Highlights

- Nearly 3.95 million people, including over 2 million children are currently displaced across parts of Ethiopia.
- Issues of security and humanitarian access are preventing access to basic services, including telecommunications, fuel, electricity and banking services, which continue to hamper UNICEF and partners’ capacities to effectively operate.
- From January to June 2021, UNICEF has supported the treatment of 164,118 children under five years with Severe Acutely Malnutrition (SAM).
- A total of 1,943 girls and boys who have experienced some form of violence have been reached by health, social work and legal/law enforcement services in Amhara, Benishangul Gumuz, Gambella, Oromia and Southern Nations, Nationalities and Peoples (SNNP) regions.
- UNICEF has provided technical and financial support to regional education bureaus (REB) to train 230 woreda education experts and education office on strengthening sub-national education cluster coordination, education in emergencies (EIE) data collection, analysis and interpretation and minimum standards for emergency planning and reporting.
- The combined 2021 Humanitarian Action for Children (HAC) and Tigray response appeal for US$192.7 is in process of revision based on exacerbating needs and increased access. At present, there remains a significant funding gap of 54 per cent. Continued funding deficits will greatly minimize UNICEF and partners’ ability to save lives, offer protection and ensure dignity to the children, women and men affected by the multiple crises in Ethiopia.

Situation Overview & Humanitarian Needs

Ongoing conflict, crisis-level food insecurity, flooding, drought, locust infestation and COVID-19 are some of the multiple and often overlapping crises that continue to strain the lives, livelihoods and coping capacities of an estimated 12.8 million children, women and men across multiple regions in Ethiopia, most notably in Amhara, Afar, Benishangul-Gumuz, Oromia, Somali, SNNP and Tigray regions. Over three million children and pregnant and lactating women with moderate acute malnutrition (MAM) and 503,799 children with severe acute malnutrition (SAM) are expected over the entire 2021. Figures of unaccompanied and separated children have significantly increased particularly in Tigray region where conflict is ongoing. Reports of GBV have significantly increased since the beginning of the year while access to mental health and psycho-support services has been involuntarily scaled back due to the lack of humanitarian access in some areas or lack of funding in others.

The Displacement Tracking Matrix (DTM) report in June indicates there are over 3.95 million internally displaced persons (IDPs), including over two million children across the country, concentrated in Tigray, Somali, SNNP, Oromia, Afar, Amhara and Gambella regions. This figure is projected to increase as a result of the ongoing conflict, floods, droughts and locust infestation. The revised inter-agency Humanitarian Response Plan (HRP) for Ethiopia estimates that humanitarian needs will increase as fighting continues in the north, leading more people to flee their homes in search of food, shelter, safety and access to basic services.

A recent FEWSNET report shows that the Belg/Gu/Genna rainfall was erratic, with little to no rainfall at the start of the season, but heavy rainfall occurring in late April. While rainfall decreased cumulative deficits, on its own it is unlikely to result in significant sustained improvements in cropping conditions or pasture and water availability. Moreover, planting was delayed by up to a month due to insufficient rainfall, and according to government reports, as of mid-May, only 35 per cent of typically cropped areas had been planted in Oromia and between 40 to 65 percent had been planted in Amhara and SNNP. In belg-dependent areas, where the lean season is ongoing, households are primarily market dependent but face below-average purchasing power, and many poor households are unable to cover their basic food needs.

An Integrated Food Security Phase Classification (IPC) analysis update conducted in Tigray and the neighbouring zones of Amhara and Afar concludes that over 350,000 people are in Catastrophe (IPC Phase 5) between May and June 2021. This is the highest number of people in IPC Phase 5 since the 2011 famine in Somalia. This severe crisis results from the cascading effects of conflict, including population displacements, movement restrictions, limited humanitarian access, loss of harvest and livelihood assets, and dysfunctional or non-existent markets.

The political dynamics have changed dramatically in Ethiopia’s Tigray Region following the unilateral ceasefire declaration by the Ethiopian Government on 28 June 2021. Reportedly, the Tigray Defence Forces (TDF) have taken control over most parts of Tigray following the withdrawal of the Ethiopian and Eritrean Defence forces from the capital, Mekelle, and other parts of the region, while Western Tigray remains under the control of the Amhara Region. The consequences of the unfolding situation on humanitarian operations in Tigray remain fluid. The breakdown of essential services

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2 Famine Early Warning Systems Network, food security classification Phase 3.
3 Community Based Management of Acute Malnutrition (CMAM) Update in Ethiopia, 30 April 2021.
such as the blackout of electricity, telecommunications, and internet throughout Tigray region will only exacerbate the already dire humanitarian situation. Reported shortages of cash and fuel in the region can compromise the duty of care of aid workers on the ground. Despite the dynamic and uncertain situation, partners report that the security situation in Tigray has been generally calm over the past month, with limited humanitarian activities being implemented around Mekelle and Shire (OCHA situation update, 01 July 2021).

Due to the ongoing conflict in Tigray, millions of households' access to their typical sources of food and income has been significantly restricted. According to the DTM as of April, over 1.9 million people are displaced within Tigray alone, with the highest concentration of IDPs in Shire, though displacement is likely higher than official reports suggest. Many households across Tigray have likely received humanitarian assistance, though multiple areas were inaccessible across central, southern, eastern, and north-western Tigray until late 28 June. As millions of households face large food consumption gaps, high levels of acute malnutrition and increased mortality are likely occurring.

COVID-19 continues to wreak havoc in Ethiopia as in most parts of the world. As of 30 June 2021, there have been a total of 276,174 confirmed COVID-19 cases and 4,320 deaths (case fatality rate (CFR) = 1.56%) since the onset of the outbreak in March 2020⁵. All regions of the country have reported cases. A total of 260,372 (94.3%) patients were reported to have recovered; 11,480 remain active cases; and 145 cases are considered severe are remain admitted in designated treatment centres across the country. The trend of COVID-19 cases reported showed a reduction in June compared to previous months in terms of number of cases, admission, and positivity rate.

Cholera and polio outbreaks in Ethiopia have also been reported since January 2021. A total of 1,571 suspect and eight confirmed cholera cases, including 11 deaths (CFR=0.7%) as well as six confirmed circulating vaccine derived poliovirus type 2 (cVDPV2) cases have been reported in Oromia, SNNP and Tigray between January to June 2021.

A total of 164,118 children with SAM have been newly admitted for treatment from January to June. Oromia region constituted 41.4 per cent of SAM cases, while Somali region constituted 22.5 per cent. Over the same period, 5,835,129 children 6 to 59 months have been screened for SAM.

With the estimated 253,000 IDPs in North Shewa and 105,000 IDPs in Oromo special zones, over 78,000 primary school students (48% girls) have been directly affected by the conflict induced emergency in Amhara region. Furthermore, in view of the highly unstable and volatile security situation in Kamashi zones, a total of 176 primary and 20 secondary schools remain closed as of June 2021 in 11 conflict-affected woredas, seven in Metekel, two in Assosa and three woredas in Kamashi. This is disrupting over 63,000 primary and 10,427 secondary school children’s access to education in this region. Similarly, in Oromia, 150 schools have been closed and about 58,000 children’s access to education disrupted due to security concerns in the western part of the region.

