Highlights

- Over 4.89 million children required humanitarian assistance in the year 2019. Displacements due to inter-ethnic conflicts, food insecurity triggered by natural and man-made crises, and disease outbreaks drove humanitarian needs.

- UNICEF supported over 1.4 million children with WASH Non-Food Items (NFIs); 731,044 children were vaccinated against measles (of which 11,044 were newly arrived refugee children); 315,467 children were treated for Severe Acute Malnutrition (SAM), including 4,017 refugee children; 263,894 children including 134,586 girls were given access to education; 99,681 children were provided with psychosocial support and 117,164 women and children received information on Gender-Based Violence (GBV) - how it can be prevented and how survivors can access support and services.

- UNICEF’s programme implementation was affected by restricted access to communities due to insecurity, underfunding to deliver the planned services, interruption to service delivery due to a return campaign led by the Government, and limited partner presence in critical geographical areas.

UNICEF’s Response and Funding Status

<table>
<thead>
<tr>
<th>Service</th>
<th>SAM Admission</th>
<th>Funding status</th>
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<tr>
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<td>54%</td>
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<tr>
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<tr>
<td>Education</td>
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<td>20%</td>
</tr>
</tbody>
</table>

Funding Status (in US$)

- Funding gap: 88 million (61%)
- Funds available: 56 million (39%)
- Funds received in 2019, $44M
- Carry-forward, $12M

1 Number of children are estimated (children 53%) based on Ethiopian Demographic and Health Survey (2016)
2 Humanitarian Response Plan – Ethiopia (Revised October 2019)
3 Displacement Tracking Matrix (DTM) (September - October 2019)
4 Results are cumulative for the year to December 2019, except for nutrition where results are at Oct 2019
5 HAC 2019 requirements were computed based on unit costs at the beginning of the year. Actual beneficiary costs in WASH and Health in 2019 were less than estimated allowing the programme to meet targets with less resources. The WASH and Health programme were able to leverage previous investments.
Funding Overview and Partnerships
UNICEF Ethiopia has appealed for US$143.5 million in the 2019 Humanitarian Action for Children (HAC) to provide life-saving services for women and children. Contributions were received from the Government of Canada, the European Commission/ECHO, the German National Committee for UNICEF, the Global Thematic Fund, the Government of Japan, the Government of Korea, the Government of the Netherlands, the Government of Norway, the Government of Sweden (SIDA), the Government of Switzerland, the Government of the United States (Food for Peace and OFDA), the Government of the United Kingdom (DFID); and UNOCHA (CERF/EHF). UNICEF expresses its sincere gratitude for these generous contributions. However, the HAC 2019 was only 39 per cent funded, with significant gaps in the Education, Health and WASH response. Lack of funds meant that over 400,000 people targeted by UNICEF Ethiopia’s Humanitarian Action for Children in 2019 did not receive the assistance they required to meet immediate life-saving needs.

Situation Overview & Humanitarian Needs
In 2019, conflict-induced displacement, climatic shocks, and the lack of recovery from previous years have continued to drive humanitarian needs. Ethiopia is home to 735,204 refugees, of whom 415,390\(^1\) are children. New monthly arrivals in 2019 varied from 6,000 to 11,000, with more than three-quarters of arrivals from Eritrea.

In April, the number of internally displaced persons, driven by conflict and drought, peaked at 3.1 million (2.5 million were conflict-induced and 600,000 were climate-induced; 61 per cent were children). Internally displaced people, especially those living in collective sites, had limited access to basic services, lacked opportunities to rebuild livelihoods, and faced protection risks amid wider security concerns. Family separations, breakdown of support networks, disease outbreaks, and interrupted access to food in 2019, worsened existing vulnerabilities to acute malnutrition. Poor or no access to primary health services, inadequate water and sanitation facilities, and poor health-seeking and hygiene practices put displaced children at a higher risk of contracting preventable diseases in crowded collective sites. Following the March launch of the Government’s Plan to address internal displacements in Ethiopia, over 2.1 million conflict-induced IDPs had been returned, integrated or relocated by May\(^2\). Nevertheless, 1.6 million IDPs\(^3\), including 850,000 children, are still officially displaced and will require humanitarian assistance in 2020. Likewise, many of those returned remained displaced, without access to basic services and recovery support, and in communities experiencing on-going or renewed insecurity.

