



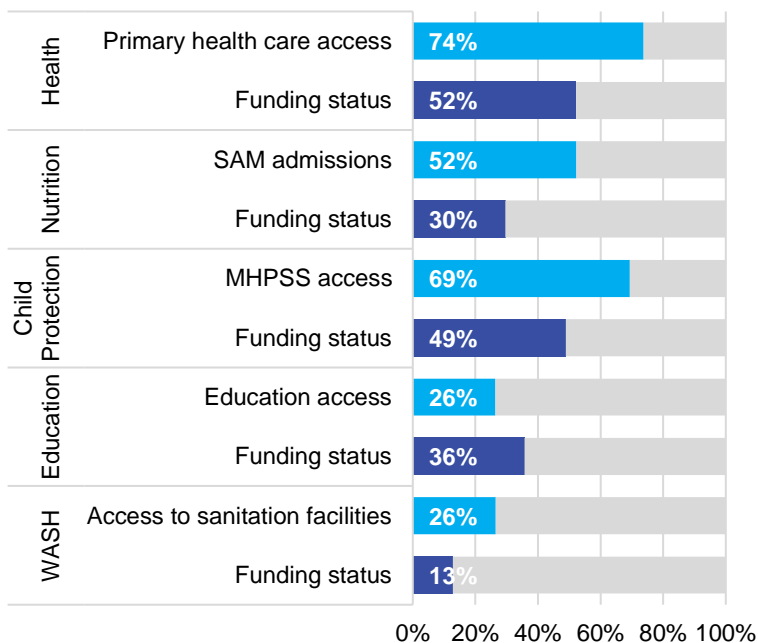
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January - June 2022

Highlights

- Of 1,085 woredas in Ethiopia, 317 *woredas* (29%) have been identified as Priority one, 147 *woredas* as Priority two (13.5%) and 93 *woredas* as Priority three (8.5%).
- From January to June, UNICEF has dispatched 262,457 cartons of ready-to-use therapeutic food (RUTF) across the county, and 323,791 children under five with severe acute malnutrition (SAM) have been admitted for treatment.
- UNICEF has facilitated humanitarian cash transfers to 34,414 households since the beginning of the year often linked with WASH, Health or Nutrition programmes; the majority of households have reported using the HCTs to buy food, drinking water and clothing for their children.
- UNICEF HAC appeal of \$351 million remains 73% unfunded. Exacerbated needs due to climatic shocks and grave food insecurity will further increase the HAC funding requirements in August, which donors are urged to support.

UNICEF Response and Funding Status



Ethiopia

Humanitarian Situation Report

No. 6: Mid-Year Report

including Northern Ethiopia and Drought responses

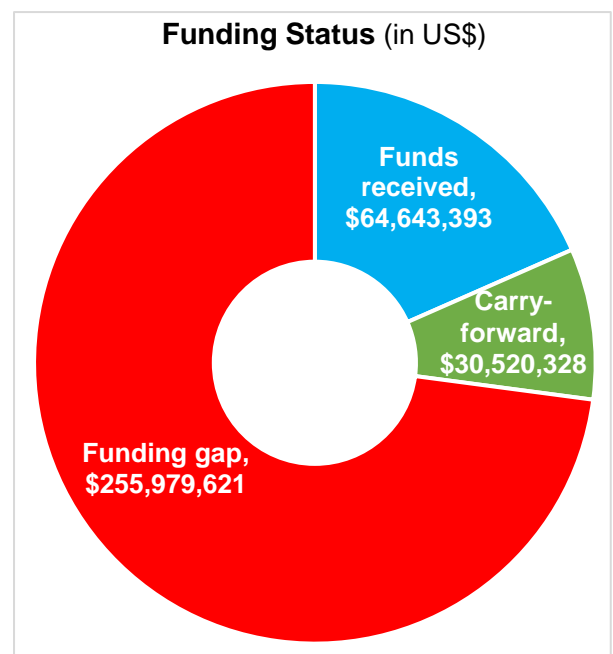


Situation in Numbers

- 29.7 million** people in need (2022 draft HNO and HRP) *
- 12.4 million** children in need of humanitarian assistance (2022 draft HNO and HRP)
- 4.51 million** Internally Displaced People (IDPs) (DTM 2022) **
- 870,507** pending and registered refugees (UNHCR, 30 Jun 2022)

UNICEF Appeal 2022

US\$ 351 million



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. Due to increased needs related primarily to climatic shocks, failed harvests, and deepening food insecurity across the country, UNICEF is currently undertaking a revision of the HAC to reflect increasing funding requirements.

To date, US\$64.6 million has been received towards the original HAC appeal, representing, with the carry forward from 2021, only 27 per cent of the required needs to reach children and their families with critical lifesaving support. Within the appeal, funding dedicated to the Northern Ethiopia Response plan is budgeted at US\$176.3 million and fully incorporated in the HAC. Furthermore, due to the severe drought, which has affected more than 9.9 million people across four regions, another US\$65.7 million within the HAC has been dedicated to the drought response. UNICEF appeals for additional donor support to close the remaining gaps and to ensure that children and their caregivers receive lifesaving services and supplies further to interventions that seek to address climate resiliency and durable solutions.

UNICEF expresses its sincere gratitude to the many donors that have already provided critical support towards UNICEF's HAC, including Australia, Canada, Central Emergency Response Fund (CERF), China, Denmark, European Civil Protection and Humanitarian Aid Operations (ECHO), Finland, France, Germany, Japan, Ireland, Italy, Norway, Sweden, UK Aid, 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). UNICEF continues to lead the Nutrition and WASH Clusters and CP AoR, co-leads the Education Cluster both at national and sub-national levels. UNICEF is the lead agency for the WASH 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 NFIs, and is able to deploy these responses within 72 hours of the immediate onset of an emergency.

UNICEF has launched another RRM called the 'Find and Treat' campaign, 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*') which aims to identify, address and refer the education and protection needs of children in humanitarian situations by creating learning opportunities in a safe and enabling environment where they obtain a chance to learn, to be safe, and to gain a particular set of critical life-skills that nurture their potential and holistic development. To ensure continuity of essential health and nutrition services to affected populations, especially for those affected by conflict and drought, UNICEF supports the implementation of alternative service delivery models for essential health and nutrition services through integrated Mobile Health and Nutrition teams. UNICEF also focuses on the systematic mitigation and prevention of Gender-based violence (GBV) and Sexual Exploitation and Abuse (SEA) 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.

