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Ethiopia

Humanitarian Situation Report No. 3

including Northern Conflict and Drought responses



March 2023

Highlights

- UNICEF scaled up multisectoral response efforts in Somali's Doolo Zone in March to meet the needs of approximately 100,000 refugees fleeing escalating violence in neighboring Somalia.
- Heavy rainfall across eastern and southern Ethiopia during the month has led to flooding that is exacerbating humanitarian needs among vulnerable drought-affected communities.
- The cholera outbreak in Oromia and Somali worsened during the month, reaching nearly 2,600 cases across 23 *woredas* in the two regions.
- Ongoing conflict in Oromia and Amhara has left more than 2.5 million people displaced and prompted the closure of 870 schools, affecting approximately 850,000 children.

Situation in Numbers



31.4 million
people in need
(2023 HNO)



16.5 million*
children in need of
humanitarian assistance
(CSA)*

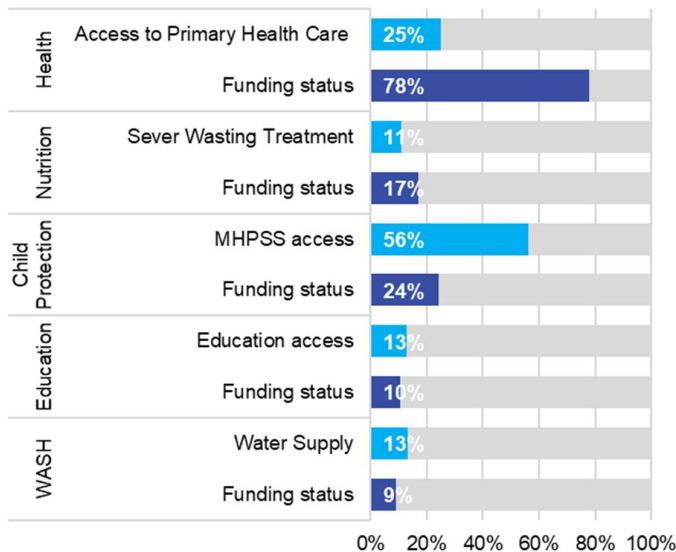


4.51 million
Internally Displaced People
(IDPs)**

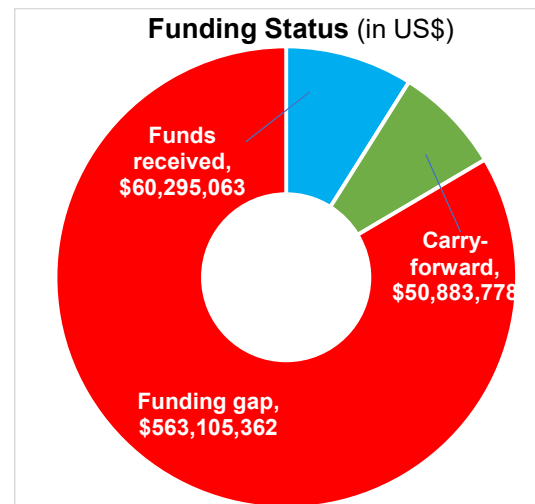


890,309
Total Refugees and Asylum
Seekers
(UNHCR, 31 March 2023)

UNICEF Response and Funding Status



UNICEF Appeal 2023 US\$ 674 million



*The percentage of children (52.4 per cent) is based on the Central Statistics Agency of Ethiopia 2022 projected population statistics.

** UNICEF estimates that there are approximately 4.51 IDPs across Ethiopia based on the 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.

Funding Overview and Partnerships

UNICEF's Humanitarian Action for Children (HAC) 2023 Appeal requires US\$ 674.3 million to meet the critical humanitarian needs of children, adolescents, women, and men in Ethiopia. This represents an increase of nearly US\$ 142 million from 2022 due to ongoing drought driven by climatic shocks, the scale-up of humanitarian interventions in northern Ethiopia following the cessation of hostilities, intercommunal conflict throughout the country, flooding, and numerous public health emergencies, including an outbreak of cholera in southern and south-eastern Ethiopia, all of which are deepening food insecurity and leading to persistently high levels of overall need. Including US\$ 50.9 million in funds carried over from 2022, only US\$ 111.2 million has been received towards the appeal, to date, representing only 16 per cent of the required needs to reach children and their families with critical lifesaving and life sustaining support. Within the appeal, funding dedicated to the response in northern Ethiopia has been budgeted at US\$ 255.7 million and fully incorporated into the HAC. Furthermore, another US\$ 345.4 million within the HAC has been dedicated to responding to the severe drought that has impacted over 24 million people across four regions. UNICEF continues to appeal for support to close the remaining gaps and to ensure that children and their caregivers receive lifesaving support in 2023 and beyond. Since the beginning of 2023, UNICEF has been able to mobilize US\$ 35.8 million for the Northern Ethiopia Response Plan and US\$ 33.3 million for the drought response.