New displacements are active and remain a threat to existing caseloads as the potential for conflicts over scarce natural resources and unresolved regional border issues remain.

Erratic and below-normal spring belg/gu/genna rainfall resulted in water and pasture shortages and poor livestock conditions and contributed to deteriorating food and nutrition security in the lowlands. Food insecurity affected over eight million people. In 2020, food security is expected to worsen to Crisis (IPC 3\(^4\)) between February and June in Belg-dependent and pastoralist areas affecting 4.2 million children, of whom 444,000 are expected to be affected by SAM, and three million pregnant and lactating women and children are expected to be affected by Moderate Acute Malnutrition (MAM).

Floods in Afar, Amhara, Benishangul-Gumuz, Gambella, Oromia, Southern Nations Nationalities and People’s Region (SNNP), Somali and Tigray contributed to displacements and the loss of livestock and crops affecting 795,000 people.

\(^1\) UNHCR Refugee Response Plan
\(^2\) Number of IDPs returned, relocated or re-integrated is extracted from Government of Ethiopia’s official announcement and other government sources
\(^3\) IOM Displacement Tracking Matrix (DTM) Round 19 (September – October 2019)
\(^4\) Integrated Phase Classification (IPC) phases are used to illustrate thresholds and classify the severity of the current or projected food security situation. The phases range from IPC 1-5 ranging from minimal food insecurity to famine.
In the Somali Region, unseasonal and extended heavy rainfall resulted in floods that severely damaged infrastructure and disrupted people’s livelihoods.

Ethiopia remains vulnerable to outbreaks of epidemic prone diseases. Cholera is a major public health risk and 2,565 cases were reported in 2019 in Addis Ababa, Afar, Amhara, Dire Dawa, Harari, Oromia, SNNP, Somali and Tigray regions. While reported cases were lower than in previous years, predisposing factors remain, with communities remaining vulnerable. Other epidemics reported in 2019 include measles, vaccine derived polio virus type 2, malaria and chikungunya.

With Ethiopia endorsing the amended Refugee Proclamation in January 2019, it is imperative that interventions are designed to not only respond to immediate humanitarian needs but establish, longer-term durable solutions for refugee integration within host communities. Similarly, Ethiopia’s commitment to ratification of the Kampala Convention and consequent national legislation would ensure better protection of IDP rights in Ethiopian domestic law and policy.

A Durable Solutions Initiative for IDPs was launched in December 2019 and intends to link humanitarian and development interventions for longer-term sustainable gains. Similarly, a Multi-Year Resilience Strategy will be implemented from 2020-2025 to improve outcomes for 12 drought-prone zones in Ethiopia’s north-east that have received multi-year assistance for both chronic poverty and food insecurity.

Summary Analysis of Programme Response

Nutrition

In 2019, over 600,000 children required treatment of Severe Acute Malnutrition (SAM). Internal displacement due to conflicts, protracted drought displacements, drought, floods, and disease outbreaks, including cholera and measles, magnified the vulnerability of children. Some 8.1 million people were considered food insecure in 2019, with 6.1 million classified in IPC Phase 3 (Crisis) while 1.9 million people were in IPC Phase 4 (Emergency).

In 2019 (January to October), 315,601 children, including 4,151 refugee children with SAM, were admitted to the Community Management of Acute Malnutrition (CMAM) Programme supported by UNICEF and run by partners (equal to 51.6 per cent of the caseload and 62.6 per cent of UNICEF’s target); with 35,791 children with medical complications (11.5 per cent) admitted to stabilization centres. SAM admissions in 2019 were higher by 11 per cent compared to 2018, with the most significant increase reported in Benishangul-Gumuz and Oromia regions. Major contributing factors to the increase in admissions were a rise in food prices due to drought and market instability and inaccessibility.

The Government of Ethiopia endorsed the adoption of the international/WHO growth standards for the management of SAM, revising the Mid Upper Arm Circumference (MUAC) admission cut-off from 11.0cm to 11.5cm in June 2019. This change will mean a greater number of children will be identified and admitted to the CMAM program for an earlier initiation of treatment. The 2019 HAC target for SAM admissions was based on previous years’ admission caseload and additional number of children projected to need SAM treatment using the revised MUAC cut-off point. However, the SAM admissions were lower than expected due to the postponement of the roll-out of the revised MUAC cut-off points. The number of children requiring SAM treatment in 2020 is expected to be 554,457. The cluster has targeted 443,565 SAM children (80 per cent of the need) for treatment.

