The poor nutrition situation in Somali region continues with proxy Global Acute Malnutrition (GAM) among children under 5 at 16.2 per cent - with Moderate Acute Malnutrition (MAM) 14.9 per cent and Severe Acute Malnutrition (SAM) 1.9 per cent. Figures from the latest Enhanced Outreach Strategy (EOS) also indicate MAM among pregnant and lactating women (PLW) at 39 per cent. This represents an increase from the last EOS of November 2016, when GAM among under 5s was 14.5 per cent and 30 per cent among PLW.

The incidence rate of Acute Watery Diarrhoea (AWD) has increased in the last four weeks because of a resurgence in Afar, Amhara and Tigray regions. Religious sites and large scale commercial farms registered the largest number of cases. In Somali region, the last two weeks has seen an increase in cases in Fafan, Dollo and Jarar Zones. Regional governments supported by partners including UNICEF and WHO, are leading integrated responses.

During the reporting period UNICEF Ethiopia received $3.9 million, from the Government of the United Kingdom and an additional $3.5 million from the European Commission to support the critical nutrition interventions. In addition, $120K was also received from the Luxembourg Committee for UNICEF to support priority humanitarian activities in the country.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>UNICEF &amp; Partners</th>
<th>Sector/Cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNICEF Target</td>
<td>Cumulative results (#)</td>
</tr>
<tr>
<td>WASH: People accessing safe water</td>
<td>4,393,171</td>
<td>1,880,000</td>
</tr>
<tr>
<td>Nutrition: Children under 5 years with SAM admitted for treatment to therapeutic care programmes</td>
<td>389,397*</td>
<td>172,265**</td>
</tr>
<tr>
<td>Health: People provided with access to essential and life-saving health care services</td>
<td>400,000</td>
<td>285,376</td>
</tr>
<tr>
<td>Education: School-aged children with access to emergency education programmes</td>
<td>622,000</td>
<td>160,337</td>
</tr>
<tr>
<td>Child Protection: Vulnerable children receiving psychosocial support</td>
<td>50,000</td>
<td>21,560</td>
</tr>
</tbody>
</table>

See Annex 1 for more information on programme results for 2017

*UNICEF target includes 376,397 Ethiopian children with SAM and 13,000 for refugees.

**Nutrition result includes January to June 2017.

*** Cluster targets have been updated based on the HRD Mid-Year Review (August 2017)
Situation Overview and Humanitarian Needs

The food security and nutrition situation in Afdher, Dollo, Korahey, Jarar, Shebelle, Erer, Nogob, Liban and Dawa zones of Somali region continues to be of concern. The results of the UNICEF-supported EOS campaign in Shebelle, Afdher, Liban, Fafan, Sitti, Erer and Dawa zones, which was completed 5 August 2017, indicate a proxy GAM rate of 16.2 per cent among children under 5, with MAM 14.9 per cent (88,773 children) and SAM 1.9 per cent (11,655 children). 39 per cent (80,707) PLW screened for malnutrition were identified as suffering from MAM. This represents an increase from the last EOS results (November 2016), when GAM among U5 was 14.5 per cent and among PLW 30 per cent. The figures corroborate the programme data received from malnutrition treatment sites in recent months in the region and the consequent intensified nutrition response.

In Somali Region, the deepening water crisis in parts of the region (which is already the region most affected by the drought), has increased and prolonged the humanitarian crisis with an anticipated 1.2 million people remaining affected by water shortages. 46 woredas in Dollo, Korahey, and Jarar are still in need of emergency water supplies. Due to the heightening nutrition crisis in the region; water, hygiene, and sanitation needs are being prioritized for stabilization centres to support the nutrition response. In Oromia region, over 300,000 people continue to suffer from water shortages and require emergency water trucking services.

AWD cases continue to be reported from Afar, Amhara, Oromia, Somali and Tigray regions. The incidence rate of AWD has been increasing in the last four weeks due to a resurgence in Afar, Amhara and Tigray regions. Religious sites and large scale commercial farms registered the largest number of cases. In Amhara, North Gondar and South Wollo zones account for the majority of the caseload. In Somali region, following a significant decrease in the number of active cases as a result of the intensive multi-sectoral AWD response. The last two weeks has seen an increase in cases in Dollo, Fafan and Jarar Zones.

In Gambella, UNHCR reported that due to the ongoing conflict in South Sudan, 13,622 individuals from South Sudan, with over 5000 head of cattle and 3000 goats, have temporarily settled in the Lare area. Due to the numbers of livestock, it has been agreed that the population will be registered as refugees and temporarily settled in Padmong, rather than relocated to Benishangul Gumuz. Registration is underway.

