Ethiopia

Humanitarian Situation Report

No. 6: Mid-Year Report

including Refugee response

unicef
for every child

January – June 2024

Highlights

- In 2024, the impacts of conflict, drought, flooding, and disease outbreaks have led to 8.32 million out-of-school children; the closure of 5,430 schools and damage to 9,182 schools.
- From January to June 2024, over 2.1 million malaria cases including 371 deaths were reported from Oromia (35%), Amhara (22%), Southwest (13%), and South Ethiopia (10%) regions. Additionally, a total of 21,254 cholera cases and 182 deaths (0.85% CFR) were reported from 151 affected *woredas* across nine regions.
- In the same period, UNICEF reached more than 1.5 million women and children with primary healthcare services and medical consultations; 1.4 million people received clean water and sanitation services; over 116,000 children accessed mental health and psychosocial support; and 311,430 children under five with severe acute malnutrition (SAM) received lifesaving therapeutic treatment.
- According to the Ethiopian Emergency Nutrition Coordination Unit (ENCU) and Nutrition Cluster, recent surveys reveal high prevalence of SAM, especially in drought-affected regions such as Afar, Amhara, Oromia, and Tigray. The situation has deteriorated since last year, with an increase in SAM cases and medical complications.
- UNICEF strongly appeals to meet the significant funding gap for its 2024 Humanitarian Action for Children (HAC), which is underfunded by $470,580,605, greatly limiting UNICEF's ability to provide life-saving humanitarian assistance, including supplies, cash, essential services and technical assistance to refugee and displaced children, adolescents, and families.

Situation in Numbers

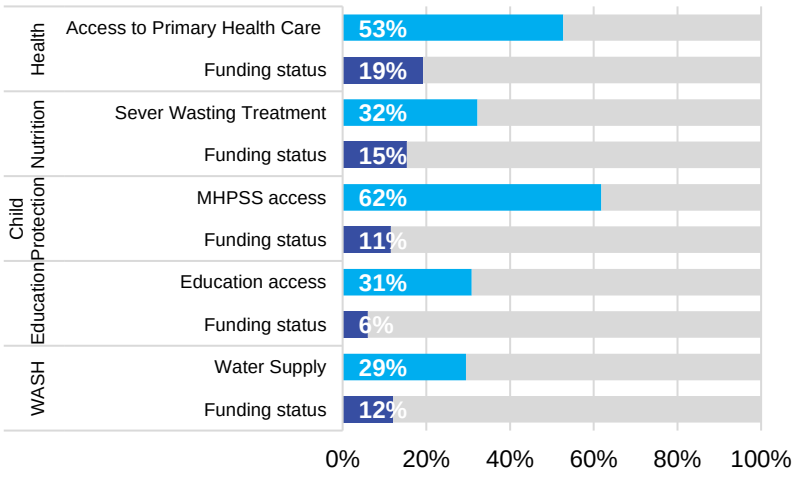
21.4 million
people in need*

12 million
children in need of humanitarian assistance**

4.5 million
Internally Displaced People (IDPs) ***

1,064,587
Total Refugees and Asylum Seekers****

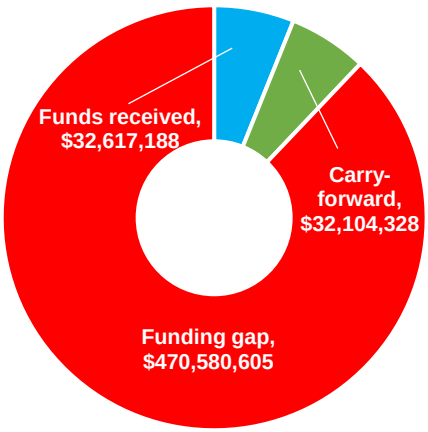
UNICEF Response and Funding Status



UNICEF Appeal 2024

US$ 535 million

Funding Status (in US$)



* UN Office for the Coordination of Humanitarian Affairs (UNOHCA) 2024 Ethiopia Humanitarian Response Plan.
** UN Office for the Coordination of Humanitarian Affairs (UNOHCA) Ethiopia Humanitarian Needs Overview 2024.
*** UN Office for the Coordination of Humanitarian Affairs (UNOHCA) 2024 Ethiopia Humanitarian Response Plan.
****UN Refugee Agency (UNHCR) total refugees and asylum seekers in Ethiopia as of 30 June 2024.

Funding Overview and Partnerships

UNICEF's Humanitarian Action for Children (HAC) 2024 Appeal requires US$535.3 million to meet the critical humanitarian needs of children, adolescents, women, and men in Ethiopia. To date in 2024, UNICEF Ethiopia has received US$32.6 million towards the appeal, which, when combined with US$32.1 million of carry-over from 2023, represents only 12 per cent of the required funding needed to reach children and their families with critical lifesaving and life-sustaining support. UNICEF continues to appeal for support to ensure that children and their caregivers receive lifesaving support in 2024 and beyond.

UNICEF expresses its sincere gratitude to the many donors who have already provided critical support towards UNICEF's 2024 HAC, including the Central Emergency Response Fund (CERF), Denmark, UK Aid / Foreign Commonwealth Development Office (FCDO), US Bureau for Humanitarian Assistance (BHA), US Bureau of Population, Refugee and Migration (PRM), Japan, Ireland, Norway, German, Sweden, Denmark, and private sector donor contributions through UNICEF National Committees.

Situation Overview and Humanitarian Needs

Ethiopia continues to grapple with a multifaceted humanitarian crisis characterized by armed conflict, intercommunal violence, climate-related hazards, disease outbreaks, food insecurity, and socio-economic degradation. An estimated 21.4 million people, including 12 million children across the country require urgent humanitarian assistance in access to basic social services such as water and sanitation, health and nutrition, education, child, and social protection. Based on the latest Education Cluster data from June 2024, a total of 8.32 million[1] children are out of school across the country with the largest numbers of out-of-school children seen in Amhara, Oromia, and Tigray regions. Over 9,182 schools across Ethiopia have been either partially or severely damaged due to the multiple crises, particularly current and recent conflicts. For example, in Amhara alone, over 4,459 schools have been partially damaged or destroyed, rendering the education system near defunct in the region. In the first half of 2024, armed conflict[2] continued between FANO fighters and the ENDF persists across Amhara region, with the highest incidence observed in March, particularly in Oromia and South Gondar zones, followed by North Wollo and North Shewa. Sporadic road blockages have affected the transport of market supplies and other social and economic activities. Currently, 141 out of 224 *woredas* classified as hard-to-reach or partially inaccessible. Health and Nutrition service interruption, including referral services, have been interrupted, there are heightened risks of gender-based violence (GBV) associated with ongoing armed conflict.

The 2020-2022 conflict in Tigray region severely affected livelihoods in Tigray and neighbouring areas of Amhara and Afar. Although there have been improvements in acute food insecurity amid recovery from the 2020-2023 drought and the Tigray conflict, Ethiopia still faces significant humanitarian food assistance needs. Localized improvements in livestock conditions and prices, favorable early 2024 harvests in *belg* and *deyr/hageya* (Oct -Dec) producing areas, and increased wage labour rates are helping to reduce the severity of acute food insecurity in the country; however, persistently deprived macroeconomic conditions and conflicts in northern and southern areas continue to drive high needs. Additionally, humanitarian food assistance is playing a notable role in mitigating the severity of acute food insecurity, notably in northern Ethiopia. In Tigray and Wag Hemra, and adjacent *woredas* in the north Gondar zones of Amhara, many households continue to struggle to access food and are reliant on food aid and community support. Although household terms of trade have somewhat stabilized recently, they remain at below-average levels and poor and displaced households have minimal income to purchase goods at these levels due to small livestock herds, few remaining assets, and an inability to migrate for labour The *meher* harvest starting in October is expected to alleviate some of the most extreme levels of hunger and acute food insecurity in Tigray and Amhara as households access food from own-production or sharing of harvest. In Afar, livelihood activities in zones 2 and 4 continue to be constrained following the two-years conflict and the impact of the recent drought. Some households are engaged in off-own-farm activities, selling remaining livestock (if available), and adopting food-based coping strategies to mitigate significant food consumption gaps. Additionally, many displaced households have few assets and limited income-earning options. The impact of these multiple hazards, including drought in highlands and conflict, is exacerbating the vulnerability of the populations to malnutrition, particularly children under five and women.