Situation Overview and Humanitarian Needs

In 2022, multiple overlapping and recurring emergencies including conflict, insecurity, social tension, drought, floods and the COVID-19 pandemic have continued to affect over 29.7 million people throughout Ethiopia, of which over 12.4 million are children across multiple regions. The emergencies have led to increased displaced populations and disruption of access to essential services, leaving communities vulnerable and in need of humanitarian assistance.

Following four consecutive below-average rainy seasons since late 2020, the lowland areas in the south and south-east of Ethiopia are experiencing an extensive and severe La Niña-induced drought. It is reported that over 2.1 million¹ livestock have died. Though erratic and low intensity seasonal "*Gu*" rains (March to May 2022) have been reported in some drought affected areas, it was not enough to replenish water sources. In addition, the "*Deyr*" rain (October to December 2022) forecasts anticipate another below-average/failed rainy season. UNICEF estimates over 9 million people to be food insecure in Somali, Oromia, SNNP, Sidama and Afar.

According to NDRMC, based on a *woreda* hotspot classification exercise in January 2022, a total of 557 (51%) of 1,085 *woredas* were classified as first, second or third level of priority, of which 317 *woredas* were identified as priority one, 147 *woredas* as priority two, and 93 *woredas* as priority three. Compared to the classification from July 2021, a slight decrease of *woredas* has been observed, from 593 *woredas* in July 2021 to 557 *woredas* in January 2022. However,

¹ [Famine Early Warning Systems Network \(FEWSNET\)](#)

an increase from 305 to 317 has been observed in priority one *woredas*, while priority two *woredas* decreased from 178 to 147 and priority three *woredas* remained the same. The increase in priority one *woredas* can be attributed to the inclusion of 14 towns in Amhara region, the increased number of IDPs in Afar and Amhara, and the drought conditions in Somali, Oromia, SNNP, Sidama and Afar.

Conflict-related displacements have already occurred in several of these areas, heightening women and children's protection concerns and vulnerabilities. At the peak of the conflict over 2.4 million² IDPs were reported to be displaced across Afar, Amhara and Tigray. In recent weeks, however, regional authorities in Afar, Amhara and Tigray continue to facilitate the return of IDPs. In Afar, the first phase of these returns is targeting IDPs from Abala residing at Logia, Semera, Dubti, Guya and Harsuma IDP sites. The exact number of those who have returned is not yet known. IDP returns are ongoing amidst the devastating impact of the conflict across northern Ethiopia, including decimated livelihoods of communities and destruction of public infrastructure and basic services. After ensuring safety and security for safe returns of IDPs, it is essential to reinstate public services, such as health centers, schools, water, electricity, and banking services, as well as provide support for the prompt rehabilitation and reconstruction of damaged and destroyed homes. In addition to the conflict in northern Ethiopia, multiple military operations have been ongoing in Benishangul Gumuz, Gambella, Oromia and SNNP between UAGs and government, further exacerbating displacement. A key obstacle to reaching IDPs with needed lifesaving support remains the lack of access, especially in remote and hard-to-reach Kebeles. These have exposed women and children to protection risks and abuses.

Conflicts have also impacted the delivery of health services with many of the health facilities being damaged and/or looted. In Amhara, over 40 hospitals, 453 health centers, and 1,850 health posts were damaged, while a recent multisectoral rapid assessment in Zone 2 of Afar identified that 75 per cent of health facilities were severely damaged and looted. As a result of the damage to and looting of health facilities, health service access and quality has been highly impacted, and a majority of these health facilities have been providing only emergency and minimum packages of health services. Limited and lack of access to regions like Tigray compounded the situation of lack of health supplies and services including immunization, increasing the risk of vaccine preventable disease outbreaks like measles. In Tigray, through combined efforts for airlifts and road convoys notable improvements have been observed in providing primary healthcare services. However, due to equipment damage, most health facilities are unable to provide full emergency obstetric and newborn care activities. Whilst supporting the Regional Health Bureau (RHB) and Ministry of Health to rebuild the health system, UNICEF supports the delivery of health services through integrated Mobile Health and Nutrition teams (MHNTs) as a temporary solution to ensure continuity of essential health services to the population.

As of June, over 2.9 million children (17% of the school age children) across Ethiopia remain out of school, including 2.53 million due to conflict and 401,000 due to drought. Almost 50 per cent of those out of school children are entering their third year without any access to learning, heightening the risk of a lost generation for children in northern Ethiopia. Based on school damage assessments in May, more than 8,660 schools across Ethiopia are fully or partially damaged, 70 per cent of which were in Afar, Amhara and Tigray due to the North Ethiopia conflict.

Based on the data from the rapid assessment conducted in most of the affected areas and the approximate prevalence of global acute malnutrition (GAM) estimated from the data based on MUAC measurements and from the massive "*Find and Treat*" campaigns, the nutritional status of children under five and pregnant and lactating women is quite fragile. Through the Find and Treat campaigns conducted across 215 *woredas* in 7 conflict and drought affected regions in Ethiopia, over 2.3 million children under five and 671,100 pregnant and lactating women were screened; the findings indicate a very high average proxy GAM ratio of 17 per cent among children. More than 40 *woredas* had a critical proxy GAM rate of more than 30 per cent. All drought-affected *woredas* in Somali and 89 per cent of drought-affected *woredas* in Oromia showed a high prevalence of global proxy acute malnutrition of over 15 per cent. From January to June, SAM admissions with medical complications have increased by 57 per cent in Somali compared to same period last year. In drought-affected zones of Oromia (Bale, East bale, Borena, Guji and West Guji) the SAM admission has increased by 79 per cent compared to last year. In conflict and drought affected region of Afar, SAM admission with medical complications increase by 264 per cent as compared to last year same period.

Factors contributing to a high number of cases of acute malnutrition and death include overburdened health facilities, lack of sanitation and safe drinking water, limited content and frequency of food aid and the upsurge of measles and other communicable diseases due to cross-border movements.

