

Ethiopia

Consolidated Emergency Report 2018



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An eight year old boy fetches water from a newly rehabilitated borehole. UNICEF supports the Somali Regional Water Bureau with mobile maintenance teams deployed across the region to rehabilitate non-functional water scheme. UNICEF Ethiopia are implementing durable solutions, such as rehabilitation and extension of piped water systems to provide emergency water supply to internally displaced people.

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Abbreviations and acronyms

ARRA	Administration for Refugee and Returnee Affairs
ASR	Accelerated School Readiness
AWD	Acute Watery Diarrhoea
BoWCA	Bureau of Women and Children Affairs
C4D	Communication for Development
CCC	Core Commitments for Children in Humanitarian Action
CERF	Central Emergency Response Fund
CMAM	Community Management of Acute Malnutrition
CP/GBV	Child Protection/Gender Based Violence
CRRF	Comprehensive Refugee Response Framework
CtC	Child to child
DTM	Displacement Tracking Matrix
EDK	Emergency Drug Kit
EHCT	Ethiopia Humanitarian Country Team
ENCU	Emergency Nutrition Coordination Unit
EPI	Expanded Programme on Immunization
FGM	Female Genital Mutilation
FMoH	Federal Ministry of Health
GBV	Gender Based Violence
GoE	Government of Ethiopia
HAC	Humanitarian Action for Children
HDRP	Humanitarian and Disaster Resilience Plan
HEW	Health Extension Worker
IDP	Internally Displaced Person
IEC	Information Education Communication
IMAM	Integrated Management of Acute Malnutrition
IOM	International Organization for Migration
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MHNT	Mobile Health and Nutrition Team
MoE	Ministry of Education
MoLSA	Ministry of Labour and Social Affairs
MoWCA	Ministry of Women and Children Affairs
MoWIE	Ministry of Water, Irrigation and Electricity (Federal)
NDRMC	National Disaster Risk Management Commission
NFI	Non-Food Item
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs (United Nations)
OFDA	Office for Foreign Development Assistance
OTP	Outpatient Therapeutic Programme
PLW	Pregnant and Lactating Women
PSNP	Productive Safety Net Program
PSS	Psychosocial Support
R-ENCU	Regional Emergency Nutrition Coordination Unit
RHB	Regional Health Bureau
RUTF	Ready-to-Use Therapeutic Food
RWB	Regional Water Bureau
SAM	Severe Acute Malnutrition
SC	Stabilization Centres

SGBV	Sexual and gender-based violence
SNNP(R)	Southern Nations, Nationalities and Peoples' (Region)
UASC	Unaccompanied and Separated Children
UN	United Nations
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

A. Executive Summary

While 2018 was marked by unprecedented political and economic reforms, the ongoing transformation resulted in increased unrest and conflict across the country creating a complex humanitarian situation. Compounding the ongoing impacts of drought, displacement driven by ethnic, inter-communal conflict during the year led to large scale internal displacements, which increased the number of people displaced to 2.95 million by December from 1.7 million in February.¹

Prompted by global efforts and commitments to address structural causes of crises following the 2016 World Humanitarian Summit, the context in Ethiopia is increasingly defined by investments of development programming and financing with a view to reduce humanitarian needs, risks and vulnerabilities. In 2018, the country's national planning document for the annual humanitarian response, the Humanitarian Requirements Document, was replaced by the Humanitarian and Disaster Resilience Plan (HDRP), representing a step towards a multi-year planning framework which links humanitarian response with longer-term prevention, recovery and systems strengthening. UNICEF Ethiopia contributed to the HDRP and its mid-year revision and supported the development of eight regional Emergency Preparedness Response Plans and the National Flood Contingency Plan. UNICEF Ethiopia's strong field presence allowed for intimate knowledge and response that considered regional diversity.

The Government of Ethiopia (GoE), through the 2018 HDRP, requested a total of US\$1.658 billion for relief efforts. Under this framework, UNICEF Ethiopia appealed for US\$111.7 million to reach the most vulnerable children and women. At the Mid-Year Review, the overall food requirements for the food sector in the 2018 HDRP were revised down from US\$1.036 billion to US\$750.75 million mainly due to a reduced number of rounds of food distribution from an initially planned nine rounds to six.² Despite increased funding requirements for many sectors, the reduction in funding requirements for food reduced the overall funding request down to US\$1.494 billion. Due to increased humanitarian demands arising from the widespread internal displacement, UNICEF's funding requirements increased to US\$123.8 million (up 11 per cent) at the Mid-Year Review, largely to meet immediate lifesaving needs, such as access to safe water and a scale up of our protection commitments due to the nature of the displacement.

UNICEF Ethiopia's appeal was 58 per cent funded, with the majority of the funds received for nutrition and WASH interventions. Critical funding gaps remained across all sectors, with the most severe funding shortfalls impacting the WASH, health and education sectors.

Despite these funding gaps, thanks to the generosity of donors, almost US\$51.7 million was available to support the UNICEF Ethiopia Country Office's emergency response, recovery and preparedness activities in 2018. With this funding, impactful results were achieved and targets were met, including:

- 496,000 women and children under the age of five years were provided access to essential maternal and child health services, compared to a target of 400,000
- 5.58 million of a targeted 3.32 million people were able to access safe water as per agreed standards
- 52,000 children and women were provided with risk mitigation, prevention of response to address gender-based violence (GBV), of a targeted 41,600.

The flexibility of donor contributions to thematic funds were especially valuable in responding to the evolving humanitarian needs. UNICEF Ethiopia, under the leadership of the GoE, supported the development of the WASH, Education, Child Protection and Nutrition Cluster plans in the HDRP, strengthening the national coordinated response.

UNICEF Ethiopia provided dedicated technical support through the Emergency Unit, emergency sector focal points and cluster coordinators to lead, coordinate and respond to humanitarian needs across the country, reaching people with life-saving interventions. UNICEF supported 5.6 million people with access to safe water in 2018, far surpassing the target of 3.3 million beneficiaries. This was achieved as a result of a massive

¹ IOM Displacement tracking matrix (DTM) Round 14, plus DTM RRA4 (Gedeo + West Guji), plus estimates from Regional Government for Benishangul Gumuz

² 2018 Humanitarian and Disaster Resilience Plan Mid-Year Review for Ethiopia, September 2018

distribution of household water treatment chemicals to regions affected by internal displacements in October 2018.

UNICEF Ethiopia's leadership and successful advocacy with the National Disaster Risk Management Commission (NDRMC) to integrate mitigation of gender-based violence (GBV) in clusters was a significant achievement. UNICEF provided 51,988 children and women with risk mitigation, prevention or response interventions to address GBV, surpassing the target of 41,600.

UNICEF supported the strengthening and expansion of the Community Management of Acute Malnutrition (CMAM) programme across the country, and over 312,000 children (including refugees) were reached with treatment for severe acute malnutrition (SAM). The integrated management of acute malnutrition (IMAM) by the health sector has been shown to not only decrease SAM prevalence but to also contribute to the reduction of stunting, morbidity and mortality of children.

Currently, UNICEF is the sole procurer of ready to use therapeutic food (RUTF) and therapeutic milks and the major distributor of these products to all the regional level (in Afar, Tigray, Somali, Gambella and Benishangul Gumuz regions) and to the zonal level of Oromia, Amhara and SNNP regions. In 2018, UNICEF procured and distributed 360,602 cartons of RUTF and 11,096 cartons of therapeutic milks and routine medicines to benefit children receiving SAM treatment. UNICEF holds long-term agreements with local transporters who distribute supplies to regional, zonal and woredas levels. In hard to-reach areas where timely delivery of nutrition supplies poses a challenge, UNICEF provides additional financial support to the government supply distribution system. When the Government distribution system is assessed to result in delays, UNICEF is able to utilise third-party contractors to expedite the supply distribution to zonal and even woreda levels to ensure the availability and continued utilization of nutrition services by the communities.

As part of the systems strengthening and institutional resilience building agenda, UNICEF is working with the Federal Ministry of Health (FMoH) and Ethiopia's Pharmaceuticals Supply Agency on a medium to long term plan to transition management of supply and procurement to government authorities.

In 2019, UNICEF will continue to work through government, NGO and UN partners to address the anticipated humanitarian needs using a cross-sectoral approach. The strategy will focus on strengthening the links between immediate, life-saving, humanitarian results and longer-term development and durable outcomes, including building capacities and systems for national and local resilience in the face of future disasters and/or emergencies aggravated by climate change and conflict. Extending on advances made in humanitarian programme monitoring (HPM) in 2018, UNICEF will formalize HPM systems of data management in 2019. Further the Prevention of Sexual Exploitation and Abuse (PSEA) strategy will be rolled out more comprehensively in UNICEF's programmes in 2019. UNICEF will also continue to work in systems building support, strengthening government capacity to plan for and respond to crises.

B. Humanitarian Context

While 2018 was marked by unprecedented political and economic reforms, the ongoing transformation resulted in increased unrest and conflict across the country creating a complex humanitarian situation. Prime Minister Abiy Ahmed was sworn in by Parliament in April, with a mandate to implement domestic reforms. Major achievements include the reestablishment of Ethiopia-Eritrea relations, the appointment of a new President for the Somali Region, and the announcement of a new cabinet that is 50 per cent female.

The political progress achieved in 2018 was overshadowed by severe ethnic conflict during the year which led to large scale internal displacements, increasing the number of people displaced to 2.95 million by December from 1.7 million in February. Women and the youth account for 51 per cent of the displaced population in the country.³ In early August, two days of inter-communal fighting in Jigjiga and other towns across Somali region, led to 141,000 people becoming displaced.⁴ Despite several peace and reconciliation efforts led by the Government of Ethiopia for the Gedeo/West Guji and Oromia/Somali regional conflicts in seeking durable solutions to the grievances expressed by all sides, ongoing displacement is expected through 2019, requiring sustained levels of humanitarian assistance for the massive displacement in a region that already had ongoing high humanitarian needs.