UNICEF expresses its sincere gratitude to the many donors who have already provided critical support towards UNICEF's HAC, including the Central Emergency Response Fund (CERF), European Civil Protection and Humanitarian Aid Operations (ECHO), Germany, Japan / Japan International Cooperation Agency (JICA), Ireland, the Swedish International Development Cooperation Agency (SIDA), UK Aid / Foreign Commonwealth Development Office (FCDO), U.S. Agency for International Development (USAID) / Bureau for Humanitarian Assistance (BHA), and private sector donor contributions through UNICEF National Committees.

Situation Overview and Humanitarian Needs

Conflict that began in late February in Somalia's Laas Caanood city—near the Ethiopia-Somalia border—has driven approximately 100,000 refugees into Ethiopia's Somali Region's Doolo Zone, further stressing an already fragile humanitarian situation among drought-affected populations in the area. In collaboration with the government, other UN agencies, and non-government organization (NGO) partners, UNICEF scaled up its response in the areas receiving refugees in March, providing people with safe drinking water through water trucking at sites registering refugees and conducting nutrition screenings on incoming women and children. The UNICEF-supported mobile health and nutrition teams (MHNTs) that screened children under five and pregnant and lactating women (PLW) found that 40 per cent of the refugee and host community populations were suffering from either moderate (MAM) or severe acute malnutrition (SAM), for which UNICEF dispatched 1,200 cartons of ready-to-use-therapeutic food (RUTF) to more than 100 therapeutic feeding sites and stabilization centers in Doolo Zone. Despite the recent response scale-up, years of ongoing drought in the region, combined with the remote and hard-to-reach nature of the *woredas* receiving refugees, means that response and funding efforts require significant scale-up to meet the current and increasing humanitarian needs of both the refugee and host community populations.

Meanwhile, heavy rainfall throughout much of Afar, Oromia, Southern Nations, Nationalities, and Peoples' Region (SNNPR), and Somali regions during March led to flooding that increased needs among vulnerable drought-affected communities. In addition to prompting hundreds of thousands of displacements across the four regions, the heavy rainfall damaged roads and infrastructure that limited access to education, health, and nutrition services in drought-affected areas, destroyed water schemes serving tens of thousands of people, and flooded hundreds of hectares of farmland that impacted the livelihoods of thousands of families.

Flooding during the month also contributed to a worsening cholera outbreak in Oromia and Somali. As water distribution points were destroyed or water trucks carrying safe drinking water had limited access to flooded communities, households were more likely to draw their water supply from non-purified sources, exacerbating the spread of the disease. As of 30 March, 2,573 cumulative cases (2,255 in Oromia and 318 in Somali) were reported across 23 affected *woredas* in the two regions with an average case fatality rate (CFR) of 2.2 per cent, exceeding the WHO severity threshold of one per cent¹. The cholera caseload has surged since the start of February, indicating that current response efforts are insufficient to prevent and control its spread. In the five months between August 2022—when the outbreak first began—and January 2023, 1,055 cases were recorded in Ethiopia's two affected regions, while in February and March alone, 1,518 cases were reported, more than doubling the country's caseload in the subsequent two months. Additionally, more than 800,000 people in neighbouring SNNPR, a region that has historically faced outbreaks, remain at risk of contracting cholera.

Separately, ongoing violence across parts of central and western Ethiopia during the month continued driving displacement and disrupting the teaching and learning environment in Amhara and Oromia regions. As of the end of March, there were more than 1 million internally displaced people (IDP) in Amhara and nearly 1.5 million IDPs in Oromia, the majority of whom were fleeing intercommunal conflict and all of whom require nutrition, health, protection, and WASH assistance. Additionally, nearly 130 schools in conflict-affected areas of Amhara, including Wag Himra Zone, are closed due to damage or looting, keeping more than 640,000 children—310,000 of whom are girls—out of school. In Oromia,

¹ Bacterial Disease Surveillance and Response Weekly SitRep, Ethiopian Public Health Institute (EPHI), 30 March 2023

while government efforts to restore security across the region led to a 12.7 per cent reduction in the number of schools closed and a 33 per cent reduction in the number of children out of school since the end of February, 739 schools— affecting 210,029 children—remain closed due to unidentified armed group (UAG) activity.

