



Baby Hamid, playing with his mother Mrs. Fakiya during routine immunization. UNICEF Ethiopia/2020/Tewodros Tadesse

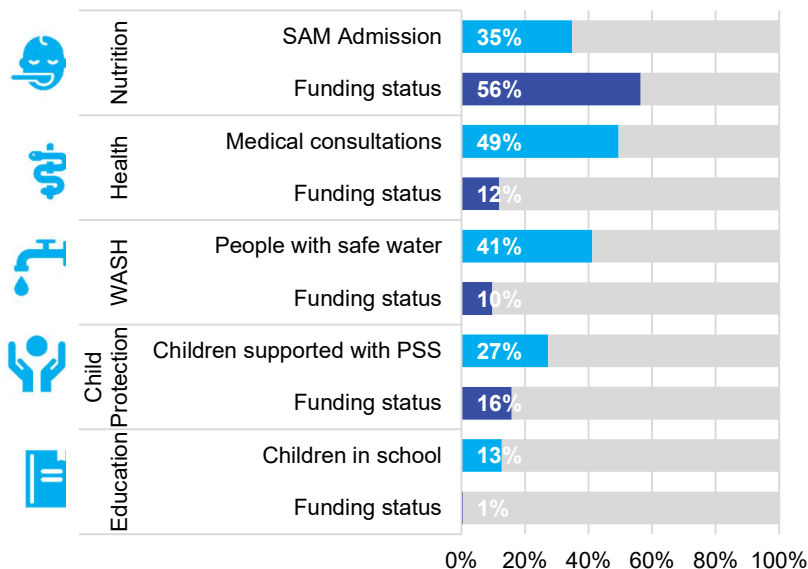
Reporting Period: January – June 2020

## Highlights

- From January to June 2020, children and women in Ethiopia have been disproportionately affected by seasonal climatic shocks, disease outbreaks, locust infestation, and conflict displacement. The community transmission of COVID-19 has brought further complexity to the humanitarian response and has increased the potential number of people who need humanitarian assistance.
- 227,613 people that are displaced and hard-to-reach in Afar and Somali, have received medical consultations through mobile health teams. Similarly, 659,821 people have received water treatment chemicals and 436,616 have gained access to sufficient quantity of safe water for drinking, cooking and personal hygiene through durable and long-lasting infrastructure investments. Additionally, 36,482 Internally Displaced People (IDPs) and IDP returnees (21,320 women and 15,162 men), have been reached with key Gender-Based Violence (GBV) mitigation messages.
- The humanitarian response is challenged by a dynamic security environment as well as the spread of COVID-19. At mid-year, the Humanitarian Action for Children (HAC) has a 76 per cent funding gap.

## UNICEF's Response and Funding Status\*

\* cumulative funding status from January-June 2020



# Ethiopia Country Office Humanitarian Situation Report

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## Situation in Numbers

 **4,872,000**  
children in need of  
humanitarian assistance

 **8,400,000**  
people in need  
(Humanitarian Response  
Plan 2020)

 **1,820,8110**  
internally displaced people  
(IOM, Displacement Tracking Matrix  
22)

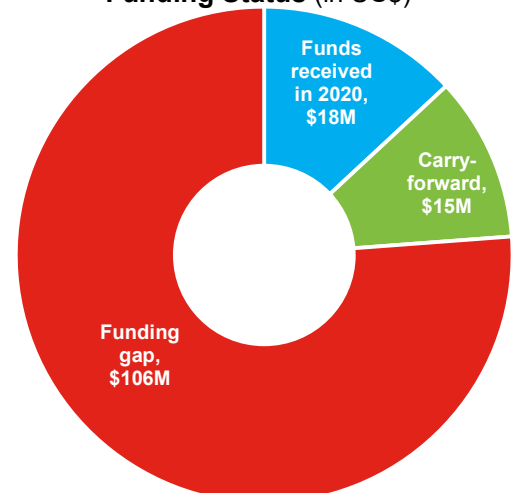
 **766,563**  
registered refugees  
(UNHCR, 30 June 2020)

 **470,163**  
people affected by floods  
(OCHA, May 2020)

## UNICEF Appeal 2020

**US\$ 139 million**

Funding Status (in US\$)

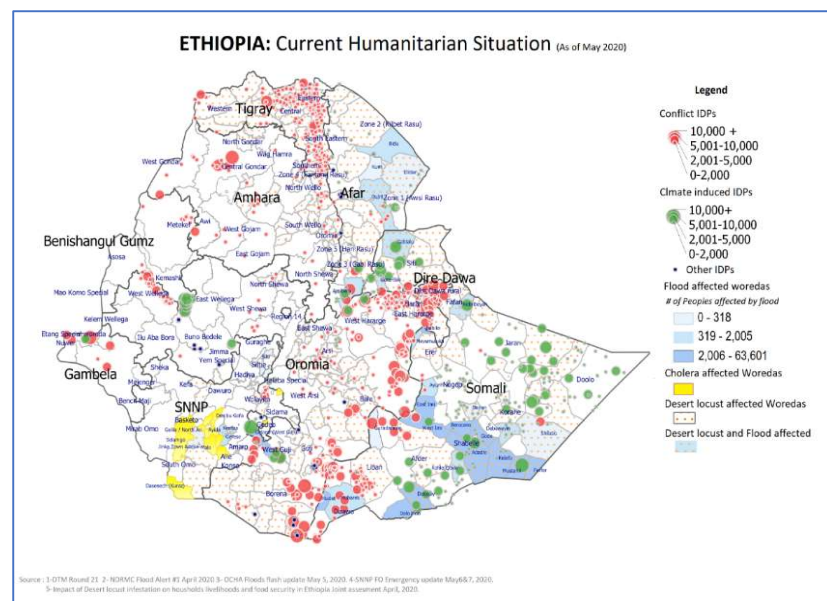


## Funding Overview and Partnerships

UNICEF appealed for US\$139 million in 2020 with an aim to sustain the provision of life-saving services for women and children in Ethiopia. So far, Sweden, Japan, UNOCHA, Canada, Department for International Development (DFID), USAID's Food for Peace (FFP) and European Civil Protection and Humanitarian Aid Operations (ECHO) have generously contributed to this appeal. Still, at mid-year, the 2020 HAC has a funding gap of 76 per cent (Refer to Annex B on page 13). Without sufficient funding, it is estimated that over 500,000 people will not have access to adequate sanitation and an estimated 5,000 children will not be able to be reunited with their families or be placed in appropriate alternative care.

UNICEF Ethiopia has updated its initial COVID-19 response needs to US\$49 million until the end of 2020. The amount includes US\$8 million for 300,000 refugees and 50,000 returnee migrants. In addition to funds raised for the regular emergency programming, UNICEF Ethiopia has raised an additional US\$30 million in reprogrammed and new funding for the COVID-19 response. This response plan at mid-year faces a 39 per cent funding gap at the end of June.

## Situation Overview and Humanitarian Needs<sup>1</sup>



An estimated 4.87 million children have been identified as needing humanitarian assistance in 2020. The humanitarian needs in Ethiopia are complex (Refer to map<sup>2</sup> on the left) and have been compounded by previous years' caseloads of protracted displacement from drought, floods, and conflict as well as recurrent disease outbreaks, such as cholera, measles and polio, all of which have exhausted communities, Government resources and fragile services, including the health system. With the onset of the COVID-19 pandemic these needs have been exacerbated and essential health services have been even more overstretched. On 8 April the Government of Ethiopia declared a State of Emergency (SOE) for five months, to control the spread of the COVID-19 pandemic and mitigate its impacts.

As of 29 June, 5,846 confirmed COVID-19 cases and 103 deaths were reported since the onset of the outbreak on 13 March 2020<sup>3</sup> (Refer to Annex C on page 13, for a snapshot on the COVID-19 situation as well as results achieved as of end of June). In addition, there have been more than 30,000 returnee migrants since the month of April alone.<sup>4</sup>

Since January, a total of 5,662 cholera cases (42 confirmed<sup>5</sup>) were reported including 73 related deaths<sup>6</sup>. In terms of the measles outbreak, a total of 22,000 cases and 90 deaths were reported between January and the last week of May 2020.<sup>7</sup> According to data from Ethiopian Public Health Institute (EPHI), the proportion of children affected by measles outbreaks in 2018 and 2019 was 31 per cent and 40 per cent respectively. However, this has increased to 47 per cent in the first four months of 2020. Due to the recommended measures of physical distancing and concerns of increased

<sup>1</sup> All COVID-19 related Situation Reports (Sitreps) as well as Humanitarian Sitreps can be found on: [https://www.unicef.org/appeals/ethiopia\\_sitreps.html](https://www.unicef.org/appeals/ethiopia_sitreps.html).

<sup>2</sup> The sources for the map above are: (1) Displacement Tracking Matrix (DTM) Round 21; (2) [National Disaster Risk Management Commission \(NDRMC\) Flood Alert No. 1, April](#); (3) [OCHA Flash Flood Updates, 5 May](#); (4) Southern Nations Nationalities and Peoples (SNNP) Field Office Emergency 6-7 May Update; and (5) [Joint Assessment on the Impact of Desert Locust Infestation on households livelihoods, food and security in Ethiopia](#).

