



Mother and children at a UNICEF supported stabilization centre, Somali region ©UNICEF Ethiopia/2017  
SitRep # 8 – Reporting Period 20 May – 5 June 2017

# ETHIOPIA

## Humanitarian Situation Report



### SITUATION IN NUMBERS

## Highlights

- Floods have been reported following heavy rains in Amhara, Gambella, Oromia, SNNP and Somali regions. The National Disaster Risk Management Commission (NDRMC) activated the National Flood Task Force for preparedness and response.
- The Somali Regional Health Bureau, UNICEF and WHO trained 212 front line health personnel in 41 prioritized case treatment centres (CTCs) across the region on the management of acute watery diarrhoea (AWD) for severely malnourished children.
- In Somali region, UNICEF prepositioned 4,045 cartons of high calorie biscuits (BP5), to be distributed to CTCs in AWD affected woredas. This quantity will reach 24,270 patients with AWD in the region.
- The AWD situation has largely improved in the Somali region with an 88 per cent decrease in cases from early April to end of May.
- With ongoing rains, water and pasture availability improved in the pastoralist drought affected areas of the country, allowing water trucking interventions to scale down.
- There are grave concerns with regard to a potential break in the food aid pipeline in July and its potential impact on children's nutritional status.

**5.6 million**

People\* require relief food assistance in 2017

**303,000**

Children\* are expected to require treatment for SAM in 2017

**9.2 million**

People\* require access to safe drinking water and sanitation services

**2 million**

School-aged children\* require emergency school feeding and learning materials assistance

**843,171**

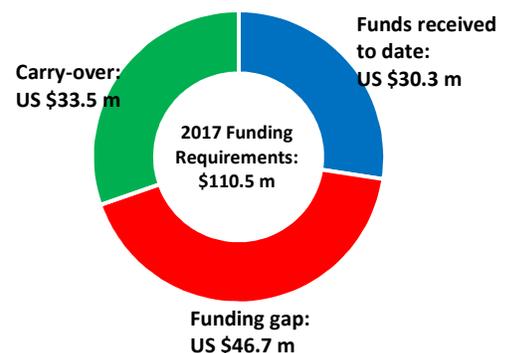
Refugees in Ethiopia (UNHCR, April 2017)

\*HRD, January 2017

Indicators	UNICEF & Partners		Sector/Cluster	
	UNICEF Target	Cumulative results (#)	Cluster Target	Cumulative results (#)
<b>WASH:</b> People accessing safe water	1,460,000	1,096,000	9,200,000	4,229,000
<b>Nutrition:</b> Children under 5 years with SAM admitted for treatment to therapeutic care programmes	304,300	81,681	303,000	81,681
<b>Health:</b> People provided with access to essential and life-saving health care services	400,000	127,848		
<b>Education:</b> School-aged children with access to emergency education programmes	630,000	160,337	2,000,000	1,700,000
<b>Child Protection:</b> Vulnerable children receiving psychosocial support	30,000	20,621	45,000	14,206

See Annex 1 for more information on programme results for 2017

**UNICEF Appeal**  
**US\$110.5 million**  
**2017 Funds available\*\***



\*\*Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year.

## Situation Overview and Humanitarian Needs

The *Belg* assessment is ongoing in Afar, Amhara, Oromia, SNNP, Somali and Tigray regions. The findings will inform the update of the Humanitarian Requirements Document (HRD) and humanitarian needs until the end of the year. The number of people requiring food assistance is expected to increase by at least 2 million people from the 5.6 million people highlighted at the beginning of the year. The revised HRD will be released in early July 2017. There are grave concerns with regard to a potential break in the food aid pipeline in July and its potential impact on children's nutritional status.