Summary Analysis of Programme Response

Health

In response to the interruption of essential health services including routine immunization in conflict affected regions, UNICEF supported the conduct of Measles Supplementary Immunization Activities (SIA) in conflict affected areas of Amhara, Oromia, Benishangul Gumuz and Afar regions. Through this campaign, UNICEF, with its technical and financial support, vaccinated close to 1.2 million children aged 6 to 23 months with measles vaccines in Amhara, Oromia, Afar and Benishangul Gumuz including refugee camps.

² [National Displacement Report 11 \(December 2021 - February 2022\)](#)

As part of the Covid-19 response, UNICEF delivered 25 oxygen cylinders to Benishangul Gumuz Regional Health Bureau (RHB) to help meet the oxygen needs of hospitals and health institutions that provide Covid-19 treatment. To strengthen Covid-19 prevention, UNICEF, in collaboration with WHO, supported the roll out of Covid-19 vaccination through campaigns and routine service such that, nearly 52 million people have been reached with Covid-19 vaccines, where 64 per cent of target received at least one dose of the vaccine and 54 per cent were fully vaccinated by June.

To ensure access to essential health services among refugees and host communities, in Gambella, UNICEF delivered eight emergency drug kits (EDKs) adequate for 20,000 consultations over a period of three months and four renewable kits to health facilities providing services for refugees and host communities. UNICEF also supported primary health care and non-selective vaccination services for refugees in Pagak entry point, where over 3,890 people (35% children) received primary health care services while 652 children between the ages of 0 and 15 were vaccinated against polio and 522 children from 6 months to 15 years old were vaccinated against measles.

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

In Tigray, UNICEF remains a strong partner to ensure continuity of essential maternal newborn and child health services to the population including women and children affected by the conflict. UNICEF supported the transportation of routine immunization vaccines to ensure restoration of immunization services in the region such that during the reporting period, over 117,100 children and women received vaccination services. Access to quality maternal and newborn health services has steadily improved in Tigray, since January 2022, over 27,000 pregnant women and 9,500 delivering women received antenatal care (ANC) skilled delivery, and early postnatal care services, respectively. To enhance Covid-19 prevention, UNICEF, in partnership with WHO, supported the planning and preparation of the Covid-19 campaign. UNICEF has supported the transportation of 1.6 million doses of Covid-19 vaccines and the cold chain system was strengthened through the provision of 140 refrigerators (50 freezers, 70 Iceland, and 20 SDD vaccine refrigerators and spare parts).

In addition, due to the disruption of health services caused by the conflict, immunization services were affected for protracted periods in the three affected regions. To reduce the risk of disease outbreaks like measles, UNICEF supported catch-up measles vaccination campaigns where over 105,000 children in Afar, 770,000 children in Amhara, and over 731,000 children in Tigray were vaccinated. The coverage rate for the three regions was 98 per cent, 101 per cent and 100 per cent respectively.

To ensure continuity of essential maternal, neonatal and child health (MNCH) services in the conflict affected regions, UNICEF provided 298 EDKs and 115 IEHK adequate for 745,000 consultations and treatment of childhood illnesses. In addition, UNICEF supported 30 MHNTs in the three regions to deliver services to 575,197 women and children. To improve access to quality maternal newborn and child services, UNICEF distributed 280 midwifery kits 1 & 2 (adequate for 14,000 deliveries), 140 IMNCI registers, 8,967 face masks, 60 beds with mattresses, and 2,000 pairs of surgical gloves to the three regions.

To support the restoration of the cold chain system that was affected by the conflict, UNICEF supported the Amhara RHB to conduct a cold chain equipment maintenance campaign by mobilizing 14 experienced biomedical technicians to fix and maintain 339 refrigerators across 56 *woreda* health offices, 259 health centres, 21 hospitals, and 3 health posts. Additionally, knowledge and skills in refrigerator maintenance has been transferred to 494 mid-level technicians and users.

Health- Drought Response (Afar, Oromia, SNNP and Somali)

To respond to the health needs of displaced population affected by drought, UNICEF has dispatched 225 EDKs (70 in Somali, 66 in Oromia, 29 in SNNP and 60 in Afar) which will help provide an estimated 562,500 medical consultations. In addition, UNICEF has also allocated a total of US\$ 95,000 and US\$ 75,000 to SNNP and Southwest regions, respectively to provide refresher training for health care providers in the drought and conflict-affected *woredas*, conduct outreaches, and ensure quality of case management and strengthen primary health systems.

In addition, UNICEF supported 46 MHNTs (26 in Somali and 20 in Afar) and 27 Sustainable outreach strategy (SOS) in Somali to ensure continuity of health services. Over 198,460 children and women were reached with primary healthcare service/medical consultations through the MHNTs and other strategies in the drought affected regions. The MHNTs also provided immunization to the affected population, in different priority locations, a total of 1,704 children 6-59 months were vaccinated against measles.

From February to March 2022, in an effort to respond to the measles outbreak in seven drought affected *woredas* of Somali and nine drought affected *woredas* in SNNP region, UNICEF supported reactive vaccination campaigns. The campaigns reached over 307,000 children (92%) out of 334,00 targeted children ages 6 months to 10 years in Somali region and 256,000 (103%) children out of 248,000 targeted children ages 6 months to 10 years in SNNP region.

Nutrition

In the first half of 2022, UNICEF and the nutrition cluster partners supported the treatment of over 323,000 severely malnourished children across the country, with a reported completion rate of 88 per cent. Oromia region contributed to

32 per cent of the total admission, followed by Somali, with 22.5 per cent contribution. The treatment outcomes remain well above the SPHERE Standard. In addition to SAM treatment, over 4.3 million children ages 0-59 months received vitamin A supplementation; over 572,000 pregnant women received IFA supplement; on average, over seven million children under 5 years of age were screened for malnutrition on a monthly basis. A total of 1.7 million primary caregivers of children under two years of age received IYCF counselling support.

The 43 emergency nutrition officers (ENOS) deployed in emergency affected *woredas* conducted a quality monitoring visit to 1,506 health facilities. The findings indicate that 90 per cent of the health facilities are following the national guidelines and 21 per cent of health facilities reported supplies shortage.

The “*Find and Treat*” campaign was conducted in 215 *woredas* across the 7 emergency-affected regions (3 conflict and 4 drought-affected). The campaign screened over 2.3 million under five children, with an average proxy GAM rate of 17 per cent, this is above the critical cut of point of 15 per cent.

