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# ETHIOPIA

## Humanitarian Situation Report



SitRep # 9- Reporting Period September 2019

### SITUATION IN NUMBERS

## Highlights

- In 2019, cholera outbreaks have been confirmed in seven key regions and two administrative cities in Ethiopia. The most affected regions include Southern Nations Nationalities and Peoples (SNNP), Oromia and Somali regions, bringing the cumulative total this year to 1,588 cases (57 confirmed) with a case fatality rate of 1.6%. The main drivers of transmission are limited access to safe water and sanitation with transmission worsened following high rainfall in September 2019.
- Hygiene promotion remains critical to preventing further transmission of cholera. UNICEF reached 88,689 people with a cholera awareness and prevention campaign and 46,560 people were provided with WASH Non-Food Items (NFIs) to prevent cholera in areas affected by floods or which are vulnerable to disease outbreaks.
- 5,972 children (2,456 girls and 3,516 boys) received psychosocial support through child-friendly spaces in Gambella, Somali, SNNP, Oromia and Benishangul-Gumuz regions.

**4.89 million**

# of children in need of humanitarian assistance

(Ethiopia Humanitarian Needs Overview 2019)

**8.86 million**

# of people in need

(Ethiopia Humanitarian Needs Overview 2019)

**3.19 million\***

Internally displaced persons in Ethiopia

(Ethiopia Humanitarian Needs Overview 2019)

**702,145**

Registered refugees and asylum seekers in Ethiopia

(Ethiopia, refugees and asylum seekers (UNHCR, 30 September 2019, <https://data2.unhcr.org/en/country/eth>)

**UNICEF Appeal 2019**

**US\$ 143.5 million**

\* IDP numbers have reportedly reduced with the IDP return programme. DTM 18 is pending Government approval.

## UNICEF's Response with Partners

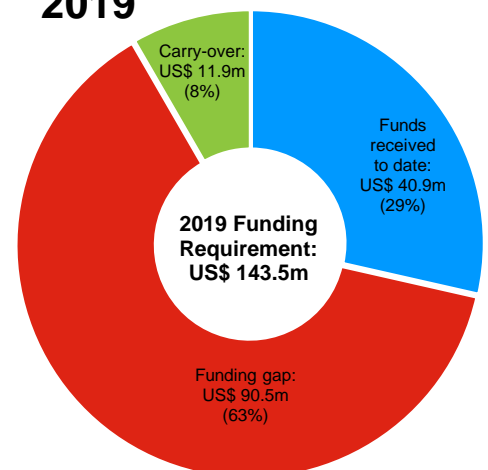
	UNICEF		Cluster	
	UNICEF Target*	UNICEF Results**	Cluster Target	Cluster Result**
<b>Nutrition:</b> Children under 5 years with SAM admitted treatment	503,696	213,876	487,696	210,138
<b>Health:</b> Number of Medical consultations in priority locations (Afar and Somali regions)	441,000	344,559		
<b>WASH:</b> People accessing sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene	1,850,000	1,345,890	5,500,000	3,970,369
<b>Child Protection:</b> Vulnerable children provided with psychosocial support, including access to child-friendly spaces with multi-sectoral programming interventions	77,000	80,934	42,000	30,274
<b>Education:</b> School-aged children, including adolescents, accessing quality education	370,017	98,639	2,346,922***	275,504

\* The UNICEF target is higher than the Cluster target as UNICEF includes new arrivals of refugees.

\*\* Results are cumulative for the year of 2019, to September 2019 except for nutrition whereby results are in lieu by up to eight weeks. The nutrition results reflected are to July 2019.

\*\*\* The target for education cluster includes the government-led school feeding programme.

## Funding Status 2019



Overall funds available for 2019 include funding received for the current appeal year as well as the carry-over from 2018.

## Situation Overview & Humanitarian Needs

Some 468 cases of cholera have been reported this month with a fatality rate of 0.42 per cent in Afar, Harari, Oromia, SNNP and Somali regions, as well as in Addis Ababa city. The most affected regions are SNNP, Oromia and Somali. The current cumulative number of confirmed and suspected cases as of September 2019 is 1,588 with a case fatality rate of 1.6%<sup>1</sup>. The main drivers of transmission are limited access to safe water and sanitation as well as the high rainfall throughout the month. However, the total number of cholera cases in 2019 has seen an almost two-fold reduction compared to September 2018 figures and twenty-eight-fold reduction compared to the same period in 2017. The 2017 cholera outbreak was mainly associated with severe drought in Somali region. The investments by UNICEF and the Government in preparedness and early response has played a key role in reducing the vulnerability of children and their families to cholera.