Summary Analysis of Programme Response

Health
UNICEF continued to support the delivery of messages focused on COVID-19 and cholera prevention, maternal neonatal and child health (MNCH) service availability and utilization, and promotion of hygiene behaviours from January to June 2021. UNICEF also supported the development and finalisation of risk communication and community engagement (RCCE) communication materials for the measles and polio supplementary immunization activities (SIA) in Tigray Region – noting that this vaccination campaign did not take place yet.

During the same period, UNICEF distributed a total of 387,150 N95 masks, 254,050 surgical masks and 228,368 bottles of hand sanitizers to support the prevention of COVID-19 and continuity of essential health services. This sustained the infection, prevention and control (IPC) needs of 19,407 healthcare workers across the country.

UNICEF also supported provision of context-based health service consultations using 49 Mobile Health and Nutrition Teams (MHNTs) to communities that have no alternative health services in Somali (29 MHNTs) and Afar (20 MHNTs) regions. Since January, total of 187,219 medical consultations were conducted (92,389 in Afar and 94,830 in Somali). Of these, 77,642 consultations (41%) were conducted of under five children and 65,687 consultations (35%) were conducted of women.

UNICEF continued to support the Gambella Regional Health Bureau (RHB) to provide vaccinations for South Sudanese refugee children at entry points and refugee camps. During the reporting period, a total of 4,389 children received polio vaccinations and 13,401 children received measles vaccinations -- 5,393 administered at entry points and 8,008 administered in Gambella refugee camps.

Health – Tigray response
Through programme cooperation agreements with partners – International Rescue Committee (IRC), International Medical Corps (IMC), Concern Worldwide, Action Against Hunger (AAH), Goal and Catholic Relief Society (CRS) – and direct support to the Tigray RHB, UNICEF supported a total of 111,185 outpatient medical consultations.

UNICEF further supported an integrated measles SIA training of trainers focused on communication, social mobilization, vaccine cold chain and vaccine management. As of the time of this report, the date for integrated measles campaign date has not been fixed yet due to operational challenges related to vaccine availability, and lack of fuel and cash. Given the high risk for a measles outbreak in the region, UNICEF continues to strongly advocate for the campaign to take place as a key prevention measure in saving children’s lives.

UNICEF also supported planning, monitoring, risk communication and community engagement, cold chain and vaccine management an Oral Cholera Vaccination (OCV) campaign, which aims to cover two million at-risk communities in 13 high risk woredas targeting mainly IDP hosting woredas. As of the end of June, 51 per cent of the planned vaccine doses were used. However, finalisation of the campaign was suspended due to the recent developments on the ground in Tigray.

To address cold chain capacity gaps for the immunization programmes, UNICEF dispatched a total of 23 Solar Direct Drive (SDD) refrigerators to Tigray since January 2021. In addition, to ensure the safety of personnel, prevention of transmission of COVID-19, and to ensure continuity of essential health and nutrition services, UNICEF distributed 214,050 surgical masks, 58,000 N95 masks, 42,898 bottles of hand sanitizer for prevention of COVID-19 and to ensure the continuity of essential health services. This met the IPC needs of 5,847 health workers in the region.

Following a shift in the power dynamics on the ground in June, and as access opened up within Tigray region itself, the revised response will focus on urgently needed lifesaving interventions for the next three months. UNICEF will focus its efforts on the primary health care structures largely to kickstart health and nutrition services by scaling-up the delivery of essential drugs and equipment and giving priority to the most vulnerable areas first.

Nutrition
From January to June 2021, UNICEF supported the admission of 153,553 children 6 to 59 months with SAM for treatment, representing 30 per cent of the Humanitarian Response Plan (HRP) annual target of 522,199 children (including refugees). Compared to the same period in 2020, the admission rate has increased by 25
per cent. Of SAM cases reported in Jan-June 2021, 41.4 per cent originated in Oromia region and 22.5 per cent in Somali region. Over the same period, 5,835,129 children 6 to 59 months were screened for SAM.

Significant changes in SAM rates from last year to 2021 were observed in Tigray (58.7% increase), SNNP/Sidama (52% increase), Oromia (29% increase), Amhara (26% increase) and Somali region (8.9% increase). Decrease in SAM rates over the same period were reported in Gambella (17% decrease) and Afar (7.6% decrease). To address SAM treatment, UNICEF dispatched 149,531 cartons of Ready to Use Therapeutic Food (RUTF); 2,811 cartons of F-75 and 1,666 cartons of F-100 to enable the treatment of about 149,500 children with SAM in the second quarter of 2021.

Amhara Region continues to be affected by conflict-induced displacements and other humanitarian crises. The number of IDPs in the region has now reached over one million. As of the last data made available from April 2021, a total of 20,338 children aged 6-59 months were admitted for SAM treatment since January.

During the reporting period, a total of 1,227,903 children were screened in Amhara region and 5,424 (0.44%) were found to be severely malnourished and 82,292 (6.7%) were moderately malnourished. In the reporting month (May 2021), a total of 363,767 children aged 6 to 59 months received vitamin A supplementation. Moreover, a total of 255,454 children aged 24 to 59 months and 25,628 pregnant women were dewormed, while 46,346 pregnant women were supplemented with iron/folate. UNICEF continued to provide nutrition supplies to conflict-affected areas through partners, resulting in children receiving SAM treatment, vitamin A supplementation, deworming, and iron/folate for pregnant and lactating women (PLW), as well as nutritional counselling. However, nutrition screening is limited to in-services and requires scale up to the community level.

In SNNP and Sidama regions, 332,796 IDPs and 1,042,565 population in need were identified for emergency relief food support due to delay of the onset of “Belg” rains. In June, the government made provisions of food to the affected communities. Moreover, due to moisture stress in Wolayta and Gofa zones, a response is ongoing to an additional of 215,555 beneficiaries. Irregularities of the belg rain and its impact on producing short maturing crops; difficulty to carry out agricultural activities due to security concerns in Sheko, Konso, Amaro, Burji, Alle and Derashe; and existence of crop pests and the decrease in livestock productivity due to shortage of water and feed are major factors contributing to deteriorated food security situation in those areas.

During the reporting period, a total of 5,838 under five children were admitted for SAM treatment in SNPPR and Sidama. Compared to the SAM admission over the same reporting period in 2020, this figure increased by 52 per cent. Based on routine screening data collected through District Health Information System 2 (DHIS2) in May 2021, a total of 1,198,402 children aged 6 to 59 months were screened to assess their nutritional status.

Cumulatively from January 2021, a total of 36 health facilities (20 Health Posts (HPs) and 16 Health Centers (HCs)) were visited by Emergency Nutrition Officers (ENO) and technical support was provided to 100 health professionals (58 health workers and 42 health extension workers). All nutrition supplies needed were delivered to all Therapeutic Feeding Programme (TFP) implementing zones and currently there is no report on shortage of nutrition supplies in those regions.

In Oromia, SAM remains the major public health concern affecting children particularly in drought prone areas of the region. Since January 2021, a total of 63,552 new SAM cases were admitted to TFPs. The overall TFP performance indicators during the reporting period were above the international standards with 91.2 per cent cure rate, 0.1 per cent death rate and 0.9 per cent defaulter rate. While total SAM admission in the region gradually declined over the reporting period, SAM admission in East Hararge and East Shoa zones increased by 7.8 per cent and 16.3 per cent, respectively. According to the routine screening data collected through DHIS2 in May 2021, a total of 3,379,119 children aged 6 to 59 months were screened to assess their nutritional status with regional average screening coverage of 56 per cent.

