Mid-Year Revised Humanitarian Response Plan 2021 and Revised Northern Ethiopia Response Plan 2021, the numbers of PIN and CIN will be updated when the 2022 Humanitarian Response Plan is finalized and endorsed by the Government

Highlights

- UNICEF airlifted close to 94 metric tons of health and nutrition supplies to Tigray. However, the current critical fuel shortage in the region is hampering the delivery of these items on the ground to the most affected population.
- In Afar, the quarterly Community Health Day (CHD) campaign was conducted, including ‘Find & Treat’ campaign, vitamin A supplementation and deworming activities, over 217,000 children under five and 66,000 Pregnant and Lactating Women were screened for acute malnutrition.
- In Amhara, UNICEF in collaboration with Regional Health Bureau has deployed 16 biomedical engineers to maintain cold chain equipment. So far, 105 refrigerators have been ensured proper functioning through UNICEF support.
- As part of the drought response, UNICEF has deployed eight trucks in Borana reaching over 88,000 beneficiaries including IDPs and over 14,000 people in two woredas in Shebele zone of Somali. In addition, UNICEF in collaboration with the Regional Water Bureau conducted rehabilitation of strategic boreholes and expansion of water supply systems benefiting 38,000 people in Somali.
- Over 21,000 children are benefitting from ‘Bete - My Home’ activities, an integrated education and child protection project.
- In Benishangul Gumuz, UNICEF provided two emergency drug kits (EDKs) and two inter-agency health kits (IEHKs) (enough for 5,000 medical consultations) for essential health services to the refugees in a temporary camp at Tsore, who were displaced from Tongo and Gure Shambola camps.

Situation in Numbers

15.6 million children in need of humanitarian assistance

29.4 million people in need (MYR HRP and NERP 2021)\(^1\)

4.24 million internally displaced people (IDPs) (DTM 2021)\(^2\)

837,533 pending and registered refugees (UNHCR, 28 February 2021)

UNICEF Appeal 2022

US$ 351 million

Funding Status (in US$)

Funds received, $12,903,786 4%

Carry-forward, $30,520,328 9%

Funding gap, $307,719,228 87%

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\(^1\) Mid-Year Revised Humanitarian Response Plan 2021 and Revised Northern Ethiopia Response Plan 2021, the numbers of PIN and CIN will be updated when the 2022 Humanitarian Response Plan is finalized and endorsed by the Government
Situation Overview and Humanitarian Needs

The current drought in Ethiopia is affecting close to 7 million people and worsening the living conditions of affected communities in Oromia, Somali, South Western Ethiopia, and Southern Nations, Nationalities and People’s (SNNP) regions primarily. According to Oromia Disaster Risk Management Commission\(^2\), of the 140 rural woredas drought-affected, 68 are exposed to food insecurity, malnutrition, acute shortage of drinking water and high rate of school dropout. The drought conditions have depleted the livelihoods of the communities and have increased acute malnutrition particularly in the south and eastern lowland woredas in Oromia. The snapshot of screening data from 46 drought affected woredas revealed that the proxy Global Acute Malnutrition (GAM) rates for under 5 children and Pregnant and Lactating Women (PLWs) are 13 per cent and 40 per cent, respectively. In February 2021, a SMART survey conducted in West Arsi found a GAM rate of 8 per cent among children under five, indicating that the current drought has seriously worsened the malnutrition situation of children creating the need for urgent and integrated action.

In Somali\(^3\), distress migration of pastoralist communities and increased livestock movement continues, with over 27,000 households from drought-affected communities have migrated to Fafan zone in search of water and pasture. Compared to January, Severe Acute Malnutrition (SAM) admissions have increased by 18 per cent and 57 per cent in Outpatient Therapeutic Feeding Program (OTP) and Stabilization Centres (SC), respectively. In the Southern Nations, Nationalities, and Peoples’ region\(^4\), an estimated 800,000 people have been affected by drought in 21 woredas of South Omo, Hadiya, Wolayita, Gamo, Konso, Gofa Zone, Halaba zones and Alle, Amaro, Derashe and Burji special woredas. In addition, over 120,000 people have been affected by drought in Lokaamba, Boricha, Bilate zuria, Derara and Hawela zuria woredas of the Sidama region. A rapid nutrition assessment in three drought-affected woredas in SNNP/Sidama showed a SAM rate of 3.1 per cent and GAM rates of 35 per cent among children under five, and up to 58 per cent GAM among PLW. Afar is affected by a double burden of emergencies, both conflict and drought driven, where 50 per cent of its population has been displaced due to the conflict in northern parts of the region. The ‘Find-and-Treat’ campaign conducted in January showed a GAM rate of 27 per cent, similar to the level reported in October in Afar. However, Zone 2 of Afar remained inaccessible to the nutrition response, including the campaign conducted in January. Therefore, the real consequences of the combination of drought and conflict in Afar could only be partially reflected so far.

According to the Afar Regional Education Bureau, following the recent military confrontation in the six woredas\(^5\) of Kilbati zone, 198 schools are closed with over 45,000 students forced out of school. In Amhara region, according to the Regional Education Bureau, as of February 2022, over 90 per cent of primary and secondary schools in emergency affected zones have resumed the teaching and learning activities, with over 1.4 million children enrolled back to school\(^6\). Due to drought, 1,882 schools were reported to be closed across Oromia (678 schools) and Somali (1,204 schools) affecting almost 455,000 children. The Education Cluster estimates that in Ethiopia as of February 2022, school closure and hampered education services have impacted over 5.3 million children across emergency-affected regions.