The 2019 Humanitarian Response Plan (HRP) identifies over seven million people, including close to four million children, requiring emergency WASH interventions out of which 570,000 are likely be affected by cholera outbreaks. This makes provision of safe water and improved sanitation critical for prevention of cholera. To ensure a multi-sectoral response and prevent further outbreaks, provision of water supply and sanitation services, hygiene promotion, cholera awareness, and distribution of WASH NFIs among IDPs, schools and communities living in high-risk areas is crucial. UNICEF's WASH appeal, however, remains 77 per cent underfunded.

## Humanitarian Leadership and Coordination

UNICEF leads the Nutrition and WASH Clusters, co-leads the Education Cluster with Save the Children and co-leads the Child Protection and Gender-Based Violence Area of Responsibility (AoR) with UNFPA. With the global rollout of the enhanced Humanitarian Programme Cycle Approach for the development of the 2020 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP), the Clusters and AoR have worked in coordination with UNOCHA and members of the Inter-Cluster Coordination Group (ICCG) to conduct inter-sectoral analysis of the priority needs of children and their families for 2020.

The analysis has included identifying critical needs related to: 1) physical and mental wellbeing, 2) living standards, 3) resilience and recovery and; 4) protection, as well as reviewing the effects of stresses and shocks on the lives and livelihoods of those in need in Ethiopia as well as their resilience to future negative events including conflict- and drought-related impacts. Based on this analysis, the Clusters and the AoR will project the needs of children and women in Ethiopia for 2020 in Nutrition, WASH, Education and Child Protection.

## Humanitarian Strategy

UNICEF's humanitarian response in Ethiopia is aligned with the 2019 Humanitarian Needs Overview and HRP. As the humanitarian situation of conflict-induced IDPs and returnees has evolved throughout the year, UNICEF has aligned its response to the needs of children and vulnerable members of conflict-and displacement-affected communities with the Durable Solutions Initiative which provides a principled operational framework to design and implement durable solutions at locations of return or relocation. In cooperation with the Government and partners, UNICEF will continue to link its humanitarian activities with regular development programmes to provide durable solutions and to achieve sustainable results. For example, in areas of prolonged displacement and with high water-stress levels, UNICEF is making long-lasting infrastructural investments for both displaced and host communities to ensure that children and their families can access and co-manage a reliable safe water source.

### What is Cholera?



Cholera is a diarrhoeal disease caused by infection of the intestine. The typical presentation of cholera is a sudden onset of acute diarrhoea, vomiting and dehydration (within 12-24 hrs).



Cholera is usually transmitted through faecal contamination of water or food. New outbreaks can occur sporadically where water supply, sanitation, food safety and hygiene are inadequate.



The goal of treatment is to rehydrate patients and replace electrolytes lost with oral rehydration therapy. Severely dehydrated patients require rapid fluid replacement with intravenous fluids.

*Guideline on Cholera Outbreak Management Ethiopia, 2011*

<sup>1</sup> 2019 Ethiopian Public Health Institute Weekly Cholera Situation Report | Week 39

## Summary Analysis of Programme Response

### Nutrition

The nutritional status of children continues to be a concern, particularly with the increased risk of cholera in SNNP, Oromia and Somali regions. In July, 31,874<sup>2</sup> children with Severe Acute Malnutrition (SAM) were admitted to the Community Management of Acute Malnutrition (CMAM) Programme, with 3,927 children with medical complications admitted to stabilization centres for the treatment of SAM. The Programme's performance indicators are within targets and acceptable standards, with 88 per cent cured, 0.3 per cent deaths and 1.8 per cent defaulting. Late admissions and reporting remain major challenges to treating malnourished children. Additional investments are required to ensure early detection through improved community engagement.

UNICEF, in close collaboration with the Federal Ministry of Health, is supporting cascaded training activities led by the Regional Health Bureaus to implement the new National Guidelines for the Management of Acute Malnutrition in Ethiopia, effective from 16th September 2019. The Guidelines aim to improve access to quality services for the management of SAM and Moderate Acute Malnutrition (MAM), providing a primary point of reference for curative and preventive service delivery, training, monitoring and supervision in Ethiopia. The Guidelines include revised criteria for SAM admission, which uses 11.5 cm as a Mid-Upper Arm Circumference (MUAC) cut-off for admission (previously 11.0 cm). The revised MUAC cut-off points are likely to lead to an increased caseload of children admitted to CMAM the programme in the coming months.

