



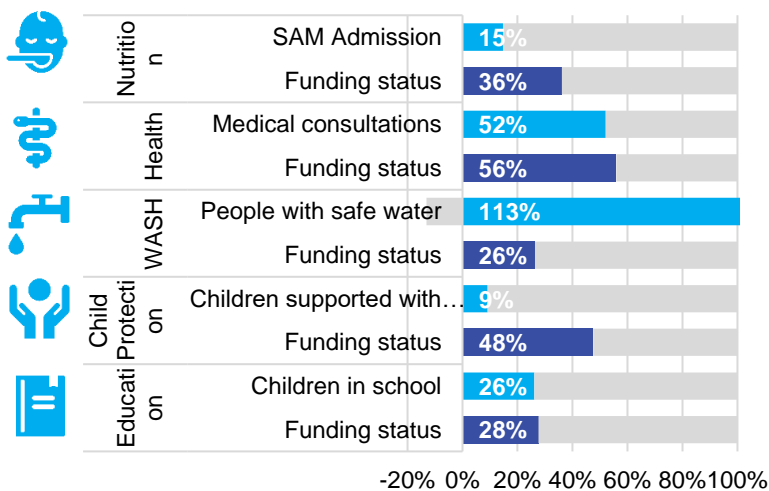
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Reporting Period: March 2021

Highlights

- In the past three months, UNICEF has reached a total of 1,583,723 people with safe water supply for personal use through the rehabilitation of non-functional water systems, water treatment, and water trucking throughout the country. Of these, 641,976 people have been reached in Tigray Region.
- Some 38,758 in people in Tigray were reached through the 22 active Mobile Health and Nutrition Teams (MHNTs), out of whom 11,594 were children who received medical consultations, nutrition services, and immunization.
- Since the beginning of its response in Tigray, UNICEF has delivered 1,093.4 metric tons of multi-sectoral supplies to nine partners (including regional bureaus) with a total value of US\$2.5 million.
- In February, 34,883 new cases of Severe Acute Malnutrition (SAM) were admitted for treatment throughout the country. Out of these, 48 per cent were in Oromia, 26.7 percent in Somali, and 4.3 per cent in Tigray. The cure rate was 90.9 per cent, death rate was 0.2 per cent and defaulter rate was 1.85 per cent. The rest were medical transfers or non-respondent children.

UNICEF's Response and Funding Status



¹ Therapeutic Feeding Program data reporting lags behind by at least 6 weeks

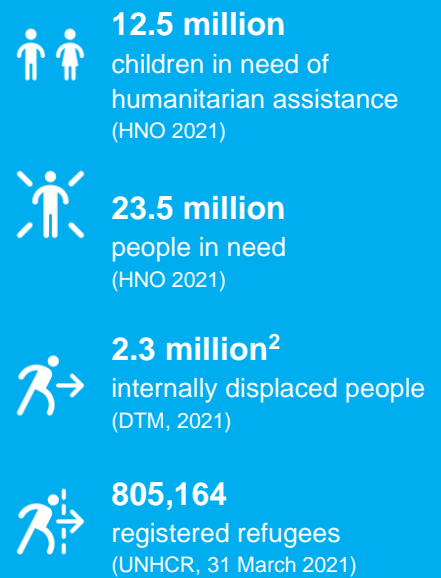
² DTM Ethiopia National Displacement Report 7 and DTM Emergency Site Assessment (ESA) Round 3

Ethiopia Country Office Humanitarian Situation Report

Includes results from Tigray Response

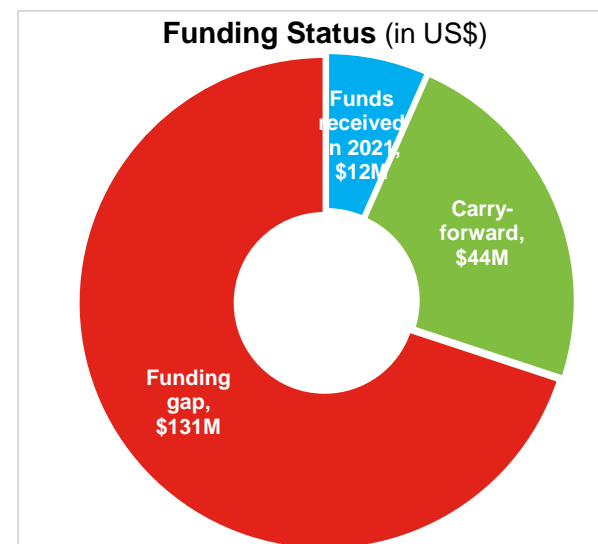
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Situation in Numbers



UNICEF HAC Appeal 2021

US\$ 188 million



Funding Overview and Partnerships

Through the 2021 Humanitarian Appeal for Children (HAC), UNICEF is appealing for US\$188 million to sustain provision of life-saving services for women and children in Ethiopia. Since the beginning of the year, UNICEF has received US\$12.9 million from donors leaving a funding gap of 70 per cent. Without sufficient funding, over 1.4 million people will not have access to safe drinking water, and over 5,800 children will not be reunited with their families or placed in appropriate care. UNICEF expresses its gratitude to the following donors for their valuable contributions; The UK's FCDO, Canada, ECHO, OFDA, CERF, SIDA and Japan. UNICEF Ethiopia's appeal for Tigray stands at US\$47.6 million, with a 64 per cent funding gap.

Situation Overview and Humanitarian Needs

The vulnerabilities of women and children in conflict-affected areas of Tigray, Amhara and Afar are increasing as conditions continue to deteriorate and internal displacement rapidly escalates. Internally displaced women and children face serious protection vulnerabilities which are aggravated by other vulnerabilities. Their continuous displacement, coupled with a lack of basic services and poor shelter and sanitation, further increases risks of gender-based violence (GBV) including sexual violence (rape and exploitation) particularly for vulnerable women and girls, but also for men and boys. The increase in gender-based violence including sexual violence has been reported repeatedly, including in independent assessments by rights groups. The corresponding lack of services for survivors, compounded by a climate of fear to report and seek help, are hampering provision of the few services available. According to HeRAMS, only 29 per cent of health facilities provide partial services for survivors of rape in Tigray. Results from Oromia, Amhara, Gambella and Tigray show that 4,615,866 children were screened for malnutrition from which 25,078 were referred for SAM management and more than one million children with Moderate Acute Malnutrition (MAM) referred for support. A total of 1,517 children with SAM were admitted in Tigray Region alone.

According to the Somali Region's Disaster Risk Management Bureau, over two million people in 74 *woredas* require humanitarian assistance as a result of an ongoing drought. With traditional water sources drying up and functionality of the existing water schemes/boreholes in the affected areas limited, UNICEF and partners have prioritised water trucking and rehabilitation of non-functional water systems. According to the Famine Early Warning Systems Network (FEWS NET), the likely below-average rainfall in February - May 2021 will negatively impact crop production in most of SNNPR, central and eastern Oromia, eastern Amhara, and southern Tigray. In addition to the below-average rainfall, the likely below-average area planted is expected to drive a below-average harvest, which will likely impact food availability from June onwards.