Summary Analysis of Programme Response

Health

In northern Ethiopia, UNICEF aimed to improve the overall quality of healthcare services across Afar, Amhara, and Tigray during the month, supporting the provision of routine vaccinations, medical consultations, and essential health services via MHNTs. UNICEF provided medical consultations to nearly 92,000 women and children in Tigray in March and vaccinated more than 433,000 children under five against measles as part of the region's integrated measles campaign, which also aims to provide catch-up routine vaccines for unvaccinated children, nutrition screening and treatment for acute malnutrition, Vitamin A supplementation, and deworming. In Afar, MHNTs provided medical consultations to more than 13,300 people from conflict-affected IDP and host community populations, as well as strengthened capacity of health workers through the provision of training on malaria case management and new-born care to 49 health workers, while in Amhara more than 36,000 women and children accessed primary healthcare services in UNICEF-supported health facilities.

Separately, to mitigate the ongoing and worsening cholera outbreak in Oromia and Somali regions, which has been exacerbated by conflict, drought, and floods in the two regions, UNICEF scaled up response activities, providing operational support for 14 cholera treatment centre (CTC) kits in Oromia's Borena and East Bale zones, and 11 CTC kits in Somali's Dawa and Liban zones. Additionally, in SNNPR and Oromia's Guji Zone, UNICEF, with support from Regional Health Bureaus (RHB), has prepositioned 25 CTC kits and 6 CTC kits, respectively, for rapid deployment to *woredas* either currently experiencing or at high risk of an outbreak. Additionally, UNICEF is supporting multisectoral cholera response activities through the deployment of health and social workers to strengthen case management, risk communication, and community engagement. In Oromia, UNICEF has supported the treatment of more than 900 cholera cases in 20 CTCs across five zones affected by the outbreak as of the end of March.

Nutrition²

While food security remains a persistent challenge throughout Ethiopia, UNICEF and partners continue efforts to scale up nutrition activities to meet the ongoing needs of people affected by years of drought and conflict, while also aiming to meet additional needs generated by recent floods, cholera, and an influx of refugees. UNICEF has secured a supply of RUTF sufficient to meet the needs of more than 1.2 million children suffering from malnutrition countrywide until October 2023. In conflict-affected areas of Tigray, Amhara, and Afar, where access has improved in the months since the cessation of hostilities, UNICEF and partners screened nearly 54,000 children under five and more than 13,000 PLW for acute malnutrition. In addition to linking children and women with malnutrition to treatment, UNICEF provided other emergency nutrition services during the reporting period. To combat complications resulting from micronutrient deficiencies across Tigray and Amhara, UNICEF provided nearly 60,000 children under five were with Vitamin A supplementation, more than 11,000 PLW with iron-folic acid supplementation, and information sessions on best practices for Infant and Young Child Feeding in Emergencies (IYCF-E) for approximately 65,000 mothers and caregivers.

UNICEF continued comprehensive 'Find and Treat' campaigns in drought-affected areas, including Afar and SNNPR, where approximately 77,000 children were linked to therapeutic treatment services across the two regions. Additionally, UNICEF dispatched 9,000 cartons of RUTF in Afar and nearly 39,000 cartons in SNNPR to treat children with malnutrition. As part of efforts to meet nutrition needs and strengthen the quality of ongoing services, UNICEF continued to provide on-the-job technical support for health and nutrition workers, including training on the family approach to Mid-Upper Arm Circumference (MUAC) measurements, which strengthens the mother's and caretaker's ability to detect malnutrition in its early stages³. To support the response to the refugee influx in Somali's Doolo Zone, UNICEF dispatched technical nutrition assessment teams to Bokh, Danot, and Galhamur *woredas* to evaluate needs and identify key gaps in the emergency response for refugee and host community populations. Of the nearly 3,000 children under five who were screened for acute malnutrition, approximately 25 per cent were found to be moderately or severely acute malnourished, while 60 per cent of the nearly 500 PLW who were screened had either MAM or SAM.

WASH

During the reporting period, UNICEF provided access to safe drinking water for nearly 293,000 people in Afar, Amhara, Oromia, SNNPR, Tigray, and Benishangul Gumuz through rehabilitation of existing non-functional water schemes, water trucking, and installation of water storage tanks. In addition, nearly 5,000 people nationwide received access to safe and appropriate sanitation facilities through emergency latrine construction, repair of existing nonfunctional latrines and desludging of filled latrines; approximately 78,000 people were reached through hygiene promotion interventions; and

² Data on nutrition programme response is two months delayed due to lengthy data collection and verification process from the *kebele* to the federal level. UNICEF has secured enough RUTF to treat children with severe wasting up to October 2023.

