**Highlights**

- Acute watery diarrhoea (AWD) continues to be reported in Amhara, Oromia and Somali regions although with a decreasing incidence rate.

- The National Disaster Risk Management Commission (NDRMC) issued its first Flood Alert of 2017 on 26 June identifying woredas in 43 zones and three towns that are at risk of flooding. The Alert identified specific flood risks according to region and recommended preparedness actions including prepositioning of food and non-food items, disease surveillance among other measures.

- Since January 2017, mobile health and nutrition teams (MHNTs) deployed by the Afar and Somali Regional Health Bureaus, with UNICEF support, have provided 194,062 people with medical services and treatment. Of these, 78,022 (40 per cent) are children under five years of age.

- UNICEF supported the rehabilitation and maintenance of 23 water supply systems in Oromia and Somali regions, providing 59,000 people with access to safe water.

- There is likely to be an increase in people facing critical food shortages from the end of July 2017 onwards due to a projected food pipeline break. This comes at a time when the country moves into the July to September lean season.

### SITUATION IN NUMBERS

<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>Cluster Target</td>
</tr>
<tr>
<td>WASH: People accessing safe water</td>
<td>1,460,000</td>
<td>9,200,000</td>
</tr>
<tr>
<td></td>
<td>1,197,000</td>
<td>4,238,000*</td>
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<tr>
<td>Nutrition: Children under 5 years with SAM admitted for treatment to therapeutic care programmes</td>
<td>304,300</td>
<td>303,000</td>
</tr>
<tr>
<td></td>
<td>110,676</td>
<td>110,676**</td>
</tr>
<tr>
<td>Health: People provided with access to essential and life-saving health care services</td>
<td>400,000</td>
<td>194,062</td>
</tr>
<tr>
<td>Education: School-aged children with access to emergency education programmes</td>
<td>630,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td></td>
<td>160,337</td>
<td>1,700,000</td>
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<tr>
<td>Child Protection: Vulnerable children receiving psychosocial support</td>
<td>30,000</td>
<td>45,000</td>
</tr>
<tr>
<td></td>
<td>20,652</td>
<td>17,514</td>
</tr>
</tbody>
</table>

See Annex 1 for more information on programme results for 2017

*Cluster results shows a decrease from last sitrep due to revision of overlapping results

*Nutrition data has not been released for the last reporting period. Data will be included in the next update.

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**5.6 million**
People* require relief food assistance in 2017

**303,000**
Children* are expected to require treatment for SAM in 2017

**9.2 million**
People require access to safe drinking water and sanitation services

**2 million**
School-aged children* require emergency school feeding and learning materials

**838,722***
Refugees in Ethiopia (UNHCR, May 2017)

*HRD, January 2017

**Verification of Eritrean refugees has decreased the number of refugees from the April figure.

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UNICEF Appeal
US$110.5 million
2017 Funds available***

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Funds received
to date:
US $33.5m

2017 Funding
Requirements:
$110.5m

Funding gap:
US $42.5m

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***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

At least 7.8 million people could face critical food shortages from the end of July 2017 onwards due to a projected food pipeline break. This comes at a time when the country moves into the lean season (July to September) and when the southern and south-eastern regions of the country, already affected by drought, are reporting increasing malnutrition rates. Preliminary findings from the Belg assessment also indicate that there is likely to be an increase in the number of people requiring food assistance for the remainder of the year.

Although water availability has improved in many parts of the country following seasonal rains, the rains were not adequate to replenish water sources in the pastoral and lowland areas of southern and south-eastern parts of the country, and water scarcity remains a challenge. Data from the recent multi-agency Belg assessment indicates that there is still need for emergency water supply, particularly in Somali and Afar regions and lowland areas of Oromia and SNNP regions.

Based on the National Meteorological Agency’s outlook for the kiremt season of 2017, which indicates an increased likelihood of normal to above normal rainfall over northwestern, western, southwestern and central regions, the NDRMC issued a Flood Alert on 26 June 2017. The Alert identifies woredas in 48 out of 63 zones and three towns across all regions that are at risk of flooding and recommends preparedness actions to mitigate the impact, including the reinforcement of flood protection structures in at risk areas, strengthened community mobilization and sensitization and dissemination of early warning information. Pre-positioning of food and non-food items for rapid response and surveillance of communicable diseases is also recommended.