The crisis in Metekel Zone, Benishangul-Gumuz has caused the displacement of over 190,000 people who are now predominantly residing in host-communities, while others are in IDP camps in the six *woredas* of Bullen, Dibate, Wanbera, Guba, Mandura, and Dangur. UNICEF conducted a multisectoral assessment mission to Metekel in mid-March to identify the needs of people displaced by the conflict, to monitor the responses provided so far, and to identify gaps for further interventions. Officials from the zonal DRMC expressed concerns about inadequate food distribution to meet the needs of the IDPs, while shelter, protection and basic services were also cited as critical needs. The assessment revealed that 3,052 primary school children/students out of whom 1,229 are girls have been affected by the closure of four schools in Sherkole *woreda* due to insecurity. On 9th and 10th March, UNICEF, together with a partner, conducted a multi-sectoral safety audit at the Ranchi IDP camp outside Chagni town, Amhara Region which identified security and safety concerns among women, adolescent girls and adolescent boys living in the camp and proposed agency-specific and collective recommendations to mitigate GBV/protection risks and vulnerabilities.

As of 31 March 2021, Ethiopia had recorded 206,589 confirmed cases of COVID-19 and 2,865 deaths (1.4 per cent CFR) since the outbreak on March 13, 2020. All the regions continue to report on cases except for Tigray where no reports have been received since the conflict on 4th November 2020. At 135,668 cases, Addis Ababa has the highest number of cases while Gambella has the lowest (1,055). A total of 158,109 patients (76.5 per cent) were reported to have recovered while 45,613 are active and 865 are severe and admitted to designated treatment centres in Addis Ababa and the regions. A total of 127,312 COVID-19 confirmed cases have been followed up through Home-Based Isolation and Care (HBiC) since the system began in July 2020. Some 1,853 cases were newly admitted to HBiC on 31 March alone and currently 18,180 are under HBiC follow-up. The number of cases being confirmed positive daily is increasing; the cumulative positivity rate in March was 21.4 per cent compared to the January and February positivity rates of 8.2 and 15.9 per cent respectively. Similarly, the daily number of severe and admitted cases increased four-fold increase in March compared to January. As the number of severe COVID-19 cases rises, there are reported shortages of hospital beds and oxygen.

The Ethiopia COVID-19 National Deployment and Vaccination Plan (NDVP) was approved on 17 February 2021. On 7 March, the country received 2.2 million doses of the AstraZeneca vaccine through the COVAX facility followed on 30 March by 300,000 doses of the Sinopharm vaccine donated by the Chinese Government. UNICEF's support to NDVP includes C4D/SBCC, cold chain, supply chain and logistics for which national consultants have been hired and seconded to the EPI team at the Ministry of Health to support the vaccine roll-out and distribution.

Humanitarian Leadership, Coordination and Strategy

UNICEF's humanitarian strategy is aligned with the Humanitarian Needs Overview, Humanitarian Response Plan, and Cluster and programme priorities. While 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), UNICEF continues to lead the Nutrition and WASH Clusters, and co-leads the Education Cluster and Child Protection AoR both at national and sub-national levels. UNICEF is the lead agency for the Rapid Response Mechanism (RRM) working in partnership with several NGOs operating in different geographical locations. Through the RRM, UNICEF is trucking water, rehabilitating water schemes, sanitation, hygiene promotion, and distributing NFIs. UNICEF also participates in OCHA-led regional/sub regional coordination mechanisms that involve the UN, NGOs, and the Government through the weekly Emergency Coordination Centre (ECC) meetings to advocate for the needs of the affected populations in Amhara, Benishangul-Gumuz and Tigray.

In March, Nutrition Cluster partners continued to deliver enhanced support to the health system with the delivery of life-saving nutrition services across the country. In the south eastern part of Somali and Oromia regions, preparations were ongoing to respond to the drought arising from sub-optimal spring rains. In Tigray Region, as part of its partnership with the Regional DRM Bureau, and with funds from FCDO, UNICEF supported the Regional Emergency Nutrition Coordination Unit (ENCU) to undertake rapid nutrition assessments in six *woredas* to evaluate the severity of the crisis. Results indicate that among the children screened, 23.8 to 34.5 per cent across the six *woredas* were suffering from acute malnutrition. These very high levels were observed even in *woredas* where an emergency nutrition response was ongoing, indicating that the affected population's nutrition resilience was depleted. These results call for more resources for a multi-sectoral intervention to address the multiple deprivations faced by the population. Where access has permitted, humanitarian partners have re-established prevention and treatment of acute malnutrition and in March, more than 54,000 children were screened for acute malnutrition and referred to mobile health and nutrition units for treatment. By the end of March, 1,611 children had been admitted for SAM treatment, representing 8.5 per cent of the expected annual target. Most up-to-date data indicated that as of end February, over 69,000 children with SAM had been admitted for treatment countrywide (40 per cent from Oromia), which represented 13.7 per cent of the annual target. Compared to the same period last year, SAM admissions were 12 per cent higher, indicating a deteriorating nutrition situation across Ethiopia.

During the reporting period, the Child Protection and Gender Based Violence Areas of Responsibility (AoR) continued to provide technical coordination support and assistance across the country. At the national level, AoR members assessed the previous year's achievements and agreed on upcoming priorities for 2021. A key priority is to reinforce sub-national coordination capacities in the seven coordination platforms and work on updating service mapping and referral pathways. Training on CP and GBV case management and the application of standards were also prioritized to build on national frameworks and implement them at regional level. Special attention continues to be given to Tigray to ensure that the scaling up of the response is supported by quality coordination tools and services. In this regard, an interim joint PSEA and AAP network has been established with separate operational networks in Mekelle and Shire (due to different partner presence in each location). The PSEA and AAP network has been activated in both Mekelle and Shire.

With UNICEF co-leadership, the education cluster has developed a costed education priority needs scale up plan for Education in Emergencies (EiE) for 2021. The national education cluster continues to strengthen coordination mechanisms by conducting monthly meeting with partners. UNICEF has supported the national cluster to develop a micro plan and training materials and supported the Regional Education Bureaus financially to improve EiE data collection, analysis and management. Ten partners are working actively towards the resumption of education in Tigray and the cluster has appointed an INGO to support and facilitate the zonal education cluster coordination in Shire.

Summary Analysis of Programme Response

Supply

On 16 March, UNICEF delivered 122 metric tons of emergency supplies to Shire. The supplies are to be distributed to IDPs and affected communities through our partners operating on the ground. UNICEF is also preparing to dispatch additional WASH and education supplies to Mekelle and Mai Ayni refugee camp. These supplies will be distributed in collaboration with ARRA, the Regional Health Bureau, the Bureau of Labour and Social Affairs, and the Regional Water Bureau. Since the beginning of its response in Tigray, UNICEF has delivered 1,093.4 metric tons of multi-sectoral supplies to nine partners (including regional bureaus) with a total value of US\$2.5 million.