In 2024, approximately five million people[3] including children under five and pregnant and lactating women are in need of humanitarian nutrition assistance; the situation has deteriorated since 2023, with an increase in the number of SAM cases and medical complications. In July, a new hotspot classification being undertaken will assess and categorize areas affected by nutrition crises, food insecurity, disease outbreaks, and other education and protection issues. Notably, already observed is an alarming increase in severe wasting cases being treated in 185 *woredas* during the last month of reporting (May 2024) with a staggering growth rate of over 75 per cent. Furthermore, 38 *woredas* have experienced a continuous rise in admissions for SAM over the past five months. Another concerning trend is the proportion of children in stabilization centres with acute wasting and medical complications, which currently stands at 14.06 per cent. This high rate poses significant risks to the affected children. Additionally, defaulter rates have been

[1] Ethiopia Education Cluster June 2024
[2] https://fews.net/east-africa/ethiopia
[3] Ethiopia Humanitarian Needs Overview 2024.

elevated in Amhara and Tigray since the beginning of the year, primarily due to disruptions in nutrition services. In the last six months, four SMART+ surveys have been conducted in several livelihood zones, and *woredas* of Somali, Amhara, Afar and Oromia regions. Data collection is completed in four zones and is undergoing in five zones of Tigray, Amhara, Afar, Somali and Benishangul Gumuz. The completed surveys reveal 'very high' prevalence of global acute malnutrition (Weight for Height Z score (WHZ)) (>15% Global Acute Malnutrition (GAM)) in Adadle *woreda* and Degahbur Agropastoral (DAP) livelihood zones of Somali region; 'high level' of malnutrition (GAM <15 and >10%) in three zones of Somali, Amhara and Afar; and 'medium' levels of malnutrition (5 - <10% GAM) in Arsi zone of Oromia region. The data from SMART+ surveys indicate that feeding practices for infants and young children are suboptimal in many regions. Child food poverty is a significant issue across most areas, which is expected to worsen during the upcoming lean season, particularly in Tigray, Afar, Oromia, Amhara and Somali regions that are already severely affected by food insecurity.

In May, the Tigray interim administration announced a comprehensive plan to return 690,000 displaced persons to southern, north-western, and western zones, urging resource mobilization from humanitarian partners. This initiative, scheduled before the 2024 '*meher'* (summer) planting season, aims to enable returnees to resume livelihood activities in their places of origin. Humanitarian organizations continue to provide critical aid such as food, shelter, and healthcare in areas of displacement and high return locations despite security concerns and the presence of armed groups in some of these areas. Regional authorities are striving to ensure safety and stability for returnees, aiming to prevent further conflict and support sustainable reintegration. Meanwhile, UNICEF is actively addressing the needs of IDPs' through implementing partners and direct support. Also, the conflict in Northern Ethiopia has severely affected the lives of people in Tigray, including boys, girls, men, and women. Explosive Ordnance (EO) and Unexploded Ordnance (UXO) pose an immediate threat to life, hinder the delivery of basic social services by humanitarian partners, and obstruct secure rehabilitation and development efforts. These hazards expose all members of affected communities to incidents involving EO, with children being particularly vulnerable. As of June 2024, community self-reporting and assessments by organizations like the Rehabilitation and Development Organization (RaDO) have indicated 1,224 reported EO victims in the region. However, a comprehensive regional assessment is still lacking. The presence of these explosive devices, combined with limited public awareness and inadequate community capacities to address the issue, is causing significant harm.

The March to May rains (belg) have caused flooding, impacting and displacing tens of thousands of people across several regions. In Somali, heavy rains in early May caused flooding, affecting 247,000 people[4], and displacing at least 51,000 people across 13 *woredas*. The primary needs are food, health, shelter, and water/sanitation, but physical access constraints are hampering relief efforts, particularly in the southern zones. Since late April, floods in Sidama have affected 30,000 people, damaging crops, houses, schools, and health facilities. Around 9,000 people urgently need food assistance, non-food items, and agricultural support until August. Similarly, in South Ethiopia Region (SER), floods impacted over 19,000 people and damaged livelihoods and infrastructure. Additionally, in Central Ethiopia Region (CER), strong winds, and heavy rainfall in April affected 7,000 people, causing extensive damage to house, cropland, and infrastructure. Also, in Oromia, over 285,000 people were affected by flash floods during the '*belg'* rainy season in six southern zones, causing significant damage to crop, houses, schools, and health facilities.

Over the past six months, SER has faced continuous natural and man-made disasters, including inter-communal conflicts, floods, and disease outbreaks in Konso and South Omo areas. The worsening situation has made child migration a critical concern, particularly due to the lack of necessities such as food, healthcare, and education including life skills opportunities. According to the South Omo zone Disaster Risk Management Office (Zonal DRMO), over 2,550 children are at risk of migrating and are vulnerable to various forms of violence and abuse. A joint multi-sectoral assessment conducted in Konso zone in February highlighted critical humanitarian needs, identifying 1,244 unaccompanied and separated children (511 girls and 733 boys) in four *woredas.*

The public health emergency, including outbreaks of cholera, dengue fever, malaria, and measles, remains a major concern and continues to affect vulnerable populations, including children and women. In 2024, a total of 21,254 cholera cases[5] and 182 deaths with 0.85 per cent of case fatality rate (CFR) have been reported from 151 affected *woredas* across Oromia (53), Somali (38), Afar (17), Dire Dawa (9), Amhara (15), Harari (9), SER (4), Sidama (2), CER (4). The outbreak is currently controlled in 103 *woredas*, with four regions (Harari, Sidama, CER, SER) fully controlled, though high risk remains due to their proximity to active outbreak areas. The" Stop *cholera together''* campaign has helped reduce the number of cases including deaths, however due to the current '*kiremt'* rainy season, once again the threat of an increase in cases looms large. In addition to cholera, since January, over 2.1 million[6] malaria cases including 371 deaths, were reported from Oromia (35%), Amhara (22%), Southwest (13%), and South (10%). Notably, the largest number of cases are currently reported from the *Wollegas* in western Oromia, where access is a challenge due to the ongoing insecurity. The number of malaria cases this year has significantly increased compared to the same period in

[4] OCHA - Ethiopia Situation Report Update- 10 June 2024
[5] Cholera SITREP, Ethiopia, July 2024
[6] Ethiopia Health Cluster Bulletin May 2024

2023. In 2024, over 22,000 measles cases[7] and 186 deaths were reported and the number of *woredas* with active measles outbreaks has decreased from 64 on 27th May to 38 on 1st July 2024. The majority of cases are reported in Oromia (52%), followed by Sidama (17%), Amhara (11%) and SER (9%). The Ethiopian Public Health Institute (EPHI)[8] has reported polio outbreaks in several regions including Tigray, Amhara, Afar and Gambella regions, linked to circulating vaccine-derived poliovirus type 2 (cVDPV2) cases. So far this year, there have been 11 reported cases of cVDPV2.

Since the outbreak of conflict in Sudan in April 2023, over 142,510 people have crossed Ethiopia from Sudan and South Sudan. Between January to June 2024, 41,129 individuals entered Ethiopia from Sudan. Of these arrivals, 74 per cent were Sudanese nationals, 24 per cent were Ethiopian returnees, and 1 per cent were Eritreans. Crossings have been made through various border points of entry (PoE), but mainly at the Metema PoE in Amhara, and Kurmuk PoE Benishangul Gumuz. Altogether, Ethiopia currently hosts over 1.1 million new and protracted refugees and asylum seekers mainly from South Sudan, Somalia, Eritrea, and Sudan. Since May, instability among refugees at Metema, particularly at Awlala site, has continued. Over 1,000 refugees from Awlala and around 300 from Kumer camps have left due to increasing protection risks, insecurity, and inadequate services. Although a few have returned to their camps, approximately 1,000 refugees remain by the roadside near the Awlala site. According to a recent UNHCR press release, the Government of Ethiopia's Refugees and Returnees Service (RRS) along with UNHCR and other UN Refugee Agencies, will relocate Sudanese refugees to a new site in the Amhara region. This new site is well-located to enhance the security and protection of refugees. Up to 12,500 refugees, mainly from Sudan, including those who were previously hosted in Awlala and Kumer refugee sites and those at transit centres, will be hosted in the Aftit site.