Ethiopia is the second largest refugee-hosting country in Africa, with 838,722 registered refugees at the end of May 2017. On 23rd of June in Sherkole camp, Benishangul Gumuz, refugees protesting against reductions in food and cash assistance lead to 3 refugees being injured and attacks on Government and humanitarian property; resulting in damage to offices and vehicles. Targeted cuts are being rolled out across refugee camps as a result of limited availability of resources while continued advocacy and fundraising continues. The Administration for Refuges and Returnees Affairs (ARRA) and UNHCR are working with partners to reduce the risk of additional incidents.

The Ministry of Agriculture and FAO have identified a new infestation of Fall Army Worm in 35 zones across the country. The infestation has the potential to lead to significant crop losses if control measures are not sufficiently implemented.

The Kingdom of Saudi Arabia (KSA) extended its amnesty period for irregular migrant workers to leave the country voluntarily by one month, from 27th June 2017. The Ethiopian Embassy in KSA has issued travel documents to 106,000 Ethiopian migrants of which, 49,112 have been issued with exit visas/ travel permits. However, as of 25 June, only 24,216 returnees have arrived in Ethiopia. It is estimated that there are more than 500,000 irregular migrants in the KSA, of which half could potentially return to Ethiopia in the near future.

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 taskforces and sector cluster partners to coordinate emergency response efforts. A number of UN agencies and NGOs are supporting the Government-led humanitarian response targeting priority hotspot woredas (districts).

In the Somali region, the Ministry of Health is leading the current acute watery diarrhoea (AWD) response while the World Health Organization (WHO) deployed a senior surge team, now based in Jijiga, Somali region. WHO has strengthened its health cluster leadership at national and Somali region levels, while UNICEF collaborates and coordinates its response efforts with the WHO team and partners.

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

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

Government and humanitarian partners are working to revise the 2017 Humanitarian Requirements Document, based on the Belg assessment findings. It is due to be finalised in July.
**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 prepositioned 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 emergency situation in the country, UNICEF has been supporting the Government to expand the Community Management of Acute Malnutrition (CMAM) Programme. As of April 2017, there were 17,376 CMAM sites across the country, an increase from 15,905 sites in April 2016. The CMAM programme provides quality treatment for children with severe acute malnutrition (SAM) as measured by cure, default and death rates, which are all above Sphere standards. UNICEF provides supplies and technical support to the programme, including the deployment of 28 CMAM and infant and young child feeding monitors in all regions to ensure the quality of care provided in the programme.

In Somali region, the general nutrition situation remains severe due to the prolonged drought, ongoing AWD outbreak and food insecurity; particularly in Dollo, Korahe, and Jarar zones. UNICEF deployed two additional nutrition staff to Dollo zone and two others to Afder and Shabelle zones to assess the nutrition situation and provide technical support with the aim of enhancing the capacity of staff in therapeutic feeding centres to adequately manage children with SAM. In response to the reported increasing number of children with SAM, UNICEF also dispatched therapeutic feeding supplies including 3,650 cartons of ready-to-use-therapeutic-food, 100 cartons of therapeutic milk and 260 cartons of high energy biscuits. The therapeutic food will enable more than 5,000 children to receive SAM treatment. UNICEF also sent six stabilization centre-opening kits to Aware and Dig woredas in Jarar zone. The stabilization centres will enable inpatient care for children with SAM presenting medical complications.

**Health**

AWD continues to be reported in Amhara, Oromia and Somali regions but with a decreasing incidence rate. UNICEF has been supporting the response through the provision of drugs, medical supplies and case treatment centre (CTC) kits to enable the provision of efficient and timely treatment for people with AWD and to reduce AWD-related mortality and morbidity. Over the past two weeks, UNICEF provided two CTC kits to Jijiga University to establish on-site treatment centres for students.

In response to a confirmed measles outbreak in Somali region, a measles vaccination campaign reaching 608,876 children under 15 years of age was completed on 23 June in 35 woredas of the four priority zones: Doollo, Jarar, Korahey and Nogob. Post-campaign surveys to identify missed children in the high risk areas is ongoing as are mop-up vaccinations for children missed in the initial phase. A second phase of the vaccination campaign targeting 1.7 million children under 15 years, will be conducted in the remaining seven zones in the last two weeks of July. UNICEF will continue to provide technical support to the campaign.