UNICEF dispatched 262,457 cartons of RUTF across the county in the period covering January to June 2022. The delivery of 38,000 cartons of RUTF from local vendors enabled UNICEF to fill critical needs in prioritized areas; in addition, a weekly delivery of 11,000 cartons has been confirmed by the vendor. With the clearance of over 21,000 cartons of RUTF and a US\$ 20 million loan from CIFF and Bridge funding to procure 341,400 cartons of RUTF, the delivery of all orders will cover the need for the remainder of the year and enable UNICEF to secure a buffer stock of four-months supply to cover the need until February 2023.

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

As part of the northern Ethiopia response, 56 MHNTs are deployed to provide services in areas where the capacity of the routine health system is weak and the communities’ access for services is limited. Over 89,000 severely malnourished children received treatment in Afar, Amhara and Tigray. The treatment outcome indicators are well above the SPHERE standard, at 88 per cent cure, 0.3 death and 2.6 defaulter rates. The admissions in the conflict affected regions in the first half of 2022 is 70 per cent higher than the admission in 2021.

The “*Find and Treat*” campaigns conducted in 129 *woredas* (4 in Tigray, 33 in Afar and 49 in Amhara), in which over 1.8 million under-five children and 261,869 PLWs were screened. The findings indicate a critical situation with an average GAM rate among children being 18 per cent and 33 per cent among PLWS. The GAM rates among children were above 30 per cent in 12 *woredas* of Afar and seven *woredas* of Amhara where the campaigns were conducted.

Nutrition - Drought Response (Afar, Oromia, SNNP and Somali)

As part of the drought response, UNICEF is supporting 25 and 15 MHNTs in Somali and Oromia, respectively, to provide essential services for underserved pastoralist communities. In the four drought affected regions, close to 222,000 severely malnourished children received treatment in Oromia, Somali, SNNP and South West regions. The treatment outcome indicators are well above the SPHERE standard, at 89.2 per cent cure, 0.2 death and 2.5 defaulter rates. Compared to the same period in 2021, the SAM admission has shown a 23 per cent increase, reflecting the deterioration of the nutritional status of children.

Nutrition Cluster

In the reporting period, over 23 NGOs and four UN agencies have been providing nutrition services tailored towards the prevention and treatment of acute malnutrition. In the last six months, over 300,000 children with SAM (40% of the annual target) have been treated in more than 2,000 stabilization centers and 16,000 Outpatient Therapeutic programme sites. In addition, MHNTs continue to play a pivotal role in reaching children in areas where the health facilities are not functional or accessible. In addition, over 1.6 million children and pregnant and lactating women (50% of the annual target) have been assisted through Targeted Supplementary Feeding Programmes for management of Moderate Acute Malnutrition (MAM).

WASH

In the first half of 2022, UNICEF was able to support over 2.5 million people with access to safe water supply through the rehabilitation and upgrading of water systems, drilling of shallow wells, replacement of old pipelines and rehabilitation of reservoirs in all regions. In addition, over 620,000 people have received basic WASH NFIs such as water treatment chemicals, buckets, and Jerry cans in order to ensure safe drinking water supply and storage. For community level interventions, water storage tanks, and calcium hypochlorite drums for disinfection have been provided. Furthermore, over 792,000 people were reached with handwashing and behavioural change messages using different mechanisms ranging from interpersonal to mass communication using radio spots, TV broadcast, audio van and in public gatherings. This was accomplished through direct community outreach after provision of training of health extension workers. Additionally, health volunteers and religious leaders are equipped with the knowledge and skills aimed to help prevent disease transmission, encourage safe water storage, and in treatment and latrine utilization.

UNICEF sustained the response to IDPs and returnees who receive limited WASH services. From January to June 2022, approximately 212,000 people were reached with basic sanitation facilities. Latrine construction focused on

locations where latrine coverage is very low, including IDP camps and settlement areas. To meet urgent requirements and massive demand for latrines, most of the constructed latrines were trench and temporary latrines that can serve communities for a period of 2 to 6 months. In the areas where existing permanent latrines are available, desludging was performed regularly. In the case of normal settings, community mobilization was the main activity supported through RHBs for households to construct/renovate their latrines.

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

UNICEF sustained the response to IDPs and host communities to conflict-affected populations in Tigray, Amhara, and Afar. In the first half of 2022, UNICEF addressed the needs of over 1.3 million people with access to safe water supply mainly through water trucking and restoration of damaged water schemes. In addition, over 291,000 people were reached through the provision of NFIs. Close to 19,000 women and girls were supported with menstrual hygiene keeping materials (sanitary pads and underwear). Over 241,000 people received access to basic sanitation facilities. Additionally, UNICEF provided technical and financial support for the delivery of risk communication messages to close to 570,000 people.

WASH - Drought Response (Afar, Oromia, SNNP and Somali)

UNICEF has targeted over 1.7 million people affected by drought in the four regions of Afar, Oromia, SNNP and Somali. To date, approximately 620,000 people received access to a safe drinking water supply through rehabilitation of existing non-functional water schemes and water trucking. Additionally, a total of 153,000 people were reached through the provision of WASH NFIs, mainly household water storage containers and soaps. Over 21,400 people have accessed basic sanitation facilities through newly constructed and renovated latrines, as well as UNICEF-provided technical and financial support for the delivery of risk communication messages to 47,000 people with the aim of preventing spread of diseases.

Child Protection

Between January to June 2022, UNICEF supported over 542,000 people, including those affected by the Northern conflict, as well as those in drought affected regions, through child protection interventions including mental health and psychosocial support; family tracing and reunification (FTR); and alternative care services for unaccompanied and separated children (UASC); prevention and response to violence, including gender-based violence (GBV) services; and prevention of sexual exploitation and abuse (PSEA).