UNICEF continued to support the coordination of COVID-19 outbreak preparedness and response at national and sub-national levels. Technical assistants have been recruited and deployed to the MoH, the EPHI, and Regional Health Bureaus (RHBs) to assist in planning, implementation, and monitoring of interventions with a focus on supply logistics and vaccine management, C4D, and data monitoring. UNICEF is also supporting the coordination of the cholera response in SNNP and Oromia regions through technical staff and consultants based in the two field offices. UNICEF is working closely with MOH, RHBs and partners to ensure the continuation of essential health services including for emergency affected areas through participation in advocacy and coordination, supporting provision of lifesaving and essential health interventions, and procurement and distribution of essential health kits and equipment.

UNICEF conducted three rounds of health facility assessments on continuation of essential health services during the COVID-19 pandemic in 250 health facilities in four regions. The purpose was to monitor availability, readiness, and ease of utilization of health services by newborns, children, and mothers in the context of COVID-19 and inform actions to maintain continuity of services in the health system. The first-round and second-round assessments were conducted in August to September and November to December 2020 respectively. Both rounds found that more than 96 per cent of services were being sustained. However, the number of facilities which have interrupted key child health services such as under five curative services and child vaccination has slightly increased. COVID-19 also negatively affected the demand for health services particularly in the early stages of the outbreak in April/May 2020 in most MNCH service coverage areas. The third-round assessment was conducted from February 27 to March 10, 2021 and preliminary results are expected in April 2021.

A Demand Generation Plan of Action on introduction of the COVID-19 vaccine, which includes risk communication, has been developed and endorsed by the Ministry of Health. Initial implementation is in process. Orientation on COVID-19 vaccines and vaccination was conducted for the COVID-19 hotline operators on 20 March 2021. A media orientation was conducted on 23 March in which journalists and reporters from different media agencies participated.

UNICEF has developed key messages and communication materials in different languages and the production of the initial 10 per cent of the communication products is underway. UNICEF has stepped in to avoid delays in C4D activities as the MOH mobilizes resources to produce communication materials and training tools. UNICEF supported the production of posters for health workers (two versions with different illustrations), a poster for the elderly in six languages, a poster for IDPs and refugees in five languages, a brochure in six languages, job aids for health workers, banners, vaccination cards in five languages, 15 social media posts, and monitoring tools for the vaccine rollout. Artwork of the communication materials can be accessed [here](#). Through communication materials supported by UNICEF, 23,500 health workers, 1,175,000 community members who are above 65 years of age, and 37,000 IDPs and refugees are expected to be reached.

UNICEF supported the orientation of 48 hotline operators (hotline number 8335) and 25 call centre operators (call center number 952) on the COVID-19 vaccine introduction. In addition, UNICEF also facilitated the training of 65 media professionals from government and private electronic, print, and social media outlets. Participants came from the regional and city administrations, and RHB public relations experts.

UNICEF continues to provide multisectoral support to the cholera response in SNNP and Oromia regions by deploying health emergency and RCCE experts in affected zones and *woredas* and prepositioning CTC kits. In March, 53 cholera cases were reported in SNNPR (13) and Oromia (40). All the patients received lifesaving intervention in UNICEF-supported cholera treatment centers and no death was recorded.

A Supplementary Immunization Activity (SIA) campaign on the Bivalent Oral Polio Virus (bOPV2) was conducted from 26 March to 01 April in Somali, Gambella, Afar, Hareri, Dire Dawa Town Administration, Oromia (Bale, East Bale, Borena, East Harergie, West Harergie, Guji, West Guji and Kelem Wellega), Amhara (North, Central, West and Gondar City), and SNNPR (South Omo, West Omo, Bench Sheko). The campaign targeted 5,812,910 under five children. UNICEF supported the campaign in planning and monitoring of RCCE and vaccine management.

A total of 44,689 medical consultations were conducted in Afar (21,478) and Somali (23,211) through UNICEF supported MHNTs. Out of these consultations, 18,514 (41 per cent) were with under five children and 15,482 (35 per cent) with women. Since January, 88,010 medical consultations have been conducted in the two regions (39,584 in Afar and 48,426 in Somali). Of these, 36,258 (41 per cent) were with under five children and 30,978 (35 per cent) with women. These medical consultations were performed by 49 UNICEF supported MHNTs in Somali and Afar regions and 17 MHNTs run by the Somali RHB and INGOs which UNICEF supports with drugs and medical supplies.

UNICEF continued to support the Gambella RHB to provide vaccinations for South Sudanese refugee children at entry points and refugee camps. In March, 1,859 children were vaccinated against polio and 2,951 against measles at entry points in Gambella. Since January 2021, 2,754 and 3,994 children respectively have been vaccinated against polio and measles at entry points while 4,167 children have been vaccinated against measles in refugee camps.

Tigray Response

UNICEF supported the Tigray RHB to deploy 22 MHNTs to deliver essential health services in 19 *woredas* in the region. Some 250,000 beneficiaries are estimated to receive services rendered by the MHNTs. The total number of MHNTs deployed across region has now reached 50. The 22 MHNTs UNICEF supports operate six days a week and use the seventh day to restock supplies and prepare implementation reports. Since February, the MHNTs have provided services to 25,607 people through medical consultations: 1,557 people have been reached with MNCH services (ANC, Delivery, PNC); 6,335 children under five have received clinical consultation; 3,515 children have been screened; 489 MAM and 192 SAM cases have been identified for treatment; and 1,744 children have received immunization services.

UNICEF procured and distributed 20 Solar Direct Drive (SDD) vaccine refrigerators which are currently being installed in 20 health facilities. The refrigerators will address cold chain gaps in the provision of vaccination to children and mothers. UNICEF has also distributed 12 tents to Shire through one of our partners on the ground while six CTC kits have been prepositioned with the Tigray RHB for the treatment of at least 60,000 people with cholera. Some 10 EDKs to cater for 25,000 people have been delivered to Tigray RHB for the replenishment of essential medicines required by the MHNTs. UNICEF recruited and deployed four zonal technical assistants to improve the coordination and monitoring of MHNT services. UNICEF has also signed multiple agreements with four partners to expand the multisectoral response in Tigray and adjacent *woredas*. Through these partnerships, UNICEF will be able to provide essential primary health services including medical consultations, maternal health, and immunization through mobile and static teams with a focus on reviving the existing health infrastructure.



Water, Sanitation and Hygiene (WASH)

UNICEF continues to respond to multiple challenges posed by droughts, flooding, cholera, and conflicts. The conflict in Tigray and ethnic clashes in Benishangul-Gumuz have resulted in massive displacement of populations needing emergency life-saving WASH interventions. Combined with drought-related emergencies in parts of Amhara, Afar, Somali and Oromia, and cholera outbreaks in SNNPR and Benishangul-Gumuz, this situation requires the rapid scale-up of the emergency response.

