



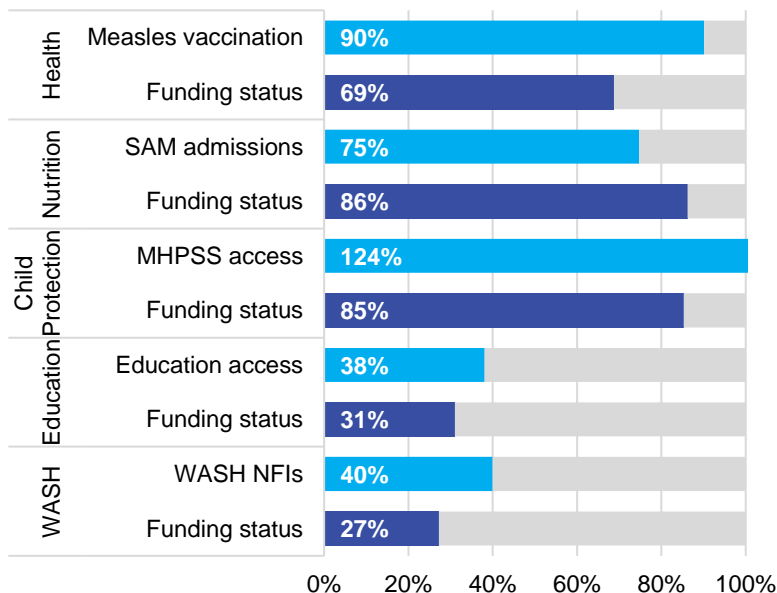
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January - December 2022

Highlights

- The UN estimates that about 24.1 million pastoralist and agro-pastoralist communities are affected by the drought, increasing the severity of their needs and eroding any remaining resilience coping mechanisms.
- Relative calm has been observed in areas across the northern part of Ethiopia, particularly, Afar, Amhara and Tigray due to the cessation of hostilities following a peace agreement between Tigray People's Liberation Front (TPLF) and the federal government in early November 2022.
- In 2022, UNICEF has reached about 4.7 million children through life-saving interventions.
- Three One Stop Centers (Dessie City, Woldia and Gode town) have been fully constructed and furnished to provide comprehensive services to gender-based violence (GBV) survivors.
- By the end of 2022, UNICEF had received only 50 per cent of the required funding against the 2022 humanitarian appeal.

UNICEF Response and Funding Status



*Ethiopia Central Statistics Agency (CSA) population estimation of children 0-17 years in 2022.

** UNICEF estimates that there are approximately 4.51 IDPs across Ethiopia at this time. This is based on the most recent DTM Ethiopia National Displacement Report 14: Site Assessment Round 31 and Village Assessment Survey Round 14 (August - September 2022), which identifies 2.73 million IDPs across all regions of the country except Tigray and is coupled with DTM Emergency Site Assessment - Northern Ethiopia Crisis - Round 8 (October 2021), which indicated there were 1.8 million IDPs in Tigray. Based on recent regional reports from Tigray, 1.8 million IDPs remains an accurate estimate of displaced persons at this time.

Ethiopia

Humanitarian Situation Report No. 12

including Northern Conflict and Drought responses

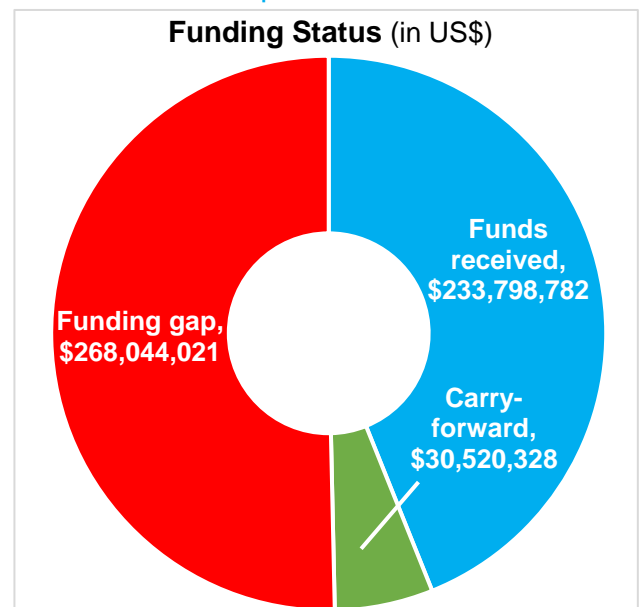


Situation in Numbers

- 29.7 million** people in need (2022 HNO)
- 15.7 million*** children in need of humanitarian assistance (CSA)*
- 4.51 million** Internally Displaced People (IDPs)**
- 882,276** Total Refugees and Asylum Seekers (UNHCR, 31 December 2022)

UNICEF Appeal 2022

US\$ 532 million



Funding Overview and Partnerships

To meet the critical humanitarian needs of children, adolescents, women, and men in Ethiopia, UNICEF's 2022 Humanitarian Action for Children (HAC) appeal was US\$532.3 million. This represents an increase of over US\$281 million from 2021 primarily due to increased needs due to climatic shocks including severe drought, failed harvests, public health emergencies, and deepening food insecurity across the country. By the end of 2022, US\$ 233.7 million has been received towards the appeal, representing only 50 per cent of the required needs to reach children and their families with critical lifesaving support¹.

Within the appeal, funding dedicated to the Northern Ethiopia Response Plan was budgeted at US\$ 223.4 million and fully incorporated in the HAC. Furthermore, due to the severe drought that has impacted close to 24 million people across four regions, another US\$ 202.9 million within the HAC has been dedicated to the drought response.

UNICEF expresses its sincere gratitude to the many donors who 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, Switzerland, UK Aid, United Arab Emirates, USAID, Ethiopia Humanitarian Fund (EHF), Children's Investment Fund Foundation (CIFF) and private sector donor contributions through UNICEF National Committees.

Situation Overview and Humanitarian Needs

The humanitarian situation across many parts of Ethiopia in 2022 was characterized by conflicts, inter-communal violence, drought, and seasonal and flash flooding, with a significant increase in internal displacement and people in need of assistance. The conflict in Northern Ethiopia came to a halt after the cessation of hostilities following a peace agreement between Tigray People's Liberation Front (TPLF) and the federal government in early November. According to the [DTM](#)², as of September 2022, 2.73million³ IDPs were identified in 2,200 IDP sites across 11 regions in Ethiopia.

The failed rainfall and prolonged abnormal dryness has led to deteriorating drought conditions in southern and southeastern parts of Ethiopia, which has continued to aggravate the food insecurity of households. Different parts of Ethiopia are currently experiencing one of the most severe La Niña-induced droughts in recent decades, with more than 8 million people acutely food insecure. The [UN](#) estimates that about 24.1 million pastoralist and agro-pastoralist communities are affected by the drought, increasing the severity of their needs and eroding any remaining resilience coping mechanisms. Pasture and water are minimally available across most pastoral areas, which have resulted in poor-to-emaciated livestock body conditions and [large-scale, atypical livestock migration](#). It is estimated that over [4.5 million livestock](#) have died since late 2021, and at least 30 million weakened and emaciated livestock are at risk. The fifth consecutive failed rainy season from October to December will likely continue to generate humanitarian needs and negatively impact the livelihoods of people living in drought-affected areas, with such conditions persisting through at least mid-2023 across the pastoral areas. Due to the drought, the education of over 1.6 million children has been negatively impacted, including an estimated 480,000 children forced out of learning due to the closure of 1,749 schools in Oromia, Southern Nations, Nationalities, and Peoples' (SNNP), Southwest Ethiopia Peoples' (SWEP), Afar, Sidama and Somali.

