**Highlights**

- The government-led multi-agency humanitarian needs assessment started on 18 November 2017 and will continue until 13 December 2017. The findings will inform the Humanitarian Requirements Document (HRD) for 2018. Preliminary estimates are that 5 to 7 million people will require food support and 7.4 million people will require access to safe water.

- On 28 November 2017, the Government of Ethiopia launched the Comprehensive Refugee Response Framework (CRRF) which promotes out-of-camp support to refugees and refugees’ integration within host communities.

- Between January and November 2017, Mobile Health and Nutrition Teams (MHNTs) operating in Afar and Somali regions provided services to 411,338 people.

- Critical needs remain across all sectors, in particular for shelter, food, nutrition and water and sanitation for the large caseload of 100,000s of people displaced as a result of the conflict along the border of Oromia and Somali regions.

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**UNICEF’s Response with Partners**

<table>
<thead>
<tr>
<th>UNICEF Target</th>
<th>Total Results</th>
<th>Cluster Target</th>
<th>Total Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition: Children under 5 years with SAM admitted for treatment to therapeutic care programme</td>
<td>389,397</td>
<td>255,623</td>
<td>376,397</td>
</tr>
<tr>
<td>Health: People provided with access to essential and life-saving health care services</td>
<td>400,000</td>
<td>411,338</td>
<td></td>
</tr>
<tr>
<td>WASH: People accessing safe water</td>
<td>4,393,171</td>
<td>2,400,000</td>
<td>10,475,645</td>
</tr>
<tr>
<td>Child Protection: Vulnerable children receiving psychosocial support</td>
<td>50,000</td>
<td>24,014</td>
<td>40,000</td>
</tr>
<tr>
<td>Education: School aged children with access to emergency education</td>
<td>622,000</td>
<td>160,337</td>
<td>1,971,891</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 September 2017.

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**UNICEF Appeal 2017**

**US$ 135.9 million**

**Funding Status 2017**

- **Funds received to date:**
  - US $57m (42%)
- **Carry-over:**
  - US $33.6m (25%)
- **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.**
Situation Overview and Humanitarian Needs

The government-led multi-agency seasonal humanitarian needs assessment began on 18 November 2017 and will continue until 13 December 2017. Twenty teams are deployed to 208 woredas across all regions of Ethiopia. The findings will inform the development of the 2018 HRD, which is due to be launched in January. In advance of these findings, which are informed by seasonal rainfall and harvest analysis, based on current regional and sectoral inputs, the National Disaster Risk Management Commission (NDRMC) estimated humanitarian needs for 2018 to be similar to those in 2017; with approximately 5 to 7 million people in need of food support and required humanitarian funding of between US$895 million to US$1 billion. The estimated requirements will be revised based upon the assessment findings. Based on this initial estimate of humanitarian needs, UNICEF Ethiopia has developed the 2018 Ethiopia Humanitarian Actions for Children (HAC). The HAC will be revised as necessary following the launch of the HRD.

Following the end of the fourth extension of the amnesty period on 16 November 2017, the Kingdom of Saudi Arabia has started to expel Ethiopian migrants who do not have adequate documentation. The Government of Ethiopia has reported that it is currently working with Saudi Arabia to safely return Ethiopian migrants. On 29 March 2017, Saudi Arabia had granted an initial amnesty of three months for all irregular migrants to leave voluntarily, during which more than 90,000 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 to return to their home communities. IOM is leading the coordination of the response for returnees.

The IOM-led displacement tracking matrix (DTM) Round 7 reports that, as of October 2017, there were 1,327,066 internally displaced people (IDPs) in Ethiopia, 51 per cent from Somali region and 40 per cent from Oromia region. IOM also tracked an additional 288,378 displaced individuals through the emergency tracking tool.

There continues to be a large caseload of 100,000s of people displaced as a result of the ongoing conflict along the border of Oromia and Somali regions. Exact figures are difficult to ascertain given ongoing tensions and localised insecurity which is causing difficulty in accessing locations. Critical needs have been identified across all sectors. As a result of the insecurity induced by conflict, transportation of nutrition supplies to Dawa and Liban zones in Somali region has been challenging. In order to avoid stock-outs, UNICEF is working closely with WFP logistics and security teams, OCHA and other nutrition partners to explore alternative transportation routes and modalities.