In Somali region, a total of 7,860 children aged 6-59 months were admitted for SAM treatment during the reporting period; the number has increased by 8.9% compared with the same period last year. According to the routine screening data collected through DHIS2 in May 2021, a total of 49,229 children aged 6 to 59 months were screened to assess their nutritional status. In June 2021, 3,591 children aged between 0-2
years received infant and young child feeding counselling. UNICEF signed Program Cooperation Agreements (PCAs) with two civil society organisations to undertake monthly mid-upper arm circumference (MUAC) nutrition screening for early detection and referral of acute malnutrition to support promoting and protecting of maternal, infant young child nutrition (MIYCN) in five woredas.

In Afar, acute food insecurity is anticipated in the northern part of the region due to climate change, population displacement and conflict. As per the IPC Global snapshot for May-September 2021, more than 450,000 people are likely to face high levels of acute food insecurity (IPC Phase 3 or above). In April 2021, a total of 1,794 children aged 6-59 months were admitted for SAM treatment. In April 2021, 986 SAM children were admitted to TFP sites in two zones in neighbouring Tigray affected by conflict. Out of 986 cases admitted in these two zones, 610 cases are in woredas directly bordering with Tigray. Starting in June 2021, a total of 32 woredas have been covered under the therapeutic supplementary feeding programme (TSFP) intervention in partnership with the World Food Programme (WFP) (i.e., 23 priority existing woredas and nine new TSFP woredas) in Afar. According to routine screening data collected through DHIS2 in May 2021, a total of 11,060 children aged 6 to 59 months were screened to assess their nutritional status. Government partners, NGOs, and other stakeholders have deployed altogether 25 MHNTs to the conflicted affected woredas in Tigray to provide health and nutrition services.

In Gambella, a total of 162 children aged 6-59 months were admitted for SAM treatment – an increase of 18.2 over the same period last year. UNICEF continued to provide technical and therapeutic feeding supply support for the emergency nutrition response for host and refugee communities in the region through a partnership with the RHB and UNHCR. Out of the total SAM admission, 40 presented with complications and 122 without complications and were admitted to the inpatient and outpatient programmes, respectively. From 118 cases discharged from the OTP, 106 (89%) were discharged as cured and six (5.1%) were discharged as defaulters. There were no deaths reported. Out of 40 discharged cases from the IPF, 14 (35%) were discharged as cured, 20 (50%) were discharged as recovered and transferred to the OTP, 1 (2.5%) defaulted, and 2 (5%) died.

From January to June 2021, a total of 1,211 under five children and 123 PLW were screened; nine children with SAM were identified and linked to TFP services, 13 under five children were identified with MAM and 15 pregnant and lactating women with acute malnutrition were counselled on key nutrition messages. With support from UNICEF, the Gambella Regional Health Bureau (RHB) organized trainings for 24 health workers on improving the quality of the ongoing nutrition response in the management of SAM and cascaded the new protocols to other health workers in the region. In addition, 21 health workers were trained on growth monitoring promotion and counselling in June. Also, in June, at the Pagag nutrition centre, a total of 2,195 under five children were screened for malnutrition, out of which 118 and 227 children were identified with SAM and MAM, respectively. In addition, out of 105 PLW screened, 17 were identified with acute malnutrition.

In Benishangul Gumuz, as of 12 June 2021, a total of 244,267 peoples were displaced (121,730 female, 123,537 male); 48,376 are children under the age of 5 and 15,607 are PLW. As of April 2021, a total of 208 children aged 6-59 months were admitted for SAM treatment. The admission increased by 10.5 per cent compared to the same month last year. UNICEF provided 113 cartons of ready to use therapeutic food (RUTF) for Metekel IDP emergency nutrition services to manage SAM cases. A total of 30,801 (62%) children of age 6-59 months were supplemented with vitamin A and 21,682 (66%) of 24-59 months of children were dewormed. Close follow up and technical support are being provided with special attention to IDP affected woredas and all regional emergency nutrition activities.

UNICEF is represented at the zonal ECC and the zonal health and nutrition cluster by emergency health and nutrition personnel working in Metekel zone. Furthermore, additional personnel are providing close technical and coordination support to the Zonal Health Desk (ZHD) and Zonal Disaster Risk Management Office (ZDRMO) in overall planning, implementation, and monitoring of IDP response interventions in the zone.

Nutrition - Tigray Response
Since February 2021, when UNICEF recommenced compilation of admission data, a cumulative number of 435,669 children under five from 72 woredas, towns and IDP sites were screened in Tigray with 10,890 SAM cases admitted. SAM treatment has increased by 221 per cent compared to the same period last year.
A rapid nutrition assessment through MUAC and oedema screening was conducted in June in five woredas by World Vision with UNICEF technical and financial support in Eastern and Southern zones. Among children screened, the proxy GAM and SAM were above the global emergency threshold as per the below table. Verification of the reported high levels of acute malnutrition was not possible due to the inaccessibility of woredas, particularly Nokseqe within the southern zone.

A total of seven partnerships were established in Tigray, ensuring one partner in each of the seven zones to scale up services via the MNHTs and the few functioning health facilities, which currently covers less than 30 per cent of the total health system in the region. During the reporting period, ENOs conducted on-the-job training for 247 health workers and health extension workers on Community-based Management of Acute Malnutrition (CMAM), Integrated Young Child Feeding (IYCF), integrated acute malnutrition management, and MUAC screening.

Further to the above, UNICEF in collaboration with other UN agencies and NGO partners visited health centres in Samre town. The single primary hospital and single health centre were both found to be non-functional due to damage and looting as a result of the conflict.

Thus far, 18,620 cartons of RUTF were delivered and 10,890 children were treated since January this year. UNICEF is collaborating with WFP to engage the same INGO partners to provide blanket supplementary feeding and treatment for MAM to ensure continuum of care and coherence in the emergency response. Furthermore, a total of 12 MHNTs were established and are providing essential health services in underserved and unreached communities of Wolkaity, Tegedie and Humera areas through UNICEF support.

UNICEF estimates that over 100,000 children in Tigray could suffer from life-threatening severe acute malnutrition (SAM) over the next 12 months – a tenfold increase compared to the average annual caseload. Data also indicates that 47 per cent of pregnant and lactating women are acutely malnourished. These alarming rates suggest that mothers could face more pregnancy-related complications, increasing the risks of maternal death during childbirth and the delivery of low birthweight babies, who are much more prone to sickness and death.

**Child Protection**

From January to June this year, UNICEF supported the Bureau of Women Children and Youth and NGO partners to ensure the continued delivery of child protection services in emergency situations through a coordinated case management system and qualified social service workers. A total of 2,655 children (1,308 girls, 1,347 boys) who experienced violence were reached by health, social work and legal/law enforcement services in Amhara, Benishangul Gumuz, Gambella Oromia and SNNP.

In all, 922 children (441 girls, 480 boys) who were separated with their families were reunified with their families and 671 children (332 girls, 339 boys) were placed under alternative care arrangements such as kinship care and foster care. This included 247 new arrival refugees in Gambella crossing through Pagak entry point; the remaining children are IDPs in Amhara, Benishangul, Oromia, Somali and SNNP.

A total of 6,413 children and 4,200 caregivers were reached through community based mental health and psychosocial support interventions facilitated through safe spaces, peer/group support activities, socio-emotional learning, and parenting skill education sessions. These sessions enabled caregivers to understand and manage their own emotional experience; develop realistic expectations of child behaviours that are appropriate to the developmental level of their child; attune and adequately and reflectively respond to their children's emotional expressions.