Relative calm has been observed in areas across the northern part of Ethiopia, particularly, Afar, Amhara and Tigray following the peace agreement in early November. In the first half of the year, sporadic hostilities have been reported across northern Ethiopia, with clashes reported across different parts of the three regions, which hindered access, humanitarian operations, and delivery of aid to affected population. Since the peace agreement in November 2022, an improved security situation has been reported in Afar, Amhara and Tigray. The agreement has also led to an improved humanitarian access environment across Northern Ethiopia, particularly in areas that were previously inaccessible such as Waghimra zone in Amhara and Zone 2 in Afar. Humanitarian convoys and flights to Tigray have resumed, allowing humanitarian actors to expand and scale up much-needed assistance. According to [WFP](#), 12.2 million people are still in need of humanitarian food assistance across Northern Ethiopia due to the impact of the conflict. In addition to immediate humanitarian assistance, affected communities will need support through medium-to-long term efforts aimed at post-conflict transition, recovery, and resilience-building.

Despite the positive outlook in northern Ethiopia, violence and conflict continue to be observed in many other parts of Ethiopia. For example, Benishangul Gumuz, recorded approximately 130 incidents of instability and unrest during the year, including arrest and detention, armed clashes, ambush attacks, civil unrest, road blockages, and looting and damages to various facilities throughout the region. Additionally, ongoing conflict between government forces and

¹ UNICEF Response and Funding Status: multiple reactive measles vaccination campaigns conducted in drought affected regions of Somali, Oromia and SNNP allowed to reach higher achievements than initially targeted. The reactive measles vaccination campaigns were conducted in 55 measles outbreak affected areas. Scale up of the MHPSS response throughout the country reached higher achievements than initially targeted, supported by diversification of implementation through the rapid deployment model.

² Ethiopia National Displacement Report 14 Site Assessment Round 31 and Village Assessment Survey Round 14: August - September 2022

³ UNICEF estimates that there are approximately 4.51 IDPs across Ethiopia at this time. This is based on the most recent DTM Ethiopia National Displacement Report 14: Site Assessment Round 31 and Village Assessment Survey Round 14 (August - September 2022), which identifies 2.73 million IDPs across all regions of the country except Tigray and is coupled with DTM Emergency Site Assessment - Northern Ethiopia Crisis - Round 8 (October 2021), which indicated there were 1.8 million IDPs in Tigray. Based on recent regional reports from Tigray, 1.8 million IDPs remains an accurate estimate of displaced persons at this time.

Unidentified Armed Groups (UAGs) and intercommunal clashes in three zones of Metekel, Assosa and Kamshi has left over 280,000 people displaced. In addition, the reported incidents across 16 *woredas* of the region have constrained humanitarian access throughout the region, with only four of the affected *woredas* fully accessible. Furthermore, the main road that connects the region to Addis Ababa has not been fully operational for much of 2022, which has impacted the transportation and dispatch of humanitarian supplies. Since October 2021, with ongoing military operations against armed groups in Metekel and Kamashi zone, and the peace agreement between armed groups and government, the security situation in Metekel zone has improved, while the situation in Kamashi zone and some *woredas* of Assosa zone continues to be fragile and unpredictable.

In July, the Somali militant group Al-Shabaab launched numerous invasions into Ethiopia's Somali region, particularly Afder and Shebele zone, as well as Gode zone's Ferfer *woreda*. The federal and regional government forces had launched counterattacks in response, with clashes between Al-Shabaab and security forces inside Ethiopia extending into early August. Although Al-Shabaab's incursion in Ethiopia waned in late August, Cross-border attacks continued periodically through the rest of 2022, and access restrictions remained in some parts of Somali's southern zones, affecting programme monitoring and overall humanitarian operations in the region.

The security situation in Oromia's West Wollega, East Wollega, Kelem Wollega, Horro Guduru Wollega, West Shewa, North Shewa, Guji and West Guji zones has been deteriorating and expanding to other zones like Buno Bedele, Arsi, Iluababor and East Shewa zones. The conflict and the intensive government operation to flush out UAGs has impacted over 1.2 million people in 85 *woredas*. In addition, the insecurity has compromised the availability and provision of basic services either due to inaccessibility or safety concerns from service providers.

In terms of disease outbreaks, a cholera outbreak that began in August in Oromia's Bale zone has since spread to five additional *woredas* in Oromia, as well as two *woredas* in Somali. As of mid-December, about 700 cholera cases have been reported, including 24 deaths, while the persistent lack of a clean water supply leaves over 700,000 people in the eight affected *woredas* at high-risk of contracting the disease. In addition, there is an active measles outbreak in Oromia, Somali, SNNP, Afar and Amhara with over [7,300 cases](#) reported since the beginning of the year. The Federal Ministry of Health, with support from humanitarian partners, launched a nationwide integrated measles vaccination campaign targeting 15.5 million children aged 9-59 months, including hard-to-reach populations in drought- and conflict-affected areas on 22 December. A total of 14.5 million children received measles vaccination with 98.5 percent coverage. The campaign was integrated with nutrition screening, Vitamin A, deworming, routine immunization and COVID vaccination. In Tigray, integrated measles campaign is planned to conduct in 2023 and to reach 652,024 children

Rapid assessments conducted by Nutrition cluster partners throughout the year showed the deterioration of the nutrition status of under-five children and women in Ethiopia. The trends of the last 15 years of declining national rates and favourable progress in stunting, wasting and undernutrition⁴ could be compromised, as the information available this year through anthropometric surveys but also through community screening shows, especially in some areas, a significant and rapid deterioration of wasting in children and women that could be exacerbated if access to basic services and food remains insufficient and inconsistent. The trend analysis shows a 23 percent increase in the number of wasting cases compared to the same period last year.

Summary Analysis of Programme Response

Health

In 2022, UNICEF supported the provision of primary health care to over 111,000 children and women in conflict affected *woredas* of Benishangul Gumuz through UNICEF supported health facilities. In Oromia, a total of 47 Emergency Drug Kits (EDKs) were distributed for essential health service in conflict affected areas of West Wollega, East Wollega, Kelem Wollega and Horo Guduru Wollega zone. In Gambella, over 145,000 women and children, including flood affected communities and South Sudanese refugees received primary healthcare services through UNICEF provided drugs and supplies and technical assistance.

UNICEF also supported measles catch up and supplementary campaigns in conflict-affected *woredas*. In Metekel and Assosa zones of Benishangul Gumuz, over 38,000 children, including those from internally displaced and refugee populations were reached with UNICEF's financial, technical and supply support to the vaccination campaigns. In Oromia, UNICEF supported the supplementary measles vaccination campaign in 60 conflict-affected *woredas* of seven zones, where over 290,000 6-to-24-month aged children received supplementary measles vaccination.

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

In Tigray, about 395,000 children and women accessed essential health services in 2022. Following the early-November cessation of hostilities agreement, and subsequent lifting of access restrictions, UNICEF and partners were able to significantly increase the number of women and children they were able to reach with assistance through the end of the year. Among under five children, the major causes of morbidity reported from several intervention areas were diarrhoea, pneumonia, and malaria. UNICEF conducted a measles Supplementary Immunization (SIA) campaign in January 2022, reaching over 730,000 children (95% of the target). With over 55,000 cases of malaria reported, UNICEF deployed a

⁴ The 2019 mini EDHS estimated the national prevalence of stunting among children at 37 percent, the prevalence of underweight at 21 percent and wasting at 7 percent. Between 2005 and 2019 the prevalence of all the three child under nutrition declined

Rapid response team (RRT) from the RHB to hotspot *woredas* to provide treatment, distribution of LLIN's and provide risk communication messaging. UNICEF also supported maternal health services, with over 50,000 pregnant women accessing one or more antenatal care (ANC) visits, and over 16,000 mothers had access to a skilled birth attendant (SBA) to assist them during delivery. A total of 231 emergency drug kits and 130 renewable drug kits, enough to treat 577,500 medical consultations, were distributed through Mobile Health and Nutrition Teams (MHNTs), health facilities in hard-to-reach locations, and health centers in the impacted *woredas* in the region. In addition, 137 refrigerators and freezers, 1,093 vaccine carriers, and 29 cold boxes were supplied by UNICEF to improve immunization service delivery. Furthermore, NICU supplies, equipment such as oxygen concentrators, pulse oximeters with nasal prongs, and related supplies have been supplied at Ayder referral hospital and the other project hospitals during the reporting period.