<sup>3</sup> All eleven regions have reported cases and their distribution as of 29 June was: Addis Ababa (4,118 {72.4%}), Somali (430), Oromia (322), Amhara (307), Tigray (210), Afar (83), Dire Dawa (64), SNNP (63), Harari (48), Gambella (33) and Benishangul-Gumuz (11). The total COVID-19 laboratory tests conducted as of 29 June were 246,911. Laboratory service was expanded to 30 (four at the Ethiopian Public Health Institute - EPHI) facilities with a capacity of 7,697 tests per day. Due to the increase in the number of COVID-19 cases and for effective use of existing hospital beds, the protocol for admission of COVID-19 cases was revised. As of May, the COVID-19 treatment centres have also been expanded, including the newly opened Millennium Hall COVID-19 treatment centre with a capacity of 1,000 beds for admission and with an additional 40 Intensive Care Unit (ICU) beds.

<sup>4</sup> National Emergency Coordination Centre (ECC) Presentation – 19 August 2020.

<sup>5</sup> For cholera, confirmation of one or more tests, confirms cholera. The objective is to test only a small number to confirm an outbreak and respond as required.

<sup>6</sup> In June alone, a total of 633 cholera cases (10 confirmed) were reported with five deaths. These cases were distributed in SNNP (512), Somali (109) and Oromia (12) regions. SNNP region, reported a total of 3,300 cases in five zones and one special *woreda* (district). These are South Omo, Gamo, Gofa, Gedio, Sidama zones and Alle special *woreda*. Dasenech *woreda* of South Omo was where the highest reported cases were found with a total of 2,557 cases and 21 deaths. The risk factors for the spread of cholera include low access to safe water, poor hygiene and sanitation practices, particularly in the remote pastoralist communities of South Omo zone. In Oromia, Wondo *woreda* of West Arsi zone, and in Somali, Dolo Ado *woreda* of Liben zone were the ones where cholera cases have been reported.

<sup>7</sup> In April and May alone, a total of 4,736 measles cases were reported. The 2020 measles report of the first two quarters is higher than the reported cases for the same periods in 2018 and 2019. EPHI data shows that a total of 55 measles outbreaks and 1,204 confirmed measles cases were reported in 2018 and 142 outbreaks with 2,155 confirmed measles cases were reported in 2019. The trend is continuing in 2020 as well. In the first four months (January-April 2020) the country had already reported 142 measles outbreaks and 1,795 confirmed measles cases.

risk of spreading COVID-19 transmission among communities, the implementation of a mass vaccination campaign was temporarily postponed. This has led to an accumulation of a large cohort of susceptible children and an increased risk of vaccine-preventable disease outbreaks. With UNICEF's and partner advocacy, the national measles vaccination campaign was eventually conducted from 30 June, with the application of COVID-19 protection measures including the use of Personal Protective Equipment (PPE), hand sanitizers, and physical distancing. The campaign was very successful and reached more than 95 percent of its target.<sup>8</sup>

In addition to disease outbreaks, the unstable security situation due to inter-communal violence in areas such as Benishangul-Gumuz, Oromia, Somali and SNNP has hampered emergency assessments of conflict displacement as well as the implementation of the needed humanitarian response activities<sup>9</sup>. Accordingly, the [IOM DTM Round 22](#) has reported that there were some 1,820,811 IDPs as of 1 July. Ethiopia's humanitarian situation deteriorated further in April-June, as a result of the ongoing desert locust infestation and flooding. Since January, a total of 180 *woredas* in seven regions had been impacted by the locust invasion, mainly in the East and Southern parts of the country<sup>10</sup>. This is likely to continue well into 2021 when the rainy season is over in September. In May alone, 470,000 people were affected by excessive rainfall that led to flooding, which in addition resulted in 300,000 people being displaced with loss of lives and livelihoods in Somali, Oromia, Afar, SNNP regions as well as Dire Dawa and Harari<sup>11</sup>.

## Humanitarian Leadership and Coordination

The humanitarian response in Ethiopia is led by the National Disaster Risk Management Commission (NDRMC) through the federal and regional Disaster Risk Management Technical Working Groups (DRMTWGs). UNOCHA coordinates the humanitarian response of UN agencies and NGOs in support of the Government-led one<sup>12</sup>. UNICEF leads the nutrition and WASH clusters, co-leads the education cluster with Save the Children International and leads the child protection (CP) Area of Responsibility (AoR). UNICEF likewise provides coordination support to regional coordination hubs in Oromia and Somali and at the sub-regional level in eight Emergency Operations Centres (EOCs), established in each region to address COVID-19 prevention and response activities. Additionally, UNICEF participates in the Inter-agency Prevention of Sexual Exploitation and Abuse (PSEA) Network and the Inter-agency Working Group for Accountability to Affected Populations. With IOM, UNICEF works to support the returnee migrant population.

UNICEF supports the nutrition cluster response through the Emergency Nutrition Cluster Unit (ENCU) in collaboration with other Government departments particularly the Ministry of Health (MOH), UN agencies (WHO, WFP) and NGO partners<sup>13</sup>. In response to the COVID-19 pandemic, weekly ENCU COVID-19 taskforce meetings were introduced to discuss and agree on programme recommendations that were necessary to sustain the response in the new programming environment<sup>14</sup>. Furthermore, coordination support was provided in Somali region through a sub-cluster coordination platform, while other regions had ENCU supported focal points, which strengthened Government structures and local level coordination.

As the WASH cluster lead agency, UNICEF in the reporting period, has continued to be engaged on advocacy and resource mobilization for WASH emergency responses. The WASH cluster has been working closely with the Ministry of Water, Irrigation and Energy (MoWIE) to strengthen the dialogue within the development sector, including with the One WASH National Program (OWNP) on how to address the needs of chronically drought-affected communities with more resilient programs/durable solutions, with the intent of breaking the cycle of yearly emergency responses.

UNICEF co-chairs together with UNFPA and the Ministry of Women, Children and Youth (MoWCY) the Child Protection /Gender-based Violence Area of Responsibility (CP/GBV AoR). As part of its mandate, the AoR has been actively involved in strategic planning and coordinated response provision to emergency situations, including flood and conflict related disasters and displacements. Since March, the AoR together with the Inter-Cluster Coordination Group (ICCG), has also been actively involved in the COVID-19 cluster and inter-sectorial coordination and support to partners. A contextualised CP/GBV AoR internal guidance note was developed to support partners integrating COVID-19 into their programming<sup>15</sup>, in line with international guidelines from the Global Alliance for Child Protection in Humanitarian Action and UNICEF.

<sup>8</sup> Out of the targeted 14,950,083 children (9-59 months age), a total of 14,351,467 (96 per cent) were vaccinated during the campaign. For more details about the campaign and UNICEF's support to it, see the [No.15 COVID-19 Sitrep](#).

<sup>9</sup> For instance, projects in health, nutrition, Water, Sanitation and Hygiene (WASH), and Non-Food Items (NFIs) distributions in Gora Dola, Gumi Eldelo, Liban, and Saba Boru *woredas* were temporarily suspended, impacting thousands of IDPs (23,000 in Gumi Eldelo, 18,000 in Liban, 5,000 in Gora Dola, and 3,000 in Saba Boru).

<sup>10</sup> See [WFP \(2020\) Update on the Desert Locust infestation](#).

<sup>11</sup> The flood-related humanitarian situation was particularly severe in Somali region: more than 79 per cent of the flood-affected and displaced people were located in Hudet and Mubarak *woredas* of Dawa zone as well as in Dollo Ado and Bokolmany *woredas* and in Moyale and Kadaduma *woredas*<sup>11</sup>. A [national flood response plan](#) has been shared in May with an estimated cost of US\$ 30.7 million.

<sup>12</sup> The Government as well as the sectoral clusters prioritize the emergency response based on targeted hotspot *woredas* and the Humanitarian Response Plan (HRP). UNICEF Ethiopia implements its response to the humanitarian needs of children according to the annual Humanitarian Appeal for Children (HAC).

<sup>13</sup> In the reporting period, at federal level, UNICEF has directly supported the coordination of partners through the ENCU and monthly meetings were held throughout the reporting period. Additionally, the Infant Young Child Feeding (IYCF) and Community-Based Management of Acute Malnutrition (CMAM) Technical Working Groups held at least one monthly meeting to provide technical support on IYCF and management of acute malnutrition. Regional level ENCU focal points have provided technical guidance in conducting surveys and in the management of therapeutic feeding programme. After the restrictions imposed by COVID-19 were introduced, virtual meetings, which were increased to at least once fortnightly, responding to the heightened needs due to the pandemic.

<sup>14</sup> These weekly taskforce meetings were crucial in drafting recommendations and adopting WHO endorsed guidelines on IYCF practices in the context of COVID-19.