While the security situation in Tigray remained generally calm in February, pockets of tension in the border areas with Amhara, Afar, and Eritrea continued with incidents of drone strikes. Humanitarian operations in Tigray are significantly hampered as a result of a severe lack of fuel and cash. By the end of February and for the first time since early December 2021, UNICEF airlifted close to 94 metric tons of health and nutrition supplies to Mekelle. However, the critical fuel shortage in the region will hamper the delivery of these items on the ground to the most affected population. An estimated 12,000 children under five years suffering from SAM have missed out on treatment in February due to the stockout of lifesaving nutrition supplies (RUTF and therapeutic milk) and shortage of fuel. In addition, Education Cluster estimates, due to the access restrictions, lack of supplies, and threat of airstrikes, education services are severely hampered impacting an estimated 2.4 million school-aged children in Tigray.

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2 The commission has estimated that about 3 million people are experiencing critical water shortage in nine lowland zones (Borena, Guji, East Hararghe, West Hararghe, Bale, East Bale, West Arsi, Arsi and West Guj) and 70 woredas in the region and a total 2.9 million people are in need of emergency food assistance in the coming six months due to the recurrent drought. The commission also reported over 1,200 water schemes to be non-functional in the low land areas, with 30 per cent of which require replacement of pumps and generators. This is an addition of 305 non-functional water schemes compared to the 904 reported in the last report, the increase is based on the multi sector assessment conducted

3 According to the regional Somali authorities, currently 3.7 million people are facing water shortage and need urgent water intervention with more than 2,106 sites (83 Woredas). Moreover 181 boreholes need preventive and corrective maintenance, currently 241 water trucks are operational

4 According to the Meher assessment report, it is estimated that a total of 1,766,409 people will require relief food assistance from Jan -Jun 2022 due to delayed and recurrent poor performance of Meher rains 2020 and 2021, flooding, landslides, and other hazards.

5 Abala, Berhale, Dalol, Erebti, Koneba and Megale woredas

6 According to the respective regional authorities of Afar and Amhara, there are over 294,000 IDPs across eight woredas in 16 IDP sites and within host communities in Afar (7 of the sites in 2 woredas are accessible) while over 1.1 million IDPs are reported in Amhara region across 29 IDP sites (all accessible) and within host communities
By the end of February 2022, a total of 468,727 confirmed COVID-19 cases and 7,462 deaths (case fatality rate (CFR) of 1.59%) were reported in Ethiopia since the onset of the outbreak in 2020. In February, there has been a significant decrease in number of cases, admissions and positivity rates, compared to the previous month. Also, since the start of the year, a total of 1,400 measles cases were reported in four regions (SNNP, Somali, Oromia and Amhara), with the Dollo Ado refugee reception center in Somali and South Ari woreda of South Omo zone in SNNP being the most affected by the outbreak. No chola cases were reported in the reporting period.

Summary Analysis of Programme Response

Health
More than 55 million people were reached with COVID-19 vaccination messages via national and subnational multi-channel demand promotion interventions. UNICEF provided support through airing of key messages on COVID-19 vaccination via TV and radio channels; an advocacy workshop with stakeholders including presidents/chairs of people with disability associations; social media posts on Federal Ministry of Health official social media pages; rumours and misinformation monitoring and response; and community engagement activities at the sub-national level with a focus on reaching Internally Displaced Persons (IDPs)/refugee communities. By the end of February, Ethiopia had received a total of 45.4 million doses of COVID-19 vaccines. Of the total vaccines, UNICEF procured and transported 41.7 million doses accounting for 92 per cent. In the second-round COVID-19 vaccination campaign, 17.9 million doses were administered (including first, second, and booster doses), bringing the total number of doses administered to 28.8 million. A total of 24.1 million people received their first dose, 20.7 million people are fully vaccinated, and 217,158 received booster shots.

UNICEF is in the process of conducting a second round of the nationwide Behaviour and Social Drivers (BeSD) of COVID-19 vaccination mobile survey. UNICEF also received approval from Ministry of Health (MoH) to conduct qualitative assessments among IDPs, refugees, people with disabilities in selected regions by utilizing BeSD tools and development of proposal for ethnical clearance is in process.

Forty-six UNICEF-supported Mobile Health and Nutrition Teams (MHNTs) and 27 health centers continue to provide medical consultations in Afar and Somali. Over 10,000 under five children and 12,100 women were reached in the reporting period. In addition, in Oromia, a total of 3,815 IDPs and returnees received lifesaving essential health services, of which 3,131 (42%) were children under five. UNICEF also continued to support the Gambella Regional Health Bureau to provide measles vaccinations to 191 South Sudanese refugee children at entry points and refugee camps. In Benishangul Gumuz, UNICEF responded to the displaced refugees from Donga and Gure Shambola camps to a temporary camp at Tsore through provision of two emergency drug kits (EDKs) and two inter-agency health kits (IEHKs) (enough for 5,000 medical consultations) for essential health services. In addition, UNICEF supported the provision of essential health services to 2,500 IDPs in Metekel zone of Benishangul Gumuz region through technical assistance and provision of drugs and supplies.

UNICEF continues to support the measles outbreak response in SNNP and Somali regions through strengthening case management, intensifying routine vaccination activities and risk communication and community engagement. UNICEF deployed a health officer, Social Behaviour Change (SBC) consultant and MHNTs to monitor the measles outbreak response in Dollo Ado woreda of Somali region. Furthermore, preparations for a reactive measles vaccination campaign in nine woredas in SNNP and nine woredas in Somali region was completed. In Somali, UNICEF supported case management and the ongoing reactive measles vaccination campaign in Kalalo town, Gode zone where 25,776 (78%) of the targeted 33,163 children 6-59 months have so far received vaccinations.

Health- Northern Ethiopia Response (Tigray, Amhara, Afar)

In Tigray, UNICEF continues to provide access to basic lifesaving primary healthcare services. In the reporting period, a total of 18,469 children and women were reached with consultations. UNICEF distributed 17 EDKs and 80 IEHKs in all accessible zones which will benefit at least 42,500 people for approximately three months. UNICEF also supported the provision of 6,568 Personal Protective Equipment (PPE) to health workers to ensure the prevention of COVID-19.