In addition, 31,367 women and girls were provided with GBV risk mitigation, prevention, and response services. The GBV risk mitigation messages include information on intimate partner violence, sexual exploitation, where to report risks/threats and how to access GBV response services. Furthermore, 94 survivors of sexual violence were referred and received comprehensive GBV services that includes health, psycho-social support and legal aid.

As a result of UNICEF’s support, 39,925 children and adults now have access to a safe and accessible channel to report SEA. In partnership with International Medical Corps (IMC), 42 partner staff (17 female, 25 male) and 160 social workers/volunteers (93 female, 67 male) were trained on prevention of sexual
exploitation and abuse (PSEA) in Gambella and Dolo Ado refugee camps. The training focused on basic concepts of GBV, SEA, Inter-Agency Standing Committee (IASC) core principles to properly mitigate, prevent, and respond to SEA. In addition, 15 female caseworkers were trained to address the specific complexities of SEA, such as barriers to reporting SEA cases, understanding and addressing survivors’ fear of retaliation and needs. The training intended to improve the knowledge, skills, and attitudes of case workers while addressing SEA cases. In all, 10,251 IDPs and refugees in Oromia, Somali, Benishangul Gumuz and Gambella received information on PSEA key messages through pictorial billboard stickers and posters.

Since late June, UNICEF supported the return of 8,396 migrants from the Kingdom of Saudi Arabia with a total expected caseload of over 40,000 people. UNICEF is providing assistance to unaccompanied children through social workers deployed to the airport and transit centres, in collaboration with the Ministry of Women Children and Youth, who are identifying, documenting on arrival, and ensuring the management of the child cases, including provision of family tracing and reunification.

As of 30 June, 63 unaccompanied children were registered. Furthermore, UNICEF provided 1,800 dignity kits to support the returning women indeed of immediate assistance, and UNICEF further supported WASH in transit facilities and provided 4,000 bars of soap for immediate distribution. Through close collaboration with partners, including Médecins Sans Frontiers (MSF) and COOPI, a WASH assessment to further evaluate needs was conducted. Moreover, four cartons of high energy biscuits were made available to support mothers and children, and another two tents were set up at the airport to provide dignity to mothers and children while screening and breastfeeding on arrival.

### Child Protection – Tigray Response

UNICEF’s Child Protection and GBV response in Tigray Region and affected woredas within Amhara and Afar regions reached a total of 102,994 children and women since the beginning of the conflict with GBV risk mitigation and response interventions, case management services, support to GBV survivors and unaccompanied and separated children (UASC), as well as MHPSS for children and their caregivers and PSEA.

UNICEF and partners identified and registered a total of 3,838 UASC in Tigray Region since January 2021. Of these, 1,632 children were placed under alternative care arrangement and 235 children were reunified with their parents in Mekelle, Shire and Mai Tsebri, Tigray Central, Eastern, Southern and South-Eastern Zones.

A total of 577 GBV survivors (three male) were supported with case management, health and psycho-social support since the beginning of the conflict, including amongst IDPs, host communities and refugee camps populations in Shire. Overall, reporting and help-seeking behaviour of GBV survivors continues to be low, as stigma and fear of persecution or repeat attacks inhibit survivors from seeking support.

In order to increase awareness on availability of GBV services, and as part of GBV risk mitigation and prevention, a cumulative total of 17,187 community members (9,601 female, 7,586 men) were reached through awareness-raising and community outreach activities on GBV, referral pathways, reporting mechanisms and available services since January 2021. This included 8,303 refugees in Shire refugee camps, while the remaining are IDPs across different zones of Tigray region, and conflict affected areas of Amhara and Afar regions. The awareness-raising activities increased knowledge and understanding of GBV prevention and response programming, including on available services. In addition, 19,671 women and adolescent girls were reached with dignity kits and other material support as GBV risk mitigation efforts. In Mekelle, 24 partners (12 female) and service providers were trained on prevention and response, and 37 healthcare professionals (8 female) trained on clinical management of rape for GBV survivors in Mekelle and Afar Zone 4.

Moreover, a UNICEF partner strengthened and furnished a women and girls-friendly space, for provision of psycho-social support to women and girls and raising awareness of availability of services. Trained social workers are in the spaces to provide services as needed, including on GBV case management and psychological first aid.
In South-Eastern zone, 52 women and girls visited the wellness centres in Raya Chercher and Maychew. Discussions centred around positive parenting, steps to take if one experiences violence, and the benefits of sharing personal experiences particularly in stressful conditions.

Further to the above, UNICEF supported 26,834 children, their caregivers and community members with mental health and psycho-social support in the reporting period. This was coupled with awareness raising for 34,568 community members on safe reporting channels for SEA.

**Education**

UNICEF continues to provide education assistance to internally displaced, returnee, and emergency-affected children in collaboration with the Ministry of Education and NGO partners. To date, a total of 128,886 children, including 25,457 children accessing accelerated learning programme linked with child protection services, have been reached through the provision of formal and non-formal education and/or skills development training, including early learning as well as individual learning supplies in emergency-affected regions of Ethiopia, including Tigray.

In Oromia, UNICEF and one partner (Geneva Global Ethiopia) have supported 18,917 (49% girls) displaced and emergency-affected children to access child-to-child and accelerating learning programmes, with Phase 2 classes starting in Kercha, Babile, and Gumbi Boradee in May. With support of Education Cannot Wait (ECW), an additional 10,206 IDP and host community children (46% girls) in Babile, Midgatola, Mayu Muluqe, Chenakson, and Sasiga have also been supported through the activities such as the construction of temporary learning spaces, latrines and water points, provision of furniture and teaching learning supplies, school feeding, and capacity building of teachers and parent teacher student associations. In Amhara, UNICEF with ECW partner, World Vision Ethiopia, have supported some 4,520 children (48% girls) in IDP and host communities in Central Gondar.

Under the Central Emergency Response Fund Anticipatory Action Pilot in Ethiopia, UNICEF with NGO partners (Edukans Foundation, Organization for Welfare and Development in Action, and World Vision Ethiopia) supported the WASH in school assistance focusing on the provision of water tanks and rehabilitation of water points in schools and provision of cash-based assistance for out school children from vulnerable households in drought-prone communities in Afar, Somali and SNNP. Total numbers of children and schools reached are 23,835 (50% girls) and 71 schools – 9,589 children (51% girls) and 27 schools in Afar, 9,846 children (48% girls) and 28 schools in Somali, and 4,400 children (52% girls) and 16 schools in SNNP.

In June, UNICEF has also provided technical and financial support to REB to conduct capacity building trainings for 230 woreda education experts and education office heads (125 in Somali region, 85 in Afar region and 20 in Gambella) which addressed strengthening sub-national education cluster coordination through enhanced knowledge, skills on education in emergencies (EIE) data collection, and analysis and interpretation of the minimum standards for emergency planning and reporting. UNICEF has also supported the five-day trainings of 104 zonal education department and special woreda education office experts from SNNP and Sidama on EIE data management and evidence-based analysis. With ECW support, in total six REBs with UNICEF and Education Cluster conducted EiE capacity building training for sub-national Education Clusters through five-day training for 569 zonal and woreda education officials [Oromia (115), Amhara (77), Sidama (23), Gambella (20), Benishangul Gumuz (42), Afar (85), Somali (125), and SNNP (82)].