The NDRMC activated the National Flood Task Force comprised of Government sector bureaus, FAO, OCHA, UNICEF and WFP in view of the heavy rains and flood incidences being reported from some parts of Amhara, Gambella, Oromia, SNNP and Somali regions. The task force is coordinating preparedness and response measures including the preparation of flood contingency plan and a National Flood Alert based on analogue year of 2006, on actual flood incidences of 2016 and on the 2017 regional emergency preparedness and response plans. .

At the end of April 2017, there are an estimated 843,367 temporary internally displaced people (including protracted), of which 456,801 are in the Somali region. Drought, conflict and floods are primary causes of displacement. Of the 456,801 displaced people in Somali region, 220,000 people have been displaced in 2017 mainly as a result of drought. The Government of Ethiopia (GoE), with support from its humanitarian partners, is coordinating and providing emergency assistance to those displaced in temporary resettlement sites. With the ongoing *Gu* rains, a second wave of animal mortality is being reported which will further destitute pastoralist families arriving at existing formal or informal displacement sites. In coordination with the emergency shelter/non-food items cluster for identification of priority needs, UNICEF, in partnership with the Ethiopian Red Cross Society, is preparing to dispatch non-food item kits (containing blankets shelter materials, kitchen utensils, and sleeping mats) to benefit up to 4,000 families. The GoE and humanitarian partners are currently providing food and water as well as health and nutrition services. However, critical funding gaps remain in all sectors.

An increasing number of refugees continue to arrive in Ethiopia with refugees from South Sudan constituting the majority with a total of 376,799 refugees as of 15 May 2017. Since September 2016, following renewed fighting of warring parties in South Sudan, 87,187 South Sudanese refugees arrived in the Gambella region of western Ethiopia. The Nguenyiel refugee camp in Gambella, which opened in October 2016, is currently at full capacity with roughly 60,000 refugees. A new camp, Gure-Shembola, has opened in May 2017 in Benishangul-Gumuz region, also in the western part of Ethiopia. As of mid-May 2017, 1,116 South Sudanese refugees have been relocated to Gure-Shembola refugee camp while 3,168 refugees are waiting at Pagak entry point, to be relocated after undergoing registration. All newly arriving refugees continue to have access to basic services, including health, nutrition, water, hygiene and sanitation.



### Humanitarian leadership and coordination

The NDRMC leads the overall humanitarian coordination through the federal and regional level Disaster Risk Management Technical Working Groups (DRMTWGs) and brings together various taskforces and sector cluster partners to coordinate emergency response efforts. A number of UN agencies and NGOs are supporting the Government-led humanitarian response targeting priority hotspot *woredas* (districts).

In the Somali region, the Ministry of Health is leading the current AWD response while the World Health Organization (WHO) deployed a senior surge team, now based in Jijiga, Somali region. WHO is also strengthening its health cluster leadership at national and Somali region levels. UNICEF collaborates and coordinates its response efforts with the new WHO surge team.

Together with GoE, UNICEF continues to provide cluster leadership for WASH and nutrition as well as co-leadership with Save the Children International (SCI) for education. In addition, UNICEF provides sub-cluster co-leadership with UNFPA for child protection and gender based violence and plays a key role in the health cluster coordination.

As a cross-cutting strategy, UNICEF continues to support Communication for Development (C4D) interventions, including strengthening communication coordination mechanisms, enhancing capacity of social mobilization networks, and disseminating context specific key messages through multiple channels and platforms



### Humanitarian Strategy: Prepositioning and Partnerships

The 2017 humanitarian response is based on three strategic objectives which will inform sector specific operational plans. These strategic objectives are:

1. Save lives and reduce morbidity due to drought and acute food insecurity
2. Protect and restore livelihoods
3. Prepare for, and respond to other humanitarian shocks – natural disasters, conflict and displacement

In line with its Core Commitments for Children in Humanitarian Action, UNICEF is supporting GoE to achieve objectives one and three. UNICEF is working with all partners to ensure children have access to health and nutrition care, education, protection and safe water, sanitation and hygiene services during emergencies.