The amnesty period for irregular migrant workers to leave the Kingdom of Saudi Arabia voluntarily has ended. As of 5 September, only 77,000 of an estimated 500,000 Ethiopian irregular migrants have returned. IOM continues to lead coordination with the Government of Ethiopia to respond to new arrivals.

Humanitarian leadership and coordination

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

In support of the GoE, 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. Following the release of the 2017 HRD Mid-Year Review, UNICEF is revising the 2017 Humanitarian Actions for Children to take account of the greater needs. Revised UNICEF targets will be provided in the next situation report.
To respond to any rapid onset of crises in a timely manner, UNICEF pre-positioned non-food item (NFI) stocks in Addis Ababa and two regional hubs that can benefit 120,000 people.

In the refugee response context, UNICEF supports UNHCR and the government’s Administration for Refugees and Returnees Affairs (ARRA) to spearhead emergency response coordination. The partnership is based on a Memorandum of Understanding which was signed in 2016 between the two sister agencies.

Summary Analysis of Programme response

Nutrition

In response to the nutrition situation in the country, UNICEF has supported the government to expand and strengthen the community management of acute malnutrition (CMAM) programme. Currently, CMAM services are provided in 15,706 outpatient therapeutic feeding programme sites, 1,821 stabilisation centres and through 49 mobile health and nutrition team in Afar and Somali.

In Somali region, UNICEF continues to lead the implementation of the integrated and intensified nutrition response, focusing on expanded screening, referral and treatment, working with regional government, NGOs and UN agencies.

Following a human resource analysis, UNICEF, Federal Ministry of Health and the Somali Regional Health Bureau have identified a remaining gap of 148 medical staff in the 120 stabilization centres in the region to bring the centres to optimal capacity. Currently, the centres are staffed with 614 personnel, of whom 302 are surge staff deployed through UNOPS. Discussions are ongoing between UNICEF, FMOH and RBH to fill this gap. An information management officer has been positioned temporarily in Jijiga by the Emergency Nutrition Coordination Unit to support data management in Somali region. UNICEF has recruited an additional seven nutrition officers to support coordination, provide technical support and support referrals. The nine high priority zones of Somali region all now have nutrition officers. This takes the total number of UNICEF deployed nutrition staff in Somali region to 36 (18 CMAM/Infant and Young Child Feeding in emergency monitors, nine zonal coordinators and nine nutrition officers).

UNICEF continues to support nutrition training for medical staff in order to strengthen their capacity to provide high quality services. As part of this initiative, UNICEF supported a training for 32 medical staff in Afar (13 nurses and 19 health workers) on Blended Integrated Nutrition Learning Material (BINLM). The total number of health staff trained on nutrition through CMAM or BINLM since the beginning of 2017 is 851. In Somali region, zonal level CMAM training is ongoing for health extension workers and UNOPS staff in four zones and a total of 163 participants are attending the training in their respective zones (Afdher 43, Dollo 35, Korahe 38 and Shebelle 47).

A new wave of AWD in Somali represents a potential challenge for the nutrition response, given the limited numbers of health staff. UNICEF and partners will ensure the current focus on nutrition is maintained through continued coordination of a strengthened nutrition, health and WASH response that supports integrated programming for nutrition and AWD.

Preparation is ongoing with WFP on the implementation of a blanket supplementary feeding programme (BSFP) in Somali region. WFP will run a three month BSFP while ceasing the targeted supplementary feeding programme (TSFP) for the duration of the BSFP.

Health

In Afar and Somali regions, UNICEF continues to support the operation of 49 Mobile Health and Nutrition Teams (MHNTs) that provide essential and emergency health services to drought and AWD affected communities where access to the fixed health facilities is difficult. In addition to technical support, UNICEF provides the teams with health, nutrition and WASH supplies. Since the beginning of the year, a total of 285,376 people (192,831 in Somali region and 92,545 in Afar region) out of the targeted 400,000 people have been reached. Of this figure, 39 per cent (110,749) are children under five and 36 per cent (101,483) are women.

In response to the resurgence of AWD cases, an additional 10 case treatment centre (CTC) kits have been distributed to Afar Region. Capacity building and emergency preparedness and response training has been given to Amhara and Benishangul Gumuz for 26 health workers. In Oromia region, support has has been given to East and West Hararge Zones to train health workers working at the CTC sites.