<sup>15</sup> COVID-19 relevant CP materials can be accessed through the Global Child Protection AoR resource menu for COVID-19 at: <https://www.cpaor.net/COVID-19>.



UNICEF has also provided technical support to the Ministry of Education (MoE) to develop the COVID-19 preparedness and response plan and has been supporting the development of the safe school re-opening strategy guidelines and procedures. Through consultations with Regional Education Bureaus (REBs) and education cluster partners, the response plan has served as a reference point in defining the safe school re-opening strategy as well as informing priorities for partners implementing COVID-19 education in emergency response activities. The response plan has also been referred to in developing funding proposals for pooled funding (the Ethiopia Humanitarian Fund) and in seeking support for funds from the Global Partnership in Education (GPE).

## Humanitarian Strategy

In 2020, UNICEF Ethiopia has been delivering life-saving services for children and families displaced by conflict and affected by climatic shocks, disease outbreaks, natural hazards and malnutrition. Given the chronic and protracted nature of the needs, UNICEF applies multisectoral systems-building approaches and cash-based solutions using its extensive footprint in the country and its strong capacities for community outreach, in order to build resilience and ensure durable solutions. Integrated services have been delivered through common platforms, cross-referrals and Communication for Development (C4D) strategies, capitalizing on UNICEF's field presence and leveraging its sector leadership roles in WASH, nutrition, child protection and co-leadership in education clusters. UNICEF has been prioritizing partner resources and targeting these in an equitable manner. Resources have been invested to mitigate and prevent violence, including GBV, abuse, exploitation and neglect; and all programmes are being delivered with consideration for gender. Protection has been mainstreamed across sectors to enhance systems for children and their families and reporting mechanisms have been strengthened to prevent sexual exploitation and abuse.

## Summary Analysis of Programme Response

### Health

Given the size of the needs due to COVID-19, in the reporting period, UNICEF's health response has been in large part focused on COVID-19 and maintaining essential services. UNICEF has worked closely with the MoH, Regional Health Bureaus (RHBs) and partners on the continuation of essential health services in light of the COVID-19 pandemic<sup>16</sup>. Support has also been provided to the following key pillars in the COVID-19 response: (1) coordination at national and sub-national levels; (2) Risk Communication and Community Engagement (RCCE); (3) logistics and supply provision; and (4) Infection Prevention and Control (IPC).

Accordingly, UNICEF's support has reached over 32.3 million people on COVID-19 preventative messaging as well as on where to access treatment services<sup>17</sup>. UNICEF has also procured and distributed PPE to frontline health workers in COVID-19 treatment and isolation centres in all regional states and city administrations. The PPE procured and distributed includes: 9,000 protection coveralls; 68,000 face shields; 30,000 disposable surgical gowns; 40,000 goggles; 250,000 n95 masks and 100,000 surgical masks. In addition, UNICEF has distributed 1,100 pulse oximeters to isolation and treatment centres in Addis Ababa and across regions, while four Emergency Drug Kits (EDKs)<sup>18</sup> have been distributed to the Moyale quarantine centre in Oromia. With UNICEF support, 62,500 people had access to health care facilities stocked with emergency drugs and supplies for three months.

UNICEF has continued to provide multisectoral support for the cholera response in SNNP, Somali and Oromia regions by providing technical assistance and supporting at regional and district levels in the coordination, planning, and monitoring of the daily implementation of the response in the affected areas. In addition, 18 Cholera Treatment Centre (CTC) kits were dispatched to SNNP, while eight CTCs were sent to Oromia and 13 to Somali regions respectively. RCCE activities were an integral component of the response to the cholera outbreak and were aimed at developing behavioural competencies among at-risk population groups for curbing cholera transmissions. In total, 5,662 people affected by cholera have been provided with access to life-saving curative interventions.

Furthermore, an emergency yellow fever vaccination campaign was conducted from 26 to 31 March in SNNP, Enor-Enor *woreda*, Gurage zone. Twenty-seven thousand, one hundred and seventy-eight (27,178) people were vaccinated, with a confirmed coverage of above 95 percent<sup>19</sup>. In response to the last outbreak of polio in Oromia and SNNP regions, two rounds of outbreak response campaigns were conducted in February and March. The campaign targeted, 79 high-risk *woredas* and city administrations across 11 zones of both regions, by using m OPV2 vaccine. The campaign reached 3,561,372 children in both rounds<sup>20</sup>. As part of the polio response campaign, UNICEF and regional offices contributed

<sup>16</sup> For instance, UNICEF has supported the coordination of the cholera response in Somali, SNNP and Oromia regions through its technical staff and consultants based in the respective field offices. In addition, UNICEF has supported the preparations for the measles campaign at national and sub-national levels. The vaccination campaign was conducted from 30 June until the end of July.

<sup>17</sup> The RCCE activities have been implemented through local/regional mass media, such as TV and radio, mobile audio vans, mini-media (which entails broadcasting activities for smaller groups, for example within schools), and via home-to-home implementation approaches. Locally tailored printed materials, including posters, brochures, flyers, stickers and banners were also disseminated. Radio content has been broadcast in eight national languages.

<sup>18</sup> Each EDK can provide 2,500 medical consultations for three months.

<sup>19</sup> UNICEF has provided technical assistance to the campaign, which covered 12 *kebeles* (Ethiopia's smallest administrative units). Five of these *kebeles* were those with reported cases and seven were surrounding *kebeles*. An expanded yellow fever vaccination campaign has been planned to reach 704,005 people in seven *woredas* of Gurage zone.

<sup>20</sup> In round one, against the target of 1,618,712 children under five years of age, a total of 1,711,579 (106 per cent) were vaccinated. In round two, against the revised target of 1,714,890 children under five years of age, a total of 1,849,793 (108 per cent) children were vaccinated.

to the planning and monitoring activities conducted by the national and regional EOCs, as well as supporting vaccine management, social mobilization and community engagement<sup>21</sup>. Additionally, from January to June, a total of 227,613 medical consultations have been conducted<sup>22</sup>. All of these medical consultations were performed by 49 UNICEF supported Mobile Health and Nutrition Teams (MHNTs) as well as additional 17 MHNTs run by the Somali RHB and INGOs. UNICEF provided the drugs and medical supplies.

In terms of support provided to refugees, during the reporting period, UNICEF has continued to support the Gambella RHB in the provision of vaccinations for South Sudanese refugee children at entry points and refugee camps. Since January, a total of 692 new arrivals were reported of which 377 children were vaccinated for polio and 361 children were vaccinated for measles at entry points. At refugee camps, a total of 4,848 children have received measles vaccination. In addition, UNICEF has procured and distributed 160,000 Long Lasting Insecticide Treated Nets (LLINs) for the prevention of malaria in Gambella (130,000) and Benishangul-Gumuz (30,000) regions, covering over 320,000 refugees.

### Water, Sanitation and Hygiene (WASH)

In response to multiple hazards, including cholera, flooding, the COVID-19 outbreak and the rise in the numbers of conflict-induced IDPs, UNICEF has been engaged in the provision of safe drinking water, sanitation and hygiene to the affected communities as well as communities on the move and those hosting displaced people. Interventions have been implemented in areas where WASH services are extremely limited and where the risk of cholera is high. UNICEF has worked closely with the federal and regional Governments as well as Regional Water Bureaus (RWBs) and RHBs to devise response plans, assess the humanitarian needs and engage in a timely manner.

Accordingly, from January to June, UNICEF was able to address the critical needs of drinking water for 436,615 people (100,347 men, 104,862 women and 231,406 children) in nine regions, with a regional focus on Oromia, Somali, Amhara, SNNP and Afar. This was achieved through the rehabilitation of water schemes, expansion of existing water schemes, water trucking activities and the construction of water points. Furthermore, a total of 3,232,843 people (743,004 men, 776,432 women and 1,713,407 children) have received basic hygiene messages on handwashing and hygiene practices, to prevent disease transmission as well as practice safe water storage, treatment and latrine usage<sup>23</sup>.

In the reporting period, UNICEF has also sustained its response to IDP/IDP returnees, whose WASH services are extremely poor. The construction of trench and semi-permanent latrines with handwashing stations, as well as the provision of WASH NFIs, including water treatment chemicals, soaps, jerrycans, buckets and sanitary pads for women and adolescent girls. In some IDP locations the provision of durable water supply schemes, have contributed to the prevention of disease outbreaks including cholera. Accordingly, a total of 659,821 beneficiaries have secured access to water treatment chemicals; whereas 49,382 people have been facilitated with access to appropriate sanitation facilities.

In terms of innovation, following the onset of COVID-19 and the need for effective handwashing with soap, the WASH section has worked with the education team and designed a group handwashing stand that is operated by a foot pedal. The design of this innovation was influenced by the need for a hands-free device and one that would encourage group handwashing, especially in schools, while also observing social distancing. The development of these innovative handwashing units has evolved during the fabrication of the prototype to make sure the efficiency of these devices is improved.