To respond to any rapid onset of crises in a timely manner, UNICEF prepositioned non-food item (NFI) stocks in Addis Ababa and two regional hubs that can benefit 120,000 people.

In the refugee response context, UNICEF supports UNHCR and GoE's Administration for Refugee and Returnee Affairs (ARRA) to spearhead emergency response coordination. The partnership is based on a Memorandum of Understanding which was signed in 2016 between the two sister agencies and a tripartite agreement signed in 2007 with ARRA and UNHCR to establish a framework of collaboration for the delivery of services and assistance to refugees.



## Summary Analysis of Programme response

### Nutrition

With increased water access, particularly in Oromia and SNNP regions, an improvement in the nutrition situation is expected in these locations in the coming weeks. In the meantime, the Emergency Nutrition Coordination Unit (ENCU), which is housed within NDRMC, and supported by UNICEF, is coordinating the emergency nutrition response by mobilizing the support of NGO and Government partners in areas identified with gaps in services.

Given the potential break in the food pipeline from WFP, UNICEF is preparing to respond to a higher caseload of SAM children. The SAM caseload for 2017 is expected to be revised officially, following the results from ongoing regional multi sectorial assessments. While waiting for the official new figure of SAM caseload, UNICEF has undertaken an internal exercise with different scenario and according to worst case scenario, UNICEF will face a shortage of 72,000 cartons of RUTF. The Country Office is currently mobilizing resources to cover this potential gap. UNICEF is also continuing to increase the capacity of health system through delivery of CMAM management trainings. Since January 2017, a total of 989 health staff were trained on CMAM with support from UNICEF and there is a plan to train another 800. UNICEF also continues to strengthen SAM management through the deployment of 29 CMAM monitors in 7 regions (8 in Somali, 5 in Afar, 4 in Oromia, and 3 in Amhara and 3 each in Benishangul-Gumuz, Gambella and SNNP region), responsible for support and on-the-job training to the health staff in SAM treatment sites. In addition, with a plan to open 300 new sites in the country in 2017, UNICEF is supporting the expansion of SAM treatment sites coverage with provision drugs, medical supplies and therapeutic food. UNICEF is also exploring with NGO partners including MSF, alternate ways to treat MAM cases.

In the Somali region, the nutrition situation remains critical, with a continuous increase in severe acute malnutrition (SAM) admissions among children (from 7,096 in February to 7,835 in March). To improve coordination and support information flow, UNICEF deployed four nutrition zonal coordinators through the Disaster Prevention and Preparedness Bureau (DPPB) in the following zones: Doolo, Korahe/Jarar, Nogo/Erer, and Afder/Liban. This initiative is expected to improve prioritization of gaps, quality of nutrition services, and reporting of the Community Management of Acute Malnutrition (CMAM) programme in these zones.

The training on SAM management for AWD affected people, using a simplified algorithm developed by UNICEF and WHO, continues to be cascaded. The training is expected to provide health staff with the necessary skills to treat children who are severely acutely malnourished and affected by AWD and thus reduce the child mortality rate. So far, with support from UNICEF, WHO and Regional Health Bureau (RHB), a total of 212 health personnel (out of a target of 190) in 41 prioritized case treatment centres (CTCs) received this training.

UNICEF, through the nutrition pillar, prepositioned 4,045 cartons of BP-5 (high calorie biscuits) in the Somali region to be distributed to CTC sites in AWD affected *woredas* to reach 24,270 AWD patients.

In Gambella region, UNICEF continues to support the RHB in the response to the influx of South Sudanese refugees at entry points and within host communities. A mobile nutrition team, deployed by RHB and UNICEF, provides vitamin-A supplementation, deworming and malnutrition screening at Pagak and Akobo entry points. During the reporting period, a total of 679 (6 months to 5 years) children were provided with vitamin-A supplementation and

screened for malnutrition (24 children [4 per cent] were identified as moderately acutely malnourished [MAM] and 16 children [2 per cent] as SAM), and 511 children (2 to 5 years) received deworming tablets.