On 28 November 2017, the Government of Ethiopia launched the Comprehensive Refugee Response Framework (CRRF) that promotes out-of-camp support to refugees and refugee integration within host communities, gradually moving away from the current in-camp assistance to refugees. This is expected to improve the lives of refugees through providing additional livelihood opportunities, including employment and self-reliance. Ethiopia is the second largest refugee hosting country in Africa, with 889,071 refugees registered and living in the country as of October 2017. In 2017, 103,263 new refugees arrived in the country mainly from South Sudan (more than 73,900), Eritrea (more than 20,700) and from Somalia (more than 6,600).

Humanitarian Leadership and Coordination

The NDRMC leads the overall humanitarian coordination through the federal and regional level Disaster Risk Management Technical Working Groups (DRMTWGs) and brings together various task forces and sector cluster partners to coordinate emergency response efforts. UN agencies and NGOs are supporting the Government-led humanitarian response targeting priority hotspot woredas.

In support of the Government of Ethiopia, UNICEF continues to provide cluster leadership for WASH and nutrition, and co-leadership with Save the Children International for education. UNICEF also provides sub-cluster co-leadership with UNFPA for child protection and gender based violence and plays a key role in the health cluster coordination.

As a cross-cutting strategy, UNICEF continues to support Communication for Development (C4D) interventions, including strengthening communication coordination mechanisms, enhancing capacity of social mobilization networks, and disseminating context specific key messages through multiple channels and platforms.

Humanitarian Strategy: Prepositioning and Partnerships

The 2017 humanitarian response is based on three strategic objectives which inform sector specific operational plans.

These strategic objectives are:
1. Save lives and reduce morbidity due to drought and acute food insecurity;
2. Protect and restore livelihoods; and
3. Prepare for, and respond to other humanitarian shocks – natural disasters, conflict and displacement.

In line with its Core Commitments for Children in Humanitarian Action, UNICEF is supporting the government to achieve objectives one and three. UNICEF is working with all partners to ensure children have access to health and nutrition care, education, protection and safe water, sanitation and hygiene services during emergencies.

To respond to any rapid onset of crises in a timely manner, UNICEF pre-positioned non-food item stocks in Addis Ababa and two regional hubs that can benefit 120,000 people.
In the refugee response context, UNICEF supports UNHCR and the Government’s Administration for Refugees and Returnees Affairs to spearhead emergency response coordination. The partnership is based on a Memorandum of Understanding which was signed in 2016 between the two agencies.

**Summary Analysis of Programme Response**

**Nutrition**

Internally Displaced Persons’ (IDPs) access to nutrition services remains of great concern in zones affected by the recent conflict along border of Somali and Oromia regions. Based on the findings of verification missions to both regions in October and November 2017, UNICEF provides support to the Government to expand service availability to address nutrition needs of IDPs and to prepare and respond to the threat of disease outbreaks, including acute watery diarrhoea (AWD), jaundice and measles.

In Somali region, IDPs are being prioritized for the Blanket Supplementary Feeding Programme supported by WFP and the Government. In the absence of this programme in Oromia, UNICEF will release, in early December, a total of 12,550 cartons of high energy biscuits to reach 21,500 pregnant and lactating women and 87,161 under-five displaced children.

In addition to regular screening activities, delivery of vitamin A supplementation, deworming, growth monitoring promotion and Infant and Young Child Feeding in Emergency counselling are being provided to IDPs in Oromia and Somali regions with financial and technical support from UNICEF.

In Somali region, the Communication for Development (C4D) response incorporates Nutrition and WASH messaging in a C4D tailor-made response strategy which was designed based on the findings of a Knowledge Attitude and Practices survey in Somali region. UNICEF has signed a partnership agreement with a local NGO to mainstream key messages on infant and young child feeding. During the reporting period, nutrition and C4D teams conducted a two-day orientation with the NGO, which will start the implementation of Breastfeeding Safe Spaces in 20 IDP settlements targeting 6,100 mothers as part of protecting and supporting appropriate feeding for infants and young children in emergencies.

In preparation for the 2018 HRD, the nutrition cluster estimates a caseload of 320,000 children with severe acute malnutrition (SAM) to be admitted for treatment in 2018. This figure is likely to change after results from the *Meher* assessment are finalised.

