

Ethiopia

Consolidated Emergency Report 2016



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The front page - Hamida Mohammed, 6 years old, holds her family's kid as she stands below a tree shade in the blistering heat. In 2016, the Government and humanitarian partners treated approximately two million cases of moderate acute malnutrition (MAM) in children under five with targeted supplementary feeding. In addition, about 320,883 cases of severe acute malnutrition (SAM) were treated and around 15,106 outpatient therapeutic feeding programme sites had been set up in hotspot priority *woredas* (districts) to treat the malnourished children.

Lubakda kebele, Kore *woreda*, Afar Region
March 9, 2016. ©UNICEF Ethiopia/2016/Ayene

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Acronyms

ARRA	Administration for Refugee and Returnee Affairs
AWD	Acute Watery Diarrhoea
CBN	Community-based nutrition
CCC	Core Commitments for Children
CERF	Central Emergency Response Fund
CFS	Child Friendly Spaces
CMAM	Community-based Management of Acute Malnutrition
CP/GBV	Child Protection/Gender Based Violence
CRC	Convention on the Rights of the Child
DRM	Disaster Risk Management
ECD	Early Childhood Development
ECHO	European Commission Humanitarian Office
ENCU	Emergency Nutrition Coordination Unit
EPRP	Emergency Preparedness and Response Plan
EPRU	Emergency Preparedness and Response Unit
ERCS	Ethiopian Red Cross Society
FMoH	Federal Ministry of Health
GBV	Gender Based Violence
HAC	Humanitarian Action for Children
HEP	Health Extension Programme
HEW	Health Extension Worker
HRD	Humanitarian Requirements Document
HRF	Humanitarian Response Fund
IDP	Internally Displaced Person
IDDRSI	Drought Disaster Resilience and Sustainability Initiative
IGAD	Intergovernmental Authority on Development
IM	Information Management
IOM	International Organization for Migration
IYCF	Infant and Young Child Feeding
IYCF-E	Infant and Young Child Feeding in Emergencies
MAM	Moderate Acute Malnutrition
MHNT	Mobile Health and Nutrition Teams
MoE	Ministry of Education
MoFED	Ministry of Finance and Economic Development
MoWE	Ministry of Water and Energy
NDRMC	National Disaster Risk Management Commission
NFI	Non Food Item
NGO	Non-Governmental Organization
OFDA	Office for Foreign Development Assistance
OTP	Outpatient Therapeutic Feeding Programme
PLW	Pregnant and Lactating Women
PSNP	Productive Safety Net Programme
REB	Regional Education Bureau
RHB	Regional Health Bureau
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SCI	Save the Children International

SNNP	Southern Nations, Nationalities and People's
TSFP	Targeted Supplementary Feeding Programme
TFP	Therapeutic Feeding Programme
TSF	Targeted Supplementary Food
UASC	Unaccompanied and Separated Children
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNISE	Unified Nutrition Information System
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WSWG	Water Sector Working Group

1. Executive Summary

In 2016, Ethiopia experienced one of the worst droughts in decades, with a devastating impact on people's lives and livelihoods. At the peak of the crisis in April 2016, 10.2 million people were targeted with life-saving food assistance and an additional 7.9 million people benefitted from the Productive Safety Net Programme (PSNP). The *El Niño*-induced drought was followed by severe floods that affected 480,000 people, of whom 190,000 were temporarily displaced. The impact of the crisis on livelihoods, the nutritional and health status of people and the provision of basic services has been significant.

Recognizing the gravity of the situation and related increased needs, the Government of Ethiopia (GoE), through the 2016 Humanitarian Requirements Document (HRD), requested US\$ 1.4 billion for relief efforts, compared to US\$ 386 million in humanitarian needs at the beginning of 2015. This was in addition to the 7.9 million drought-affected beneficiaries of the PSNP, normally ending in July, who continued to need assistance for an additional five months in 2016 due to crop failure.

Throughout 2016, UNICEF supported the Government of Ethiopia (GoE) and humanitarian partners in mitigating a potentially devastating crisis brought on by the drought, by building on existing robust systems and programmes in the country, including the PSNP, Health Extension Programme (HEP), Community-based Management of Acute Malnutrition (CMAM) Programme and the network of Mobile Health and Nutrition Teams (MHNTs). Humanitarian contributions received in 2016 allowed UNICEF to work with the Government and partners to strengthen the capacity of these structures and to better equip them to respond to – and withstand – future humanitarian crises.

Together with the Government, UNICEF continued to provide strong cluster leadership for water, sanitation and hygiene (WASH), nutrition, and education (co-leadership with Save the Children International) as well as sub-cluster co-leadership with the United Nations Population Fund (UNFPA) for child protection and gender-based violence (GBV). UNICEF also played a significant role in supporting health cluster coordination.

UNICEF's emergency response is informed by joint, multi-agency, Government-led needs assessments that are conducted twice a year and which form the basis for the humanitarian needs included in the HRD. Due to the gravity of the drought, the Government and partners released the 2016 HRD early in December 2015 and updated the document in August 2016.

The number of health facilities equipped to treat children with SAM through CMAM increased by 11 per cent in 2016 to 16,687 facilities, providing treatment of more than 320,883 children with SAM, with a recovery rate of 91 per cent. The overall number of SAM cases in 2016 was lower than expected thanks to the early moderate acute malnutrition (MAM) roll-out of the nutrition emergency response and comprehensive food assistance response. In mainly pastoral Afar and Somali regions, 49 MHNTs provided life-saving treatment to 499,280 people (40 per cent of these were under-five children). UNICEF provided training, drugs, medical supplies and financial support to MHNTs. More than 30,654 people affected by acute watery diarrhoea (AWD) were treated and the mortality rate for the outbreak remained below 1 per cent. UNICEF supported the treatment of 715,869 scabies cases and their contacts. In total, 511,728 tubes of Permethrin were provided to complement the Federal Ministry of Health (FMOH) required stock of 1.8 million tubes. UNICEF supported the vaccination of 23.7 million children under five against measles. UNICEF reached more than four million people with access to clean water through rehabilitation and construction of water schemes, provision of water purification materials and water trucking. More than 3.2 million people were reached with sanitation and hygiene promotion campaigns. An estimated 158,870 children gained access to clean water in 262 schools and over 8,396 separated and unaccompanied children were identified and documented. Nearly 2,700 of these children have received family-

based or alternative care. With UNICEF support, 43,068 children affected by emergencies received psychosocial support. As a result of UNICEF's advocacy, a child protection component was introduced for the first time into the traditionally food and WASH-driven HRD in 2016.

Incidents of internal displacement of people due to drought, floods, and conflict over scarce resources occurred in 2016. As of December 2016, a total of 718,000 individuals were displaced due to flood, conflict and drought.

As of end-December, Ethiopia hosted some 793,321 refugees. The majority has arrived from South Sudan (43 per cent), Somalia (30 per cent), Eritrea (21 per cent), Sudan (5 per cent) and others (1 per cent). In early September 2016, Ethiopia experienced a new influx of South Sudanese refugees fleeing renewed violence and food shortages. By December, the total number of new arrivals had reached 53,000, an estimated 65 per cent of whom were children. As a result of the influx, the Administration for Refugee and Returnee Affairs (ARRA) decided to open a new camp, Nguenyiel camp, with a capacity to host more than 50,000 refugees. Following the influx of South Sudanese refugees in September, UNICEF and partners reached 31,168 and 28,413 refugee children with polio and measles vaccination, respectively. A total of 1,996 host community children with SAM and 9,536 in refugee camps were admitted to the CMAM programme and benefitted from adequate treatment. Over 120,000 refugees and 20,000 host communities were provided with access to clean water through the regular operation and maintenance of existing water supply systems. In Nguenyiel, Jewi and Tierkidi refugee camps 32,549 children (19,692 boys, 12,857 girls) were provided with psychosocial support through child friendly spaces (CFS). In total, 4,268 unaccompanied and separated children (2,529 boys, 1,739 girls) were registered at level 2.

Working closely with GoE through ARRA and the United Nations High Commission for Refugees (UNHCR), UNICEF supported the response to refugees mainly from South Sudan. In line with outcomes agreed at the 2016 UN Summit for Refugees and Migrants and to better respond to refugee and host community needs in Ethiopia, UNHCR and UNICEF renewed the letter of understanding to further strengthen the partnership for the coming five years (2016 to 2020). An annual joint plan of action is prepared on key areas of collaboration in child protection, education, health, nutrition and WASH as well as secondment of key staff to UNHCR. As a result, in 2016, child protection, health and WASH staff were seconded to UNHCR to provide technical support to the refugee response for South Sudan and Eritrean refugees. UNICEF also initialized a strategic partnership with the Ethiopian Red Cross Society (ERCS) to build long-term emergency response capacity.

UNICEF Ethiopia appealed for US\$124 million for its humanitarian assistance in 2016. The initial request made through the 2016 Humanitarian Action for Children (HAC) amounted to US\$106 million. However, due to the deteriorating humanitarian situation in the country, the requirements increased. Thanks to generous contributions from various donors, a total of US\$109,161,000 was available for the humanitarian response in 2016, including a carry-over of US\$27 million from 2015.

In 2017, UNICEF will continue to pursue a more integrated approach, linking humanitarian response with emergency preparedness and disaster risk reduction, as well as development programming to increase communities' resilience.

2. Humanitarian Context

UNICEF's humanitarian programme strategy hinges on the recognition that chronic humanitarian situations are caused by structural underdevelopment in parts of the country. About 80-85 per cent of Ethiopia's population is highly vulnerable to different forms of natural and complex disasters – a product of a fragile environment, climate change, intense demographic pressure, a predominantly rain-fed agricultural/pastoral economy, weak decentralized governance and inadequate social services. The approach adopted by UNICEF is to provide emergency support for people in acute need of assistance while also building resilience of vulnerable populations through strengthening their coping mechanisms. To this end, UNICEF provided support following a structural systemic approach to emergency response that has strong links between humanitarian response and long-term development interventions.

At the peak of the 2016 drought crisis, out of the total population of 92.2¹ million, 7.9 million people relied on safety net support and 10.2 million on humanitarian support. Recognizing the increased needs, the Government presented the 2016 HRD earlier than planned, in December 2015, requesting US\$ 1.4 billion for relief efforts, a significant increase compared to US\$386 million at the beginning of 2015. The 2016 HRD would support 10.2 million in need of food aid and 435,000 children requiring treatment for SAM (compared to 264,515 at the beginning of 2015). In addition, the HRD foresaw 1.3 million children in direct need of education in emergencies supplies, school meals and WASH in 2016 (compared to 292,118 at the beginning of 2015), 5.8 million people in need of access to clean drinking water and basic latrine facilities in 2016 (compared to 1.4 million at the beginning of 2015) and 2.5 million people in need of protection interventions in 2016 out of which 1 million are children.