## Health

Decreasing numbers of AWD cases are being reported in Amhara, Oromia, SNNP and Somali regions as a result of the ongoing coordinated emergency response. The AWD situation has largely improved in Somali region with an 88 per cent decrease in cases from early April to end of May. Joint WHO/ UNICEF AWD deployment to support efforts in four priority zones (Jarar, Korahe, Dollo and Shabelle) began in early May. In Somali region, where 96 per cent of all national AWD cases are reported, monitoring and response has been strengthened in the six pillars: case management; communication for development; logistics; nutrition; surveillance; and WASH. The scaled up response has contributed to the decrease in the number of patients with AWD. However, new *woredas* are reporting AWD cases, indicating the possibility of continuing outbreaks amidst water shortage, population movement in search of water and pasture and an ongoing AWD outbreak in neighbouring Somalia. UNICEF continues to provide technical assistance through deploying health, logistics and emergency staff to affected areas.

In SNNP region, in response to the AWD outbreak in Humbo *woreda*, UNICEF dispatched two CTC kits (each kits contains 10 beds, stretchers, drugs, cleaning materials and water containers) that will be used to establish temporary clinics to isolate and treat patients with AWD. Each temporary clinic present the possibility of treatment of 10 severe 23 mild patients with AWD cases at any point in time.

UNICEF is providing support to the Gambella RHB to vaccinate to newly arriving South Sudanese refugee children at Akobo and Pagak entry points. During the reporting period, 1,266 children (0-15 years) and 1,179 children (6 months - 15 years) were vaccinated against polio and measles, respectively. Also as part of its support to the South Sudanese refugees in Benishangul-Gumuz region, UNICEF provided 7,500 long lasting insecticide treated nets (LLINs) to protect 15,000 South Sudanese refugee children and women from malaria. UNICEF also supported the establishment of temporary clinics at Gure-Shembola refugee camp through providing five emergency drug kits and two emergency clinic tents to UNHCR/ARRA which will provide health care services to South Sudanese refugees.

## Water, Sanitation and Hygiene (WASH)

In the Somali region, it is reported that 84 per cent of temporary resettlement sites have no toilets. Of the remaining sites, only one site was able to achieve the coverage of one toilet for every 50 people. Given the rather concerning situation in these sites, a rapid 30-60-90 day plan to improve the sanitation and hygiene situation is required to ensure that minimum Sphere standards are reached as quickly as possible. UNICEF, as the WASH cluster lead, is developing a scale-up policy for sanitation and hygiene in the temporary resettlement sites in Somali region. The immediate focus, with regard to the construction of latrines, will be on the larger sites where displaced individuals are anticipated to remain for extended periods. A total of 2,421 shared blocks with 7,265 toilets cubicles are required to meet Sphere standards<sup>1</sup> for the larger sites only. Overall, US\$8 million in additional funding is required for partners, including UNICEF, to implement the sanitation and hygiene scale-up plan.

Other key interventions supported by UNICEF in Somali region include distribution of household water treatment chemicals, drilling of new boreholes, as well as repair of non-functional water points to help people recover and build community resilience to cope with future shocks. UNICEF continues to support the Somali Regional Water Bureau (RWB) with three mobile maintenance teams that are deployed across the region to rehabilitate non-functional water schemes. UNICEF also deployed additional three teams through a private contractor to contribute to the same objective. During the reporting period, these teams completed the rehabilitation of eight boreholes that are supplying safe water to an estimated 12,000 people.

With the ongoing rains, the need for emergency water provision has reduced in many regions. Most of the drought affected areas in Oromia have received some rainfall, resulting in improved availability of water and pasture and in a 23 per cent reduction in needs for water trucking. Similarly, SNNP and Somali regions have received some rains which resulted in the reduction of water trucking in both regions. However, the water shortage remains a chronic issue in the north and north eastern part of Afar region, with the situation worsening in 14 *woredas* due to the drying up of shallow water sources. In areas of the country that are still experiencing drought conditions and have had AWD cases, the WASH cluster is prioritizing water trucking for areas that received insufficient rains and had cases of AWD in the last 30 days. During the reporting period, more than one million people were provided with safe water through water trucking by WASH cluster partners throughout the country in all affected regions.