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8 Source: https://data2.unhcr.org/en/documents/details/68964
9 2019 Ethiopia Mid-year humanitarian response plan
10 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. Accordingly, admissions in 2019 are as of October 2019.
11 Programme performance indicators in 2019 are within targets and acceptable standards (>75 per cent cure, <10 per cent death, <15 per cent defaulter) with a cure rate of 88 per cent, death rate of 0.3 per cent and 1.9 per cent defaulter rate.
12 Reports on refugee admissions were not received due to delayed reporting from the regions and partners.
13 MUAC is used for the assessment of nutritional status.
UNICEF supported the SAM response through procurement and distribution of SAM treatment supplies valued at US$26.7 million, building the capacity of front-line workers and monitoring the quality of SAM treatment services. The SAM treatment programme is challenged by the movement of communities to places with no basic services, in areas with unpredictable security which affects the continuum of care. To mitigate this challenge, UNICEF financed the operational costs of outreach health workers to ensure displaced communities accessed services in Benishangul-Gumuz and Oromia regions. Supplies were also prepositioned in areas where insecurities and road blockages were foreseen for early preparedness and response. UNICEF is working with the Federal Ministry of Health and other partners to implement the new National Guidelines for the Management of Acute Malnutrition and to digitalize the reporting platform to ensure timely reporting. Currently, UNICEF has secured the supplies needed for the first quarter of 2020 and a four months buffer stock which could be used for the second quarter. UNICEF is mobilizing resources to cover the needs in 2020 and beyond. Two donor proposals were submitted to USAID Food for Peace and ECHO which, if funded, will cover the 2020 supply needs.

In 2019, UNICEF adopted a multi-sectoral approach to responding to the needs of women and children by establishing referral linkages between stabilization centres and social workers that allowed mothers or caretakers to receive psychosocial support while children received treatment. In 2020, the nutrition cluster plans to collaborate with the Health and WASH clusters to deliver an integrated multi-sectoral response package that will be piloted in selected woredas with high SAM cases, high incidence of measles and/or cholera outbreaks and with acute WASH needs for improved, sustained treatment outcomes for children.

Health

In 2019, protracted and new emergencies further stretched the existing human, infrastructure and resource capacities of the health care system. The shortage of essential drugs has been the most significant gap in the health system’s capacity to meet humanitarian needs. In 2019, the health sector responded to 2,486 suspected and 79 confirmed cholera cases, 20,804 measles cases, five vaccine-derived polio virus type 2 (VDPV2) cases, 53,238 suspected and 29 confirmed cases of chikungunya, and 1,251 dengue fever cases. According to the mini DHS 2019, 1,281,279 children have not received any measles vaccination nationwide and 58 per cent of these are in Oromia (648,050) and Somali (125,229). These two regions were the most affected by the 2019 measles outbreak.

In 2019, Mobile Health and Nutrition Teams, with UNICEF support, provided 508,370 medical consultations in Afar and Somali regions. Some 731,044 children, including 11,044 refugee children, were vaccinated against measles: 11,044 in Gambella, 325,420 in Oromia, and 394,580 in Somali. Oral Cholera Vaccine (OCV) doses were given to 467,100 people in Afar, Oromia, Southern Nations Nationalities and Peoples (SNNP), and Somali regions, including some in Addis Ababa. The number of reported cholera cases in 2019 was significantly reduced compared to 2018. This successful trend has been attributed partially to improved response capacity in terms of availability of trained health workers and effective and relevant social mobilization strategies. Furthermore, the availability of and use of reactive oral cholera vaccinations has prevented rapid spread in densely populated areas. Another positive feature of the cholera response has been close cross-border coordination with Somalia and Kenya. For example, to contain the cholera outbreak in Moyale town, a cross-border coordination platform was established between UNICEF Kenya and UNICEF Ethiopia. This platform provided he opportunity to strengthen surveillance, information-sharing, and identification of risk factors. UNICEF supported the Monovalent Oral Polio Vaccine Type 2 (mOPV2) immunization campaign in the areas of vaccine management and social mobilization.