Thanks to GoE and partners' robust response, supported by the international community, the worst case scenario did not materialize. The international and national response to the needs in Ethiopia was substantial. Once the scale of the crisis became clear in the later part of 2015, international donors contributed US\$985 million to humanitarian response efforts, and GoE made available US\$735 million². By the end of December 2016, the Ethiopia HRD was funded at 67 per cent making it one of the best funded appeals in the world (de-facto around 90 per cent funded when Government funding was attributed to the sectors). In August 2016, the revised HRD included 9.7 million people in need of food aid, 420,000 children requiring treatment for SAM, 4 million children in need of education in emergency supplies, school meals and WASH, 3.9 million people in need of access to clean drinking water and basic latrine facilities and one million people in need of protection.

The generous financial support enabled humanitarian partners to mobilize an extensive response to meet the needs of affected people. In addition to the provision of large-scale food assistance, which delivered an estimated 3.3 million metric tons of food to people in need, the Government and international partners rolled out the biggest emergency seed response in Ethiopia. More than 1.5 million households received seeds for the main *meher* harvest and another 83,000 households received seeds for the *belg* rainy season. At the peak of the drought, water was trucked regularly to 2.7 million people and a further 2.6 million received water treatment chemicals to ensure availability of safe drinking water. The Government and humanitarian partners treated approximately two million cases of MAM in children under five with targeted supplementary feeding. In addition, about 320,883 cases of SAM had been treated by the end of December 2016 and around 15,125 OTP sites had been set up in hotspot priority *woredas*.

The response mobilized by the Government and international partners was largely successful, well-coordinated and gathered a strong commitment from national and international partners. The response arguably helped to prevent mass mortality and preserved livelihoods. At the same time, partners recognize that some aspects of

¹ According to the Central Statistical Authority, population projection for Ethiopia in 2016 was 92,206,005

² OCHA Ethiopia, El Nino Lessons Learned Report, 2017

the response could have been better and more preparation efforts could be made to allow for earlier response in the future. This will require a more coordinated approach between development and humanitarian actors and with the Government to ensure complementarity of approaches as well as a more efficient use of resources to respond.

Inter-communal conflict and displacement continued to pose additional threats to the protection of children who are left without adequate shelter, food and water and with risks of family separation and other issues related to violence, exploitation and abuse. In 2016, conflict occurred in Gambella (Nure, Itang and Agnuak zones), Oromia (East and West Harerge zones), Somali (Fafan, Liben, Afder, Korahe and Dawa zones), Tigray (Western zone) and SNNP (Segen, Gedio and Sidama zones). Inter-communal conflict has affected 236,940 individuals, 33 per cent of the total 718,000 displaced in the country.

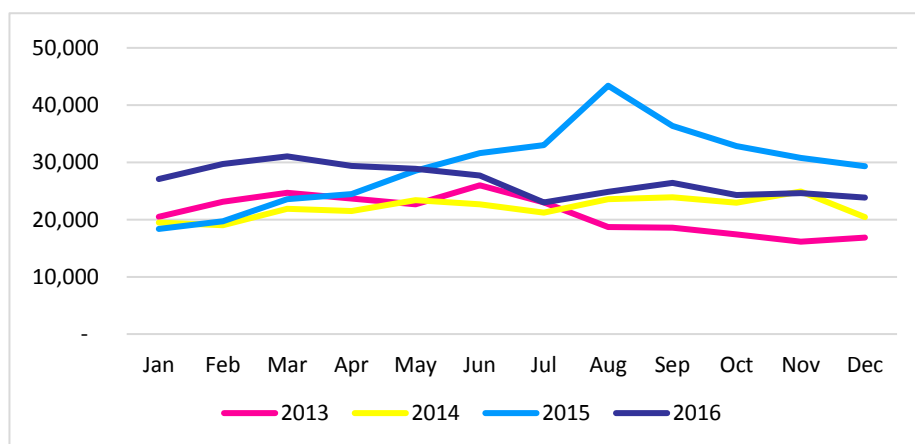
Ethiopia is one of the largest refugee sending and receiving countries in the Horn of Africa. Ethiopia hosted an estimated 793,321 refugees at the end of 2016 (57.6 per cent are children). The majority of these are from South Sudan (43 per cent), Somalia (30 per cent) and Eritrea (21 per cent).

Over the years, the number of refugees arriving in Ethiopia has increased steadily. In 2016, there were 86,556 new refugee arrivals. This has resulted in significant pressure on Government capacity to provide basic social services and appropriate interventions to both refugees and host communities. Provided that the conflicts in neighbouring countries continue and regional droughts further exacerbate pressure on communities, the number of refugees in Ethiopia will continue to grow and they will compete for resources with host communities.

Nutrition – robust response reduced the number of SAM cases

From January to December 2016, a total of 320,883 children with SAM were admitted across the country. SAM treatment services were available in 16,687 facilities. Admissions were lower than the initial estimated burden of 435,000³, which can be explained by the robust Targeted Supplementary Feeding Programme (TSFP) managed by the GoE, World Food Programme (WFP) and partners, as well as the strong emergency response in food, water, and social protection sectors. It is, however, important to note that the admissions level remains higher than previous years (Figure 1).

Figure 1. Nationwide TFP Admissions, 2013-2016*



*Years 2013 and 2014 can be referenced as “normal” years, with a regular SAM admissions of 250,000-260,000 per year.

³ The figure of 435,000 was subsequently amended to 420,000 by the Government of Ethiopia and partners during the mid-term review of the 2016 HRD.

The nutrition status of refugee children continued to raise concern. The 2016 standardized expanded nutrition survey conducted by UNHCR in Gambella region showed high levels of malnutrition in all surveyed camps, above the emergency threshold of 15 per cent, with global acute malnutrition rates of 24.4 per cent in Tierkidi, 26.1 per cent in Kule, 24.7 per cent in Pugnido I, and 16.8 per cent in Pugnido II. Despite improvements in access to health services, the number of available health facilities is insufficient to cater for the needs of the increasing refugee population. Currently, one health facility serves an average of 15,000 refugees, as opposed to the standard of one facility per 10,000 people. In total, 9,536 children with SAM were admitted and treated across all camps of Gambella region.

Health – occurrence of protracted and multiple diseases

Globally, the effects of drought emergencies on health is well documented, for instance, showing that trends of specific communicable diseases increase and with that associated mortalities. About one third of children with SAM contract infections such as malaria, measles, diarrhoea, or pneumonia.

Multiple disease outbreaks (measles, scabies, AWD, malaria, chikungunya and dengue fever) occurred in 2016, affecting a great number of people in drought-affected areas and refugee locations. High levels of MAM and SAM, poor sanitation and hygiene, intake of contaminated water and food and low measles-immunity increased the risk of disease outbreaks. Immediate control of these outbreaks to reduce suffering and mortality of affected populations, especially children and women, was critical and challenging.

According to FMOH and WHO, a total of 4,376 confirmed measles cases, representing an incidence rate of 106 per one million population, was reported in 2016. The majority of the cases (58 per cent) stemmed from the reported 114 outbreaks mostly in SNNP, Oromia, and Somali regions. However, this figure is lower compared to 2015 where the incidence rate was 437 per one million population, the highest since 2009. The majority of cases were under-five children who had not received the measles vaccine.

Almost all regions except Gambella were affected by AWD outbreaks in 2016. A total of 35,078 AWD cases in 450 *woredas* affecting mostly older men and including 253 deaths were reported in 2016. Caseloads increased during the heavy rain months from June to September. The top three regions with the highest number of reported AWD cases were Somali, Addis Ababa and Oromia. Risk factors of AWD were intake of contaminated water and food both during drought and flood, poor hygiene and sanitation practices aggravated by mass gatherings from festivals, mass influx of populations and seasonal agricultural workers' migration, causing fast transmissions to previously non-affected regions.

Somali and Afar, regions with already relatively poor health and nutrition indicators, were among the worst drought-affected regions. Given the poor health infrastructure in the two regions, there was a critical need to timely and properly respond to the drought through provision of essential health services to the most vulnerable communities.

From November 2015 to December 2016, a cumulative total of 630,223 scabies cases were reported in 82 drought-affected *woredas* in the four regions of Amhara, SNNP, Oromia and Tigray. Peaks of cases coincided with the low rain months of January to May. Amhara reported the highest number of cases totalling 393,781. Scabies is a water-based skin infection that is highly transmissible through direct and indirect contact with an infected person through sharing of unclean clothes, bedding or towels. Poor personal hygiene, overcrowding and poor nutrition were common risk factors.

Humanitarian assessment analysis and enhanced disease surveillance indicate that a public health emergency is ongoing due to the population's exposure to multiple risk factors. There is still a disruption of routine health

service provision in hard-to-reach, conflict and drought-affected areas. The continued influx of South Sudan refugees in Gambella poses an additional burden on health services in host communities and on the health system at large.

WASH – Deteriorating access to water coupled with poor sanitation and hygiene conditions

As a result of the poor performance of the 2015 *belg* and *kiremt* rains, drought conditions affected six of eight regions in the country throughout 2016. The situation resulted in declined water levels in constructed water schemes, drying of rivers, springs and ponds. Most of the affected areas were the low-lying arid areas of Ethiopia, with complex hydrogeological formations resulting in difficulties in access ground water.

Non-functionality of water supply systems due to over utilization of water schemes increased throughout the year. As a result, communities were forced to use unprotected water sources and walk long distances to collect water. In some cases, communities had to walk up to 10 hours to collect water. Due to water shortages and poor sanitation and hygiene conditions, water-related disease outbreaks (scabies, AWD) increased. Additionally, considering the erratic pattern of rainfall in different parts of the country, heavy rains, particularly in highland areas, caused overflow of rivers and flooding, which damaged existing water supply systems and displaced people. Initially, an estimated 5.8 million people required emergency WASH assistance in 2016. However, thanks to an extensive emergency response by the Government and its partners the figure was brought down to 3.9 million people in August 2016.

Many refugee camps that are already prone to disease outbreaks are also densely populated. Therefore, it is critical that basic WASH services are provided to avoid high mortality rates among already vulnerable refugees and host communities. Moreover, while the water quality of rivers is poor, lack of water collection containers also affects the capacity of households to collect and store clean water. In addition, hygiene awareness continued to be an issue in refugee camps and host communities. In 2016, Gambella region experienced a big influx of refugees from South Sudan. The influx of refugees significantly increased the pressure on already limited resources, which also includes access to water supplies and sanitation services in refugee camps and in Pagak reception centre. Sphere standards for water supply in emergencies defines a minimum supply of 15 litres per person per day. At the initial phase of the influx, 1,500 people in Pagak, 625 people in Jewi and 308 people in Tierkidi shared the same water tap. The sanitation and hygiene conditions were also stretched. While the Sphere standards are one latrine for 20 people, in September 2016, 273 people in Pagak, 55 people in Jewi and 100 people in Tierkidi were sharing the same latrine.