### Health

UNICEF worked closely with the Federal Ministry of Health and Regional Health Bureaus (RHBs) to provide technical assistance to respond to outbreaks of cholera in SNNP, Oromia and Somali regions. UNICEF provided dedicated technical support through deployment of two health emergency consultants to SNNP and Oromia regional health bureaus in addition to the deployment of two Communications for Development (C4D) consultants to the National Emergency Operation Centre at EPHI. Eight Cholera Treatment Center (CTC) kits have been dispatched to SNNP Region to contribute to early and appropriate response to cholera. The CTC kits can admit and treat 160 patients per week. Prolonged and recurrent emergencies have stretched resources and the health care system to respond to the humanitarian needs. UNICEF, therefore, is working to strengthen its risk-informed planning and preparedness for emergency response.

An ongoing circulating vaccine-derived polio virus (cVDPV) outbreak continues to be a risk to children in Somali region. Some 586,511 children in Somali Region were targeted by the second round synchronized mOPV2 immunization campaign in the five zones of Dolo, Jarar, Fafan, Nogob and Erar. UNICEF supported the coordination of this campaign, including medical guidance, C4D messaging, and logistical assistance to distribute and retrieve mOPV2 vaccines. In addition to this immunization campaigns, the measles vaccinations for newly arrived South Sudanese refugee children is on-going with 6,165 refugee children vaccinated against measles and Polio this year at entry and in camp in Gambella Region.

### WASH

UNICEF supported the Federal Ministry of Water, Irrigation and Energy to respond to the critical and complex water, sanitation and hygiene needs throughout the country. In September, 134,042 people were directly impacted by widespread flooding in Afar, Gambella, Amhara, SNNP and Somali regions. Some 12,133 people were provided with WASH NFIs which included household water treatment chemicals, jerrycans, water buckets and hygiene products such as sanitary pads and bath and laundry soaps. Despite these results, lack of local capacity in electromechanical equipment has affected installation of water supply schemes and consequently delayed the supply of sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene.

Hygiene promotion activities remained critical to preventing the further spread of cholera. Some 58,505 people were reached with messages on hygiene promotion, handwashing, latrine use and cholera prevention in Oromia Region. In addition, 42 *kebele* leaders and community volunteers, 50 religious' leaders, five female leaders and 16 health extension workers were equipped with the knowledge and skills to lead and deliver community-based campaigns that promotes cholera awareness and prevention education in Somali Region.

### Education

UNICEF's support to pre-primary refugee children in Gambella through the provision of the accelerated school readiness (ASR) programme has facilitated 6,995 girls and 6,908 boys to prepare and be ready to enrol in grade one for the 2019/2010 academic year. This has been complemented by earlier investments to improve the overall quality of the learning environment

<sup>2</sup> Information on nutrition programme response is lieu by two months due to lengthy data collection and verification process from the *kebeles* to federal level, and cumulative SAM admissions may include unreported SAM cases from previous months. *Achievement is at (104%) compared to the target as of July.*

through teacher-focused training activities and the provision of essential learning materials (that include 54 education kits, good for approximately 2,700 children for at least one academic year). UNICEF, in collaboration with the Gambella Regional Education Bureau (REB), has begun preparations to roll out an “Assessment for Learning” in-service teacher training programme in October and November 2019. The Programme will equip 400 teachers in refugee and host community primary schools to employ child-centred approaches and continuous classroom assessments for improved learning outcomes.

In September, 2,912 children (1,810 girls, 1,102 boys) were reached through the Accelerated School Readiness (ASR) Programme in Somali (1,855 children) and Oromia (1,057 children). Delayed and incomplete information on humanitarian needs as well as population reached is a huge challenge for education programmes. UNICEF is supporting the Ministry of Education to undertake a needs assessment in November to address this bottleneck in six emergency affected regions (Afar, Amhara, Benishangul Gumuz, Oromia, SNNPR and Somali).