In terms of lessons-learned, it has been found that a well-coordinated NFI provision directly delivered at *woreda* level, especially in an effort to control cholera outbreaks in IDP camps, has been an effective strategy. In addition, UNICEF has closely worked with other WASH partners through the WASH cluster coordination platform including Save the Children International, World Vision, Action Against Hunger (AAH) and the Norwegian Refugee Council (NRC) or SWAN consortium<sup>24</sup>, which has enabled an efficient utilization of resources.

In terms of challenges, due to movement restrictions at the beginning of the COVID-19 outbreak, activities at the local level were stopped for a while, which affected civil works of water supply systems in multiple locations. Face-to-face hygiene promotion sensitization trainings were likewise halted, as a result of the national ban on trainings and mass-gathering events. In addition, a volatile security situation in Oromia in particular, has restricted water supply construction activities by contractors, which has had an impact on the speed of completion of concerned projects.

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<sup>21</sup> Despite continuing transmission in Oromia and SNNP, outbreak response campaigns could not be conducted due to COVID-19. Two response campaigns have been planned for September and October 2020, targeting 7,103,959 children under five years of age in 334 *woredas* of 47 zones spread across six regions and city administrations.

<sup>22</sup> Out of these consultations 117,524 consultations were provided in Afar, while 110,089 consultations were given in Somali among hard-to-reach populations. Of these consultations, 95,055 (41.8 per cent) were for children under five, while 76,932 (33.8 per cent) were for women and 55,626 (24.4 per cent) were other consultations.

<sup>23</sup> Until March, this was accomplished through direct community outreach after the provision of training of health extension workers, health volunteers and religious leaders who were equipped with the required knowledge and skills for raising awareness among their communities. However, since the reporting of the first cases of COVID-19 in mid-March, the communication channels used for the messaging activities have focused on mass mobilization using Av-Vans, loudspeakers, radio spots and TV broadcasts in multiple regions like Amhara, Oromia, Afar, Benishangul-Gumuz, Tigray and SNNP.

<sup>24</sup> Led by Save the Children the consortium is formed with World Vision, Norwegian Refugee Council and Action Against Hunger. The overall objective of the project is to contribute towards saving lives, reducing suffering and increasing human dignity for people affected by displacement in Ethiopia. The consortium approach was pursued to facilitate a coordinated joint response, minimize beneficiary overlaps, standardize assistance packages and reach the affected populations at scale in targeted hot spot locations and future humanitarian crises.

## Nutrition

From January to May<sup>25</sup> UNICEF has supported the treatment of 159,972 severely and acutely malnourished children. 15,640 children (9.8 percent) of the reported cases were admitted to Stabilization Centers (SCs) for intensive therapeutic nutrition and medical management aimed at averting their death. The children treated (159,972) represent nearly 35 percent of the annual targeted children (459,638) to be treated for severe acute malnutrition (SAM). The performance indicators from January to May have remained above the SPHERE standards<sup>26</sup>, whilst in April, particularly in SNNP (16.4 per cent) and in Gambella (18 per cent) of the admissions were above the 9.8 percent national average, indicating a higher burden of sick children with increased chances of death in these two regions. In Gambella specifically, outreach activities and follow-up were done in communities, including screenings for malnutrition using the Mid-upper Arm Circumference (MUAC) tape<sup>27</sup> as well as the provision of key messages on COVID-19 prevention during home-to-home visits and at intervention facilities, strengthening infection protection control (IPC) measures. At Pagak reception center specifically, nutrition services and IYCF promotion were continued by AAH from May onwards<sup>28</sup>.

Since the deteriorating food security situation necessitated extra measures among IDPs, including increasing coverage of food access interventions, the distribution of preventive ration of high energy biscuits (BP-5) was done in Benishangul-Gumuz region among targeted households<sup>29</sup>. Additionally, UNICEF has provided essential nutrition services across Afar's vast region, through its MHNTs<sup>30</sup>, which were a challenge due to the region's poor infrastructure. By observing COVID-19 precautions and with direct UNICEF support, a nutrition screening was undertaken during Community Health Day (CHD) activities<sup>31</sup>.

UNICEF plays a critical role in assessing on a regular basis, the nutritional status of the most vulnerable, by monitoring children's nutritional status, measuring programme progress against benchmarks, and by supporting early warning systems as well as forecasting needs. In light of this, UNICEF has supported the implementation of two Standardized Monitoring Assessment of Relief and Transition (SMART) surveys in Ararso and Shilabo *woredas*<sup>32</sup>, both found in Somali region.

In addition, in the reporting period, a total of 672 health care workers - health workers (435) and health extension workers (237) - were trained with the objective of building up their knowledge on the components of CMAM, OTP, SC and TSFP, based on the new WHO endorsed guidelines, which include modules for orienting the trainees on the COVID-19 context. UNICEF likewise has provided support, via the recruitment and deployment of 26 emergency nutrition officers (ENOs)<sup>33</sup>. From their deployment, 500 health staff have benefited from on-the-job mentorship in 300 health facilities across all regions.

In terms of supplies, Ready-to-Use Therapeutic Food (RUTF) for the first and second quarters was distributed to regions based on projected SAM targets. Towards the end of the second quarter, revised supplies requirements were forecasted to include a projected 24 per cent increase due to the COVID-19 pandemic, desert locust infestation and other food security shocks<sup>34</sup>. UNICEF likewise undertook planning for last mile distribution<sup>35</sup> of supplies to avoid potential

<sup>25</sup> UNICEF receives Therapeutic Feeding Programme (TFP) data late. Currently there is complete data from January to May 2020. The June TFP data will be included in the next Humanitarian Sitrep, when made available.

<sup>26</sup> This means that those children who were cured were >75 percent, those who defaulted were <15 percent and those who died were <10 percent, with an 89.5 per cent cure rate, a 1.7 per cent default rate and a 0.2 per cent death rate respectively.

<sup>27</sup> A total of 68,785 children under five years of age as well as 9,713 pregnant and lactating women (PLW) were screened. Among the screened children, 200 SAM and 758 children with moderate acute malnutrition (MAM), as well as 366 (53 SAM and 313 MAM) PLW were identified, of whom, those who were not admitted in the program were referred to services for treatment and follow-up.

<sup>28</sup> In the reporting period, a total of 1,316 children under five years of age were screened for malnutrition using MUAC of whom 147 (35 SAM and 112 MAM) children were identified as needing support. In addition, 249 PLW were screened and 37 of them were identified with a MUAC of less than 23 cm. All cases that were identified as needing support, were referred to the Outpatient Therapeutic Feeding Programme (OTP) and Targeted Supplementary Feeding Programme (TSFP) services.

<sup>29</sup> This distribution consisted of 200 cartons of BP-5 to 500 moderately malnourished children and 50 PLWs.

<sup>30</sup> The MHNTs reached 1,226 health facilities and 221 outreach sites. These teams delivered nutrition commodities, provided on-the-job training to health workers and coordinated emergency nutrition interventions at the zonal level.

<sup>31</sup> During this nutrition screening, some 65,728 children aged 6-59 months and 245,287 PLW were screened and 3,131 SAM children as well as 46,446 MAM children were identified with a Global Acute Malnutrition (GAM) rate of 20 per cent. Furthermore, among the screened PLW, 25,843 were found to be malnourished. The SAM children were admitted to the TFP. Children and mothers with MAM were linked to the TSFP. UNICEF has also specifically supported the Afar RHB to provide food for 1,714 mothers of children being treated in 66 SCs centers to reduce their risk of treatment defaulting.

<sup>32</sup> SMART surveys were conducted in those specific *woredas* due to a combination of considerations including their proneness to food insecurity and malnutrition, their suitability to be used as sentinel sites, and resource availability among other factors. The GAM rate was found to be 19.4 per cent in Ararso and 13.6 per cent in Shilabo *woredas* respectively, as compared to the WHO emergency threshold for GAM, which is 15 per cent. The survey established the presence of aggravating factors of food insecurity, water shortages, low coverage of immunization services, and a weak health system in both *woredas*. Children that were identified with SAM conditions were referred to treatment facilities supported by UNICEF. Advocacy with WFP was also done for the provision of timely targeted supplementary feeding.

<sup>33</sup> The ENOs included national (1) and regional (2) coordinators and are distributed as follows: in Oromia (4), in Somali (10), in Afar (3), in Benishangul-Gumuz (2), in Gambella (2), in SNNP (3) and in Amhara (2). Their deployment is part of a long-standing programme, however, with the outbreak of the pandemic, the ENOs have become the main foot soldiers on the ground supporting with other COVID-19 related responses. The coordinators have supervised ENOs undertaking on-the-job mentorship, technical and logistical support among health workers and health extension workers, including by orienting the health workers on COVID-19 compliant behavior. The ENOs have made use of the MOH approved score cards to assess the quality of care with respect to Integrated Management of Acute Malnutrition (IMAM) and IYCF in Emergencies (IYCF-E). The regional average IMAM/IYCF-E monitoring scoring has indicated that the TFP service quality was acceptable, with an overall score of 70 per cent.