**Health**

Fifteen additional mobile health and nutrition teams (MHNTs) were deployed to provide health services to drought affected and conflict-displaced populations following the conflict along the border between Somali and Oromia regions. These teams were deployed by the Regional Health Bureaus (RHBs) and NGOs, and further nine teams are under preparation to be deployed in the region by NGOs.

The 49 MHNTs from the RHB supported by UNICEF continue to provide access to health care services to affected people in Afar and Somali regions. Between January and October 2017, MHNTs provided services to 411,338 people. Women constitute 35 per cent of the consultations while 39 per cent are under-five children. In November, UNICEF provided 10 additional emergency drug kits to MHNTs in Somali region, with each kit providing health care to 2,500 people for three months.

The incidence rate of Acute Watery Diarrhoea (AWD) continues to decline at both national and regional levels. Health partners provide support to sustain the low level of cases and contain the spread of the disease. In addition to continued technical support to all affected areas, UNICEF provided three additional case treatment centre kits to Erer Woreda of Somali region to be set up as temporary clinics for the treatment of patients with AWD.

UNICEF continues to support the Gambella Regional Health Bureau to vaccinate newly arriving South Sudanese refugee children at entry points. Between January and November 2017, the number of children vaccinated against polio increased to 110,683 children under 15 years of age, following the vaccination of 52,200 children during Supplementary Immunisation Activities in Gambella in October and November. 52,683 children aged 6 months to 15 years were vaccinated against measles.

**WASH**

In response to conflict related displacement in Somali and Oromia regions, UNICEF, in collaboration with the respective Regional Water Bureaus, dispatched WASH supplies to the most critically affected IDP locations. During the reporting period, an additional 144,000 people were provided with access to safe water while 276,000 people were reached with key messages on improved hygiene practices.

The materials dispatched to Oromia region include water treatment chemicals, buckets, jerry cans, soap, brochures, Information, Education and Communication (IEC) materials and water tanks which will provide safe water to 120,000 people. The materials dispatched to Somali region also include water treatment chemicals, soap (body and laundry), IEC materials, buckets, 110 generators, jerry cans, megaphones, squatting plates, 10 emergency water treatment kits, 20 galvanized-iron storage tanks with 100m3 capacity and 78 water tanks. Initially, these supplies will benefit approximately 55,000 individuals. However, once the generators and storage tanks have been installed and are operational, the number of beneficiaries is likely to increase significantly, reaching both displaced populations and host community members.
The Oromia Regional Water Bureau requested UNICEF to support targeted water trucking operation to IDP sites and other high priority areas, including health centres and schools. The operation is expected to begin early next year.

In Gambella region, UNICEF is expanding the Itang water supply system to reach three refugee camps as well as two host communities. During the reporting period, the extension to Itang town was completed and the system is now supplying water to 11,000 host community members.

As part of the efforts to address ongoing AWD cases in Amhara region, UNICEF undertook hygiene promotion activities in AWD affected areas to 16,371 people in community settings and schools.

**Child Protection**

In Gambella region, UNICEF is supporting the roll-out of psychosocial first aid (PFA) and focused psychosocial support (PSS) training for frontline personnel. The first component of the training was provided to 25 child protection programme managers from PSS implementing agencies, including staff from UNICEF, UNHCR, Plan International Ethiopia, Save the Children International, International Medical Corps, Danish Refugee Council, and Action for Hunger. The training will be followed by a six-day Training of 15 Master Trainers, to be held from 11th to 14th December to strengthen the capacity of workers to support refugee children in protecting their psychosocial well-being and referral of cases requiring specialised services.

Psychosocial support services in the child friendly spaces in Nguenyyiel refugee camp reached 1,779 children (742 girls, 1,037 boys) during the reporting period.

With UNICEF support, the Somali Regional Bureau of Women and Children Affairs (BoWCA) organized an awareness raising event at Qoloji IDP camp in collaboration with a community care coalition. The overall objective of the event was aimed at preventing child abuse, neglect and exploitation including child marriage, child labour and domestic violence against children. As a result of this campaign, Somali BoWCA established a community based child protection reporting mechanism in the camp.