Scaled up safe water supply has resulted in 379,323 people having access to enough water for drinking, cooking, and personal hygiene, in addition to the 562,424 people reported in Jan/Feb. This has been achieved through rehabilitation of shallow wells, mass chlorination of water supply schemes, and rehabilitation of the existing water systems, which include the supply and water pipeline extensions.

Of the people who accessed safe water, 6,000 were IDPs in Amhara who were reached through the partnerships with the Regional Water Bureau and INGOs. In Oromia, 61,025 people were reached with water trucking services and in SNNPR, 11,046 people benefited from six water schemes rehabilitated in Male *woreda* in South Omo and through the installation of two emergency water treatment kits in Dawro Zone. In Benishangul-Gumuz, 6,700 host community members were supported through the installation of five tanks. In Gambella, 28,000 people were reached, and in Somali 266,552 were reached through rehabilitation of water schemes by the RWB and water trucking.

In close collaboration with the RWB, RHB, and NGO partners, UNICEF supported 68,836 people with critical lifesaving WASH supplies: 10,875 people in Oromia; 36,461 in SNNPR; and 4,500 conflict-affected IDPs in Benishangul-Gumuz were reached through an RRM partner. In Somali, a total of 14,000 people were provided with WASH supplies and 3,000 refugees reached in Gambella with WASH supplies in partnership with an INGO.

During the reporting period, 151,631 people were reached with hygiene promotion messages in addition to the 378,344 people reported in Jan/Feb. This activity was undertaken through public awareness campaigns using mobile audio vans, health extension workers, community volunteers, and information education communication materials. The messaging focused on prevention of cholera and COVID-19 through regular hand washing with soap, social distancing and wearing face masks. Among those reached in the month, 9,240 were in Amhara, including IDPs displaced due to conflict; in Oromia, 70,679 IDPs and host communities were reached, while 26,012 people including IDPs, refugees and host communities were reached in Benishangul-Gumuz. Similarly, in Gambella, 45,000 refugees were reached with hygiene promotion messaging in partnership with an INGO.

As part of an overall strategy to end open defecation, UNICEF worked with the communities, government authorities and implementing partners to support 29,355 people to access appropriately designed and managed latrines, in addition to the 23,065 people reported in Jan/Feb. This intervention contributes to the reduction of cholera, provides dignified fecal disposal, reduces exposure especially of girls and women to SGBV risks, and contributes to school retention and attendance especially for girls. In the reporting month, 2,705 people were reached in Oromia, 10,100 in Somali, and 8,050 in SNNPR. In Amhara, 6,000 IDPs were among those reached in partnership with INGOs and the RWB. In Gambella, in partnership with an INGO, 2,500 refugees were reached through this intervention.

Some 10 COVID-related treatment, isolation and quarantine sites accessed a sufficient quantity of safe water for drinking, cooking and personal hygiene through emergency water trucking and roto tanks in addition to the 17 health care facilities reported in Jan/Feb. Eight of these facilities are in Benishangul-Gumuz benefiting 13,200 people and the other two in Oromia Region benefiting 3,200 people.

Tigray Response

During the reporting period, UNICEF provided water to 378,300 people in Tigray through water trucking. Out of this number, 12,264 were Eritrean refugees in Adi Harush camp in Shire, 85,857 IDPs in Shire town, and 13,333 IDPs in Axum. In Mai Tsebri town, 4,853 people from the host community were served and 2,400 IDPs also reached. A UNICEF partner under the RRM response was able to reach 129,593 IDPs through water trucking in Adigrat, Wukro, Agual, Zalanbessa, Enticho, Hawzen, Freweynni and Edagahamus. In Mekelle, an estimated 112,500 people continued to access safe water through water trucking in the sub cities of Ayder Hawelti, Hadnet, Semen and Quiha as a result of UNICEF's partnership with a local NGO. In Afar, 17,500 IDPs from Tigray Region are benefiting from water trucking in Berihale and Afdera *woredas*.

In addition to the 75,956 people who continue to receive safe water from recently rehabilitated water supply systems in Mekelle, Adigrat, Wukro and Hagereselam, during this reporting period, an additional 27,768 people benefited from rehabilitated water supply systems in Mekelle, Abune Aregawi and Hageresselam in Tigray through an RRM WASH partner. In Afar, through another RRM partner, 6,592 IDPs from Tigray benefited from rehabilitated water supply systems in Yallo and Megalle *woredas*. In West Tigray, through RRM, 153,360 IDPs and host communities in Mai Kadra, Humera and Dansha are accessing water, made possible by a UNICEF partner providing fuel to run the water supply systems. In Tigray and bordering *woredas* of Afar, the total number of people accessing safe water from rehabilitated water supply systems is 263,676 people.

During this reporting period, WASH NFIs were distributed to 893 IDP households in Endabaguna and Mai-Tsebri towns. The total number of IDPs who have now received WASH NFIs since the crisis started is at 29,251.

In sanitation, through a partner, UNICEF supported construction of 30 stances of latrines in Shire which serve 1,500 IDPs. The partner is also managing 200 latrines at Axum University IDP site which are serving 10,000 people. In Mai-Tsebri, eight stances of latrines have been constructed to serve on average 400 IDPs daily. The total number of IDPs benefiting from sanitation facilities is 11,900.

During this reporting period, a UNICEF partner in Shire, conducted environmental cleaning campaigns in four IDP sites in Aksum University, Embadanso Primary School, Hibret Primary School and Shire High School in which 3,426 IDPs participated. Hygiene promotion to enhance safe hygiene practices was conducted in Shire among 2,083 IDPs. IEC materials are being used to sensitize IDPs on hygiene and COVID-19 in Shire and Axum targeting 60,000 people. In Afar, campaigns on safe hygiene and sanitation were conducted among 17,500 people in Berihale and Afdera *woredas*. In total, during the last two weeks, 83,009 IDPs have been reached through different hygiene promotion activities in Tigray and bordering *woredas* of Afar.



Nutrition

In February 2021, there were 34,883 children newly admitted for SAM treatment across the country, 1,517 in Tigray. The overall reporting rate was 89 per cent. Oromia Region accounted for 48 per cent of the total admissions followed by Somali Region at 26.7 per cent. The total SAM admissions recorded in Jan/Feb represent 13.75 per cent of the 2021 HRP annual target of 503,799. The performance indicator was above the SPHERE minimum standard,³ the cure rate was 90.9 per cent, death rate was 0.2 per cent, and defaulter rate was 1.85 per cent while the rest were medical transfers or non-respondent children.

