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Ethiopia

The Ethiopian Humanitarian and Disaster Resilience Plan for 2018, currently estimates that 7.9 million people need food and cash assistance, 6.86 million people need water, sanitation and hygiene support, 6 million are at risk of communicable diseases, an estimated 350,111 children require treatment for severe acute malnutrition, and 340,000 (estimated 90,000 children) vulnerable people require protection from gender based violence and exploitation. Ethiopia has the second largest number of refugees and asylum seekers in Africa, nearly 923,863.⁵

Ethiopia, at mid-year, is faced with an unprecedented caseload of 2.6 million internally displaced persons (IDPs) affected by conflict and drought, mainly along the Oromia regional border with Somali and the Southern Nations, Nationalities and Peoples' region. Children constitute more than half of the displaced population.⁶ Weather forecasts for the 2018 *Kiremt* season indicate above normal rainfall over much of Ethiopia. While, rains bring welcome relief from drought conditions, in some areas, it is expected that 2.5 million people are at risk of large scale flooding and landslides, potentially displacing an additional 637,000.⁷

Disease outbreaks, including measles and acute watery diarrhea (AWD) continue to pose a significant threat including increasing the risk of acute malnutrition, especially in cramped, unsanitary IDP sites and collection centers.

Humanitarian strategy

Based on the 2018 Ethiopia Humanitarian and Disaster Resilience Plan and the Country's Refugee Response Plan, UNICEF works with the Government and partners to meet the needs of children through sector specific interventions. UNICEF is supporting a coordinated humanitarian response as co-leads of the education, WASH, nutrition clusters and the child protection sub-cluster. Access to SAM treatment has been expanded enabled by early detection of acute malnutrition by Community Management of Acute Malnutrition Monitors. UNICEF is equipping local health personnel with knowledge and skills to promote IYCF and establish systems for community management of acute malnutrition. UNICEF is supporting mobile teams to provide life-saving health and nutrition services in target regions. UNICEF is and continues to procure and mobilize essential medicines to respond to disease outbreaks. The WASH response focusses on life-saving interventions and the construction of resilient water and sanitation infrastructures (including boreholes). Through community based referral systems and INGOs, children and women are better protected. Access to quality education in safe environments is being expanded for displaced and refugee children. In coordination with UNHCR, UNICEF supports initiatives that build self-reliance and strengthen social service delivery across refugee and host-communities in line with Ethiopia's refugee pledges and the CRRF.

Results from 2018

As of July 2018, UNICEF had US\$40.1 million available against the US\$123.8 million revised appeal (32 per cent funded).⁸ Since January, 140,720 children have received SAM treatment. Mobile health and nutrition teams in hard-to-reach and pastoralist communities provided 287,505 people with medical services and treatment in Somali and Afar regions. UNICEF contributed to the treatment of 1,241 people suffering from AWD, far fewer than expected. Improved surveillance and containment have contributed to these gains. More than 2 million people have access to safe water through water trucking, as well as the rehabilitation, maintenance and drilling of existing and new water points, particularly in areas affected by drought, at high risk of water-borne diseases or displaced. UNICEF worked with the Government to provide psychosocial support to 21,606 children. In addition, 1,114 children were reunified with their families. Critical funding shortages for education hampered UNICEF's emergency response, particularly support for out-of-school children. 14,789 children gained access to schooling through the construction of temporary learning spaces, especially in Oromia, Somali and Gambella regions. UNICEF's support to cluster coordination has enabled quality programming and information management. UNICEF has also provided essential technical support to the National Flood Task Force.

Humanitarian Action for Children

unicef 

Total people in need:

7.9 million¹

Total children (<18) in need:

4.3 million²

Total people to be reached:

3.3 million³

Total children to be reached:

1.8 million⁴

2018 programme targets:

Nutrition

- 363,611 children under 5, including 13,500 refugee children, treated for SAM
- 1.5 million⁹ children received vitamin A supplementation

Health

- 35,313 children immunized against measles
- 16,000 people affected by acute watery diarrhea accessing life-saving curative interventions¹⁰
- 400,000 women and children under 5 accessing essential maternal and child health services

WASH

- 3.3 million people accessing sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene (more than 1 million through permanent infrastructure)
- 2.1 million people reached with key messages on hygiene practices

Child protection

- 91,348 girls and boys provided with psychosocial support, including access to child-friendly spaces with multi-sectoral programming interventions
- 5,770 unaccompanied and separated girls and boys reunified with their families and/or placed in appropriate alternative care¹¹
- 41,600 children and women provided with risk mitigation, prevention or response interventions to address gender-based violence

Education

- 363,000¹² school-aged children, including adolescents, accessing quality education