Education – Disrupted education

Throughout 2016, environment, health and conflict related emergencies directly impacted children's participation in education. Whilst the rains as of mid-2016 eased the drought situation in some drought-affected regions, there were communities for whom the decreased harvest and the impact of La Nina weather related conditions directly affected students' school enrolment and attendance. In addition, the state of emergency and the political tensions in the country resulted in a one-month formal delay in the start of the 2016/17 academic year, extended up to a six-week delay in several regions. Over the last quarter of 2016, the Indian Ocean Dipole affected children's return to school for the new 2016/17 academic year in the three southern regions, (Somali, Oromia and SNNP) due to the spill over effects of families' loss of livestock and migration. As a result, over 591 schools in Somali (442 schools) and in Oromia (149) were closed over the first quarter of the academic year (September-December 2016). This situation resulted in 335,000 schoolchildren not being able to attend the first semester of 2016/17.

The conflict in South Sudan in September 2016 resulted in over 27,370 school-aged children entering refugee camps of Gambella region. Due to this, over 8,000 new refugee schoolchildren entered Jewi camp and approximately 7,000 refugee schoolchildren entered Tierkidi camp causing considerable overcrowding in

existing limited school structures. Ensuring that these children participate in education programmes has been a critical priority for UNICEF.

Child Protection – increased vulnerability

The *belg* assessment, conducted in June 2016, included for the first time a separate checklist for protection and revealed that the ongoing drought had exacerbated child protection concerns. These included increased child labour, family separation, distress, child marriage and an increased risk of sexual and gender based violence for girls and women (who had to walk longer distances to fetch water). In the latter half of the year, the findings of the *meher* assessment (conducted in November 2016) further confirmed the heightened vulnerability to child protection issues that were exacerbated as a result of the drought situation which remained in some of the regions and escalated further in south and south east regions. In most of the affected regions, children and other vulnerable community members experienced psychological distress due to loss of livelihoods, migration/mobility resulting in separation from their families, risk of sexual violence, child labour and –in the case of girls - child marriage. Violence against women and children in the home and cases of gender-based violence (GBV) such as rape/sexual assault and forced marriage were reported in the assessed *woredas*. Children's migration to urban areas increased their exposure to trafficking, labour and sexual exploitation. A total of 1,775 cases of child migration without parents were identified in Oromia. Oromia also reported children being given away by 'poor' families to better-off families in exchange for an annual wage and children being forced to sell firewood and engage in petty trades. Some of the regions such as Benishangul Gumuz and Harar have been identified as transit regions for unaccompanied migrant children from Oromia and Amhara. There were undocumented cases of trafficking reported from SNNP region, which requires further investigation. In Oromia, child marriage (346 cases reported) and child labour (1,121 cases reported, mostly engaged in petty trades) are identified. In Gambella, children were found to be engaged in work on investor farms, gold mining fields and in daily labour works in the local market. Early marriage is used as a coping mechanism to address the depletion of household assets and livelihoods. This is another reason for school dropout. Temporary displacement of populations was observed in most of the assessed regions, particularly significant was Somali, as a result of severe water shortages and ethnic conflict and Gambella, as a result of flooding and cross border attacks.⁴

Ethiopia continued to host a large number of refugees in the country from South Sudan, Eritrea and Somalia, totalling 793,321 as of December 2016 of whom almost 80 per cent are below 18 years of age.⁵ Among the new arrivals of South Sudanese refugees in Gambella, as of December 2016, 4,268 children (2,529 boys and 1,739 girls) were identified as unaccompanied and separated children. They were registered and relocated to one of three refugee camps in the region.

In April, the customary practice of cattle raids from South Sudan resulted in the abduction of 159 children from Gambella region. In response, the Ethiopian military forces launched cross border operations, and set clear demands for the release of all children. As of December 2016, 91 children (45 girls and 46 boys of Nuer ethnicity) have been safely reunified with their families. UNICEF in coordination with Bureau of Women and Children Affairs supported the rehabilitation of these children with their families.

⁴ Protection Assessment Meher Assessment, 2016, Protection Cluster, 2016.

⁵ UNHCR, December 2016

3. Humanitarian Results

UNICEF's humanitarian programme is based on a recognition of the underlying causes of emergencies and is guided by the fact that the country faces recurrent shocks linked to droughts, low development indicators and widespread poverty. The approach adopted by UNICEF is to provide emergency support for people in acute need of assistance while building resilience of vulnerable populations through strengthening their coping mechanisms. UNICEF has therefore supported an emergency response that aims to strengthen existing systems with strong links between humanitarian response and long-term development interventions. Humanitarian interventions in 2016, built on existing systems in Ethiopia including the Public Social Safety Net Programme (PSNP), Health Extension Programme (HEP), and Mobile Health and Nutrition Teams (MHNTs). UNICEF Ethiopia worked closely with the Government, donors, NGO partners and communities to uphold the commitments made in the Core Commitments for Children (CCC).

UNICEF's contribution to the HRD was outlined in the 2016 HAC. UNICEF appealed for US\$124 million to respond to the drought, disease outbreaks, floods and refugee response. As of end December, the HAC was 88 per cent funded (US\$ 109,670,066) though with inequities as WASH was overfunded, health and child protection fully funded while nutrition and education were underfunded.

Nutrition

2016 PROGRAMME TARGETS AND RESULTS (As of 31 December 2016)	Cluster 2016 target	Cluster total results	UNICEF 2016 target	UNICEF total results
NUTRITION				
Children under 5 years with SAM admitted to therapeutic	420,000	320,883	420,000	320,883
Children under 5 years who received vitamin A supplementation	1,800,000	784,918	1,800,000	784,918

**Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.
N.B The data was received in January 2017 and reflects the overall results in 2016.*

In line with the CCCs, UNICEF's nutrition programme aims to protect the rights of children to survival, development and protection. In 2016, UNICEF appealed for US\$34,000,000 for the emergency nutrition response in the HAC. As of end December, 76 per cent (US\$26,002,538) of the funding needs were met.

UNICEF's main objective in the nutrition sector in 2016 was to continue to build on its strong partnership with the Government and NGOs to provide immediate response to the drought. Due to the drought, many areas experienced a deterioration of food security and consequently increased malnutrition.

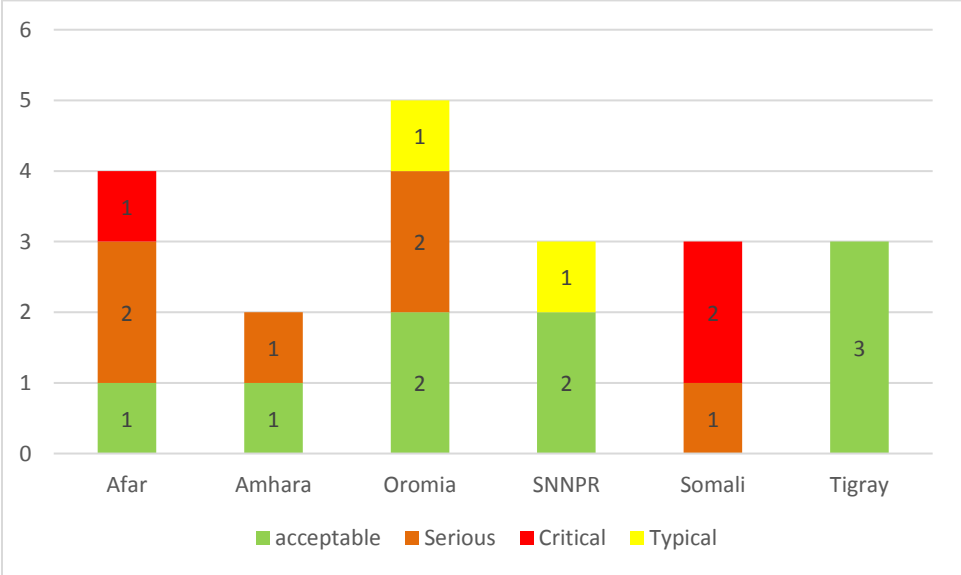
UNICEF continued to support the CMAM programme by providing therapeutic supplies and routine medicines for children with SAM, vitamin A supplementation and de-worming of under-five children. In addition, UNICEF provided financial and technical support to screening campaigns and to strengthening programme monitoring and supervision. Emergency nutrition interventions continued to be integrated into the general health service delivery system. The number of OTP sites increased from 13,000 in 2013 to 16,687 in 2016, allowing for the treatment of more than 320,883 children with SAM from January to December 2016. In order to ensure the quality of the CMAM programme in 2016, UNICEF deployed 32 CMAM/Infant and Young Child Feeding in Emergencies (IYCF-E) consultants. The consultants monitored the implementation in eight regions to strengthen technical support and regular monitoring through a third party agreement. As the main provider of CMAM supplies, UNICEF distributed 310,049 cartons (4,278.7 metric tons) of ready-to-use therapeutic food (RUTF) and 13,806 cartons of therapeutic milk products (155.5 metric tons) in 2016.

UNICEF Ethiopia collaborated with WFP to support emergency nutrition services for the most disadvantaged in hard-to-reach areas of Ethiopia. In order to ensure a continuum of nutrition care, TSFP and the Therapeutic Feeding Programme (TFP) were, for the first time, delivered through MHNTs which also provide preventative and curative health services. As part of the Government’s HEP, MHNTs provide essential health and nutrition services for the most vulnerable communities in inaccessible areas with no alternative health services. Out of a total 49 MHNTs in Somali and Afar, 26 teams now combine TSFP and TFP, offering life-saving health and nutrition services to women and children who, otherwise, would be left behind.

An increased number of mothers/caregivers were reached with appropriate IYCF messaging and counselling, which is reflected in the 2016 Ethiopia demographic health survey (DHS) outcomes. The 2016 DHS survey found that 58 per cent of mothers exclusively breastfeed their children during the first six months, a six per cent increase from the 2011 DHS. The proportion of children 6-24 months fed with complementary food meeting the minimum acceptable diet increased from 4 per cent in 2011 to 7 per cent in 2016. In order to enhance the emergency nutrition response and forge the link between emergency and development, IYCF-E was included for the first time in the Government-led nutrition emergency response plan.

In 2016, the National Disaster Risk Management Commission (NDRMC), through the Emergency Nutrition Coordination Unit (ENCU), produced a monthly national multi-sectoral early warning and nutrition information bulletin while regional ENCUs produced the same for their respective regions. Based on this information, emergency responses were undertaken in areas where critical food and nutrition issues were reported. Those early warning and nutrition bulletins directly contributed to the HRD, emergency resource mobilization and timely multi-sectoral emergency response. In addition, the second biannual nutrition survey was conducted in six regions. A total of 20 *woredas* were targeted for the survey (Afar, Somali and Tigray – three *woredas* each and Amhara, Oromia and SNNP – four *woredas* each). The survey results indicate a typical situation in two surveys, an acceptable nutrition situation in nine surveys, a serious situation in six surveys and critical in three. 45 per cent (nine surveys) of the 20 surveys have shown a serious to critical level of nutritional status in the population during the survey period (Figure 2).

Figure 2: Biannual Nutrition Survey Results, January – December 2016



Addressing challenges with nutrition data collection and usage, UNICEF worked with FMoH to build the Unified Nutrition Information System (UNISE). Designed to be a one-stop shop for both nutrition sensitive and nutrition specific indicators, UNISE was adopted by FMoH as the monitoring tool for the Government’s National Nutrition Programme, providing a joint accountability framework to end chronic malnutrition among children in Ethiopia.