With UNICEF support, a child protection rapid assessment was carried out in 22 IDP sites across five zones of Oromia region during the month of November. The child protection rapid assessment team in Borena found children separated from their parents/primary care givers, psycho-socially distressed children resulting from fear of attack, inability to go back to school and not being able to return home. While the majority of the children do not engage in child labour, some children from IDPs sites were found to be engaged in transporting people with motor bikes and trading *kchat* (stimulant leaf) to support their families. Some children also moved to other places to look after cattle and engage in petty trade. Although there are no reports of sexual violence in Borana zone, child marriage is prevalent. Apart from the fragmented efforts by government offices, no child protection interventions were being implemented in the sites visited. Community leaders and extended family members are providing care and support for unaccompanied minors. Programming relevant intervention to address these challenges is a priority for UNICEF and other child protection actors.

**Education**

Costed Education Operational Response Plans (covering the 2017/2018 academic calendar) were finalized for Somali, Oromia and Southern Nations, Nationalities, and Peoples’ (SNNP) 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 schools directly affected by the drought and conflict 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 (GEQIP-E), which is expected to start in January 2018, will formally include a budget line to allow for timely reprogramming towards emergency responses where necessary.

**Communications for Development (C4D)**

C4D interventions in Somali region continue to focus on preventing the resurgence of AWD and integrating nutrition related messages in IDP sites. Technical support was provided to 130 *Kebele* Social Mobilization Committee with their routine activities including health development army network activation and preparedness for any expected disease outbreak, community mobilization on institutional delivery, breastfeeding, health facility linkage, and engagement of traditional birth attendants. As a result, 352 health workers, 247 community leaders, 162 religious leaders (with 7,975 “masjid” (Mosque) prayers) were sensitized. Moreover, 2,287 households and 16,647 community members (13,385 female and 3,262 male) were reached through community networks.

The groundwork for launching a Breastfeeding Safe Space (BSS) was carried out in Qoloji 1 IDP camp. BSS mothers will also receive information on the benefits of exclusive breastfeeding and Infant and Young Child Feeding practices from mother-to-mother support groups. A 10-person Breastfeeding Safe Space committee, which includes representatives from UNICEF, UNOPS, MHNT members and the camp’s health committee, was formed and a safe space site was identified. The BSS will be established in at least 20 IDP sites (out of the 42 sites in focus) in three zones of Somali region.

Scabies prevention and control remains the focus of C4D support in SNNPR. In the last month, 12,450 students and 20,438 community members were reached with messaging focusing on safe handwashing practices.
**Media and External Communication**

UNICEF Ethiopia continues to highlight the impact of drought on media platforms through the use of videos, human interest stories and photos. UNICEF also continues to monitor external media coverage, and media outlets have been approached to share stories. UNICEF participates in the Ethiopia Humanitarian Country Team’s Emergency Communications Working Group to ensure streamlined messaging and advocacy efforts.

**Funding**

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

UNICEF is currently responding to the emergency situation using US$33.6 million carried over from 2016 and US$57 million received in 2017. 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 20 November 2017

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements US$</th>
<th>Funds available US$</th>
<th>Funding gap US$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Funds Received</td>
<td>Carry over</td>
</tr>
<tr>
<td>Nutrition</td>
<td>50,282,399</td>
<td>22,878,535</td>
<td>8,313,056</td>
</tr>
<tr>
<td>Health</td>
<td>14,430,124</td>
<td>6,703,366</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.

**Next SitRep:** 15 January 2017

UNICEF Ethiopia: [www.unicef.org/ethiopia](http://www.unicef.org/ethiopia)
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## SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>Cluster Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall needs</td>
</tr>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years with SAM admitted for treatment to therapeutic care programmes</td>
<td>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>
</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>10,475,645</td>
</tr>
<tr>
<td>People reached with key messages on hygiene practices</td>
<td>5,222,307</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>1,971,891</td>
</tr>
</tbody>
</table>

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1 UNICEF Results include refugee response results, which means UNICEF results in some sectors will be higher than the cluster results.
2 The TFP admission data is shared by ENCU on monthly basis.
3 Includes Caregivers of children 0-23 months accessing infant and young child feeding counselling and pregnant and lactating women.
4 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.
5 The MHNT data is shared on monthly basis and data includes January to October consultations.
6 WASH figures are updated monthly.
7 Figure includes water trucking, expansion of water schemes, installation of water storage, rehabilitation of water schemes, and water treatment chemical distributions.
8 This information captures data against CP Sub Cluster indicator “CP cases identified, referred and responded to” which includes separated and unaccompanied children.
9 UNICEF data includes ‘refugee population’ as well.
10 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.
11 The GOE and NGOs have reached 1.7 million children with school feeding programme during the academic year that ended June 2017.