Summary Analysis of Programme Response[9]

Health

Since January 2024, UNICEF has supported the provision of primary healthcare services for over 1.5 million children and women throughout Ethiopia—including over 63,000 refugees in Amhara, Gambella, Somali and Benishangul Gumuz regions. Nearly 1.5 million children[10] received measles supplementation vaccinations, and 47,075 live births were delivered in health facilities in Amhara, Tigray, Gambella and Benishangul Gumuz regions. In Tigray, UNICEF supported the two rounds of novel oral polio vaccine (nOPV2) campaign conducted in April and June 2024, vaccinating over 1.7 million children under 10 years, and achieving over 97 per cent coverage across all 76 accessible *woredas.* Between January and June 2024, UNICEF has been engaged and contributed to creating access to primary health care services for over 257,000 children and women in UNICEF-supported areas. UNICEF strengthened access to and quality of newborn and child health services, with 42,943 pregnant women receiving first and fourth visits of antenatal care (ANC) services, 20,446 pregnant and lactating women giving birth with a skilled birth attendant (SBA), and over 23,000 mothers and children attending early postnatal care (PNC) services. Similarly, in Amhara, 590,544 women and children among affected communities, including IDPs and refugees/returnees accessed primary health care services. Additionally, in Afar, medical consultation has been provided for 174,664 drought, conflict, and flood-affected people through UNICEF-supported mobile health and nutrition teams (MHNTs).

In Oromia, from January to June 2024, a total of 922,566 children aged 9 to 59 months in conflict and drought induced IDP sites received measles vaccinations, including through a supplementary campaign. Additionally, 5,097 cholera cases were treated in Cholera Treatment Centres (CTCs) across nine cholera outbreak-affected zones. Furthermore, 242,924 IDPs received curative services, with 45,000 patients treated at health facilities using 18 Emergency Drug Kits (EDKs) distributed to the Borena zone. Moreover, 197,924 malaria patients were treated in UNICEF-supported health facilities in malaria-affected *woredas* in the region. In Benishangul Gumuz, over 72,000 women and children received medical consultations, 14,738 children received measles vaccination, 2,298 people were referred for psychosocial support, and 50,939 people were reached with social and behaviour change (SBC) communication messages on immunization and other Maternal, Newborn and Child Health (MNCH) topics. In Gambella, UNICEF provided EDKs to the Regional Health Bureau (RHB) to support primary health care services for over 50,000 individuals, and 6,453 children received measles vaccinations in the last six months. Also, in Somali, over 85,000 people accessed primary health care and 5,315 children were vaccinated against measles through UNICEF-supported MHNTs, Sustainable Outreach Strategy (SOS) and outreach teams in refugee, IDP, and host communities' sites. Lastly, UNICEF distributed 31 EDKs to support over 77,000 displaced people and returnees in Konso zone and flood-affected communities in Dasenech *woreda* by improving health service access, particularly to women and children.

[7] Public Health Emergency Operations Center (PHEOC), Ethiopia, Weekly Bulletin, 27 May - 02 June 2024 No. 60
[8] Ethiopia Health Cluster Bulletin May 2024
[9] The **Summary Analysis of Programme Response** reflects the mid-year report, from January – June 2024
[10] The over-achievements in measles vaccination are due to reactive campaigns conducted in selected *woredas* in January 2024.

As part of UNICEF's refugee response, over 63,000 individuals accessed primary health care services and 937 children received measles supplementation vaccination in Amhara, Somali and Gambella regions. In Amhara, UNICEF has continued its support for Metema refugees and returnees through MHNTs, where 10,139 individuals, including 7,494 women and children, have accessed primary health care services. In addition, 2,506 individuals received mental health and psychosocial support. Similarly, in Gambella, UNICEF provided 12 EDKs, seven midwifery kits, seven renewable kits and 12,500 Long-Lasting Insecticidal Nets (LLINs) to the Refugees and Returnees Service (RRS) for primary health care services in seven refugee camps, serving about 30,000 people. Moreover, in Benishangul Gumuz, 11,924 people received medical consultations and 868 women received skilled delivery services in the health facilities.

UNICEF has continued to improve the quality of health service delivery as part of its efforts **to build community resilience**. In Afar, UNICEF renovated six health centres in Abala and Dallol *woredas* in response to the northern Ethiopia conflict. UNICEF also continued providing integrated resilience health services, including nutrition, WASH, education, and child protection for drought response in Amibara *woreda*. Similarly, in Amhara, UNICEF and partners rehabilitated 28 health centres and one health MNCH block and furnished 12 maternity waiting homes. These activities demonstrate UNICEF's efforts to strengthen health infrastructure and deliver integrated services in conflict-affected and drought-impacted areas of Ethiopia.

Nutrition[11]

UNICEF continues to respond to the significant nutrition needs of vulnerable conflict, drought, and cholera-affected populations throughout the country. Between January and June, UNICEF distributed a variety of essential Community-based Management of Acute Malnutrition (CMAM) supplies to support the treatment of malnourished children including 312,924 cartons of Ready-to-Use Therapeutic Foods (RUTF), 6,276 cartons of F-75 therapeutic milk, 4,219 cartons of F-100 therapeutic milk and 6,000 Stabilization Centre treatment kits and other supplies across the country. Collectively, these supplies played a crucial role in addressing acute malnutrition and improving the health outcomes of affected children during the first half of the year. UNICEF also treated more than 311,000 children under the age of five suffering from SAM, reaching approximately 32 per cent of the target set out in Ethiopia's 2024 Humanitarian Response Plan (HRP). Additionally, over 3.9 million children received vitamin A supplementation, 642,144 pregnant mothers received iron folic acid (IFA) supplementation and 647,323 primary caregivers of children aged 0-23 months received counselling on Infant and Young Child Feeding (IYCF) practices.

Between February and March 2024, a "*Find and Treat*" campaign was conducted in 18 priority *woredas* in Tigray region. The campaign screened an estimated 179,463 children aged 6-59 months and 46,127 pregnant and lactating women, identified 3,699 SAM and 31,557 MAM cases. Ten out of the targeted 18 target *woredas* recorded a proxy GAM rate of above 19.9 per cent. All identified SAM cases were admitted for treatment in Therapeutic Feeding Programme (TFP) facilities. Since January, over 350,000 children were screened for acute malnutrition, and over 11,000 were admitted and treated for SAM. In Amhara, over 38,000 children with SAM were treated showing a seven per cent decline in admissions compared to last year. While the cure rate (82.2%) and death rate (0.3%) remain within acceptable SPHERE standards, the defaulter rate has decreased to 5.54, down from 13.27 per cent in the previous month (May). The reduction in the defaulter rate may be attributed to the lower reporting rate in Amhara, which dropped from 71 per cent in April to 66 per cent in May. Furthermore, this year, 9.4 per cent of SAM children were admitted to inpatient care for medical complications. The top five zones with the highest number of SAM admissions were South Wollo, North Wollo, Wagimera, North Gondar, and Oromo Special Zone, accounting for 70 per cent of the total regional admissions. Similarly, in Afar, over 18,000 children under five years of age with SAM were treated in TFP. This marks a 26 per cent increase compared to the same period last year. The performance indicators are within the SPHERE standards[12], with a cure rate of 85 per cent, a defaulter rate of 2.7 per cent, and a death rate of 0.2 per cent. Additionally, a total of 1,289 children with SAM were admitted to stabilization centres due to medical complications, reflecting a 40 per cent increase in stabilization centre admissions compared to the same period in 2023. During the Community Health Days (CHD) campaign, 278,210 children were screened for acute malnutrition, representing 97 per cent of the target. The proxy GAM rate was found to be 25.69 per cent, while the proxy SAM rate was 1.91 per cent. All identified SAM and MAM children were linked to treatment services. Additionally, 42.68 per cent of the screened pregnant and lactating women were identified as acutely malnourished.