In Amhara, UNICEF and partners are supporting health facilities in affected areas to start Maternal, Newborn and Child Health (MNCH) and emergency services with a minimal package. In addition, as part of service restoration, 16 biomedical engineers have been deployed in collaboration with RH to maintain cold chain equipment, so far, 105 refrigerators were maintained through UNICEF technical, financial, and logistics support. In addition, UNICEF supported MHNTs continued to provide essential health services to IDPs and affected communities. Over 60,000 IDPs and conflict affected communities were reached in the reporting period. In Afar, UNICEF supported MHNTs provided medical consultation to over 6,000 conflict affected IDPs and host community populations.

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7 In the reporting period, 905 cases of measles were reported in Dolo-Ado particularly at the refugee reception center and Kelefo woredas with 13 associated deaths.
8 In January 34 chola cases were reported in Oromia region Bale zone
9 As part of the Northern Ethiopia response, UNIEF deployed 30 Mobile Health and Nutrition Teams to Amhara. In Afar, additional 10 on the top of existing 20 MHNT are deployed.
Nutrition
As part of the drought response, UNICEF has deployed six Emergency Nutrition Officers (ENO) in Oromia to provide technical support. In addition, 9,668 cartons of RUTF and 230 cartons of High Energy Biscuits (HEB) were redirected from Gambella and Benishangul Gumuz due to a shortage of therapeutic milks reported in some health facilities in the region. The provision of nutrition services in Somali continues across all woredas without interruptions through fixed health posts, 20 MHN Ts and 13 Service Outreach sites. A regional Community-Based Management of Acute Malnutrition (CMAM) technical working group was activated and co-chairs by UNICEF and Regional Health Bureau (RHB) facilitating the weekly collection of SAM admission data across the region. UNICEF has prepositioned 11,094 cartons of RUTF during the reporting period, while partners continue the rollout of family Middle Upper Arm Circumference (MUAC) assessment in 13 woredas across the region. Of this, four are conflict-IDP hosting woredas in Sitti zone.

In SNNP and Sidama, catch-up campaigns were conducted in Comprehensive Integrated Nutrition Services (CInuS) woredas (3 of those woredas, Dasenech, Hamer, and Nyangatom are drought-affected woredas in South Omo zone). In addition, UNICEF has deployed one ENO to the other three non-CInuS drought-affected woredas to support the emergency response. The ENOs visited 64 health facilities, providing on-the-job technical support on Infant and Young Child Feeding (IYCF) counselling and SAM management to 174 health professionals. The additional 200 cartons of RUTF dispatched to the region will ensure sufficient stock for March.

UNICEF is planning to conduct a ‘Find & Treat’ campaign to intensify the screening and referral for SAM treatment in Oromia, Somali and SNNP regions, and 18 most affected woredas (13 in Borena, 4 in East Bale and 1 in Bale) will be prioritized in Oromia, and woredas without any partners presence will be prioritized in Somali. In SNNP and Sidama, six drought-affected woredas will be targeted.

Nutrition - Northern Ethiopia Response (Tigray, Amhara, Afar)
In Tigray, 2,040 Ready to Use Therapeutic Food (RUTF) cartons were dispatched to Mekelle via air freight. Despite the fuel shortage, UNICEF team will move, partly with animal transport, the supplies to end points at the woreda level, where partner can deliver supplies to health facilities. UNICEF has also planned a training on Community Management of Acute Malnutrition (CMAM) and IYCF for health and health extension workers for all zones (except for Western Tigray). Moreover, US$ 27,0000 was disbursed in cash (in local currency) to three partners (Catholic Relief Services (CRS), Action Against Hunger (AAH), GOAL) for the implementation of the ‘Find & Treat’ campaign in three woredas, but fuel and supply shortage is hindering the rollout.

In Amhara, the ‘Find & Treat’ campaign was kicked off in six zones (Oromo Special, South Wollo, North Wollo, Wagherma, North Gonder, North Showa and Dessie City administration) of Eastern Amhara, and was integrated with vitamin A supplementation, deworming and maternal health care. By the time the coverage rate had reached 30 per cent, already 9,000 children under five had been identified with SAM (an estimated 3 per cent of the total children screened). With these current rate of SAM admissions, the campaign could identify up to 25,000 SAM children when finalized.

Given the projected higher needs as a result of the campaign, an additional 11,168 cartons of RUTF were allocated to the region to cover the needs. Moreover, a total of 254 Outpatient Therapeutic feeding Program (OTP) and 26 Stabilization Centres (SC) were restored to provide services for children suffering from SAM; and UNICEF supported the restoration through the dispatch of therapeutic feeding programme (TFP) opening kits. UNICEF also extended its support by deploying nine ENOs to expedite system restoration and to provide technical and logistical support in areas with damaged facilities.

In Afar, the quarterly Community Health Day (CHD) campaign was conducted during the reporting month in all woredas across the region except for six inaccessible woredas in zone 2. UNICEF provided financial and technical support to the campaign led by RHB. Over 217,000 children under five and 66,000 PLW were screened for acute malnutrition. The proxy GAM among children under five was 27 per cent, with 1.6 per cent of SAM cases, while 51 per cent of PLW were identified with MAM. The campaign consisted of the ‘Find & Treat’ campaign, combined with vitamin A supplementation and deworming. As part of the ongoing conflict response, UNICEF supported the Afar Disaster Prevention and Food Security Coordination Office in conducting a training for 29 health professionals operating in conflict affected woredas on management of acute malnutrition, IYCF in emergencies (IYCF-E) and Nutrition in Emergencies (NiE).

Nutrition Cluster
Inter cluster coordination (ICCG) has been established in an additional four regions (Amhara, Afar, Oromia and Somali). In Somali region, a subregional cluster coordination has been established in Gode to enhance the drought response. The allocation of the second-round standard Ethiopia Humanitarian Fund (EHF) has been finalized. Accordingly, three local NGOs, seven INGOs and two UN agencies have been prioritized to cover 41 conflict and drought affected areas in Oromia, Somali and Benishangul Gumuz regions with the allocated US$ 4 million.