The UNISE is in its final preparation stage, implementation and roll-out in eight regions are planned to begin in April 2017.

In refugee settings, UNICEF worked with UNHCR, ARRA and its partners to provide emergency nutrition assistance. Around 11,546 pregnant and lactating women (PLW) with children under the age of two benefitted from individual and group IYCF sessions. UNICEF has also collaborated with GOAL and Concern to strengthen the nutrition response, including IYCF, in refugee camps. In Gambella region, with UNICEF support, the Regional Health Bureau (RHB) provided vitamin A supplementation to 35,260 refugee children between the age of 6 to 59 months at border crossing points and refugee camps.

Case Study: Interventions to build resilience of the health system to the *El Niño* drought in Ethiopia

Top Level Results: The health system resilience is strengthened and able to cope with the increase in cases of SAM as a result of the 2015/2016 *El Niño* drought, reaching 671,334 boys and girls⁶ with quality treatment.

Issues/Background: Despite encouraging reductions in child undernutrition since 2000, the burden of malnutrition is still widely felt in Ethiopia, with two out of five children stunted⁷. With this backdrop, the failure of the 2015 summer rains (*kiremt*) threatened the food and nutrition security of the whole country. In response, GoE presented the 2016 HRD, predicting that 9.7 million people—in addition to the 8.3 million chronically food insecure—would require food aid.

Rationale: Reducing malnutrition is a starting point in making households more resilient⁸. With the high level of malnutrition in Ethiopia it is important to strengthen the resilience of the health system to withstand and recover from external shocks (such as a drought) and stressors (long term processes such as climate change) in order to meet high caseloads.

Resilience includes the dimensions of **absorptive capacity** (coping skills to buffer the impact of shocks), **adaptive capacity** (adjustment to the impacts of a stressor) and **transformative capacity** (the ability to create a new system or way of life as required)⁹. To improve the country's ability to withstand an emergency, programmes need to use interventions that strengthen the absorptive, adaptive and transformative capacities of individuals, households, communities and health systems.

Specific objective: To strengthen the resilience of the health system in Ethiopia to identify and treat 770,000 children with SAM via quality services in response to the 2015/2016 *El Niño* emergency.

Strategy and implementation: Using the three dimensions of resilience we can see how UNICEF supported Ethiopia by linking nutrition development interventions with a well-coordinated emergency response.

Absorptive capacity of the health system (ability to withstand the impact of shocks):

Community management of acute malnutrition (CMAM) at village level has been part of the government's Health Extension Programme since 2008. The programme aims to increase year-round access to severe acute malnutrition (SAM) treatment. SAM treatment was included in the national integrated refresher training which reached 38,000 health extension workers. The number of facilities equipped to treat SAM has since risen steadily: from around 400 in 2008 to over 15,000 just before the onset of the *El Niño* drought emergency, with a recovery rate today of over 90 per cent and a death rate of less than 2 per cent. The improved resilience enabled

⁶ 350,451 SAM cases in 2015 and 320,883 SAM cases in 2016

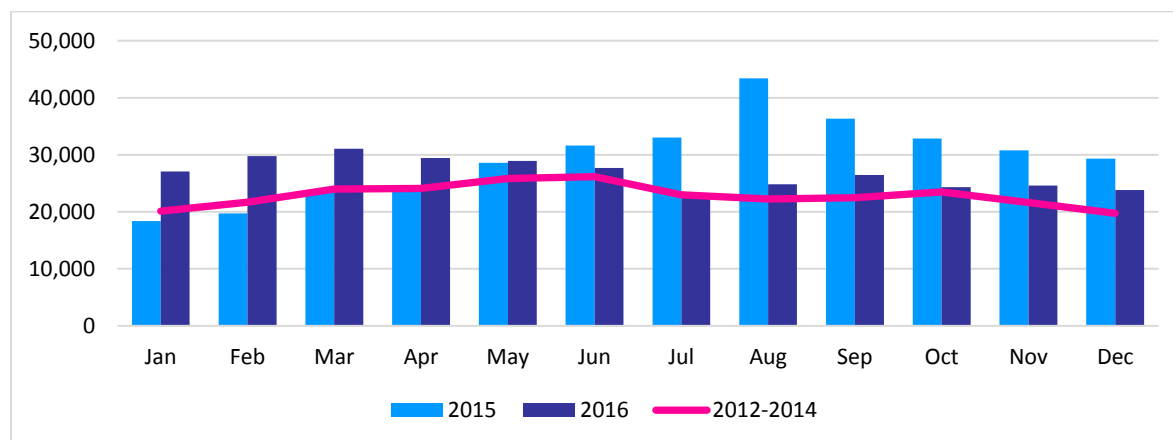
⁷ EDHS 2016 Key Indicators Report, October 2016

⁸ Dufour a.o. (IFPRI), *strengthening the Links between Resilience and Nutrition: A proposed Approach*, 2014, p. 1.

⁹ Hoddinott (IFPRI), *Understanding Resilience for Food and Nutrition Security*, 2014, p. 1-18

the health care system to respond quickly and efficiently to the drought, reaching 350,451 SAM cases in 2015; a 40 per cent increase compared to non-emergency years. And 320,883 cases in 2016—a 28 per cent increase. (Figure 3).

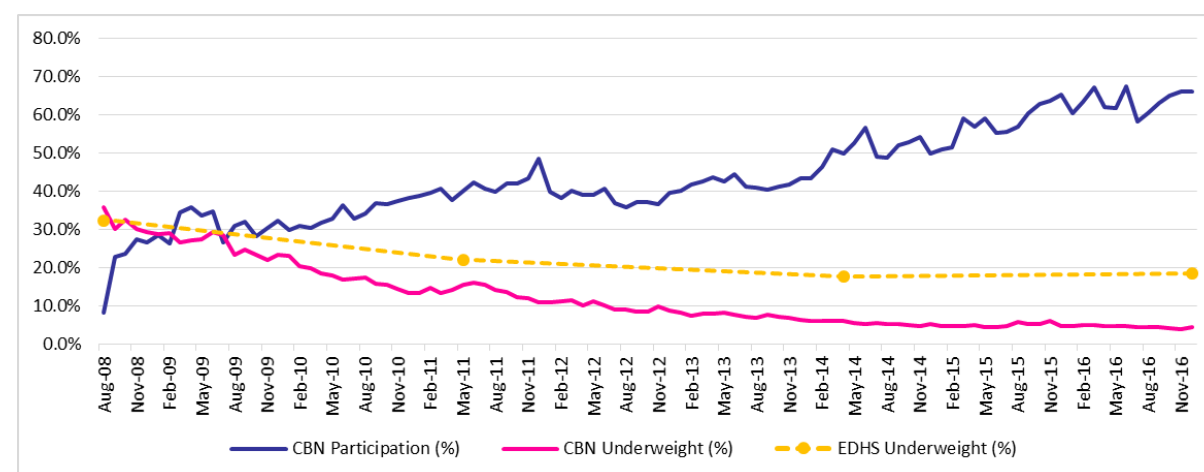
Figure 3: Trends in SAM admission 2015 and 2016 compared to average 2012-2014



Thanks to its collection of *woreda*-level SAM admission and CMAM programme data, the UNICEF-supported Emergency Nutrition Coordination Unit (ENCU) is able to track monthly admissions for the country and alert of upcoming crises. This enabled the timely alert of the upcoming emergency and resulted in the largest ever procurement and decentralized preposition of RUTF¹⁰.

In 2008 GoE also introduced the community-based nutrition programme (CBN), for decentralized preventative nutrition interventions. By 2016, 55 per cent of all children under two were covered by the programme. CBN has been successful in reducing underweight prevalence among its participants from around 25 per cent in 2008 to only 5 per cent in 2016. The programme was maintained during the emergency, resulting in only a slight increase in underweight prevalence of 6 per cent compared to the regional average of 20 per cent². This suggests that CBN helped its participants to build resilience to withstand the shock of the drought (Figure 4) and contributed to reducing the overall malnutrition caseload.

Figure 4: Underweight prevalence and participation in community based nutrition programme compared to regional underweight prevalence (EDHS 2016)²



¹⁰ http://www.unicef.org/esaro/5440_eth2016_therapeutic-food.html.

The CBN programme also contributed to increased quality of CMAM services during the emergency. In the CBN-supported *woredas*, compared to those not supported, children with severe acute malnutrition were more likely to be identified, treated and cured and less likely to default or die.

As the result of a successful absorptive capacity, Ethiopia was able to manage a very large malnutrition case load without having to set up additional parallel and temporary systems.

Adaptive capacity of the health system (adjustment to stress):

The ENCU leads a *woreda*-level hotspot classification system, with hotspot priority one being equivalent to a humanitarian emergency. This enables improved risk-informed planning of response according to the severity of the situation.

The SAM nutrition information system was enhanced and reduced the lag-time for data to reach federal level from 8-10 weeks to 6 weeks. Improved analysis of this data highlighted health facilities with overwhelmingly high caseloads. In response, additional facilities were equipped to treat SAM cases and by the end of 2016 the total number of such facilities was 16,687 plus an additional 13 MHNTs for hard-to-reach and underserved areas.

In July 2015, FMOH sent out a directive to all health facilities to shift from quarterly to monthly active screening in all hotspot priority one *woredas*. This resulted in a marked increase in the number of SAM cases identified, but also highlighted a need to review existing screening methods.

Transformative capacity of the health system (new ways of working):

In Ethiopia, the role of INGOs has shifted from direct service delivery in 2003 to technical backstopping, capacity building and logistic support in priority one *woredas*. But with as many as 219 priority one *woredas* during the emergency, further prioritization was needed. ENCU developed a mapping tool to assess each *woreda's* capacity to support the increased need. This guided INGOs towards *woredas* with limited capacity.

UNICEF is responsible for procuring and distributing nutrition supplies at regional level, and the government distributes these supplies to lower level health tiers, along with essential medication to treat SAM cases with complications. This dual delivery system was uncoordinated and affected the quality of SAM treatment. To address this, UNICEF worked with the government to provide and distribute standardized treatment kits.

Field visits by UNICEF and partners found that breastfeeding was being interrupted. Following UNICEF and partners' advocacy efforts, FMOH introduced, for the first time, Infant and Young Child Feeding in Emergency (IYCF-E) into the response, using the development programmes to reach a higher number of caregivers.

Nutrition data was used by the food security cluster to prioritize general food distribution. This helped ensure that *woredas* with a high SAM/MAM caseload were reached first. The data was also used by the WASH sector to identify *woredas* requiring immediate WASH interventions.

Resources Required/Allocated: In total, donors supported 100 per cent of the US\$ 45 million nutrition response requirement.

Lessons Learnt: The integration of SAM treatment into the routine health service package, along with the scale-up of the CBN programme, were key to responding quickly with quality services to the emergency and, thus, averting a humanitarian catastrophe.