	Cluster 2018 targets ^{vi}	Cluster total results	UNICEF 2018 target	UNICEF total results
NUTRITION				
Children under 5 years with SAM admitted for treatment to therapeutic care programmes	350,111	138,635	363,611 ⁱ	140,720 ⁱⁱ
Children received vitamin A supplementation			1,500,000	1,281,006 ⁱⁱⁱ
HEALTH				
People provided with access to essential and life-saving health care services			400,000	287,505 ^{iv}
People with access to treatment for diarrhoeal disease			16,000	1,241
South Sudanese refugee children aged 6 months to 14 years vaccinated against measles			35,313	10,255
WATER, SANITATION AND HYGIENE				
People accessing safe water	6,050,000	5,248,050	3,320,000	2,038,943
People reached with key messages on hygiene practices	5,900,000	2,479,420	2,120,000	1,627,859
EDUCATION				
School-aged children with access to emergency education programmes	2,190,000	1,612,269 ^v	363,000	14,789
CHILD PROTECTION				
Separated and unaccompanied children receiving appropriate care and protection services	5,000	911	5,770	1,114
Vulnerable children receiving psychosocial support	30,000	10,130	91,348	21,606
Children and women provided with risk mitigation, prevention or response interventions to address gender-based violence	55,000	4,011	41,600	21,530

Results are through June 2018 unless otherwise noted.

ⁱ UNICEF target is higher than cluster target as it includes targets for the refugee population.

ⁱⁱ Based on cumulative report for January to May 2018.

ⁱⁱⁱ Reports from Afar, Benishangul Gumez, Gambella and Somali regions. This result is adjusted downwards to reflect humanitarian response. In the July Situation Report nationwide results are reflected.

^{iv} Based on a cumulative report for medical consultations for the period, January to June 2018.

^v This figure includes results of the School Feeding Programme by Government which has reached 1,595,966 children in all regions.

^{vi} Grey shaded area represents no target set in the HDRP 2018 for Clusters, based on the prioritization of targets.

Funding requirements

UNICEF Ethiopia has revised its appeal to US\$123.8 million in response to the humanitarian needs of 3.3 million people, and 1.8 million children likely to be affected by disasters, such as conflict and drought displacement, communicable disease outbreaks and in need of protection. Until now, US\$40.1 million is available (that includes carry-over from 2017), representing a funding gap of 68 per cent against the revised appeal. Such a large funding gap will significantly hamper UNICEF's ability to respond quickly to current and future humanitarian needs.

Appeal Sector	Original 2018 HAC Requirement (US\$)	Revised 2018 HAC Requirement (US\$)	Funds Available at July 2018(US\$)	Funding Gap	
				US\$	%
Nutrition	41,610,000	47,349,123 ¹³	10,673,556	36,675,567	77%
Health	14,036,440	16,047,402 ¹⁴	4,660,341	11,387,061	71%
WASH	43,475,500	46,355,000	18,180,539	28,174,461	61%
Child protection	3,829,863	5,183,401 ¹⁵	3,338,609	1,844,792	36%
Education	8,859,136	8,859,136	3,301,508	5,557,628	63%
Total	\$ 111,810,939	123,794,062	40,154,553	83,639,509	68%

¹ 2018 Humanitarian and Disaster Resilience Plan for Ethiopia, March 2018.

² Using the 55% breakdown as per 2016 EDHS (demographic and health survey) by Ethiopian Government.

³ This figure is based on the WASH response target.

⁴ This is the total child target population.

⁵ UNHCR, June 2018.

⁶ DTM Rd 11, Ethiopia May-June and UN OCHA - Ethiopia: Gedeo-West Guji Displacement Crisis Situation Update #7, August 1.

⁷ National Flood Contingency Plan 2018 Kiremt.

⁸ Available funds include US\$27.2 million raised against the current appeal and US\$12.9 million carried forward from the previous year.

⁹ This figure refers to Vitamin A supplementation to be provided in Somali, Afar, Gambella, Benishangul Gumez regions and Gedeo - West Guji Zones. The original Vitamin A target in 2018 HAC was an inclusive nationwide figure and has been revised downwards to reflect the humanitarian response.

¹⁰ Reports of Acute Watery Diarrhea this year have fallen short of previous year caseloads. This is attributed to more effective diagnosis, containment and treatment.

¹¹ This figure is a significant reduction compared to the original 2018 HAC. This new figure is based on a more realistic estimation based on this year's current needs.

¹² This figure does not include a budget for refugees as this is currently fully funded. The total target was adjusted to include children recently displaced in Gedeo-West Guji.

¹³ Increase in budget is due to the added cost of nutritional supplies (BP5 - high energy biscuits), which are being procured at the request of the Government to provide short term preventative interventions addressing displacement and flood related needs; and the prevention of SAM as part of AWD treatment.

¹⁴ The required budget is to meet pre-positioning requirements, especially the procurement of essential medicines to prevent anticipated stockouts.

¹⁵ Increased budget is to meet the additional costs of responding to IDP Gedeo/West Guji caseload and operational costs incurred based on the complexities of a comprehensive response (outside of areas of development programme investments); particularly the investment into much needed skills building, monitoring, documentation and geographic spread of required interventions (with or without pre-existing services)

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