Although the scabies outbreak is ongoing in Amhara, Oromia, SNNPR, and Tigray regions the disease trend has decreased significantly since March, 2017 due to an aggressive response to strengthen surveillance and active case finding, case management and treatment and social mobilization. As of the end of August 2017, 57 districts reported active Scabies cases as compared to 169 districts in January 2017. Updated figures for August are not yet available. Currently, an additional 89,120 units of Scabies Lotion Ointment treatment has been secured and ready in the UNICEF warehouse to be distributed to Scabies affected regions.
Water, Sanitation and Hygiene (WASH)

In Somali Region UNICEF continues to support the nutrition and AWD responses as well as addressing communities’ critical need for safe water supplies. UNICEF as the WASH Cluster lead is working with partners to prioritize provision of water to nutrition and AWD-treating facilities; 66 stabilization centres and AWD case treatment centres are receiving water through the water trucking effort of humanitarian partners. UNICEF has also dispatched hygiene supplies to AWD affected areas and displacement sites. Through the technical support of UNICEF, five water supply expansion activities were completed in Birkot, Shebelle (Jijiga woreda), Ararso, Degahabur, and Tuliguled.

In Afar, UNICEF has provided 2,000 bars of soap to the Regional Health Bureau for distribution for the AWD response. UNICEF deployed a Monitoring and Evaluation WASH Specialist to Afar Region to support the AWD preparedness and response. The team is preparing a gap analysis of supplies for the response.

In Benishangul Gumuz, work is underway for the provision of WASH facilities to both the refugee and host community for the permanent water supply system in Gure Shembolla. This includes the geophysical investigation to identify the potential well field and the study and design of the facilities. A regional level WASH technical taskforce composed of ARRA, UNHCR, UNICEF, and WASH NGOs was established to coordinate the partners involved in the water supply system and sanitation planning.

In Oromia UNICEF has completed construction of four water points to service the water-scarce areas in the region and benefit an estimated 12,000 people. UNICEF has dispatched four drums of chlorine, 334 cartons of household treatment products, 8,000 AWD message posters, 70,000 AWD brochures, 50 hand washing stations, and 1,000 bars of soap in response to the AWD outbreak. A mass sensitization campaign in Moyale town has resulted in hotel soakaway pit construction for liquid waste prevention measures.

In SNNPR, Regional Water Bureau trucks are supporting 20,000 individuals with emergency water supply. UNICEF completed rehabilitation of two boreholes supporting 11,000 individuals in Konso woreda. UNICEF dispatched 4,500 jerry cans, 93 drums of chlorine, and 1,320 cartons of household water treatment products, 20 water reservoirs (5,000 litres each), 11 emergency water treatment units, and 70 chlorine testing kits to the Regional Water Bureau to be pre-positioned for AWD preparedness in the region.

In response to the resurgence of AWD in Amhara, UNICEF has continued water trucking to Andasa holy water site twice a week for 1,500 people. UNICEF also dispatched 250,000 sachets/strips of household water treatment chemicals to South Gondar Zone for 13,600 people. 55 WASH staff, WASH committees, and community representatives were trained in AWD awareness; and 72 water schemes were disinfected. Three teams of the WASH sub-task force deployed to AWD affected/at risk areas for coordination, hygiene promotion, and water quality monitoring.

Education

From 17 to 31 August, the education cluster drafted an Operational Response Plan for 2017/18 academic year in Somali Region. The aim of this document is to guide priority interventions (and associated budget decisions) for school children in Somali Region from September 2017 through to June 2018. The number of children targeted for support in Somali Region over the upcoming academic year is 686,000 primary school children located in the 83 priority one woredas. 132,508 (68,947 girls, 63,561 boys) pre-primary and primary school-age children were displaced in the region due the impact of the crisis and are located in 265 Internally Displaced People (IDP) sites of 56 woredas According to the Displacement Tracking Matrix (DTM), 40 per cent (53,000) of school age children in IDP sites have no access to either formal or non-formal education services in the region.

From 2 to 7 October, a similar exercise to develop Operational Response Plans will be conducted in Oromia and SNNPR for the upcoming academic year. This will also serve as a practical opportunity to coach Regional Education Bureau staff from both regions on needs analysis processes and the identification of relevant interventions.