UNICEF supported government platforms and service providers in strengthening child protection case management services. UNICEF supported the Bureau of Women, Children and Social Affairs (BoWCY) in the development of child protection and GBV response plans and in strengthening their capacity to respond to protection needs caused by the drought and conflict. As part of strengthening the response capacity of partners across the emergency affected regions, UNICEF supported the deployment of more than 300 community service workers (CSW) and social workers (SW). In addition, in Amhara, as part of UNICEF's rapid deployment model, 47 mental health and psychosocial support services (MHPSS) psychiatrists, psychologists, and social workers have been deployed in collaboration with Ethiopian psychologists' associations (EPA) and Amhara Public Health Institute (APHI) in more than 15 health facilities across seven zones in the region. An additional 25 MHPSS experts are deployed across five IDP camps in Afar region attached to Mobile Health and Nutrition Teams (MHNTs). This is supporting the roll out of MHPSS services for GBV survivors and community members in distress. UNICEF is also finalizing the deployment of the same rapid deployment model in the drought affected regions of Oromia and Somali.

UNICEF supported Ethiopia's Ministries of Women and Social Affairs (MoWSA) and Health (MoH) joint plans to launch a new MHPSS Response and Recovery Plan (R&RP) for areas recently affected by conflict. Accordingly, 260 Government staff, including social workers, health workers and education experts, took part in a training of trainers on MHPSS, including a focus on case management and GBV. UNICEF supported the Ministries through technical expertise, the development of training materials, the rolling out of the training and funding.

Since January 2022, over 35,200 children were identified/reported and received child protection case management services through referrals to child protection services in Afar, Amhara, Benishangul Gumuz, Gambella, Oromia, Somali, SNNP and Tigray. Furthermore, 7,600 children were provided with family-based care or a suitable alternative care arrangement. While close to 130,000 children and parents/care givers who were affected by displacement, conflict and drought were reached through MHPSS activities, through different mechanisms including individual psychosocial support and counselling, socio-emotional learning and parenting skill sessions, access to 'Bete' centers, non-specialized individual support and referral to specialized MHPSS services by social workers and psychologists.

Community sensitization activities were conducted with community-based structures to raise awareness of protection issues, specifically on GBV. Through these activities, 228,564 community members were reached with key messages promoting the prevention of violence against children and GBV in Afar, Amhara, Benishangul Gumuz, Gambella, Oromia, Somali, SNNP and Tigray regions. In order to respond to GBV needs across the regions, UNICEF continued strengthening one stop centers (OSCs) and/or integrated GBV response services at health facilities, including key support to Dessie and Woldiya referral hospitals for strengthening the GBV response. Since January 2022, 340 survivors of sexual violence were provided with multisectoral response services in Oromia, Tigray and Amhara regions. 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 health facilities. In addition, 44,532 women and adolescent girls were provided with dignity kits.

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

Since January 2022, over 315,000 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; access to safe channels to report PSEA; provision of dignity kits to support GBV survivors and UASC; MHPSS for children and their caregivers; and case management services across the three conflict-affected regions of Tigray, Amhara and Afar.

In Tigray, specialized and non-specialized MHPSS were provided to over 32,600 children and caregivers. In addition, 780 UASC were provided with alternative care and FTR services, although the ability to provide ongoing support to this vulnerable group has been significantly affected by the communication blockade. Over 1,200 children who have experienced violence were reached by health and social work services through case management services.

In Amhara, close to 3,000 vulnerable children were identified and provided with child protection case management services like (alternative care arrangement, health, social-economic support, justice/law enforcement services) in South Wollo, Dessie city and Debark. Moreover, in North Shewa and Oromia special zone, over 1,050 children were placed under alternative care arrangements. In addition, over 26,400 children and their caregivers received MHPSS services.

In Afar, UNICEF partners were able to provide psychosocial support including individual and group counselling, psychological first aid (PFA), psychoeducation, family consultation and referral services to over 18,000 IDPs in Semera, Afdera, Agatina, Galimeda and Guyah IDP sites, Chifra, Yallo and Gulina districts. A total of 323 UASC were identified and supported in the IDP sites, all were placed in family-based care arrangements including foster care and kinship care arrangement; and provided with different services including referral services. Through UNICEF funding, partners provided over 4,300 women and adolescent girls with dignity kits including sanitary pads, clothes, shoes, and household utensils as GBV risk mitigation efforts.

Child Protection - Drought Response (Afar, Oromia, SNNP and Somali)

UNICEF continued to support BoWCY to provide child protection in emergencies services to most vulnerable children in drought affected regions. Since January 2022, over 1,100 most vulnerable children in drought affected *woredas* of East Bale and Borena zones of Oromia region, South Omo zone of SNNP region and Shebele zone of Somali region were identified and supported to access lifesaving services including access to food and provision of clothes and other NFIs through social workers trained and deployed in communities. In addition, over 4,700 vulnerable caregivers were linked to the humanitarian cash transfer (HCT) programme in two *woredas* of Borena zone, Oromia region. UNICEF also supported the deployment of nine social workers to facilitate provision of child protection service at the *woreda* and kebele level. Over 8,500 children and care givers were reached through psychosocial services including individual psychosocial support and counselling, and community sensitization on MHPSS.

Child Protection Area of Responsibility (AoR)

The Child Protection AoR has been working on some key issues during the first half of the year including finalizing the separation with GBV AoR at the national level; developing Child Protection service mapping tools and facilitating the service mapping; developing the advocacy paper for UASC in Tigray; finalizing the 2021 CP AoR dashboard; and facilitating capacity building training on the new 5W template and reporting for partners. The separation with the GBV AoR has been effective since May 2022. The separation is made only for federal level coordination while the coordination at regional level will remain in its previous arrangement (CP/GBV AoR).

Education

UNICEF continued to provide education assistance. Since January 2022, over 137,000 children have been reached with provision of formal or non-formal education across emergency-affected regions including close to 35,000 children reached through '*Bete*' -- an integrated education and child protection service provision.

While access in Waghimra and North Gondar in Amhara, Zone 2 in Afar, as well as many parts of Tigray continue to hinder the provision of education services, food insecurity also continues to challenge children going to school and enrolling in formal and non-formal education. In addition, the lack of longer-term humanitarian and education sector recovery funding to support emergency-affected regions across the country, especially for Benishangul-Gumuz, Gambella, Oromia, and SNNP, continues to make the implementation of '*Bete*' a challenge. UNICEF and Education Cluster are also facing challenges to meet immediate education and child protection needs of many out-of-school children in drought-affected areas of Somali.

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

Since January 2022, UNICEF has cumulatively reached close to 93,000 children affected by the Northern Ethiopia conflict of which over 32,500 children were reached through '*Bete*'.