Children in emergencies continue to be at risk of contracting preventable diseases due to low immunity and poor access to WASH and health services. UNICEF provides financial, material and technical support to the Federal Ministry of Health and Regional Health Bureaus (RHBs) to prepare for and respond to disease outbreaks. The support involves providing mobile health and nutrition outreach to communities in hard-to-reach areas, vaccination against measles, polio virus type 2 (VDPV2) cases and cholera, the provision and prepositioning of emergency drugs, and supporting the health response through the provision of technical support and advocacy. Nevertheless, due to underfunding, there remain significant gaps in the numbers of people reached, and those that received immediate life-saving assistance as required. Some 135,203 children targeted to benefit from distribution of insecticide-treated bed nets in malaria-endemic areas through HAC 2019 could not receive the immediate life-saving assistance required.

\[1\] Districts, or woredas, are the third-level administrative divisions of Ethiopia. They are further subdivided into a number of wards (kebeles), which are the smallest unit of local government in Ethiopia.
Lack of comprehensive cholera hotspot epidemiological analysis and mapping to guide multisectoral WASH, Communication for Development, and health cholera prevention interventions hindered an integrated approach to cholera prevention, preparedness and response. EPHI, in collaboration with UNICEF and WHO, have initiated a cholera hot spot mapping to guide the multiyear cholera prevention and control plan. This initiative aims to adopt integrated planning and response in WASH, health and communication and social mobilization interventions.

In 2020, the Ethiopia Humanitarian Response will prioritize preparedness and response to disease outbreaks and provision of health interventions to internally displaced populations and host communities due to conflict or climate induced, targeting over 3.2 million people.

**WASH**

Despite wide-scale flooding during rainy seasons, water shortages remain critical in displacement sites across the country with households only receiving 40 litres (5 litres\(^{12}\) per person) per day on average and over 57 per cent of the sites reporting poor quality of water sources. Household access to safe water was disrupted by floods, droughts and conflict displacement. In addition, low access to sanitation facilities and poor hygiene practices have exposed communities to cholera. Yet, UNICEF through its partners, has provided 1.9 million people, including one million children, with safe water in Afar, Amhara, Gambella, Oromia, SNNP, Somali and Tigray regions. The WASH response focussed on providing communities hosting returned IDPs with durable water solutions and investing in drought mitigation measures. In 2019, 1.3 million people, including 700,000 children, were reached with hygiene promotion and cholera prevention messages, 2.6 million people including 1.4 million children were reached with WASH NFIs and hygiene promotion messages, and over 150,000 people gained improved access to sanitation. Recognising the important role that WASH plays in GBV mitigation, UNICEF conducted two GBV and WASH training sessions in the Somali Region for 65 Government and WASH cluster partners; who in turn will ensure that sanitation facilities are better equipped to mitigate the risk of gender-based violence in IDP sites. In 2019, the WASH cluster reached 5,303,922 emergency affected people with safe water, 5,105,433 people with NFIs, and 2,304,327 people with hygiene promotion messages.

The WASH response faced several key challenges that included restricted movement and access to communities due to flooding of roads, destroyed infrastructure and continued insecurity, limited partner presence in emergency affected areas (especially for the drought response), and the threat of WASH infrastructure being instrumentalized in IDP return campaigns. An overall lack of WASH electromechanical equipment in local markets and lengthy and bureaucratic customs clearance processes also posed a real challenge to the rehabilitation of water systems (including pumps) and pipe extension infrastructure. UNICEF continues to advocate with the Ethiopia Food and Drug Administration and Ministry of Water and other partners through the cluster coordination platforms to amicably resolve the delays in procurement and availability of equipment in the local market. UNICEF’s WASH response in 2019 mainly focused on provision of long-term access to water supply, shifting its approach from water trucking to inexpensive rehabilitation of water schemes including boreholes. This allowed UNICEF to reach more children with low funding. Despite this, some 172,519 children targeted by HAC 2019 have not received the immediate life-saving assistance due to underfunding.

In 2020, the cluster will continue to advocate for integrated and co-located emergency inter-cluster coordination with health, nutrition, child protection and education clusters, and focus more on institutional WASH in schools and health facilities with improved sanitation facilities and C4D messaging to prevent open defecation.