Child Protection

In Gambella region, Plan International, with continued technical support from UNICEF, formalized the care arrangements of three unaccompanied girls who were under informal foster care. In the same camp, individualized psychosocial support services were provided for 11 children (5 girls, 6 boys). In Jewi refugee camp, Save the Children led several community conversations which reached 87 refugees (78 women, 9 men) on issues of early and forced marriage, rape, sexual exploitation, child labour and neglect. Raising these issues was done as follow up to the findings from the Gender-Based Violence assessment conducted by UNHCR in June 2017. The community conversations have enabled the participants to realize the magnitude of these problems in the camp and understand the various harms resulting from them. In Terkidi refugee camp, five girls with severe malnutrition were identified and referred to nutrition partners for supplementary food support.
During the relocation of refugees conducted over the past two weeks from Pagak entry point to the new camp in Assosa, 22 children (10 girls, 12 boys) were assisted for safe relocation. The number of unaccompanied minors and separated children in the new camp of Gure Shembola has now reached 847 (232 girls, 615 boys) 212 of whom are unaccompanied minors, 625 separated children and 10 are other vulnerable children. Following the decision to register the approximately 13,000 arrivals from South Sudan for temporary settlement in Pamdong in Gambella region, Plan international has reported an additional 140 separated and unaccompanied children from the first two days of registration. Follow up is being conducted. Final figures will be confirmed in the next update.

In coordination with Addis Ababa BOWCA, UNICEF supported the reunification of six unaccompanied minor returnees’ from Djibouti and who are from Amhara and Oromia regions.

In Somali Region, UNICEF continued working on cross cutting issues with other clusters. In Qologi, the WASH cluster was notified of the need to have gender segregated latrines. In a training organized for 302 health staff, a session on Child Protection in Emergencies was included to raise awareness of health staff on child protection concerns in an emergency context.

Communications for Development (C4D)
In Somali region, UNICEF continues to support C4D interventions in AWD and malnutrition hotspot woredas. During the last three months, partner organizations’ mobilizers have reached over 185,000 households with AWD messages. Nutrition related messages have also been integrated in the behaviour change communication in the last six weeks. Mobilizers have also been deployed to 50 IDP sites to lead activities in interpersonal communication, and outreach by community leaders/members and volunteers in the 59 IDP sites. Knowledge, Attitudes and Practice data is being collected in 5 zones with the aim of tracking changes in knowledge, attitude, and practice; and assess exposure to the C4D interventions during the 90 day implementation period.

In Oromia Region, East and West Hararge have been identified as hotspot zones. UNICEF has provided technical support to the Zonal Health Bureaus to support social mobilization. During the reporting week, 145 administration officials and 85 health extension workers have received orientation on social mobilization and how to deliver the key messages. Community awareness was also conducted in 6 woredas and C4D team were able to reach about 176,000 people with AWD prevention messages.

In Afar region, technical support has been provided to regional colleagues on how to identify channels and deliver key messages on different platforms. UNICEF is also in the process of recruiting a C4D position to be deployed in the region. UNICEF also provided 18,000 Information, Education and Communication materials to the region to support prevention and mitigation efforts.

As AWD cases continue to surge in Amhara, North Gonder, UNICEF has supported the coordination of community awareness events in the zone. In the last month, the month-long events covered a total of 19 out of 22 woredas with a total reach of over 725,000 community members as well as daily labourers in the area who work on commercial farms. Advocacy work with religious leaders in five woredas of the same zone has also resulted in the construction of latrines near holy water sites.

Communication, Advocacy and Partnerships
UNICEF Ethiopia hosted a documentary production mission in Afar. The documentary tells the story of how UNICEF-supported mobile health and nutrition teams are providing live saving health and nutrition services which gives children the best start in life. In addition, the film gives viewers a chance to better understand how this critical support-provided at the right time- can bring long-lasting difference on the lives of the most disadvantaged children living in remote places.

Funding
In line with the revised inter-agency 2017 HRD issued in August 2017, UNICEF Ethiopia increased its funding appeal to US$135.9 million from US$110.5 million to meet the increased humanitarian needs of children in the country. 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$33.5 million carried over from 2016 and US$49.4 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 and Swedish Committees for UNICEF who have contributed generously to the humanitarian response in 2017. Over the past two weeks, UNICEF Ethiopia received $3,896,104 from the Government of the United Kingdom, $3,541,912 as additional contribution from the European Commission, and $120,388 from the Luxembourg Committee for UNICEF.
The table below shows the funding status as of 2 September 2017:

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds available*</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>US$</td>
<td>US$</td>
<td>US$</td>
</tr>
<tr>
<td>Nutrition</td>
<td>50,282,399</td>
<td>29,999,279</td>
<td>20,283,120</td>
</tr>
<tr>
<td>Health</td>
<td>14,430,124</td>
<td>14,255,996</td>
<td>174,128</td>
</tr>
<tr>
<td>WASH</td>
<td>51,339,000</td>
<td>32,833,553</td>
<td>18,505,447</td>
</tr>
<tr>
<td>Child Protection</td>
<td>4,750,000</td>
<td>736,326</td>
<td>4,013,674</td>
</tr>
<tr>
<td>Education</td>
<td>11,600,000</td>
<td>5,024,478</td>
<td>6,575,522</td>
</tr>
<tr>
<td>Cluster coordination</td>
<td>3,500,000</td>
<td>0</td>
<td>3,500,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>135,901,523</td>
<td>82,849,632</td>
<td>53,051,891</td>
</tr>
</tbody>
</table>

**Funds available include funding received in 2017 ($48.6 million) against current appeal as well as carry-forward ($33.5 million).**

In addition, nutrition supplies valued at $11.4 million have also been moved to 2017.

**Next SitRep:** 20 September 2017

**Who to contact for further information:**

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

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

Zerihun Sewunet  
OIC-Communication, Advocacy, Partnerships  
UNICEF Ethiopia  
Tel: +251 11 5184162  
Fax: +251 11 5511628  
Email: zsewunet@unicef.org
## Annex A

### SUMMARY OF PROGRAMME RESULTS

<table>
<thead>
<tr>
<th>Cluster Response</th>
<th>Overall needs</th>
<th>2017 Target</th>
<th>Total Results</th>
<th>Change since last report ▲▼</th>
<th>2017 Target</th>
<th>Total Results1</th>
<th>Change since last report ▲▼</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<td>172,265</td>
<td>-</td>
<td>389,397</td>
<td>172,265</td>
<td>-</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>
<td>1,740,9034</td>
<td>-</td>
<td>1,550,000</td>
<td>1,740,903</td>
<td>-</td>
</tr>
<tr>
<td><strong>HEALTH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People with access to treatment for diarrhoeal disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Sudanese refugees children aged 6 months to 14 years vaccinated against measles</td>
<td>68,400</td>
<td>42,083</td>
<td>1108</td>
<td></td>
<td>177,485</td>
<td>45,355</td>
<td>1190</td>
</tr>
<tr>
<td>South Sudanese refugee children vaccinated against polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WATER, SANITATION &amp; HYGIENE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People accessing safe water</td>
<td>10,475,645</td>
<td>10,475,645</td>
<td>4,615,000</td>
<td>286,000</td>
<td></td>
<td>4,393,171</td>
<td>1,880,0005</td>
</tr>
<tr>
<td>People reached with key messages on hygiene practices</td>
<td>5,222,307</td>
<td>5,222,307</td>
<td>4,017,000</td>
<td>944,000</td>
<td></td>
<td>2,208,000</td>
<td>1,481,0006</td>
</tr>
<tr>
<td><strong>CHILD PROTECTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<td>5,3677</td>
<td>-</td>
<td>10,000</td>
<td>7,2538</td>
<td>31</td>
</tr>
<tr>
<td>Vulnerable children receiving psychosocial support</td>
<td>45,000</td>
<td>45,000</td>
<td>17,8144</td>
<td>300</td>
<td>50,000</td>
<td>21,560</td>
<td>11</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<td>1,700,00010</td>
<td>-</td>
<td>622,000</td>
<td>160,337</td>
<td>-</td>
</tr>
</tbody>
</table>

### OPERATIONAL PARTNERS

- **Health**: Regional Health Bureaus, Mercy Corps, SCI, ADRA, Ogaden Welfare and Development Association, Islamic Relief, MSF
- **Nutrition**: Ministry of Health, Regional Health Bureaus Federal and Regional, Emergency Nutrition Coordination Unit (under DRMFSS), Concern Worldwide, International Medical Corps, World Vision, Action Against Hunger (ACF), Islamic Relief, Mercy Corps, SCI, MSF, ADRA, GOAL Ethiopia and Plan International Ethiopia
- **Education**: Federal and Regional Education Bureaus, SCI, PIE, Ogaden Welfare and Development Association
- **Child Protection**: Regional Bureau of Labour and Social Affairs, Regional Bureau of Women, Children and Youth Affairs, SCI, Plan International Ethiopia, the Ethiopian Red Cross Society, GOAL Ethiopia

---

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. 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. The next sit rep will contain updated figures.  
6. Figure includes water trucking, expansion of water schemes, installation of water storage, rehabilitation of water schemes, and water treatment chemical distributions.  
7. This information captures data against CP Sub Cluster indicator “CP cases identified, referred and responded to” which includes separated and unaccompanied children.  
8. UNICEF data includes ‘refugee population’ as well.  
9. 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.  
10. The GOE and NGOs have reached 1.7 million children with school feeding programme.