³ Family MUAC screening provides a more complete picture of the food security situation at the household level in a given area when compared to isolated, individual screenings

more than 36,000 people were reached through provision of basic WASH non-food items (NFIs) such as soaps, household water containers and water treatment chemicals. In Oromia, UNICEF continued its efforts to respond to the worsening cholera outbreak by deploying water trucks that reached nearly 51,000 people with clean drinking water in drought and cholera-affected areas during the month, rehabilitating non-functional water schemes in East Bale and East and West Hararghe zones, benefitting approximately 22,000 people, and installing an emergency water kit ('EmWat kit') sufficient to meet the drinking water needs of 1,449 people at high risk of contracting cholera in Bale's Dawe Kechan *woreda* for up to four months. In SNNPR, nearly 31,000 people had access to a safe water supply due to the rehabilitation of 45 water schemes and installation of two EmWat kits in the region. In Somali, UNICEF distributed WASH NFIs to 18,000 people in Liban Zone's Dolo Ado *woreda* as part of its cholera prevention and response activities, while in Doolo Zone, UNICEF coordinated with local partners and UNHCR to provide a supply of clean water to tens of thousands of incoming refugees via water trucking and bladders at registration and relocation sites.

Heavy rainfall across drought-affected areas of Ethiopia during March led to a partial easing of water shortages in some regions, including, for example, Oromia, where several hundred water reservoirs—capable of providing safe drinking water—were refilled and UNICEF and partners observed a slight reduction in demand for water trucking in some areas. However, the flooding that resulted from the rainfall largely exacerbated WASH needs in Oromia, Somali, and SNNPR, where years of drought has left the soil unable to sufficiently absorb such quantities of rain in such short periods of time. Rainfall in areas of Afar, Somali, and Oromia regions led to flash and riverine flooding that limited humanitarian access and water trucking to drought-affected communities, destroyed existing water schemes, and displaced nearly 200,000 people. The increase in non-functional water schemes, combined with insufficient water trucking and abundant, non-potable rainwater increases the likelihood that communities will draw their water supply from contaminated sources, thereby worsening the spread of the existing cholera outbreak.

Child Protection

UNICEF reached more than 130,000 people affected by conflict, drought, cholera, flooding, and other emergencies across the country with protection services during the month, providing child protection, gender-based violence (GBV) prevention, and other social service interventions, including MHPSS, family tracing and reunification (FTR), and alternative care services for unaccompanied and separated children (UASC). However, the combined effects of Ethiopia's multiple, evolving emergencies continue to strain the overall protection environment for children.

To combat a deteriorating protection environment across drought-affected *woredas* of Oromia, Somali, and SNNPR, UNICEF continued efforts in March to bolster local systems by providing technical and financial assistance to government bureaus and local NGO partners. UNICEF supported the strengthening of the national case management framework, placed and trained additional social service workers at the regional offices of the Bureau of Women, Children and Social Affairs (BoWCSA), and worked with partners to strengthen the community-based child protection structures at the *woreda* level, including through referral services for children at risk, as well as greater information sharing and open dialogue among community members about the specific protection risks that children face in displacement contexts. UNICEF also provided community-based mental health and psychosocial support (MHPSS) interventions, such as psychological first aid and parenting-skills education to nearly 5,300 people in Oromia, Somali, and SNNPR during the month, while approximately 5,000 children who experienced violence in these drought-affected areas were referred to receive MHPSS, health, social, or justice and law enforcement services. Additionally, UNICEF and partners identified 661 UASC and provided them with FTR services, as well as alternative care support through foster families and kinship care. As part of UNICEF's effort to prevent and respond to GBV, nearly 17,000 people were reached with prevention of GBV interventions, including community dialogue on ending harmful practices such as child marriage and female genital mutilation (FGM). UNICEF's MHPSS, UASC, and protection from sexual exploitation and abuse (PSEA) interventions are also being incorporated into the comprehensive cholera response in Oromia and Somali. Additionally, of the 100,000 refugees that arrived in Doolo Zone, approximately 3,000 were identified as UASC whom UNICEF and other partners supported by conducting further protection assessments.

