Ethiopia is currently facing a severe humanitarian crisis as a result of the conflict in Tigray, with massive internal displacement, as well as refugee outflow into neighboring countries, predominantly into Sudan.

**Highlights**

- UNICEF has dispatched 22 trucks into Tigray (15 for Mekelle and seven for Mai Tsebri) inclusive of prepositioned critical life-saving supplies for all prioritized sectors. In collaboration with our partners, a total of 65,433 vulnerable groups including refugees have received access to water in Tigray. 22,099 Internally Displaced Persons (IDPs) have been reached with WASH Non-Food Items (NFIs) while 19,506 have received medical consultations including through the distribution of Emergency Drug Kits (EDKs). A total of 2,392 women and adolescent girls have so far received dignity kits. In addition, 2,700 under-5 (U5) children and pregnant and lactating women (PLWs) have been provided with high energy biscuits to avert the consequences of malnutrition. These actions cover both Tigray and Amhara regions.

- The prolonged disruption of schooling, leading to 1.3 million out of school children (O OSS) and other social services, as a result of COVID-19 pandemic and conflict in the regions concerned, has had a dire impact on children’s well-being. In several rural areas of Tigray and in Mekelle, the salaries of civil servants have not been paid for two months (due to displacement and absence of bank services) including for 657 health workers in Mekelle displaced from other zones. This is having a critical impact on the resumption of the necessary health services.

- Humanitarian missions and reports from partners in the field point out a dire humanitarian situation with poor access to essential services and limited livelihoods. Access to food, shelter, protection, including from gender-based violence (GBV), restoration of health, nutrition and WASH systems are the most urgent needs identified.

- UNICEF delivered nearly 8,000 cartons of Ready-to-Use-Therapeutic-Food (RUTF) enough to meet 8,000 children’s nutrition needs for three months. This is about half of the need for Quarter (Q) 1 of 2021. 192 cartons of F-100 and F-75 each have also been delivered for inpatient management.

**Situation Overview and Humanitarian Needs**

Ethiopia is currently facing a severe humanitarian crisis as a result of the conflict in Tigray, with massive internal displacement, as well as refugee outflow into neighboring countries, predominantly into Sudan.
There are at least 222,413 IDPs1 within the region of Tigray, while another 63,600 people have been displaced into and within Amhara2 and Afar regions (of these at least 39,025 are in Amhara according to the UNICEF field office in the region). According to UNCHR, as of 12 January 2021, around 57,500 people have crossed the border into Sudan, mainly from Tigray.

While the situation in Mekelle seems to have stabilized, conflict is still taking place mainly on the outskirts of the city, and in the northern and central parts of Tigray and around Shire; more efforts are required to ensure that protection is an integral part of the response. Similarly, two of the four refugee camps in the region (Hitsats and Shimelba) are still not accessible, with Shimelba reportedly empty and Hitsat facing military confrontations, along with major destruction of infrastructure inside the camps. Humanitarian partners acknowledge the gradual resumption of basic services in some urban areas of Tigray, such as Mekelle and some towns in Alamata, including telecommunication, electricity and banking services. However, the rest of the region is still facing a dire humanitarian situation and the response is largely inadequate.

The Emergency Coordination Centre (ECC) operating in Tigray for instance recently highlighted that more than 4.5 million people in the region need emergency food assistance. The operating environment thus still remains highly volatile, whereby the protection of civilians impacted by the conflict remains a critical humanitarian concern, together with the safety of humanitarian workers3. Hence the need to ensure unconditional and sustained access for humanitarian actors and for affected civilians to goods and services through life-saving humanitarian aid.

UNICEF’s response plan builds not only on its own capacity, but also on its partners’ capacity to deliver considering the high likelihood of a persistent restricted movement of staff and access to vulnerable communities. In support of this, UNICEF is collaborating with the Ministry of Health (MoH) and other partners in an initial mapping of the status of essential services to assess how many hospitals and primary health care facilities (PHCs), Outpatient Therapeutic Feeding Programs (OTFPs) and Stabilization Centres (SCs) are operational. A similar effort is being undertaken for protection, WASH and education services, in coordination with the respective clusters and Bureaus. For instance, UNICEF is currently mapping the 919 Community-based Management of Acute Malnutrition (CMAM) sites in the region, including 81 Inpatient SCs to support last mile distribution of RUTF and anthropometric equipment as well as routine drugs in facilities that are functional; UNICEF is also advocating for the re-opening of those centers that are still not functional or not accessible. However, the mapping of facilities is hampered by lack of communications and access in a large number of cases.