In Oromia, over 111,000 children with severe acute malnutrition were admitted to TFPs, reflecting a five per cent increase compared to the same period in 2023. The overall performance during this period was above international standards, with an 84 per cent cure rate, 0.3 per cent death rate, and 1.1 per cent defaulter rate. Also, in Somali, 41,534 children under five with SAM received treatment at 1,521 TFP sites across 99 *woredas*, which represents an 18 per cent decrease compared to the same period last year, while the TFP performance indicators are within the standard thresholds, with a cure rate of 92.22 per cent, a death rate of 0.23 per cent, and a defaulter rate of 1.73 per cent. In South Ethiopia, Southwest Ethiopia, Sidama and Central Ethiopia regions, a total of 41,282 children with SAM were enrolled in TFPs in 2024, which showed a 10 per cent decrease compared to the same period in 2023, with the Sidama

[11] Data on nutrition programme response is two months delayed due to lengthy data collection and verification process from the kebeles to federal level.
[12] https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2022-06/National%20Guideline%20for%20Management%20of%20Acute%20Malnutrition%20May%202019%20Version.pdf

and SE regions showing a 24 per cent and 26 per cent decrease in SAM admissions respectively. Lastly, over 5,000 children were identified as SAM and admitted for treatment in Gambella and Benishangul Gumuz regions.

As part of UNICEF's refugee response, 11,932 children under five years and 2,897 pregnant and lactating women were screened, resulting in identification of 453 cases of SAM and 672 cases of MAM and linked with treatment services in Metema and Dabat refugee camps in Amhara region. Additionally, over 3,000 children under five received vitamin A supplementation, 1,773 children were dewormed, 709 pregnant mothers were provided with IFA supplementation and 1,853 mothers and caregivers with children under two years of age received counselling on optimal IYCF in Emergencies practices. In Gambella, 3,653 children under five were referred to appropriate TFPs, of which 725 (20%) children with SAM were admitted to stabilization centres for medical complications. Additionally, over 18,000 caregivers of children under two received counselling on proper IYCF practices through mother-to-mother support groups and baby-friendly spaces across all refugee camps in the region. Furthermore, 368 pregnant women received preventive IFA supplements from refugee health centres. In Benishangul Gumuz, 11,059 children under five were screened for acute malnutrition, with 320 cases of SAM identified and admitted to TFP sites in refugee camps and health centres. Additionally, 14,232 children aged 6-59 months received vitamin A supplementation, and 3,683 pregnant and lactating mothers received IFA supplementation. Lastly, 5,394 mothers and caretakers received counselling on IYCF practices to enhance feeding practices in emergencies.

As part of UNICEF's efforts **to build community resilience**, 43 Health Extension Workers (HEWs) and Health Workers (HWs) from woreda health office trained on IYCF and context-specific complementary feeding recipe book, cooking demonstration, and promoted kitchen gardening in Afar region. Cascading training on the new nutrition and immunization toolkit was also conducted to 44 participants including religious leaders, kebele leaders and women representatives. The Enhanced Community-Based Nutrition (ECBN) initiative in Oromia region began with a focus on community engagement and system integration, encompassing food systems, health systems, social protection, WASH, and education systems. This initiative has been launched in 10 woredas and has achieved key milestones such as training and deploying approximately 1,300 Village Health Leaders (VHLs) and establishing various integrated service delivery platforms, including monthly outreach programmes and quarterly community health and nutrition days, while VHLs have started supporting service delivery and promotion efforts.

To improve the RUTF supply chain system, UNICEF, in collaboration with partners, is piloting the use of microchips on RUTF cartons to track delivery and prevent leakage. A prototype was implemented in May 2024 across seven sites in Ethiopia, with plans to scale up this initiative to 100 hubs by September 2024. UNICEF has also deployed 60 Third Party Monitors (TPMs) across Ethiopia to monitor the utilization of the nutrition supplies in service delivery sites/health facilities, using Open Data Kit (ODK) technology for real-time reporting. These monitors track stock movement, storage, and discrepancies (if any), and engage with the affected population for feedback. The TPM system includes real-time reporting, automated geo-location, and an incident reporting system for inventory discrepancies. The data is analyzed monthly and quarterly to monitor supply chain KPIs.

Nutrition Cluster

In the reporting period, the ENCU with Ethiopian Disaster Risk Management Commission (EDRMC) has led an initiative for community-led local solutions to end malnutrition in Ethiopia. This initiative aims to be cascaded down to the regional level and includes collaboration with Ministry of Health, Ministry of Agriculture, and Ministry of Education, and is part of the localization workstream under the ENCU/Nutrition Cluster and its partner organizations. It also includes a pillar focused on local solutions from the private sector, as well as innovations in plant based RUTF. The goal is to empower communities to develop and implement sustainable, context-specific approaches to address malnutrition, leveraging local resources and expertise, with the aim of complementing the broader nutrition response efforts in the country. The national ENCU/ Nutrition Cluster has also supported regions and partners in terms of assessment capacity through SMART+ trainings. Concern Worldwide is leading the Cash and Voucher Assistance (CVA) for the Nutrition Outcomes Taskforce with the Ethiopian Cash Working Group and ENCU launched the outline of CVA for nutrition outcomes guidelines. More than five partners are currently piloting different types of CVA for nutrition outcomes and over 45 organizations are reporting activities as part of the nutrition response.

Since January, 311,430 children with SAM were admitted to Outpatient Therapeutic Programme (OTP) and stabilization centres while 250,192 children with MAM were admitted to Targeted Supplementary Feeding Programmes (TSFP). The proportion of children under five years old who received treatment was 32 per cent for SAM and 15 per cent for MAM compared to the HRP target for 2024. Meanwhile, 23 per cent of the targeted pregnant and lactating women received supplementary food assistance. In 2024, a decline in the number of SAM cases were observed compared to 2022. However, this decline is not uniform across all regions; in some areas, the decline can be attributed to lack of active screening for cases and low service coverage due to ongoing conflicts. According to data and analysis from ENCU, six *woredas* have experienced an increase in default rates over the last two months (April and May), 24 *woredas* from Oromia, Amhara, Somali and SE regions have reported 100 per cent or greater increase in admissions for children under six months who require treatment for severe wasting. Additionally, there has been an increase either in SAM admissions, death rates, or defaulter rates in the last five months in 176 *woredas* in Oromia, Somali, Afar and Amhara

regions. Furthermore, 11 *woredas* have consistently seen rising SAM admissions, with more than a 15 per cent increase from April to May.

WASH

During the first half of 2024, UNICEF and its government and NGO partners continued to provide WASH interventions—including lifesaving and sustainable access to a safe drinking water supply and information on best practices for hygiene and sanitation—to vulnerable populations across Ethiopia affected by drought, floods, cholera, and conflict. From January to June, UNICEF provided access to safe drinking water for more than 1,440,000 people through rehabilitation and upgrades of water systems to solarization, replacement of old pipelines and rehabilitation of reservoirs and limited water trucking interventions for transitional periods in the worst-case scenarios. In addition, 810,674 people received basic WASH non-food items (NFIs) such as soaps, household water containers, water treatment chemicals, buckets, and Jerry cans to ensure drinking water supply and storage during an emergency. Furthermore, over 78,000 people nationwide gained access to safe and appropriate sanitation facilities through emergency latrine construction, repair of existing nonfunctional latrines and desludging of filled latrines. A total of 22,973 children in schools were provided with appropriate WASH facilities and hygiene services; and 4,906 adolescent girls were supported for appropriate menstrual hygiene management. Additionally, over 323,000 people were reached through hygiene promotion and behavioural change interventions through various communication methods, including interpersonal outreach, radio, TV, and public gatherings.