In Afar and Somali regions, UNICEF is fully supporting 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. In 2017, these mobile teams reached a total of 194,062 people, of which 78,419 people

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1 CMAM SPHERE standards: cure>75%, defaulter<15%, death<10%.
were from Afar region and 115,643 people were from Somali region. Of the total consultations, 78,022 (40 per cent) were children under five years of age and 67,451 (35 per cent) were women.

To support access to health care for the internally displaced people in Somali region, UNICEF provided 39 emergency drug kits and 15 kits of renewable medical supplies to health facilities in 35 priority woredas. Each drug kit will provide treatment for an estimated 2,500 people for three months.

Gambella Regional Health Bureau, with operational and financial support from UNICEF, continues to provide non-selective arrival vaccination services to refugee children under 15 years of age. During the reporting period, 1,189 children from 0-15 years of age and 1,119 children from 6 months to 15 years of age were vaccinated against polio and measles, respectively, at Pagak entry point.

Water, Sanitation and Hygiene (WASH)

WASH partners continue to support the emergency response across the country. Regional Water Bureaus are working with zonal and woreda water bureaus to assess the water availability situation in order to withdraw water trucks from woredas where water trucking it is no longer necessary. Consequently water trucking is being reduced in some areas as water availability increases as a result of the rain. UNICEF and partners are currently providing safe water to some 210,000 people in Afar, Amhara, Gambella (refugee camps), Oromia, SNNP and Somali region.

In response to AWD in Somali region during the reporting period, the WASH sector has dispatched WASH supplies that include 2.5 million sachets of household water treatment chemicals, eight drums of hypochlorite (for treatment of community water supply systems), 910 buckets, 1,542 jerry cans, 7,500 bars of soap and eight pool testers for the AWD-reporting Doollo, Fafan and Shabelle zones. The household water treatment chemicals will enable some 37,000 families to have safe water for two months. Chlorination of drinking water sources is ongoing with training and continuous monitoring of the level of chlorine, in Tog-Wujale, Jarar and Dollo while chlorination of water sources in Jijiga city is ongoing. In Oromia region, UNICEF has supplied 10,000 bars of body soap, 10,000 bars of laundry soap, 3,000 buckets and 2,000 jerry cans to promote hygiene and safe handling in AWD-affected areas.

Along with the emergency provision of water through water trucking, UNICEF and its partners are also continuing to support the rehabilitation of non-functional water supply systems and the construction of new ones. With UNICEF support, the Somali Regional Water Bureau has deployed three mobile maintenance teams and a private contractor for the maintenance of non-functional water supply systems with priority to the drought-affected areas. During the reporting period, 10 boreholes have been maintained, benefiting an estimated 25,000 people. In Oromia region, UNICEF and partners have completed the rehabilitation and maintenance of ten water schemes in Borena zone, three in Guji zone and 25 in West Arsi benefiting approximately 84,000 people.

Infection prevention control and water quality monitoring have begun in AWD-affected woredas of Amhara. Mass media outlets are providing AWD prevention and hygiene awareness messages. In Oromia, buckets, soaps, brochures and aqua tabs will also be provided to patients during discharge from the CTC as a discharge pack to ensure water treatment and safe storage at household level, as well as to reinforce the hygiene practices.

Education

Preliminary data from the Belg multi-agency assessment indicate that the number of students that require assistance in the next academic year (September 2017-June 2018) will increase from the 2 million children estimated at the beginning of 2017. The key reasons students have left school are school closure (206 primary schools remain closed as of early June 2017), lack of water and food, absence of teachers, among others. Children who are displaced due to the drought and conflict are largely affected, with the absence of educational facilities in the majority of temporary settlement sites. In addition, the assessments reveal that as livelihoods become eroded in drought-affected areas, many families cannot afford the direct and indirect costs of their children attending school.