Based on the data available from the initial assessments4, the humanitarian consequences observed are dire across the region and the situation is deteriorating in particular around Shire, in the North-West and several border areas with Eritrea. It is reported that the areas affected by the conflict have shown quite significant damages and looting of civilian infrastructure and supplies, seriously jeopardizing the delivery of the essential social services5. As in any conflict or military operations, women and children are among the most vulnerable. Family separations, psychosocial distress and prolonged disruption of schooling (around 1.3 million children remain out of school) and other social services as a result of COVID-19 pandemic, and now the conflict, have had and continue to have a major impact on children’s well-being.

Overall, protection of civilians is a key characteristic of this conflict, but as far as child protection is concerned, there are reports of sexual and GBV, abductions, risk of child recruitment and exploitation of children for different purposes. As usual, collecting data on those elements is very difficult, but we are committed to work with partners around it. The very limited case management and referrals are a particular concern, in particular for unaccompanied and separated children (UASC). There are for instance reports of about 300 UASC among refugee children in Sudan.

Malnutrition is of particular concern: all clinics visited by UNICEF partners in Shire region show malnutrition as a leading cause of morbidity along with diarrheal disease, respiratory tract infections and skin infections. It is worth noting that in the pre-crisis period, Tigray already had wasting and stunting levels worse than the national average (respectively 9.2 per cent versus 7.2 per cent and 30 per cent versus 21 per cent). In the period January to August 2020, UNICEF and the nutrition cluster recorded an increase of 34 per cent admissions of severely acutely malnourished (SAM) children due to COVID-19 and locusts as compared to the same period in 2019 in the Tigray region. The current gaps in food distributions and the rise in food prices on the market are reportedly having an impact on children. Initial screenings from partners in Shire showed up to 10 per cent SAM and up to 34 percent Global Acute Malnutrition (GAM) levels. To

1OM DTM ETT #51
2According to the UNICEF Amhara field office reports, to date more than 39,025 IDPs are found in 12 woredas of three zones (Central, North and West Gondar Zones), sheltering in IDP sites, open areas and with host communities. Most of the displaced populations are women and children. UNICEF has been providing interventions to the affected woredas through emergency as described in the response section below.
3According to OCHA, there are at least five humanitarian workers who have lost their lives during the conflict, while some others have been reported to have been physically assaulted and harassed, and several NGO compounds looted, including three ambulances which have been attacked.
4The assessments include joint UNICEF and partner-led ad-hoc sectoral assessments; partners’ only assessments; and interagency multi-sectoral initial rapid (MIRA) assessments, the latter of which were conducted in Afar and Tigray regions. The specific needs identified by most of these assessments include: NFIs, dignity kits, WASH/Water trucking services, essential health services including medical supplies, emergency nutrition supplies, food, shelter, protection support and GBV risk mitigation and response interventions, lack of transportation and banking services and school re-opening/educational facilities and addressing salary delays for civil servants and the lack of personnel in service sector bureaus and facilities.
5It is to be noted that there are an estimated 5.5 million people in the Tigray region, with various levels of vulnerabilities. Among them, 855,000 people were targeted in the Humanitarian Response Plan (HRP) of 2020, and over 1 million people are Productive Safety Net Programme (PSNP) beneficiaries who need regular support, while another 96,000 Eritrean refugees are hosted in four camps. At total of 507,000 food assistance recipients lived in Tigray before the conflict – these included a significant number of IDPs as well. (OCHA).
prevent the gap in supplies, UNICEF has managed to deliver into Tigray around 8,000 of RUTF cartons so far and new shipments will be organized soon.

There are reports that vaccines are unavailable and that all immunization activities have been interrupted. There is a need for essential medicines, ambulances, vehicles and trucks to distribute the supplies needed. Almost all the health centres, except those around Mekelle (in total around 250) are reportedly inaccessible at this time. A total of 12 hospitals are providing essential PHC services, including nutrition. So far, only one hospital has received nutrition and health supplies in Mekelle, which has a target population of 65,593.