An inter-agency mission in June 2019 assessed the conditions in internally displaced person (IDP) sites and collective centres in Gedeo and West Guji Zones and reported numerous protection concerns. These included violence, intimidation, and property destruction such as burning houses, which forced people to flee their homes. At displacement sites, overcrowding was a concern along with lack of adequate shelter, affecting the privacy of IDPs and particularly putting women and girls at risk of gender-based violence (GBV). There have also been cases of family separation and unaccompanied IDP children with limited protection.

An assessment conducted by Oromia Child Protection/GBV Sub-Cluster in East Wollega Zone in October 2018 highlighted that displaced children and their families are living in highly insecure conditions and are suffering from psychosocial distress as a result of witnessing and experiencing violence during the conflict. They are also suffering from the separation from family members and the lack of access to basic services. In addition to the significant number of children who have been separated, cases of sexual violence against girls and women (especially in temporary settlements), have been reported, although the total number of incidents remains unknown. There have also been reports of high numbers of child marriage and an increase in migration (due to the security situation and disruption of livelihoods) and child labour. There have also been reports of psychosocial distress among the affected populations, both children and adults.

Several health emergencies arose in 2018. Over 3,000 cases of acute watery diarrhoea (AWD) were reported nationwide in 2018, the majority in Tigray region, followed by Afar. More than 324,000 cases of scabies were reported in communities in Amhara, Benishangul-Gumuz, Oromia, SNNP and Tigray regions.⁵ Repeated measles outbreaks necessitated vaccination campaigns in areas affected by IDPs and for newly arriving refugees. After 34 reported cases of yellow fever in Wolayita Zone of SNNP Region, 1.2 million people aged nine months and above were vaccinated to mitigate further infections in the zone.⁶ An outbreak of vaccine-derived Polio Virus Type-2 was also declared in the Horn of Africa. These outbreaks highlighted structural weaknesses in health and sanitation systems. The impact of poor sanitation practices on the health of IDPs and IDP returnees is particularly concerning, especially in areas where the infrastructure is weak and where depleted water tables limit access to safe water.

Along international borders, some Ethiopians displaced by the conflict in Oromia region crossed into Kenya, and a large influx of Eritrean refugees entered Ethiopia since the reopening of the border crossing points between Ethiopia and Eritrea. In 2018, the total number of registered refugees and asylum seekers reached 920,000, 58 per cent of whom were children.⁷

³ OCHA, Ethiopia Humanitarian Bulletin, February 2019

⁴ 2018 HDRP Mid-Year Review

⁵ 2019 Humanitarian Response Plan

⁶ UNICEF, Situation Report January to December 2018

⁷ UNICEF, 2019 Humanitarian Action for Children (HAC)

Meanwhile, humanitarian needs resulting from direct/immediate drought impact have decreased. The kiremt (July – September) rains in meher harvest dependent areas performed well in 2018. Despite the overall good seasonal rainfall performance, food insecurity and malnutrition remained high in 2018 and will remain so in 2019. This is the result of lack of recovery for the people affected by back-to-back droughts from mid-2015 to mid-2017, as well as failed rains in pocket areas of the country in 2018, including in central SNNP and eastern Oromia regions and in large parts of south and southeastern Ethiopia where the deyr/hagaya (September–November) rains were drier than normal.

The December 2018 hotspot classification confirms the intensification of the humanitarian situation, with 253 *woredas* in the country classified as priority 1.⁸ This shows an increase in severity, as the number of Hotspot Priority 1 *woredas* has increased by 38 from the 215 *woredas* identified during the July 2018 hotspot classification exercise. The overall increase in the number of priority one hotspots reflects the expanded priority areas due to the increase in IDPs, as well as the suboptimal rain and lack of recovery leading to protracted acute food insecurity.

The combined impacts of conflict and climate has meant that out of the total population of 96.5 million⁹, 7.95 million people required food assistance, including 4.2 million children¹⁰, and 9.45 million people needed other, non-food humanitarian support in 2018.¹¹ Of the people in need, 7.4 million needed access to safe water, 335,000 children needed treatment for SAM (increased to 370,005 at the Mid-Year Review) and 3 million children for moderate acute malnutrition (MAM), 600,000 people needed protection services and 1.7 million school-aged children required urgent access to education (this increased to 2.6 million children at the Mid-Year Review).

Children continued to be disproportionately affected by emergencies, including 2.6 million children and adolescents in need of emergency school feeding programs and learning materials assistance. The increase in conflict and displacement in 2018 presented significant risks to many children. Out of the 2.8 million people displaced, approximately 1.48 million were children, of which approximately 50 per cent are girls. Children faced critical challenges, including separation from families and caregivers, risk of disease outbreak, malnutrition, and GBV, and limited access to education.

The humanitarian response in Ethiopia is led by the NDRMC through the federal and regional Disaster Risk Management Technical Working Groups (DRMTWGs). UN OCHA coordinates the humanitarian response with UN agencies and NGOs to support the Government-led humanitarian response. The Government prioritizes its emergency response based on targeted hotspot *woredas*.¹² Increasing humanitarian needs due to conflict have necessitated a shift in humanitarian programming with a stronger focus on supporting regional and local administrative structures to ensure that humanitarian aid is reaching those most in need, in line with UNICEF's humanitarian principles. UNICEF developed specific guidelines for program staff to action in their programming of humanitarian response in IDP locations to ensure that UNICEF is responding in a manner that increases accountability, appropriateness and quality of services to those affected, and to support attempts to follow the principle of 'do no harm'.

Provision of humanitarian response faced several, multi-faceted challenges. The spikes in internal displacement and the vast geographic spread of the hotspot areas stretched response capacity and resources, while security concerns created exceptional access challenges not usually faced in UNICEF's humanitarian operations in Ethiopia. The geographic and ethnic diversity of displaced communities complicated the provision of humanitarian response to meet the specific needs of the affected populations. Communities that

⁸ Hotspot classification is derived using six multisector indicators, including agriculture, nutrition and markets, agreed at regional and federal levels. A hotspot matrix is often used as a proxy for the acute Integrated Food Security Phase Classification (IPC) and is indicative of food security and nutrition status. Scaled from Priority 1 to 3, hotspot *woredas* require urgent humanitarian response.

⁹ 2019 Ethiopia Humanitarian Response Plan

¹⁰ Using the 53 per cent breakdown as per the 2016 Ethiopia Demographic and Health Survey conducted by the Government of Ethiopia.

¹¹ 2018 HDRP Mid-Year Review

¹² *Woredas* are the third-level administrative divisions of Ethiopia.

faced repeated displacements found their coping capacity eroding more quickly. The conflict-induced displacement along the Oromia-Somali regional boundary subsequently spread to other parts of the country, particularly since April 2018. In some instances, the required amount and quality of in-kind relief items were unavailable in country. Conflict and displacement posed serious protection concerns both for IDPs, IDP returnees and host communities leading to an increase in protection interventions for vulnerable population. Pockets of insecurity and subsequent travel restrictions further hampered the ability of Government and humanitarian partners to scale up the response. This was mostly attributed to limited capacity of zonal and regional governments which, as in the case of Benishangul Gumuz region, which is not accustomed to facing this level of displacement and humanitarian need in recent times.

C. Humanitarian Results

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. UN OCHA coordinates with UN agencies and NGOs to support the government-led humanitarian response. The government prioritizes its emergency response based on target hotspot woredas. UNICEF continues to provide the Government of Ethiopia (GoE) with crucial support for cluster coordination at varying administrative levels in WASH, Nutrition, Education (with Save the Children International); and the Child Protection/ Gender Based Violence (CP/GBV) sub-cluster. UNICEF plays a key supporting role with the World Health Organization (WHO) in Health Cluster Coordination. In 2018, UNICEF supported several emergency operation centres, established by the NDRMC at zonal and woreda levels to accelerate support to and coordination of the humanitarian response to IDPs.

UNICEF's humanitarian programme strategy recognizes that chronic humanitarian situations are caused by structural underdevelopment in parts of the country. The approach adopted by UNICEF is to provide emergency support for people in acute need of assistance while concurrently building the resilience of vulnerable populations by strengthening their coping mechanisms and strengthening the capacity of government institutions to plan for and manage risks. To this end, UNICEF's support followed a structural systemic approach to emergency operations that has strong linkages between humanitarian response and long-term development interventions.

Nutrition

2018 Programme targets and results (as of 31 December 2018)

	Cluster/ sector 2018 target	Cluster/ sector total results	UNICEF 2018 target*	UNICEF total results*
Nutrition				
Children and 5 years with SAM admitted to therapeutic care programmes	370,005	332,132	383,505	336,242
Children receiving vitamin A supplementation	NA	NA	1,500,000	1,535,277 ¹³
UNICEF, as cluster co-lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.				

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

* The 2018 HAC appeal was revised and approved in August 2018. UNICEF HAC targets include South Sudanese refugees, while the revised HDRP 2018 does not.

Initially, UNICEF targeted 333,500 children under the age of five years for SAM treatment, including 13,500 refugee children. During 2018, UNICEF supported the Government to respond to nutrition emergencies in Somali, Afar, Oromia, Benishangul-Gumuz and SNNP regions due to the residual impact of droughts, disease outbreaks, and inter-communal conflicts. In July 2018, following an ongoing drought and unprecedented numbers of IDPs affected by conflict, humanitarian partners and the Government of Ethiopia estimated an increase in the SAM caseload from 350,000 to 370,005 which was reflected in UNICEF's revised target of admission of 363,311 children into therapeutic care programmes.