In Amhara in 2022, through UNICEF technical, logistic, and financial support, about 600,000 children and women accessed primary health care through UNICEF supported 30 MHNTs and health facilities. In addition, over 120,000 people from conflict affected communities and IDPs were screened and counselled for mental health. Furthermore, over 770,000 children 6-24 months of age were vaccinated against measles during the campaign conducted in May 2022. UNICEF contributed to the rehabilitation and restoration of 85 damaged and looted health centers in conflict-affected zones to provide basic health services. In addition, from February to March 2022, the Amhara Regional Health Bureau (RHB) conducted a cold chain equipment maintenance campaign through the mobilization of 14 experienced biomedical technicians, and, as a result, 339 refrigerators across 56 *woreda* health offices, 259 health centers, 21 hospitals, and 3 health posts were maintained, and knowledge and technical maintenance skills were transferred to 494 mid-level technicians and users.

In Afar, UNICEF deployed 10 MHNTs in response to the conflict in northern Ethiopia in 2022 and provided primary healthcare services for over 116,000 children and women. UNICEF provided technical and financial support to strengthen public health emergency management through training on RRT, Vulnerability and Risk Analysis and Mapping (VRAM) and supportive supervision of PHEM responses. In addition, financial and technical support was provided for health workers to improve MNCH services in conflict-affected *woredas*. Separately, a catch-up measles vaccination campaign was conducted during 2022, reaching over 105,000 children aged of 6-to-24 months with measles vaccination to make up for the gap in vaccination services due to conflict in the region. UNICEF is also currently supporting the construction of a NICU ward in Dubti Hospital. Additionally, UNICEF supplied 10 SDD refrigerators to support the EPI programme by replacing damaged and looted solar refrigerators and 30 oxygen cylinders to support oxygen supply for conflict-affected health facilities. Additionally, 120 EDKs delivered have been provided to support MHNT operation and refilling medication health facilities, 50 Midwifery kits were provided to the RHB for health facility restocking and 11,800 LLINs were provided to 23,600 IDPs for malaria prevention in conflict-affected *woredas*.

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

In Somali, UNICEF supported primary healthcare services in drought affected areas using 25 MHNTs and sustainable outreach services for over 187,000 children and women. UNICEF supported the refreshment training of 26 MHNT workers and reached 72 health workers on management of childhood and adult illness, as well as vaccination, cold chain, and nutrition management. UNICEF supported the RHB measles outbreak response through mop-up measles vaccination campaign for children under 15 years of age; over 114,000 children were targeted, and 112,055 (98%) children were reached and vaccinated against measles in six *woredas* between October and December 2022. In Afar, UNICEF supported 20 MHNTs in drought affected *woredas* and provided medical consultation for over 147,000 children and women. In Oromia, over 117,000 IDPs received essential healthcare at primary healthcare facilities, furthermore, a total of 81 EDKs were distributed to drought-affected zones. In SNNP, UNICEF supported primary healthcare services in drought-affected areas, including the provision of more than 62,000 medical consultations. In response to the measles outbreak in drought-affected areas and *woredas* with low immunization coverage in SNNP, three rounds of reactive vaccinations were conducted, targeting children 10 years of age and younger. As a result, over 380,000 children were vaccinated.

UNICEF supported the cholera outbreak response in affected *woredas* in Somali, including Kersadula and Guradamole, through the distribution of 10 cholera treatment centres (CTC) kits, operational cost and technical assistance in planning and monitoring the response, and communication and social mobilization activities. In Oromia, UNICEF provided 14 CTC kits, operational funds, technical assistance through UNICEF staff and the deployment of two health emergency consultants. Furthermore, UNICEF supported social behavioural change communication (SBCC) interventions for cholera, measles and COVID-19 outbreak prevention, control and demand for vaccination. UNICEF also supported the repositioning of CTC kits to strengthen cholera preparedness efforts in Afar.

Nutrition⁵

As part of UNICEF's fundraising efforts leveraging public financing for nutrition supplies, the government has committed to invest US\$ 1.3 million per year for ready-to-use therapeutic food (RUTF) through a match funding mechanism (where UNICEF provides the same amount to double the commitment), the Federal Ministry of Health has confirmed that this budget has been allocated for the fiscal year, enabling the treatment of 50,000 children in need of treatment in 2023.

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

UNICEF has provided comprehensive preventive and curative nutrition services in emergency affected areas. A UNICEF led find-and-treat campaign enabled the screening for acute malnutrition of over 6 million children younger than five years of age. Moreover, UNICEF has established over 200 MHNTs and pushed for the integration of nutrition services into the national measles campaign, boosting the coverage of vitamin A supplementation, deworming and screening for acute malnutrition among children. UNICEF supported health facilities and find-and-treat campaigns that led to the treatment over 630,000 under-five children for severe wasting in 2022 (with a cure rate of 88%), which is 75 percent of the yearly target and a 31 per cent increase compared to 2021. Furthermore, over 3 million children received vitamin A supplementation, over 3 million primary caregivers received infant and young child feeding counselling, and over 1 million pregnant women received iron folic supplementation.

UNICEF also recruited 47 emergency nutrition officers across the country to provide routine monitoring of nutrition emergency response, health facilities monitoring through a real-time end-user data collection tool, and consequent on-the-job training of health workers on severe wasting management, IYCF counselling and supply chain management.

In Gambella, UNICEF has deployed six MHNTs in collaboration with the RHB to provide support to flood-affected people across seven *woredas*, reaching over 40,000 children and mothers, including severe wasting and malaria screening and referral linkages. Moreover, UNICEF provided high energy biscuits (HEB) for over 3,500 children and mothers in response to flooding. In 2022, ENOs have provided on-the-job capacity building for over 200 health workers, 300 health extension workers, and over 400 community leaders.

In Benishangul-Gumuz, UNICEF led a find-and-treat campaign to boost screening, vitamin A and deworming among children under-five; the coverage was limited to 50 percent due to some inaccessible *woredas* in the region. The emergency nutrition response also consisted of supporting IDP-affected *woredas* with health workers training, nutrition supplies last-mile distribution, and distribution of HEB. Over 700 children and mothers benefited from this emergency ration, which is critical for a vulnerable displaced population.

In Oromia, UNICEF provided lifesaving support through MHNTs in 15 conflict-affected *woredas* across six zones, with nutritional screening for children and PLWs, linkage to services, provision of Vitamin A supplementation and deworming for children, and IFA provided for pregnant women.

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

In Tigray, UNICEF delivered nutrition emergency response through partnerships with eight local and international implementing partners. In 2022, the find-and-treat campaigns were carried out in 16 of the 79 accessible *woredas*, reaching over 194,000 children under five screened with mid-upper arm circumference (MUAC) tape and providing treatment for the malnourished while linking them with follow-up outpatient therapeutic (OTP) centers or stabilization centers. On average, of the children screened, the proxy severe wasting rate was 4.63 percent and the proxy GAM rate was 26.64 percent; a total of 934 children with bilateral pitting oedema were identified. The response was hindered by a variety of challenges that occurred throughout the reporting period. These challenges included constant interruptions of the supply pipeline, lack of cash and fuel for humanitarian actors, as well as access restrictions from Mekelle to some other zones within the region. Moreover, the lack of payment for health workers for nearly the entire year, contributed to bottlenecks in the delivery of nutrition services in the region.