Education - Drought Response (Afar, Oromia, SNNP and Somali)

UNICEF, in partnership with Save the Children (SCI), started the implementation of a drought response project in Somali. The project aims to reach a total of 7,600 children focusing on the provision of accelerated learning programmes (ALP) for 5,600 children linked with Psychosocial Support (PSS) and Social Emotional Learning, as well as the provision of home-based learning opportunities for 2,000 out-of-school children who are not able enrol in formal education, using solar-powered radios with USB. Children supported by this project will also benefit from case management and referral services.

Education Cluster

Since January 2022, over 1.13 million children have been supported by the education cluster partner interventions -- 39 per cent of the 2022 cluster target. The reach was achieved through different interventions including school feeding; distribution of teaching and learning materials; Accelerated Learning Programme (ALP); Accelerated School Readiness programme (ASR); MHPSS interventions and community mobilization; capacity building of Parent Teacher Associations (PTAs); provision of teaching and learning supplies via cash transfers; multi-purpose cash for families; and provision of Temporary Learning Shelter (TLS).

The cluster conducted several capacity building initiatives during the first half of 2022 ensuring partner capacities are enhanced to better respond to the needs of school-aged children using its limited resources. Under the localization efforts, one NGO's capacity on systems, policies and procedures was developed, making them eligible to appeal for Ethiopian Humanitarian Fund (EHF) and bilateral donor funds.

The cluster, together with Global Education Cluster (GEC) and University of Sussex initiated the study, "*How Education provision in response to rapid onset crisis could 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 responses based on needs. Further to this, the education cluster, with support of the GEC, has finalized a Standard Operating Procedure (SOP) for Rapid Response Mechanism (RRM) which will be shared with partners to guide them on structural processes on rapid responses for emergencies.

Finally, the cluster has established two Technical Working Groups (TWG) – an Education in Emergencies (EiE) data management TWG to support cluster partners on quality data for evidence-based planning and programming, and a Localization TWG to enhance the capacity of local NGOs for better responses. The cluster has also transformed its monthly [5W dashboard](#) to be live and interactive, making it more user friendly and in an effort to avail data and information in a more timely fashion. Lastly, the cluster has also finalized its first quarter [newsletter](#).

Social Protection

UNICEF continues to collaborate with the Bureau of Women, Children and Social Affairs (BoWCSA) and Bureau of Labour and Social Affairs (BoLSA) to cover IDPs affected by drought, flooding and conflict with HCTs in Amhara, Afar, Oromia, Gambella and SNNP regions. Since January, 105,430 people have been reached with HCTs.

In all regions, UNICEF is providing training to BoWCSA and BoLSA staff and contracted enumerators to conduct post distribution monitoring (PDM) surveys with representative samples of people who have received the HCTs. The surveys are administered through a digital application, KoboCollect. Most PDMs are ongoing, however, from those completed, the majority of households reported using the HCTs to buy food, drinking water and clothing for their children. Most are satisfied or very satisfied with the HCT value and targeting process and have received some support from social workers or other government staff. For areas where cash must be delivered physically to affected people, there are emerging challenges around waiting times and travel distance that will need to be addressed.

In May, in Gambella region, 5,776 flood affected IDPs (48%; 1,429 households) in Jor, Jikawo, Gambella, Makuoy and Gog *woredas*, received their final HCT payment. The HCT was implemented in collaboration with BoLSA, Bureau of Finance, and Commercial Bank of Ethiopia. Each IDP received 700 ETB per month for three months. PDM training using the KoboCollect digital application was provided to 12 social workers, who have just completed the data collection using mobile phones from a representative sample of people who received the HCTs.

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

Since February, HCTs, in close coordination with BoWCSA, have been provided to 27,769 conflict-affected people (13,466 households) in five *woredas* in Amhara. More than half the people covered by the cash transfers are female, of which 10 per cent are pregnant or breastfeeding, 39 per cent are children, 6 per cent are UASC, and 9 per cent are people with disabilities. There are plans for further scale-up of the HCT for conflict-affected people over the coming months. Community service workers have also linked 5,421 children to different services for accessing food, clothing, health, nutrition, and education, including helping elders to obtain support from different INGOs.

In February, in Afar the BoLSA and UNICEF collaborated to distribute HCTs to 3,713 conflict affected IDPs (70 per cent female) (816 households) in Chifra *woreda*. More than half (53 per cent) of these IDP households had a pregnant or lactating member, and five per cent had a member with a disability.

Social Protection - Drought Response (Afar, Oromia, SNNP and Somali)

During March and April, BoLSA and UNICEF piloted HCTs in two drought-affected *woredas* of Borena zone, Oromia. A total of 4,712 PLWs received a one-time cash disbursement of 3,000 ETB. PLW HCT recipients also received nutritional information on payment days (relating to complementary feeding, dietary diversity etc.). The HCT in Oromia will expand to cover an estimated additional 25,000 drought affected people in the coming months.

During late April, in Somali region, UNICEF collaborated with BoLSA to provide HCTs across 15 IDP sites in Shebelle zone. The HCTs covered 9,544 households (59,013 IDPs). For these IDP sites, full coverage of households was undertaken, where each household received a one-time cash disbursement of 4,950 ETB.

Since late April, in SNNP region, BoLSA and UNICEF have been piloting an HCT in the drought affected Dasenech *woreda*. A total of 4,447 (out of 5,315) PLW have received HCT payments. The total value of the HCT is 3,000 ETB per PLW. PLW HCT recipients also receive nutritional information on payment days (e.g. relating to complementary feeding, dietary diversity etc.). The HCT is being delivered alongside other UNICEF sectoral interventions in the *woreda* such as WASH, nutrition and child protection. The HCT in SNNP will expand to cover an estimated additional 10,000 drought affected people in the coming months.

Social and Behavioural Change (SBC)

Since January 2022, UNICEF reached over 34 million people in all regions of Ethiopia with COVID-19 prevention, MNCH, nutrition, hygiene and sanitation, and GBV messages. Over 1.7 million people were intensively engaged via interpersonal communication by community outreach agents, religious and community leaders, health workers, and community workers. Accountability to affected populations (AAP) has also been an integral part of the response to the different crises 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. Close to 640,000 people had access to established accountability mechanisms and were able to provide their feedback, complaints, and raised issues on service provisions.