Child Protection

UNICEF continues to support child protection responses in two temporary settlement sites in Somali region, in partnership with the regional Bureau of Women and Children’s Affairs (BOWCA). In Elbahay temporary settlement site, awareness creation on gender based violence (GBV) was conducted through community conversations which reached 1,700 people. Government social workers identified and referred 45 malnourished children (27 girls, 18 boys) to the CMAM programme for treatment. In Korile temporary resettlement site, community conversation sessions were conducted on the issue of GBV, child labour and AWD in which 65 adults (45 women, 20 men) participated. Thirteen children (8 girls, 5 boys) were referred to the health centre for treatment of various health issues.

In Gambella region, the relocation of South Sudan refugees has continued over the past two weeks. 35 separated children (13 girls, 22 boys) were identified, registered and safely relocated from Pagak to Assosa.
Plan International, with technical support from UNICEF, conducted training on case management to 77 child protection committee members and 45 Early Childhood, Care and Development facilitators in Gure Shembolla camp. The training aimed to provide participants with a better understanding of case management and helped strengthen the coordination of case management between child protection actors and the ECCD programme. Since the training, there has been an increase in the number of cases managed over the two weeks including placement of 11 unaccompanied children in a foster care arrangement. In addition, in Gure Shembolla camp, community conversation programmes reached 783 community members (561 women, 222 men), which were facilitated by youth and social workers as part of the child protection sensitization and community mobilization programme.

Thirty-one unaccompanied boys who returned from Djibouti and who are currently at the transit centre in Addis Ababa have received psychosocial support as they wait for reunification with their families.

**Ethiopian returnees from the Kingdom of Saudi Arabia**

Humanitarian partners are providing assistance to vulnerable returnees from the Kingdom of Saudi Arabia (KSA). The Addis Ababa Health Bureau has deployed a medical team and ambulance services were provided by the Ethiopian Red Cross Society for the returnees at Bole International Airport. At the airport, IOM has installed a rub hall, donated by ICRC, to facilitate registration and profiling. UNICEF has provided two tents to receive vulnerable returnees and provide them with necessary assistance.

**Communications for Development (C4D)**

An AWD package, comprising of C4D strategies and standardized key messages has been rolled out from the Federal Ministry of Health to the regions for adaptation to the local context. The aim is to support and enable locally relevant AWD interventions.

UNICEF continues to provide technical support in the prevention and control of AWD in Somali and other regions. An assessment in Jijiga, capital of Somali region, revealed that 91 per cent of those surveyed primarily receive information on AWD from local administrative leaders and their neighbours. This may indicate the positive impact of the social mobilization work that has been ongoing in the region under the 90-day response plan. UNICEF will continue to focus on social mobilization and interpersonal communication in 48 prioritized woredas working through partners. To complement the overall C4D programme in Somali region, UNICEF provided 55,000 posters with key AWD messages in the local language, which were distributed to targeted woredas.

In Oromia region, during the reporting period, 10,000 posters and 50,000 brochures with key messages on AWD information and its prevention were distributed to West Hararge zone of Oromia region for the upcoming Qulubi Gebriel and Dire Sheik Hussien religious pilgrimages. These religious events bring together hundreds of thousands of people from different parts of the country who stay for some days in these sites where water and sanitation facilities are poor, posing a high risk for AWD outbreak.

In response to the AWD outbreak in SNNP during the reporting period, UNICEF is supporting an awareness creation campaign on AWD prevention and control reaching 3,465 people in six kebeles (sub-districts) of Humbo woreda. More than 150 WASH focal people from 70 woredas attended sensitization sessions on AWD prevention and control with UNICEF support.

**Media and External Communication**

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

**Funding**

UNICEF Ethiopia requires US$110.5 million for its humanitarian programme in Ethiopia in 2017. Of this, US$93.1 million is to respond to the drought emergency while the remaining is to assist refugee response in the country.