**Education**

Protracted displacements and damage to schools due to conflicts and natural hazards have disrupted access to education for over 2.7 million children, with children in over 70 per cent of displacement sites having no access to pre-primary and secondary education in 2019. As of October, 83 per cent of IDP children did not attend primary school\(^{13}\). In 2019, UNICEF supported 263,894 displaced children and children affected by emergencies - including 134,586 girls - to access educational opportunities through the construction of temporary learning spaces in displacement sites and the introduction of accelerated school readiness programmes in Afar, Amhara, Benishangul-Gumuz, Gambella, Oromia, SNNP and Somali regions. UNICEF also provided training to 2,028 teachers, 256 facilitators, 43 district managers and 137 cluster supervisors on basic psychosocial first aid and conducted awareness-raising activities for 210 members of displacement affected communities, emphasizing the importance of

\(^{12}\) Below the Sphere standards, of 15 liters per person per day on average for drinking, cooking and personal hygiene

\(^{13}\) Gross attendance rate estimates made on Displacement Tracking Matrix data, October 2019
quality, safe and inclusive primary education. These training activities took place in Afar, Amhara, Benishangul-Gumuz, Oromia, SNPP, and Somali regions. The interventions are expected to benefit over 100,000 IDP and returnee school-aged children. Furthermore, UNICEF, as cluster co-lead, supported the education cluster to deliver education to 774,772 emergency affected children in 2019.

Education-in-emergency (EIE) programmes are challenged by a lack of information on education needs, insufficient funding, and limited staff to coordinate the cluster at national and subnational level. This adversely impacts education partners’ targeted prioritization and resource mobilization plans. To mitigate the gaps in information, UNICEF supported the Education Cluster to conduct education needs assessments in six regions covering at least 135 schools and deployed an EIE Specialist to UNICEF field offices in Somali and Oromia regions to strengthen the humanitarian coordination at federal and regional levels. A full-time, international cluster coordinator was recruited to support education coordination nationwide. The findings of the education need assessments conducted in the last quarter of 2019 will inform and prioritize the 2020 education response. Although UNICEF managed to reach 263,922 children with 20 per cent of its HAC, the lack of resources meant that the educational needs of 106,095 children were unmet. Immediate action, including longer-term investments, is critical to ensure that children’s cognitive development, psychosocial and protection needs are met and protected.

In 2020, the cluster plans to increase the enrolment and retention of 2.3 million children affected by emergencies through innovative and accelerated education service delivery approaches.

**Child Protection**

In 2019, displacement and secondary movements of IDPs continued to increase women and children’s vulnerabilities to protection concerns with 600,000 children and 574,000 women reportedly facing significant barriers to accessing essential services and assistance. A total of 64,700 women and girls are estimated to be at risk to child marriage and GBV; and 7,055 children were registered as separated from families.

UNICEF works closely with the Government and partners at the national and regional levels to respond to the specific protection needs of internally displaced or returnee and refugee children. In 2019, 2,394 unaccompanied and separated children (1,081 girls, 1,313 boys) were supported through reunification with their families (1,017 children) and placement in alternative care arrangements for 1,377 children, were made, including fostering. Some 99,681 children (47,357 girls, 52,324 boys) received psychosocial support through age and sex appropriate activities. These activities were delivered in child-friendly spaces (CFS), though community-based psychosocial support networks, and targeted psychological first aid in Amhara, Benishangul-Gumuz, Gambella, Oromia, SNPP and Somali regions. In addition, 117,164 people (13,613 girls, 8,010 boys, 56,777 women and 38,764 men) were reached with GBV prevention and risk mitigation messages that improved knowledge of services available for GBV survivors and the benefits of early reporting. Some 259 GBV cases were reported and referred through referral pathways to relevant services. Child protection systems were also strengthened through testing of the national case management framework, strengthening of the community-based child protection systems and structures, and provision of various capacity-building trainings for relevant government sector offices and partner staff, and deployment of members of the social service workforce to support better protection for children in emergencies.

Despite these results, there remained a caseload of 4,284 UASC (1,986 girls, 2,298 boys) at the end of 2019. Family tracing has proven to be a challenge for child protection partners with continued movement of IDPs and lack of livelihoods in the displacement sites. This has led some caretakers to leave their children behind in search of livelihoods. This in turn has increased the vulnerability of children left behind. Anecdotal reports suggest that close to 700 children are on the streets and are at increased risk of trafficking and physical and emotional abuse. Furthermore, child protection in emergency programmes are constrained by limited presence of child protection partners in remote emergency-affected areas and low technical capacity of partners. UNICEF is working with Government and non-government partners to strengthen both the social service workforce for child protection and community-based child protection mechanisms and build capacities of child protection actors. Though UNICEF’s ask for child protection in emergencies was 90 per cent funded, unforeseen emerging needs including localized inter-communal violence exasperated vulnerabilities and needs; stretching the sector’s capacity to respond.