Access to preventative, promotive and curative nutrition services continued to improve in Ethiopia in 2018. Due to UNICEF Ethiopia's continued advocacy and support, 94 per cent of health facilities provided SAM treatment (a 4 per cent increase from 2017). UNICEF Ethiopia continued to support the provision of nutrition services to under-served vulnerable populations in hard-to-reach areas of Afar and Somali regions through 49 Mobile Health and Nutrition Teams (MHNTs).

The MHNTs delivered an integrated package of health, WASH and nutrition services, including treatment of children with MAM. In December 2018 alone, the MHNTs conducted 39,661 new consultations in Afar (23,134) and Somali (16,527) regions. Of these consultations, 42.8 per cent were for children under the age of five and

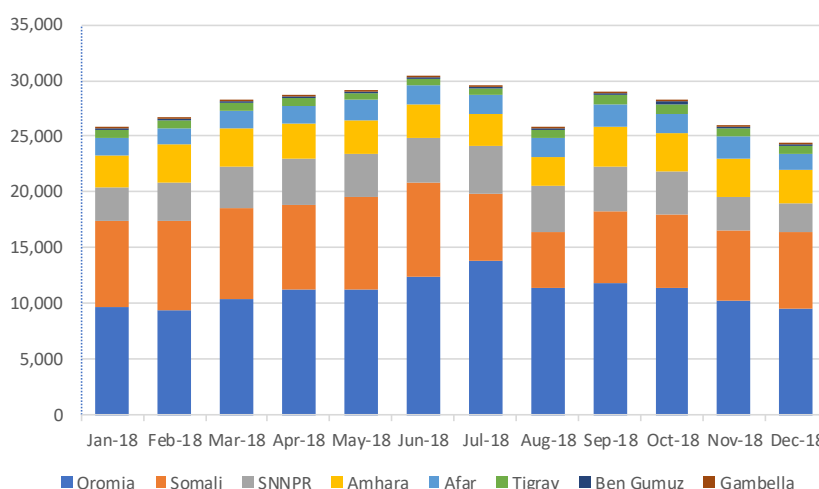
¹³ This figure refers to vitamin A supplementation provided in Somali, Afar, Gambella, Benishangul Gumuz regions and Gedeo West Guji zones.

32.3 per cent were women. Young children, adolescents and pregnant and lactating women also benefitted from preventative quality nutrition services.

From January to December, the nutrition cluster, with UNICEF's provision of technical assistance for programme implementation and monitoring and supplies reached 332,132 children, who were admitted for SAM treatment, achieving 90 per cent of the annual cluster target. It should be noted that UNICEF targets include refugee children, while cluster targets do not. An additional 4,110 children with SAM were refugees across the different hosting camps in the country.

The displacements that largely affected Oromia and Somali regions in 2018 resulted in the two regions accounting for more than 60 per cent of the total SAM caseload, as illustrated in figure 1 below. The noticeable decrease in SAM admissions in August 2018 was driven by insecurity in the Somali Region, as health workers were among those who fled the conflict, meaning that fewer children could be screened.

Figure 1. SAM admissions by Region in 2018



Source: ENCU database, December 2018

UNICEF Ethiopia continues to have a key role in mobilizing resources and institutional capacity building for nutrition interventions including emergency response. As part of the systems strengthening and institutional resilience building agenda, UNICEF Ethiopia supported FMOH to finalize the Comprehensive Integrated Nutrition Services implementation guideline in 2018, a reference guide for frontline health workers to implement high-impact nutrition interventions for children, adolescents, and pregnant and lactating women. The signing of the Memorandum of Understanding between FMOH, NDRMC, UNICEF and World Food Programme in April 2018 initiated the Integrated Management of Acute Malnutrition (IMAM) programme, with 100 woredas selected and IMAM orientations conducted at national and regional levels, a key resilience measure.

The revision included the adoption of the international WHO admission criteria with mid upper arm circumference (MUAC) cut off for admission into the SAM and MAM management programs. The previous <11.0 cm MUAC cut off for SAM admission is now revised to <11.5 cm to align with the international standard, allowing a greater number of children to be captured and enrolled in to the SAM treatment program. This revision will facilitate earlier detection of acute malnutrition and is expected to contribute to improved outcomes for children.

For purposes of quality assurance in CMAM programme activities, in this reporting period, UNICEF deployed 47 CMAM-infant and young child feeding (IYCF) field monitors in seven regions (SNNPR, Amhara, Oromia, Afar, Gambella, Benishangul Gumuz and Somali). The need for CMAM-IYCF monitors remained high due to critical demand resulting from displacement in East and West Wollega, Kamashi, and parts of Amhara and Somali regions. The quality assurance support provided to UNICEF by the monitors meant that when rapid onset of emergencies occurred, UNICEF was able to redeploy the CMAM-IYCF monitors from other zones of Oromia and Benishangul Gumuz to response to East and West Wollaga as well as Assosa zones - ensuring timely response for the people in need.

With their contribution and the effort of health extension workers and health workers in various health facilities, the performance indicators for CMAM remained well above SPHERE Standards with a cure rate of 90.4 per cent, and a rate of 1.7 per cent default on treatment, while 0.2 per cent of children with SAM did not survive.¹⁴ While the loss of any child is dismaying, these results are well above the SPHERE guidelines targeting a cure rate greater than 75 per cent, fewer than 10 per cent deaths and fewer than 15 per cent defaults on treatment.

Through the Emergency Nutrition Coordination Unit (ENCU), UNICEF contributed to strengthening the capacity of FMOH and the NDRMC to lead multiple emergency nutrition responses. UNICEF Ethiopia supported the development of the Emergency Nutrition Response Plan in all regional states while aligning itself to the humanitarian-development continuum defined by the three-pillared approach in the HDRP (i.e. prevention and mitigation, preparedness and response, and recovery).

Security incidents and conflict impeded timely delivery of goods and health and nutrition service deliveries at health facilities, as well as hindering access for personnel for services provision and monitoring and prevented beneficiaries from accessing services. To mitigate the impacts of insecurity incidents, UNICEF accelerated its stock prepositioning at regional and sub-regional levels, while considering the capacity of the government warehouses and supply chain system. To fast-track distribution in areas of high need and to ensure the timely delivery of goods in areas with challenging topography, UNICEF used contracted transportation services under Long Term Agreements, and provided additional insurance to protect the transporters when there was an assessed security threat.

The nutrition sector faced challenges due to a shortage of health workers to provide 24-hour care for children admitted in the stabilization centres. This shortage was more pronounced in Somali region, as health workers were among those who fled the insecurity and political tension in late 2018. Discussions with the respective RHBs have been held to deploy additional health staff. However, in the meantime, on-site mentorship has been conducted with health workers from the various departments who cover the night shifts to include the stabilization centres.

Adequate water supply remained a challenge for treating and preventing malnutrition in 2018 - not only at the health facility level but throughout the towns and woredas. UNICEF leveraged existing WASH project interventions to address this, such as supporting water pipeline extensions to help to meet the needs of host and IDP communities. Advocacy with the government at the regional, zonal and woreda health bureaus and the water bureau was initiated and continued to help address the gap.

Water, sanitation and hygiene (WASH)

2018 Programme targets and results (as of 31 December 2018)

	Cluster/ sector 2018 target ¹⁵	Cluster/ sector total results	UNICEF 2018 target*	UNICEF total results*
WASH				
Number of people provided with access to safe water as per agreed standards	8,185,521	10,495,666	3,320,000	5,575,725
Number of people reached with hygiene promotion messages	6,200,000	3,708,237	2,120,000	2,741,177
UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.				

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

* The 2018 HAC appeal was revised and approved in August 2018. UNICEF HAC targets include South Sudanese refugees, while the revised HDRP 2018 does not.

¹⁴ Emergency Nutrition Coordination Unit, Therapeutic Feeding Programme data, December 2018

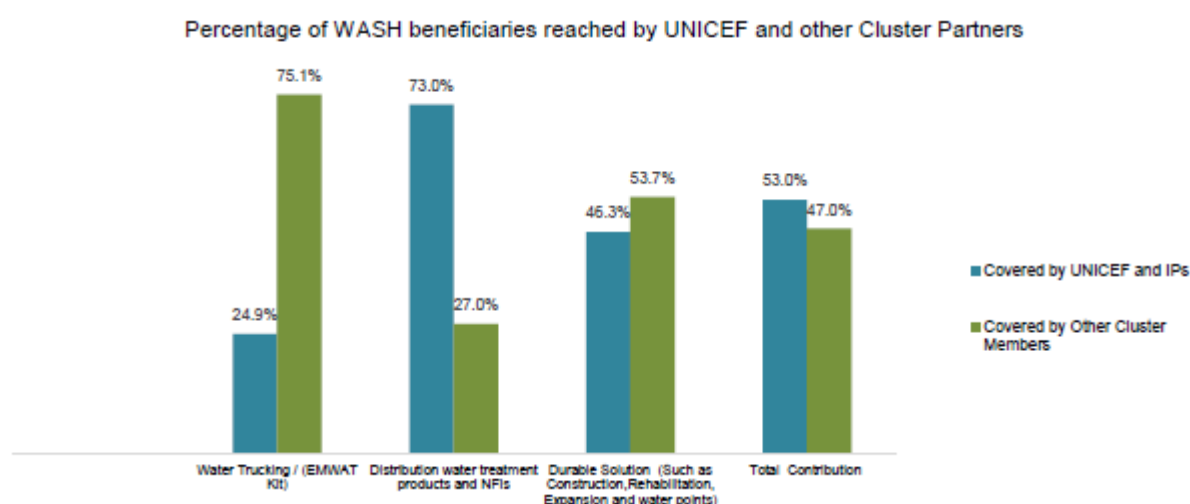
¹⁵ Revised Humanitarian and Disaster Resilience Plan (HDRP) results as of October 2018

Under UNICEF's 2018 Humanitarian Action for Children, 3.11 million people were targeted for access to sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene (more than 1 million through permanent infrastructure. At the Mid-Year Review, this target was increased to 3.32 million people to reflect the increase in needs due to large-scale displacements throughout the country. Similarly, the target of 1.76 million people reached with key messages on hygiene practices was increased to 2.12 million people. UNICEF reached 5.6 million people with access to safe water in 2018, far surpassing the target of 3.32 million beneficiaries. This was achieved as a result of a massive distribution of household water treatment chemicals to regions affected by internal displacements in October 2018.