Towards longer-term, resilience building efforts, UNICEF supported the WASH response in drought, cholera and conflict-affected areas through the rehabilitation and maintenance of water schemes in Oromia, benefiting a total of over 214,000 individuals. Additionally, two water schemes have been completed in Guba woreda of Benishangul Gumuz region, providing access to safe water to 7,012 people. Meanwhile, in Afar, solarization of the three water schemes has been completed, benefitting 13,247 people with improved water supply. The completion of Asbuli water supply construction project in Somali region has provided a permanent water supply to a total of 7,843 people, including host communities, drought-affected individuals, and conflict-induced IDPs. Additionally, with support from UNICEF, the Somali Regional Water Bureau (RWB) has procured three Toyota Land Cruiser double-cabin vehicles for its mobile maintenance team. Lastly, UNICEF supported the Somali RWB to acquire various mechanical and electromechanical plumbing tools and equipment to upgrade 30 pumps and 20 generators, which will significantly improve water infrastructure and benefit more than 95,000 individuals. While in Tigray, a total of 63,980 people has been reached with permanent water supply through rehabilitation and solarization of existing water schemes, and four Emergency Water Treatment Kits (EmWAT) were upgraded to be solar powered with 11 additional water systems also upgraded to solar power in the drought affected zones of Sothern regions.

UNICEF sustained its response to supporting refugees by providing WASH services including emergency water trucking, rehabilitation of water schemes and access to basic sanitation through construction of emergency trench latrines and semi-permanent latrines. Since January, over 24,000 refugees were able to access safe drinking water in Amhara and Somali regions. Additionally, a total of 1,272 refugees are now accessing appropriate sanitation services through completed facilities in Amhara. Over 12,800 refugees were reached with handwashing and behavioural change messages in Amhara and Gambella regions. UNICEF also provided WASH NFIs to the refugees living at Puynido-1 refugee camp in Gambella region, benefiting over 5,500 people. In Amhara, water trucking service has continued to supply water for 12,957 people in three refugee camps, and an additional five emergency trench latrines have been completed and are now serving 1,272 refugees in Awulala refugee camp.

WASH Cluster

During the first half of 2024, the WASH Cluster supported over 1.8 million people by providing emergency water supply, improving water supply systems, drilling shallow wells, replacing old pipelines, and rehabilitating reservoirs across all regions. Additionally, the WASH cluster distributed basic WASH NFIs such as buckets and jerry cans to more than 816,000 individuals to ensure safe water storage and access. The WASH Cluster also focused on providing basic sanitation facilities, especially latrine construction, in areas with low latrine coverage, including IDP camps and settlement areas, reaching a total of 168,441 people. Furthermore, the WASH Cluster demonstrated its unwavering commitment by coordinating effectively and ensuring partners compliance with guidance and accurate implementation of chlorination procedures. Notably, the cluster extended its support to partners in cholera-affected areas, establishing the WASH cluster chlorination technical working group for coordinated efforts.

Child Protection

Between January and June this year, UNICEF reached 332,787 (172,353 children,160,434 adults) affected by conflict, drought, cholera, flooding, and other emergencies across the country with child protection services including mental health and psychosocial support (MHPSS), GBV, family tracing and reunification (FTR), alternative care services for unaccompanied and separated children, prevention of sexual exploitation and abuse, and explosive ordinance risk education (EORE), as well as victim assistance.

Since January, a total of 116,194 individuals, including 68,364 children and 47,830 caregivers, received MHPSS services including access to safe spaces, positive parenting for caregivers, and basic specialized and non-specialized

individual support provided by social workers and psychologists. The MHPSS helps children and caregivers to cope with the adversities of conflict, drought, and other calamities that forced them to flee from their habitual residence. UNICEF-supported social workers identified and registered 5,680 unaccompanied and separated children and provided them with family tracing and reunification, and appropriate alternative care services such as kinship care arrangements. Additionally, 13,897 children who experienced different forms of violence and neglect were identified/reported and received comprehensive child protection case management and referrals to health psychosocial, and legal services through UNICEF-supported social workers, community service workers and other relevant service providers. Moreover, a total of 38,966 children and adults were reached with various awareness raising sessions on EORE to reduce the risk of injuries and death from explosive ordnance incidents in the conflict affected areas of Amhara, Tigray and Afar regions. UNICEF and partners reached 158,050 children and adults with GBV prevention and response messages. Additionally, comprehensive services including case management and referral were provided to 352 women and girls (206 girls and 146 women) GBV survivors in Amhara and Oromia regions through UNICEF-supported One-Stop Centres[13] (OSCs). In Oromia, 180 survivors of sexual violence and at-risk children received cash support in conflict-affected *woredas* of Horo Guduru Wollega zone. In Afar, UNICEF collaborated with RaDO and the Woreda of Women and Social Affairs office (WoWSA), to provide 248 individuals with survival-centred assistance including cash, pairs of crutches, and wheelchairs in Abala *woreda.* In Tigray, as part of the Disarmament, Demobilization and Reintegration (DDR) process, psychosocial support was provided to 420 women and girls with the aim to aid their recovery from conflict-related trauma. They also received livelihoods training from Mekelle University and humanitarian cash assistance to address some of their immediate needs.

As part of UNICEF's efforts to build community resilience, community discussion was held on the humanitarian toolkit aimed at fostering change in social norms on harmful practices such as child marriage among 1,094 people in Nguenyyiel and Kule camps in Gambella region. Topics covered included childcare, case identification and reporting, and fostering positive parenting skills, which are regularly addressed in these sessions. In Afar, UNICEF in collaboration with Imagine 1 Day, reached community members and students through social norm change interventions on violence against children (VAC) and harmful practices including child marriage and female genital mutilation (FGM) in Chifra and Amibara *woredas*. The outreach strategy for fostering changes in social norms encompassed organizing community dialogues, conducting activities to raise awareness, and facilitating discussions in gender clubs. Furthermore, social workers were trained on the humanitarian community conversation (CC) manual, and they are now in the process of identifying and training facilitators to initiate community conversations. In SE, the birth registration service has been expanded to include children living in IDP camps and a system has established, along with training for responsible personnel and offices, where registrars go directly to the IDP camps to register children. As a result, on time birth registration facilitated for a total of 504 IDP children and certificated issued in Konso zone.

In Oromia, linkage of Humanitarian Coordination Team (HCT) beneficiaries with birth registration service has been initiated in collaboration with regional Vital Events Registration Agency (VERA) and Bureau of Labor and Social Affairs (BoLSA). Partners are also facilitating activities focused on addressing harmful practices, with birth registration being a key component of the emergency response effort. In the drought and conflict affected IDP sites of Somali region, 27 community conversation groups were established for community dialogues using the humanitarian version of the community conversation toolkit. Life skills sessions were also organized for adolescent girls living in different IDP sites facilitated by the trained facilitators and mentors.

Through the refugee response efforts in Amhara, Gambella and Somali regions, a total of 34,561 people were reached through case management, FTR and alternative care, and MHPSS services. In Amhara, UNICEF-supported social workers, and community service workers (CSWs) were deployed to conduct case management services for vulnerable children within the host community, as well as among returnees, and refugees. Since January this year, 35 unaccompanied and separated children were identified and provided with FTR and alternative care services. Moreover, an average of 621 refugee children across three sites received recreational services including Child-Friendly Spaces[14](CFS) activities and gender-appropriate activities such as games, sports, and arts facilitated by animators and social workers.

In Gambella, a total of 1,363 refugee children experiencing various psychological distress were identified and provided with focused, non-specialized psychosocial support with routine follow-up and ongoing supervision. Additionally, 73 unaccompanied and separated children were identified and registered for case management services through the Child Protection Information Management (CPIMS+) in Nguenyyiel and Kule camps. Out of these, 34 children were placed in extended family care (kinship) arrangements while nine unaccompanied minors were reunited with their families. Furthermore, 380 children– who were either unaccompanied, separated, or deemed highly vulnerable – received distributions of NFIs. Notably, 12,126 children including 100 children with disabilities, accessed CFS in the two refugee camps and participated in various age- and culturally appropriate indoor and outdoor recreational and learning activities, such as games, sports, arts, and non-formal education. Moreover, CPIMS+ refresher training was provided for 36 case

[13] one-stop centre (OSC) provides comprehensive medical, legal, and psychosocial services to victims of gender-based violence (GBV) in a safe environment.
[14] UNICEF-supported child-friendly spaces are safe spaces set up in the IDP camps and reception centres to support and protect children. Their objective is to restore a sense of normality and continuity to children whose lives have been disrupted by the conflict in Ethiopia.

workers from Kule and Terkidi refugee camps to equip them with the skills and knowledge on effective case management and information management. Following the training and launch of the CPIMS+, an annual workshop was held with child protection partners and caseworker representatives from refugee camps to examine the overall status of CPIMS+ implementation, challenges, and lessons learned. In Somali, nearly 16,000 children and care givers were reached with MHPSS in Mirqan refugee camp. Additionally, 245 unaccompanied and separated children were identified, registered, and placed in alternative care through extended family care. Altogether, 134 children who experienced violence received comprehensive case management services including health, legal and psychosocial support.