<sup>34</sup> Thus, additional cartons of RUTF were required to meet the therapeutic requirements for children, leaving a gap of US\$4.3 million at the time.

<sup>35</sup> Last mile delivery refers to the last point of use delivery i.e. health posts/ health centers. Priority is given to hard-to-reach and underserved facilities that require supplies delivered to them with support from UNICEF.

disruptions and to provide services to hard-to-reach and underserved health facilities<sup>36</sup>. At mid-year there is currently a 44 per cent funding gap against needs.

In the reporting period, a large part of the nutrition response was related to the COVID-19<sup>37</sup> pandemic. However, funding constraints have prevented the recruitment and deployment of more ENOs. Transportation of supplies to various *woredas* or facilities has been disrupted and mostly hard-to-reach and underserved sites have been affected, though temporary solutions were provided through re-positioning and pre-positioning of supplies with the support from ENOs. The COVID-19 pandemic has also affected service delivery of routine health services as the weight of the pandemic crowded-out other essential services, while service delivery in some *woredas* was disrupted due to fears of the pandemic itself<sup>38</sup>. Lack of PPE, handwashing or sanitizing materials to undertake the services at optimal level has been another critical gap. In addition, particularly during the second quarter, there was a low screening coverage in East and West Wollega due to insecurity, which is rampant in Guji and West Guji parts of Oromia region as well. Furthermore, the onset of the rainy season has rendered some health facilities inaccessible, which is likely to increase the number of children affected<sup>39</sup>.

## Child Protection

In the reporting period, UNICEF has supported the Government in ensuring the continued delivery of CP services in emergency situations through a coordinated case management system, led by a qualified social service workforce, who have been equipped with the necessary PPE and self-care messages to prevent COVID-19 transmission. In the case of migrant children particularly, such services have included profiling and registration on arrival in the quarantine centres, conducting detailed needs and vulnerability assessments, provision of psychological first aid (PFA), referral for Mental Health and Psychosocial Support (MHPSS), facilitating family tracing and reunification, and engagement with relevant local child protection authorities for post-reunification follow-up support in the places of origin.

In March, together with the MoWCY, UNICEF has revised the child protection case management tools and developed a remote training package for the social service workforce by including COVID-19 considerations. PPE comprising of masks, gloves and hand sanitisers were distributed to 300 social workers and child protection officers in the Bureaus of Women, Children and Youth (BoWCYs) across the emergency affected *woredas* of Amhara, Benishangul-Gumuz, Oromia, Somali and SNNP regions. This has allowed social workers to conduct case management support safely. UNICEF has continued to support child protection case management services to ensure that vulnerable children in emergency affected *woredas* of these regions are not neglected, including Unaccompanied and Separated Children (UASC). As a result, 3,179 UASC (1,300 girls and 1,879 boys) have received case management services and as of 30 June were waiting to be reunified; while between January and June, 303 children (131 girls and 172 boys) have been reunified with their families in the five regions mentioned above, and another 251 children (113 girls and 138 boys) have been placed in foster care arrangements as family tracing was under way.

Schools and child-friendly spaces have been closed since late March to contain the spread of COVID-19. As a result, children have had limited access to socialization and physical contact, which are critical for their psychosocial wellbeing, protection and development. The closure of these platforms has also created the risk of an increased exposure to violence and harmful practices (such as child marriage<sup>40</sup>). Hence, UNICEF has reached 26,326 children (12,292 girls and 14,034 boys) with community based psychosocial support focusing on strengthening family and community support and on improving the care conditions that enable children and families to survive and thrive. This has been done in Amhara, Benishangul-Gumuz, Oromia, Somali and SNNP regions.

In addition, UNICEF has adjusted the global guidance on MHPSS and COVID-19 tailoring it for the Ethiopian context. Together with the education and C4D sections, as well as Save the Children International, specific messages for children of different age groups ([Children Video](#)), for parents/caregivers ([Positive Parenting and MHPSS](#)), as well as for frontline workers and community members more broadly have been developed. These messages focus on where to go for help, and tips for self-care. These messages, which were part of TV spots placed on children's TV programmes, and other stations with a national reach as well as being delivered via the MoE radio channel and social media platforms. The campaign is estimated to have reached 19 million people nation-wide.

In the reporting period, 36,482 IDPs and IDP returnees (21,320 women and 15,162 men) have been reached with key GBV mitigation messages that included information on Intimate Partner Violence (IPV), sexual exploitation, where to report risks/threats and how to access GBV response services. As part of these response activities, 5,500 women and

<sup>36</sup> As a result, a total of 240 *woredas* were identified through a multisectoral consultation process involving the MOH and UNICEF regional focal points. These *woredas* have been prioritised for last mile distribution to avoid disruptions in supplies delivery at an estimated cost of US\$330,000, for which UNICEF has undertaken resource mobilisation to meet the funding requirements.

<sup>37</sup> In this respect, UNICEF and partners have provided 196,000 people (140,00 children and 56,000 adults) with BP5 biscuits in quarantine centers across Somali region's Siti, Fafan and Dawa zones. Awareness was created on prevention in 23 *woredas*, health centers and health points with a demonstrative mentoring on social distancing and the ten steps of handwashing practice for health workers and the community. UNICEF has worked on standardized Information, Education and Campaign (IEC) and Behavior Change Communication (BCC) materials for promotion of IYCF and for creating awareness on COVID-19 to meet the information requirements in this regard, in all the regions. In addition, UNICEF has provided support through third party monitors so that the quality of care is not affected during the pandemic.

<sup>38</sup> For instance, OTP services and health posts were closed in central Gondar due to poor preparation on prevention.

<sup>39</sup> Pre-positioning of supplies before the onset of the rains can help reduce the access constraints experienced due to flooding. With the availability of the official figures of those affected by flooding, the number of children affected will also be provided.

<sup>40</sup> See for instance the article at: <https://news.trust.org/item/20200514172721-h89d6/>.



adolescent girls have received dignity kits. Furthermore, 34 female survivors of sexual violence were referred for multisectoral response services such as health, psychosocial support and legal aid interventions in Oromia (29) and SNNP (five) regions respectively.

The volatile security situation in some areas, as well as the spread of COVID-19, have affected the CP humanitarian response in most regions. Political unrest in Benishangul-Gumuz and Oromia regions in particular have restricted access to IDP sites. UNICEF has addressed this by providing continuous remote technical support to partners working in the affected IDP sites. The increasing concern in this regard is that violence against children and abuse could be going under or unreported.

## Education

The different complex emergencies that have characterized this reporting period have jeopardized the learning opportunities of children situated in emergency contexts. Since 16 March, over 23 million pre-and primary school age children (47 per cent girls) have not been learning, nor benefitting from other school-based services such as protection, health and school feeding<sup>41</sup>. In addition, 168 classrooms, 65 teacher accommodations and 12 toilets have been damaged in 57 schools in West Guji zone, Oromia region, by wind and flooding<sup>42</sup>. Similarly, in May, the overflow of rivers has caused flooding and damaged 41 schools in SNNP (three schools in Basketo, five in South Omo, four in Sidama, four around Arbaminch, 20 in Shashago zones, with one school having been fully damaged, and five in Konta zone respectively)<sup>43</sup>.

In response to these emergencies, UNICEF in partnership with Imagine One Day, Voluntary Service Overseas (VSO) and the Regional Education Bureaus (REB) of Oromia, Somali, Benishangul-Gumuz and SNNP regions, have provided gender responsive (inclusive education for girls and boys) learning opportunities for 43,967 primary school (45 per cent girls) IDP/returnee children and improved their resilience through the provision of learning and play materials. Psychosocial and emotional support training has likewise been provided for 743 primary school teachers (184 female). In response to the closure of schools due to the COVID-19 pandemic, UNICEF has supported 5.2 million primary and secondary school children (46 per cent girls) in accessing distance education.

UNICEF has also strengthened the federal and regional Education in Emergency (EiE) clusters to assess the education needs and restore education through financial and technical support, including through the deployment of three national EiE specialists in SNNP, Oromia and Somali regions and an international education cluster coordinator. As a result, there has been improved information gathering and analysis on the impact of climate change, and inter-communal and regional violence on the education sector. Emergency response planning has also improved. In the reporting period, the Education Cannot Wait (ECW) Multi-Year Resilience programme (2020-2023) which aims to promote resilience through systems-strengthening has also been launched.

In terms of key gaps, EiE continues to lack much needed funding. There was also a lack of contractors for the Temporary Learning Space<sup>44</sup> (TLS) construction and rehabilitation of damaged schools, which hinders timely education service provision for IDP/returnee and flood affected children. Even though progress has been noted, another challenge was the inadequate timely collection, analysis and sharing of EiE data and information, both at federal and sub-regional clusters levels, which would have smoothened advocacy and resource mobilization efforts. Lack of monitoring tools on the levels of listenership of ongoing distance radio and TV programme is another key gap, especially as distance learning has become the 'new norm' due to COVID-19.