The significant increase in malnutrition among children in Oromia is attributed to a precarious food security situation occasioned by the decreasing *Meher* crop production, the desert locust infestation, and delays in *Belg* rains. A decrease in rainfall has been reported specifically in East Hararghe, West Hararghe, Arsi and East Shewa zones. Compounding the situation is the predicted severe drought looming in most lowland drought-prone areas of the region due to delayed seasonal rains. Already, water stress is being experienced which is aggravating existing food insecurity. Data⁴ shows that 14,298 SAM admissions were recorded in January 2021, an 18.91 per cent increase, compared to 12,024 recorded in January 2020. The major contributing factors include household food insecurity resulting from low production, locust infestation, increased food prices, and unstable security situation. Additionally, the change in criteria for admission also played a significant role in the increment of SAM admissions. According to routine screening data collected through DHIS2 in February 2021, 3,326,357 children aged 6 - 59 months were screened for malnutrition in Oromia, with average screening of 55.4 per cent. Out of these, 17,335 (0.52 per cent) and 174,282 (5.2 per cent) were identified with SAM and MAM respectively and referred for management of SAM in health facilities.

³SPHERE Minimum /standards

⁴Therapeutic Feeding Program data reporting lags behind by at least 6 weeks.

With the start of the second round Vitamin A supplementation in Oromia, 765,494 children 6 - 59 months have received Vitamin A supplementation.

In Amhara, SAM admissions decreased by 31.2 per cent from 6,809 in December 2020 to 4,684 in January 2021. Disparities in reporting rates, reported at 98.5 per cent in December 2020 compared to 86.6 per cent in January 2021, might be behind this result. Currently, an emergency nutrition response is provided in 3,842 OTP and 458 SCs. In February, a joint monitoring and supportive supervision mission was conducted in six *woredas* in three zones and one city administration (Gondar town, Siya Debirna Wayu, Basona Worena, Borena, Wereillu and Changi) using third party monitoring teams. Based on the standard checklist provided by the government through the RHB, 91 health facilities comprising 16 health centers, four hospitals, and 61 health posts were monitored. As a result, 104 health workers and health extensions workers were offered on-the-job and capacity-building training provided to 86 health workers and health extension workers.

Some 1,208,904 children aged 6 - 59 months were screened for malnutrition in Amhara, and 6,155 (0.6 per cent) found with SAM and 844,431 (7.5 per cent) with MAM. A total of 223,399 pregnant and lactating women (PLWs) were screened and 56,574 (25.3 per cent) found with MAM. UNICEF advocated with relevant partners for their support. In Awi Zone, 68 health extensions workers and 15 health extensions supervisors and nutrition focal point persons were trained on SAM management at OTP level for three days. Health workers from Chagni town and Guangua *woredas* of Awi Zone were higher number of IDPs are reported in the host communities, attended. The main purpose of the training was to update them on new guidelines, orient on how to conduct mass screening both in IDP and host communities, to start OTP management for identified cases, establish referral linkages, and determination of SAM caseload. Some 321,488 children aged 6 - 59 months received Vitamin A supplementation.

UNICEF supported mass nutritional screenings in Chagni town and Guangua *Woreda* in Awi Zone. The findings will be disclosed in the next report after verification and endorsement by the government. Ten children were admitted in UNICEF supported stabilization centres in Chagni Hospital.

In SNNP, the *Belg* rains were expected in the first half of February 2021 in *Belg*-dependent areas. However, except for very few *woredas*, the majority of *Belg* producing areas had no rains at all. The anticipated low *Belg* rainfall will negatively affect food security and will compound a situation that was already worsening because of the desert locust infestation which was reported in Hammer and Bena Tsemay *woredas* in South Omo Zone, Karat Zuriya, Kena and Kolme clusters in Konso Zone, and Ale, Amaro and Burji special *woredas*. The DRMC under its Targeted Supplementary Feeding Programme (TSFP) and with support from WFP is distributing supplementary food to the moderately malnourished under five children and malnourished PLWs. However, delays in providing the supplementary food is contributing to increased SAM cases in some *woredas*. Emergency Nutrition Officers (ENOs) have provided technical support to the management of SAM and IYCF in the context of COVID-19 and ODK database utilization. The ENOs have also continued to support *woredas* in South Omo, Gamo and Konso Zones and have provided technical support for the smooth management of the supply chain in their assigned areas. They have also resolved artificial shortages of nutrition supplies.

In Somali, due to the looming drought, UNICEF has initiated and signed a Program Cooperation Agreement (PCA) with two local Civil Society Organisations (CSO) to promote, protect and support maternal, infant and young child nutrition (MIYCN) and intensified MUAC screening for early detection and referral of acute malnutrition. The project will target three *woredas* in Afder and two in Liban Zone for six months until the end of August 2021. UNICEF continues to support the government and NGO partners in strengthening CMAM program management through maintaining 10 ENOs who are conducting supportive supervision and mentorship support to the health workers and health extension workers. During this reporting month, the ENOs supported 31 stabilization centres and 112 OTP sites by providing mentoring and technical support to 133 HEWs and 47 HWs. This support contributes to quality service delivery. The ENOs also supported stock reporting and timely forecasting for CMAM supplies from the *woreda* health office to the RHB. The team conducted end user monitoring using ODK to ensure healthy nutrition supply pipeline. Emergency Nutrition Officers also facilitated IYCF counselling in the context of COVID-19. In this effort, 133 caretakers of children enrolled in OTP received key IYCF messages during OTP follow up days.

In Afar, UNICEF is implementing the CERF Anticipatory Action project in 15 drought-affected *woredas* in collaboration with the RHB. The 15 *woredas* are: Asayita, Afambo, Mille Adaar, Chifra, Elidar, Kori, Berahle, Kuneba, Dallol, Bidu, Afdera, Amibara, Dulessa and Awra. The main activities include implementation of ad-hoc nutrition screening, community mobilization and strengthening of referral of children and women to the nutrition programme, supporting nutrition screening of children and PLWs, and providing training for HWs and HEWs and mother-to-mother support group leaders/facilitators on comprehensive MIYCN with a focus on emergencies. These activities will start in early April 2021.

In Gambella, the situation in the Pagak reception centre is of great concern as the number of arrivals has doubled to over 20,000. Three ENOs were deployed to support the TFP programme and monitored 46 health facilities, four hospitals, 22 health centres, and 20 health posts. The ENOs provided on-the-job capacity building training on screening and management of acute malnutrition for 24 health workers and 18 health extension workers. They also supported mobilization of TFP supplies from regional to *woreda* and health facilities. UNICEF also provided nearly 600 cartons of RUTF to the Pagak OTP centre, out of which nearly 85 cartons have already been utilized for the treatment of children. UNICEF has also been supporting the response in Pagak through a PCA with an INGO and in March, 2,315 under five children and 56 PLWs were screened for acute malnutrition. Among these, 71 SAM and 129 MAM children under five were identified and admitted to TFP. Among 56 PLWs screened, two had SAM and 16 had MAM and linked to treatment programmes.