As part of UNICEF's migrant returnee's response, UNICEF, in collaboration with the Ministry of Women and Social Affairs (MoWSA) and Hope for Justice, provided on-arrival assistance to women and children returnees at Bole International Airport and IOM transit center, successfully tracing and reunifying 214 unaccompanied children- 199 boys and 15 girls- who returned from various countries. During the reunification process, the children were provided with psychosocial support and engaged in various activities. The families of the children were traced in collaboration with Catholic Relief Service (CRS), and 126 of the children were reunified with their families living in Oromia and CE regions.

Child Protection Area of Responsibility (AoR)

During the first half of 2024, with coordination support from the UNICEF AoR, 15 child protection partners reached nearly 405,000 individuals (56% children, 25% women, 17% men, 2% elders, and 1.3% persons with disabilities) across 131 *woredas*, representing 17 per cent of the total HRP target for 2024. This was achieved through the provision of regular child protection activities, including case management, identification, and development of alternative care solutions for unaccompanied and separated children, and MHPSS services for children. Through its global agreement with Street Child, the CP AoR organized a training on fundraising and proposal writing for local and national organizations to enhance their access to funding opportunities. Additionally, a help desk is planned to be established later in the year to provide one-on-one support to partners in reviewing their proposals before submission to donors. This initiative is expected to enhance the capacity of local organizations to secure funding and sustain their child protection activities and programmes. The CP AoR also jointly launched the Child-Focused Complaint and Feedback Mechanisms (CFMs) Community of Practice together with the Education Cluster at the national level.

Education

In 2024, 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, providing access to formal or non-formal education opportunities to 221,531 children across conflict and drought-affected regions of Ethiopia. In addition, 59,814 children benefitted from life skills education, 26,644 teachers were trained on basic teaching pedagogy and 125,313 children (49% girls) received learning materials.

In Tigray, over 97,000 children accessed formal and non-formal education services. To improve the quality of learning, 30,533 children received learning materials, and 15,046 children benefitted from the distribution of early childhood development (ECD) and recreational kits. Furthermore, 2,415 teachers gained enhanced skills on child pedagogy and teaching in emergency settings. A total of 7,385 children accessed enhanced learning environment through minor rehabilitation of classrooms, WASH facilities and the provision of Temporary Learning Spaces (TLS). Additionally, 6,298 girls received menstrual hygiene and sanitary materials, and 416 teachers gained enhanced skills on psychological first aid (PFA), MHPSS, and referrals for children with protection concerns benefiting the psycho-social wellbeing of children. Additionally, in Afar, 1,634 children and adolescents (834 girls) accessed skills development programmes, while 879 (267 women) teachers and facilitators were trained in basic pedagogy. In Amhara, 26,410 children (14,029 girls) accessed formal and non-formal education, including 763 children with disabilities (375 girls). Additionally, 39 children with disabilities also received need-based assistive devices in three *woredas* enabling them to participate in various recreational activities. Notably, 16 classrooms were rehabilitated, 10 new classrooms with six blocks of semi-permanent temporary learning canters were constructed, 10 gender-disaggregated latrines were constructed, and 20 water tankers were distributed to target schools in Central Gondar and North Gondar zones, reaching over 1,500 children. A comprehensive life skills education programme reached 12,294 children, including 256 children with disabilities through age-appropriate life skills manual sessions in three zones. Furthermore,18,950 children received individual learning materials, including school bags, exercise books, pens, pencils, and erasers, in four *woredas*. UNICEF facilitated a two-day School Improvement Programme (SIP) training for 28 leaders and Parent-Teacher Associations (PTAs), enhancing planning for better learning and attendance, now in action in 22 schools. Additionally, 348 zonal and *woreda* education personnel (60 females) received training on emergency education preparedness and response, reinforcing Education in Emergency (EiE) principles and revitalizing local education task forces.

In Oromia, over 52,000 children accessed formal or non-formal education, including early learning in the last six months. Additionally, 6,415 children receiving individual learning material. Besides, 5,507 children and adolescents accessed skills development programmes and over 20,000 teachers and facilitators were trained in basic pedagogy. In Benishangul Gumuz, the construction of three new classrooms in Bambasi *woreda* enabled 2,297 children to receive both formal and non-formal education. Additionally, 7,705 children received individual learning materials and life skills sessions reached 9,072 children, across four *woredas* in Metekel zone. In Gambella, 22 semi-permanent classrooms

were constructed and handed over to the *woreda* education offices across six *woredas,* providing access to education for 1,100 children affected by emergencies, including 479 girls.

In the southern regions, over 15,000 children affected by drought, flood and conflict received Accelerated Education Programme (AEP). Additionally, 5,555 children attended life skills training. UNICEF, in partnership with Imagine 1 Day, facilitated the distribution of assistive devices, including wheelchairs, pairs of crutches, hearing aids, and eyeglasses to children with special needs, aiding their successful participation in education within in Konso zone of SE region. Additionally, school furniture including combined desks, blackboards, plastic chairs, and plastic tables were distributed to formal primary school and TLS. Moreover, three low-cost TLS were constructed in flood affected IDP sites, accommodating 660 students. UNICEF, in collaboration with World Vision Ethiopia, constructed six temporary learning spaces in two IDP sites in Sidama, SE, and SWE regions, which helped to address the educational needs of 600 (50% girls) out of school children.

As part of refugee response, UNICEF is supporting the education of over 15,000 primary school children at Nguenyyiel refugee camp in Gambella, providing teaching and learning materials, as well as life skills training. Moreover, UNICEF, in collaboration with Gambella REB, has provided advanced-level certificate training in teaching pedagogy to 76 refugee incentive teachers (11 female), selected from all seven refugee camps. In Somali, UNICEF, in collaboration with partners, provided school bags containing scholastic materials to 23,171 refugee students in Gambella and Somali regions.

UNICEF, in collaboration with the Amhara Development Association (ADA), conducted a three-day capacity-building training for 74 pre-primary schoolteachers (68 female) in Abergelle, Habru, and Gidan *woredas.* This training focused on teaching-learning pedagogy, classroom assessment, and inclusive education, using play-based learning methods to **enhance community resilience.** Moreover, over 4,000 out-of-school children (46% girls) are enrolled in the Accelerated Learning Programme (ALP) and are expected to graduate and move on to formal schooling by October 2024. UNICEF has supported capacity-building training for 45 education personnel in Afar, focusing on Disaster Risk Reduction (DRR), Anticipatory Action (AA), and the Education Management Information System (EMIS). The participants developed an action plan to integrate AA and DRR into their SIP and manage EiE data.

Education Cluster

Since of the start of 2024, Education Cluster partners have provided EiE responses to over 685,000 children across Ethiopia, representing 22.8 per cent of its HRP 2024 target. The reach was achieved through different interventions including emergency school feeding; distribution of teaching and learning materials; ALP; Accelerated School Readiness programme (ASR); MHPSS interventions and community mobilization; capacity building of Parent Teacher Associations (PTAs); provision of teaching and learning supplies via cash transfers; multi-purpose cash for families; provision of TLS; and menstrual health and hygiene (MHH) kits. Despite these achievements, there has been lower-than-expected progress due to insufficient funding, insecurity, and constrained access in some regions. The Education Cluster incorporated the Rapid Response Mechanism (RRM) into the OCHA's overall RRM framework as a first and with the support of the Global Education Cluster, regional cluster team, and partners, finalized the rapid response mechanism, Anticipatory Action guidelines, and rapid assessment tool to standardize the assessments. The Education Cluster also finalized its strategy for 2024- 2026 period, providing guidance to partners on EiE activities, standards, and indicators. Additionally, the Education Cluster launched an interactive Cluster Dashboard for 2024.