UNICEF particularly supported demand generation for the COVID-19 vaccine. UNICEF supported, both technically and financially, the rollout of the national and sub-national demand generation campaigns via multi-channel communication. In order to address the hesitancy and rumours around COVID-19 vaccine, UNICEF supported the community dialogue conducted in all targeted communities in the third-round campaign. As a result, 88 per cent of the targeted population (25.7 million in total) have been vaccinated against COVID-19.

UNICEF is also responding in drought affected regions with a particular focus on IDPs. UNICEF established partnerships with three NGOs to reach out to affected communities with lifesaving information in Oromia, SNNPR and Somali. So far, over 530,000 people have been reached with integrated messages.

Human Interest Stories and External Media

UNICEF continued to produce numerous advocacy and communication products on the situation and needs of children, women and their communities affected by the multiple humanitarian crises across the country. In the last six months, UNICEF Ethiopia published multiple videos, photos, and human-interest stories focusing on conflict and drought-affected areas. [Press releases](#) and [videos](#) were issued to show the impact of prolonged drought on children and the urgent need to scale-up responses for displaced children and their families.

UNICEF's communication team also documented high-level visits from donors, [UNICEF Executive Director](#), Regional Director and [Deputy Director](#) to showcase challenges, highlighting UNICEF's programmatic response and results for resource mobilization for children impacted by the conflict, drought and floods. The Executive Director and Country Representative conducted interviews with various international and local media outlets such as [CNN](#), [The Guardian](#), [BBC](#), [CGTN](#) and [Aljezeera](#) highlighting the increase in malnutrition rates, and the impact of the conflict and drought on health services and livelihoods.

UNICEF'S communication team produced advocacy videos for International Days such as [World Immunization Week](#), [World Day Against Child Labour](#), [World Environment Day](#), and [World Refugee Day](#). In addition, for Day of the Africa Child, a social media campaign was launched to end harmful practices against girls in Ethiopia. A human interest picked up by [Forbes](#).

Donor-branded multimedia content was produced and published to provide recognition and visibility for multiple donors, including [Sweden](#), [Norway](#), [Denmark](#), [Germany](#), [UKAID](#), [USAID](#), [Japan](#), [Korea](#), [EU-IGAD COVID response programme](#), [UNCERF](#), [Education Cannot Wait](#) and [ECHO](#).

For more content please check: [Facebook](#) | [Twitter](#) | [YouTube](#) | [Instagram](#) | [unicef.org/ethiopia](https://www.unicef.org/ethiopia)

UNICEF 2022 Ethiopia Humanitarian Action for Children (HAC) Appeal: [Ethiopia Appeal | UNICEF](#)

Next SitRep: 25 August 2022

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Annex A

Summary of Programme Results

| Sector | Cluster/Sector Response | | UNICEF and IPs Response (including Northern Ethiopia and Drought Response) | | UNICEF and IPs Response (Northern Ethiopia Response only) | | UNICEF and IPs Response (Drought Response only) | |
|--|--------------------------|---------------|---|----------------|--|----------------|--|----------------|
| | 2022 target ³ | Total results | 2022 target | Total results | 2022 target | Total results | 2022 target ⁴ | Total results |
| Nutrition ⁵ | | Jan-June 2022 | | Jan- June 2022 | | Jan- June 2022 | | Jan- June 2022 |
| Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment | TBD | 323,791 | 619,482 | 323,791 | 183,777 | 89,712 | 190,698 | 149,504 |
| Number of children aged 6 to 59 months receiving vitamin A supplementation | | | 3,862,746 | 4,307,365 | 2,354,680 | 2,460,197 | 1,045,550 | 1,185,911 |
| Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling | | | 658,599 | 1,760,236 | 394,720 | 744,840 | 129,200 | 563,416 |
| Number of pregnant women receiving preventative iron folic supplementation | | | 807,843 | 572,350 | 283,876 | 251,148 | | |
| Health | | | | | | | | |
| Number of children aged 6 to 59 months vaccinated against measles | | | 3,006,322 | 2,516,171 | 2,860,179 | 1,607,589 | 460,138 | 674,571 |
| Number of children and women accessing primary health care in UNICEF supported facilities | | | 1,161,600 | 856,844 | 711,600 | 575,197 | 583,048 | 198,460 |
| Number of people affected by cholera accessing life-saving curative interventions | | | 20,000 | 34 | 8,000 | 0 | 35,999 | 34 |
| WASH | | | | | | | | |
| Number of people accessing a sufficient quantity of safe water for drinking and domestic needs | TBD | 2,770,251 | 3,475,000 | 2,553,475 | 1,807,000 | 1,317,229 | 1,473,304 | 619,535 |
| Number of people use safe and appropriate sanitation facilities | TBD | 631,828 | 800,000 | 211,967 | 416,000 | 241,224 | 182,000 | 21,440 |
| Number of people reached with critical WASH supplies | TBD | 589,074 | 3,200,000 | 620,325 | 1,664,000 | 291,275 | 856,162 | 153,442 |
| Number of people having safe access to, and use, appropriate WASH services in health care and learning facilities for children | | | 7,000,000 | 101,845 | 3,640,000 | 13,480 | 50,000 | 0 |
| Number of people reached with hand-washing behavior-change programmes | TBD | 894,547 | 7,000,000 | 792,074 | 3,640,000 | 569,620 | | |
| Number of people reached with key messages on hygiene practices | | | | | | | 1,268,441 | 0 |

³ The 2022 HRP is under finalization. Cluster targets will be included once endorsed.

⁴ UNICEF drought response plan was developed after the 2022 HAC was launched in December 2021 and therefore in several cases drought targets exceed overall HAC targets. UNICEF is currently revised its overall HAC on the basis of drought needs and it is anticipated that the revised HAC will be released in August 2022.