Separately, UNICEF and partners reached nearly 110,000 people in Afar, Amhara, and Tigray in March with child protection and GBV response services, including information sessions on GBV risk mitigation, support to survivors of GBV, explosive ordnance risk education (EORE), which ensures that children and adults are aware of mine risks and how to avoid unexploded ordnances, PSEA assistance, and case management for UASC. Throughout conflict-affected areas of northern Ethiopia, UNICEF and its partners have continued to scale up programming to reach previously inaccessible populations with critical protection assistance. Across the three regions, UNICEF and partners provided MHPSS services, including access to safe spaces individual support from social workers and psychologists, to nearly 27,000 displaced and conflict-affected individuals. Additionally, more than 9,000 children without adequate care arrangements in the three regions, such as UASC or children whose families are socio-economically vulnerable, received child protection case management services, including access to healthcare, economic support, justice and law enforcement services, FTR, and kinship and foster care arrangements.

Child Protection Area of Responsibility (AoR)

National and sub-national coordination of the child protection AoR continued during the reporting month. Despite security challenges in Oromia's Guji and West Guji zones, UNICEF, through its third-party consultant, is continuing efforts to revitalize the local CP/GBV coordination mechanisms. In Benishangul-Gumuz, CP partners continued regular CP

activities—including case management, identification and development of alternative care solutions for UASC, and MHPSS services for children—despite sporadic instances of conflict in Metekel Zone. Although there are countrywide efforts to scale up child protection programming in response to the needs of vulnerable drought and conflict-populations, gaps persist, particularly related to funding countrywide, mine action and EORE in Tigray, and the limited presence of partners in hard-to-reach areas in Somali.

Education

In March, UNICEF continued to provide education assistance to IDPs and emergency-affected out-of-school children in collaboration with the Ministry of Education (MoE), Regional Education Bureaus (REB), and NGO partners across Ethiopia. UNICEF and partners provided access to formal or non-formal education opportunities to nearly 40,000 children across conflict and drought-affected regions of Ethiopia during the month. In Tigray, out of the more than 13,000 IDP and host community children reached with access to non-formal learning, more than 2,000 were enrolled in Accelerated School Readiness (ASR) classes. Additionally, in preparation for the reopening of schools in the region, UNICEF and partners prepositioned 50,000 exercise books, 660 early childhood development (ECD) kits, 130 recreational kits, 456 school kits, 18,500 backpacks with stationery items, and 8,000 school bags, aiming to reach more than 86,000 children in Central, Northwest, and Southern zones. In Afar, UNICEF, with the support of NGO partners and REB, supported the registration of more than 3,000 children in Accelerated Learning Programme (ALP) classes and delivered 49 high performance tents to serve as classrooms in six target *woredas* during the month. In response to ongoing intercommunal violence in Amhara, UNICEF distributed 32 ECD kits and 186 school kits for IDPs and conflict-affected populations, benefiting more than 9,000 children in Central Gondar and West Gojjam zones.

As part of its ongoing drought response, UNICEF and NGO partners delivered life-skills education training for nearly 2,000 children in SNNPR's Konso Zone. In Somali's Gode *woreda*, UNICEF and partners reached approximately 1,000 children with backpacks and stationery items and, further, to improve the quality of learning, UNICEF provided 116 teachers with skills-building and training on child safeguarding, PSEA, MHPSS, and GBV risk mitigation. In Oromia, UNICEF supported monitoring visits for the evaluation of *Bete* ('My Home') integrated child protection and education programming in Bale and East Bale zones and provided safe drinking water via water trucking to target schools in Bale's Dawe Kachen *woreda*. However, conflict, floods, and cholera during the month have exacerbated existing education challenges generated by the drought. Despite easing drought conditions, and in some areas leading to improved school attendance rates, heavy rainfall and flooding damaged 16 schools in Borena Zone. Additionally, 10 schools in Guji Zone's Wadera *woreda*—where access is already limited due to conflict—are closed due to the ongoing cholera outbreak, while an additional 119 schools—affecting approximately 51,000 children—in Bale, East Bale, Borena, Guji, and West Arsi zones, are at risk of closing due to the spread of the disease. To mitigate the spread of cholera, UNICEF is coordinating with schools and health service providers to increase awareness raising and SBC activities.

Education Cluster

Since the start of 2023, 25 education cluster implementing partners have reached nearly 390,000 children through emergency school feeding programs, the provision of supplies for accelerated learning programs, and other education-in-emergencies (EiE) interventions. Additionally, in coordination with CP AoR partners, the education cluster is currently implementing a joint education needs assessment in northern Ethiopia to identify child protection risks and barriers to quality education resulting from conflict, drought, and flooding. In Tigray, regional partners are supporting the REB in preparation for the planned reopening of schools in early May by strengthening local capacity on the education planning process, including the drafting of guidance documents on curriculum development and teacher training. The cessation of hostilities in northern Ethiopia has expanded access to learning opportunities across the three regions, which, to meet the significant education needs, will require a scale up in resources.