As WASH cluster lead, UNICEF coordinated and directly implemented emergency response activities and its direct support focused on durable solutions for IDPs and communities in need, particularly the construction of new water supply systems and the rehabilitation and extension of existing systems.

The WASH cluster mobilized US\$51 million for emergency response in 2018. Of this, UNICEF Ethiopia contributed over US\$20 million, accounting for over 40 per cent of the funds mobilized for the cluster. Subsequently, 53 per cent of beneficiaries assisted with emergency WASH interventions by the cluster were reached by UNICEF. In particular, 73 per cent of cluster beneficiaries reached with water treatment products and non-food items were supported by UNICEF.

Figure 2: UNICEF contribution to improving access to safe water of appropriate quality and quantity



UNICEF Ethiopia provided water supply services to 2,557,364 people (over 1,286,000 women and girls), lifesaving water supply service to 2,331,364 and permanent water supply service to 226,000 people. The number of people accessing sufficient water of appropriate quality exceeded targets due to the distribution of water treatment chemicals for household use, which was able to reach a wider population than the original plan. In November 2017, the Strategic Advisory Group (SAG) of the WASH cluster decided that UNICEF supplies would be given to the GoE, with distributions performed 50 per cent by the government and 50 per cent by NGOs. As a result of this, over 80 per cent of all non-food items provided in the country were procured by UNICEF, including water treatment chemicals.

As the provision of water treatment chemicals and water trucking is a short-term solution, the SAG decided that 40 per cent of WASH humanitarian funds should be allocated to durable solutions. Durable solutions, such as extension of piped water systems to provide emergency water supply to IDPs, are much more cost effective than water trucking and water treatment chemicals. For instance, economic analysis conducted by UNICEF and the WASH Cluster in 2018 concluded that the cost of 6 months of water trucking in Oromia and 8 months in Somali regions is equivalent to the installation of an alternative water supply solution. Durable solutions are also more reliable and sustainable, as piped water systems are less susceptible to supply interruptions from security concerns and weather-related road closures. Despite UNICEF and WASH cluster advocacy, contributions were only received for 20 per cent of the requirement for durable WASH solutions. As a result of

the concentration on shorter term solutions for provision access to safe water in 2018, the ongoing WASH needs for IDPs in 2019 continue to be high.

Through UNICEF Ethiopia's partnership with the USAID Lowland WASH project and Oxfam International, several hundred remote borehole sensors were installed for trialling in Afar and Somali regions. Capacity of regional water bureaus in Afar and Somali was built to use the open source water monitoring system and inventory maintenance. The first round of 'rainy season' sustainability checks of WASH facilities yielded positive findings: national data suggest the non-functionality rate reduced to 10.8 per cent from 23 per cent in 2017. The findings will help direct resources to areas with gaps in management, water safety planning and spare parts supply.

In addition to supporting the provision of safe water, UNICEF Ethiopia worked with its partners to reach 35,851 people with emergency sanitation interventions, including latrine construction.

UNICEF supported the regional government in Afar to raise awareness about AWD and general hygiene practices. The activity included broadcasting of radio messages and dissemination of information education communication (IEC) materials. Based on previous experience of previous outbreak patterns, woredas at risk of AWD experience were identified for prepositioning of WASH supplies in Afar and Tigray. This enabled rapid distribution of supplies during AWD outbreaks. Capacity building of health extension workers and government officials also enabled community mobilization in at risk communities, such as focus groups with community members. The activities are estimated to have benefitted 100,000 men, women and children, including 10,014 people who attended the Global Handwashing Day celebration at the Kercha transition site.

Humanitarian information management for data collection, analysis and reporting was supported by UNICEF Ethiopia through deployment of full-time staff in Addis Ababa and at regional levels; including crucial roles in WASH coordination and WASH Incident Management to address the chronic needs of IDPs. WASH emergency infographics were prepared every month to support WASH stakeholders to make informed decisions in planning, implementation and monitoring.

Health

2018 Programme targets and results (as of 31 December 2018)	Cluster/ sector 2018 target	Cluster/ sector total results	UNICEF 2018 target	UNICEF total results
Health				
Women and children under 5 years accessing essential maternal and child health services	NA	NA	400,000	496,173
People affected by acute watery diarrhoea with access to life-saving curative interventions	NA	NA	16,000	3,510 ¹⁶
South Sudanese refugee children aged 6 months to 14 years vaccinated against measles	NA	NA	35,313	12,771 ¹⁷

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

In 2018, UNICEF Ethiopia played a key role in averting excess morbidity and mortality from disease outbreaks and health-related emergencies compounded by risks caused by displacement and drought. UNICEF's target for immunization of children against measles was reduced from 56,000 South Sudanese refugee children to 35,313, due to the reduced rate of arrival of new refugees from South Sudan.

Under the 'programming excellence for at-scale results for children' change strategy of the UNICEF Strategic Plan 2018-2021, UNICEF Ethiopia supported the GoE's strategy on Equity in Maternal Child Health, prioritizing systems strengthening for hard-to-reach areas. With UNICEF Ethiopia support, 49 MHNTs were deployed in

¹⁶ Targets for AWD were based on epidemiological assumptions. All people with cases reported in 2018 have benefitted from UNICEF intervention

¹⁷ The target for the arrival of new refugee was based on assumptions and estimation. All refugee children aged six months to 14 years arriving in 2018 have been vaccinated

Afar and Somali regions and reached 496,173 people (including 195,701 children under the age of five years and 172,238 women) with medical consultations, including life-saving treatment for SAM and MAM. UNICEF supported primary health care services for IDPs in the Oromia, Somali and SNNP regions. A total of 140 Emergency Drug Kits (EDKs) were distributed and are estimated to have reached more than 350,000 people.

Successful multi-sectoral responses to outbreaks of acute watery diarrhoea (AWD) implemented in collaboration with WHO reduced the number of cases tenfold. For example, hygiene promotion was supported in Afar region and in holy water sites where outbreaks have been known to occur. However, the low coverage of safe drinking water and poor hygiene and sanitary practices continue to drive outbreaks. UNICEF Ethiopia procured and provided AWD case treatment kits to manage more than 3,510 AWD cases in Tigray, Somali, Afar, Oromia and Amhara regions. Scabies was widely reported in communities in Amhara, Benishangul-Gumuz, Oromia, SNNP and Tigray regions. UNICEF Ethiopia continues to provide technical support within multi-disciplinary rapid response teams with an emphasis on supporting a longer-term sustainable strategy to address recurrent, seasonal outbreaks.

In 2018, a total of 34 yellow fever cases were reported in Offa Woreda of Wolayita Zone in SNNP region. To mitigate further infection, more than 1.2 million people aged nine months and above (over 100 per cent) were vaccinated against yellow fever in the zone. A preventative measles vaccination campaign was conducted to vaccinate more than 1.4 million (over 91 per cent) of children aged six months to 15 years in Gedeo (SNNPR) and West Guji (Oromia) zones in response to the conflict displacement. In response to the outbreak of vaccine-derived Polio Virus Type-2 declared in the Horn of Africa in 2018, UNICEF Ethiopia facilitated the completion of the National Emergency Outbreak Response Plan. UNICEF supported two rounds of campaigns in Somali Region (Dawa, Jarar, Liban, Shebelle, and Korahe zones), with over 95 per cent coverage in both rounds. More than 480,000 children were reached per round.

In 2018, UNICEF Ethiopia continued to advocate for investments in health systems for host communities and refugee populations, especially vulnerable children, through the Comprehensive Refugee Response Framework (CRRF). Of the South Sudanese asylum seekers, 11,135 children under 15 years (100 per cent of the target) received polio vaccination and 10,438 children aged six months to 14 years (also 100 per cent of the target group) were vaccinated against measles on arriving in Gambella. In addition, 1,666,510 long-lasting insecticide treated nets were distributed in the camps to benefit 375,000 refugees including children and women who settled in Gambella, Benishangul-Gumuz and Tigray regions.

Health commodities and supplies are a critical part of the response to emergencies and represent a major contribution in UNICEF support. While UNICEF is committed and continues its timely support to health emergencies responses, UNICEF is in the process of investing in a more resilient national Procurement and Supply Chain Management System (PSCMS) through providing technical assistance to Ethiopia Pharmaceutical Supply Agency (EPSA) in the areas of program analysis, multi-year planning and development of emergency procurement and supply chain systems. UNICEF's comparative advantage to support the PSCMS have been identified, and work is in progress to develop a detailed road map for national PSCMS.

Political instability and civil unrest impacted routine health service delivery by hindering access to programme sites, limiting health workers' capacity to provide services, and hampering the ability of affected populations to seek and access healthcare services. Poor infrastructure also created obstacles to accessing the most underserved areas. Better coordination with partners at national and sub-national levels should be a focus to improve programme implementation and outcomes for vulnerable populations. In addition, joint advocacy by UNICEF programme sections should be carried out to highlight the weaknesses identified within the health system during emergency response, including issues of staff vacancies and commodity stock-outs.