10 UNICEF has deployed 42 Emergency Nutrition officers (ENO s) across the country
Given the shortage of life saving supplies in Tigray, the ICCG has prioritized nutrition and health clusters for supply airlifting through the Logistics cluster. Accordingly, the nutrition cluster facilitated the airlifting of more than 125 metric tonnes of life saving nutrition supplies which could sustain the programme for nearly one month. Additional supplies are being prioritized to be airlifted in the coming weeks. The biannual hotspot classification exercise to classify woredas based on the effect of drought, conflict and major hazards has been finalized and awaiting endorsement from the Ethiopia Disaster Risk Management Commission (EDRMC). Once endorsed, woredas classified as hotspot priority 1 will be prioritized for response and based on availability of resource, woredas with less severity (hotspot 2 and 3) will also be prioritized for response.

**WASH**

UNICEF continued to provide access to safe water supply through emergency water rationing, rehabilitation of non-functioning boreholes (ranging from minor fixing to replacement of electromechanical equipment including generators and submersible pumps), expansion of existing water schemes and installation of water treatment plants.

As part of the drought response, UNICEF has deployed eight trucks in Borana reaching over 88,000 beneficiaries including IDPs. In Somali, UNICEF in collaboration with the Regional Water Bureau conducted rehabilitation of strategic boreholes and water systems for emergency water supply systems, including procurement of four electro-mechanical pumps and three generators which are now operational. Additional expansion of water supply system of three boreholes including Hindale and Hara boreholes were successfully completed and functional, and over 38,000 people are now receiving safe and clean water. Additionally, over 100,000 heads of livestock camel, cattle, goats, and sheep are getting water from these water sources. UNICEF is also supporting emergency water trucking in 12 sites of two woredas in Shebele zone, where over 14,000 persons have received clean and safe water.

UNICEF supported 1,500 children with access to safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces and supported 8,400 girls and women access menstrual hygiene management services.

**WASH - Northern Ethiopia Response (Tigray, Amhara, Afar)**

UNICEF provided over 229,000 conflict affected people in Tigray, Amhara and Afar regions with access to safe water supply mainly through water trucking and rehabilitation of existing water schemes. However, due to the shortage of fuel in Tigray region, emergency water trucking is becoming extremely challenging to provide the minimum 11 amount of water per day. Two water schemes in Enderat woreda were rehabilitated reaching at least 420 people. UNICEF through partners has constructed one new latrine with four stances and dislodged 41 existing latrine blocks in Shire IDP site that benefited 8,150 IDPs in accessing sanitation facilities.

In Afar, UNICEF in collaboration with Afar Regional Water and Health Bureaus and NGOs provided access to safe water to 22,800 conflict affected people mainly displaced from woredas bordering Tigray and hosted in Semera. In Amhara, UNICEF provided generators and replacement of damaged electromechanical equipment in conflict affected locations Haik, Lalibela, Kobo, Sekota towns as part of the restoration of water supply systems.

In February, UNICEF in partnership with its RRM partners was able to provide access to safe water supply to 147,500 conflict affected people through water trucking and rehabilitation of water schemes.

**WASH Cluster**

The WASH cluster held its annual planning meeting, reviewing the achievements in 2021 and overall plans for 2022. With the increasing needs linked to the drought in the southern and eastern parts of the country, the cluster presented the WASH response to the drought to several donors to highlight the importance of WASH response. The new assessment technical working group met to identify assessment practices so far and look at gaps and challenges in assessments across the country; an assessment registry and an assessment framework are currently under development. Further to the above, the WASH cluster met with several donors to highlight the operational challenges in the Tigray region that impact the WASH response and advocated to keep funds for the region to maintain partner capacity despite a very difficult operating environment.

**Child Protection**

In the reporting period, 591 children who have experienced violence were reached with case management services in Benishangul Gumuz, Somali and SNNP regions facilitated by social workers deployed within the woreda-level Women Children and Social Affairs Offices. In addition, 324 children were reunified with their families and care givers and placed in alternative care arrangement. Over 2,000 children and care givers were provided with mental health and psychosocial support services, which include access to safe spaces, socio-emotional learning sessions for children and “parenting without violence” sessions for care givers facilitated by trained social workers.

Sensitization of influential community members and members of community-based structures on GBV prevention measures were conducted across all targeted IDP locations. In this reporting month, 4,573 women and children were

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11 Sphere standard is 7.5 liter per person per day
provided with prevention, risk mitigation and response interventions to address GBV. This has contributed to increased reporting/referral of cases by community-based structures.

Child Protection - Northern Ethiopia Response (Tigray, Amhara, Afar)

In February 2022, a total of 4,252 girls, boys, women and men were reached with child protection and GBV prevention and response services including GBV risk mitigation and response interventions, case management services, support to GBV survivors and unaccompanied and separated children (UASC), as well as mental health and psychosocial support (MHPSS) for children and their caregivers and prevention of sexual exploitation and abuse (PSEA), across the three conflict-affected regions Tigray, Amhara and Afar.

In Afar, over 1,100 children with different child protection and GBV concerns were identified in Dubti, Awash, Adar, Mille, Asayita, Chifra, Dulecha, Amibara and Gelealo woredas, all received case management services including an array of referral services. Out of which, 37 separated children were placed into kinship care. In Amhara, over 12,000 vulnerable children were identified and registered, of these, 110 children were provided with Child Protection case management services in Debark, Dabat, and Zarima. In addition, 1,825 children were linked with humanitarian cash transfer assistance supported by UNICEF. Of these, 165 children were placed under alternative care arrangements and 27 children in North Shewa were reunified with their families. In Tigray, 709 children with various child protection concerns (other than UASC/family tracing and reunification (FTR) received case management services and referral to other multi-sectoral services. UNICEF’s partners provided alternative care and case management services to UASC for a total of 135 children in Mekelle, Maichew, Raya Chercher, Raya Azobo, and Shire. The progress of FTR for UASCs is very limited due to communication blackout, critical shortage of fuel supply for humanitarian operations and lack of cash to deliver FTR package for UASC reunification. Other than identification and registration, UASC are not provided with sufficient humanitarian assistance, and with the increasing shortage of food and resources partners reported that family-based alternative care arrangements are unable to care for UASC. Despite these constraints, this month UNICEF has been able to prioritize bringing in cash supplies for partners to provide ongoing assistance to UASC in alternative care. Further advocacy and support are needed for partners to prioritize immediate support as a lifesaving issue. In the reporting period, 300 children were placed under alternative care arrangements and 27 children were reunified with their families.