Over 85,000 children have received learning and recreational materials in emergency-affected woredas of Amhara, SNNP, and Oromia. UNICEF supplied and delivered 132 school-in-a-box kits, 160 recreational kits, 50 early childhood development (ECD) kits and 882 bars of body soaps to the Amhara Regional Education Bureau (REB) for 16,000 emergency-affected primary school children (47% girls) and 2,000 pre-primary school children (49% girls) in North Shewa and Oromo zones. In SNNP, 27,355 children (50% girls) received learning materials, and in Oromia UNICEF supported REB to procure and distribute basic learning materials for 23,579 displaced and returnee children (50% girls) across five zones and 16 woredas.

Stationeries and learning supplies for 2,205 children as well as 4,464 hand sanitizers were also procured, while the distribution has been affected by security situations and is still to be completed.
To support safe school operation and COVID-19 prevention and protection, UNICEF supported the provision of 139 handwashing stations in Afar (99 schools), Amhara (7 schools), Somali (3 schools) and Tigray (30 schools). UNICEF continues to supply learning spaces and schools with WASH supplies and promote awareness raising programs for school communities on prevention mechanisms and promotion of handwashing and sanitation practices via the REBs. Furthermore, in Benishangul Gumuz, REB was provided with 32 water tankers (10,000 litres capacity) and teaching and learning supplies. UNICEF also plans to provide some 20,000 additional solar power radios for out-of-school children in COVID-19 affected regions.

UNICEF continued to co-lead the sub-national Education Clusters through the Education/EiE Specialists in emergency in the field offices. UNICEF has also deployed two EiE Specialists from the Emergency Response Team to co-lead the national Education Cluster in an interim capacity for supporting Cluster Coordination in collaboration with Save the Children. In Amhara and Oromia, with ECW support, UNICEF has recruited Information Management Officers to support EiE data management and coordination. The national Education Cluster has continued to strengthen the coordination function amongst the education members and through enhanced leadership of MoE at national level and REBs at the regional level. Coordination meetings are being held regularly at the national and sub-national level. Key activities for the national Education Cluster supported includes the revision of the Education Cluster Strategy, discussion with MoE on election preparedness and participation in the inter-agency assessments such as the one conducted in North Shewa, Amhara.

Despite great achievements made, there are multiple challenges to working on education in the current environment. For example, at the federal and regional level, there is a gap in timely collection, analysis, and sharing of EiE data and information within the Education Cluster to facilitate advocacy and resource mobilization efforts. Lack of comprehensive data on education access of IDP children and EiE interventions being undertaken (as intended to be captured through the OCHA coordinated 5W matrix) are a major challenge to UNICEF and partner’s programme and operational effectiveness.

Further to the above, there is a large funding gap for out-of-school children at this time. Therefore, UNICEF is urgently seeking additional funding for children in woredas and IDP sites affected by the conflict and/or drought such to ensure children can continue accessing learn opportunities.

In view of future plans, UNICEF will continue to support the integration of child protection issues into learning and skills development programmes, as well as support to child protection referral and case management through a “Bete” (learning + growing + being safe) approach. UNICEF will also be looking to support the capacity building of INGO/NGOs, REBs, zonal education and woreda education personnel on improving EiE information gathering and reporting through available sources including DTM, Education Management Information System (EMIS) and joint assessment reports.

**Education – Tigray Response**

UNICEF continues to work with partners to advocate for safe school reopening and setting up of temporary learning spaces (TLS) in Tigray. UNICEF has established 98 TLS with tents (43 in Mekelle and 55 in Shire) implementing Bete (learning and child protection) integrated approach focusing on Accelerated School Readiness (ASR) and Accelerated Learning Programme (ALP) in partnership with Imagine 1 Day, and also through existing classrooms via linked schools (19 classrooms being used), cumulatively reaching 11,667 children (49% girls) across 31 IDP collective sites/centres including 14 sites in Shire where UNICEF with Imagine 1 Day and Norwegian Refugee Council installed 40 tents for TLS to support access to learning opportunities. Efforts are underway to provide children access to integrated education and child protection services via UNICEF’s Bete approach.

UNICEF is expanding the reach of the Bete education and child protection integrated approach and expanding learning opportunities in the South East zone through World Vision. In June 2021, World Vision initiated an ALP programme in South Easterna, Enderta, Hintalo, Wojerat, and Deguea Tembien; in two woredas, Samre and Seharti, registration is ongoing. With support of ECW, UNICEF is also planning to scale-up the Bete response to include Adet, Adwa, Axum and Adigrat with Save the Children. Preparatory work has commenced with the registration of children to attend ASR and ALP in Mekelle and Adigrat and the project aims at reaching 20,000 children.
In partnership with Plan International, UNICEF continued to support provision of essential teaching learning materials for 10,055 IDP and host community conflict-affected children (57% girls) including 9,366 host community children (4,513 girls). With financial support through UNICEF, Plan International trained 2,170 children (1,181 girls) on GBV risk mitigation, prevention, or response mechanisms. Additionally, 2,404 children (1,233 girls) were trained on how to access safe channels to report SEA. Training was also provided to 145 teachers (72 female), 71 school directors (22 female) and four woreda education personnel (all male) on child-friendly pedagogy, life-skills, and psychosocial support in Telemet and Adiarkay woredas in North Gondar Zone.

Within the Tigray sub-national education cluster, an education and protection position paper has been drafted and shared with the inter-cluster coordination group and Ethiopian Humanitarian Country Team, upholding the right to education, advocating for the protective nature of education and providing guidance on safe school reopening planning for when school communities deem it viable to resume education. The Tigray sub-national education cluster has also supported the conduct of the Joint Education Needs Assessment in February-March 2021 to identify the priority need for support including the provision of safe and protective learning spaces, essential teaching learning materials, capacity building for teachers and parents, and psychosocial support for children, teachers, and school communities. and attend to children’s psychosocial wellbeing. UNICEF is currently in the process of recruiting Education Cluster Coordinator in Mekelle, as well as sub-regional Cluster Coordinator to be based in Shire.

Some challenges faced have been the focus of education services by partners for out-of-school children in some of the main towns, whereas out-of-school children in other areas such as Sheraro, Abi Adi, Maichew and Adi Shuhu have not had less access to educational assistance. To enable the resumption of formal education via the reopening of schools, it is of critical need that resources are mobilized to rehabilitate school infrastructure damages, provide essential teaching learning supplies, and to provide psychosocial support for children, teachers, parents/caregivers and community members. To help address this gap, through a recently signed PCA project with Save the Children, EiE response will be scaled up in central and easter zones of Tigray to improve access to safe, inclusive, equitable education for 20,000 crisis-affected girls and boys.

Going forward, UNICEF will continue to work with partners to provide integrated education and child protection assistance and advocate for scaling up EiE to reach children in remote, hard-to-reach IDP sites that are currently not covered. To promote “Bete”, UNICEF with partners aims at supporting integrated education and child protection services for pre-primary, primary and secondary school-age children, including adolescents in physical locations set up during rapid onset of emergency resulting in displacement. UNICEF will also continue to advocate at all levels to maintain schools and learning facilities to be safe and protected, and that the resumption / continuation of formal and non-formal learning activities could occur in a safe, dignified, and informed manner.