In Oromia region, 73,600 people now have access to water from 26 rehabilitated and maintained water schemes in East and West Hararghe and West Arsi zones. UNICEF also deployed a new sub-national WASH Cluster Coordinator to Oromia region during this period to support the ongoing drought and AWD response plus preparedness activities. Ongoing hygiene and sanitation promotion is currently emphasizing household water treatment and safe storage,

<sup>1</sup> Sphere standard: a maximum ratio of 25 people per toilet or latrine squat hole

hand washing, and safe disposal of human waste to reduce the risk of AWD cases with new rainfalls resulting in individuals using unprotected water sources.

In response to the AWD outbreak in the Humbo *woreda* in SNNP region, UNICEF dispatched chlorine supplies and household water treatment chemicals to provide safe water for 5,066 at-risk individuals. The RWB distributed household water treatment chemicals to an additional 2,500 individuals with UNICEF support. In Somali region, RWB, with support from UNICEF, continues a mass chlorination campaign of water sources. UNICEF dispatched household water treatment of unprotected water sources in addition to chlorine for water treatment at community level.

In Gambella region, in partnership with International Rescue Committee, UNICEF continues to provide safe and potable water to 178,000 refugees in Kule and Terikedi camps and host communities at Itang junction. A 4.7 km long water pipe was installed, 14 water kiosks were completed and the water storage reservoir installation is nearing completion for the Itang town water supply system. In order to provide water for the neighbouring refugee camps, an additional 12 km of pipe was installed with construction ongoing for the generator houses and booster station.

## Education

In Somali region, UNICEF completed the establishment of 33 temporary learning spaces (TLS) in Babile *woreda*, Yucub *kebele* and Sitti zone. The TLS will provide 7,833 children at temporary resettlement sites with the opportunity to continue learning and to remain protected, as out-of-school children are at greater risk of child labour, separation from family and child marriage.

More than 1.3 million school children (out of the total two million in need) continue to benefit from school feeding programmes. The Government is providing school feeding to 90 per cent of these children while WFP (regular school feeding programme in emergency-affected areas) and Save the Children International are providing school feeding to the remaining 10 per cent.

The education sector continues to be under-funded meaning it is not possible to provide school feeding and school WASH to all of the estimated two million affected children in need.

## Child Protection

A child protection and gender based violence (CP/GBV) sub-cluster coordination training workshop for SNNP region was held in Shashemane town during the reporting period. The workshop was hosted by the SNNP Bureau of Women, Children Affairs (BOWCA) with the support of the sub-cluster, and was attended by more than 20 participants including zonal and regional BoWCA officials and staff from the Bureau of Justice, Labour and Social Affairs (LSA), police, Save the Children, Plan International, World Vision, Child Fund and UNICEF. The workshop covered CP and GBV in emergencies coordination and response and reviewed the regional CP/GBV sub-cluster mechanism. Among the key results, the participants agreed to re-activate SNNP sub-cluster meetings from June 2017 under the co-leadership of BoWCA/LSA with support from UNICEF.

Also in SNNP, 1,836 children (862 girls, 974 boys) received psychosocial support at child friendly spaces, in the drought affected Gedio zone of the region, through an NGO, Child Fund, with support from UNICEF.