Going forward, UNICEF has procured for distribution to schools, teaching and learning materials including school bags, school-in-a-box, recreation and Early Childhood Development (ECD) kits, with the aim of benefitting 195,100 (50 per cent girls) children in conflict and COVID-19 affected regions. In addition, UNICEF in collaboration with Geneva Global Ethiopia (GGE) has embarked on the implementation of an innovative learning programme known as speed school delivery programme, which will support 6,750 primary school-aged IDP/returnee children of 9-14 years to enroll and learn in three *woredas* of West Hararge and two *woredas* of East Hararge, Oromia region. UNICEF likewise plans to procure 120 innovative tents and quickly respond to education needs of children in humanitarian situations and deliver quality pre-and primary education services. UNICEF has also committed US\$ 22,290 from Thematic Humanitarian Fund to implement the UNICEF's SNNP programme section flood emergency response plan as part of the upcoming back-to-school effort.

## Social Protection

In the reporting period, with the financial support from the Swedish International Development Cooperation Agency (SIDA), UNICEF has contributed 11,508,400 ETB to support cash transfers to 54,255 clients or 13,564 Productive Safety Net Programme (PSNP) households in Amhara region. In addition, a similar cash transfer has been provided to 351,813 clients or 87,953 households in Oromia; 23,032 clients or 5,758 households in SNNP and 7,800 clients or 1,950

<sup>41</sup> See [ONE UN \(2020\) Socio-economic Impacts of COVID-19](#).

<sup>42</sup> UNICEF Oromia June-July, 2020 SitRep.

<sup>43</sup> SNNP DRMC.

<sup>44</sup> A TLS has two classrooms and benefits 100 children; whereas one tent is meant to be one classroom, which services 50 children.



households in Tigray regions respectively. This brings the total number of PSNP clients who have received cash transfers to 436,900 or 109,225 households.

As the COVID-19 pandemic is expected to have a negative impact on the economic growth and on the social situation of the country<sup>45</sup>, UNICEF commissioned its own analysis linked to the COVID-19 pandemic<sup>46</sup>. The analysis has been completed and UNICEF will be making the maximum use of it to ensure that children get the attention they deserve in the context of COVID-19. UNICEF has been collaborating with the Ministry of Finance (MoF) to assist the Government in identifying fiscal space for financing Ethiopia's budget and investments in children. The scenarios for future budget forecasts and fiscal space projections take into account the impacts of COVID-19, as per the findings of the UNICEF-led analysis.

In the reporting period, UNICEF has also supported the Ethiopian Human Rights Commission (EHRC) and the Ethiopian Institute of Ombudsman (EIO) in monitoring the human rights of women and children in the context of the COVID-19 response<sup>47</sup>. Similarly, the EIO from May 10-15, visited two centres for the deaf, blind and children with mental health conditions and noted that most COVID-19 preventive messages were not tailored to the needs of persons with disabilities<sup>48</sup>. During the visit, the EIO handed over hygiene materials and food items to 200 beneficiaries.

In addition, in the reporting period, different kinds of support have been given to PSNP clients to combat the COVID-19 pandemic<sup>49</sup>. As part of the COVID-19 response, UNICEF, SIDA, the Ministry of Labor and Social Affairs (MOLSA) and the Ministry of Urban Development and Construction (MOUDC) have signed a service agreement to provide top-up cash transfers to all UPSNP PDS households (approximately 49,892) in all of the covered 11 cities of the programme, and in collaboration with WFP, will also cover all TDS households (approximately 17,460) across these cities. Nonetheless, there is still a need for additional top-up cash transfers targeting PDS households to cover the cost of food, since the wage rate of the PSNP is not enough to cover households' monthly consumption. In addition, there is still a significant number of households categorized as 'the poorest of the poor' spread across small towns that are not part of the PSNP, who are in need of support from the Government.

In the reporting period, UNICEF has also collaborated with UNFPA, UNWOMEN and the MOWCY to raise public awareness about the gender dimensions of COVID-19, by sending a message via mobile SMS to 34 million people to raise their awareness about women's and girls' increased vulnerability to GBV in the context of the pandemic and calling for their support to protect women and children who may face risks or be experiencing GBV. Furthermore, two TV spots were produced and shared on social media and broadcasted on national TV channels (EBC, Fana, EBS and Walta) during the month of June, reaching an estimated 60 million people nationwide. The first TV spot raised awareness of, and called for a concerted effort to [end GBV during COVID-19](#), while the second aimed at better illustrating the [social and economic impacts of COVID-19 on women and girls](#).

### Communication for Development (C4D), Community Engagement & Accountability

In the reporting period, UNICEF has continued to provide C4D related technical support in the management and prevention of disease outbreaks. While a significant focus has been on COVID-19, technical support has also been provided to address other disease outbreaks including cholera, measles, and polio.

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<sup>45</sup> The (income) poverty headcount has declined markedly from 42.5 per cent in 2000 to 23.5 per cent in 2016. As a result of COVID-19 specifically, according to UNECA estimates (growth figures and reductions based on UNDESA figures), a worst-case scenario of a 4.5 per cent drop in Gross Domestic Product (GDP) would lead to an increase in income poverty for nearly 2.2 million people (an additional 10 per cent of those currently living below the poverty line). Recent studies have estimated that, in a pessimistic scenario, the drop in GDP for Ethiopia would be -1.5 per cent in fiscal year 2020/21, and 6.3 per cent in fiscal year 2021/22, with a prolonged recovery period. Specifically, the services sector is expected to experience a much larger contraction (a decline of 4.5 per cent in 2020/21) due to the wider global demand slump and a slower global economic recovery, which will induce a decline in the activity of Ethiopian Airlines, as well as lead to lower tourism income and the flow of remittances. For more details please see: <https://www.imf.org/en/Publications/WEO/Issues/2020/04/14/World-Economic-Outlook-April-2020-The-Great-Lockdown-49306> as well as the Planning and Development Commission (2020) report: The Impact of COVID19 on Ethiopian Economic Growth.

<sup>46</sup> The study includes a vulnerability assessment with a focus on women and children and a socio-economic impact analysis. Several studies quantifying the impact of the COVID-19 pandemic on the Ethiopian economy and assessing its effects on different groups have been already published, including a comprehensive report by the [United Nations](#).

<sup>47</sup> The Ethiopian Humanitarian Resident Coordinator (EHRC) visited two federal prisons and four detention centres in Addis Ababa as well as detention and quarantine centres in Assosa, Mekele and Bahirdar cities. Though no systemic violations of human rights were observed, several issues were identified such as overcrowding, lack of isolation areas for detainees with COVID-19 symptoms, delays in hearing cases due to partial closure of courts and the rise of child marriage cases in Amhara. As a result of the findings, the EHRC issued a public statement on the Day of the African Child, highlighting these findings and providing recommendations related to children's rights.

<sup>48</sup> The EIO has recommended that the Government gives special attention through financial assistance, inclusive education and vocational training to people with disabilities whose situation has worsened as a result of the COVID-19 outbreak.

<sup>49</sup> In the month of June, in Amhara region, with the reprogramed third quarter budget, Enebsie-Sarmider and Libo-Kemkem *woredas* provided hygiene kits inclusive of soap and sanitizers and basic necessities (oil and rice) to 919 Permanent Direct Support (PDS) households. 2,550 facemasks (n95 Kimberley Clarke/CIK) and 15,300 hand sanitizers (Alcohol >60%, 75-100ml) procured by UNICEF, were also dispatched to the Bureau of Labor and Social Affairs (BOLSA), to be distributed to community level social workers. Social workers have also been providing COVID-19 prevention messages to PSNP PDS and Temporary Direct Support (TDS) clients as part of their routine household visits. In Afar, in the same month, five PSNP *woredas* (Mille, Dubti, Chifra, Asyita and Afambo) were reached with targeted messages and information on COVID-19. A total of 61,702 individuals were directly reached with these messages. In addition, a total of 200 liters of sanitizer, 200 boxes of masks, and 450 boxes of soap were distributed, based on the list of the identified number of PDS and TDS clients, reaching a total of 250 households (1,425 individuals). In the same period, the SNNP BoLSa has procured hand sanitizers and soap for 1,360 PSNP clients and 60 social workers in six *woredas*. Similarly, in Harar, soap and hand sanitizers were distributed to 1,249 (682 women and 567 men) PSNP PDS beneficiaries. UNICEF has also collaborated with the Government to distribute soap and COVID-19 messaging to all urban PSNP (UPSNP) households in all of the programme's 11 cities, reaching approximately 194,482 households.

Accordingly, a key intervention has been supporting health care extension workers and influential community members, such as religious leaders, to deliver accurate and supportive information to facilitate vaccination campaigns for measles and polio. Similarly, UNICEF has supported hygiene promotion activities in cholera affected *woredas* in Oromia, SNNP, and Somali regions. These hygiene promotion activities have been done by health extension workers, hygiene promoters, who were equipped to deliver correct preventative information through door-to-door educational activities, and interactions that allow for interpersonal communication. Preventative messages encouraging correct hygiene practices, such as washing hands have been broadcast through mass media and mobile vans, with UNICEF's financial support. Accordingly, 1,026,061 people, including 15,808 IDPs in Oromia region, have been reached with messages focused on safe handwashing, the correct use of water treatment chemicals and latrines. UNICEF also provided expert technical support to the development of a National Cholera Elimination Plan, which has RCCE as a central pillar.