In Afar, an escalation in the conflict in early 2022 led to the displacement of nearly the entire population of six *woredas* in Zone 2. UNICEF, in collaboration with partners, has been actively involved in the response. UNICEF supported the establishment of 16 new MHNTs, the provision and distribution of nutrition supplies, including the distribution of HEB to over 23,000 vulnerable children and PLW affected by conflict, including IDPs and returnees. Moreover, UNICEF has bolstered therapeutic feeding programme centres to improve admission capacity and decongest Dubti Hospital to treat both complicated and non-complicated cases of severe wasting; as such, two new SC sites opened in Galimeda and Logiya hospital, ten SC sites around Dubti, Semera and Logiya were revitalized (including Dubti hospital) and strengthened many OTPs across the region. Additionally, three rounds of find-and-treat campaigns were integrated into the quarterly children's health days, boosting vitamin A supplementation and deworming coverage, but also highlighting the persistent concerning levels of global acute malnutrition (GAM) among children, which remained steady at 27 percent.

In Amhara, a total of 11 MHNTs provided lifesaving treatment in conflict affected IDP sites, reaching over 468,000 children under five years and 148,000 PLW in 2022. Moreover, three rounds of find-and-treat campaigns covering eastern Amhara zones were conducted with the support of UNICEF, with levels of GAM showing up to 45 percent in Wag Himra Zone. UNICEF supported MHNTs and find-and-treat campaigns enabled the screening and consequent referral of over 27,000 severely wasted children, representing almost a quarter of the yearly target for the region. In response to the influxes of IDPs, over 6,000 children under five and 3,900 PLW received HEB and a total of 98,564 caregivers were trained on optimal IYCF practices in emergencies.

Nutrition - Drought Response (Afar, Oromia, SNNPR, Somali)

In Oromia, UNICEF initiated and supported three rounds of a find-and-treat campaign that was conducted in 76 prioritized *woredas* in drought-affected zones. In addition, integrated nutrition services were provided, including vitamin A supplementation, deworming, IFA for PLWs and key messages on nutrition for targeted groups. Furthermore, UNICEF deployed eight ENOs to drought affected zones to provide on the job technical support and mobilize TFP supplies to strengthen the ongoing TFP services.

In Somali, UNICEF in collaboration with RHB conducted two rounds of find-and-treat campaigns to contribute to active case detection among over 800,000 children under five, and the early identification of those acutely wasted children with links to treatment. All 11 zones showed very high levels of acute wasting--exceeding the 15 percent emergency threshold. Moreover, UNICEF supported the deployment of 26 MHNTs implementing family MUAC across 11 *woredas* and continuously supported weekly nutrition screening through mentor mothers integrated with IYCF counseling services and key information on nutrition services, including GBV risk mitigation and access to safe channels to report sexual exploitation.

In Afar, three rounds of mass find-and-treat campaigns, one round of Rapid Nutrition Assessment in IDP sites, and 2 rounds of MIRA assessments in conflict-affected areas were conducted. The results of all assessments showed a high proportion of acute malnutrition among children aged 6-59 months, and pregnant and lactating women. Based on the results of three rounds of the find-and-treat campaign, the proportion of severe wasting increased from 1.6% in January 2022 to 2.8 per cent in October 2022. Likewise, the proportion of GAM and malnutrition among pregnant and lactating mothers was also very high, varying between 48 to 51 percent.

In SNNP, Sidama and SWER, a find-and-treat campaign was conducted across 34 *woredas* of SNNP and Southwest regions with an average screening coverage of 105 percent, over a fifth of the *woredas* were observed with very high levels of GAM. Due to drought and conflict-induced acute food shortages for newly displaced people, extra food was mobilized to address the gaps; consequently, approximately 1,600 boxes of HEB were distributed in the SNNP region, reaching 5,640 children and 2,968 PLW suffering from food insecurity.

Nutrition Cluster

The ENCU- Emergency Nutrition Coordination Unit/ Nutrition Cluster at the national level has supported regions in terms of capacity through IM roving capacity and for coordination. The Strategic Advisory Group from ENCU/Nutrition Cluster has been launched and will be defining the way forward in terms of strategic advice. A new cash and nutrition task force is being created between ENCU/Nutrition cluster and the Cash Working Group and will be focusing on sectoral top-ups complementing multipurpose cash and the nutrition response. Additionally, several new NGOs are preparing to establish operations in Ethiopia, which will contribute to the expansion of the nutrition response. The ENCU team lead participated in a joint monitoring mission with ECHO and five NGOs to visit the multipurpose cash assistance and nutrition projects. The primary recommendations following the visit include greater response integration and ensuring continuity of care from mothers to children in terms of nutrition support. A standard allocation of Ethiopian humanitarian funds (\$US 14 million) was allocated to NGO partners (including a national NGO) in seven drought-affected *woredas* and which will contribute to the implementation of the proposed intersectoral package (health, nutrition, WASH, food and agriculture) to prevent acute malnutrition from occurring in the first place.

Regarding the response, in terms of geographical scale, 818 *woredas* were provided severe wasting care services and 153 *woredas* were provided with assistance for children identified with moderate wasting. The operational micro plan for the 2023 nutrition response is ongoing and partners are providing detailed information on areas covered and the ones that will need additional support. The bi-weekly nutrition cluster partners meetings were conducted, and nutrition response updates and analysis were shared. In addition, ENCU regularly encouraged partners to share their best experiences and lesson learned.

WASH

From January to December 2022, about 5 million people had access to safe water supply through water trucking, rehabilitation and upgrades of water schemes and upgrades of water schemes towards solar powered system and strategic boreholes and in all regions. Moreover, about 800,000 people had access to safe and appropriate sanitation facilities mainly through emergency latrine construction, repair of existing nonfunctional latrines and desludging of filled latrines in Amhara, Tigray, Somali, SNNP, Gambella and Benishangul Gumuz regions. Furthermore, over 1.9 million people were reached with handwashing and behaviour-change activities mainly in Afar, Amhara, Tigray, Oromia and Somali. In addition, over 1.9 million people were reached through provision of basic non-food items (NFIs) such as soaps, household water containers and water treatment chemicals across the country.

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

UNICEF sustained the response to IDPs and host communities to conflict affected people in Tigray, Amhara and Afar regions. In 2022, UNICEF has addressed the needs of over 2.4 million people with access to safe water supply mainly through water trucking and restoration of damaged water schemes. The implementation was facilitated mainly through partnerships with NGO partners, private contractors and regional water and health bureaus. In addition, over 672,000 people were reached through provision of NFIs and about 735,000 people received access to basic sanitation facilities.

Additionally, UNICEF provided technical and financial support for the delivery of risk communication messages to over 900,000 people across the three regions.

WASH - Drought Response (Afar, Oromia, SNNPR, Somali)

In 2022, UNICEF was able to address the needs of over 1.5 million people in accessing drinking water supply through rehabilitation of existing non-functional water schemes and water trucking in Oromia, SNNP and Somali regions. In addition, 34,700 people were reached through provision of WASH NFIs mainly household water storage containers, water treatment chemicals and soaps.