UNICEF held CP training for seven newly recruited child protection officers and three permanent BoWCA staff from 15 to 17 May in Jijiga, Somali region. Ten staff were deployed to Korille and El Bahay temporary resettlement sites – five persons per site. The child protection officers will liaise closely with health and nutrition teams and use these services as entry-points to support vulnerable children and families. They will also work closely with the education sector and help ensure children in these sites are attending schools. The wet feeding sites at the displacement centres provide another opportunity to reach out to vulnerable groups including identification of separated and unaccompanied children. The child protection officers will also facilitate reporting of GBV cases and refer to appropriate services. Working closely with local authorities, emphasis will be placed on the importance of documenting cases, referral to appropriate services and developing case plans of individuals for follow-up and to ensure timely response.

UNICEF and BoWCA Jijiga will continue to undertake joint field visits and provide support and guidance necessary for the success of this programme.

## Communications for Development (C4D)

As part of its scaled up AWD response in Somali region, UNICEF continues to play an active role in coordination and strengthening social mobilization, capacity building, community engagement, message development and dissemination. During the past month, 680 religious leaders and 555 clan and community leaders were oriented on misconceptions concerning AWD. Sessions with AWD messages were further conducted in 54 schools in the same hotspot *woredas* and 2,460 households were visited to increase their AWD awareness, with topics covering transmission routes, prevention and steps to treatment.

UNICEF deployed nine health and C4D technical assistance consultants in the Somali region. One international C4D consultant is deployed in Somali region to support and strengthen UNICEF's integrated C4D response. Another national C4D Specialist was recruited to coordinate C4D at Addis level and to support the overall C4D cross sectoral coordination in Education, Child Protection, Health, Nutrition and WASH. One additional C4D emergency technical assistant is based at the Federal Ministry of Health and four regional communication coordinators (TAs) are deployed, also working on emergency health as need arises, in Somali, Afar, Benishangul-Gumuz and Gambella. In addition, nine C4D technical assistants (health) are deployed in Somali region at zonal level and one WASH C4D coordinator is deployed in each region of Amhara, Oromia, Somali and SNNP.

## Media and External Communication

On 24 and 25 May, a UNICEF team, led by the Representative, undertook a joint UNICEF-WFP field visit to the drought-affected Warder *woreda* of Somali region. The field visit included the UK Ambassador, officials from the Chinese and British embassies as well as DFID's Humanitarian Advisor.

## Funding

UNICEF Ethiopia requires US\$110.5 million for its humanitarian programme in Ethiopia in 2017. Of this, US\$93.1 million is to respond to the drought emergency in Ethiopia while the remaining is to assist refugee response in the country. During the reporting period, Ethiopia received US\$ 1,212,561 for Nutrition and US\$1,499,210 for WASH from HRF, to support the multi-sectoral AWD response in Somali region.

UNICEF is currently responding to the emergency situation in the country using US\$33.56 million carried over from 2016 and US\$30.3 million received in 2017. In 2017, UNICEF has received funds from the HRF, CERF, ECHO, the Governments of Canada, Japan, Sweden, and USA, and the Swedish Committee for UNICEF.

The table below shows the funding status:

Appeal Sector	Requirements US\$	Funds available* US\$	Funding gap	
			US\$	per cent
Nutrition	41,600,000	16,165,826	25,434,174	61%
Health	13,200,000	11,731,569	1,468,431	11%
WASH	36,700,000	30,576,163	6,123,837	17%
Child Protection	3,900,000	314,989	3,585,011	92%
Learning & Dev	11,600,000	5,018,601	6,581,399	57%
Cluster coordination	3,500,000	0	3,500,000	100%
<b>Total</b>	<b>110,500,000</b>	<b>63,807,148</b>	<b>46,692,852</b>	<b>42%</b>

\*Requirements reflected in this table for the drought response are part of the HAC 2017.

\*\*Funds available include funding received in 2017 (US\$30 million) against current appeal as well as carry-forward (US\$33.56 million). In addition, nutrition supplies valued at US\$9.4 million have also been moved to 2017.