Human resource consistency and capacity remained a major bottleneck for health services. Low salaries and poor working conditions led to high staff turnover. In 2018, UNICEF funded seven emergency Technical Assistants to supplement service gaps and build capacity of existing health staff. This situation is unsustainable and needs further reflection with the GoE to improve efficiency and effectiveness.

Education

2018 Programme targets and results (as of 31 December 2018)

	Cluster/ sector 2018 target	Cluster/ sector total results	UNICEF 2018 target*	UNICEF total results*
Education				
School-aged children, including adolescents, accessing quality education	2,190,000	1,612,269	363,000	147,813
UNICEF, as cluster co-lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.				

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

* The 2018 HAC appeal was revised and approved in August 2018. UNICEF HAC targets include South Sudanese refugees, while the revised HDRP 2018 does not.

Through its emergency programme, UNICEF supported 60,940 primary and pre-primary IDP children and 86,873 school-aged refugee children with access to education. A total of 362,836 school-aged children were reached between UNICEF's humanitarian and development programmes in 2018. Lower than anticipated results in the humanitarian education sector were primarily driven by underfunding (the sector was 54 per cent funding in 2018, compared to 41 percent of targeted school-aged children reached). The commencement of humanitarian activities with school-aged IDP children was also delayed due to discrepancies between Displacement Tracking Matrix for IDPs and results of actual site assessments by implementation partners prior to the start of interventions. On assessing the sites agreed for implementation, the partners found fewer than 50 per cent of expected beneficiaries in some locations, as households had moved. This required identification of new sites and updating of agreements. The administrative work has been completed and implementation commenced in early 2019, meaning that higher beneficiary numbers are anticipated in 2019.

To reach IDP children, UNICEF focused on expanding accelerated early learning programmes delivered outside of the formal school structure, notably the Child-to-Child (CtC) and the Accelerated School Readiness (ASR) programmes. To strengthen young children's school readiness, UNICEF collaborated with the World Bank to adapt the ASR curriculum for implementation within the formal pre-primary 'O' class, and the revised 'O' class pre-primary curriculum package was developed for implementation in 42 languages. Adaptation of the ASR and CtC programmes was undertaken by UNICEF Ethiopia, Imagine1Day, and the Ogaden Welfare Development Association for implementation within IDP sites in three regions, reaching 19,357 displaced children. These interventions are suited to displaced contexts as they do not rely on extensive infrastructure or require qualified pre-primary teachers.

A further 12,709 primary school-aged IDP children were supported through access to education in new temporary learning spaces. These spaces were established ensure that IDP children are able to continue their education in locations where the host primary school was beyond capacity to absorb the IDP children or because the location of the IDP site was too far from the nearest host primary school for children to travel to.

Drawing on the expertise of Volunteer Services Overseas Ethiopia (VSO-E), UNICEF Ethiopia supported the training of 622 primary school teachers (1,300 planned) and 46 social workers (30 planned) in conflict-affected regions on psychosocial and emotional learning. This training was undertaken through the Colleges of Teacher Education in Oromia, Somali, SNNP regions, thereby ensuring sustainability of investments with the integration of course materials within pre-service teacher education programmes. This programme reached 66,531 IDP children in 2018, of whom 28,750 were reached through the emergency programme. Considering the positive contribution of the training towards resumption of teaching and learning in conflict-affected regions, UNICEF will engage VSO-E to train an additional 1,318 primary school teachers to support conflict-affected children's education in these areas.

Programming for excellence was also evidenced in UNICEF support to refugee inclusive education in five regions through UNICEF's emergency and development programmes. Through emergency funding, 86,873 refugee children were supported through distribution of school learning kits to 69,492 children and sport and play activities for 17,381 children.

A further thirteen officials from woreda education offices and zonal ARRA offices representing 135 refugee schools took part in training to build knowledge and skills on crisis-sensitive education data analysis with attention to the integration of refugee education within the national and regional education management information systems. UNICEF Ethiopia supported the piloting of a digitalized education data collection and management tool in 365 refugee and host community schools in Somali, Afar, Tigray, Benishangul-Gumuz and Gambella regions. The production of geographic information system-based school maps of the refugee hosting woredas will allow the development of crisis-sensitive school development plans and identification of the most relevant sites for future school construction and services.

Through UNICEF's development programme, 309 refugee teachers attended certificate or qualification courses in regional Colleges of Teacher Education (CTEs). Through construction of 112 temporary primary school classrooms in the refugee camps of Gambella and Benishangul-Gumuz regions, 17,920 children (34 per cent girls) accessed educational services. Construction was also initiated for 148 primary school classrooms, 41 secondary school classrooms and four host-refugee inclusive secondary schools. Primary schools in refugee camps participated in the national school standard assessment conducted by regional education bureaus to integrate refugee schools into the national education system. An Assessment of education quality in refugee schools against 26 indicators informed the development of school improvement plans and the inclusion of refugee education priorities in 10 woreda education plans. These investments increased the consistency and effectiveness of refugee education and regional coordination, thus accelerating CRRF implementation.

The complexity of the IDP context has translated into challenges in designing medium and longer-term education interventions in conflict-affected regions. There were delays in the timely recruitment of regional cluster coordinators due to the limited availability of professionals with expertise in this area. In response to this challenge, UNICEF supported NGO partners operating in these regions to re-deploy staff to serve in the regional education cluster coordinator capacity. In 2019, the programme will formalize standing arrangements with key NGOs of the education emergency cluster for rapid deployment of sub-national cluster coordinators.

Child Protection

2018 Programme targets and results (as of 31 December 2018)

	Cluster/ sector 2018 target	Cluster/ sector total results	UNICEF 2018 target*	UNICEF total results*
Education				
Unaccompanied and separated children reunified with their families and/or placed in appropriate alternative care	6,176	3,833	5,770	4,316
Vulnerable children provided with psychosocial support, including access to child-friendly spaces with multi-sectoral programming interventions	30,000	32,970	91,348	53,731
Children and women provided with risk mitigation, prevention or response interventions to address gender-based violence	2,900	16,426	41,600	51,988

Results are achieved through contributions against appeals, as well as resources from UNICEF's regular programmes where necessary.

* The 2018 HAC appeal was revised and approved in August 2018. UNICEF HAC targets include South Sudanese refugees, while the revised HDRP 2018 does not.

In 2018, conflicts exacerbated existing protection risks and created new ones, as well as opening a new space for dialogue on protection and human rights concerns. In terms of the child protection response to conflict-affected IDPs, UNICEF supported 'regular' government platforms and service providers to introduce case management and referral pathways. This included establishment and strengthening a case management system in the IDP hosting/affected woredas of Oromia, SNNP and Somali regions. The draft national case management framework for child protection was tested through its roll out across the targeted 26 IDP response woredas in the three regions. Following inter-communal violence in Oromia, Somali and Gedeo-West Guji (SNNPR and Oromia), UNICEF supported the Bureau of Women, Children and Youth (BoWCY) in Oromia and SNNPR regions and Bureau of Women and Children Affairs in Somali region to develop child protection and GBV response plans and strengthen the bureaux' capacity to respond to protection needs. UNICEF

Ethiopia also supported child protection, psychosocial support services, GBV mitigation and response activities in refugee camps and surrounding host communities in five refugee hosting regions (Afar, Benishangul, Gambella, Somali and Tigray).

Sensitization of influential community members and members of community-based structures conducted across all targeted IDP locations in Oromia, Somali and SNNPR to raise awareness on protection issues, specifically on GBV and harmful practices such as child marriage and female genital mutilation/cutting. UNICEF also supported service mapping and established GBV referral mechanisms to connect women and children survivors of GBV to multi-sector response services including psychosocial counselling, health services, legal aid and rehabilitation in Oromia, Somali and SNNPR. This has increased the referral of survivors of GBV to multi sectoral response services. Similar support was provided in the refugee camps in Gambella. In 2018, in both refugee and IDP sites, 51,988 children and women were provided with risk mitigation, prevention or response interventions to address GBV. These interventions have contributed to the increase in reports/referrals of cases by community-based structures across all targeted regions. From July to November, 29 cases of sexual and physical violence were reported in refugee camps (15 in Gambella) and in IDP sites (14 in Oromia, Somali and SNNPR), compared to none in the first half of 2018. The survivors were provided with response services thanks to referrals to health service and psychosocial support and legal aid.

In an effort to strengthen the quality of psychosocial support (PSS), UNICEF developed a training curriculum on focused non-specialized psychosocial support and organized trainer of trainers' events for frontline workers of partner organizations in Gambella refugee camps, reaching 27 participants from five agencies (Plan International, Save the Children, International Medical Corps, Action Against Hunger and the Danish Refugee Council). In partnership with the implementing NGOs, the rollout of the curriculum started with the training of 200 social workers and early child care and development teachers in four camps of Gambella. The roll out of the curriculum for social works and managers of child friendly spaces will improve the level of psychosocial support offered in refugee camps in 2019, shifting from level 1 and 2 to level 3 of the Inter-Agency Standing Committee (IASC) pyramid of services for mental health and psychosocial support (MHPSS) in emergency settings.

UNICEF launched a 4Ws¹⁸ MHPSS mapping process, which is planned to take place country-wide from February to July 2019. The 4Ws tool developed by the IASC Reference group on MHPSS will be used for this exercise. This is crucial for the strengthening the MHPSS continuum of care - to enhance referral mechanisms and to avoid gaps in critical components of psychosocial service provision.

For the IDP camps, UNICEF partnered with Voluntary Services Overseas (VSO) to strengthen the quality of psychosocial services delivered by para-social workers deployed to meet the needs of the IDPs in both Somali and Oromia regions. Through this partnership, 86 social workers in Oromia and Somali regions received in-service training on psychosocial support, facilitated by Teacher Training Colleges. During the year, 53,731 children in IDP sites and refugee camps received psychosocial support services through access to child friendly spaces and community-based peer and group-based activities. Activities in child friendly spaces included play activities to ensure children were participating in an engaging and supportive environment. Interactive games and activities were organized with children that focus on child to child or group interaction. Children who had been severely affected were also referred for specialized support, when possible.