Tigray Response

In partnership with the RHB, UNICEF is supporting the operationalisation of 22 MHNTs across the region. The MHNTs, together with NGO partners, are supporting screening, active case finding and referrals for management of SAM. A total of 78,290 children have been screened through different partnership modalities including NGOs and the RHB. There is a significant increase in screening data which shows that in the 3rd week of March, 30,354 children and 5,137 PLWs were screened, with SAM and MAM prevalence identified at 2.9 per cent and 26.0 per cent respectively. A consistently high rate of 48.8 per cent of MAM was observed among the 7,912 PLWs screened across 16 *woredas*. The number of children screened is quite significant, representing nearly 10 per cent of the under-five population in the region. Through the screening, 1,973 children (2.9 per cent) were identified with severe wasting and 1,517 admitted to OTPs for treatment. UNICEF has recruited and deployed seven third-party ENOs to support programme response in Tigray.

Some 17,789 children were detected with moderate wasting (26 per cent) and require treatment to avoid falling into the severe wasting category with increased risks of mortality. UNICEF has been collaborating with WFP to address these needs, hence ensuring the continuum of care.

In Afar, UNICEF in collaboration with the RHB and the Disaster Prevention and Food Security Program Coordination Office (DPFSPCO) is working on: enhancing early case finding and detection and appropriate referral to functioning TSFP and TFP services/OTP and SC through monthly screening for PLWs and children 6-59 months; reinforcing staffing and capacity building on acute malnutrition management and IYCF-E through the health facility system and mother-to-mother support groups; provide funds for care takers in Stabilization Centers to purchase food in 85 health facilities among other routine support activities in conflict affected *woredas* of the region (Abala, Berahle, Kuneba, Dallol, Megale, Erebt and Yallo).

Nutrition supplies and routine drugs which will benefit 2,614 malnourished children for the next 3 months were dispatched to two zones bordering Tigray in Afar. The supplies consisted of RUTF, therapeutic milk powders, SC kits, routine drugs to treat malnutrition, and other supplies. ENOs continue to support Nutrition in Emergencies (NiE) activities in health facilities with low CMAM and IYCF-E performance in conflict-affected *woredas* mainly focusing on Zone 2. A key challenge in the nutrition response is insecurity in the *woredas* bordering Tigray that has hindered access.



Child Protection

UNICEF continued to provide child protection in emergency response for IDPs and returnees in Amhara, Afar, Benishangul-Gumuz, Oromia, Somali, SNNPR, and new refugee arrivals in Gambella through Pagak entry point. To ensure continuation of case management services for vulnerable children in the context of COVID-19, 139 social workers were supported with materials for self-care across all these regions.

During the reporting period, 42 children (35 girls, 7 boys) at risk of violence, abuse, neglect and exploitation were identified and provided with case management services in Amhara, Benishangul-Gumuz, Oromia, SNNP, Somali and Gambella regions. In addition, 22 children (1 girl, 21 boys) were reunified with their families and 131 children were placed under alternative care arrangements in Amhara, Benishangul-Gumuz, Oromia, Gambella and SNNP.

Some 14,860 children (13,193 girls, 1,667 boys) were reached with messaging on prevention and access to child protection/GBV services in the context of COVID-19 and 2,484 women, boys and girls were provided with GBV risk mitigation, prevention and response services in Amhara, Benishangul-Gumuz, Oromia, and SNNP regions. In addition, 26 survivors of sexual violence (all girls, 11 in Benishangul-Gumuz, 15 in Somali) were referred and received comprehensive GBV services that included health, psychosocial support and legal aid. The GBV risk mitigation messages include information on intimate partner violence, sexual exploitation, where to report risks/threats and how to access GBV response services. The awareness-raising activities increased knowledge and understanding of GBV prevention and response programming, including information on available services.

Some 1,980 children and caregivers were provided with mental health and psychosocial support (MHPSS) that included safe space activities integrated with other sectors, socio-emotional learning sessions and parenting skills education for caregivers. These sessions have enabled caregivers to understand and manage their own emotional experience and develop realistic expectations of child behavior that are appropriate to the developmental level of their child.

Tigray Response

UNICEF has eleven active Child Protection and Gender-Based Violence (GBV) partnerships with NGOs in the Tigray Response covering Shire and Mai Tsebri, Tigray Central, Eastern, Southern and South-Eastern Zones, as well as conflict-affected areas of Amhara and Afar. UNICEF has responded to the increasing Child Protection and GBV needs among IDPs by expanding an existing partnership to cover additional IDP sites in Mai Tsebri for GBV risk mitigation and response, including PSS and PSEA support. A further six child protection and/or GBV partnerships have been activated during the reporting period in Shire, Mai Tsebri, South-Eastern Zone, Eastern Zone, Central Zone and Southern Zone to respond to the growing CP, GBV and MHPSS needs across the region.

A high number of unaccompanied and separated children (UASC) have been reported among those displaced. As of 24 March, close to 3,000 UASC were identified and registered by two partners in Shire alone. This raises concerns about the risk of GBV, child labour, trafficking and exploitation. Family tracing and reunification efforts by NGOs and government have been constrained by several factors such as the deteriorated security situation across the region and lack of governance structures outside of Mekelle. A UNICEF partner assessed and registered 64 unaccompanied children in Mai Ayni refugee camp who were relocated from Hitsats camp and are undergoing case management. A change in care arrangements (for example in foster family) was provided to five children in Adi Harush camp in accordance with the principle of the best interests of the child. Identification and registration of UASC is underway in the three IDPs collective sites in Shire (Shire High School, Embadanso Primary School, Axum University branch). Currently, a UNICEF partner has registered 1,597 UASC for the provision of case management and the arrangement of alternative care and referrals follow-up. Some 17 separated children identified in the sites were reunified with relatives and six unaccompanied children were placed in foster care with voluntary foster families based on their best interests. In Afar, 30 separated children (18 females and 12 males) were identified and registered to receive child protection services and in Aderkay *woreda*, one separated child was identified and supported with family reunification services in Mai-Tsebri *woreda*.

Caregivers taking care of unaccompanied minors in Mai Ayni and Adi Harush refugee camps receive 500 ETB per month for one child. A total of 400,000 ETB was disbursed to caregivers in this reporting period.

Across partners, 2,152 children and caregivers have been reached with psycho-social support so far. With UNICEF support, a partner provided various psychosocial support activities in the safe space for women and girls at Adi-Harush and Mai Ayni refugee camps. The activities included recreational, skill building, and information dissemination on GBV related topics. Some 143 girls and 94 women participated in the PSS activities.

A total of 1,496 children attended the child-friendly spaces in both Mai Aini and Adi Harush refugee camps. An additional 10 UNICEF-procured recreational tents are planned to be set up in Shire IDP sites (3 in Shire High School, 3 in Embadanso Primary School and 4 in Axum University Shire branch) to support CFS activities for displaced IDP children. Two refugee children in need of mental health services were referred to dedicated MHPSS services; one of the children had come from Shimelba Refugee Camp. Some 55 children (35 in Mai Aini and 20 in Adi Harush) who had turned 18 years and were graduating from their care arrangements received two-days of life skills training to prepare them for the transition. So far, 72 girls and boys who have experienced violence were reached by health, social work or justice/law enforcement services, in addition to the 2,213 UASC who have benefitted from case management services.