## Next SitRep: 19 June 2017



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## Annex A

## SUMMARY OF PROGRAMME RESULTS

	Overall needs	Cluster Response			UNICEF and IPs		
		2017 Target	Total Results	Change since last report ▲ ▼	2017 Target	Total Results*	Change since last report ▲ ▼
<b>NUTRITION</b>							
Children under 5 years with SAM admitted for treatment to therapeutic care programmes	303,000	303,000	81,681	-	304,300	81,681	-
Caregivers of children 0-23 months accessing infant and young child feeding counselling	1,000,000	1,000,000	1,712,609 <sup>2</sup>	-	1,000,000	1,712,609	-
<b>HEALTH</b>							
People provided with access to essential and life-saving health care services					400,000	127,848	17,207
People with access to treatment for diarrhoeal disease					35,000	33,117	428
South Sudanese refugees children aged 6 months to 14 years vaccinated against measles					36,000	40,473	1,179
South Sudanese refugee children vaccinated against polio					143,000	42,922	1,266
<b>WATER, SANITATION &amp; HYGIENE</b>							
People accessing safe water	9,200,000	9,200,000	4,229,000	1,567,101	1,460,000	1,096,000 <sup>3</sup>	301,850
People reached with key messages on hygiene practices	4,800,000	4,800,000	2,904,000	1,699,483	1,600,000	719,000	103,000
<b>CHILD PROTECTION</b>							
Separated and unaccompanied children receiving appropriate care and protection services	25,000	25,000	5,254 <sup>4</sup>	-	10,000	7,035 <sup>5</sup>	-
Vulnerable children receiving psychosocial support	45,000	45,000	14,206 <sup>6</sup>	1,836	30,000	20,621	1,836
<b>EDUCATION</b>							
School-aged children with access to emergency education programmes	2,000,000	2,000,000	1,700,000 <sup>7</sup>	-	630,000	160,337	7,833
<b>OPERATIONAL PARTNERS</b>							
Health	Regional Health Bureaus, Mercy Corps, SCI, ADRA, Ogaden Welfare and Development Association, Islamic Relief, MSF						
Nutrition	Ministry of Health, Regional Health Bureaus Federal and Regional, Emergency Nutrition Coordination Unit (under DRMFSS), Concern Worldwide, International Medical Corps, World Vision, Action Against Hunger (ACF), Islamic Relief, Mercy Corps, SCI, MSF, ADRA, GOAL Ethiopia and Plan International Ethiopia						
WASH	Federal and Regional Mines and Water Bureaus, Oxfam Intermon, Adhorn, Ogaden Welfare and Development Association, SCI						
Education	Federal and Regional Education Bureaus, SCI, PIE, Ogaden Welfare and Development Association						
Child Protection	Regional Bureau of Labor and Social Affairs, Regional Bureau of Women, Children and Youth Affairs, SCI, Plan International Ethiopia, the Ethiopian Red Cross Society, GOAL Ethiopia						

\* UNICEF Results include refugee response results, which means UNICEF results in some sectors will be higher than the cluster results.

<sup>2</sup> Growth monitoring and promotion (GMP) data is used as a proxy for the indicator "caregivers of children 0-23 months accessing infant and young child feeding counselling" and data is compiled within regions with 2 to 3 months delay. UNICEF has reached more than its target as it is using this proxy-indicator. Target will be revised during the mid-year review.

<sup>3</sup> Figure includes water trucking, expansion and rehabilitation of water schemes and installation of water storage. It does not include water treatment chemicals distributions. The significant increase shown in this period is due to 216, 250 beneficiaries that received support through installation of water storage.

<sup>4</sup> This information captures data against CP Sub Cluster indicator "CP cases identified, referred and responded to" which includes separated and unaccompanied children

<sup>5</sup> UNICEF data includes 'refugee population' as well.

<sup>6</sup> This captures data against CP Sub Cluster indicator "children receiving skills and support (including PSS) to prevent, mitigate or respond to CP risks" which includes vulnerable children receiving psychosocial support.

<sup>7</sup> The GOE and NGOs have reached 1.7 million children with school feeding programme.