The education cluster has finalized its first quarter newsletter. The cluster has been actively involved in enhancing education information systems, including automating data collection on education in emergencies needs and responses using Activity Info, collaborating with EMIS to develop and implement RapidPro for text-based EiE data collection, and conducting trainings to strengthen assessment and analysis for data-driven emergency responses.

Social Protection

To date in 2024, with support from the MoWSA, Bureau of Women, Children and Social Affairs (BoWCSA), and BoLSA, UNICEF has provided Shock Responsive Cash Transfers (SRCTs) to over 12,600 flood, drought, and conflict-affected individuals in Afar, Amhara, Benishangul Gumuz, Gambella and Somali regions. In addition, UNICEF-trained community service workers have linked 22,610 individuals to different social services including psychosocial support, legal support, counselling, birth registration, health, nutrition, education, and provision of clothing in Afar, Amhara and Oromia regions. Since January, over 7,100 individuals had safe and accessible channels to report sexual exploitation and abuse (SEA), among which 3,153 (44%) are women, 892 (13%) are men, and 3,069 (43%) are children. Furthermore, 6,573 women, girls, and boys accessed GBV risk mitigation, prevention, and/or response interventions by community-level social workers during household visits, cash transfer/payment days, and regular follow-up visits. In the reporting period, the grievance committees addressed 504 complaints, ensuring beneficiaries have a voice and their concerns are effectively addressed, which promotes transparency and accountability within the social protection programmes.

In Oromia, since January, a total of 9,687 people of the SRCT programme were linked with various other programmes and services. This includes 3,967 children (2,087 girls and 1,880 boys) who received birth certificates from the civil registration offices in five target *woredas*. Additionally, 5,556 individuals were connected with financial education, income-generating activities, self-help groups, and bank account openings. Case management services resulted in 23 cases involving school referrals, family reunifications, legal actions for unaccompanied children, and the return of 14 out-of-school children to school in Chinaksen *woreda*. Furthermore, 127 cases were identified in Wollega zone, involving orphaned, disabled, and separated children. Alongside these efforts, a total of 208 self-help groups have been established in the five target *woredas*, with 188 of these groups starting to save and accumulating over 2 million ETB at the COOP Bank. A flood response shock response intervention was implemented in Awash Fentale and Dullesa *woredas* of Afar region, providing cash assistance provided to 1,237 flood-affected households.

In collaboration with WASH sector, SBC activities on cholera prevention were implemented in all six SRCT interventions targeted kebeles of the two *woredas*, reaching a total of 7,232 households with risk communication and community engagement activities. In Gambella, 583 households received cash transfer in two *woredas* whereas,170 conflict affected households received one-off cash transfers in Guba *woreda* of Benishangul Gumuz region. Since January, SRCT was provided to 84 households in the refugee camps in Benishangul Gumuz and Somali regions.

As part of UNICEF's efforts to build community resilience, BoLSA continued to monitor the connection of households in Bishan Guracha sub-city and Goro Gutu *woreda* of Oromia region to financial inclusion, while also providing support to strengthen 97 self-help groups established by UNICEF partner, Jerusalem Children and Community Development Organization (Jeccdo). Efforts are underway to scale up financial inclusion for HCT beneficiaries in other *woredas* where cash interventions are taking place. This expansion aims to enhance livelihood opportunities, promote resilience, and foster the development of a more resilient community.

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

In the first six months of 2024, UNICEF has reached over 14 million people through community engagement, strategic communication, and advocacy with messages on immunization, cholera prevention, measles, malaria, hygiene and sanitation, essential health services, IYCF-E, education, GBV, and protecting children from land mines and unexploded ordinance. Additionally, as part of UNICEF's ongoing efforts to strengthen AAP and engage directly with communities on preventive behaviours, as well as available services and how and where to access them, UNICEF frontline workers engaged more than 3.5 million people during the first half of 2024, giving them opportunities to ask for clarifications and raise challenges on services provided, as well as suggest alternative, local solutions. Many who were engaged also provided feedback on UNICEF services through established AAP mechanisms such as mother to mother groups, pregnant mother conferences, community sessions, interpersonal communication through MHNTs, peer-to-peer dialogues, and house-to-house/tent-to-tent visits. To improve the quality of the engagement in IDP camps and host communities, UNICEF introduced the use of portable PICO (Population Intervention, Comparison, Outcome) projectors loaded with engaging educational and informational content to health bureaus.

Since January, over 2,520 frontline workers, including religious leaders, community health workers and HEWs were trained on interpersonal communication, risk communication and community engagement. The frontline workers have been instrumental in the community engagement activities, with over 3.5 million people participating in various campaigns that have resulted in the reduction of cholera cases and increased identification and vaccination of zero-dose children within the community. The affected people were provided with information on preventive behaviours, available services, and locations to access services. Furthermore, apart from disseminating information, ensuring participation on preventive behaviours and available services, efforts were made to gather feedback from over 91,000 people regarding the services provided. The main concerns include lack of food, lack of ambulance service and shortage of medicines, lack of access to clean water, lack of livelihood opportunities, and lack of transparency in beneficiary targeting. Most of the feedback was referred to relevant authorities for action. The feedback was collected through established AAP mechanisms, such as focus group discussions, feedback surveys, and community sessions.

Despite significant progress since January, significant challenges remain that constraints SBC programming, such as insufficient funding to scale up activities and sustain intensive community engagement activities necessary to drive behaviour changes, as well as difficulties in closing the feedback loop due to involvement of multiple actors and the lack of strong system to monitor actions taken in response to community feedback.

Protection from Sexual Exploitation and Abuse (PSEA)

During the first half of the 2024, a total of 177,346 people (43,697 women, 34,454 men, 51,370 boys and 47,825 girls) were reached with information on safe and accessible SEA reporting channels, including focus group discussions (FGD), community awareness-raising sessions, and information campaigns throughout the country. The messaging also emphasized UNICEF's zero tolerance of SEA, the community rights, and entitlements to access humanitarian assistance. In Benishangul Gumuz, UNICEF partners have conducted PSEA awareness campaigns in three *woredas* of Metekel zone, educating IDPs, returnees, and the host community about SEA, its impacts, and reporting channels, while also incorporating PSEA content into cash plus SOP training events to enhance beneficiaries' awareness.

Additionally, in Tigray, UNICEF conducted several gender and age disaggregated focused group discussions for different groups of women, men and adolescents in Shire, Axum and surrounding areas, and distributed posters and other communication materials to the community members. The FGDs were part of regular risk assessments to consult community members on preferred channels of reporting and asses any risks of SEA in the programme areas. In Oromia, partners have established *woreda* and kebele-level coordination and community-based structures to ensure safe, accessible reporting and comprehensive support for GBV and SEA survivors. Moreover, a PSEA focal person from the community were designated for the prevention and reporting of SEA cases, and girls' affinity groups (Addooyyee clubs) were formed in schools to empower and protect girls from SEA while raising awareness.

UNICEF has provided an intensive training on SEA investigation for 148 staff from its implementing partners, including local NGOs and government partners on PSEA concepts and principles, reporting channels, integration of PSEA in programmes, monitoring and reporting on PSEA in Tigray and Oromia regions. Moreover, 30 implementing partners operating across the field offices or are entering into partnership with UNICEF have completed a PSEA capacity assessment through the UN Partner Portal (UNPP) platform in the reporting period. Additionally, UNICEF continued its efforts to strengthen the capacity of its staff, with 30 staff members from all field offices having received PSEA refresher training on topics related to prevention, response, UNICEF commitments on PSEA, and programming for PSEA. Furthermore, UNICEF has enhanced the inter-agency efforts to strengthen PSEA by providing co-chairing support to ensure the operational effectiveness of the PSEA network in the Areas of Responsibility (AoR) in Mekelle and Shire.