⁵ Data on nutrition programme response is two months delayed due to lengthy data collection and verification process from the kebeles to federal level.

| Sector | Cluster/Sector Response | | UNICEF and IPs Response (including Northern Ethiopia and Drought Response) | | UNICEF and IPs Response (Northern Ethiopia Response only) | | UNICEF and IPs Response (Drought Response only) | |
|--|--------------------------|---------------|---|----------------------|--|----------------|--|----------------|
| | 2022 target ³ | Total results | 2022 target | Total results | 2022 target | Total results | 2022 target ⁴ | Total results |
| Nutrition ⁵ | | Jan-June 2022 | | Jan- June 2022 | | Jan- June 2022 | | Jan- June 2022 |
| Child Protection | | | | | | | | |
| Number of children and parents/caregivers accessing mental health and psychosocial support | TBD | 232,600 | 187,000 | 129,710 | 120,493 | 85,123 | 41,967 | 8,507 |
| Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services | TBD | 83,025 | 17,500 | 35,207 | 10,500 | 25,978 | 11,643 | 729 |
| Education | | | | | | | | |
| Number of children accessing formal and non-formal education, including early learning | TBD | 300,616 | 522,650 | 137,719 ⁶ | 248,704 | 92,985 | 577,879 | 5,033 |
| Number of children receiving individual learning materials | TBD | 505,042 | 536,140 | 189,939 ⁷ | 326,778 | 123,812 | 609,778 | 29,855 |
| Social Protection | | | | | | | | |
| Number of households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding | | | 32,600 | 34,414 | 22,817 | 14,282 | 34,500 | 18,703 |
| PSEA | | | | | | | | |
| Number people with safe and accessible channels to report sexual exploitation and abuse (Cross-sectoral) | | | 6,699,193 | 430,565 | 3,573,418 | 176,556 | 439,178 | 111,569 |
| GBVIE | | | | | | | | |
| Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions (Cross-sectoral) | | | 5,597,612 | 680,673 | 2,571,856 | 331,185 | 439,178 | 111,950 |
| Social Behaviour Change (SBC) | | | | | | | | |
| Number of people reached through messaging on prevention and access to services | | | 26,114,720 | 34,092,675 | 2,245,865 | 2,286,175 | 852,954 | 531,299 |
| Number of people engaged in RCCE actions | | | 2,430,593 | 1,738,266 | 209,031 | 369,566 | | |
| Number of people with access to established accountability mechanisms | | | 589,261 | 639,214 | 50,677 | 309,498 | | |

⁶ Results in 2022 includes carried-over reach from 2021 (51,222 children) as education service provision is continuous across years.

⁷ Includes solar powered radios with USB to be used as learning aid.

Annex B 2022 HAC Funding Status *including* Northern Ethiopia and Drought Response

| Sector | 2022 HAC Funding Requirements (USD) | Funds available | | | Funding gap | |
|-------------------|-------------------------------------|---|--|-----------------------------|--------------------|------------|
| | | Humanitarian resources received in 2022 (USD) | Resources available from 2021 (Carry-over) (USD) | Total Funds Available (USD) | \$ | % |
| Health | 31,981,073 | 9,561,391 | 7,105,480 | 16,666,871 | 15,314,202 | 48% |
| Nutrition | 84,418,736 | 19,248,867 | 5,691,592 | 24,940,459 | 59,478,278 | 70% |
| Child Protection | 16,511,512 | 4,685,800 | 3,392,351 | 8,078,151 | 8,433,361 | 51% |
| Education | 40,402,592 | 12,478,541 | 1,950,810 | 14,429,351 | 25,973,242 | 64% |
| WASH | 136,951,118 | 9,242,331 | 8,289,676 | 17,532,007 | 119,419,111 | 87% |
| Social Protection | 10,186,830 | 9,143,303 | - | 9,143,303 | 1,043,527 | 10% |
| SBC and AAP | 9,443,815 | 275,753 | - | 275,753 | 9,168,062 | 97% |
| PSEA | 2,620,077 | 7,407 | 428,556 | 435,963 | 2,184,114 | 83% |
| GBVIE | 18,627,587 | 0 | 3,661,862 | 3,661,862 | 14,965,725 | 80% |
| Total | 351,143,342 | 64,643,393 | 30,520,328 | 95,163,720 | 255,979,621 | 73% |

Annex C 2022 Northern Ethiopia Response Funding Status (part of the HAC)

| Sector | 2022 Northern Ethiopia Funding Requirements (USD) | Funds available | | | Funding gap | |
|-------------------|---|---|--|-----------------------------|--------------------|------------|
| | | Humanitarian resources received in 2022 (USD) | Resources available from 2021 (Carry-over) (USD) | Total Funds Available (USD) | \$ | % |
| Health | 22,800,996 | - | 958,636 | 958,636 | 21,842,360 | 96% |
| Nutrition | 33,539,683 | 4,826,360 | 557,290 | 5,383,649 | 28,156,034 | 84% |
| Child Protection | 10,320,522 | 1,025,693 | 2,269,885 | 3,295,579 | 7,024,943 | 68% |
| Education | 23,660,101 | 7,103,559 | 41,592 | 7,145,151 | 16,514,950 | 70% |
| WASH | 65,664,377 | - | 4,479,054 | 4,479,054 | 61,185,323 | 93% |
| Social Protection | 5,752,074 | - | - | - | 5,752,074 | 100% |
| SBC and AAP | 1,366,943 | - | - | - | 1,366,943 | 100% |
| PSEA | 1,637,680 | 7,407 | - | 7,407 | 1,630,272 | 100% |
| GBVIE | 11,643,175 | - | - | - | 11,643,175 | 100% |
| Total | 176,385,551 | 12,963,020 | 8,306,457 | 21,269,477 | 155,116,074 | 88% |

Annex D 2022 Drought Response Funding Status (part of the HAC)

| Sector | 2022 Drought Response Funding Requirements (USD) | Humanitarian resources received in 2022 (USD) | Funding gap | |
|-------------------|--|---|-------------------|------------|
| | | | \$ | % |
| Health | 5,238,093 | 272,500 | 4,965,593 | 95% |
| Nutrition | 20,429,183 | 2,993,011 | 17,436,172 | 85% |
| Child Protection | 3,609,809 | 980,780 | 2,629,029 | 73% |
| Education | 7,962,726 | 835,416 | 7,127,310 | 90% |
| WASH | 20,112,548 | 4,015,038 | 16,097,510 | 80% |
| Social Protection | 8,415,360 | 7,869,930 | 545,430 | 6% |
| Total | 65,767,719 | 16,966,675 | 48,801,044 | 74% |