Child Protection

In 2022, UNICEF supported over 1.1 million people (329,796 girls, 206,810 boys, 379,446 women and 201,897 men) through child protection and gender based violence (GBV) interventions including mental health and psychosocial support (MHPSS), family tracing and reunification (FTR) and alternative care services for unaccompanied and separated children (UASC) and prevention and response to violence, including GBV services – in the two Level 3 (L3)⁶ declared emergencies (northern Ethiopia conflict and drought) as well as other emergencies in Oromia and Benishangul Gumuz and Gambella.

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) across both drought and conflict affected regions. In addition, as part of UNICEF's rapid deployment model, 92 MHPSS psychiatrists, psychologists, and social workers have been deployed in collaboration with Ethiopian Psychologists' Associations (EPA) and regional public health institutes in Amhara, Afar and Somali region. These deployments were made to IDP camps, across health facilities and attached to MHNTs, to support the roll out of MHPSS services for GBV survivors and community members in distress.

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

Overall, UNICEF's northern Ethiopia response for CP/GBV in 2022 has seen a large scale-up of operations, including an increase of partners and locations across Tigray, Amhara and Afar. However, the situation in northern Ethiopia remained fluid, with major changes in the operating environment particularly in August 2022 following the resumption of armed conflict and in November 2022 following the peace agreement. On both occasions, this impacted the protective environment at large, with CP/GBV partners experiencing large restrictions on their operations and putting implementation close to halt in Tigray from August to November 2022. UNICEF has continuously worked closely with implementing partners to provide technical and operational support as needed, and to jointly reprogramme where required, particularly as additional areas are becoming accessible post-peace agreement and along the main tenets of the UNICEF recovery plan.

Despite the above mentioned restrictions, in 2022, a total of over 670,000 men, women, boys and girls 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 UASC, as well as MHPSS for children and their caregivers, prevention of sexual exploitation and abuse (PSEA), and provision of dignity kits or other materials, across the three conflict-affected regions of Afar, Amhara, and Tigray.

In Tigray, UNICEF continued implementation in 2022 together with eight implementing partners across Eastern, South-Eastern, Southern, Central and North-Western zones. As a result, over 48,000 children and caregivers benefited from MHPSS services and referrals, of these 376 were people with disabilities. Additionally, a total of 1,611 UASC accessed alternative care and FTR services and over 3,200 children who experienced violence accessed case management services. Responding to the heightened risks related to unexploded ordnances (UXO) and landmines, particularly as previously inaccessible areas become accessible, UNICEF partners through an integrated approach, trained and deployed social workers to facilitate explosive ordnance risk education (EORE) at the community level, especially for individuals living in IDP camps and children participating in UNICEF programmes.

In addition, a total of 18,500 women and girls were provided with dignity kits and material support and a total of 1,600 women and girls received comprehensive GBV services. Furthermore, over 186,000 people benefited from GBV and PSEA community sensitization and education and over 14,500 women and girls accessed MHPSS services. Several capacity building and protection activities were undertaken during the reporting year and 282 people were trained. This included clinical management of GBV survivors, GBViE case management, caring for child survivors, the GBV pocket guide, the use of cash and vouchers in GBViE response programming, and GBV mainstreaming.

⁶ A UN classification system is used to determine the level of crises by scale, urgency, complexity, and capacity to respond. The most severe emergencies are classified as Level 3 or L3. In Ethiopia, both the devastating conflict in the northern regions of Tigray, Afar and Amhara as well as the severe drought in Somali, Oromia, Southern Nations and Nationalities People's Region (SNNPR), South West Ethiopia (SWE) and Afar are classified as L3 crises.

In Afar, UNICEF continued to support the Bureau of Women, Children and Social Affairs (BoWCSA) and NGO partners in the provision of child protection and GBV services across conflict-affected areas of the region. As a result, in 2022, a total of 1,400 vulnerable children were identified with different protection concerns by trained social workers including family separation and provided with child protection case management services including referral and alternative care arrangements. A total of 38,938 vulnerable individuals were identified with psychosocial distress in IDP sites and returnee woredas and benefited from specialized and non-specialized MHPSS services through rapid deployment of MHPSS team and child-friendly spaces (CFS). A total of 561 UASC were identified in IDP sites and returnee areas and supported with family-based care arrangements/kinship care arrangements as well as case management and referrals to other services. A total of 76,550 IDPs were reached on the prevention of child protection and GBV risks through awareness-raising and community outreach activities on GBV, child protection, referral pathways, and safe reporting mechanisms. Dignity kits and NFIs were provided to 7,175 women and adolescent girls and 965 most vulnerable adolescents received basic material support including clothes, shoes, and sleeping mats.

In Amhara, UNICEF continued to support BoWCSA and key non-government partners to respond to child protection and GBV response needs in woredas affected by the conflict by strengthening the case management system and deploying more than 293 social service workforce (SSW) and social workers (SW) and 58 MHPSS professionals through the rapid deployment model. UNICEF further invested in building the capacity of child protection actors and front-line workers to provide comprehensive child protection services. Through UNICEF support, a total of 80,347 people received MHPSS services. This is provided by MHPSS experts (psychiatrists, psychologists, and social workers) who are deployed by UNICEF in collaboration with the EPA and Amhara Public Health Institute (APHI) across seven zones of the region including health facilities. In addition, a total of 2,117 children were placed under alternative care arrangement. A total of 12,887 children with child protection concerns (UASC, distressed children, children from the poorest families) were identified and provided with child protection case management services, for example alternative care arrangements, health, social-economic support, justice/law enforcement services and referrals to other services as needed. In addition, a total of 1,715 GBV survivors received a one-time cash transfer of 4,000 ETB through BoWCSA and a total of 25,115 adolescent girls and women received cash for the procurement and use of dignity kits under the 'cash for kits' approach. The construction and furnishing of two One Stop Centers (OSCs) in Dessie City and Woldia Town were completed, medical and non-medical supplies for this one stop centres were also procured and comprehensive services for GBV survivors commenced. Moreover, two additional OSCs in Debarq and Sekota town are currently under construction. Altogether, a total of 2,960 GBV cases received comprehensive services from the UNICEF-supported OSCs in Amhara region in 2022.

Child Protection - Drought Response (Afar, Oromia, SNNPR, Somali)

In drought affected areas, about 4,300 children were identified and provided with case management services notably referrals for psychosocial support, health, nutrition, legal aid, inclusion in the master food distribution list of Disaster Risk Management Office and reunification with families or placement in foster care. The case management services were initiated based the needs assessment and case plans were developed by the social workers in consultation with the child and the caregivers where available.

In addition, about 2,600 children were reunified with their families and placed in alternative care while tracing efforts were underway. The identification of foster parents for temporary placement was done by Child Protection Officers from the Woreda Women Children and Youth Offices in consultation with Child Protection Committees. Children are placed in the household where caregivers have been assessed and trained by a social worker to provide children with care and protection and temporary guardians sign foster agreements. In addition, over 23,000 children and care givers accessed MHPSS in the three-drought affected regions of Oromia, SNNP and Somali. This is through access to CFS, integrated programming with education/ Bete, socio emotional learning and parenting skills education. The CFS also provided a platform for the identification of more complex protection and mental health issues that may require referral to additional, more specialized interventions and services. As part of the MHPSS programme, UNICEF, in collaboration with the Somali Regional Health Bureau, deployed six mobile MHPSS teams composed of 11 social workers and 8 psychologists in six droughts affected *woredas* hosting IDPs serving a total population of 110,000 IDPs. The mobile MHPSS team reached 907 individuals with psycho-social education and outreach visits to screen and identify mental disorders during which they also provided psychological first aid to 129 individuals.

In addition, over 32,000 IDPs were provided with prevention, risk mitigation and response interventions to address GBV. These includes 30,570 women and girls provided with dignity kits. Moreover, 92 survivors of GBV who were supported to receive case management services and referred to medical, psychosocial support and legal protection services. UNICEF also supported the construction of the OSC in Gode, Somali region, which provides comprehensive GBV response services.