In February, UNICEF supported several activities to reach women and girls in Tigray. A total of 43 girls and women were provided with case management, medical and psychosocial services within the existing one-stop centers (OSC) and health facilities. However, there are still under-reported GBV cases due to the stigma, discrimination, and fear of harassment from the community combined with lack of transport and communication to reach to health facilities. Moreover, a total of 7,735 women and girls have been reached through GBV risk mitigation and awareness-raising messages on the consequences of GBV and its impacts. The awareness-raising activities increased knowledge on where and how to access available services. About 167 women and 17 girls of reproductive age received dignity kits and material support.

Child Protection Area of Responsibility (AoR)

The CP AoR inputs to the 2022 HRP have highlighted interventions that contribute to the drought response, mainly in the affected regions of Somali, SNNP and Oromia. The federal coordination also continued to support the regional AoRs, providing guidance and sharing relevant information for partners response prioritisation and capacity building. In Tigray, the CP AoR in Mekelle coordinated the reprogramming of partners' funding to prioritise provision of basic lifesaving food and non-food support, in a context of shortage of food and basic needs. A total of 750 children and their caregivers were reached with this intervention. Besides, the coordination has worked with partners to establish an inter-agency coordination mechanism in the Sebacare 4 IDPs site. This has helped strengthening response and prevention services, information sharing, increased partners capacity in the site, and improved coordination and engagement with the camp management leadership. Despite the efforts, the restrictions in Tigray region continue to hinder partners’ capacity and ability to deliver CP response and further impacting the AoR coordination in the region. In Amhara, the joint CP and GBV AoRs coordination continue to coordinate partners response to population displacements to Waghimra, North Wello, North Gondar, as well as the new influxes from Oromia to North Shewa Zone. In North Shoa, Debrebirhan town, more than 1,800 children displaced from Oromia region (Wollega area) are in need of humanitarian assistance, including CP and GBV responses. CP needs remain very high in most of the conflict affected areas in the region and the coordination to share information, trend, and context analysis with partners to support response prioritisation.

Education

UNICEF continued to provide education assistance to internally displaced and emergency-affected out-of-school children. As of February 2022, a total of 75,149 children continued to be reached through the provision of formal or non-formal education across emergency-affected regions including over 21,000 children reached through 'Bete - My Home' education and child protection project. An additional 33,000 children are benefitting from comprehensive education assistance including 'Bete - My Home' activities and formal education support including classroom and latrine construction, provision of school furniture, school feeding, WASH in school activities including water point provision, and gender club and Parent-Teacher-Student Association strengthening.
In Oromia, UNICEF continued to reach over 24,000 children in partnership with Geneva Global Ethiopia and Imagine 1 Day. In February 2022, UNICEF signed a year two project agreement with Geneva Global Ethiopia aiming to reach additional 15,706 conflict-affected children in the region. In SNNPR, UNICEF continued to implement ‘Bete-My Home’ programme with Imagine 1 Day to enable children to complete Accelerated School Readiness (ASR). Accelerated (Primary) Learning Programme (ALP) in Konso. By the end of February 2022, the construction of three Temporary Learning Spaces (TLS) had been completed in Segen Zuria, Karat Zuria, and Kolm and the construction of two TLS latrines in Oshiko and Belbelyta were also completed. UNICEF distributed 3,000 solar-powered radios with flash drives for 12,000 out of school children, including children currently enrolled in ALP classes in Konso. UNICEF has also dispatched additional 1,031 solar-powered radios to Regional Education Bureau (REB) which is expected to benefit 4,124 children.

In Benishangul-Gumuz, the REB, with the support of UNICEF, provided 40 Early Childhood Development kits, 600 dignity kits, 27 school tents, 700 solar-powered radios, 21,000 soaps, and 500 buckets for displaced and returnee children in Bambasi, Sherkole, Homosha, and Bilidigilu of Assosa zone. The distribution will be completed in March 2022.

**Education- Northern Ethiopia Response (Tigray, Amhara, Afar)**

In 2022, UNICEF has reached 36,220 children in Tigray, Amhara, and Afar, including 17,820 children reached through ‘Bete-My Home’ assistance in Tigray. In Afar, UNICEF with Edukans Foundation continued to implement ‘Bete - My Home’ project reaching over 2,500 children in Awash Fentale and Dubti accessing accelerated learning and life-skills education programmes including 1,640 pre-primary children. Life-skills education manuals are now translated into the local language and being used by 539 children in Awash Fentale. The REB, with UNICEF support, distributed 2,000 backpacks with stationery for 2,000 IDP students and provided four TLS (tents) to run education services for about 200 emergency-affected children. Uploading of audio lessons onto 4,000 flash drives accompanying solar-powered radios was completed and the distribution will be completed in March 2022. Furthermore, 62,272 children in Amhara and Tigray were reached with education supply assistance (School/Early Childhood Development Kits, backpacks with stationery, and solar-powered radios).

During the reporting period, UNICEF continued to provide pre-primary and non-formal education at IDP sites and to host community children to bridge the gap while schools remained closed in Tigray. The number of children reached in February reduced partly due to the graduation of 1,180 children from ASR and 3,932 children from ALP in the South Eastern zone. All children that graduated from ALP and ASR classes have been linked to and are enrolled in primary schools. In the North-western zone, enrolment in ALP and ASR/Early Childhood Development and Care (ECCD) programmes are impacted significantly due to the return of IDPs, continued conflict, and insecurity. Back-to-school campaigns and community mobilization is ongoing in both zones to encourage parents to send their children to school.