A strong and comprehensive nutrition information system was important for risk informed planning which ensured adaptive and transformative actions. However, real-time monitoring is necessary to accelerate the availability of data from health posts for quicker planning and action at all levels.

Quality nutrition information was also essential for other clusters to prioritize *woredas* for nutrition sensitive interventions.

Moving forward: UNICEF is piloting a project to improve linkages between nutrition services and the PSNP. This will not only strengthen the resilience of the health system but also contribute to household resilience through improved uptake of preventative services.

UNICEF is partnering with ACF to introduce adaptive nutrition services—through Health Extension Workers’ use of local triggers to shift between routine to emergency services.

UNICEF is working with the government to integrate nutrition commodities into the government pharmaceutical supplies management system for a more sustainable and coordinated delivery of nutrition supplies in emergencies.

Finally, UNICEF is also in continuous discussions with GoE to introduce real-time monitoring, such as RapidPro, into the health system to reduce lag time from facility to regional and federal level for quicker risk informed planning.

Health

2016 PROGRAMME TARGETS AND RESULTS (As of 31 December 2016)	Cluster 2016 target	Cluster total results	UNICEF 2016 target	UNICEF total results
HEALTH				
Children under 5 years vaccinated against measles			6,800,000	23,739,945*
People provided with access to health care facilities stocked with emergency supplies and drugs			5,850,000	1,255,648
People with access to treatment for diarrheal disease			35,000	30,654

* Initially the target was for under five children (6.8 million children). Based on analysis of on the ground situation, the Government increased the target to include children under 15 years of age.

N.B The data was received in January 2017 and reflects the overall results in 2016.

Humanitarian emergencies threaten the right to survival and healthy development, which should be guaranteed to every child through the Convention on the Rights of the Child (CRC). UNICEF is committed to this right of children, through the CCCs, to prevent morbidity and mortality among girls, boys and women in humanitarian crises.

In 2016, UNICEF appealed for US\$19,500,000 to support FMOH, RHBs and health partners, including management of hygiene-related outbreaks, strengthening health systems and implementing immediate life-saving interventions, particularly among marginalized and drought-affected populations.

UNICEF scaled up the delivery of essential health services to *El Niño* drought-affected communities in Afar and Somali regions, reaching 46 per cent of under five children with high impact interventions through MHNTs. This service delivery model is an innovative way to provide routine health, nutrition and hygiene services to hard-to-reach communities. A significant addition in 2016 was the linkage of MHNT interventions with food supplementation through the collaboration between UNICEF health and nutrition programmes and WFP. The response to AWD and scabies outbreaks was scaled up in affected regions as an integrated package with the UNICEF WASH programme and Communication for Development. A referral system for the management of female genital mutilation and cutting-related medical complications is in place.

The drought emergency response was able to prevent deaths and illnesses among young children in 2016. Life-saving interventions such as a measles vaccination campaign in villages with a high burden of malnourished children covered 95 per cent of the 23.7 million targeted children ages 6 months to 15 years, reducing measles incidence from more than 100 per one million in November 2015 to less than 40 per one million in November 2016.

UNICEF Ethiopia supported the provision of primary health care services for South Sudanese refugees. Newly arrived children were vaccinated at entry points; 31,168 (99 per cent) children 0 to 15 years received were vaccinated against polio and 28,413 (98 per cent) children ages 6 months to 14 years were vaccinated against measles. Since September 2016, 677 individuals received clinical consultation from a newly established clinic at the entry point. Over 30,000 mosquito nets were distributed in six refugee camps with a focus on PLWs and under-five children. In Shire zone, UNICEF Ethiopia supported Eritrean refugees by establishing immunization programmes in new camps and providing 4,000 mosquito nets for newly arrived refugees. The refugee-hosting Gambella region continued to be free from an AWD outbreak.

A total of 49 MHNTs in the pastoralist Afar and Somali regions continued to provide primary health and nutrition care essential services. As a result, more than 362,815 medical consultations were provided, the majority of whom were children and women.

In response to the AWD outbreak in 10 regions, UNICEF Ethiopia provided technical, logistical and coordination support at the national level as well as in affected regions, contributing to the treatment of 30,654 cases in more than 200 case treatment centres, where 180 case treatment centre kits were provided by UNICEF. The case fatality rate remained at 0.2 per cent. In addition, 715,869 patients and their contacts were treated for scabies. UNICEF Ethiopia procured scabies drugs and supported the training of 1,720 health workers on scabies case management.

UNICEF Ethiopia works closely with FMOH and partners at all levels, participating actively in health cluster coordination led by FMOH and RHBs. Coordination mechanisms and timely and tailored support to partners remain challenges. As the country's access to clean water and safe sanitation practices is relatively low, risk of waterborne disease outbreaks will continue and Government-supported emergency preparedness budgets need to be increased. Similarly, measles population immunity gaps due to unmet measles routine coverage have to be addressed through increased coverage in areas not normally reached by health workers. Emergency response and scale-up of quality, routine health services remain a challenge for the health system. UNICEF Ethiopia will focus its support on systems strengthening and resilience building for better recovery of health services and outcomes.

WASH

2016 PROGRAMME TARGETS AND RESULTS (As of 31 December 2016)	Cluster 2016 target	Cluster total results	UNICEF 2016 target	UNICEF total results
WATER, SANITATION AND HYGIENE				
People provided with access to safe water	8,000,000	12,575,015	3,200,000	4,115,943*
People reached with key health promotion messages	5,492,000	4,339,680	2,100,000	3,299,902

**A proper combination of low-cost interventions with longer-term solutions (i.e. construction of water schemes) explains the higher result and also includes refugee response. N.B The data was received in January 2017 and reflects the overall results in 2016.*

A balanced and integrated WASH approach is essential to prevent and reduce mortality. UNICEF upholds this principle through the CCCs, especially in trying to meet the specific needs of children and women in humanitarian crises. To support emergency WASH in 2016, UNICEF appealed for US\$51,000,000 through the HAC. At the end of 2016, 103 per cent (US\$52,631,602) of the funding needs were met.

In 2016, UNICEF managed to provide access to clean WASH services to 3,975,943 drought-affected beneficiaries, which is 31 per cent of the total beneficiaries targeted by the WASH cluster or 33 per cent of the overall HRD

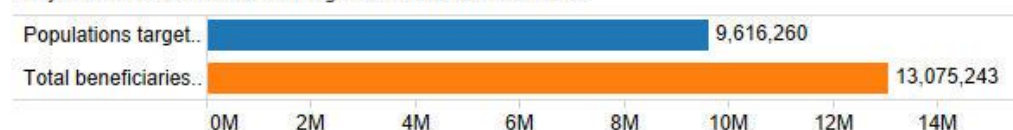
target. UNICEF's response included mainly water trucking (1,060,342 people), distribution of household water treatment chemicals (771,604 people), distribution of WASH NFIs (743,404 people), emergency water supply systems with water storage tanks (74,288 people), rehabilitation of 311 boreholes (1,153,856 people), and construction of new schemes (70,969 people). Over 71,730 people were also reached with hygiene education and capacity building interventions.

WASH drought results in 2016

1. Progress against HRD

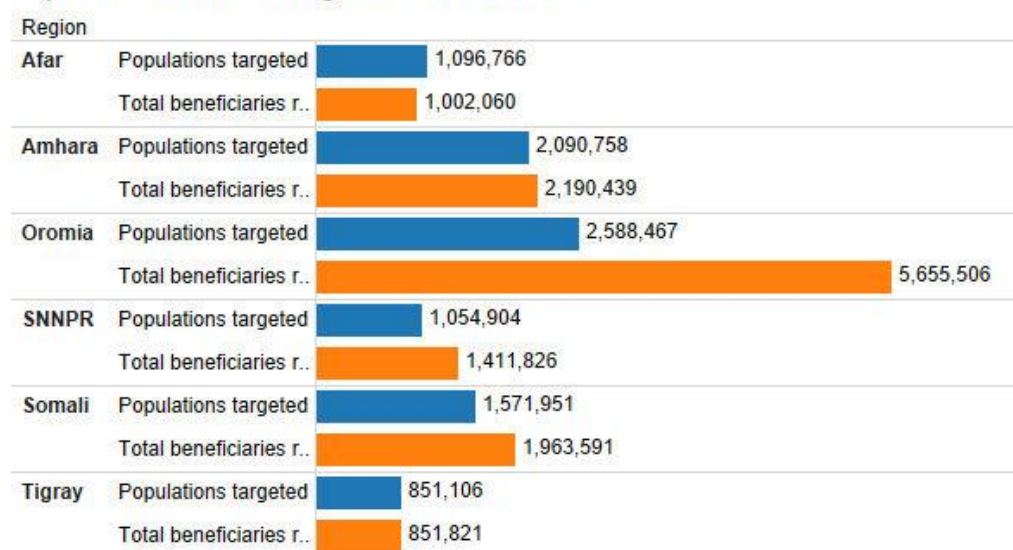
1.1 Reached beneficiaries vs HRD Target - Country