UNICEF is currently responding to the emergency situation in the country using US$33.5 million carried over from 2016 and US$34.5 million received in 2017. In 2017, UNICEF has received funds from the EHF, CERF, ECHO, the Governments of Canada, Japan, Sweden and USA and the Swedish Committee for UNICEF.
The table below shows the funding status as of 1 July 2017:

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements* US$</th>
<th>Funds available** US$</th>
<th>Funding gap US$</th>
<th>per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>41,600,000</td>
<td>19,193,673</td>
<td>22,406,327</td>
<td>54%</td>
</tr>
<tr>
<td>Health</td>
<td>13,200,000</td>
<td>12,721,589</td>
<td>478,411</td>
<td>4%</td>
</tr>
<tr>
<td>WASH</td>
<td>36,700,000</td>
<td>30,548,306</td>
<td>6,151,694</td>
<td>17%</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,900,000</td>
<td>612,029</td>
<td>3,287,971</td>
<td>84%</td>
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<td>Learning &amp; Dev</td>
<td>11,600,000</td>
<td>5,009,796</td>
<td>6,590,204</td>
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<tr>
<td>Cluster coordination</td>
<td>3,500,000</td>
<td>0</td>
<td>3,500,000</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>110,500,000</td>
<td>68,085,393</td>
<td>42,414,607</td>
<td>38%</td>
</tr>
</tbody>
</table>

*Requirements reflected in this table for the drought response are part of the HAC 2017.
**Funds available include funding received in 2017 (US$34.5 million) against current appeal as well as carry-forward (US$33.5 million). In addition, nutrition supplies valued at US$9.4 million have also been moved to 2017.

Next SitRep: 20 July 2017

Who to contact for further information:

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

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

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

<table>
<thead>
<tr>
<th>NUTRITION</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>Children under 5 years with SAM admitted for treatment to therapeutic care programmes</td>
<td></td>
<td>303,000</td>
</tr>
<tr>
<td>Caregivers of children 0-23 months accessing infant and young child feeding counselling</td>
<td></td>
<td>1,000,000</td>
</tr>
</tbody>
</table>

### HEALTH

<table>
<thead>
<tr>
<th>Cluster Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>People provided with access to essential and life-saving health care services</td>
<td>400,000</td>
</tr>
<tr>
<td>People with access to treatment for diarrhoeal disease</td>
<td>35,000</td>
</tr>
<tr>
<td>South Sudanese refugees children aged 6 months to 14 years vaccinated against measles</td>
<td>36,000</td>
</tr>
<tr>
<td>South Sudanese refugee children vaccinated against polio</td>
<td>143,000</td>
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### WATER, SANITATION & HYGIENE

<table>
<thead>
<tr>
<th>Cluster Response</th>
<th>UNICEF and IPs</th>
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</thead>
<tbody>
<tr>
<td>People accessing safe water</td>
<td>9,200,000</td>
</tr>
<tr>
<td>People reached with key messages on hygiene practices</td>
<td>4,800,000</td>
</tr>
</tbody>
</table>

### CHILD PROTECTION

<table>
<thead>
<tr>
<th>Cluster Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<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>
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</tbody>
</table>

### EDUCATION

<table>
<thead>
<tr>
<th>Cluster Response</th>
<th>UNICEF and IPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-aged children with access to emergency education programmes</td>
<td>2,000,000</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

**WASH**
- Federal and Regional Mines and Water Bureaus, Oxfam Intermon, Adhorn, Ogaden Welfare and Development Association, SCI

**Education**
- Federal and Regional Education Bureaus, SCI, PIE, Ogaden Welfare and Development Association

**Child Protection**
- Regional Bureau of Labor and Social Affairs, Regional Bureau of Women, Children and Youth Affairs, SCI, Plan International Ethiopia, the Ethiopian Red Cross Society, GOAL Ethiopia

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* UNICEF Results include refugee response results, which means UNICEF results in some sectors will be higher than the cluster results.
* Nutrition data has not been released for the last reporting period. Data will be included in the next update.
* Growth monitoring and promotion (GMP) data is used as a proxy for the indicator “caregivers of children 0-23 months accessing infant and young child feeding counselling” and data is compiled within regions with 2 to 3 months delay. UNICEF has reached more than its target as it is using this proxy indicator. Target will be revised during the mid-year review.
* The decrease is due to an over-calculation of the cluster results in the previous sitrep. This has been corrected in this sitrep.
* This information captures data against CP Sub Cluster indicator “CP cases identified, referred and responded to” which includes separated and unaccompanied children
* UNICEF data includes ‘refugee population’ as well.
* 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.
* The GOE and NGOs have reached 1.7 million children with school feeding programme.