Child Protection Area of Responsibility (AoR)

CP AoR coordination continued at national and sub national level across eight regions. In addition, zonal and woreda level coordination have been revitalized in Oromia and SNNP. Regular child protection activities have been conducted including case management, identification and response to UASC, parenting programme, child protection committees, MHPSS for children, multipurpose cash assistant and awareness raising topics. The AoR members marked 3 December

as the International Day of People with a Disability by conducting several activities with focus on the inclusion of persons with disabilities across different clusters and access to services.

Education

Given the enormous education service provision challenges that threaten the future of emergency-affected children, UNICEF continued to provide education assistance to displaced and returnee children in collaboration with the Ministry of Education (MoE), Regional Education Bureaus (REBs), and INGO partners across Ethiopia throughout 2022. During the reporting year, over 295,000 children have been reached through the provision of formal or non-formal education across the country. In addition, to support emergency affected IDPs, returnees, and host community children in attending regular classes and learning, UNICEF, in collaboration with REBs and humanitarian partners, provided backpacks with essential stationary materials to over 385,000 children.

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

In 2022, UNICEF reached over 190,000 children through the provision of formal and non-formal education across the three conflict affected regions of Tigray, Amhara and Afar in partnership with REBs and INGO partners. Of these, 68,000 were reached with Accelerated School Readiness (ASR) Programme. In addition, over 150,000 children were provided with recreational, teaching and learning materials, backpacks with essential stationary materials.

UNICEF continued to play a key role in improving the capacity, functionality of learning spaces, and resilience of both formal and non-formal education system to address the access to and quality of education barriers in Tigray, Afar and Amhara regions. As a result, over 68,000 children had access to education services. Out of the total of 68,000 children reached, approximately 43,000 children were reached with age-appropriate non-formal learning through a combination of Early Childhood Care and Development (ECCD), ASR and Alternative Learning Programme (ALP). The combination of learning programmes provided follows a lifecycle approach, with 14,320 children aged 5 to 6 who were reached through ECCD or ASR, and 28,539 children aged 7 to 14 who were reached with Accelerated Primary Education classes.

Similarly, in Amhara, UNICEF in collaboration with partners have provided non-formal education to over 23,000 children. In addition, UNICEF and partners procured school furniture, teaching and learning materials as well as recreational materials that benefited about 49,000 pre-primary school children and 65,240 primary school children. UNICEF also distributed backpacks with essential stationary materials for over 35,000 children in the region. In addition, 50 children living with disabilities (vision and hearing difficulties) received medical support, eyeglasses, and hearing aids to support their learning. UNICEF also provided 215 tents to create child friendly learning spaces for over 10,000 emergency-affected children.

In Afar, UNICEF in collaboration with Edukans Foundation and Afar REB, 10,000 out-of-school conflict-affected children benefitted from access to non-formal education programmes, 'back to learning' campaigns, provision of school furniture, tents, ECD kits, schools-in-a-box and recreational kits across 13 conflict-affected *woredas*. Out of these, about 5,000 children were pre-primary school age children enrolled in an ASR programme. UNICEF also reached over 6,000 children with the provision of backpacks with stationeries. Finally, UNICEF supported capacity building of 415 primary school teachers on MHPSS for children suffering traumatic stress.

Education - Drought Response (Afar, Oromia, SNNPR, Somali)

In drought affected areas, UNICEF in collaboration with REBs and humanitarian partners have supported the resumption of classes for over 85,000 drought-affected children in three *woredas* of Somali region and four *woredas* of SNNP. UNICEF has also provided accelerated learning opportunities for over 7,000 children in Somali, Afar and SNNP regions.

Education Cluster

In 2022, over 1.2 million children were supported by the Education Cluster partners' interventions, which represent only 36 percent against the cluster target for the year. The reach was achieved through various interventions such as the distribution of teaching and learning materials (765,448 children), ALP (89,158 children), ASR programme (48,667 children), MHPSS interventions, provision of teaching and learning supplies via cash transfers, multi-purpose cash for families and provision of TLS, etc. A total of 554,666 children were reached through school feeding alone.

In 2022, the Education Cluster placed considerable effort in supporting assessments, programme monitoring, and timely data collection. As part of improving the [data dashboard](#), the Education Cluster also transformed its monthly '5W' dashboard into a live and interactive platform to enhance user-friendliness and avail data and information timely. The cluster also conducted several capacity-building initiatives in 2022 ensuring partners' capacities are enhanced to respond better to the needs of affected children. The Education cluster also developed several plans to support and streamline partners' responses to the affected population/ regions based on shocks. Under localization efforts, the Education Cluster supported the improvement of three local NGOs' capacity on systems, policies and procedures to make them eligible to appeal for EHF and bilateral donor funds and better deliver programmes for children. Finally, the Education Cluster launched a localization technical working group to further support the localization agenda.

Social Protection

During 2022, UNICEF collaborated with the Ministry of Women and Social Affairs (MoWSA) and the Bureaus of Women, Children and Social Affairs/Labor and Social Affairs (BoWCSA/BoLSA) to cover over 136,000 households (572,859 people) in drought and conflict-affected areas through shock responsive cash transfers (SRCTs) in Afar, Amhara, Gambella, Oromia, SNNPR and Somali regions. UNICEF is also the Co-Chair of the Ethiopia Cash Working Group (ECWG) and has supported the establishment of sub-national cash working groups in Amhara, Oromia, SNNPR and Somali regions for effective and efficient coordination among humanitarian actors working in cash transfers in these regions.

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

In 2022, SRCTs reached about 30,000 conflict affected households in Amhara and Afar. The SRCTs were valued at 800 ETB per person/per month for a three-month duration (maximum of five people per household). However, this will be revised for 2023 as a household-level cash transfer with a new value based on market costs. All SRCTs were implemented through respective regional BoWCSAs/BOLSAs and Bureau of Finance.

In Amhara, 28,845 households, including IDPs, returnees and conflict affected people were provided with SRCTs. Among this, 55 per cent were female, and 42 per cent were children. Recent post distribution monitoring (PDM) findings show all IDPs had accessed their cash transfers, and of those, 72 per cent had no challenges, while 25.6 per cent said they faced some challenges relating to the waiting time at the bank to withdraw their cash transfers. Around 75 per cent of respondents were very satisfied/satisfied with the targeting and selection process and 89 per cent were very satisfied/satisfied with the cash transfer allocation. Most respondents (84%) were aware of the grievance and redress mechanism (GRM), with 28 per cent using the GRM, and of those, 88 per cent having their issue(s) addressed. Almost all (97%) of respondents used the cash to buy food for their household, with 35 per cent buying clothes for their children, 26 per cent buying essential household items (cooking materials etc.), 20 per cent for healthcare costs, and 18 per cent covering rental or other associated costs. Most respondents (95%) received some support from a social worker or other government frontline worker.

In addition, a pilot top-up cash transfer was provided to SRCT households with people with disabilities in two *woredas* (Debre Birhan and Kalu) of Amhara region. In total, 201 households (representing 9% of SRCT households) received a one-time top-up payment of 1,125 ETB.

In Afar, 816 conflict-affected households (3,712 people) in Zone 1 (Chifra *woreda*) affected by the northern conflict were provided with SRCTs. The majority targeted households were female headed (74%). Recent PDM findings show 99 per cent of IDPs had received their cash transfers, and all respondents said they faced no challenges getting their cash transfers. Around 98 per cent of respondents were very satisfied/satisfied with the targeting and selection process, and all respondents were very satisfied/satisfied with the cash transfer allocation. Only 28 per cent of respondents were aware of the GRM. However, of the 17 per cent of respondents who used the GRM, 92 per cent had their issue(s) addressed. Almost all (96%) of respondents used the cash to buy food for their household, with 52 per cent buying livestock, and 30 per cent buying essential household items (cooking materials etc.). Around 43 per cent of respondents received some support from social workers.