UNICEF visited the Mekelle Water Utility Office and verified that in spite of resumed operations, all sub-cities in Mekelle still experience shortages of potable water as they are unable to operate at optimum capacity due to damages on the various parts of the water supply system. Limited access to potable water and inadequate sanitation facilities across the region, as well as absence of fuel may also increase water borne diseases, while there are also concerns of a pronounced spread of COVID-19, in the absence of a working surveillance and treatment system.

**Summary Analysis of Programme Response**

Access of technical support staff to Mekelle (beyond our colleagues who are based in Mekelle) to work with the Regional sector Bureaus, carry out assessments and response missions and coordinate partners, remains critical, yet very difficult and challenging. UNICEF has 17 national staff in Mekelle. In addition, requests have been submitted for six more international staff who would rotate. Approvals for such missions are pending at the time of writing this SITREP.

**Supplies**

One of the major response activities by UNICEF for the Tigray crisis is the provision of essential lifesaving supplies since the very onset of the crisis. UNICEF was one of the first international organizations to ensure supplies got into Tigray through its multisectoral collaboration with NGO partners including through the delivery of 22 trucks containing about US$ 1.0 million worth pre-positioned supplies for health, nutrition, child protection, education and WASH (seven of the seven trucks were directed to Mai Tsebri - originally meant for Shire - and 15 were sent to Mekelle, all of which have safely reached their destination and in use by our partners). Two additional trucks of 37 metric tons of health, nutrition, WASH and child protection supplies are ready to go into Shire on Monday 18 January after having received final approval on 15 January. The supplies sent by UNICEF into Shire through its partners include health and nutrition items which will serve 10,000 people so far. We are working on scaling up our response as we – like other partners and in the crisis as a whole - are far from meeting the needs.

The child protection supplies that have already been delivered since the response to the crisis began to Amhara and Tigray Bureau of Labour and Social Affairs (BOLSA) and Bureau of Women Children and Youth Affairs (BOWCYA), and one INGO partner include dignity kits for women and girls, recreational kits, tents and hand sanitizers of the value of U$ 243,255. WASH supplies have already been delivered to partners – both Governmental and non-Governmental – and include calcium hypochlorite (HTH), jerrycans, containers, cups, basins, laundry and body soaps, plastic buckets, hand sanitizers of the value of US$255,401. Recreational kits and other learning materials have been delivered to the Regional Education Bureau (REB) in Mekelle and for the Shire area of the value of US$34,617, while all partners (Governmental and Non-Governmental) implementing nutrition response activities in all three affected regions, have received nutrition supplies consisting of high energy biscuits, RUTF, F-75, F-100, ReSoMal, Retinol, middle-upper arm circumference (MUAC) tools for children and adults, mattresses, blankets, scales, and OTP record cards of the value of US$531,538. Lastly, health supplies have been distributed to all partners in all three regions. The health supplies dispatched include EDKs, plastic sheets, Personal Protective Equipment (PPE), Interagency Emergency Health Kits (IEHKs) and long-lasting insecticide nets (LLINs) of the value of US$131,042.

A total amount of US$ 5,212,000 in offshore and local procurement across nutrition, education, child protection, health, and WASH has been completed. Out of these supplies, UNICEF has received recreation kits, EDKs, IEHKs and masks via free air freight as part of the Supply Division-UPS partnership, with a value of US$ 1.2 million.

**Nutrition**

The risk of an increase in malnutrition levels among children is linked to any armed conflict. Assessment findings in Tigray and bordering regions are substantiating this already and it is expected that more data will be available soon. As part of the latest shipments to Mai Tsebri and Mekelle UNICEF has thus far shipped 3,200 cartons of RUTF (for the Mai Tsebri/Shire area) and 4,577 cartons (for the Mekelle area), as well as a total of 7,487 high energy biscuits (for the Mekelle area).

In terms of direct response to avert malnutrition among vulnerable groups, so far, a total of 2,700 beneficiaries, including U5 children and PLWs, have been reached through the distribution of high energy biscuits by one of UNICEF’s partner in Tigray. In addition, UNICEF, in close collaboration with the RHB in Tigray, is working to identify, provide, and restore nutrition services including through the mapping of existing facilities.