Social Protection

UNICEF continues to collaborate with BoWCSA and the Bureau of Labor and Social Affairs (BoLSA) to provide drought and conflict-affected populations with Shock Responsive Cash Transfers (SRCTs), reaching nearly 60,000 individuals (14,915 households) in Afar, Amhara, Oromia, and Somali regions. Response interventions that aim to strengthen Ethiopia's social systems are also critical to UNICEF and partner efforts to mainstream lifesaving PSEA, GBV, and social service programming. For example, during the reporting month, UNICEF-trained community service workers linked nearly 12,500 people to MHPSS, health, nutrition, and education services, and they also facilitated access for these individuals to food and clothing. Additionally, more than 37,000 drought and conflict-affected individuals—including more than 11,500 women and more than 15,600 adolescents and children—had access to safe channels through which to report SEA. UNICEF social protection programming also provided an additional 7,000 women and children with access to GBV risk mitigation and prevention information through face-to-face interactions with community-level social workers during regular household visits and cash transfer days.

Social and Behavioural Change (SBC) and Accountability to Affected Populations (AAP)

In March 2023, approximately 3.7 million people were reached and engaged through community dialogues, house-to-house visits by community volunteers, mass media campaigns, and mobile vans mounted with loudspeakers for the distribution of messaging. People were reached with messages on prevention of and vaccination against COVID-19 and measles, promotion of best practices on hygiene and sanitation, how to access essential health services, IYCF-E, and GBV. During the month, UNICEF and partners conducted intensive community engagement in 19 cholera-affected

woredas in Oromia and Somali regions, reaching nearly 128,000 people with messaging on the adoption of behaviours aimed at preventing the spread of cholera, such as proper hygiene and sanitation, toilet utilization, and how to treat and purify water. Affected people were engaged via community dialogues, sensitization meetings, and house-to-house visits. In Somali Region, UNICEF, in collaboration with the Somali Regional Health Bureau, provided training on cholera prevention mechanisms and messaging to 100 health extension workers and 427 community volunteers, who have begun supporting cholera prevention interventions in six hotspot *woredas* in the region. Separately, UNICEF continues to reach vulnerable people in drought-affected areas of Oromia and Somali regions with critical SBC messaging on topics such as mitigation of protection concerns such as child marriage, best practices on hygiene and sanitation, construction and proper utilization of latrines, and drinking water treatment and storage. With support from partners, including the Ethiopian Red Cross Society and Imagine 1 Day, UNICEF reached more than 16,200 people in drought-affected *woredas* with SBC messaging during the month.

Additionally, as part of UNICEF's ongoing efforts to strengthen AAP, more than 35,000 people from six regions provided feedback on UNICEF services during the reporting month. For example, in Amhara and Tigray, IDPs expressed concerns over the lack of access to food, shelter, water, cash, healthcare, medical supplies, and WASH NFIs. UNICEF also received feedback concerning the uncleanliness of IDP sites throughout Amhara, the misuse or abuse of nutrition supplies, and irregular food distributions in Benishangul Gumuz.

Protection from Sexual Exploitation and (PSEA)

During the reporting period, 10,641 people were reached with information on safe and accessible SEA reporting channels, including focus group discussions, community awareness-raising sessions, and campaigns across various field offices. Additionally, 161 people, including UNICEF staff and local NGO partners, received training on PSEA in Afar and Somali regions, continuing UNICEF efforts to strengthen the capacity of frontline workers to implement PSEA interventions in response to emergencies.

Human Interest Stories and External Media

During the reporting period, UNICEF supported the [visit](#) of the German Ambassador to Ethiopia, Stephen Auer, to Somali's Gode *woreda* for the inauguration of the UNICEF-supported One-Stop Centre for GBV survivors. Additionally, UNICEF continued to raise awareness of the ongoing humanitarian response in northern Ethiopia through [videos](#) highlighting the launch of the integrated immunization and nutrition campaign in Tigray, as well as a [human interest story](#) demonstrating UNICEF's efforts in Amhara to restore critical health services for vulnerable families affected by conflict. UNICEF also published videos on the ongoing [drought](#) across southern and southeastern Ethiopia, the [cholera](#) response in Oromia, and the [influx of refugees](#) fleeing violence in neighbouring Somalia. In addition, UNICEF has published two videos, as seen [here](#) and [here](#), to celebrate International Women's Day and one [video](#) for World Water Day. UNICEF also highlighted donor contributions to its humanitarian appeal on social media, including from [MFA Finland](#), [USAID/BHA](#), [SIDA](#), [FCDO](#), and [Education Cannot Wait](#).