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14 Ethiopia Humanitarian Needs Overview 2020
In 2019, the CP/GBV Area of Responsibility (AoR) extended its operational presence to Hudet, Moyale, Kemashi and Metekel zones, establishing AoR presence in seven emergency locations in four regions (Oromia, SNNP, Benishangul-Gumuz and Somali). In 2020, the AoR will continue to support and build the capacities of existing sub-national coordination and accelerate AoR establishment as needs emerge. In that regard, the AoR will continue to closely monitor emerging child protection needs and conflict hotspot locations. At a strategic level, the AoR will continue to provide support in strategic planning and development.

**Social Protection**

Ethiopia has made great progress in building shock-responsive social protection systems which play an increasingly key role in the country’s emergency response. The Productive Safety Net Programme (PSNP), in its fourth phase (2017-2020), highlighted the importance of ensuring a continuum of response and the sequenced use of available resources to address both chronic and transitory needs of the most vulnerable groups in a systematic manner. In this context, the PSNP provides support to transitory needs of existing PSNP clients as well as other assistance to emergency affected non-PSNP clients through the PSNP contingency budget.

While the government recently availed US$ 32.9 million (ETB 982 million) of public resources for this shock-responsive provision of the PSNP for 2019, other development partners (such as World Bank, DFID and WFP) are also contributing to the PSNP contingency budget, with UNICEF contributing US$3.15 million. Based on a recently signed five-year financial agreement (2019-2024), UNICEF will regularly contribute to this shock-responsive PSNP provision in the coming years. The current funds supported 436,900 PSNP and non-PSNP clients in Oromia, SNNP, Amhara and Tigray regions through the PSNP delivery system. UNICEF through regular monitoring and supervision is advocating and ensuring that these funds will predominantly benefit households taking care of malnourished children. Results, however, are challenged by limited delivery systems and capacity gaps to identify clients and provide timely cash transfers in non-PSNP woredas as PSNP woredas have established the system to regularly target and provide cash or food transfer to clients on time.

**Communication for Development (C4D), Community Engagement & Accountability**

In 2019, UNICEF provided financial and technical support to federal and regional partners and counterparts, playing a crucial role in the prevention and response to disease outbreaks as well as promotion of exclusive breastfeeding and infant and young child feeding (IYCF) in emergency settings. UNICEF, as part of its social mobilization efforts, engaged with religious leaders, health extension workers, community leaders, faith-based organizations and media professionals to ensure that integrated messages on hygiene, nutrition, and health-seeking behaviours reached over 2,127,218 people mainly in Somali, Amhara, Oromia, SNNP and Afar regions. UNICEF also used mass media to broadcast cholera prevention, measles and polio vaccination messages. Cholera prevention messages were distributed during annual religious gatherings. This year, for the first time, there were no reported cases of cholera that were linked to religious sites. In addition, UNICEF always engages community-based groups and leaders, building and strengthening local capacities at woreda, kebele and community levels for sustainable impact.

UNICEF provided technical support in the development of Ebola, cholera and polio preparedness and response plans and the design and dissemination of tailored materials (especially, to meet linguistic differences). Despite these results, C4D is challenged by lack of funding to evaluate the impact of the interventions and often proxy indicators are used to overcome this challenge. Behaviour change communication is also often delivered by Health Extension Workers who are overwhelmed with other responsibilities. Hence, social mobilization committees are often established to support the community-based activities. Moving forward, C4D budget asks in Ethiopia’s HAC 2020 will distinguish the resources required for C4D interventions and the resources required to measure their impact.

**Humanitarian Leadership, Coordination and Strategy**

The humanitarian response in Ethiopia is led by the National Disaster Risk Management Commission (NDRMC) through the federal and regional Disaster Risk Management Technical Working Groups (DRMTWGs). UNOCHA coordinates the humanitarian response of UN agencies and NGOs in support of the Government-led humanitarian response. The Government as well as the sectoral clusters prioritize the emergency response based on targeted hotspot woredas (districts) and the Humanitarian Response Plan (HRP). UNICEF leads the Nutrition and WASH Clusters, co-leads the Education Cluster with Save the Children and leads the Child Protection Area of Responsibility. UNICEF is also providing coordination support to regional coordination hubs in Oromia and Somali regions and at the sub-regional level in
Emergency Operations Centres (EOCs) in West Guji, Gedeo and Nekemte zones. UNICEF participates in the in-country interagency PSEA Task Force.