UNICEF has provided technical and financial support for preparedness and prevention RCCE activities as part of its COVID-19 response, which have been implemented in partnership with Save the Children, the Ethiopian Red Cross Society (ERCS), the International Rescue Committee (IRC), and the Somali Region Islamic Affairs Supreme Council. Accordingly, an RCCE engagement plan has been developed and implemented through which the most at-risk groups, including children, have been targeted with tailored messages delivered via mass and social media, volunteers, and community influencers. Audio-visual materials<sup>50</sup> and over 800,000 print materials have been produced in three languages and distributed to most regions. Since the start of the COVID-19 response to the end of June, over 32.3 million people have been reached with COVID-19 prevention messages. COVID-19 materials produced by UNICEF Ethiopia can be accessed at [COVID-19 Materials](#) and include children songs on handwashing, educational videos in Amharic, Afaan Oromo, and Somali, and print material designs.

The main challenge during the reporting period has been the focus on COVID-19 by Government officials and community platforms, which has delayed responses to other outbreaks such as cholera and measles. Furthermore, with respect to the COVID-19 response specifically, it has been a challenge to engage with communities due to the lack of sufficient quantities of PPE for volunteers and community workers.

### Human Interest Stories and External Media

In the reporting period, communication efforts have been primarily focused on the development of content related to COVID-19, following a three-pronged strategy: (1) general prevention messages targeting the public; (2) specific messages highlighting UNICEF's response and acknowledging the leadership of the Government, the support of donors, and the collaboration with implementing partners; and (3) human interest stories of service providers working on the frontlines of the response and service recipients, including children.

Throughout the reporting period, a regular update on the COVID-19 response has been shared with donors and NGO partners and published on the [UNICEF website](#) and social media channels. The updates have touched upon various issues, including on how COVID-19 impacts children's [nutrition](#), [protection](#) and [access to education](#).

In February, extensive media coverage was received on the ECW's Director's visit to Oromia and Somali regions which was followed by the launch of ECW in Ethiopia and a [grant announcement](#) and a press conference. As part of UNICEF's overall engagement with influencers, [UNICEF Ethiopia supporter Zeritu Kebede](#) visited the COVID-19 isolation centre at Bole-Chefe and the quarantine centre at Basha Wolde in Addis Ababa, where she advocated with the Minister of Health and the Mayor of Addis Ababa for more WASH and PPE support for health workers and the centres. As a result, the Minister and the Mayor visited the centre and immediately addressed some of the concerns through the provision of the requested essential supplies.

Two Public Service Announcements (PSAs) were developed with CNN hero, Freweini Mebrahtu on [homemade sanitary pad](#) and [call for action](#) linking menstrual hygiene to the COVID-19 response. In addition, a speaker of [Addis Ababa Children's Parliament](#) and a [young coder](#) were profiled to inspire other young people on how to cope during COVID-19. One of UNICEF's top contents which [profiled a social worker](#) working with child returnees, has been highly popular on social media and was also published on local [media](#). The post on the global UNICEF Facebook page about the same social worker had over 2 million likes.

During this period, 24 videos (Refer to Annex D on page 14) have been published, focusing on the COVID-19 prevention response, stories of frontline responders and of recipients of support. Similarly, a total of 29 media products have been shared including photo-essays, blogs, stories, press releases, posts, text stories and news features (Refer to Annex D on page 14). In addition, during the reporting period, UNICEF gained more than 166,160 new followers (up from 200,000 in December 2019) and there have been 30 million impressions across all digital platforms (Facebook, Twitter, Instagram, YouTube and LinkedIn) with nearly 231,900 engagements. Of these, COVID-19 related posts reached 2,970,670 people while 93,692 people engaged with the various posts. UNICEF has also been recognized by [Facebook](#)

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<sup>50</sup> These audio-visual materials included seven videos targeting children on handwashing, explaining COVID-19, help seeking behaviour and prevention, which have been produced in Amharic. An additional six (four Amharic, one Afaan Oromo, one Somali) videos for adults, focusing on positive parenting, MHPSS, and prevention have also been produced and used.

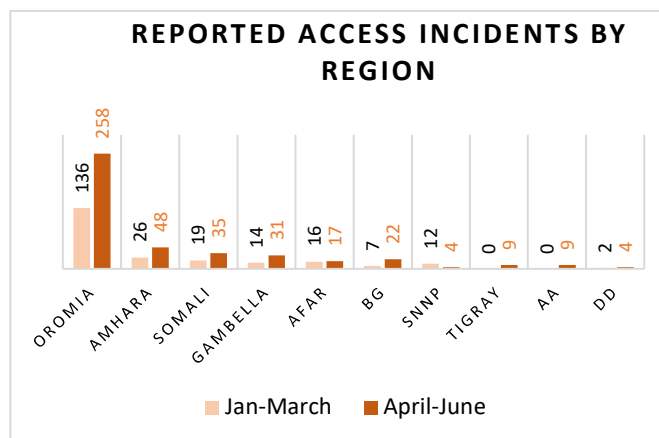
as a reliable source of information on COVID-19 in Ethiopia. The UNICEF Ethiopia website acquired a total of 152,485 views.

In terms of partnership it was announced that [Japan would give UNICEF Ethiopia over US\\$4 million for its COVID-19 response](#). In addition, [UNICEF and WFP launched a partnership](#) to support the fight against malnutrition in Ethiopia.

## Security<sup>51</sup>

In the first half part of 2020 the operating environment in Ethiopia has remained permissive, although reports of insecurity and violence have in some locations impeded relief operations. The reported hostilities include intra-community conflicts over access to resources, regional boundaries and ethnic differences. Clashes between the Ethiopian Defense Forces (EDF) and Unidentified Armed Groups (UAG) remain a concern. If not properly addressed, they may hamper access to thousands of people in need, while also leading to new displacements and additional humanitarian support requirements.

In the reporting period, almost all regions have been affected by some kind of conflict; however, the most significant include the Oromia region (particularly its western and southern parts); Amhara, Somali, Afar, Gambella and Benishangul-Gumuz.



On 29 June, the killing of an Oromo artist and political activist in Addis Ababa led to violent protests across Oromia, as well as the capital city, some of which quickly deteriorated. An internet shutdown followed the assassination that resulted in restricted communication and challenged the delivery of humanitarian assistance by UNICEF and partners, particularly in the Oromia region.

Despite the challenges, humanitarian actors including UNICEF have been committed to meeting the needs of children and women, while also taking the necessary precautionary measures to prevent the further spread of COVID-19. By the end of June, COVID-19 related Government-imposed restrictions were eased, enabling partners to operate without restrictions, while having to respect the mandatory use of masks, hygienic measures, and social distancing throughout the implementation of their activities.

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<sup>51</sup> The main sources for this section are: OCHA (2020) [Humanitarian Access Situation Report: January-March 2020](#); OCHA (2020) [Humanitarian Access Situation Report: April-June 2020](#) as well as different UNICEF Field Offices' Sitreps covering the period of January-June 2020.

Annex A Summary of Programme Results		Cluster/Sector Response			UNICEF and IPs		
Sector	Overall needs	2020 target	Total results*	Change since last report	2020 target	Total results	Change since last report
<b>Nutrition*</b>							
Number of children 6-59 months affected by SAM admitted for treatment	544,000	443,638	159,972	▲30,563	459,638	159,972*	▲68,214
Number of children 6-59 months receiving Vitamin A supplementation					1,271,985	-	-
<b>Health**</b>							
Number of medical consultations in priority locations (Afar and Somali regions)					460,000	227,613	▲70,317
People affected by cholera with access to life-saving curative interventions					10,000	5,662	▲633
Children immunized against measles					160,000	5,212	▲2,067
People with access to health care facilities stocked with emergency drugs and supplies for 3 months					250,000	62,500	▲25,000
<b>WASH</b>							
# of people have received water treatment chemicals	7,000,000	4,200,000	974,216	▲30,072	2,650,000	659,821	▲188,181
People reached with key messages on hygiene practices	6,980,000	5,224,000	1,619,954	▲174,621	2,650,000	3,232,843	▲2,733,260
# of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene. Principally through durable, long lasting infrastructural investments	5,280,000	1,738,000	1,723,228	▲90,813	1,060,000	436,615	▲89,574
# of people accessing appropriate sanitation facilities	971,000	583,000	266,398	▲6,882	100,000	49,382	▲30,507
<b>Child Protection</b>							
Number of children provided with PSS, including access to CFSs with multisectoral programming interventions	142,000	110,000	21,455	▲184	96,250	26,326	▲2,080
Number of unaccompanied and separated children accessing family-based care or appropriate alternative services reunified	47,000	10,000	823	▲89	5,570	554	▲42
Number of women and children accessing GBV prevention and response interventions	1,164,000	270,000	70,379	▲10,221	118,750	36,482	▲4,932
<b>Education</b>							
Number of children accessing formal or non-formal education	1,645,521	1,300,000	43,967	▲6,817	345,521	43,967	▲6,817
<b>Social Protection</b>							
Number of households receiving cash transfers					1,100,000	109,225	▲109,225
<b>Communication for Development (C4D)</b>							



Number of people reached with key lifesaving/behavior change messages to prevent disease outbreaks; promote immunization, good nutrition practices.					1,490,000	1,026,061	▲ 1,026,061
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\* SAM reporting is delayed by one month.