Humanitarian Leadership, Coordination and Strategy

UNICEF's humanitarian strategy is aligned with the 2023 Humanitarian Response Plan and Cluster and programme priorities. The humanitarian response in Ethiopia is led by the Ethiopian Disaster Risk Management Commission (EDRMC) through the federal and regional Disaster Risk Management Technical Working Groups (DRMTWGs), while UNICEF continues to lead the Nutrition and WASH Clusters, as well as the Child Protection AoR, and co-leads the Education Cluster both at national and sub-national levels, supporting relevant line ministries and the EDRMC. As the cluster lead agency for four clusters, UNICEF brings leadership to intersectoral coordination and efficiency and effectiveness when responding to immediate needs. UNICEF is the lead agency for the Rapid Response Mechanism (RRM), working in partnership with local and international NGOs operating throughout the country. Through the RRM, UNICEF is saving lives by trucking water, rehabilitating water schemes, conducting hygiene and sanitation promotion, and distributing NFIs. UNICEF also participates in OCHA-led regional and sub regional coordination mechanisms that involve the UN, NGOs, and the Government of Ethiopia through the Emergency Coordination Centre (ECC) meetings to advocate for the needs of the affected populations across the regions.

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

UNICEF 2023 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)	
	2023 target	Total results ⁴	2023 target	Total results	2023 target	Total results	2023 target	Total results
Nutrition ⁵		Jan-Mar 2023		Jan-Mar 2023		Jan-Mar 2023		Jan-Mar 2023
Number of children aged 6 to 59 months with severe wasting admitted for treatment	1,213,870	134,523	1,213,870	134,523	334,102	49,714	845,458	75,835
Number of children aged 6 to 59 months receiving Vitamin A supplementation (SEMESTER 1)			5,835,146	1,604,317	2,169,383	487,515	3,340,380	1,138,944
Number of primary caregivers of children aged 0 to 23 months receiving IYCF counselling	1,047,650	798,671 ⁶	1,047,650	798,671	527,530	315,405	450,561	452,540
Number of pregnant women receiving preventative iron supplementation			1,476,477	240,734	529,049	84,753	876,308	142,654
Health								
Number of children and women accessing primary healthcare in UNICEF supported facilities			2,114,138	528,548	762,478	343,509	994,272	126,787
Number of children below 15 years of age vaccinated against measles			900,000	481,427	421,998	441,084	459,310	5,017
WASH								
Number of people accessing a sufficient quantity and quality of water for drinking and domestic needs	8,076,358	3,474,443	8,078,358	1,079,801	2,882,536	362,704	4,326,372	338,801
Number of people accessing appropriate sanitation services	1,462,249	175,086	1,462,249	30,750	819,502	29,156	546,747	932
Number of people reached with hand-washing behaviour-change programmes	6,216,236	1,178,348	6,216,236	282,878	2,282,536	82,515	2,516,700	81,444
Number of people reached with critical WASH supplies	3,212,822	178,675	3,212,822	173,477	1,022,000	78,316	1,555,622	95,161
Child Protection								
Number of children, adolescents and caregivers accessing community based MHPSS	347,000	61,816	275,012	154,508	190,910	123,821	80,026	26,321
Number of UASC provided with alternative care and/or reunified	30,000	2,212	16,002	11,909	9,000	7,674	6,496	4,033
Number of children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions			295,000	68,162	295,000	68,162		
Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services	70,000	7,372	76,841	43,275	63,033	36,380	11,579	6,769

⁴ The CP AoR is migrating to a new reporting platform, delaying reporting on some of the cluster results

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

⁶ The cluster has prioritized targets for IYCF/E interventions in severity level 4 *woredas*. Integrated nutrition services (including IYCF/E) and activities are recommended in all *woredas*

