



Reporting Period: October 2019

ETHIOPIA

Humanitarian Situation Report No. 10



Highlights

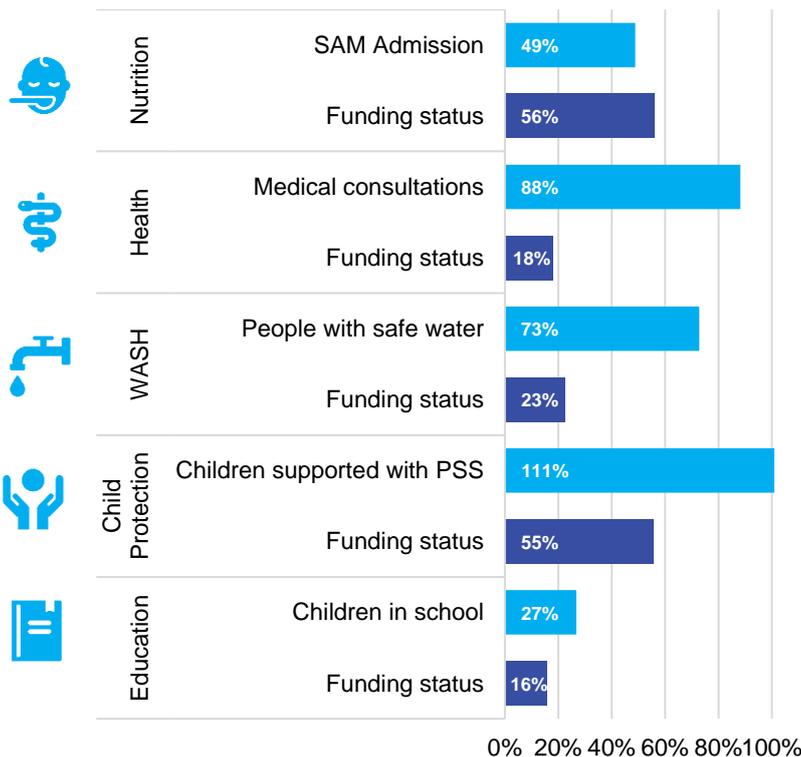
- Natural hazards continue to expose children to major risks. In October, approximately 100,000 children and their families were displaced due to the sudden onset of flooding throughout the country. In response to the flooding in Afar region, UNICEF reached 2,515 displaced people with BP5 biscuits. In Somali region UNICEF provided water treatment chemicals and non-food items, to ensure access to safe water for displaced families.
- Wide-spread desert locust infestation in Somali and Afar regions has decimated crops and may impact household food security, heightening worries that it could increase child malnutrition. UNICEF is working with the Food and Agriculture Organization and Regional Health Bureaus to monitor the situation.
- With UNICEF support, some 32,212 children with Severe Acute Malnutrition (SAM) were treated and 145,500 people in hotspot areas received Oral Cholera Vaccinations (OCV).

Situation in Numbers

- 4.89 million**
of children in need of humanitarian assistance
- 8.86 million**
people in need (HRP* February 2019)
- 1.6 million**
Internally displaced people (IDPs) – DTM Round 18**
- 707,062**
registered refugees (UNHCR, 7 November 2019)

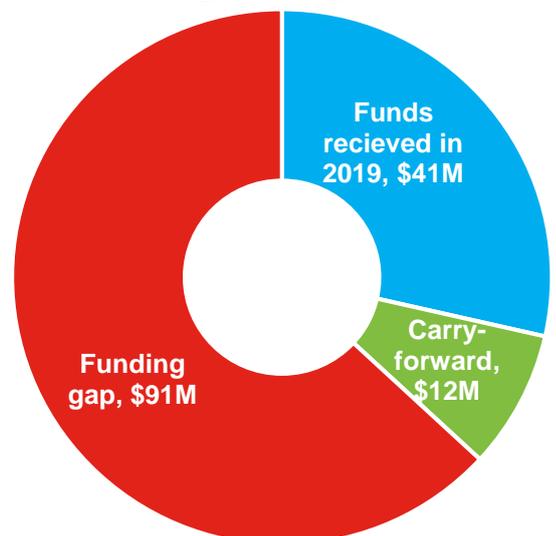
*Humanitarian Response Plan – Ethiopia (October 2019)
** Displacement Tracking Matrix (July-August 2019)