**WASH**

From January to June this year, UNICEF facilitated access to safe water supply for 1,697,166 people through rehabilitation and/or expansion of 145 existing water schemes ranging from shallow wells to motorised boreholes. This included minor maintenance to replacement of electro-mechanical equipment such as generators and submersible pumps in Somali (475,084 people), Gambella (388,843 people), Oromia (371,023 people) and SNNP (289,660 people) regions. Additionally, in collaboration with the Regional Water Bureaus (RWB), RHB and NGO partners, 472,239 people (64,598 IDPs) were reached with mass chlorination of water supply schemes, water trucking, installation of emergency water treatment plant/Emwat kits, water storage tank installation and multi-village water supply expansion were carried out in six regions. This was coupled with the provision of critical WASH NFIs, including soap (laundry and body), sanitary pads, household water treatment chemicals, jerry cans, buckets, hand washing containers and chlorine drums.

Additionally, UNICEF facilitated the rehabilitation of water supply in 33 health care facilities (serving an estimated 2,000 people each).
A total 1,489,064 people (151,868 IDPs) were reached with basic hygiene messages in all regions through public awareness campaigns using mobile audio vans, health extension workers, and community volunteers and behavioural change communication (BCC) materials, with a focus on COVID-19 infection, prevention and control (IPC), as well as cholera prevention.

**WASH – Tigray Response**

From January to June 2021, a total of 1,247,011 people affected by Tigray crisis had access to safe water through water trucking, rehabilitated water schemes. In all, 442,538 people were reached through hygiene promotion, 80,500 people reached through basic access to sanitation and 40,133 people had access to basic lifesaving WASH NFIs. The response in Tigray region has been primarily implemented through local and international humanitarian NGOs.

All WASH NFIs that were procured with available funds were distributed except the last consignment of WASH NFIs received through Afar, which is in process of distribution through partners and directly by UNICEF WASH in Mekelle.

Due to high demands, additional funds are greatly needed to procure additional WASH supplies. In addition, challenges have been faced in terms of timely receipt of supplies due to changing market prices of some commodities.

**Social Protection**

In February, UNICEF in collaboration with the Government, ensured the remaining five months of COVID-19 cash transfer support was provided through the Urban Productive Safety Net Programme (UPSNP) as a lump sum payment (1,800 ETB) to all 1,927 Permanent Direct Support households (2,398 beneficiaries, 75 percent females) in Mekelle, Tigray. UNICEF also collaborated with the Government to provide 5,432 Temporary Direct Support beneficiaries (all are pregnant and breastfeeding mothers) in Addis Ababa with a monthly 360 ETB cash transfer top-up for three months (paid as one lump sum – 1,080 ETB). For the first time, UNICEF supported the Ministry of Labour and Social Affairs (MoLSA) to conduct post distribution monitoring through a mobile-based application (KoBoCollect) for a sample of all UPSNP clients covered through the COVID-19 cash transfer response in 10 cities.

UNICEF is working closely with the Amhara Bureau of Labour and Social Affairs (BoLSA) to develop a targeting protocol and cash transfer manual. These have been instrumental in establishing a pilot humanitarian cash transfer response for 2,539 IDP households in North Shewa and Oromo Special Zones. While the process has progressed well, targeting has been difficult as the number of IDPs is far beyond the resources available.

UNICEF collaborated with federal and regional government counterparts to implement a cash transfer initiative for IDPs in Mekelle through UPSNP. Good progress was made with the selection of IDP sites, targeting of IDPs, updating of the UPSNP system to allow registration and payment of IDPs, and approval for the disbursement of funds to IDPs through bank accounts. However, due to the rapidly evolving situation in Tigray, the initiative was suspended before any cash transfers were instigated as a result of disruptions in government systems and personnel, limited access and communications, and closure of banks.
Communications for Development (C4D)
UNICEF continues to support the delivery of messages focused on COVID-19 and cholera prevention, MNCH service availability and utilization, GBV, and hygiene behaviours. Over 4,199,396 people were reached in Amhara (241,712), Oromia (236,851), SNNP (458,927), Benishangul Gumuz (69,022), Somali (114,343), Tigray (121,443), Afar (20,190) and Gambella (16,605). The messages were delivered via volunteers, house-to-house visits, and during social mobilization events. UNICEF has also reached 1,532,000 people on COVID messages through social media.

UNICEF supported the development and dissemination of key messages and communication materials for COVID-19 vaccine in six local languages. UNICEF supported production of posters for health workers, posters targeting the elderly, posters targeting IDPs and refugees, brochures, job aids for health workers, banners, vaccination cards in five languages, and 15 social media posts and monitoring tools for the vaccine rollout. Through these materials, UNICEF has been able to reach 23,500 health workers, and 1,175,000 community members above 65 years of age, and 37,000 IDPs and refugees.

With support of UNICEF HQ and ESARO, UNICEF ECO conducted Misinformation Management Workshop on 30th June – 1st Jul 2021 with a focus on COVID-19, the vaccines and polio. About 29 participants including at least seven delegates who are media monitoring and risk communication focal from the Ethiopia Public Health Institute (EPHI) and the MoH participated together with 10 UNICEF C4D Officers-UNVs. This will lead to a joint action plan development on vaccine misinformation management with Ministry of Health. Additional funding for SBC is greatly needed to extend UNICEF’s reach and engagement with at-risk communities, children, adolescents, women and men, to strengthen the RCCE response across all regions.

UNICEF is committed to integrate accountability to affected population (AAP) in emergency programme implementation through the seven pillars of participation, information and communication, complaints and feedback, PSEA, strengthening local capacity, coordination and partnership and evidence-based advocacy and decision making. A capacity development plan for partners is being finalised to ensure quality integration and implementation of AAP in all partnerships.

Humanitarian Leadership, Coordination and Strategy
UNICEF Ethiopia humanitarian strategies and responses are aligned with the inter-agency 2021 Humanitarian Needs Overview (HNO) and to the revised Humanitarian Response Plan (HRP). UNICEF is also an active member in the Humanitarian Country Team and Cluster Lead Agency group headed by the Humanitarian Coordinator. As a child rights organisation, UNICEF centralizes its advocacy and response strategies around ensuring the safety, protection, and well-being of all children, whilst also focusing on the needs of women and other vulnerable groups.

Under the overall National Disaster Risk Management Commission (NDRMC) leadership, layered by Disaster Risk Management Technical Working Groups (DRMTWG) at the federal and regional levels, UNICEF serves as cluster lead for the Nutrition, and WASH clusters, the sub-cluster coordinator for Child Protection/GBV Area of Responsibility (AoR), and co-cluster lead for Education together with Save the Children. During the reporting period, UNICEF onboarded dedicated cluster coordinators for WASH, Education, Nutrition and Child Protection and has deployed additional cluster support to Tigray.

As Nutrition Cluster lead, UNICEF continues to support responses at the regional level. UNICEF participates in meetings organized by the regional/sub-regional Emergency Coordination Committee (ECC) on IDP affected areas in Amhara, and refugees in Benishangul-Gumuz and Central and Northern Gondar for refugees from Tigray. The nutrition cluster organizes regular bi-weekly Multi-Agency Nutrition Taskforce (MANTF) meetings where strategic humanitarian topics of critical importance are discussed and resolved. UNICEF also leads a strong subnational nutrition cluster in Mekelle and Shire in Tigray.

