region.

Other high-level visits included visits to Afar, Gambella and Somali regions with the German development bank KfW.

Other dignitaries who visited UNICEF programmes in Ethiopia in 2017 included Under Secretary General Stephen O’ Brien’s who went on a mission visit to Warder zone, Somali region. The German Federal Minister of Economic Cooperation and Development, Dr Gerd Muller, along with 16 journalists visited Waaf Dhug Temporary Resettlement Site in Somali region that resulted in international media coverage on the Horn of Africa drought and UNICEF’s and partners’ response to the drought. In the first week of April, the Ambassadors of Canada and Finland, along with Heads of development agencies for Sweden, Canada, Finland and Germany and the DFID Humanitarian Advisor, joined the UNICEF Representative in a visit to South Omo zone of SNNP to for further understand the impact of the drought and how the drought is affecting a largely pastoralist zone. Regional and zonal ministers also joined and engaged in discussions on the needs, gaps and responses in the humanitarian response.

Funding
In 2017, UNICEF Ethiopia appealed for US$135.9 million to meet the humanitarian needs of children of Ethiopia. Of this, US$116.8 million was required to respond to the drought, while the remainder is to assist the refugee response in country.

UNICEF received US$ 57 million during the year while it also used US$33.6 million carried over from 2016 to respond to the emergency in the country. UNICEF expresses its gratitude to the EHF, CERF, ECHO, the Governments of Canada, Japan, South Korea, Sweden, United Kingdom and United States of America, and the Danish, German, Luxembourg, Spanish, Swedish and US Committees for UNICEF, who have contributed generously to the humanitarian response in 2017.

UNICEF Ethiopia funding status as of 31 December 2017

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<tr>
<td>Health</td>
<td>14,430,124</td>
<td>6,793,366</td>
<td>7,681,458</td>
</tr>
<tr>
<td>WASH</td>
<td>51,339,000</td>
<td>23,543,219</td>
<td>14,850,647</td>
</tr>
<tr>
<td>Child Protection</td>
<td>4,750,000</td>
<td>983,661</td>
<td>293,418</td>
</tr>
<tr>
<td>Education</td>
<td>11,600,000</td>
<td>3,024,250</td>
<td>2,432,605</td>
</tr>
<tr>
<td>Cluster coordination</td>
<td>3,500,000</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>135,901,523</td>
<td>57,042,031</td>
<td>33,571,184</td>
</tr>
</tbody>
</table>

* Funds available includes funding received against current appeal as well as carry-forward from the previous year.
** In addition to the above funding, to fill critical gap, UNICEF Ethiopia received a loan in the amount of US$2 million, from the Emergency Programme Fund of UNICEF Head Quarters.

Next SitRep: 6 February 2018

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Facebook: [https://www.facebook.com/UNICEFEth](https://www.facebook.com/UNICEFEth)
Twitter: [https://twitter.com/UNICEFEthiopia](https://twitter.com/UNICEFEthiopia)
## SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th></th>
<th>Cluster Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall needs</td>
<td>2017 Target</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years with SAM admitted for treatment to therapeutic care programmes</td>
<td>376,397</td>
<td>376,397</td>
</tr>
<tr>
<td>Caregivers of children 0-23 months accessing infant and young child feeding counselling</td>
<td>1,550,000</td>
<td>1,550,000</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People provided with access to essential and life-saving health care services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with access to treatment for diarrhoeal disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudanese refugee children aged 6 months to 14 years vaccinated against measles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudanese refugee children vaccinated against polio</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People accessing safe water</td>
<td>10,475,645</td>
<td>10,475,645</td>
</tr>
<tr>
<td>People reached with key messages on hygiene practices</td>
<td>5,222,307</td>
<td>5,222,307</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separated and unaccompanied children receiving appropriate care and protection services</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Vulnerable children receiving psychosocial support</td>
<td>45,000</td>
<td>45,000</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-aged children with access to emergency education programmes</td>
<td>1,971,891</td>
<td>1,971,891</td>
</tr>
</tbody>
</table>

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6 UNICEF Results include refugee response results, which means UNICEF results in some sectors will be higher than the cluster results.

7 Includes Caregivers of children 0-23 months accessing infant and young child feeding counselling and pregnant and lactating women.

8 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.

9 The MHNT data is shared on monthly basis and data includes January to November consultations.

10 WASH figures are updated monthly.

11 Figure includes water trucking, expansion of water schemes, installation of water storage, rehabilitation of water schemes, and water treatment chemical distributions.

12 Comprehensive C4D activity particularly in the AWD outbreak response in Somali region enabled UNICEF and partners to reach a high number of people.

13 This information captures data against CP Sub Cluster indicator “CP cases identified, referred and responded to” which includes separated and unaccompanied children.

14 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.

15 The GOE and NGOs have reached 1.7 million children with school feeding programme during the academic year that ended June 2017.