* adjusted to avoid double-counting between different activities

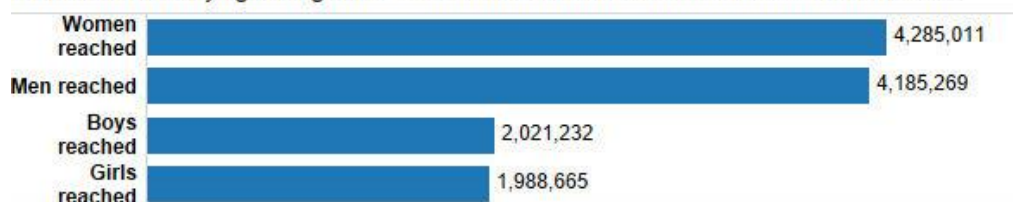


1.2 Reached beneficiaries vs HRD Target - Regions

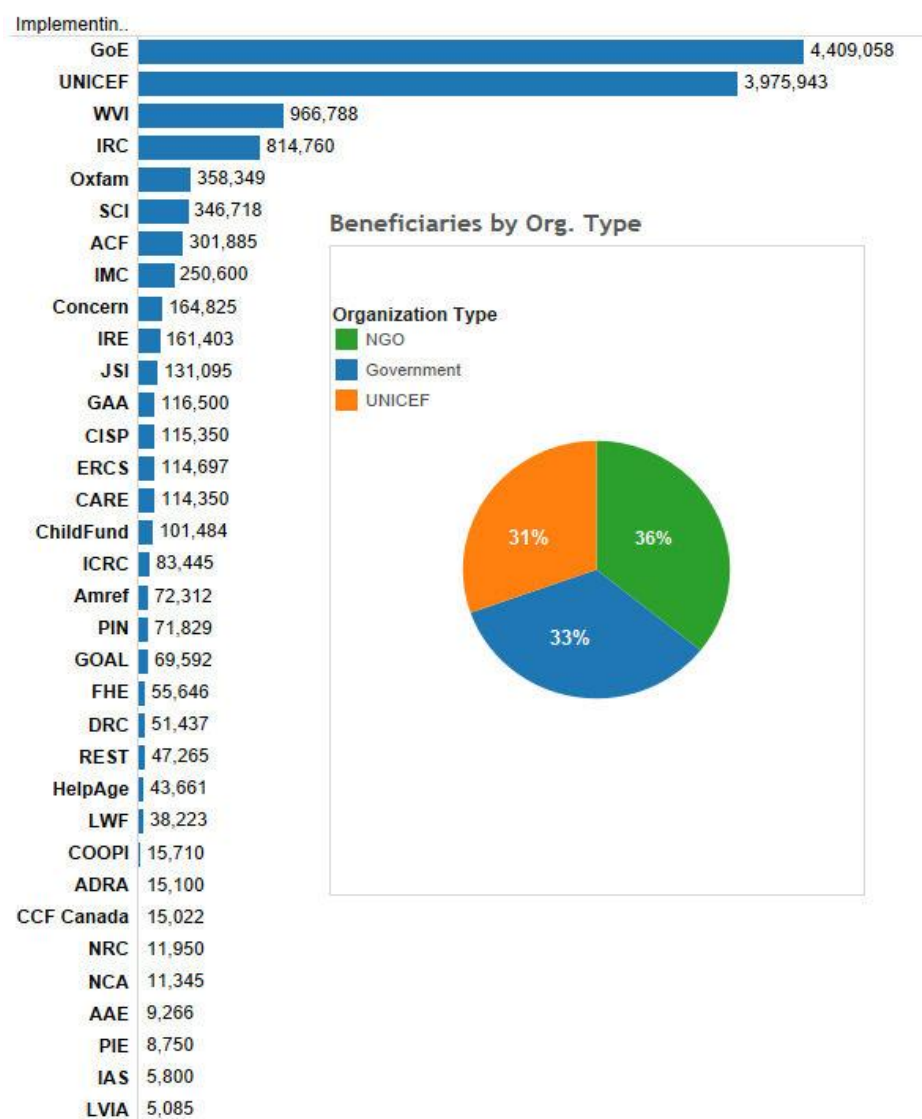
* adjusted to avoid double-counting between different activities



1.3 Beneficiaries by age and gender * adjusted to avoid double-counting between different activities



2. Beneficiaries by organization * adjusted to avoid double-counting between different activities



In Gambella region, UNICEF has responded by ensuring water supply schemes' continued operation through maintenance in Itang, Kule and Tierkidi camps, which provided access to clean water to 120,000 refugees and 20,000 host community members. Also, 38,000 refugees in the new Nguenyyiel camp were provided with hygiene education and access to clean water through water trucking. Currently, the expansion and upgrading of the scheme is ongoing to serve an additional 70,000 refugees in Nguenyyiel camp and 10,000 host community members in Itang town. Upon completion, the scheme will provide potable water to a total of 220,000 refugees and surrounding host communities. The construction of 150 blocks of shared family latrines and seven institutional latrines in Tierkidi and Nguenyyiel refugee camps as well as Itang is underway. The latrines will benefit about 6,120 refugees and the surrounding host communities. Furthermore, in order to support hygiene promotion, key sanitation and hygiene messages and communication materials were produced in different languages which will serve over 100,000 refugees and host communities in 2017.

Case Study: Real time monitoring – a response triggering mechanism in drought-affected areas

Top Level Result: A total of 30,000,000 litres of water was delivered benefiting at least 225,000 men, women, girls and boys living in 84 *woredas* with emergency water trucking. The water trucking operation was triggered after obtaining critical information using the real-time monitoring on 5,250 water schemes in six drought affected regions using three key performance indicators of per capita consumption, functionality and coverage. Accordingly, operational areas for water trucking were identified based on the severity of water shortage.

Issues/Background: In 2015/2016 Ethiopia faced one of the worst droughts in decades that affected the lives and livelihoods of 9.7 million people. Shortage of water has also resulted in displacement, gender based violence, child labour, and exposure to unsafe water that caused water borne and water related diseases. In order to systematically coordinate the drought response, data and information with regard to the situation and effect of the drought had to be monitored continuously. This information was not available and is normally difficult to collect. In response, UNICEF Ethiopia carried out real-time monitoring of water supply facilities in 30 drought-affected and water insecure *woredas* in Afar, Amhara, Oromia, Southern Nations, Nationalities and Peoples' (SNNP), Somali and Tigray regions. Between January and April 2016 5,250 water points, which serve nearly two million people, were surveyed.

The real-time monitoring enabled an immediate response to communities' water needs, and ensured that water shortages could be predicted. Emergency water supply using water trucking was triggered as a lifesaving intervention for the months of April and May based on results from the real-time monitoring for immediate relief of water shortage.

Rationale: Water trucking is a very expensive response and is a lifesaving intervention that needs to be implemented as a last resort based on evidence that indicate severity of the drought and geographic priority. Immediate interventions for the WASH emergency response were hampered by the fact that the impact of the drought on water supply facilities could not be forecasted until it occurred. It was also difficult to predict the condition of water supply facilities and maintenance requirements unless up-to-date information was made available from affected areas.

Plans for emergency response and preparedness were based on estimates, and as a result interventions did not always match communities' actual needs. These problems made effective preparedness and emergency response challenging, which resulted in, at times, ineffective use of resources and delayed response.

Specific Objectives: To closely monitor the impact of the drought on 5,250 water schemes in sampled *woredas* and trigger emergency water trucking response benefiting 225,000 people living in severely drought affected priority locations.

Strategy and Implementation: Real-time monitoring was carried out in partnership with Akvo Foundation, which provided tools for data collection and analysis. UNICEF Ethiopia built partnerships with NGOs to carry out the data collection. Over 150 enumerators were trained and equipped with the Akvo Flow software on smartphones, utilizing GPS technology and pre-loaded survey forms. Data collection was performed through observation, key informant interviews and household surveys. All data was stored offline in the Akvo Flow application and the data was automatically transmitted to the Akvo Flow server once internet connection became available. Upon transmission, the data was subjected to pre-determined algorithms and an analysis was instantly available through the web-based portal. Both analysis and raw data are available for download from a secure, access-restricted online dashboard. This was instrumental in closely monitoring the situation and planning for potential interventions.

Following the results of real-time monitoring, the water trucking response was implemented through private logistics providers selected through a competitive bidding process. One hundred trucks were deployed in 84 *woredas* in six drought affected regions. UNICEF, as WASH lead agency, has ensured water trucking in emergency

was implemented in line with WASH cluster guidelines. Six independent water trucking monitors were also recruited to ensure the quality of water and efficiency of the water trucking operation.

The project was undertaken in collaboration with the Ministry of Water, Irrigation and Electricity (MoWIE) and regional water bureaus to avoid duplication of resources and effective implementation of the project. The process was closely monitored both at regional coordination platforms and by the National Emergency Task Force.

Resources Required/Allocated: The real-time monitoring project had a budget of US\$ 1,038,680.01 which is fully financed by DFID. Following the result of the real-time monitoring joint water trucking response was initiated with financial support from DFID and OFDA with a total budget of US\$ 951,608.02 (DFID- US\$ 451,608.02 and OFDA-US\$ 500,000).

Lessons Learned:

- Real-time monitoring helped immediate response to communities' water needs before it reached an acute emergency stage. The risk of breakage or water shortage was identified or predicted beforehand as a result of this monitoring and water trucking intervention was initiated in response areas where indicator thresholds were breached.
- The engagement of regional water bureaus during the implementation of both real-time monitoring and water trucking response was instrumental in ensuring coordination and quality of response.
- Maintenance crews were deployed to provide preventive maintenance; water trucking and distribution of water treatment chemicals, and materials were distributed in areas where the water systems failed or were predicted to fail.
- The real-time monitoring showed that 89 per cent of people consumed less than 15 litres /per capita/day and 43 per cent consumed less than five litres/per capita/day during the drought. The time needed to collect water was more than 30 minutes for 62 per cent of people interviewed, indicating that the role of water supply systems in improving health was in jeopardy.
- In drought-affected regions, real-time monitoring revealed that 42 per cent of water supply systems were non-functional, which is significantly higher than the national average of 26 per cent. This indicates that high stress on existing water supply systems, due to water scarcity, causes mechanical parts to break.

Way Forward: The lessons learned from the real-time monitoring could be used as evidence for future strategic planning to prioritize activities and technologies appropriate for areas affected by recurrent droughts or areas that are at high risk of water insecurity due to rainfall variability.

The knowledge gained from this real-time monitoring exercise can help shape water supply programmes to better withstand environmental shocks. The evidence generated can inform Ethiopia's national strategy to achieve safely managed and equity-focused water supply services, as designated in the Sustainable Development Goals and the Growth and Transformation Plan. The evidence also highlighted the importance of resilient WASH programming in Ethiopia.

Education

2016 PROGRAMME TARGETS AND RESULTS (As of 31 December 2016)	Cluster 2016 target	Cluster total results	UNICEF 2016 target	UNICEF total results
EDUCATION				
School-aged children with access to emergency education programmes	4,000,000	3,100,000	430,000	317,826
Refugee and host community children received psychosocial support in emergency education programmes	130,000	49,094	130,000	76,599

N.B The data was received in January 2017 and reflects the overall results in 2016.

Education is not only a right under the CRC (Article 24); it is a cornerstone of any child's ability to live and reach his or her full potential. In chronic crisis and early reconstruction, education provides physical, psychosocial and cognitive protection that can be both lifesaving and life sustaining. Through the CCCs, UNICEF commits to provide safe and secure education for every boy and girl affected by the humanitarian crisis. In 2016, UNICEF appealed for US\$ 12,000,000 for emergency education response through the HAC. Education was 48 per cent (5,746,246) funded by end 2016.

Ongoing assistance was provided to strengthening the capacity of education officials on disaster risk preparedness and response, through an education cluster training programme held for federal and regional education bureau officials. Through UNICEF Ethiopia procurement, 369 primary schools in drought-affected hotspot priority one *woredas* of Afar (93), Oromia (99), Amhara (64), Tigray (78) and Somali (35) regions were provided with water tanks as a means for storage of water for drinking and for preparation of school meals during the academic term. Further, 120 primary school teachers in Somali region were provided with training on how best to support students affected by the drought emergency and to recognize and respond to children's increased levels of stress- directly impacting on their learning. In two zones of Somali region, UNICEF Ethiopia is supporting the construction of 26 semi-permanent school facilities to address the need for additional classrooms for children who have moved due to the drought as well as those who have migrated due to conflict. The construction of these 26 Temporary Learning Spaces (providing an additional 52 classrooms) catered for the educational needs of 3,120 students.

Six primary schools' construction was initiated in late 2015 in refugee camps and host communities of Gambella region and were completed with handover over to ARRA and Gambella Region Education Bureau. In response to an influx of over 25,000 refugee children into Gambella region since September, UNICEF Ethiopia provided eight temporary learning spaces alongside the necessary student/teacher materials for the arrivals who deployed to a new camp. Work is ongoing for the provisioning of a further eight semi-permanent early childhood education and primary school facilities for the newly arrived South Sudanese refugees.