In Amhara region where IDPs from Tigray are also hosted, 2,537 cartons of high energy biscuits have been strategically pre-positioned near to IDP sites. These will cover 15 days to reach rations for 8,060 beneficiaries, including children U5
and PLWs. Anthropometric assessment tools (50 digital scales, 50 packs of MUAC and 50 mattresses) have also been pre-positioned to facilitate the response. IDP nutritional screenings have been supported. As a result, more than 20 children have enrolled in UNICEF supported Therapeutic Feeding Programme (TFP) and OTP sites and 16 Moderate Acute Malnutrition (MAM) cases have been linked to relief support. Another five complicated Severe Acute Malnourished (SAM) children have also been admitted for treatment (three in Debark and two in Aderikaye woredas); while, 45 PLWs and 35 children have been screened for malnutrition (no sever cases) in Janamora woreda. In addition, UNICEF in collaboration with the MoH has mobilized and pre-positioned 60 SC opening kits enough to treat 420 children suffering from SAM with medical complications. Technical and logistical support is being rendered through Emergency Nutrition Officers (ENOs) and a vehicle has been provided to North Gondar zone.

Health
Enabling access to essential health services is a critical life-saving intervention for all vulnerable groups affected by the conflict. One of UNICEF’s partners has reached some 10,000 beneficiaries through four EDKs supplied by UNICEF. Another partner has provided 206 medical consultations in the Shire area bringing the total number of beneficiaries benefitting from medical consultation to 10,206 in Tigray alone. An additional 14 EDKs and 21 IHEKs have been sent to Mekelle and Mai Tsebri which will service 35,000 people in need. 5,000 mosquito nets and infection and prevention (IPC) control items such as masks have likewise been sent to Mekelle. In Amhara, 10 EDKs and five IHKs have so far been distributed to the targeted health facilities in North Gondar, Central Gondar and West Gondar Zones servicing 9,300 IDPs. This brings the total number of beneficiaries that have received medical consultation services in Tigray and Amhara regions to 19,506.

WASH
UNICEF with partners has initiated water trucking operations in Mekelle and refugee camps in Tigray since mid-December to meet the urgent water needs. So far, 640 households (3,200 people) have had access to safe water in Mekelle through water trucking in areas not receiving public water supply (Pictures). Besides, UNICEF and its partner operating in Mai-Aini refugee and Adi Harush camps are providing an approximate 62,233 people inclusive of refugees (45,412) and local community members (16,811) with access to safe water using existing boreholes. This activity has been achieved through the procurement of spare parts and the maintenance of three generators in Adi Harush (one generator for local communities) and three generators in Mai-Aini refugee camps (one generator for local communities). This brings the total number of vulnerable people reached through safe water provision to 65,433.

Three of UNICEF’s partners (both Governmental and non-Governmental) have also distributed WASH NFIs (buckets, soap, jerry cans, and handwashing containers) to 22,099 IDPs, both in Tigray and Amhara regions, including through the rapid response mechanism (RRM) activated in the Amhara region (reaching 7,099 IDPs specifically). The distribution of the hygiene kits by partners was combined with hygiene promotion and sensitization of critical hygiene messages on the effective use and care of the items including household water treatment procedures, as well as on COVID-19 prevention actions.

In the Afar region, UNICE’s partner has completed a rapid assessment of WASH needs in the communities hosting people that fled the conflict in Tigray and will be delivering emergency WASH services in collaboration with a partner. UNICEF has released 2,500 buckets, 1,000 jerrycans, and ten drums of chlorine for water disinfection for immediate distribution.

Child Protection
UNICEF and partners have activated an emergency CP and GBV response in Tigray, Afar, and Amhara regions, targeting 148,580 girls, boys, and caregivers, largely by ensuring that social service workers focus on child protection case management, referrals, and mental health and psychosocial support (MHPSS). The child protection actions have been integrated with other sectors (WASH, health, nutrition, and education), so that, for example, temporary learning spaces (TLS) will also have a link to the child protection system (including the social service workforce, case management and referrals) and the provision of MHPSS.