UNICEF's Response* and Funding Status**



UNICEF 2019 Appeal US\$ 143.5 million

Funding Status (in US\$)



* Results are cumulative for the year to October 2019, except for nutrition and WASH. Results in these two sectors are in lieu *by up to eight weeks*.
** HAC 2019 requirements were computed based on unit costs of previous years. However, the 2019 actual costs were reduced due to bulk procurements and mass campaigns, allowing UNICEF to reach more children with less resources.

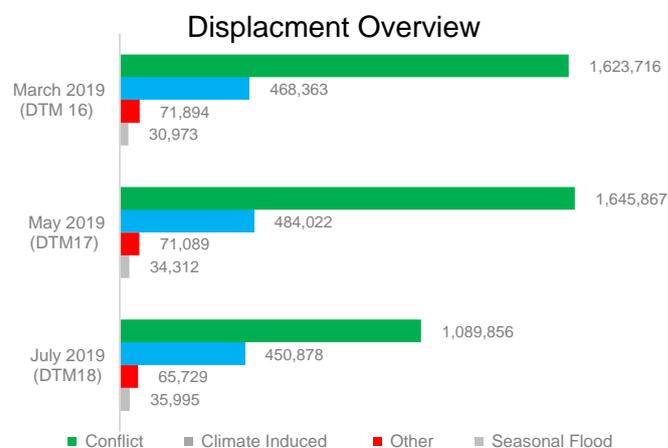
Overall funds available for 2019 include funding received for the current appeal year as well as the carry-over from 2018.

Funding Overview and Partnerships

UNICEF, through the 2019 Humanitarian Action for Children (HAC), is appealing for US\$143.5M to sustain provision of life-saving services for women and children in Ethiopia. Contributions have so far been received from UNOCHA, European Commission/ECHO, USAID (OFDA), USAID (Food for Peace), USA (BPRM), Netherlands, Japan, Sweden, Canada, Norway, Switzerland, United Kingdom, and the German Committee for UNICEF. UNICEF expresses its sincere gratitude to all public and private donors for the contributions received. However, as of October 2019, the HAC appeal was 63 per cent underfunded, with significant gaps of 84 per cent in education and 82 per cent in health. Without urgent investments in education, over 200,000 children will not receive a quality education, further risking their cognitive development, psychosocial status and protection.

Situation Overview & Humanitarian Needs

Ethiopia continues to experience multiple incidents of natural hazards across the country. In October, floods and desert locust infestation affected parts of the country. Some 200,000 people, including an estimated 100,000 children were displaced due to flooding in Afar, Amhara, Gambella, Oromia, SNNP, Somali and Tigray regions¹. Round 18 of the Displacement Tracking Matrix (DTM), covering the period June to July, identified 1.6 million people to be internally displaced. Of this, 66.4 per cent were displaced by conflict, 27 per cent by drought, and 2.2 per cent by seasonal floods. More than 800,000 of the 1.6 million displaced people are children. The mid-year Humanitarian Response Plan has reported an increased risk of disruptions in children's access to health and nutrition services due to increasing emergencies. The need for immediate humanitarian and long-term actions continues to be a priority for the country.