The case management system was established and strengthened in Oromia, Somali and SNNPR for identification, registration and facilitation of family tracing and reunification (FTR) or alternative care services. Case management tools were translated into the local languages in these regions and partners were supported to use standard case management tools across all response locations. In Somali Region, UNICEF also supported the translation of the minimum standards for child protection into the local language. To build the technical capacities of partners on FTR processes, UNICEF supported BoWCA to deploy nine social workers in Somali Region and twelve in Oromia. These social workers were trained on case management and referral pathways, and the training improved the skills of the social workers to provide unaccompanied and separated children with timely identification and registration, adequate care and family tracing and reunification services in a coordinated manner. From January to December 2018, UNICEF supported the reunification and alternative care arrangements for 4,316 children in Oromia, SNNPR, Somali, Gambella and Benishangul Gumuz.

¹⁸ The 4W is a process of identify who (i.e. which agency) is doing what, where and when.

UNICEF continued to co-lead the CP-GBV sub-cluster at the national level, with a dedicated CP Area of Responsibility (AoR) Coordinator and Information Management Officer (IMO). CP-GBV Sub-Clusters were also established at regional, zonal, and woreda levels in conflict IDP hosting regions in Oromia, SNNPR and Somali. The CP-GBV sub-cluster also provided technical support to the revision of the government's seasonal assessment tools (meher and belg) to capture child protection and GBV concerns to better inform the response. The sub cluster facilitated service mapping in Oromia and Somali regions and revision of the 5Ws data collection tool to improve reporting and to capture information on both child protection and GBV activities conducted by all actors.

The Ministry of Women, Children and Youths, the Federal Child Protection and Inspection Directorate and the child protection sub-cluster coordinator participated in the UNICEF Global Area of Responsibility workshop on "Strengthening government coordination and leadership for Child Protection in Emergencies", held in Addis Ababa from 1-5 October. An action plan to enhance government leadership in emergencies was developed and was shared at the October Child Protection/GBV sub-cluster meeting for implementation.

The main challenge in 2018 was the limited capacity of federal and regional partners, particularly in terms of child protection and GBV response in humanitarian settings. To help address this, UNICEF staff were deployed to the affected regions and worked directly with government officials to support family tracing and reunification, and to ensure minimum quality standards and that children were being effectively protected from violence and exploitation. This remains work-in-progress noting the significant capacity gaps in counterparts, including in services.

The volatile security situation in Somali and Oromia directly affected project implementation in these regions. The unrest in some pocket areas of these two regions restricted access to the IDP sites for some period. UNICEF sought to address this challenge though continued remote technical support provided to partners working in the remotest IDP sites.

While efforts are being made by sub-cluster partners in the provision of protection services and real-time monitoring of protection concerns, significant gaps remain. UNICEF in collaboration with other UN agencies (notably UNHCR, OHCHR and UNFPA) is recruiting and deploying protection monitors in West Guji Zone of Oromia Region where there are reports of human right violations. Where such rights violations take place, referrals are made to relevant services. In addition, the consolidated report of the monitors is shared at inter-agency level for higher level support/advocacy if /as required. The experience is being tested for 6 months, after which the learnings and results will inform next steps.

Important lessons can be learned from the approach UNICEF used to balance the response to urgent protection needs with the capacity building of BoWCY to enable them respond to existing and future emergency needs. UNICEF supported child protection interventions promoting the strengthening of existing BoWCY institutional structures, thereby contributing to the continuity of services.

Sexual Exploitation and Abuse (SEA) is a key humanitarian and protection concern in Ethiopia. The conflict, loss of livelihood, limited access to basic social services, and the poor living conditions all combine to increase the vulnerability of affected population to SEA. In line with UNICEF's global commitments, the Ethiopia Country Office (ECO) continues to invest significant resources and energies to protect vulnerable population from SEA. UNICEF has been an active member of the Protection from Sexual Exploitation and Abuse (PSEA) Network in Ethiopia since October 2017. In 2018, UNICEF nominated and trained Focal Points at the national and field levels to implement PSEA actions. As part of the efforts to increase awareness on PSEA, 100 per cent of UNICEF staff in Ethiopia completed a mandatory online training course developed by UNICEF. PSEA awareness materials were also developed in local languages and disseminated to field offices. In addition, a dedicated PSEA specialist was hired in late 2018 to enhance UNICEF and partners' capacity to prevent and respond to SEA.

D. Results Achieved from Humanitarian Thematic Funding

The flexibility of thematic funds was pivotal in enabling UNICEF to strengthen the coordination and management of its humanitarian response in the face of increasing humanitarian needs and complexity through recruitment of technical experts for UNICEF's emergency unit. Thematic funding resources enabled UNICEF to meet cross-sectoral commitments in 2018, including joint support to emergency operation centres established by the NDRMC at zonal and woreda levels to accelerate support to and coordination of the humanitarian response to IDPs. Other cross-sectoral support included field mission visits, monitoring and ICT equipment.

Nutrition

For the nutrition programme, the flexibility of humanitarian thematic funding was critical in ensuring the continuity and consistency of the emergency nutrition response in underfunded geographic and programmatic areas. The financial support contributed to several health system capacity building interventions, including:

- Capacity building of 170 health extension workers (all female) and 523 development agents (all male) on nutrition interventions in Gambella region.
- Deployment of four CMAM-IYCF monitors, for eight months in Gambella Region. A substantial improvement was observed in the quality of SAM management services in health facilities that received support from the CMAM monitoring. Compared to 2017, the average OTP score of the SAM management in Gambella region improved from 70 per cent in 2017 to 80 per cent in 2018. Similarly, the SC score improved from 71 per cent to 84 per cent.
- Implementation of a rapid nutrition assessment in three woredas hosting South Sudanese refugees which informed programming decisions.

Contributions from thematic funding enabled UNICEF to rapidly scale-up response to emerging humanitarian needs, such as the mass nutrition screening in IDP affected regions. In East Hararghe zone of Oromia region, 513,380 children received nutritional screening, of whom 4.7 per cent were acutely malnourished. A further 126,750 PLW were screened, 22.8 per cent of whom were acutely malnourished and referred to the TSFP. Through thematic funding, 4,907 children with SAM were treated with RUTF and therapeutic milks in Oromia and Harari Regions. The grant also contributed to the treatment of 4,491 children with SAM with antibiotics in Afar, Somali, Amhara and Gambella region.

Additionally, the humanitarian thematic funding was utilized to support the renovation and lease of warehouses for nutrition supplies. As nutrition commodities are sensitive to environmental degradation, the renovations were crucial in securing proper storage of supplies. This is especially evident in Gambella Region, where temperatures are very high.

Thematic funds were used to contract a consultant to revise the National Acute Malnutrition Guidelines. Thematic emergency funding was also used to pay the salary of ENCU at federal and regional level. This has enabled ENCU to implement a robust emergency response. The grant also supported the reactivation and strengthening of coordination meetings.

Case study – mass screening for malnutrition in IDP affected regions

Top Level Results: With the contribution from global thematic funding, UNICEF supported the mass screening of children under the age of five years in IDP-affected regions to ensure the early detection and treatment of SAM. This included nutritional screening of 513,380 children in East Hararghe zone of Oromia Region, of whom 4.4 per cent were identified as having moderate acute malnutrition and 0.3 per cent as having SAM. An additional 126,750 pregnant and lactating women were screened for malnutrition, of whom 22.8 per cent were assessed as acutely malnourished and were referred to the TSFP for treatment.

Issue/Background: By the end of 2018, Oromia Region was hosting 1.15 million IDPs¹, an increase of 373,606 since December 2017.¹ In the December 2018 Displacement Tracking Matrix (DTM) assessment, 22 sites, representing 96,136 individuals reported having no access to food. Food insecurity, compounded by poor hygiene and sanitation conditions in IDP sites greatly heightens the risk of acute malnutrition, especially among children under the age of five years and for pregnant and lactating women.

Resources Required/Allocated: US\$197,196 of global thematic funding was utilized in emergency nutrition screening and treatment in Ethiopia in 2018. This includes purchase of 4,417 cartons of RUTF for the Oromia Region. Global thematic funds were also utilized to equip health worker with social behaviour change communication materials produced in the Oromifa language. These materials promoted IYCF practices in emergencies.

Progress and Results: UNICEF supported the screening of 513,380 children under the age of five years in East Haraghe zone of Oromia Region. Of these children, 15,401 were assessed as having SAM and received treatment. Using global thematic funds specifically, RUTF was purchased and provided for the treatment of 4,907 with SAM.

Criticality and value addition: This activity contributes to UNICEF's overall objective to contribute to the reduction of mortality and morbidity related to SAM in Ethiopia. Specific objectives include:

- To provide treatment to children under the age of five years with SAM in Ethiopia.
- To maintain quality service in the treatment of children with SAM across the regions of the country.
- To support capacity of government and partner in supply chain management.

According to SPHERE guidelines, SAM treatment programmes should achieve at least a 75 per cent cure rate. In Ethiopia for 2018, a cure rate of 90.4 per cent was achieved due to timely identification of SAM cases and support from UNICEF for quality assurance and monitoring of CMAM activities.

Challenges and Lesson Learned: Timely delivery of supplies to treat malnutrition proved difficult in hard-to-reach areas of Ethiopia. UNICEF provided additional support to the government supply distribution system through utilizing third-party contractors for faster supply distribution to zonal and woreda levels. This was critical during the peak of conflict-induced displacements in Oromia Region, particularly in West Guji, Hararghe, and East and West Wollega).