Sector	Cluster/Sector Response		UNICEF and IPs Response <i>(Including Northern Ethiopia and Drought Response)</i>		UNICEF and IPs Response <i>(Northern Ethiopia Response only)</i>		UNICEF and IPs Response <i>(Drought Response only)</i>	
	2023 target	Total results ⁴	2023 target	Total results	2023 target	Total results	2023 target	Total results
Nutrition ⁵		Jan-Mar 2023		Jan-Mar 2023		Jan-Mar 2023		Jan-Mar 2023
Education								
Number of children accessing formal and non-formal education, including early learning	1,344,475	95,853	1,088,257	141,342	508,393	54,305	465,702	7,380
Number of children receiving learning materials	1,487,654	118,368	1,095,894	65,579	508,393	10,826	476,662	33,120
Social Protection								
Number of households reached with UNICEF-funded humanitarian cash transfers			220,000	15,117	90,000	5,544	127,000	9,573
PSEA								
Number of people with safe and accessible channels to report SEA by personnel who provide assistance to affected populations (Cross-sectoral)			969,403	31,055	345,904	20,692	519,165	10,313
GBVIE								
Number of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions (Cross-sectoral)			268,222	141,916	115,704	92,674	147,115	43,520
Social Behaviour Change (SBC)								
Number of people reached through messaging on prevention and access to services			35,208,969	12,152,559	4,491,642	1,791,480	17,215,321	2,136,963
Number of people who participate in engagement actions			3,378,969	779,182	728,398	353,400	2,018,725	303,956
Number of people sharing their concerns and asking questions through established feedback mechanisms			816,196	86,177	153,874	3,198	504,345	64,655

Annex B
2023 HAC Funding Status *including* Northern Ethiopia and Drought Response

Sector	2023 HAC Funding Requirements (USD)	Funds available			Funding gap	
		Humanitarian resources received in 2023 (USD)	Resources available from 2022 (Carry-over) (USD)	Total Funds Available (USD)	\$	%
Health	35,076,756	16,421,885	10,837,459	27,259,344	7,817,412	22%
Nutrition	140,834,883	8,707,504	15,468,108	24,175,612	116,659,271	83%
WASH	236,545,571	10,720,476	10,594,636	21,315,112	215,230,459	91%
Education	86,258,265	1,506,532	7,529,518	9,036,050	77,222,215	90%
Child Protection	59,857,414	9,414,923	5,011,141	14,426,065	45,431,349	76%
Social Policy	73,998,886	233,977	1,442,916	1,676,893	72,321,993	98%
SBC and AAP	18,377,381	-	-	-	18,377,381	100%
GBVIE	14,483,988	2,797,554	-	2,797,554	11,686,434	81%
PSEA	3,422,078	-	-	-	3,422,078	100%
Cluster Coordination	5,428,981	10,492,212	-	10,492,212	-5,063,231	0%
Total	674,284,203	60,295,063	50,883,778	111,178,841	563,105,362	85%

Annex C
2023 Northern Ethiopia Response Funding Status (part of the HAC)

Sector	2023 Northern Ethiopia Funding Requirements (USD)	Funds available			Funding gap	
		Humanitarian resources received in 2023 (USD)	Resources available from 2022 (Carry-over) (USD)	Total Funds Available (USD)	\$	%
Health	11,597,764	6,397,659	4,511,294	10,908,953	688,811	6%
Nutrition	40,102,284	5,137,659	8,115,004	13,252,663	26,849,621	67%
WASH	75,552,708	5,060,561	1,326,851	6,387,412	69,165,296	92%
Education	39,565,551	-	568,128	568,128	38,997,424	99%
Child Protection	43,414,446	3,506,854	239,036	3,745,890	39,668,556	91%
Social Policy	30,270,894	-	-	-	30,270,894	100%
SBC and AAP	2,812,694	-	-	-	2,812,694	100%
GBVIE	10,156,079	986,854	-	986,854	9,169,225	90%
PSEA	2,232,105	-	-	-	2,232,105	100%
Total	255,704,525	21,089,587	14,760,312	35,849,900	219,854,626	86%

Annex D
2023 Drought Response Funding Status (part of the HAC)

Sector	2023 Drought Funding Requirements (USD)	Funds available			Funding gap	
		Humanitarian resources received in 2023 (USD)	Resources available from 2022 (Carry-over) (USD)	Total Funds Available (USD)	\$	%
Health	14,567,340	4,500,000	-	4,500,000	10,067,340	69%
Nutrition	96,516,407	4,450,000	2,943,612	7,393,612	89,122,795	92%
WASH	125,338,665	6,200,000	139,124	6,339,124	118,999,541	95%
Education	36,048,661	-	-	-	36,048,661	100%
Child Protection	20,500,848	4,500,000	-	4,500,000	16,000,848	78%
Social Policy	42,719,092	-	919,885	919,885	41,799,207	98%
SBC and AAP	9,666,573	-	-	-	9,666,573	100%
Total	345,357,584	29,292,212	4,002,620	33,294,832	321,704,965	93%