Social Protection - Drought Response (Afar, Oromia, SNNPR, Somali)

In 2022, cash transfers were provided to over 104,000 drought-affected households (approximately 506,839 people) in Amhara, Afar, Oromia, Somali and SNNP regions. In addition, in Gambella region, UNICEF in partnership with BoLSA, provided SRCTs to 5,800 flood-affected people (1,615 households).

In Afar, in partnership with BoWCSA, cash transfers were provided to 1,722 flood and drought-affected households (5,473 people) in Zone 1 (Asyita *woreda*), and in Zone 3 (Awash Fentale and Dulesa *woredas*). The cash transfers were valued at 800 ETB per person/per month, for a three-month duration (maximum of five people per household). However, this will be adapted into a household level cash transfer in 2023. Recent PDM findings show all had collected their cash transfers, and of those, 90 per cent had no challenges, while 9.7 per cent faced some challenges relating to the waiting time to collect their cash transfers. Around 97.8 per cent of respondents were very satisfied/satisfied with the targeting and selection process, and all were very satisfied/satisfied with the cash transfer allocation. However, just over a third (37.7%) were aware of the GRM. Most (92%) used the cash to buy food for their household, with 48.5 per cent buying livestock, 33.2 per cent buying essential household items (cooking materials etc.), 30.7 per cent for healthcare costs, and 26.6 per cent on clothing for children. Around (40.4%) received some support from a social worker or other government frontline worker.

In Oromia, cash transfers were provided to 17,041 drought-affected households (79,213 people) in eleven *woredas* across Borena, Bale, East Bale, and East Hararghe zones. In SNNP, in partnership with BoLSA, cash transfers were provided to 8,283 households (19,959 people) affected by the drought in South Omo zone (Dasenech, Nyngatom, Hamer *woredas*) and Konso zone (Karat Zuria and Kena *woredas*). For both regions, aside from the pilot phase, the majority of households received two 4,500 ETB cash transfer payments. The response in Oromia is expanding with a modified cash transfer allocation, and there are plans for continuation in SNNP. PDM data is currently being analyzed to inform future programming.

In Somali, SRCTs were provided to 13,473 IDP households (80,617 people) affected by both drought and conflict in Siti zone (Erer *woreda*), and Shebelle zone (Adadle, Danan, Godey, East Imi and Elale *woredas*). IDPs received a one-time cash transfer of 4,950 ETB. Based on lessons learned, the SRCT will be expanded to Afder zone, with assessments underway to determine a cash transfer which will be provided for three rounds, and with a value that better meets market prices. This SRCT will also be integrated with the nutrition sector. Based on PDM analysis from Shebelle zone, the majority were female-headed households (90%). At the time of the post distribution monitoring, 97 per cent of households had received their cash transfers, all were satisfied/very satisfied with the distribution process, 99.5 per cent were satisfied/very satisfied with the cash transfer value, and 92 per cent had no challenges accessing their cash (the remaining 8 per cent cited issues around waiting time to collect their cash). Almost all (99.7%) used the cash to buy food, 35 per cent for drinking water, 27 per cent on clothing for children, and 12 per cent for purchasing livestock or other income generating activities. Over half the households also received other complementary support beyond the SRCTs, mostly food rations, nutrition, health and WASH services.

UNICEF also financially supported the rural Productive Safety Net Programme (PSNP) through the Drought Response Assistance Plan (DRAP). UNICEF's contribution covered 321,577 drought affected people in Oromia, SNNP and Amhara. Each person received one round of cash transfers as per the relevant PSNP wage rate.

Social and Behavioural Change (SBC)

In 2022, UNICEF's Social Behaviour Change programme reached over 52.5 million people with life-saving information on COVID-19, nutrition, hygiene and sanitation, GBV, PSEA, and protection. Over 3.6 million people were engaged through interpersonal communication by health extension workers, religious and community leaders, social workers, volunteers, and other frontline workers. UNICEF's quality of programming was enhanced through strengthened and/or established feedback mechanisms that enabled provision of relevant and timely information on availability of and access to services. During the year, over 970,000 people provided their feedback via available mechanisms that include suggestion boxes, hotline, periodic survey, and mostly during community sessions. Feedback provided by the community were relayed to the relevant pillars and sectors for actions.

UNICEF supported demand generation for COVID-19 vaccine. UNICEF supported, both technically and financially, the rollout of the national and sub-national demand generation campaigns via multi-channel communication. 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, the fully vaccinated coverage has increased to 55 per cent among the population of 12 years and above.

UNICEF supported capacity building for community stakeholders and staff to enable them to effectively respond to humanitarian situations. During the year, UNICEF built the capacity of over 2,600 community stakeholders that include health workers, religious and community leaders, volunteers, media professionals and other stakeholders on interpersonal communication. The stakeholders were instrumental in engaging the affected population in IDPs and facilitating dialogues around COVID-19 vaccination which was acclaimed by FMoH as the main reason for higher vaccination uptakes in the third-round campaign. UNICEF also trained 18 of its staff and consultants on the joint New York University, UNICEF/WHO course on Behavioural Communication Strategies for Epidemics that enabled staff to support responses in different regions.

Though UNICEF was at the forefront in the humanitarian response, there remained some challenges that limited its reach. The major challenge was lack of sufficient funds to conduct intensive community engagement in all regions and sites affected by drought, conflict, and other emergencies. Hence, response was limited to some selected zones in the regions. Moreover, conflict in some regions limited movement and thereby hindered reach out to the people in need.

Protection from Sexual Exploitation and (PSEA)

During the reporting period, UNICEF has reached over one million women, men, boys and girls and community members with information on safe and accessible channels to report sexual exploitation and abuse (SEA). This was done through awareness raising at the community level, distribution/placements of posters with reporting channels at strategic locations, focus group discussions and through tailored community briefing on what SEA is and channels for reporting. In addition, UNICEF has established a four-digit toll-free number available seven days a week to serve as one of the primary channels for reporting SEA, fraud related to UNICEF programmes, and other complaints specific to UNICEF programmes. A flow chat for referral pathways has been created where reports/complaints received will be referred to the relevant section/people in accordance with UNICEF procedures.

On capacity development, 193 UNICEF staff from across the country office and field offices have received PSEA refresher training on topics related to prevention, response, UNICEF commitments on PSEA, and programming for PSEA. On partners' capacity development, over 1,700 people were selected from CSOs, government partners, social workers, teachers and community volunteers/committees and been trained on PSEA concepts, reporting channels, integration of PSEA integration in programmes as well investigation. On partner risk assessment, 27 CSOs' PSEA have been assessed using the UN common PSEA assessment tool. Seventy per cent of those assessed were low risk while 29 per cent were moderate risk with less one per cent being high risk. UNICEF has provided technical support to the

moderate and high-risk partners to develop and monitor a tailored action plan that improves the status of their organization on the core standards within six months.