UNICEF, through the sectoral clusters, continues to advocate for resource mobilization, response management and standards at all levels to strengthen; and improve the effectiveness of information management. In 2019, UNICEF continued playing a pivotal role in spearheading the humanitarian WASH response, particularly durable solutions. This included the rehabilitation of non-functional water schemes, the extension of water pipe networks and new boreholes. The WASH Cluster aims to mainstream durable water supply solutions (40 per cent of total water supply response) to improve cost effectiveness as well as to address chronic water shortages in many parts of the country. A Child Protection Strategic Advisory Group was established in 2019 to enhance strategic planning and development. Information-sharing protocols for family tracing and reunification were developed and ratified; minimum standards for safe spaces, and standard operating procedures for unaccompanied and separated children were drafted.

The Ethiopia Nutrition Coordination Unit (ENCU) is advocating for the introduction the Integrated Phase Classification (IPC) Acute Malnutrition scale to be piloted in Ethiopia. The IPC approach is globally recognized and will enable more scientifically comparable data with other countries. Resource mobilization initiatives through the education cluster has secured US$ 17.9 million to reach 750,000 displaced girls and boys from 2020-2021 through the implementation of a new multi-year resilience programme, with UNICEF and Save the Children the Co-Grantees of the programme.

In 2019, the health, nutrition and WASH clusters collaborated on defining a minimum package for the delivery of a multisectoral emergency response. The package will be piloted in selected woredas with a high SAM burden, high incidence of measles and/or cholera outbreaks and with acute WASH needs.

UNICEF is investing in GBV mitigation initiatives through its programmes and establishing more effective systems, including reporting mechanisms to prevent sexual exploitation and abuse (PSEA). UNICEF has equipped a total of 718 UNICEF personnel and partners (431 male, 287 female) with knowledge and skills to avert PSEA and to report incidences effectively using established systems in all regions except Harari. As of December 2019, a total of 31,581 people including 21,953 children and young people were reached through awareness-raising activities and UNICEF supported community mobilization interventions on PSEA (schools, CFS, transit centres etc).

**External Relations and Visibility**

UNICEF Ethiopia made significant contributions to overall communications around the Global Refugee Forum in December. Key communication assets produced in Ngunyyielle Refugee Camp in Gambella included a human-interest story published on the global UNICEF website, a video which was published on global UNICEF social media platforms, and a photo essay. The stories were also published by UNWomen and on Reliefweb.

In conjunction with Education Cannot Wait (ECW), the Ministry of Education, and Save the Children, UNICEF developed and published a press release announcing a US$ 27 million seed grant from ECW to Ethiopia to support education for displaced children. The grant is part of a three-year, US$ 161 million Multi-Year Resilience programme intended to restore education for displaced children in Ethiopia. The programme will be launched in Addis Ababa in February 2020.

**Global Refugee Forum**

**UNICEF global**


Video: [https://www.youtube.com/watch?v=w6sK7YrqGgo](https://www.youtube.com/watch?v=w6sK7YrqGgo); [https://www.facebook.com/unicef/videos/2598613880220914/](https://www.facebook.com/unicef/videos/2598613880220914/)

Photos: [https://weshare.unicef.org/asset-management/#DamView&VBID=2AM4WNX847KD&PN=1](https://weshare.unicef.org/asset-management/#DamView&VBID=2AM4WNX847KD&PN=1)

[https://twitter.com/UNICEF/status/1211417873735962624](https://twitter.com/UNICEF/status/1211417873735962624)

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**UN Women**

[https://twitter.com/UN_Women/status/1209210832325955585](https://twitter.com/UN_Women/status/1209210832325955585)

**UNICEF Ethiopia**

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**Education Cannot Wait**
Next SitRep: 10 February 2019