The Nutrition cluster has not been without its challenges. The adoption of simplified protocol for management of acute malnutrition in times of crises has been slow to develop given the focus on addressing the immediate needs on the ground. Furthermore, given the wide scale of the emergency due to the conflict, drought, flood
and other hazards combined, the capacity of the Nutrition Cluster partners in timely scale-up of enhanced support for life-saving nutrition services has been limited due to stretched resources.

Under the Child Protection/GBV AoR, UNICEF continues to be actively involved in emergency response planning and resource mobilisation since January this year. In June, as part of the first round for standard allocation of the Ethiopian Humanitarian Fund (EHF), eight proposals with integrated child protection interventions were selected for inter-sectoral response in Oromia, Somali, Afar, Amhara, and Benishangul Gumuz region. UNICEF’s Child Protection AoR closely collaborated with UNOCHA in the technical review of the proposals. In addition, the AoR was also consulted by IRC on the third standard allocation of OFDA-funded rapid response fund, including for the prioritisation of areas of intervention.

Additionally, the Child Protection AoR actively participates in advocacy exercises whereby ongoing contributions are made to the Protection Cluster on the child protection situation, needs, gaps and priorities for the Humanitarian Country Team, donor community, and Humanitarian Bulletins.

Despite its achievements, the lack of Child Protection AoR dedicated staff in Tigray (both Mekelle and Shire) in addition to the access impediments have challenged child protection response coordination, however this has been mitigated with the deployment of two standby partners since mid-June in both Mekelle and Shire. An additional impediment was the focus of most Child Protection AoR members on development programmes, thus shifting child protection in emergencies has required ongoing capacity building, as well as better coordination with government entities.

Through the Education cluster at the national and subnational levels, UNICEF is working with partners to develop response plans targeting out-of-school children due to drought, ongoing conflict, and a deteriorating economic situation for households/families.

In Tigray Region, with most schools remaining closed, the subnational cluster continues to support the REB advocacy on the identification and prioritization of alternative shelters for IDPs to be relocated in a safe and dignified manner to facilitate the school reopening action plan. With UNICEF’s technical and financial support, the REB and cluster members are targeting the soft reopening of six government schools over the summer months to provide catch-up learning integrated with psychosocial support (PSS) in Adi Haki sub-city of Mekelle. Community mobilization/information events are being planned with three primary school principals and teachers. Two of the schools are near the Sebacare four relocation sites, hence planning and preparation is being coordinated by cluster members to prepare the schools to both reopen and absorb IDP children.

Some challenges were faced in the Education cluster coordination, foremost that there was no dedicated education cluster coordinator at the national and field levels from January to May, which delayed the joint education assessment, responses and limited the appeals for the consolidated emergency pool funding for cluster initiatives. Thus, to bridge the gap, UNICEF sought technical assistance from two emergency response team (ERT) staff from mid-January to the end of June. In addition, two dedicated education cluster coordinators at the national level were recruited by UNICEF and Save the Children, who commenced their assignments from mid-June. UNICEF is also in the process of recruiting dedicated cluster coordinators for Mekelle and Shire to further boost joint responses at the field level.

Another challenge faced by the Education Cluster was the development focus of many education officers, which hindered the immediate assessment and responses to the emergency in the field. To help address this challenge, the Education Cluster is working to develop the capacity of its officers with a focus on rapid assessment, emergency preparedness and response, coordination and the Inter-Agency Network for Education in Emergencies (INEE) minimum standards.

Finally, with Education often being seen as non-life-saving, and non-life-sustaining during an emergency, this also hampered raising funds for joint responses. The closure of schools in Tigray for over 18 months due to COVID-19 outbreak in March 2020 required much more attention during the back to learning process that includes catch up classes, rehabilitation of schools, teacher training on PSS and pedagogy and hygiene promotion interventions.

As WASH cluster lead, UNICEF oversees the Rapid Response Mechanism, which is presently focusing on delivery of WASH non-food items (NFI) in hard-to-reach woredas in Tigray. Under UNICEF's cluster
leadership, cluster partners are overseeing water trucking, water scheme rehabilitation, WASH NFI distributions, improved sanitation and hygiene promotion.

UNICEF has also continued to support the coordination of COVID-19 outbreak preparedness and response at national and subnational levels, as well as coordination of the cholera outbreak as part of the IDP response in Amhara, Oromia, Afar, Somali, SNNP, Benishangul Gumuz and Gambella regions as through field and central level technical staff.

Funding Overview and Partnerships

UNICEF’s appeal for US$ 192.7 million will save lives and sustain essential life-saving services for over 23.5 million people in need in Ethiopia, including 12.5 million children. To date, funding has reached only 46 per cent of the 2021 HAC and Tigray Response requirements, leaving a significant funding gap of US$ 104.5 million. Without this critical funding, the immediate needs of girls and boys, women and men cannot be met. This includes provision of access to safe water for drinking, cooking and personal hygiene for 2.15 million people; vitamin A supplementation for nearly 1.45 million children; treatment for 555,000 children with severe acute malnutrition (SAM); access to mental health and psycho-social support (MHPSS) for over 94,000 children; and safe channels to report sexual exploitation and abuse for nearly 700,000 women, girls, boys and men; access to primary health care facilities for over 862,000 people; family tracing and reunification of the increasing number of separated migrant children; and non-formal and formal education opportunities for over 318,000 children.

UNICEF expresses its sincere appreciation to the numerous donors, including the United Kingdom Foreign Commonwealth and Development Office (FCDO), European Commission for Humanitarian Organisation (ECHO), United States Office for Foreign Development Assistance (OFDA), Office of Coordination for Humanitarian Affairs’ (OCHA) Central Emergency Relief Fund (CERF), Swedish International Development Agency (SIDA), Denmark, Canada, Finland, Japan and other donors for their financial contributions to the 2021 Humanitarian Action for Children (HAC) in Ethiopia. UNICEF strongly urges additional funding to address the growing scale and complexity of the crises in Ethiopia, to meet the vast and increasing needs being faced.

Human Interest Stories and External Media

UNICEF Ethiopia Humanitarian Response

- Under difficult conditions, health workers continue to provide health care | UNICEF Ethiopia
- UNICEF steps up treatment of children with malnutrition in Tigray Region | UNICEF Ethiopia
- Displaced by conflict, children miss their schools and friends | UNICEF
- 2.2 million COVID-19 vaccines allocated by the COVAX Facility arrive in Ethiopia, marking the start of the country’s COVID-19 vaccination campaign (unicef.org)