**Education Cluster**

The national cluster convened two cluster meetings in February focusing on responding to the drought and conflict affected regions. Sub regional clusters in Somali, Oromia and SNNP are working closely with the WASH cluster and WFP on water trucking and school feeding to respond to the drought. In February, 254 schools were reached through school feeding programme in Oromia and SNNP regions enabling children to continue their learning in schools locate in areas affected by the drought. In addition, more than 342,000\textsuperscript{12} children received Teaching and Learning Materials (TLM) and accessing formal and non-formal education.

The cluster launched an Education in Emergency (EiE) data management Technical Working Group in February to bring together Education cluster members involved in EiE data collection, data processing/analysis and data dissemination, as well as other stakeholders from other sectors such as Protection, Health, Nutrition, WASH and coordination mechanisms to optimize and strengthen EiE data collection, data processing and data dissemination of information to support evidence-based planning , programming and decision making for EiE purposes at all levels. The cluster together with Global Education Cluster and University of Sussex initiated a research study on “How Education provision in response to rapid onset crisis be strengthened to better meet the needs of crisis affected children and communities”.

The findings of the research will support the Education cluster to better plan and strategize for immediate response to the needs. The Education cluster also conducted a survey among cluster partners on their understanding and knowledge on child safeguarding. The findings of the survey will be used to plan for capacity building initiatives of cluster partners.

**Social Protection**

UNICEF continues to collaborate with the Bureau of Women, Children and Social Affair (BoWCSA) to cover IDPs with humanitarian cash transfers (HCTs) in Amhara, Afar and Gambella. In Gambella, the Humanitarian Cash Transfer (HCT) response for flood-affected communities in five woredas (Gambella woreda, Jikawo, Makuey, Gog and Jor) is now being distributed. After the launch of the HCT in the presence of Regional President, higher officials, UNICEF and IDP recipients, the HCT was distributed to 3,016 IDPs (72 per cent female) in Jor and Gambella woredas. The HCTs will continue to be provided to cover 5,800 IDPs with 700 ETB per person/per month for three months (2,100 ETB in total).

\textsuperscript{12} The need remains high with 1,882 schools closed across Oromia and Somali (678 and 1,204 schools respectively) affecting the learning of almost 455,000 children. Another 2,496 Schools (1,774 Primary, 672 pre-primary and 50 secondary) are at high risk of closure affecting over 850, 903 children learning with limited responses in Oromia region.
All IDP families have been provided a Commercial Bank of Ethiopia (CBE) bank account, and CBE agents travel to the woredas to provide cash directly to the registered IDPs. Post distribution monitoring will be conducted in the coming months.

Social Protection- Northern Ethiopia Response (Tigray, Amhara, Afar)
In close collaboration with the BoWCSA, a HCT was provided to 3,830 people (1,668 households) affected by the conflict in Mekit town, Amhara region. More than half are female (54%), and 41% children, of which six per cent (239) are UASC or orphaned children. Each person received ETB 2,400 ETB (equivalent of three months of 800 ETB per person) for up to a maximum of five family members. The cash transfers were deposited into CBE accounts, which were established for each family head. Post distribution monitoring will be conducted soon.

For the previous HCT in Debark that covered 16,860 IDPs in December 2021, 12 community level social workers were deployed to facilitate social protection case management, and referrals/linkages to different social services. As a result, 33 UASC and 12 people with disabilities received psychosocial and food support. Other 58 children and 112 PLWs also received immunization services. Moreover, the social workers have also initiated FTR and alternative family care arrangements services in the IDP sites and host communities. Post distribution monitoring was also completed for the HCT in Debark through KoboCollect with 579 IDP households. The PDM found that all respondents received their cash transfer at the time of the survey. Of those, 43 per cent said they had no challenges in accessing their cash, while 53 per cent said they faced some challenges relating to the waiting time at the bank to withdraw their cash transfer. All respondents used the cash to buy food for their family; 61 per cent to buy clothes for their children; 58 per cent covering rental costs; 43 per cent mentioning specifically buying food for their children; and 39 per cent to purchase drinking water. Nearly all respondents (98%) received some support from a social worker. Nearly a third of respondents (32%), have separated (70%), orphaned (27%) or unaccompanied (6%) children. Of these, all received some level of support from social workers for their household, and 45 per cent mentioned specific/tailored support for these children. The majority of respondent households (87%) are categorised as experiencing little to no hunger.

In Afar, the Bureau of Labour and Social Affairs (BoLSA) distributed HCTs to 3,713 IDPs (70% female) (816 households) in Chifra woreda/district. More than half (53%) of these IDP households had a pregnant or lactating member, and five per cent had a member with a disability. UNICEF will support post distribution monitoring in the coming weeks to gather more data to inform future responses.

Social and Behavioural Change (SBC)
During the reporting period, over 10.2 million people were reached and engaged through house-to-house visits, community volunteers, mass media and using mobile vans. The mobilization was mainly to support the COVID-19 vaccination campaign conducted throughout the month. In addition to providing information to the affected population, feedback was received from over 2,900 people on services provided. This has been an integral part of the response to the crisis in terms of addressing the awareness gap and equipping the affected population with preventive behaviours, information on available services, and where to access the services.

Funding Overview and Partnerships
UNICEF’s Humanitarian Action for Children (HAC) 2022 requires US$351.1 million to meet the critical humanitarian needs of children, adolescents, women and men in Ethiopia. This represents an increase of over US$100 million from 2021 primarily due to the expanding conflict in Northern Ethiopia, as well as increased needs due to climatic shocks, failed harvests, public health emergencies and deepening food insecurity across the country. In the reporting period, US$ 12.9 million has been received towards the appeal, representing, with the carry forward from 2021, only 12 per cent of the required needs to reach children and their families with critical lifesaving support. UNICEF expresses its sincere gratitude to the many donors which have already provided critical support towards UNICEF’s HAC, which includes Australia, Canada, Central Emergency Response Fund (CERF), Denmark, European Civil Protection and Humanitarian Aid Operations (ECHO), Finland, France, Germany, Japan, Norway, Sweden, FCDO, USAID, United Nations Office for the Coordination of Humanitarian Affairs (OCHA), and private sector donor contributions through UNICEF National Committees.