### Child Protection

UNICEF worked closely with the Government and partners at the national and regional level to respond to the specific protection needs of internally displaced or returnee and refugee children. Case management services for internally displaced and refugee children that are unaccompanied or separated from their families or caregivers remained a priority. As of 16 September 2019, UNICEF supported the identification and documentation of 5,223 unaccompanied and separated children in IDP locations (2,383 girls, 2,840 boys). Of this total case load, 618 children were supported in family reunification, of which 26 were reunified with their families/caregivers, 1,099 in alternative care arrangements, of which 64 were placed in alternative care. In total, 1,717 children (785 girls, 932 boys) received support in family reunification or alternative care arrangements. The family tracing and reunification effort is however challenged by the spontaneous movement of children and families and limited capacity of partners to process and verify adult and child verification and security issues, resulting in delays of family tracing and reunification process.

Some 2,456 girls and 3,516 boys were provided with psychosocial support through child-friendly spaces in Gambella, Somali, SNNP, Oromia and Benishangul-Gumuz regions. Through dissemination of GBV prevention and risk mitigation messages, 9,861 IDPs were provided knowledge on GBV prevention and risk mitigation measures which has improved knowledge of services available for GBV survivors, benefits of early reporting, and the referral pathways. In September 22 GBV cases were reported by girls and women, including cases such as rape, domestic violence, physical assault, and denial of resources.

### Communication, Advocacy and Partnerships

UNICEF hosted a delegation of US congressional staffers on a learning visit to Ethiopia and Uganda. The team spent three days in Ethiopia learning about how Ethiopia has leveraged resources to improve vaccine coverage rates and reduce child mortality. In the Somali Region, the team visited Togochole Health Center where they held discussions with local health staff and community elders on ongoing efforts to respond to the Vaccine Derived Polio Type 2 (cVDPV2) case imported from Somalia. UNICEF mobilized regional media based in Somali Region to cover the launch of the polio campaign.

Below is a story UNICEF published on its website to highlight its humanitarian response.

“Salo’s journey from danger to safety” - (<https://www.unicef.org/ethiopia/stories/salos-journey-danger-safety>)

### Communication for Development (C4D), Community Engagement and Accountability

UNICEF continues to provide technical support on C4D focusing on disease outbreaks, especially the prevention and control of cholera and chikungunya outbreaks and preparedness for Ebola. UNICEF deployed C4D consultants in SNNPR and at Ethiopian Public Health Institute (EPHI) to provide technical support to the cholera response, including social mobilization with religious leaders at holy water sites and hygiene promotion activities in schools and fishery sites at the regional level. Hygiene promotion was also conducted for IDP returnees in East and West Wollega zones of Oromia Region which reached 178,515 individuals. UNICEF is also supporting the designing and distribution of tailored C4D materials to support the cholera response.

### Security

Hostilities between unidentified armed groups and government security forces restricted access in several areas. In Gambella, access continues to be severely limited after an unknown armed group targeted an international NGO’s vehicle near Nguennyuel camp resulting in two staff being killed. Following the incident, all humanitarian missions and travel to the refugee camps were suspended for two weeks and only resumed under armed federal police escort. More specifically, due to the insecurity for staff working to operate the Itang water system (serving over 200,000 people), the working hours have been reduced by approximately four hours, resulting in less water being supplied to beneficiaries. Through advocacy with local authorities, deployment of police escorts, increased security patrols as an immediate solution, and establishment of a police

base around the water sources as a long-term plan were agreed and executed. Because of these security measures taken, regular work is gradually resuming for the benefit of the refugees and host communities.

Analysis of access incidents reported by humanitarian agencies to UNOCHA published in September shows that the main humanitarian access challenges were reported in Oromia, Gambella, Somali and Benishangul-Gumuz regions. Major challenges reported include active hostilities (71%), restriction of access to services (11%) and the physical environment (10%).

## Funding

UNICEF Ethiopia is appealing for US\$ 143.5 million in 2019 to support its humanitarian actions for children. Since January, UNICEF has received US\$ 40.9 million. With a carry-over of US\$ 11.9 million from 2018, the current funding gap stands at US\$ 90.5 million (63 per cent). The 82 per cent funding gap in the health response and the 77 per cent funding gap in the WASH response directly impact UNICEF's support to the Government to prevent and respond to water borne disease outbreaks such as cholera, severely limiting the provision of life-saving curative interventions and sources of safe water, reduces capacity to raise awareness to prevent infection and transmission, and impacts households' access to water treatment chemicals. Despite Education in Emergencies (EiE) being central to linking emergency responses with wider development objectives, UNICEF's EiE programme remains grossly underfunded (84 per cent), with only 27 per cent of its 2019 targeted children provided with access to accelerated learning programmes as of September 2019.