To meet the required appeal for education in emergencies response, UNICEF in consultation with the Ministry of Finance and Economic Development reprogrammed some of its development education activities and allocated 15 per cent of the reprogrammed budget for the emergency response. Moreover, unutilized funds from the first and second quarter were reprogrammed to the drought response. The funds procured necessary education material supplies for children affected and displaced in Sitti zone, Somali region. Over 7,014 children benefited from the provision of educational supplies comprising of individual school in bags, Early Childhood Education kits, primary teacher kits, and recreational kits.

In early September, an outbreak of AWD affected Addis Ababa and three regions of the country. In response, the Learning and Development programme distributed Information Education Communication (IECD) materials on hygiene promotion to 640 schools.

In November 2016, UNICEF Ethiopia contributed to the development of tools for the second annual multi-sectoral drought assessment (*meher* assessment) the results which informed the priorities for the education cluster's response plan for 2017.

Child Protection

2016 PROGRAMME TARGETS AND RESULTS (As of 31 December 2016)	Cluster 2016 target	Cluster total results	UNICEF 2016 target	UNICEF total results
CHILD PROTECTION				
Separated and unaccompanied children registered in family tracing services and received family-based or appropriate alternative care	22,000	8,396	4,500	8,396
Vulnerable children in refugee camps, host communities and drought-affected areas benefitted from critical child protection in emergencies services	530,000	100,178	74,500	65,187

N.B The data was received in January 2017 and reflects the overall results in 2016.

Through the CCCs, UNICEF commits to sustain and promote children's rights to protection from violence, abuse and exploitation. Through the 2016 HAC, UNICEF appealed for US\$ 4,000,000 for its emergency child protection interventions. Child Protection was fully funded by end 2016.

UNICEF, in partnership with the Government, UNHCR, IOM, and child protection and gender-based violence (GBV) partners delivered services for vulnerable children affected by emergency in 61 *woredas* across five regions. In 2016, 43,068 children (19,103 girls and 23,965 boys) received psychosocial support; 8,826 children (3,850 girls, 4,976 boys) survivors or at-risk of violence received case management services; 8,396 unaccompanied and separated children (2,696 girls, 3,901 boys) were identified and documented; 2,671 children (1,184 girls and 1,487 boys) were reunified with families. In addition, 59,056 adults (26,986 females, 32,070 males) received messages and training to raise awareness of child protection.

The UNICEF and UNFPA co-led CP GBV sub-cluster provided a revision of the checklist, guidance note and assessment tools for the *meher* assessment with trainings rolled out in the targeted assessment regions. In addition, the sub-cluster provided training to regional sub clusters on cluster coordination to strengthen capacities in Somali, Tigray and Amhara regions.

In response to the abduction of children in Gambella region in April 2016, UNICEF implemented the response plan agreed with the Government for families and children from the three most affected *woredas*. With UNICEF support, social workers from the Bureau of Women and Children's Affairs reunified 74 children with their parents and placed 17 orphans in alternative care. Reunification kits including school materials and a reunification grant (equivalent to US\$50) was provided to the caregivers. The 74 children received the materials during a ceremony organized by the regional Government representatives and with the participation of the President of the Regional Government on 3 October. UNICEF continues to follow up with the UNICEF South Sudan office on the recovery of the remaining children out of the total 159 reported as abducted.

UNICEF Ethiopia responded to the refugee influx in Gambella through the procurement of essential supplies distributed to children at entry points. Development of partnership agreements with Save the Children and Plan

International to support the response to the influx at the entry point and in the camps were finalized by the end of the year.

In partnership with IOM and the Government, UNICEF provided support for unaccompanied children who were deported back to Ethiopia. Since July, the services provided include psychosocial support, essential supplies, reunification grants to the caregivers and social workers facilitated identification documentation family tracing and reunification benefitting 1,032 returnee children (22 girls, boys 1,010). UNICEF also organized a training for 35 IOM transit centre staff on children protection principles and implementation.

Based on numbers reported and lessons learned, in 2017 UNICEF will work with partners including the sub-cluster to further refine the core package of evidence-based interventions and refine the targets and indicators for child protection in emergency programming and response for improved reporting of results for children.

4. Emergency preparedness

In 2016, UNICEF provided technical and financial support to eight Regional Governments (Afar, Amhara, Benishangul Gumuz, Gambella, Oromia, SNNP, Somali and Tigray) to review regional Emergency Preparedness and Response Plans (EPRP). A total of 286 participants from Government, UN agencies and NGOs attended the EPRP workshop. Regional EPRP processes have made significant contributions to increasing awareness on disaster risk management in Ethiopia, specifically on the importance of emergency preparedness and establishing standing response capacities for a range of disasters.

NDRMC led-multi sectoral and multi-agency needs assessments were conducted in June and November/December 2016. The findings of the assessments were the basis for the national HRD for 2016 and 2017. UNICEF provided technical and logistics assistance for the assessments and the preparation of the HRD. UNICEF also supported clusters to develop road maps for the drought response.

Based on the 2013 MoU signed between UNICEF and ERCS, UNICEF supported ERCS's preparedness to respond to emergencies by procuring and pre-positioning 20,000 non-food item kits in ERCS warehouses in Harari, Nekemt and Addis Ababa. Through this partnership, 12,000 households displaced by the drought and conflict in Somali, Afar and Oromia, received emergency shelter and non-food items.

In addition, UNICEF prepositioned emergency supplies for 120,000 people in three strategic hubs which are located Jijiga, Gambella and Addis Ababa for timely response to the acute emergency needs of refugees and vulnerable host communities in partnership with regional governments, ARRA, UNHCR and NGOs.

5. Cluster/sector leadership

Nutrition

As the global nutrition cluster lead, UNICEF aimed to support the sector by reaching children affected by the drought with essential child survival interventions, including vitamin A supplementation, deworming, nutritional screening and referral to the WFP-supported TSF for the management of the moderate cases of acute malnutrition.

The UNICEF-supported ENCU, which comprises of a federal office and six regional offices, was actively engaged in emergency nutrition cluster coordination.

Major nutrition cluster results achieved included maintenance of appropriate humanitarian coordination mechanisms, advocacy and resource mobilization, coordination of emergency nutrition assessments, application and use of standards/ guidelines at the national level, monitoring and reporting, mapping of partners' capacity, planning and strategy development, and finally training and capacity building of local authorities and civil society.

Health

In Ethiopia, the health cluster is led by FMOH and co-led by WHO. UNICEF and other humanitarian partners support the health cluster. In 2015, UNICEF responded to the request of FMOH to lead the health cluster on the scabies outbreak response. Through technical assistance, UNICEF led the development and final endorsement of the multi-sectoral Strategic National Scabies Response Plan, technical guidelines and communication materials. These products were disseminated to relevant RHBs and *woredas* health offices for immediate implementation. UNICEF and FMOH-procured supplies for scabies were immediately distributed in the outbreak locations as well.

At the request of the FMOH, UNICEF also supported the health cluster on the control of AWD, meningitis and measles outbreaks. Technical support on improving case management, conducting mass vaccinations in addition to communication strategies on enhancing health seeking behaviour and overall emergency preparedness and response was provided at all levels.

WASH

As WASH cluster lead, UNICEF continued to provide critical support to the Ministry of Water, Irrigation and Electricity (MoWIE), regional water bureaus and the sector as a whole. During 2016, the WASH cluster implemented a range of life-saving interventions including water rationing operations for extended periods, distribution of water purification chemicals, rehabilitation and maintenance of non-functional WASH schemes and hygiene promotion.

In addition, initiatives were taken to enhance emergency preparedness and response capacity at the regional level and to raise awareness on the prevention and transmission of WASH-related diseases. The implementation of these interventions helped to minimize displacement, mortality and morbidity risks associated with the lack of WASH services.

The 2016 *El Niño* drought affected 10 million. The limited *kiremt* and *belg* rains reduced the recharge and storage of rain fed shallow aquifers, which resulted in the drying up and increased non-functionality of hand dug wells, springs and ponds. Though the 2016 HRD planned to reach 9.6 million people during the year, the WASH cluster aimed to reach over 13 million people with emergency WASH response. The increase was due to the need for WASH response to the AWD outbreak which spiked during second half of the year. UNICEF ensured appropriate and effective coordination structures by deploying dedicated IM officers at Regional Water Bureaus and at the national level. Further, dedicated cluster coordinators were deployed through standby partner arrangements. WASH cluster also deployed zonal IM officers to support coordination in selected hotspot zones, water trucking monitors to ensure programme quality and sub-national cluster coordinators in priority regions.

WASH cluster worked together with Water Sector Working Group (WSWG) to strengthen the linkage. This was a key support to the WSWG as the WASH cluster has strong information management and coordination mechanisms in place.

Education

UNICEF, as Education co- cluster lead, provided guidance to the Ministry of Education for emergency preparedness, response and resilience building programmes. A particular success for the education cluster in 2016 was the development of a cluster response strategy and the endorsement of Terms of Reference for the Education Cluster. UNICEF's objectives in relation to the education in emergency contexts in 2016 were to ensure improved enrolment and retention of children affected by floods, drought and displacement through provision of temporary education programmes, building the capacity of teachers to best support children supported by relocation and migration and the provision of water to affected primary schools in Afar, Amhara, Gambella, Oromia, Somali, SNNP and Tigray regions.

Education Cluster partners supported Education in Emergency activities in Afar, Somali, Amhara, Tigray, Oromia and SNNP regions over 2016, through the following interventions: the provision of water tanks to schools, the distribution of education materials, the implementation of school feeding and the construction of temporary learning spaces for schools hosting displaced children.

Child Protection

The Child Protection and GBV sub-cluster, in coordination with UNICEF, strengthened the capacity of regional sub clusters in Tigray, Oromia and Somali regions. In addition to technical child protection in emergencies content, capacity building efforts also focused on IM and inter-cluster coordination. The CP GBV sub cluster, established a functional 5W IM system to capture the progress of the drought response in five regions.

Inter-Cluster Coordination

In May 2016, at the request of the UNICEF Ethiopia Country Office (ECO), the Global Cluster Coordination Unit in Geneva supported two regional workshops for the six drought affected regions. The topics of the workshops were core cluster functions and how these functions are undertaken and applied in cluster (task force) coordination mechanisms at sub-national level and approaches to multi-cluster coordination for coherent response. The workshops aimed to strengthen cluster and multi-cluster coordination among the clusters and areas of responsibilities for which UNICEF is the Cluster Lead Agency (nutrition, WASH, education and sub-cluster lead for child protection). The GBV sub-cluster was also included since child protection sub-cluster has been merged with GBV in Ethiopia. The 113 participants were from UNICEF and the Government of Ethiopia (GoE) staff involved in coordination at regional level. OCHA regional and Addis staff also participated as well as Save the Children International (SCI) from both regional and federal levels (Education cluster).