\*\* MHNT report is delayed by one month.

## Annex B - Funding Status

Appeal Sector	Requirements	Funds available US\$		Funding gap	
	US\$	Funds Received Current Year	Carry over*	\$	%
Nutrition	45,994,917	14,054,743	11,613,041	20,327,133	44%
Health	11,997,504	943,316	476,374	10,577,814	88%
WASH	47,262,404	2,841,301	1,737,302	42,683,801	90%
Child Protection	9,378,579	364,038	1,077,663	7,936,878	85%
Education	15,589,281	47,344	31,059	15,510,878	99%
Social Protection	9,158,400	-	-	9,158,400	100%
<b>Total</b>	<b>139,381,085</b>	<b>18,250,742</b>	<b>14,935,439</b>	<b>106,194,904</b>	<b>76%</b>

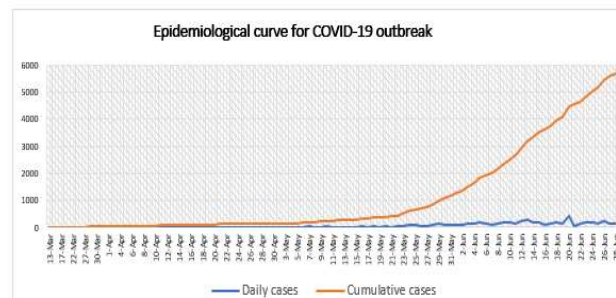
## Annex C - COVID-19 Response Snapshot

### ETHIOPIA : Novel Corona Virus (COVID-19)

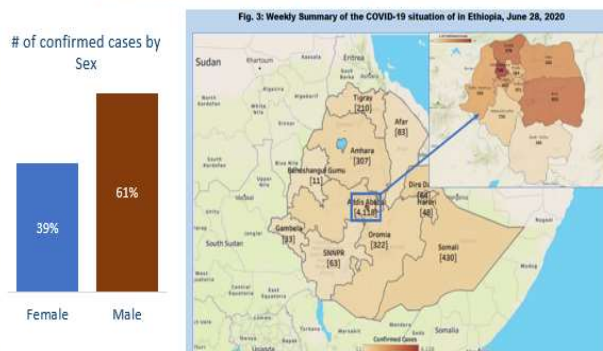
Ethiopia COVID-19 Key Figures (as of end of June, 2020, EPHI)



Section	UNICEF Ethiopia COVID-19 Highlight results (as of June 30)
Communication, Advocacy & partnership	2,970,670 of impressions on social media (Twitter and Facebook) for COVID-19 stories / prevention messages 93,692 social media engagements on COVID-19
Health	6,032 healthcare facility staff and community health workers provided with PPE.(this includes 32 health care facility staff work in refugee setting) 32,330,801 people reached on COVID-19 through messaging on prevention and access to services .(this includes 63,994 refugees)
Communication for development	3,891,586 people engaged on COVID-19 through RCCE actions .(this includes 18,915 refugees)
Child protection	13,789 children, parents and primary caregivers provided with community based mental health and psychosocial support.(this includes 3,000 refugees) 2,135 women and girls of reproductive age provided with dignity kits.(this includes 400 refugees)
Education	5,155,033 children supported with distance/home-based learning.
Nutrition	17,638 children 6 to 59 months affected by SAM admitted for treatment.(this includes 334 refugees) 97,705 primary caregivers of children aged 0-23 months and 24-59 months who received IYCF counselling through facilities and community platforms.(this includes 6,616 refugees)
WASH	1,965,323 people reached with critical WASH supplies (including hygiene items) and services (this includes 32,000 refugees) 129,474 people with access to basic sanitation services .(this includes 45,000 refugees)
Supplies for the COVID-19 response activities delivered to IP include: Gowns (30,000), Masks-N95 (250,000), Coverall Protection (9,000), Faceshields (68,000), Goggles (40,000), sanitizer supplies and other program supplies with a total value of USD 5,139,626.08	



### Number of confirmed COVID-19 cases in Ethiopia



Funding requirement (COVID-19)	Funds received in 2020	Reprogrammed	Funding gap
\$ 49,086,267	\$ 21,759,623	\$ 8,216,750	\$ 19,109,894

## Annex D - Media Products Released in January-June 2020

### Articles and Posts

1. Blog: [Has COVID-19 disrupted essential health services for women and children?](#)
2. Story: [Health workers in Ethiopia continue to provide essential maternal and child health care during COVID-19](#)
3. Photo Essay: [Health Extension Workers mobilized to fight COVID-19 in Ethiopia](#)
4. Story: [Better to survive COVID-19 and realize my big dream, says Ethiopian child-MP](#)
5. Story: [Children pursue their passion while staying home](#)
6. Story: [Time to do wonders on the web](#)
7. Story: [Young Hanawi teaches children in Afar how to prevent COVID-19](#)
8. Story: [In Ethiopia: Keeping children learning during COVID-19](#)
9. Press release: [COVID-19 Youth Empowerment Design Challenge](#)
10. Blog: [Putting hygiene at the heart of the COVID-19 response](#)
11. Story: [UNICEF engineer designs hands-free handwashing stand](#)
12. Blog: [How to make a menstrual hygiene pad at home](#)
13. Press release: [Periods don't pause for a pandemic](#)
14. Story: [Keeping jobs, supporting livelihoods](#)
15. Blog: [Mounting worries that COVID-19 could lead to increase in child malnutrition](#)

### Videos

1. Video: [A day in the life of a nurse in times of COVID19](#)
2. Video: [A day in the life of a HEW during COVID19](#)
3. Video: [Betelhem Dessie talks about how she is coping during COVID19](#)
4. Video: [Keeping children learning during COVID-19 in Ethiopia](#)
5. Video: [Message from Frewein Mebrahtu](#)
6. Video: [It's time for action](#)
7. Video: [Keeping jobs, supporting livelihoods](#)
8. Video: [Parents too need a 'time out' during COVID-19, says trauma psychologist](#)
9. PSA: [Gender-based violence](#)
10. Video: [Social workers like Tirusew Getachew show they're essential to #COVID19 response](#)
11. Video: [Tirusew Getachew](#)
12. Video: [10 easy steps for handwashing for kids](#) (3 videos)
13. Video: [UNICEF steps up response in Ethiopia amid COVID-19](#)

16. Blog: [COVID-19 poses challenges in monitoring salt iodization in Ethiopia](#)
17. Press release: [UNICEF and WFP launch partnership to help fight malnutrition in Ethiopia](#)
18. Story: [Heightened risks as thousands of migrants return to Ethiopia amid-coronavirus pandemic](#)
19. Story: [A young Ethiopian migrant narrates her ordeal trying to seek a better life for her family](#)
20. Story: [Parents too need a "time out" during COVID-19, says a trauma psychologist](#)
21. Blog: [Taking stock of children's mental and psychosocial wellbeing in Ethiopia during COVID-19](#)
22. News feature: [Ethiopia moves children from streets to shelters to stop coronavirus spread<sup>52</sup>](#)
23. News feature: [Hundreds of child weddings thwarted in Ethiopia as coronavirus locks girls out of schools](#)
24. Text story: [As migrants return to Ethiopia, social workers show they're essential to COVID-19 response](#)
25. Blog: [Creating awareness about COVID19 in Ethiopia](#)
26. Photo essay: [In time of global pandemic, UNICEF steps up response in Ethiopia](#)
27. Post: [Ending GBV during #COVID19](#)
28. Post: [GBV prevention and response](#)
29. Post: [Child protection and violence](#)
14. Video: [UNICEF supporter Zeritu Kebede visits a COVID-19 isolation center](#)
15. Video: [Positive parenting](#) (2 videos)
16. Video: [children song on prevention](#)
17. Video: [COVID-19 Prevention PSA in Amharic](#)
18. Video: [COVID-19 Prevention PSA in Afaan Oromo](#)
19. Video: [PSA UNICEF Supporter Zeritu Kebede on COVID-19 prevention and support](#)
20. Video: [Kalkidan Hailemariam, Speaker of Addis Ababa Children's parliament shares how she coping with staying home during COVID-19.](#)
21. Video: [PSA economic empowerment for women during COVID-19](#)

<sup>52</sup> Although articles no.22 and 23 are not published by UNICEF, its name has been mentioned and quotes from UNICEF staff included.