Some 2,000 child protection kits have been distributed to selected IDP children in Mai Tsebri. The kits comprise child-friendly materials, body soap, laundry soap, combs, potties, and reusable facemasks. An additional 260 dignity kits were provided to adolescent girls (104) and women (156) at IDP sites in Shire.

In the reporting period, a UNICEF partner received five cases of sexual violence (2 in Mai Ayni and 3 in Adi-Harush, all females) and provided timely and confidential GBV case management and psychosocial support services to the survivors, which included material support and referral to health centers based on their consent. A case of GBV was reported to a partner in Gondar Azezo IDP center, Amhara Region. The survivor was referred to health and legal services.

UNICEF's GBV partner in Adi Harush and Mai Ayni refugee camps conducted various outreach and awareness-raising activities in the camps, reaching 380 people (141 women, 66 men, 146 girls, and 27 boys) and 499 people (243 women, 171 men, 51 girls, and 34 boys) respectively. The sessions included information on services in the women and girls' safe space, case management services and client-centered response services.

Awareness-raising on GBV, Child Protection and COVID-19 mitigation conducted in conflict-affected areas of Afar and reached 46 people (34 females and 12 males). Four girls' clubs and five child rights committees were established in five *kebeles* of Afar to strengthen awareness and participation among girls and boys. At the Kebere Mede IDP center in Gondar City, Amhara Region, 561 IDP community members (521 females) were reached with awareness-raising activities on GBV prevention and response services as well as information on child abuse.

Partners have continued to strengthen PSEA activities. Several outreach and awareness-raising sessions were conducted through mini-media and home-to-home visits on sexual exploitation and abuse, 72-hour reporting, availability of GBV services and safe and accessible channels to report SEA. A total of 1,713 people (817 women, 147 girls, 618

men and 131 boys) were reached during the awareness-raising session in Adi Harush, Mai Ayni refugee camps and Mai Tsebri IDP site in the reporting period. Compliant and feedback committees were established in four conflict-affected *kebeles* in Afar to strengthen PSEA and accountability mechanisms.

An additional 12 community service workers (4 females and 8 males) and four para-counsellors (3 females and 1 male) were hired in Abala *woreda* in Afar to conduct psycho-social support activities and case management for children and women. In Amhara, 27 *woreda* and zone child welfare and protection officers (5 females) were trained on the minimum standards on child protection in humanitarian situation and case management in accordance with the National Child Protection Case Management Framework.

Education

UNICEF has developed a response plan to mobilize resources and provide support to about 13,869 conflict-affected children (7,601 boys and 6,268 girls) in Konso Zone and Ale Special *Woreda* in SNNP. In partnership with the Regional Education Bureau (REB) in SNNP, UNICEF provided training on psychosocial support for 257 (55 females) *woreda* education office experts, supervisors, head teachers, teachers and pre-school facilitators of emergency affected *woredas* in Konso Zone (Segen Zuriya and Karat Zuriya *woredas*), Ale Special *woreda* and Derashe Special *Woreda* from 12 March 2021 to 20 March 2021.

UNICEF's partnership with an INGO supported 12,600 displaced children of pre-primary school age through the child-to-child and speed school programme in Kercha *Woreda* (West Guji Zone), Babile *Woreda* (East Harerghe Zone), and Gumbi Bordede *Woreda* (West Harerghe Zone). With UNICEF financial support, a UNICEF partner continued to implement a skills-building programme for 6,317 Aflatoun club students (IDP and host community children and adolescents) as well as providing stationery materials to support the retention of vulnerable IDP children in six *woredas* (Jarso, Bordede, Gelana, Abaya, Sasiga and Nedgjo) in Oromia Region.

Partners are in the process of implementing the ECW Multi-Year Resilient Programme in nine *woredas* in Oromia and 20 *woredas* in Amhara respectively. A total of 4,343 and 10,206 IDP children (45 per cent girls) are enrolled in UNICEF supported *woredas* in Amhara and Oromia, respectively.

UNICEF in partnership with an INGO continued to support 12,600 displaced children of pre-primary age in Kercha *Woreda* (West Guji zone), Babile *Woreda* (east Harerghe Zone), and Gumbi Bordede *Woreda* (West Harerghe Zone).

Tigray Response

Some 19 schools in Mekelle are occupied by over 31,000 IDPs. UNICEF, with education cluster partners, is prioritising support to school re-opening where security allows while setting up Temporary Learning Spaces (TLS) for displaced people and host communities in areas where schools are damaged or occupied. UNICEF through partners has been able to procure 29 TLSs to be set up in the Mekelle and Shire IDP sites benefitting 1,450 IDP school age children.

UNICEF in collaboration with an INGO recruited 12 accelerated school readiness facilitators and 80 accelerated learning program teachers and provided basic pedagogic training for these facilitators/teachers to implement UNICEF supported EiE program benefitting 730 pre-primary (369 girls) and 2,212 primary school age IDP children (1,084 girls) and employing CP and Education integrated programme in Mekelle and Shire IDP sites.

UNICEF has been able to implement preparatory activities to create educational access to 1,600 IDP school age children in Aderkay and Telemit *woredas*. Through UNICEF financial support, partners organized an inception workshop for 26 participants in Aderkay and Telemit *woredas* including zonal officials in Debark, North Gondar Zone. In addition, eight TLS Sites will be upgraded to semi-permanent blocks with classrooms including latrine blocks to benefit an estimated 1,600 IDP children.

Communication for Development (C4D)

UNICEF continues to support the delivery of messages focused on COVID-19 and cholera prevention, MNCH service availability and utilization, and hygiene behaviour. In the reporting period, over 780,694 people were reached via different channels (i.e. social media and community outreach). Among those reached, over 95,264 people were in Amhara, Oromia and Somali regions (11,259, 70,679 and 13,326 respectively) with key messages through community outreach via social mobilizers.

UNICEF continues to work with Girl Effect to reach adolescents with relevant messages on COVID-19 prevention, nutrition, GBV, and menstrual hygiene and health. The beneficiaries are reached through TV and radio spots, and Yegna drama series. The spots were disseminated via social media and viewed by over 685,430 people in the reporting period. The campaign is expected to reach over 15 million adolescents and young people. UNICEF in collaboration with Girl Effect will be assessing the exact reach and impact of the campaign.

Human Interest Stories and External Media

In the reporting period, UNICEF continued to develop and publish content on the ongoing emergency response in Ethiopia.

A [human-interest story](#) and a [photo essay](#) were published with a focus on health provision and response to internally displaced people in Mai Tsebri.

Focusing on the emergency response for IDPs from Metekel Zone, a [human-interest story](#) was published on the impact of conflict on women and children. A [photo essay](#) was published on the Global UNICEF website on children missing out on learning due to conflict.