Summary Analysis of Programme Response

Nutrition

The occurrence of desert locust infestation with its anticipated impact on household food security and on-going droughts and floods continue to threaten children's nutritional status and their capacity to recover. UNICEF, in close collaboration with the Federal Ministry of Health and respective regional health bureaus, continues to provide support through procurement and distribution of SAM treatment supplies. In August², 31,933 children with SAM were admitted to the Community Management of Acute Malnutrition (CMAM) programme. Of these, 3,728 were admitted to stabilization centres for the treatment of medical complications. The programme's performance indicators are within targets and acceptable standards, with 87.1 per cent of cases cured, 0.4 per cent deaths and 2.0 per cent defaulting. In addition, 279 refugee children with SAM were admitted to the Therapeutic Feeding Programme (TFP) in August. UNICEF, as the sole procurer and distributor of SAM treatment supplies for the country, secured adequate supplies to cover the projected need in 2019 and for the first quarter of 2020. UNICEF's nutrition response is challenged by delayed reporting, resulting in late data on SAM admissions to the Therapeutic Feeding Programme. UNICEF is working with the Government to support the use of digital reporting platforms to minimize future delays. Additionally, delays in training of health extension workers who treat over 80 per cent of the caseload on the revised Acute Malnutrition Guidelines, has further delayed its roll-out.

Health

UNICEF, in close collaboration with its partners, continues to provide technical, financial and material support to the cholera outbreaks across the country. In October, an Oral Cholera Vaccination (OCV) campaign reached 145,500 people³ as follows: 34,000 in SNNP; 36,500 in Afar; and 75,000 in Somali. Two Cholera Treatment Centers (CTCs) were established in Hudet and Erer *woredas* of the Somali Region, where 76 per cent of the cases in Somali region were reported from. Insecurity and limited physical access are major challenges in responding to cholera outbreaks. To mitigate the risk, UNICEF has prepositioned CTC kits Oromia, Afar and Somali regions, and provided 30 Emergency Drug Kits (EDK) to Tigray and Benishangul Gumuz Regional Health Bureaus to allow for rapid deployment as needed. Two Communications for Development (C4D) consultants were assigned to the Ethiopian Public Health Institute to

¹ UNOCHA Ethiopia – Flooding Flash Update 20 October 2019.

² 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.*

³ People reached were aging from 1-60 years and were targeted in areas most affected by AWD/cholera.

provide technical support in the planning, implementation, and monitoring of C4D interventions as an integral part of the support to coordination of cholera response by the Emergency Operations Center (EOC).

In September⁴, 14,783 people received mobile health care in Afar and 34,472 in Somali regions. This service enables pastoralists and people in hard-to-reach areas to access medical services. In September 43 per cent of people reached were children under five years of age. These mobile medical consultations were performed by 49 UNICEF-supported Mobile Health and Nutrition Teams (MHNTs) and 15 Sustainable Outreach Service (SOS) teams in the Somali Region. This effort was complemented by 17 MHNTs operated by the Somali Regional Health Bureau (RHB) and international NGOs and which are supplied with drugs and medical supplies from UNICEF. Some 75,000 refugees and members of the host community in Tigray and Benishangul-Gumuz benefitted from maternal, new-born and child health services and life-saving emergency drugs provided by UNICEF.

Education

In collaboration with its partners, UNICEF continues to deliver Education in Emergencies (EiE) primary and pre-primary education services to conflict affected IDPs children in Hudet and Tulli-Guled *woredas* of Somali region. In October, UNICEF provided training on EiE to 20 (one female) *woreda* and zonal education staff, focusing on disaster risk reduction in schools and information management. This will strengthen the government in the development of their emergency preparedness and response planning.

The Accelerated School Readiness Programme prepared 402 pre-primary IDP school children (of whom 176 girls) to enter grade one in Abaya *woreda*, Oromia Region. Twenty-two temporary learning classrooms for primary education in the Somali Region were constructed and will benefit 1,497 IDP children (734 girls). Significant funding gaps in education mean that over 70 per cent of the targeted IDP children will remain without access to quality education, some of whom have not been in formal education for three years.