## UNICEF Ethiopia funding status as of 30 September 2019

Appeal Sector	Requirements	Funds available US\$		Funding gap	
	US\$	Funds Received Current Year	Carry over*	\$	%
Nutrition**	61,222,849	24,757,807	9,562,211	26,902,831	44%
Health	14,492,865	2,165,862	434,769	11,892,234	82%
Wash	56,200,000	11,620,325	1,109,407	43,470,268	77%
Child Protection	3,687,192	1,719,426	325,197	1,642,569	45%
Education	7,918,851	709,920	542,380	6,666,551	84%
<b>Total</b>	<b>143,521,757</b>	<b>40,973,340</b>	<b>11,973,964</b>	<b>90,574,453</b>	<b>63%</b>

\* Funds available includes funding received against current appeal as well as carry-forward from the previous year and report has been rounded-off

\*\* The nutrition funds include in-kind support, valued at US\$ 7.8 million

## Next Situation Report: 10 November 2019

UNICEF Ethiopia: [www.unicef.org/ethiopia](http://www.unicef.org/ethiopia)

Facebook: <https://www.facebook.com/UNICEFETH>

Twitter: <https://twitter.com/UNICEFEthiopia>

UNICEF Ethiopia Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/ethiopia.html>

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## Annex A

## SUMMARY OF PROGRAMME RESULTS

	UNICEF and IP				Cluster Response		
	Overall needs	2019 Target	Total Results <sup>i</sup>	Change since last report ▲▼	2019 Target	Total Results <sup>i</sup>	Change since last report ▲▼
<b>NUTRITION</b>							
Children under 5 years with SAM admitted treatment	609,961	503,696	213,876 <sup>ii</sup>	31,927	487,696	210,138	31,927
Children received vitamin A supplementation	-	1,029,497	1,243,070	-			
<b>HEALTH</b>							
Number of medical consultations in priority locations (Afar and Somali regions)		441,000	344,559	49,636 <sup>v</sup>			
People affected by acute watery diarrhoea accessing life-saving curative interventions		15,000	1,588	468			
Children immunized against measles		760,270	601,343	9			
Number of insecticide-treated bed nets distributed in Malaria-endemic areas		400,000	135,000	-			
Number of people with access to health care facilities stocked with emergency drugs and supplies for 3 months		320,000	162,500	25,000			
<b>WATER, SANITATION &amp; HYGIENE<sup>iii</sup></b>							
People accessing sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene	9,243,666	1,850,000	1,345,890	39,166	5,500,000	3,970,369	218,049
People reached with key messages on hygiene practices	7,260,454	1,750,000	1,161,122	58,505	5,000,000	1,923,226	143,483
People have access to emergency NFIs (including household water treatment chemicals)	7,260,454	3,000,000	2,113,215	12,133	5,000,000	4,075,344	337,718
<b>CHILD PROTECTION</b>							
Vulnerable children provided with psychosocial support, including access to child-friendly spaces with multi-sectoral programming interventions	592,648	77,000	80,394	5,972	42,000	30,274	1,206
Unaccompanied and separated girls and boys reunified with their families and/or placed in appropriate alternative care	13,071	4,400	1,717	90	5,000	2,418	222
Children and women provided with risk mitigation, prevention or response interventions to address gender-based violence	1,028,910	95,500	99,513	9,883	52,000	90,594	6,436
<b>EDUCATION</b>							
School-aged children, including adolescents, accessing quality education	2,616,444	370,017	97,222	19,515	2,346,922	275,504	- <sup>iv</sup>

<sup>i</sup> Total results for **Sectors** are cumulative and include results for HRP activities as well as refugees, leading to higher results than the cluster result.

<sup>ii</sup> SAM admissions are as of July 2019. The cumulative result includes 53 unreported cases from June 2019 and 3,738 refugee admissions over the year 2019.

<sup>iii</sup> WASH result only refers to new beneficiaries in any of the three programmes to avoid double counting.

<sup>iv</sup> Education cluster result is delayed due to data collection and cleaning.

<sup>v</sup> This intervention is singularly funded by one source; while other Health interventions remain underfunded.