In addition, UNICEF has been actively communicating about the conflict and emergency response in Tigray, Amhara and SNNP regions on UNICEF Ethiopia social media channels focusing on health, nutrition and WASH.

On World Water Day, a [video](#) showcasing UNICEF's WASH response for people displaced by floods in Konso Zone was shared on social media. Another [video](#) focusing on treating malnutrition for children affected by conflict in Konso Zone was also shared.

Highlights from digital media:

- [Regional Director tweets on RUTF response provided to children suffering from malnutrition.](#)
- [UNICEF Representative Adele Khodr tweets about children suffering from malnutrition in Tigray Region](#)
- [Deputy Representative Michele Servadai tweets on ongoing response for unaccompanied children who were separated from their families due to ongoing conflict](#)
- [UNICEF supported health and nutrition teams provided essential services](#)

Challenges

In terms of health-related challenges, there is a shortage of staff and essential emergency drugs in facilities providing essential services for both the host and IDPs in Metekel Zone. In Oromia and SNNP, with the increasing rate of COVID-19, the need for PPE is higher. Delays in reporting from the MHNTs in Tigray is a major problem, in addition to insecurity and inaccessibility in parts of Tigray and Metekel Zone in Benishangul-Gumuz.

There is a gap in timely collection, analysis and sharing of EiE data and information with the national cluster to inform advocacy and resource mobilization efforts at both national and regional levels, attributed mainly to insecurity and unavailability of *woreda* level sectoral bureau officials and technical specialists. In addition, due to the number of security incidents reported in Tigray, the high influx of new arrivals and the IDPs already occupying schools is hampering efforts to reopen schools in absence of readily available shelter alternatives. An assessment conducted in West Tigray (Wolkayt, Tsegede, Kafta Humera) also revealed that a shortage of teachers and basic teaching and learning materials remains a challenge, in addition to fear of parents to send their children to school given the prevailing instability and insecurity.

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

Trevor Clark
Chief-Field Operations and
Emergency
UNICEF Ethiopia
+251 11 5184082
tclark@unicef.org

Victor Chinyama
Chief-Communication, Advocacy,
Partnerships
UNICEF Ethiopia
+251 11 5184068
vchinyama@unicef.org

Annex A

Summary of Programme Results

UNICEF and IPs

Sector	2021 HAC Target <i>Includes Tigray targets as well</i>	Cumulative HAC Results	Cumulative Tigray Result	Total Results
Nutrition				
Number children aged 6 to 59 months with severe acute malnutrition admitted for treatment	522,199	69,073	8,052	77,125
Number children 6-59 months receiving Vitamin A supplementation every six months	1,369,413	1,086,982	664	1,087,646
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	568,354	2,972	192,070	195,042
Number of pregnant women receiving iron and folic acid supplementation	89,000	-	-	-
Health				
Number of children aged 6 to 59 months vaccinated against measles	20,000	8,161	-*	8,161
Number of children and women accessing primary health care in UNICEF-supported facilities (MHNT in Afar and Somali and provision of EDK in IDP and other vulnerable communities)	476,222	176,386	71,514	247,900**
Number of health care facility staff and community health workers who received personal protective equipment	20,000	1,666	308	1,974
Number of people affected by cholera accessing life-saving curative interventions	21,000	1,470	-	1,470
WASH				
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	1,400,000	941,747	641,976***	1,583,723
Number of people accessing appropriately designed and managed latrines	390,000	52,420	76,900	129,320
Number people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services	4,750,000	172,186	29,251	201,437
Number of people reached with key messages on hygiene practices	6,300,000	529,275	337,689	866,964
Number of facilities (treatment, isolation quarantine sites) accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene (emergency water trucking, roto tanks) to prevent COVID transmission.	300	27	-	27
Number of health care facilities with improved sanitation (this includes rehabilitation / fixing of existing latrines)	300	12	-	12
Child Protection				
Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services	14,177	636	72	708
Number of unaccompanied and separated children accessing family-based care or a suitable alternative	5,800	710	2,214	2,924
Number of children and caregivers accessing mental health and psychosocial support	77,826	4,929	2,152	7,081
Number of social workers supported with materials for self-care and messages on lifesaving / behaviour change messages on COVID-19	4,393	391	162	553
Education				
Number of schools implementing safe school protocols (infection prevention and control)	820	-	-	-
Number of children accessing formal or non-formal education and/or skills development trainings, including early learning	300,667	18,917	59,741	78,658
Number of children receiving learning materials	209,896	-	-	-
Number of children supported with distance/home-based learning	72,600	-	-	-
Social Protection				
Number of households reached with humanitarian cash transfers across sectors	101,866	7,063	-	7,063
PSEA				
Number of people with access to safe channels to report sexual exploitation and abuse (Cross-sectoral)	421,371	1,934	2,380	4,314
GBVIE				
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions (Cross-sectoral)	616,132	15,259	8,278	23,537
Communication for Development (C4D)				
Number of people reached with messages on access to services	17,879,667	2,439,418	2,689	2,442,107
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms	400,000	-	-	-

* Measles campaign is planned in April 2021 to reach more approx. 108,000 children U 2 years of age

**70,296 medical consultations were conducted in Afar (21,478), Somali (23,211) and Tigray (25,607) through MHNTs.

***378,300 people were reached through water trucking while the 263,676 people received safe water through rehabilitation of water systems.

Annex B - HAC Funding Status

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2021	Carry-over	\$	%
Health	18,939,441.00	2,387,847.70	6,761,607.09	9,789,986.21	52%
Nutrition	55,757,473.00	2,270,371.00	15,803,290.23	38,153,811.77	68%
Child Protection	15,624,895.00	1,845,398.00	6,163,682.77	7,615,814.23	49%
Education	16,816,769.00	2,637,820.00	3,212,625.91	10,966,323.09	65%
WASH	59,645,225.00	3,776,984.00	12,133,953.92	43,734,287.08	73%
Social Protection	3,548,880.00			3,548,880.00	100%
C4D, community engagement and AAP	16,052,138.00			16,052,138.00	100%
Cluster Coordination	1,623,326.00			1,623,326.00	100%
Total	188,008,147.00	12,918,420.70	44,075,159.92	131,014,566.38	70%

Annex C - Tigray Funding Status

Sector	Requirements	Total Funds Available	Funding gap	
			\$	%
Nutrition	3,845,450	3,444,253	401,197	10%
Health	3,417,000	3,351,495	65,505	2%
Wash	19,354,080	4,943,219	14,410,861	74%
Child Protection	4,677,240	1,641,344	3,035,896	58%
Social Policy	2,833,323	1,065,174	1,768,149	62%
Education	10,360,440	1,666,712	8,693,728	84%
PSEA	61,819	-	61,819	100%
GBViE	22,896	-	22,896	100%
C4D	768,281	129,600	638,681	83%
Monitoring / operational cross-cutting costs	2,342,473	725,880	1,616,593	69%
Total	47,683,002	16,967,677	30,715,325	64%