Humanitarian Leadership, Coordination and Strategy
The humanitarian response in Ethiopia is led by the National Disaster Risk Management Commission (NDRMC) through the federal and regional Disaster Risk Management Technical Working Groups (DRMTWGs). UNOCHA coordinates the humanitarian response of UN agencies and NGOs in support of the Government-led humanitarian response. UNICEF continues to lead the Nutrition and WASH Clusters and co-leads the Education Cluster and Child Protection AoR both at national and sub-national levels. UNICEF is the lead agency for the Rapid Response Mechanism (RRM) working in partnership with several NGOs operating in different geographical locations. The RRM helps to enhance partners capacity to respond in a timely, coordinated and predictable manner to the urgent needs of affected populations in emergencies. Through the RRM, UNICEF is trucking water, rehabilitating water schemes, improving sanitation, enhancing hygiene promotion, and distributing NFI.

13 Out of the 1,668 households receiving the HCTs, five per cent (77) are child headed households, 20 per cent (327) are single headed households, 15 per cent (244) are households with pregnant or lactating women, and 23 per cent (384) are households with people with disabilities.
UNICEF has launched the ‘Find & Treat’ campaign, a form of RRM at the community level beyond the health system. The campaign optimizes access to both SAM and MAM treatment, providing vitamin A, deworming, and IYCF counselling. Direct service provision is provided to ensure a rapid increase in nutrition service coverage instead of mere referrals, as is done in conventional mass MUAC screening exercises. UNICEF also employs an integrated child protection and education approach (‘Bete -My Home’) which aims at identifying, addressing, referring the education and protection needs of children in humanitarian situations through creating learning opportunities in a safe and enabling environment where they obtain a chance to learn, to be safe, and gain a particular set of critical life-skills that nurture their potential and holistic development. UNICEF also focuses on the systematic mitigation and prevention of GBV and sexual exploitation and abuse to address the protection risks faced by vulnerable communities, particularly women and girls. UNICEF and partners continue to take appropriate measures across all sectors to mitigate risks, prevent incidents and provide GBV and PSEA capacity building and mentoring support to staff.

Human Interest Stories and External Media
UNICEF continues to develop and publish content on the ongoing humanitarian response in Ethiopia. With a focus on the drought, a press release followed by UNICEF Representative in Ethiopia video and a human-interest story have been released. In an effort to document UNICEF’s response in all the three regions impacted by the Northern Ethiopia conflict, stories were published on UNICEF Ethiopia website including back to school efforts in Tigray and cash support in Amhara. UNICEF also covered the refugee response in Bambasi refugee camp in Benishangul Gumuz with focus on education for refugee children.

UNICEF has been actively communicating about the conflict response in Afar, Amhara and Tigray regions and drought response in Somali and Oromia regions on UNICEF Ethiopia social media channels with more focus on the support provided by donors (USAID, Japan, ECHO, Sweden) of UNICEF Ethiopia. Major highlights from digital media include, Handover of 13 million Covid-19 vaccines to Ethiopia through COVAX, Regional Director tweet on drought response in Ethiopia, UNICEF Deputy Representative tweet on Bete programme in Tigray, Integrated measles campaign in Tigray and Launch of humanitarian cash transfer programme in Gambella.

Facebook | Twitter | YouTube | Instagram | unicef.org/ethiopia


Next SitRep: 22 April 2022

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## Annex A

### Summary of Programme Results

<table>
<thead>
<tr>
<th>Sector</th>
<th>UNICEF and IPs Response (including Northern Ethiopia Response)</th>
<th>UNICEF and IPs Response (Northern Ethiopia only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>2022 target</strong></td>
<td><strong>Total results</strong></td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment</td>
<td>619,482</td>
<td>68,966</td>
</tr>
<tr>
<td>Number of children aged 6 to 59 months receiving vitamin A supplementation</td>
<td>3,862,746</td>
<td>1,331,670</td>
</tr>
<tr>
<td>Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling</td>
<td>658,599</td>
<td>317,298</td>
</tr>
<tr>
<td>Number of pregnant women receiving preventative iron folate supplementation</td>
<td>807,843</td>
<td>144,775</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children aged 6 to 59 months vaccinated against measles</td>
<td>3,006,322</td>
<td>757,564</td>
</tr>
<tr>
<td>Number of children and women accessing primary health care in UNICEF supported facilities</td>
<td>1,161,600</td>
<td>189,958</td>
</tr>
<tr>
<td>Number of people affected by cholera accessing life-saving curative interventions</td>
<td>20,000</td>
<td>34</td>
</tr>
<tr>
<td><strong>WASH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people accessing a sufficient quantity of safe water for drinking and domestic needs</td>
<td>3,475,000</td>
<td>988,666</td>
</tr>
<tr>
<td>Number of people use safe and appropriate sanitation facilities</td>
<td>800,000</td>
<td>85,115</td>
</tr>
<tr>
<td>Number of people reached with critical WASH supplies</td>
<td>3,200,000</td>
<td>137,456</td>
</tr>
<tr>
<td>Number of people having safe access to, and use, appropriate WASH services in health care and learning facilities for children</td>
<td>7,000,000</td>
<td>54,745</td>
</tr>
<tr>
<td>Number of people reached with hand-washing behaviour change programmes</td>
<td>7,000,000</td>
<td>487,611</td>
</tr>
<tr>
<td><strong>Child Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children and parents/caregivers accessing mental health and psychosocial support</td>
<td>187,000</td>
<td>39,492</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>17,500</td>
<td>26,129</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of children accessing formal and non-formal education, including early learning</td>
<td>522,650</td>
<td>75,149&lt;sup&gt;15&lt;/sup&gt;</td>
</tr>
<tr>
<td>Number of children receiving individual learning materials</td>
<td>536,140</td>
<td>102,066&lt;sup&gt;16&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Social Protection</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding</td>
<td>32,600</td>
<td>3,402</td>
</tr>
<tr>
<td><strong>PSEA</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number people with safe and accessible channels to report sexual exploitation and abuse (Cross-sectoral)</td>
<td>6,699,193</td>
<td>101,745</td>
</tr>
<tr>
<td><strong>GBViE</strong></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>5,597,612</td>
<td>154,191</td>
</tr>
<tr>
<td><strong>Communication for Development (C4D)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people reached through messaging on prevention and access to services</td>
<td>26,114,720</td>
<td>17,083,821</td>
</tr>
<tr>
<td>Number of people engaged in RCCE actions</td>
<td>2,430,593</td>
<td>71,641</td>
</tr>
<tr>
<td>Number of people with access to established accountability mechanisms</td>
<td>589,261</td>
<td>7,238</td>
</tr>
</tbody>
</table>