UNICEF Mekelle office distributed a total of 154 dignity kits to women and adolescent girls registered as IDPs in Kisanet school; 200 for Alshaday Development Association, and 138 for Freabyot elementary school reaching a total of 492 beneficiaries, all in collaboration with the BOLSA. Similarly, a non-Governmental partner, in collaboration with the Bureau of Women Children and Youth Affairs (BOWCYA) and the National Disaster Risk Management Commission (NDRMC), distributed 1,000 dignity kits to vulnerable women and girls in Adi-Arkay and Zarina woredas. Another 900 dignity kits have also been distributed for reproductive age adolescent girls and women in IDP sites by the BOWCY from UNICEF pre-positioned supplies in North Gondar, Central Gondar, and West Gondar Zones, bringing the total dignity kits recipients to 2,392.
UNICEF has also procured 2,029 dignity kits and have been released to be delivered to Mai Ayni refugee camp in Shire for distribution. 3,351 dignity kits and 2,000 child protection kits are currently being procured by UNICEF and two of its partners. A post-distribution monitoring exercise will assess the use of and beneficiary feedback on the dignity kits provided.

Prevention of sexual exploitation and abuse (PSEA) is incorporated across all partnerships enacted by UNICEF. In addition, there is a dedicated partnership for victim assistance and support for cases of PSEA. UNICEF’s implementing partner operating in the in Mai Ani and Adi Harush refugee camps is in discussion with ARRA and the Refugee Central Committee (RCC) to resume case management services including activities contributing the PSEA.

Humanitarian Leadership, Coordination and Strategy

UNICEF Ethiopia is part of the wider UN response to the crisis in Tigray. In addition, UNICEF Ethiopia takes part in the coordination mechanisms that involve the UN, NGOs, and the Government.

On the cluster coordination side, UNICEF has deployed capacities at the regional level to sub-national cluster coordination in nutrition. UNICEF is also planning for a strengthened support to nutrition services delivery including MUAC screening activities. The nutrition cluster partners have contributed to the MIRA assessments that took place in December 2020 in in Afar and Tigray One of UNICEF partners is conducting health and nutrition rapid assessments among IDPs and refugees in North Gondar (Amhara) and in North Western Zone of Tigray. Several nutrition partners have mobilized resources and are ready to launch their emergency response, including mobile health and nutrition teams (MHNTs) so as to resume life-saving nutrition services, though many report facing challenges and delays in obtaining approvals to access Tigray.

On WASH, the sub-regional level cluster coordination mechanism is operational, and WASH partners have started reaching to the people in need of assistance, reaching more than 80,000 people so far through maintenance of water supply schemes (including provision of fuel), emergency water trucking, hygiene and sanitation promotion and provision of life-saving WASH NFIs.

Regarding the child protection and GBV Area of Responsibility (AoR), a coordination structure has been activated at sub-national level in Tigray - Mekelle with links to the ICCG coordination apparatus that has been established by OCHA at regional level. Together with AoR members, the CP/GBV AoR has thus far participated in the joint MIRA in Afar and Tigray, in inter-agency strategic planning for the Tigray response (including the development of the humanitarian preparedness and response plans for Northern Ethiopia). The CP AoR is coordinating the available Central Emergency Response Fund (CERF) and country-based pooled funds for CP. The CP cluster level requirement for the humanitarian response plan for Northern Ethiopia is US$1.2 million for the initial three months of the response. Ten NGO partner organizations have expressed their readiness for CP and GBV interventions, and two other partners are already engaged with UNICEF in their emergency response activities as detailed above.

Funding Overview and Partnerships

UNICEF Ethiopia response to the Tigray crisis (December 2020 – February 2021) aims at sustaining the provision of life-saving supplies and support to the restoration of basic services for women, children, and other vulnerable groups in Tigray, Amhara, and Afar regions, where there are populations affected by the crisis. The total target population of the UNICEF response plan is 2,826,104 people including 1,334,185 children.

With the generous support of its donors and based on the projected needs identified at the preparedness stage, which are currently being corroborated by assessment findings, UNICEF aims to support specific interventions in WASH, health, nutrition, child protection, education sectors, as well as supporting interventions related to GBV risk mitigation, PSEA, Accountability to Affected Populations (AAP), Community Engagement, Social and Behavior Change (CBC), Communication for Development (C4D) and Monitoring and Assessments.