Child Protection

An increase in the number of children working and living on the street in IDP hosting *woredas* and return locations continues to be reported. Children are reported to be on the move in search of livelihoods or because they feel unsafe and continue to be at risk of family separation, violence, exploitation and abuse. The secondary movement of IDPs from one location to the another together with lack of partner capacity has posed a challenge for case management and family tracing and reunification efforts, resulting in delays in achieving targets. Accordingly, UNICEF's HAC results on family tracing and reunifications remain at 44 per cent. In October, 421 children living and working on the street (76 girls, 345 boys) were identified and registered in Oromia and SNNP regions. Out of this number, seven children (one girl, six boys) were reunified and 201 children (88 girls, 113 boys) were placed under foster care arrangements in Amhara, Benishangul-Gumuz and Oromia regions. UNICEF partners also facilitated referrals for 338 children (151 girls, 187 boys) to services such as health, education, psychosocial support and legal aid.

In October, 4,227 children (1,833 girls and 2,394 boys) received psycho-social support through access to age- and sex-appropriate activities in child-friendly spaces in Somali (361 children), SNNP (2,260 children), Amhara (89 children), Oromia (1,086 children) and Benishangul-Gumuz (431 children). Some 6,168 community members (3,095 women, 3,073 men) were sensitized on safe and ethical identification and referral of GBV cases and preventing gender-based violence through the dissemination of key GBV prevention and risk mitigation messages in Oromia (3,299), Somali (585), and Benishangul-Gumuz (2,284). Some 21 GBV cases (all women) were reported in Somali, Amhara and SNNP and were referred to and received appropriate services that included health, psychosocial support and legal aid. The cases included rape, domestic violence, physical assault, and the denial of opportunities and resources.

Communications for Development (C4D), Community Engagement & Accountability

UNICEF continues to provide technical support on C4D mainly focusing on disease outbreaks. UNICEF deployed a C4D consultant in the Somali Region to support social mobilization in response to a cholera outbreak. Activities included mobilizing the community to receive OCV and in parallel the promotion of hygiene practices to prevent cholera⁵. The goal was to reach more than 34,000 people in Hudet for OCV and hygiene messages and, consequently, 32,286 people received the first dose vaccine. Moreover, 113 community influencers, consisting of health extension workers, religious leaders, women leaders, and volunteers, were sensitized on promoting positive hygiene practices and to use water

⁴ Information on MHNTs is lieu by one month due to overlapping reporting schedules. As of September 2019, 114 per cent of the target result was achieved through 49 MHNTs.

⁵ Proxy indicators, such as of people vaccinated or increase in health seeking behaviours are used measure the impacts of the mobilization activities.

treatment chemicals to prevent cholera within their community. This has been especially important in areas in Somali affected by drought and floods.

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 co-leads the Child Protection and Gender-Based Violence Area of Responsibility (AoR) with UNFPA. 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. UNICEF participates in the in-country interagency PSEA Task Force. The CP/GBV AoR is also currently establishing a Strategic Advisory Group (SAG) which will constitute a smaller committee of key partners both from child protection and GBV with the objective of supporting the CP/GBV AoR on strategic decisions and on technical support, including in the development of technical and strategic documents such as guidelines and Standard Operating Procedures.

Human Interest Stories and External Media

On 21 October, a [national-situation-analysis-children-and-women-ethiopia](#) was launched by the State Minister in the Ministry for Finance His Excellency Mr. Admassu Nebebe and the UNICEF Representative Adele Khodr. Clear recommendations to link humanitarian, development and peace actions were made, looking at resilience of systems as well as communities. In particular, humanitarian shocks such as droughts, floods and ethnic tensions are a key cause of multiple child deprivations, especially in areas already affected by chronic needs.

A human interest story entitled [Salo's journey from danger to safety](#) highlighted the difficulties that families face when displaced and on the move and the critical importance of providing them with timely support. Another story, [Resilience in the face of conflict and cholera](#) details the complicated process of recovery after loss, again amplifying the critical need for supporting these families throughout this process.