Human Interest Stories and External Media

UNICEF Ethiopia's presence in the public domain continued with a strong focus on advocating for children affected by multiple emergencies including drought and conflict. UNICEF managed to mobilize resources by gathering content, [stories](#), [photos](#) and [videos](#) from the field and disseminating it on various platforms. UNICEF organized several high-level missions with donors and government counterparts which resulted in advocating child rights issues and support those affected by multiple emergencies. UNICEF also continued to be the go-to agency when it comes to children's issues with an increased number of followers on social media while maintaining good relations with the national and international media. Putting child right advocacy at the heart of humanitarian responses, numerous contents on the situation of [Ethiopian children in multiple emergencies](#) was developed and disseminated on digital platforms ([Twitter](#), [Facebook](#), [Instagram](#), [YouTube](#), [LinkedIn](#) and [website](#)). Working closely with partners, statements and updates were provided to international media [The Guardian](#), [The Washington Post](#), [ABC News](#), [The Independent](#), [Bloomberg](#), [VOA](#), [NY1](#), [San Francisco Chronicle](#), and others reporting on the drought. UNICEF also facilitated media field visits and set up interviews with several international media including AJE, BBC World, Guardian, CNNI, RFI, Nederlands Dagblad, CGTN, and others.

UNICEF's on time and life-saving responses to the northern Ethiopia conflict, drought, floods, COVID-19, and others demonstrate that the organization is one of the best partners both in the eyes of donors and the Government. In addition, donor-branded multimedia content was published to provide recognition and visibility for multiple donors, including Sweden, Denmark, Germany, UKAID, USAID, Canada, Japan, and ECHO. This significantly enhanced our donor relations and help us mobilize more resources.

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

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

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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	Total results	2022 target	Total results	2022 target	Total results	2022 target	Total results
Nutrition ⁷		Jan-Dec 2022		Jan- Dec 2022		Jan- Dec 2022		Jan- Dec 2022
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	820,312	626,735	838,712	626,735	245,620	180,587	317,833	354,593
Number of children aged 6 to 59 months receiving vitamin A supplementation			5,764,031	3,849,993	2,427,450	2,775,729	1,811,385	1,912,934
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling			1,289,064	3,204,693	407,655	1,330,663	683,138	1,281,611
Number of pregnant women receiving preventative iron folic supplementation			1,330,364	1,154,789	246,573	479,466	516,432	388,906
Health								
Number of children aged 6 to 59 months vaccinated against measles			3,555,301	3,204,683	2,616,801	1,610,402	810,346	1,352,502
Number of children and women accessing primary health care in UNICEF supported facilities			1,577,095	2,522,837	738,400	1,110,256	679,695	508,688
Number of people affected by cholera accessing life-saving curative interventions			32,400	856	6,500	0	24,900	856
WASH								
Number of people accessing a sufficient quantity of safe water for drinking and domestic needs	7,799,372	7,109,911	5,458,400	4,995,068	1,685,028	2,424,629	2,995,315	1,570,443
Number of people use safe and appropriate sanitation facilities	5,195,426	722,354	1,030,667	797,528	387,920	734,942	395,387	34,754
Number of people reached with critical WASH supplies	5,195,426	846,478	4,873,302	1,948,066	1,551,680	672,610	2,513,880	445,229
Number of people having safe access to, and use, appropriate WASH services in health care and learning facilities for children			8,098,800	299,083	3,394,300	66,562	1,312,600	21,020
Number of people reached with hand-washing behavior-change programmes	10,856,457	1,454,504	8,319,200	1,934,293	3,394,300	916,716	3,077,800	206,284

⁷ 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	Total results	2022 target	Total results	2022 target	Total results	2022 target	Total results
Nutrition ⁷		Jan-Dec 2022		Jan- Dec 2022		Jan- Dec 2022		Jan- Dec 2022
Child Protection								
Number of children and parents/caregivers accessing mental health and psychosocial support	342,723	358,251	204,516	254,079	120,414	169,175	54,831	23,245
Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services	173,778	128,928	26,142	55,020	12,334	38,403	11,448	4,285
Education								
Number of children accessing formal and non-formal education, including early learning	2,027,350	334,747	777,712	295,963 ⁸	281,908	193,893	465,702	7,727
Number of children receiving individual learning materials	2,597,594	956,155	895,387	387,996 ⁹	383,725	153,578	476,662	85,811
Social Protection								
Number of households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding			61,902	136,110	19,402	29,661	42,500	104,834 ¹⁰
PSEA¹¹								
Number people with safe and accessible channels to report sexual exploitation and abuse (Cross-sectoral)			7,422,871	1,086,729	3,191,752	406,413	1,026,757	357,031
GBVIE								
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions (Cross-sectoral)			6,057,207	1,525,966	2,399,814	651,603	361,112	488,928
Social Behaviour Change (SBC)								
Number of people reached through messaging on prevention and access to services			20,001,573	52,476,790	2,019,468	6,902,672	1,500,598	1,770,596
Number of people engaged in RCCE actions			2,695,082	3,604,198	777,790	848,016	252,772	565,550
Number of people with access to established accountability mechanisms			680,522	970,368	187,993	365,549	89,546	140,032

⁸ Results in 2022 includes carried-over reach from 2021 (51,222 children) as education service provision is continuous across years.

⁹ Includes solar powered radios with USB to be used as learning aid.

¹⁰ The household beneficiaries results has shown a reduction under the drought response due to the reporting error in November 2022, this error has been rectified in December 2022 and the revision and alignment of figures now shows the overall coverage of shock responsive cash transfer in drought affected areas

¹¹ The significant increase to PSEA and GBVIE results is due to the retroactive update of results in Nutrition with the DHIS2 updates.

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	44,072,295	23,187,407	7,105,480	30,292,887	13,779,408	31%
Nutrition	125,496,829	102,488,810	5,691,592	108,180,402	17,316,427	14%
WASH	207,654,873	48,308,853	8,289,676	56,598,529	151,056,344	73%
Education	61,020,560	16,971,460	1,950,810	18,922,270	42,098,290	69%
Child Protection	25,403,224	18,275,433	3,392,351	21,667,784	3,735,440	15%
Social Policy	18,306,994	14,406,584	-	14,406,584	3,900,410	21%
SBC and AAP	11,866,786	1,866,775	-	1,866,775	10,000,011	84%
GBVIE	34,477,386	8,286,054	3,661,862	11,947,916	22,529,470	65%
PSEA	4,064,184	7,407	428,556	435,963	3,628,221	89%
Total	532,363,131	233,798,782	30,520,328	264,319,109	268,044,022	50%

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	25,452,162	4,308,511	958,636	5,267,147	20,185,015	79%
Nutrition	49,202,014	33,975,296	557,290	34,532,585	14,669,429	30%
WASH	72,254,610	6,144,681	4,479,054	10,623,735	61,630,875	85%
Education	27,086,585	19,332,073	41,592	19,373,665	7,712,921	28%
Child Protection	14,300,108	3,323,566	2,269,885	6,107,854	8,192,255	57%
Social Policy	5,770,716	-	-	-	5,770,716	100%
SBC and AAP	2,076,347	-	-	-	2,076,347	100%
GBVIE	25,600,020	-	-	-	25,600,020	100%
PSEA	1,722,427	7,407	-	7,407	1,715,019	100%
Total	223,464,989	67,091,533	8,306,457	75,912,393	147,552,596	66%

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	14,212,514	2,872,340	11,340,173	80%
Nutrition ¹²	48,577,706	80,406,005	(31,828,299)	166%
WASH	80,305,386	6,728,560	73,576,826	92%
Education	31,318,107	1,790,923	29,527,184	94%
Child Protection	15,045,984	9,218,203	5,827,780	39%
Social Policy	12,494,835	8,587,610	3,907,225	31%
SBC and AAP	1,040,811	32,978	1,007,833	97%
Total	202,995,343	109,636,620	93,358,723	46%

¹² Due to the deteriorating nutrition situation across the country, UNICEF still requires \$26.5 million to cover the RUTF buffer for a period of four months (Sept - Dec 2023). The buffer enables UNICEF to rapidly respond as SAM figures escalate beyond projections.