Moving Forward: Requirements for treatment of malnutrition are expected to remain high throughout 2019, particularly due to the adoption of the acute malnutrition guidelines revision of the threshold MUAC measurement for SAM from 11.5cm to 11cm. In 2019, UNICEF is targeting SAM treatment of 386,456 children under the age of five years.

Child protection

Humanitarian thematic funding received in 2018 was critical to enable the rapid scale-up of child protection emergency response for children and women displaced by conflict on the Oromia and Somali border. In

addition to the response for conflict IDPs, the funding also supported the ongoing emergency response for drought IDPs in overlapping geographic areas.

UNICEF continued the support to the Federal CP/GBV Sub-Cluster with a dedicated Child Protection AoR Coordinator and information management officer. To strengthen the coordination mechanism at region and woreda level, UNICEF recruited coordinators for the CP/GBV sub-cluster in Somali and Oromia regions. In terms of staffing, the thematic funding also supported the child protection in emergency consultants for Oromia and Somali regions.

The thematic funding contributed to the strengthening of the case management system for identification, documentation and family tracing and reunification services for separated and unaccompanied children — including referral and support to children at risk and survivors of violence in the IDP hosting/affected woredas. With the thematic funding, UNICEF was able to translate the case management tools into Afan, Oromo and Somali languages and partners were supported in using standard case management tools across all response locations. In the Somali region, UNICEF also supported the translation of the minimum standards for child protection into the local language.

Thematic funding was also used to strengthen BoWCY's capacity through placement of additional staff at each of the woreda offices to support the already existing woreda Child Protection Officers. UNICEF supported BoWCY to deploy nine social workers in the Somali region and 12 social workers in Oromia. These social workers were trained on case management and referral pathways and the training enhanced the skills of the social workers to provide unaccompanied and separated children with timely identification and registration, adequate care and family tracing and reunification services in a coordinated manner.

The humanitarian thematic funds were utilized to establish and strengthen community-based child protection mechanisms in Oromia and Somali regions. In Oromia, 19 children protection mechanisms were established, and 5 in Somali region. Members of these structures were trained to facilitate the prevention and response to abuse, neglect, exploitation and violence against children at community level and their capacities were improved for identifying and referring children and families for basic and specialized services. Referral pathways were established between the community-based child protection mechanisms and child protection case management, including with other basic and specialized services.

In Oromia region, the funds were also used to support development and issuance of a legal framework to strengthen community care coalitions (CCC). The Oromia Regional Government issued Regulation # 199/2010 titled 'Oromia Community Care Coalition' on 5 July 2018. The regulation defined CCCs and its governance structures at various levels, its establishment, accountability, objectives, roles and responsibilities, membership, sources of finance, financial management, administration of services, monitoring and evaluation.

Strengthening CCCs is a key measure in building the long-term resilience of communities with an emphasis on disaster prevention and preparedness. By responding to a range of vulnerabilities at household and community level through identification of vulnerable people and providing food, cash and in-kind support through a community resource mobilization mechanism, CCCs foster the socialization of risks and vulnerabilities which shows their capacity as an organic protection mechanism. The proven track record of these initiatives has prompted regional governments, such as Oromia, to recognize CCCs as viable community-based protection mechanisms through the promulgation of regulations. At the federal level the Government has developed an overarching national framework and guidelines for capacity development of CCCs, including embedding CCCs in the National Social Protection Policy and Strategy.

Major achievements include:

- a) development of a modular in-service curriculum on emergency preparedness and response,
- b) the development of Teachers' Training and Learning Modules for 40 competencies for the Occupational Standards of Community Service Work (Levels I-II), Community Development (Levels III-V) and Social Work (Levels III-V), and
- c) improved capacity of the Bishoftu Community Development College to provide in-service and pre-service training to the social service workforce.

These achievements are part of the long-term approach to resilience through development of a child protection system. The social service workforce, made up of paid and unpaid/volunteer, formal and non-formal workers is a key pillar of the child protection system. Development of a curriculum and provision of tools to facilitate training of the workforce contributes towards quality assurance of the social service workforce through which a critical mass of frontline child protection workforce will be created to prevent and respond to child protection risks in humanitarian as well as development settings.

Water, sanitation and hygiene (WASH)

The remaining humanitarian thematic funds from 2017 were utilized to support the establishment of a water scheme in Amhara region, benefitting 6,180 people. The work consisted of construction of water reservoir tanks and installation of pipelines as well as creation of public water points. Scheme management has been established, including capacity building.

E. Assessment, Monitoring and Evaluation

UNICEF made substantial technical and financial contributions to assessment, monitoring and evaluation of the humanitarian situation and response in 2018. This included investment and advancement in humanitarian performance monitoring (HPM), contributions to Ethiopia's two major seasonal assessments, increasing information management recruitment and participation in numerous joint assessments.

UNICEF's technical and financial contributions to the GoE's two seasonal assessments (the belg and meher multi-sector assessments) have informed national, nutritional Hotspot Classification exercises that assist the Government and humanitarian community to plan in-country responses to meet the needs of children and women equitably and provide a framework for resource mobilisation, prioritization and accountability.

To better monitor the humanitarian situation in country an initial investment has been made to establish a HPM system between the Oromia, Somali regions and Addis Ababa. This led to the establishment of an HPM performance monitoring tool, Standard Operating Procedures for information management from field offices, to sections and to the Emergency Unit; and a comprehensive database system to monitor, track, illustrate and report humanitarian results. Three information management specialists have been recruited to establish, test and run the system. The current intention is to scale the database system through the remaining six field offices by June 2020.

An assessment to document UNICEF's technical and financial contribution to the Government of Ethiopia's Early Warning Systems from 2007-2017 has been initiated. The results from the assessment will be available in early 2019 and will inform UNICEF's future investment into the Government's Early Warning Systems.

UNICEF took part in several multi-sector assessments in 2018, including:

- A rapid joint humanitarian assessment in April due to the flooding in Somali Region
- A rapid joint assessment in April of Gedeo and Guji communities affected by ethnic conflict
- An inter-agency mission in June 2019 assessed the conditions in internally displaced person (IDP) sites and collective centres in Gedeo and West Guji Zones
- An initial rapid assessment in Jigjiga in August, identifying food, WASH, health and NFI needs
- Training in child protection in emergencies, and support for the BoLSA to conduct a child protection assessment in Tigray in August
- A needs assessment in Tigray of newly arriving Eritrean refugees in September and October
- An assessment conducted by Oromia Child Protection/GBV Sub-Cluster in East Wollega Zone in October 2018
- The multisector Government-led meher/deyr emergency assessment undertaken in October and November

UNICEF Field Office Nutrition Officers based in the eight regional states (Afar, Amhara, Benishangul Gumuz, Gambella, Oromia, SNNPR, Somali and Tigray) spent a significant part of their time on field visits and supported their respective RHBs in programme monitoring and implementation. In addition to field programme monitoring activities, UNICEF has instituted the End-User Supply Monitoring system for the first time to ensure the nutrition supplies reach the intended end-users and the children in need. The system allows monitoring the supply procurement and distribution by UNICEF to the GoE and other implementing partners and supply chain and logistics management of the IPs across different administrative levels and helps obtain feedback from the end-users (caregivers and community members). This system will be evaluated in March 2019.

Additionally, nutrition officers in the country office, both at UNICEF and WHO, undertook periodic field visits to ensure the interventions were on track according to the plan and of the desired quality. Monitoring tools developed by the government were used in data recording, reporting and performance assessment. UNICEF is assessing the possibility to work with the government on the use of the monthly DHIS 2 to rank woredas on a 6 monthly-basis according to their performance. This system will ensure a prioritization and additional support for the low performing woredas while the high performers will need only light monitoring.

UNICEF undertook academic assessments in 2018, including the research study *Generation El-Nino: The long-term impact on children well-being*, which was recognized as one of the 12 best UNICEF research papers by the INNOCENTI Research Center and led to important recommendations, including the development of a comprehensive strategy for building children's resilience across sectors, and strengthening institutional and strategic foundations for child-sensitive disaster risk management. UNICEF is leveraging these recommendations in its engagement with sector ministries.

UNICEF Ethiopia's leadership and successful advocacy with the NDRMC to integrate mitigation of gender-based violence (GBV) in clusters was a significant achievement. As data on disability is limited in Ethiopia, under UNICEF Ethiopia's Building Self-Reliance Programme, a quantitative and qualitative baseline was conducted in 2018 to assess the needs of people with disabilities in five refugee hosting regions.

Challenges were observed from the absence of mechanisms for collecting comprehensive and disaggregated data on children being referred to and receiving protection services. Accordingly, UNICEF Ethiopia is commissioning a capacity assessment of the child protection system to align with latest global developments and to help ensure the efficacy of UNICEF's technical and financial investments in the immediate and longer-term. As the country prepares to embark on roll-out of a national case management framework for child protection (including refugee and IDP children, and children 'on the move'), it is evident that there are gaps in mandates and roles of key actors, for which the system needs to set accountabilities to ensure children are protected from harm. It is anticipated that this assessment will provide government partners and UNICEF Ethiopia with evidence and recommendations to inform policy and programmatic decisions and investments.

UNICEF led the revision of the 5Ws data collection tool to improve reporting and to capture information on both child protection and GBV activities conducted by all actors. The CP/GBV sub-cluster also provided technical support to the revision of the government's seasonal assessment tools (meher and belg) to capture child protection and GBV concerns and to better inform the response.