6. Resilience

The GoE has provided strong leadership for a paradigm shift towards risk reduction and broader resilience, which addresses the causes of crises as part of development programming, with the aim of building resilience to shocks and cumulative stresses on the population rather than providing repeated humanitarian responses. Key policies and programmes include the PSNP, particularly the new PSNP4 which is nutrition sensitive, the Growth and Transformation Plan, the National Policy and Strategy, National Nutrition Programme, Climate-Resilience Green Economy, Social Protection Policy and the Drought Resilience Programme.

UNICEF's initiatives in resilience programming across the country include integrating CMAM into the national health system, ensuring severely malnourished children are identified and treated, which is a vital resilience link in a country with a high burden of acute malnutrition. In addition, UNICEF supported a pilot to link nutrition with

the PSNP as well as the UNICEF WASH programme establishing water points/systems in water-scarce areas to reduce water trucking.

The Developing Regional States (DRS) Joint Programme focuses on the most vulnerable regions by integrating three components: livelihoods, basic social services and decentralized governance. UNICEF's Education and Peace Building Programme was designed to strengthen social cohesion through inclusive and accessible education services.

One of the key challenges in resilience programming is fragmentation in the approach. Donors and agencies each have their own definitions and approaches to resilience. This affects coherence and synergy building, especially in programme delivery. Another challenge is funding, in which there is a need to prioritise longer term and higher funding envelopes for programmes with resilience components over shorter term, typically less flexible, humanitarian funding.

UNICEF, together with other national and international organizations, is helping to identify long-term, sustainable solutions to the protracted refugee situation. In November 2016, UNICEF Ethiopia implemented a new 'Building Self-Reliance for Refugees and Vulnerable Host Communities by Improved Sustainable Basic Social Service Delivery Programme'. This innovative programme is bridging the humanitarian and development divide by providing integrated multi-sector assistance in water, sanitation, hygiene, health, nutrition, education and child protection across Gambella, Tigray, Benishangul Gumuz and Somali and Afar. The programme is designed to support the strong international leadership and significant international pledges on refugees that GoE has committed to.

7. Monitoring and Evaluation

The humanitarian situation and response efforts in 2016 were monitored through regular cluster and Ethiopia humanitarian country team meetings, as well as through monthly situation reports produced by UNICEF, where progress against indicators in each sector was reported. UNICEF also played an active role in multi-partner assessments in support of the HRD. UNICEF Ethiopia provided technical and logistics support to the assessment and review process. In addition, UNICEF participated in the monitoring of the emergency response and outstanding requirements assessment in conflict-affected *woredas* of Gambella region, where more than 18,075 people were displaced. Similarly, UNICEF participated, together with regional governments, in the monitoring of the humanitarian response in most drought-affected zones of Somali region, Borena and Guji zones of Oromia region and Segen and South Omo zones of SNNP.

The emergency nutrition response was monitored through UNICEF-supported nutrition officers based in RHBs and the regional ENCU. The ENCU maintains a CMAM database and provide technical analysis of the data. Ongoing joint monitoring activities evaluated the management of SAM using a standardized scorecard. UNICEF also deployed six CMAM monitors (external consultants who are hired through a long-term contract with local consulting agencies) in Somali region to assess the overall service quality. In 2015, a total of 75 *woredas* were assessed. 64 per cent scored over 70 (working very well with minor support needed), 21 per cent scored 50-70 (working well but with some technical and logistic support needed) and 11 per cent scored less than 50 (major support was needed to refresh the skills of staff for the establishment of operational systems). Regional-level WASH and nutrition cluster coordinators supported cluster coordination and provided monitoring support and oversight.

8. Financial Analysis

In 2016, UNICEF Ethiopia's HAC was 88 per cent funded with US\$109.7 million received out of the required US\$124 million. Following the deterioration of the emergency, UNICEF Ethiopia increased its requirement to US\$124 million from US\$106 million at the beginning of 2016. Flexible funding has been instrumental to provide life-saving timely humanitarian assistance plus the opportunity to use money efficiently where needed.

Donors' valuable support was critical to provide life-saving assistance to some five million people (including refugees) affected by natural and man-made disasters. UNICEF has particularly invested in WASH and nutrition systems to improve the efficiency of humanitarian assistance and reduce future needs.

In 2016, UNICEF, as part of the transparency initiative, has regularly provided data on humanitarian aid financing to UN OCHA managed Financial Tracking Service.

Table 1: 2016 Funding Status against the appeal by Sector (in USD):

Sector	Requirements	Funds available against appeal as of 31 December 2016*	% Funded
Nutrition	34,000,000	26,002,538*	76%
Heath	19,500,000	21,157,402	100%
Water and Environmental Sanitation	51,000,000	52,631,602	103%
Child Protection	4,000,000	4,132,279	100%
Education	12,000,000	5,746,245	48%
Cluster Coordination	3,500,000	0	0%
Total	124,000,000	109,670,066	88%

* Nutrition supplies valued at US US\$20 million have also been used in 2016 so that Nutrition was fully funded.

Table 2: Funding received and available by donor and funding type

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2016		
a) Thematic Humanitarian Funds (Paste Programmable Amount from Table 3)		
See details in Table 3	SM/14/9910	1,551,175
b) Non-Thematic Humanitarian Funds		
USA (USAID) OFDA	SM/16/0265	10,596,109
Germany	SM/16/0097	10,172,867
Germany	SM/16/0361	10,276,647
USA (USAID) OFDA	SM/16/0094	7,123,886
European Commission (ECHO)	SM/15/0636	6,178,655
SIDA-Sweden	SM/16/0100	5,320,165
Japan	SM/16/0081	4,629,630
The United Kingdom	SM/16/0535	2,249,907
Italy	SM/16/0303	2,064,495
USA (State) BPRM	SM/16/0461	1,166,318
United States Fund for UNICEF	SM/16/0229	972,033
USAID (Food for Peace)	SM/16/0344	479,010
Italy	SM/16/0219	448,871
Canada	SM/16/0568	410,610
Total Non-Thematic Humanitarian Funds		62,089,203
c) Pooled Funding		
(i) CERF Grants – 4,477,379		
(ii) Other Pooled funds – 3,848,309		
CERF	SM/16/0500	2,795,136
CERF	SM/16/0157	1,682,243
Ethiopian Humanitarian Fund	SM/16/0215	1,739,898
Ethiopian Humanitarian Fund	SM/16/0339	1,380,025
Ethiopian Humanitarian Fund	SM/16/0226	528,386
Ethiopian Humanitarian Fund	SM/16/0534	200,000
d) Other types of humanitarian funds		
The United Kingdom	KM/16/0009	2,378,433
USAID (Food for Peace)	KM/16/0011	2,177,280
USAID (Food for Peace)	KM/16/0010	80,000
Ireland	KM/16/0005	56,600
Total humanitarian funds received in 2016 (a+b+c+d)		76,658,379
II. Carry-over of humanitarian funds available in 2016		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM/14/9910	568,790

f) Carry-over of non-thematic humanitarian funds		
The United Kingdom	SM/15/0563	18,126,690
The United Kingdom	SM/14/0394	2,276,805
The United Kingdom	SM/14/0501	2,012,480
Canada	SM/15/0617	1,689,645
USAID/OFDA	SM/15/0465	1,086,164
Korea	SM/15/0582	277,779
Canada	SM/15/0522	266,554
CERF	SM/15/0503	137,628
CERF	SM/15/0420	132,658
CERF	SM/15/0528	121,977
CERF	SM/15/0422	88,926
CERF	SM/15/0421	87,769
Italy	SM/15/0308	44,155
HRF	SM/15/0302	28,551
Lithuania	SM/15/0609	10,175
Total carry-over non-thematic humanitarian funds		26,387,956
Total carry-over humanitarian funds (e + f)		26,956,746
III. Other sources (Regular Resources set -aside, diversion of RR - if applicable)		
Regular Resources (health)	Non-grant	881,490
Regular Resources (Nutrition)	Non-grant	345,508
Regular Resources (Learning and Development)	Non-grant	199,523
Regular Resource (WASH)	Non-grant	13,844
The United Kingdom	SC/13/0737	4,517,953
German Committee for UNICEF	SC/14/0505	235,989
New Zealand Committee for UNICEF	SC/ 16/0371	120,665
Australian Committee for UNICEF	SC/14/0585	117,795
Swiss Committee for UNICEF	SC/15/0440	92,999
The Micronutrient Initiative	SC/15/0047	32,734
The United Kingdom	SC/16/0563	5,760
Total other resources		6,564,260

Table 3: Thematic Humanitarian Contributions Received in 2016

Thematic Humanitarian Contributions Received in 2016 (in USD): Donor	Grant Number	Programmable Amount (in USD)	Total Contribution Amount (in USD)
Allocation from global thematic humanitarian	SM149910	539,972	539,972
German Committee for UNICEF	SM/14/9910/1192	407,088	427,487
Japan Committee for UNICEF	SM/14/9910/1142	226,594	237,949
Netherlands Committee for UNICEF	SM/14/9910/1111	187,360	196,748
United Kingdom Committee for UNICEF	SM/14/9910/1100	178,258	187,190
United Kingdom Committee for UNICEF	SM/14/9910/1301	11,904	12,500
Total		1,551,175	1,601,847

9. Future Work Plan

In 2017, UNICEF will continue to work with GoE and humanitarian partners to ensure that in emergencies, children have adequate access to nutrition, health care, safe WASH facilities, education and receive protection support. UNICEF will support both community level and systems resilience-building interventions that reduce vulnerability of women and children in Ethiopia. In the remote and emergency-affected Somali and Afar regions, UNICEF will support MHNTs to provide access to basic essential health services. UNICEF will collaborate with WHO and partners to provide support to FMoH for the prevention and control of disease outbreaks. UNICEF will support the treatment of children suffering from SAM through the Government-led CMAM programme. UNICEF interventions will reach people with sanitation and hygiene information to prevent child illnesses. Working with partners, UNICEF will complement life-saving WASH interventions through the establishment and rehabilitation of water sources. UNICEF will facilitate continued education for children affected by emergencies through the provision of temporary learning spaces, implementation of a refugee education programme in five regions of the country and strengthening regional education in emergencies coordination and response structures. In child protection, UNICEF will support community-based social protection structures that aim to strengthen the traditional care and support systems of local communities. UNICEF will facilitate sector coordination as cluster lead in nutrition and WASH and co-lead in education and child protection. For the refugee response, UNICEF will work closely with UNHCR and the Government to deliver life-saving interventions to refugees and host communities, including health and nutrition, education, water, sanitation and hygiene and child protection. UNICEF will continue to support the strengthening of government structures and communities to enhance their resilience to multiple and recurrent shocks.

Finally, through its 2017 HAC document, UNICEF requests US\$ 110,500,000 in support of humanitarian work in Ethiopia in 2017.

10. Expression of Thanks

The valuable contributions of government donors, National Committees for UNICEF and UNOCHA CERF/HRF made it possible for UNICEF Ethiopia to alleviate the plight of Ethiopian children and women affected by drought, conflict and floods. UNICEF expresses its gratitude to the donors who have contributed to its emergency interventions in Ethiopia. The timely provision of resources has allowed UNICEF to avoid any critical disruption in the provision of essential services and supplies across its sectors of intervention.