<sup>14</sup> Data on nutrition programme response is lieu by two months due to lengthy data collection and verification process from the kebeles to federal level

<sup>15</sup> Results in 2022 includes carried-over reach from 2021 as education service provision is continuous across years

<sup>16</sup> Includes solar powered radios with USB to be used as learning aid
## Annex B

### 2022 HAC Funding Status including Northern Ethiopia Response

<table>
<thead>
<tr>
<th>Sector</th>
<th>2022 Funding Requirements</th>
<th>Humanitarian resources received in 2022</th>
<th>Resources available from 2021 (Carry-over)</th>
<th>Total Funds Available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>31,981,073</td>
<td>5,545,579</td>
<td>7,105,480</td>
<td>12,651,059</td>
<td>19,330,014</td>
</tr>
<tr>
<td>Nutrition</td>
<td>84,418,736</td>
<td>2,742,032</td>
<td>5,691,592</td>
<td>8,433,624</td>
<td>75,985,112</td>
</tr>
<tr>
<td>Child Protection</td>
<td>16,511,512</td>
<td>1,089,456</td>
<td>3,392,351</td>
<td>4,481,807</td>
<td>12,029,705</td>
</tr>
<tr>
<td>Education</td>
<td>40,402,592</td>
<td>1,757,159</td>
<td>1,950,810</td>
<td>3,707,969</td>
<td>36,694,623</td>
</tr>
<tr>
<td>WASH</td>
<td>136,951,118</td>
<td>1,769,559</td>
<td>8,289,676</td>
<td>10,059,235</td>
<td>126,891,883</td>
</tr>
<tr>
<td>Social Policy</td>
<td>10,186,830</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10,186,830</td>
</tr>
<tr>
<td>SBC and AAP</td>
<td>9,443,815</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9,443,815</td>
</tr>
<tr>
<td>PSEA</td>
<td>2,620,077</td>
<td>0</td>
<td>428,556</td>
<td>428,556</td>
<td>2,191,521</td>
</tr>
<tr>
<td>GBVIE</td>
<td>18,627,587</td>
<td>0</td>
<td>3,661,862</td>
<td>3,661,862</td>
<td>14,965,725</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>351,143,342</strong></td>
<td><strong>12,903,786</strong></td>
<td><strong>30,520,328</strong></td>
<td><strong>43,424,114</strong></td>
<td><strong>307,719,228</strong></td>
</tr>
</tbody>
</table>

## Annex C

### 2022 Northern Ethiopia Response Funding Status

<table>
<thead>
<tr>
<th>Sector</th>
<th>2022 Norther Ethiopia Funding Requirements</th>
<th>Humanitarian resources received in 2022</th>
<th>Resources available from 2021 (Carry-over)</th>
<th>Total Funds Available</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>22,800,996.00</td>
<td>-</td>
<td>958,636.40</td>
<td>958,636.40</td>
<td>21,842,359.60</td>
</tr>
<tr>
<td>Nutrition</td>
<td>33,539,683.00</td>
<td>-</td>
<td>557,289.56</td>
<td>557,289.56</td>
<td>32,982,393.44</td>
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<tr>
<td>Child Protection</td>
<td>10,320,521.68</td>
<td>-</td>
<td>2,269,885.22</td>
<td>2,269,885.22</td>
<td>8,050,636.46</td>
</tr>
<tr>
<td>Education</td>
<td>23,660,101.39</td>
<td>-</td>
<td>41,591.98</td>
<td>41,591.98</td>
<td>23,618,509.41</td>
</tr>
<tr>
<td>WASH</td>
<td>65,664,377.00</td>
<td>-</td>
<td>4,479,054.15</td>
<td>4,479,054.15</td>
<td>61,185,322.85</td>
</tr>
<tr>
<td>Social Policy</td>
<td>5,752,074.25</td>
<td>-</td>
<td>5,752,074.25</td>
<td>5,752,074.25</td>
<td>100%</td>
</tr>
<tr>
<td>SBC and AAP</td>
<td>1,366,943.00</td>
<td>-</td>
<td>1,366,943.00</td>
<td>1,366,943.00</td>
<td>100%</td>
</tr>
<tr>
<td>PSEA</td>
<td>1,637,679.55</td>
<td>-</td>
<td>1,637,679.55</td>
<td>1,637,679.55</td>
<td>100%</td>
</tr>
<tr>
<td>GBVIE</td>
<td>11,643,174.72</td>
<td>-</td>
<td>11,643,174.72</td>
<td>11,643,174.72</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>176,385,550.60</strong></td>
<td><strong>-</strong></td>
<td><strong>8,306,457.31</strong></td>
<td><strong>8,306,457.31</strong></td>
<td><strong>168,079,093.28</strong></td>
</tr>
</tbody>
</table>