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</tr>
</tbody>
</table>
### Annex A
#### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs</th>
<th>Cluster/Sector Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Overall needs</td>
<td>2019 target</td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children under 5 years with SAM admitted treatment</td>
<td>582,723</td>
<td>503,696</td>
</tr>
<tr>
<td>Children received vitamin A supplementation</td>
<td>-</td>
<td>1,029,497</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of medical consultations in priority locations (Afar and Somali regions)</td>
<td></td>
<td>441,000</td>
</tr>
<tr>
<td>People affected by acute watery diarrhoea accessing life-saving curative interventions</td>
<td></td>
<td>15,000</td>
</tr>
<tr>
<td>Children immunized against measles</td>
<td></td>
<td>760,270</td>
</tr>
<tr>
<td>Number of insecticide-treated bed nets distributed in Malaria-endemic areas</td>
<td></td>
<td>400,000</td>
</tr>
<tr>
<td>Number of people with access to health care facilities stocked with emergency drugs and supplies for 3 months</td>
<td></td>
<td>320,000</td>
</tr>
<tr>
<td>WASH\textsuperscript{vi}</td>
<td></td>
<td></td>
</tr>
<tr>
<td>People accessing sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene</td>
<td>9,243,666</td>
<td>1,850,000</td>
</tr>
<tr>
<td>People reached with key messages on hygiene practices</td>
<td>7,260,454</td>
<td>1,750,000</td>
</tr>
<tr>
<td>People have access to emergency NFIs (including household water treatment chemicals)</td>
<td>7,260,454</td>
<td>3,000,000</td>
</tr>
<tr>
<td>Child Protection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vulnerable children provided with psychosocial support, including access to child-friendly spaces with multi-sectoral programming interventions</td>
<td>945,398</td>
<td>77,000</td>
</tr>
<tr>
<td>Unaccompanied and separated girls and boys reunified with their families and/or placed in appropriate alternative care</td>
<td>-</td>
<td>4,400</td>
</tr>
<tr>
<td>Children and women provided with risk mitigation, prevention or response interventions to address gender-based violence</td>
<td>1,028,910</td>
<td>95,500</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-aged children, including adolescents, accessing quality education</td>
<td>2,616,444</td>
<td>370,017</td>
</tr>
</tbody>
</table>

\textsuperscript{i} Total results for Sectors are cumulative and include results for HRP activities as well as refugees, leading to higher results than the cluster result.

\textsuperscript{ii} SAM admissions are as of October 2019. The cumulative result includes 4,682 unreported cases from previous months.

\textsuperscript{iii} This intervention is singularly funded by one source; while other Health interventions remain underfunded. The cumulative result includes 23,114 medical unreported consultations done in the previous months.

\textsuperscript{iv} Result remains at 14.3 per cent due to reduction of caseloads in 2019 as compared with previous years, on which the targeting for 2019 was based on.

\textsuperscript{v} Cumulative result incudes 126,745 unreported measles vaccinations in Gambella (2,514) and Oromia (124,231) regions.

\textsuperscript{vi} WASH result only refers to new beneficiaries in any of the three programmes to avoid double counting.

\textsuperscript{vii} To address critical humanitarian needs of emergency affected children, EiE programmes were also supported by non-emergency funding sources. i.e. 24 per cent or US$ 797,058.76 was spent on IDP and returnee emergency response, making a significant contribution towards the results achieved with limited emergency funding.

\textsuperscript{viii} Education cluster result is delayed due to data collection and cleaning.
### Annex B

#### Funding Status*

<table>
<thead>
<tr>
<th>Sector</th>
<th>Requirements</th>
<th>Funds available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Received Current Year</td>
<td>Carry-Over*</td>
</tr>
<tr>
<td>Nutrition***</td>
<td>61,222,849</td>
<td>23,743,640</td>
<td>9,562,211</td>
</tr>
<tr>
<td>Health</td>
<td>14,492,865</td>
<td>3,307,270</td>
<td>434,769</td>
</tr>
<tr>
<td>Wash</td>
<td>56,200,000</td>
<td>12,907,269</td>
<td>1,109,407</td>
</tr>
<tr>
<td>Child Protection</td>
<td>3,687,192</td>
<td>2,990,971</td>
<td>325,197</td>
</tr>
<tr>
<td>Education</td>
<td>7,918,851</td>
<td>1,043,499</td>
<td>542,380</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>143,521,757</strong></td>
<td><strong>43,992,649</strong></td>
<td><strong>11,973,964</strong></td>
</tr>
</tbody>
</table>

* As defined in Humanitarian Appeal of 05/30/2019 for a period of 7 months
** 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$ 7.9 million