Next SitRep: 10 December 2019

UNICEF Ethiopia: 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>

Who to contact for further information: Adele Khodr
Representative
UNICEF Ethiopia
Tel: +251 11 5184001
Fax: +251 11 5511628
Email: akhodr@unicef.org

Siddig Ibrahim
OIC, Chief-Field Operations and
Emergency
UNICEF Ethiopia
Tel: +251 11 5184075
Fax: +251 11 5511628
Email: siibrahim@unicef.org

Victor Chinyama
Chief-Communication, Advocacy,
Partnerships
UNICEF Ethiopia
Tel: +251 11 5184068
Fax: +251 11 5511628
Email: vchinyama@unicef.org

Annex A Summary of Programme Results

Sector	Overall needs	UNICEF and IPs			Cluster/Sector Response		
		2019 target	Total results ⁱ	Change since last report ▲ ▼	2019 target	Total results*	Change since last report ▲ ▼
Nutrition							
Children under 5 years with SAM admitted treatment	582,723	503,696	246,209 ⁱⁱ	32,212	466,179	242,071	31,933
Children received vitamin A supplementation	-	1,029,497	1,243,070	-			
Health							
Number of medical consultations in priority locations (Afar and Somali regions)		441,000	389,264 ⁱⁱⁱ	49,255			
People affected by acute watery diarrhoea accessing life-saving curative interventions		15,000	1,915 ^{iv}	327			
Children immunized against measles		760,270	601,968	34			
Number of insecticide-treated bed nets distributed in Malaria-endemic areas		400,000	140,500 ^v	5,500			
Number of people with access to health care facilities stocked with emergency drugs and supplies for 3 months		320,000	237,500 ^v	75,000			
WASH^v							
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	--	4,890,923	3,970,369	--
People reached with key messages on hygiene practices	7,260,454	1,750,000	1,161,122	--	4,013,475	1,923,226	--
People have access to emergency NFIs (including household water treatment chemicals)	7,260,454	3,000,000	2,113,215	--	3,970,835	4,075,344	--
Child Protection							
Vulnerable children provided with psychosocial support, including access to child-friendly spaces with multi-sectoral programming interventions	945,398	77,000	85,161 ^{vii}	4,227	95,410	33,528	3,254
Unaccompanied and separated girls and boys reunified with their families and/or placed in appropriate alternative care	-	4,400	1,925	208	5,000	2,561	143
Children and women provided with risk mitigation, prevention or response interventions to address gender-based violence	1,028,910	95,500	105,702	6,189	111,000	105,064	14,470
Education							
School-aged children, including adolescents, accessing quality education	2,616,444	370,017	99,121	1,899	2,432,684	277,403	1,899 ^{viii}

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.

ii SAM admissions are as of August 2019. The cumulative result includes 103 unreported cases from previous month and 279 refugee admissions in August 2019.

iii This intervention is singularly funded by one source; while other Health interventions remain underfunded. The cumulative result has been revised to remove double reporting of 4,550 consultations made.

iv Result remains at 12.8 per cent due to reduction of caseloads in 2019 as compared with previous years on which the targeting for 2019 was based on.

v Result ranges from 35-73 per cent due to lack of funding for distribution of insecticide-treated bed nets and provision of EDK kits, consecutively.

vi WASH result only refers to new beneficiaries in any of the three programmes to avoid double counting, and results are as of September 2019 due to delays in reporting.

vii Cumulative result includes unreported 540 children who were given psychosocial support in the previous month.

viii Education cluster result is delayed due to data collection and cleaning.

Annex B Funding Status*

Sector	Requirements	Funds available		Funding gap	
		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%
Total	143,521,757	40,973,340	11,973,964	90,574,453	63%

* As defined in Humanitarian Appeal of 31/10/2019 for a period of 10 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\$ 7.8 million