In terms of the response plan’s implementation strategy, a multisectoral/integrated partnership-based programming coupled with a needs-based/geographic-convergence approach is being actively pursued. This is being done by building on established inter-agency partnerships and by collaborating with the national and regional Governments. UNICEF is

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8 The dignity kits include key materials for adolescent girls’ and women’s protection, resilience and empowerment with basic supplies to maintain their health and dignity. Dignity kits are designed for distribution during the first phase of emergency response to address the immediate needs of the affected populations. The kits contain items such as slippers, body soap, laundry soap, solar-powered torch, underwear, whistle, toothbrush and toothpaste, and sanitary pad (re-usable).

9 Though a more comprehensive Afar MIRA report will then be shared, among the most prominent pieces of information obtained, to note are that communities in Zone 2 of Afar seemed worse affected (especially Dalol woredas); interviewed households reported that the lack of availability and accessibility to food has contributed to a deterioration of the nutritional status of children; half of the people interviewed reported their health status as being worsening; 60 to 70 per cent reported nutrition and health services are not functioning. A local partner operating in Afar also shared reports of a very concerning situation in Dalol and Konneba woredas of Afar corroborating the need for urgent actions and assistance to be provided there.

In Amhara, the assessment is being conducted in Debark and Addis Arakay woredas in North Gondar, to identify needs in health and nutrition services. Results will be shared once available. In Tigray, the assessment team were carrying a donation of CMAM supplies from UNICEF for ARRA and UNHCR for the refugee camps (F-75: six cartons, F-100: three cartons, RUTF: 261 cartons). These supplies are intended for ARRA; but if nutrition services are not functional, the partner intends to handle the management of SAM cases. The preliminary results from the health and nutrition assessment done in Mai include; the proportion of children with low MUAC (proxy MAM) was below 1 per cent and with moderately low MUAC (proxy MAM) below 4 per cent (less than 200 children screened in total); the main aggravating factors are malaria and lack of WASH services; nutrition services reported to have resumed, and shortage of amoxicillin is being reported.
diversifying its partnerships by looking at large multisectoral programs with NGOs for refugee and IDP response; it is dispatching supplies with INGOs into hard to reach areas in support of its sectoral interventions; and it has activated a large cross-regional WASH RRMs.

UNICEF Ethiopia’s appeal for the Tigray crisis stands at around US$ 33.2 million, with a 70 per cent funding gap as of 14 of January 2021. With an additional US$16 million in the pipeline, the estimated funding gap would be reduced to around 21 per cent. UNICEF wishes to express its sincere gratitude to all donors for their precious contributions.

Human Interest Stories and External Media
UNICEF has been actively calling for unimpeded and sustained humanitarian access to the affected populations in Tigray since the early days of the conflict, as well as to the restoration of basic services. Some of the media products released related to these ongoing critical asks include:

- A press release published on 13 November 2020 by the Regional Director.
- A statement released on 19 November 2020 by the UNICEF Executive Director.
- A video featuring the UNICEF Regional Chief of Communications, published on 23 November 2020.
- Another statement released by the UNICEF Executive Director, on 25 November 2020.
- A post published on 3 December, highlighting that the humanitarian corridor/safe passage of aid supplies and staff includes Amhara and Afar regions (UNICEF).
- A public statement released on 15 December by the UNICEF Executive Director urging that Millions of children in Tigray remained out of reach, despite access agreement.

More recently, UNICEF is making available through its social media channels, several stories on its Tigray response activities, including:

- [https://twitter.com/UNICEFEthiopia/status/1343814448553844737](https://twitter.com/UNICEFEthiopia/status/1343814448553844737)
- [https://twitter.com/UNICEFEthiopia/status/1343564863516250112/photo/1](https://twitter.com/UNICEFEthiopia/status/1343564863516250112/photo/1)
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Next SitRep: 29 January 2021
UNICEF Ethiopia SitReps: [https://www.unicef.org/appeals/ethiopia/situation-reports](https://www.unicef.org/appeals/ethiopia/situation-reports)

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Funding Status

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