Next SitRep: 15 August 2021

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## Annex A
### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>Total 2021 HAC + Tigray targets</th>
<th>Cumulative HAC Results</th>
<th>Cumulative Tigray Results</th>
<th>Total Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number children aged 6 to 59 months with severe acute malnutrition admitted for treatment</td>
<td>522,199</td>
<td>153,553</td>
<td>10,565</td>
<td><strong>164,118</strong></td>
</tr>
<tr>
<td>Number children 6-59 months receiving Vitamin A supplementation every six months</td>
<td>1,369,413</td>
<td>1,086,982</td>
<td>47,628</td>
<td><strong>1,134,610</strong></td>
</tr>
<tr>
<td>Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling</td>
<td>568,354</td>
<td>192,070</td>
<td>31,322</td>
<td><strong>223,392</strong></td>
</tr>
<tr>
<td>Number of pregnant women receiving iron and folic acid supplementation</td>
<td>89,000</td>
<td>-</td>
<td>9,233</td>
<td><strong>9,233</strong></td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children aged 6 to 59 months vaccinated against measles</td>
<td>151,300</td>
<td>13,479</td>
<td>430</td>
<td><strong>13,909</strong></td>
</tr>
<tr>
<td>Number of children and women accessing primary health care in UNICEF-supported facilities (MHNT in Afar and Somali and provision of EDK in IDP and other vulnerable communities)</td>
<td>791,000</td>
<td>409,530</td>
<td>111,185</td>
<td><strong>520,715</strong></td>
</tr>
<tr>
<td>Number of health care facility staff and community health workers who received personal protective equipment</td>
<td>722,000</td>
<td>13,560</td>
<td>5,847</td>
<td><strong>19,407</strong></td>
</tr>
<tr>
<td>Number of people affected by cholera accessing life-saving curative interventions</td>
<td>21,000</td>
<td>1,571</td>
<td>0*</td>
<td><strong>1,571</strong></td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene</td>
<td>1,400,000</td>
<td>1,697,166</td>
<td>1,247,011</td>
<td><strong>2,944,177</strong></td>
</tr>
<tr>
<td>Number of people accessing appropriately designed and managed latrines</td>
<td>390,000</td>
<td>101,469</td>
<td>80,500</td>
<td><strong>181,969</strong></td>
</tr>
<tr>
<td>Number people reached with critical water, sanitation and hygiene supplies (including hygiene items) and services</td>
<td>4,750,000</td>
<td>472,239</td>
<td>40,133</td>
<td><strong>512,372</strong></td>
</tr>
<tr>
<td>Number of people reached with key messages on hygiene practices</td>
<td>6,300,000</td>
<td>1,489,064</td>
<td>442,538</td>
<td><strong>1,931,602</strong></td>
</tr>
<tr>
<td>Number of facilities (treatment, isolation quarantine sites) accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene (emergency water trucking, roto tanks) to prevent COVID transmission.</td>
<td>300</td>
<td>33</td>
<td>-</td>
<td><strong>33</strong></td>
</tr>
<tr>
<td>Number of health care facilities with improved sanitation (this includes rehabilitation / fixing of existing latrines</td>
<td>300</td>
<td>20</td>
<td>-</td>
<td><strong>20</strong></td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services</td>
<td>14,177</td>
<td>1,233</td>
<td>710</td>
<td><strong>1,943</strong></td>
</tr>
<tr>
<td>Number of unaccompanied and separated children accessing family-based care or a suitable alternative</td>
<td>5,800</td>
<td>1,342</td>
<td>3,838</td>
<td><strong>5,180</strong></td>
</tr>
<tr>
<td>Number of children and caregivers accessing mental health and psychosocial support</td>
<td>94,180</td>
<td>10,613</td>
<td>26,834</td>
<td>37,447</td>
</tr>
<tr>
<td>Number of social workers supported with materials for self-care and messages on lifesaving / behaviour change messages on COVID-19</td>
<td>4,393</td>
<td>420</td>
<td>162</td>
<td>582</td>
</tr>
<tr>
<td>Number of people reached with messaging on prevention and access to child protection/GBV services, in the context of COVID-19</td>
<td>1,487,330</td>
<td>37,211</td>
<td>-</td>
<td>37,211</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of schools implementing safe school protocols (infection prevention and control)</td>
<td>1,300</td>
<td>139</td>
<td>56</td>
<td>195</td>
</tr>
<tr>
<td>Number of children accessing formal or non-formal education and/or skills development trainings, including early learning</td>
<td>300,667</td>
<td>64,495</td>
<td>71,408**</td>
<td>135,903</td>
</tr>
<tr>
<td>Number of children receiving learning materials</td>
<td>209,896</td>
<td>71,635</td>
<td>15,149</td>
<td>86,784</td>
</tr>
<tr>
<td>Number of children supported with distance/home-based learning</td>
<td>72,600</td>
<td>-</td>
<td>-</td>
<td>***</td>
</tr>
<tr>
<td><strong>Social Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of households reached with humanitarian cash transfers across sectors</td>
<td>101,866</td>
<td>9,062</td>
<td>-</td>
<td>9,062</td>
</tr>
<tr>
<td><strong>PSEA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people with access to safe channels to report sexual exploitation and abuse (Cross-sectoral)</td>
<td>421,371</td>
<td>86,191</td>
<td>38,585</td>
<td>137,014</td>
</tr>
<tr>
<td><strong>GBViE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions (Cross-sectoral)</td>
<td>616,132</td>
<td>79,222</td>
<td>44,122</td>
<td>153,603</td>
</tr>
<tr>
<td><strong>Communication for Development (C4D)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached with messages on access to services</td>
<td>17,879,667</td>
<td>4,610,580</td>
<td>121,443</td>
<td>4,732,023</td>
</tr>
<tr>
<td>Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms</td>
<td>400,000</td>
<td>183</td>
<td>-</td>
<td>183</td>
</tr>
</tbody>
</table>

*Result remains 0 as there was no cholera outbreak during the reporting period.*

*This includes 11,667 children accessing accelerated learning opportunities in Tigray region and 59,741 primary school-age children supported with education by the Amhara REB with UNICEF support.*

***The most marginalized children affected by multiple emergencies, including COVID-19, have been targeted to receive learning materials in response to ensure the continuity of learning whether in temporary learning spaces or to ensure continuity of "home" based learning, which is reflected in the indicator above # children receiving learning materials.

Annex B
2021 HAC and Tigray Response Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>2021 HAC + Tigray Response</th>
<th>Total Funds Available (USD)</th>
<th>Funding gap (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17
<table>
<thead>
<tr>
<th></th>
<th>HAC + Tigray funds received in 2021</th>
<th>HAC carry over</th>
<th>Total</th>
<th>$</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition</td>
<td>51,009,671</td>
<td>14,021,567</td>
<td>15,803,290</td>
<td>29,824,857</td>
<td>21,184,814</td>
</tr>
<tr>
<td>Health</td>
<td>23,102,620</td>
<td>4,013,966</td>
<td>6,761,607</td>
<td>10,775,573</td>
<td>12,327,047</td>
</tr>
<tr>
<td>Child Protection</td>
<td>15,007,587</td>
<td>5,781,043</td>
<td>6,163,683</td>
<td>11,944,726</td>
<td>3,062,861</td>
</tr>
<tr>
<td>Education</td>
<td>17,340,041</td>
<td>5,891,882</td>
<td>3,212,626</td>
<td>9,104,508</td>
<td>8,235,533</td>
</tr>
<tr>
<td>Wash</td>
<td>62,798,005</td>
<td>11,073,493</td>
<td>12,133,954</td>
<td>23,207,447</td>
<td>39,590,558</td>
</tr>
<tr>
<td>Social Protection</td>
<td>5,725,721</td>
<td>3,188,934</td>
<td>3,188,934</td>
<td>3,188,934</td>
<td>2,536,787</td>
</tr>
<tr>
<td>C4D, Community Engagement and AAP</td>
<td>16,052,138</td>
<td>129,600</td>
<td>129,600</td>
<td>15,922,538</td>
<td>99%</td>
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<tr>
<td>Cluster Coordination</td>
<td>1,623,326</td>
<td></td>
<td></td>
<td>1,623,326</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>192,659,109</td>
<td>44,100,484</td>
<td>44,075,160</td>
<td>88,175,644</td>
<td>104,483,465</td>
</tr>
</tbody>
</table>