Oromia is one of the regions hardest hit by emergencies, including hosting a high number of internally displaced persons. However, knowledge and skills in emergency preparedness and response have been quite fragmented. This was confirmed through a rapid assessment conducted in November 2018 with support from the thematic funds. Following the assessment, a modular training curriculum was developed and tested through a training of trainers for 20 higher experts from the bureaus of Labour and Social Affairs, Women, Children and Youth, Health, Disaster Risk Management Commission, Pastoralist Development Commission, and Bishoftu Community Development College. The training modules included a section on child protection in emergencies with a focus on introducing the concept of and guiding principles for child protection interventions in emergencies including risk mitigation and response to GBV. The training equips participants with critical knowledge and skills that strengthen their ability to identify, assess, prepare and provide relief response for communities affected by emergencies/disaster. It provides guidance on effective communication, coordination, collaboration and cooperation in performing roles and responsibilities in times of disaster in order to build community resilience and ensure that impacts are minimized by an efficient and effective disaster response.

F. Financial Analysis

Table 1: 2018 Funding Status against the appeal by Sector (in USD)

Sector	Requirements	Funds Available Against Appeal as of 31 December 2018*		% Funding Gap
		Funds Received in 2018	Carry-Over	
Nutrition	47,349,123	28,640,208	4,373,071	30%
Health	16,047,402	4,217,122	1,791,444	63%
WASH	46,355,000	19,898,935	3,542,307	56%
Child Protection	5,183,401	3,556,474	1,339,356	6%
Education	8,859,136	2,880,260	1,877,059	46%
Total	123,794,062	59,192,999	12,923,237	42%

* Funds available includes funds received against current appeal and carry-forward from previous year.

Table 2 - Funding Received and Available by 31 December 2018 by Donor and Funding type (in USD)

Donor Name/Type of funding	Programme Budget Allotment reference	Overall Amount*
I. Humanitarian funds received in 2018		
a) Thematic Humanitarian Funds		
See details in Table 3	SM/18/9910	861,427
b) Non-Thematic Humanitarian Funds		
USA (USAID) OFDA	SM/16/0094	15,903,894
USA (USAID) OFDA	SM/18/0263	6,388,339
SIDA - Sweden	SM/18/0172	5,369,459
USAID/Food for Peace	SM/16/0344	2,736,290
Canada	SM/18/0020	1,686,216
USAID/Food for Peace	SM/18/0358	890,577
Korea	SM/17/0431	370,370
German Committee for UNICEF	SM/18/0452	294,613
Total Non-Thematic Humanitarian Funds		33,639,758
c) Pooled Funding		
(i) CERF Grants - 10,274,947		
(ii) Other Pooled funds – 7,385,199		
CERF	SM/18/0119	6,431,275
CERF	SM/18/0307	3,518,999
Ethiopian Humanitarian Fund	SM/18/0527	3,200,010
Ethiopian Humanitarian Fund	SM/18/0508	1,029,745
Ethiopian Humanitarian Fund	SM/18/0049	600,000
Ethiopian Humanitarian Fund	SM/18/0050	533,999

Ethiopian Humanitarian Fund	SM/18/0493	449,996
Ethiopian Humanitarian Fund	SM/18/0346	400,005
CERF	SM/18/0308	324,673
d) Other types of humanitarian funds		
USAID/Food for Peace	KM/18/0020	2,511,600
USAID/Food for Peace	KM/18/0022	324,000
Total humanitarian funds received in 2018		53,500,492
II. Carry-over of humanitarian funds available in 2018		
e) Carry over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM/14/9910	2,001,563
f) Carry-over of non-Thematic Humanitarian Funds		
USA (USAID) OFDA	SM/16/0094	2,816,417
The United Kingdom	SM/17/0408	1,540,012
European Commission / ECHO	SM/17/0310	1,388,579
UNOCHA	SM/17/0527	1,159,563
The United Kingdom	SM/15/0563	1,150,632
USA USAID	SM/17/0153	1,128,237
UNOCHA	SM/17/0528	874,175
Spanish Committee for UNICEF	SM/17/0451	343,716
Republic of Korea	SM/17/0431	153,949
European Commission / ECHO	SM/17/0129	150,481
USAID/Food for Peace	SM/16/0344	113,037
UNOCHA	SM/17/0297	101,344
USAID/Food for Peace	KM/16/0010	1,532
Total carry-over non-Thematic Humanitarian Funds		10,921,674
Total carry-over humanitarian funds		12,923,237
III. Other sources		
Regular resources set-aside	GS/18/0005	400,000
Regular resources set-aside	GS/18/0094	560,000
EPF**	GE/17/0018	773,057
EPF**	GE/17/0036	2,992,683
Total other resources		4,725,739

* Programmable amounts of donor contributions, excluding recovery cost.

** 2018 loans to be reimbursed in 2019 as donor funds become available.

Table 3: Thematic Humanitarian Contributions Received in 2018

Thematic Humanitarian Contributions Received in 2018 (in USD): Donor	Grant Number	Programmable Amount (in USD)	Total Contribution Amount (in USD)
Allocation from global Thematic Humanitarian*	SM/14/9910	445,786	468,075
Japan Committee for UNICEF	SM/18/9910/0168	404,271	424,485
Spanish Committee for UNICEF	SM/18/9910/0015	11,370	11,947
Total		861,427	904,507

* Global Thematic Humanitarian Funding contributions are pooled and then allocated to country and regional offices. For a detailed list of grants, please see the 2018 Humanitarian Action Annual Results Reports.

G. Future Work Plan

In 2019, UNICEF will focus on providing an integrated response to displacement triggered by conflict and seasonal climatic shocks. This includes preventing disease outbreaks, addressing malnutrition and ensuring the centrality of protection in all programme interventions. UNICEF will provide assistance to people in need and hard-to-reach populations through its eight field offices and UNICEF-supported mobile teams, and leverage its cluster leadership role to influence how partners prioritize resources and interventions.

The response will prioritize providing life-saving services, including the detection and treatment of SAM cases and the prevention and treatment of disease by providing essential medicines, strengthening response systems and developing the skills of health professionals. Application of the revised MUAC cut off for SAM admissions is expected to increase demand on nutrition services. As a result, UNICEF's nutrition team will target 386,456 children under the age of five years with treatment for SAM, including 16,451 refugees. Additionally, 2,965,000 children will be supported with vitamin A supplementation in Somali, Afar, Gambella and Benishangul Gumuz regions, as well as Gedeo-West Guji zones.

The WASH response will focus on life-saving activities and building resilient water and sanitation infrastructure, with 3,688,000 people targeted for access to safe water. UNICEF will invest in mitigating and preventing gender-based violence to address the protection risks faced by refugees and internally displaced persons, particularly girls, with 77,000 children targeted for psychosocial support services, and 4,400 UASC reunified with the families or placed in appropriate alternative care.

Through the Ministry of Education and regional education bureaus, UNICEF will advocate for flexible, accelerated access to education for displaced children. In total, UNICEF aims to provide 370,017 school-aged children with access to quality education, including through formal or non-formal early learning, pre-primary, primary and secondary education. It includes accelerated school readiness, temporary learning spaces, school-based PSS and provision of learning materials.

In 2019, Site Management Support (SMS) services will continue to improve living standards in IDP and IDP returnee sites. This will entail working with service providers across all sectors to further enhance safety, service quality and accountability, while continuing to advocate for major improvement works such as site upgrades and rehabilitation. To ensure a healthy, safe and dignified living environment in displacement sites across the country, activities such as Communicating with Communities, information management and ensuring accountability to the affected population interventions are included in all SMS activities. Through the SMS working groups and the Protection Cluster, UNICEF will continue to advocate that the establishment of formal IDP and IDP returnee camps remains an option of last resort, as this can increase the population's exposure to protection risks, promote aid dependency and require a substantial investment of resources.

UN staff, government and partners working with emergency affected populations will be trained on the rights of IDPs, IDP returnees child protection and gender-based violence prevention, mitigation and response, and Protection from Sexual Exploitation and Abuse (PSEA). PSEA is a priority area of work for UNICEF Ethiopia. An action plan for 2019 has been developed to guide the following PSEA priorities:

- Integrating PSEA in UNICEF's response plans including partnership cooperative agreements
- Building capacity of UNICEF and partners' staff on PSEA
- Strengthening internal complaint handling procedures within UNICEF
- Supporting community-based complaint mechanism (CBCM) in locations with elevated PSEA risks
- Increasing awareness on PSEA and available support services
- Enhancing access to appropriate services for survivors of SEA
- Improving PSEA coordination with other actors.

In line with the New Ways of Working and the Grand Bargain commitments, UNICEF will establish and strengthen new and existing partnerships to invest in durable solutions, resilience and capacity development.

H. Expression of Thanks

UNICEF acknowledges and sincerely appreciates the generous support of all donors who contributed to our humanitarian action in 2018. The valuable contributions of government donors, National Committees for UNICEF and UNOCHA CERF/HRF made it possible for UNICEF Ethiopia to alleviate the plight of Ethiopian children and women affected by drought, disease outbreaks, displacement and conflict. UNICEF expresses its gratitude to the donors who have contributed to its emergency interventions in Ethiopia. The significant donations enabled UNICEF to achieve results in humanitarian action, contribute to longer-term SDGs and strengthen capacities and systems for national and local resilience to future shocks.

The importance of flexible funding, through thematic funding, cannot be overstated. After emergencies, UNICEF interventions are planned and implemented jointly with governments, other UN agencies and NGO partners. Because thematic funding is not earmarked, it can be used where it is most needed within the context of the situation on the ground and the capacity of partners and other actors.

Particular thanks go out to donors who provided funding to meet the needs of children affected by conflict and other emergencies in Ethiopia. UNICEF is committed to continuing assistance to children affected by natural disasters and conflicts in 2019, while cognizant of the need to bridge the humanitarian-development divide.

I. Annexes to the CER

Annex A: Non-thematic funding 2-pagers

Annex B. Donor statements

Annex C. Human interest stories

Annex D. Donor feedback forms

Donor feedback forms can be accessed from the following links:

- [English version](#)
- [French version](#)