Human Interest Stories and External Media

UNICEF Ethiopia continued to produce compelling advocacy and communication content, shedding light on the needs of children, women, and their communities affected by the multiple humanitarian crises across the country. UNICEF published multiple videos, photos, and human-interest stories focusing on conflict and drought-affected areas in the last six months. The Human Interest Stories, photos, and videos depicted the impact of prolonged drought on children and the importance of essential services for children, their families, and communities.

UNICEF also coordinated several high-level visits, including, the UK Minister of State for Development and Africa, Andrew Mitchell, UNICEF's Eastern and Southern Africa Regional Director, Etleva (Eva) Kadilli, UNICEF's Deputy Executive Director, Omar Abdi, UNICEF's Director of Child Protection, Sheema SenGupta, and the Sweden delegates to show UNICEF's programmatic response and results for children while continuing to highlight the urgent need for more resources to support women and children impacted by multiple emergencies. Additionally, UNICEF Ethiopia produced advocacy content for International Days such as International Day for Mine Awareness and Assistance in Mine Action, World Health Day, World Earth Day, World Malaria Day, International Day of Zero Tolerance for FGM, Safer Internet Day, the 2024 African Union year of Education, Safe Motherhood Month, International Education Day, International Women's Day, World Social Workday, World Poetry Day, World Down Syndrome Day, World Water Day, World Tuberculosis Day, Mother's Day, and Menstrual Hygiene Day. In addition, UNICEF's human-interest stories on child marriage, and hydroponic farming was picked up and highlighted by Forbes.

Donor-branded multimedia content was produced and published to provide recognition and visibility for multiple donors, including the German Foreign Office, SIDA, KOICA, Global Partnership for Education, BMZ through KFW, USAID's Bureau for Humanitarian Assistance, Japan Government, Denmark MFA, German Foreign Office, Gates Foundation, Gavi, EU Civil Protection & Humanitarian Aid, FCDO, Croatian Government, Sweden in Ethiopia, Norwegian Ministry of Foreign Affairs, Dutch Ministry of Foreign Affairs, Education Cannot Wait, Lego Foundation, CERF, European Union, Children Investment Fund Foundation (CIFF), and Global Affairs Canada.

For more content please check: **Facebook**, **Twitter**, **YouTube**, **LinkedIn**, **Instagram**, and **www.unicef.org/ethiopia**

Humanitarian Leadership, Coordination and Strategy

UNICEF's humanitarian strategy is aligned with the 2024 HRP and UNICEF 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), in which UNICEF remains an active contributing member. At the national and subnational levels, UNICEF continues to lead the Nutrition and WASH Clusters and Child Protection Area of Responsibility (AoR) and co-leads the Education Cluster supporting relevant line ministries and the national and regional level DRMCs. As the lead agency for three clusters and one AoR, UNICEF brings leadership to intersectoral coordination and efficiency and effectiveness when responding to immediate needs. UNICEF continued active participation in OCHA-led regional and sub-regional coordination mechanisms that involve the UN, NGOs, and the Government of Ethiopia and that take place through the Emergency Coordination Centre (ECC) meetings, using these platforms to advocate for the needs of affected populations across all regions. Overall, UNICEF's leadership, coordination, and strategy in Ethiopia aim to ensure a well-coordinated and efficient response to humanitarian needs, leveraging partnerships and collaborating with relevant stakeholders for maximum impact.

For more content please check: Facebook, Twitter, YouTube, LinkedIn, Instagram, and www.unicef.org/ethiopia

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Annex A - Summary of Programme Results[15]

	Cluster/Sector Response		UNICEF and IPs Response *(Overall response including Refugee Response)*		UNICEF and IPs Response (*Refugee Response only*)	
Sector	**2024 target**	**Total results[16]**	**2024 Cumulative target**	**Total Cumulative results**	**2024 target**	**Total results**
Nutrition [17]		**Jan – June 2024**		**Jan – June 2024**		**Jan – June 2024**
Number of children aged 6 to 59 months with severe wasting admitted for treatment	**965,888**	*311,430*	**965,888**	*311,430*	**3,990**	*4,735*
Number of children aged 6 to 59 months receiving Vitamin A supplementation (SEMESTER 1)			**5,815,199**	*3,925,016*	**43,955**	*17,626*
Number of primary caregivers of children aged 0 to 23 months receiving IYCF counselling[18]	**1,053,135**	*647,323*	**1,053,135**	*647,323*	**24,786**	*12,729*
Number of pregnant women receiving preventative iron supplementation			**1,339,067**	*642,144*	**30,813**	*4,818*
Health						
Number of children and women accessing primary healthcare in UNICEF supported facilities			**2,876,553**	*1,516,487*	**70,500**	*63,740*
Number of children below 15 years of age vaccinated against measles			**480,000**	*1,502,347*[19]	**40,000**	*1,783*
WASH						
Number of people accessing a sufficient quantity and quality of water for drinking and domestic needs	**6,351,065**	*1,844,800*	**4,896,984**	*1,443,292*	**71,868**	*24,093*
Number of people accessing appropriate sanitation services	**901,638**	*460,896*	**1,001,160**	*78,123*	**44,240**	*1,272*
Number of people reached with hand-washing behaviour-change programmes	**6,047,211**	*1,442,866*	**7,247,012**	*324,243*	**145,000**	*12,801*
Number of people reached with critical WASH supplies	**3,168,874**	*816,071*	**3,155,124**	*810,674*	**79,200**	*5,500*
Child Protection						
Number of children, adolescents and caregivers accessing community based MHPSS	**350,000**	*83,534*	**188,014**	*116,194*	**6,513**	*18,045*
Number of UASC provided with alternative care and/or reunified	**15,000**	*7,108*	**13,205**	*5,680*	**1,099**	*323*
Number of girls and boys who have experienced violence reached by health, social work, or justice/law enforcement services	**70,000**	*13,018*	**49,506**	*13,897*	**3,975**	*160*
Education						

[16] Due to a recent refinement of the system, it should be noted that not all cluster partners were able to submit reports, which has resulted in lower reported results.
[17] Data on nutrition programme response is two months delayed due to lengthy data collection and verification process from the kebeles to federal level.
[18] To avoid cumulative reporting for this indicator, monthly results are reported to prevent double counting.
[19]The over-achievements in measles vaccination are due to reactive campaigns conducted in selected *woredas* in January 2024.

	Cluster/Sector Response		UNICEF and IPs Response *(Overall response including Refugee Response)*		UNICEF and IPs Response (*Refugee Response only*)	
Sector	**2024 target**	**Total results**[16]	**2024 Cumulative target**	**Total Cumulative results**	**2024 target**	**Total results**
Nutrition [17]		**Jan – June 2024**		**Jan – June 2024**		**Jan – June 2024**
Number of children accessing formal and non-formal education, including early learning	**746,119**	*91,707*	**717,398**	*221,531*[20]	**30,000**	*15,460*
Number of children receiving learning materials	**700,000**	*355,315*	**517,575**	*125,313*	**19,200**	*23,171*
Social Protection						
Number of households reached with UNICEF-funded humanitarian cash transfers			**265,000**	*2,536*	**15,000**	*84*
PSEA						
Number of people with safe and accessible channels to report SEA by personnel who provide assistance to affected populations (Cross-sectoral)			**1,224,246**	*177,346*	**17,967**	*22,155*
GBViE						
Number of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions (Cross-sectoral)			**210,801**	*158,050*	**8,190**	*16,033*
Social Behaviour Change (SBC)						
Number of affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services			**42,713,214**	*13,978,445*	**145,000**	*10,233*
Number of people engaged in reflective dialogue through community platforms			**4,588,883**	*3,460,263*	**72,327**	*1,815*
Number of people sharing their concerns and asking questions through established feedback mechanisms			**289,625**	*91,251*	**7,232**	-

[20] The over achievement for this indicator is because of the UNICEF result include formal and non-formal learning and refugee response while education cluster collects only the children reached through non-formal learning. Additionally, there was some double counting by partners since humanitarian response are continued for multiple months. Data has been revised during the mid-year reporting.

Annex B - 2024 HAC Funding Status including Refugee Response

Sector	2024 HAC Funding Requirements (US)	Funds available			Funding gap	
		Humanitarian resources received in 2024 (USD)	Resources available from 2023 (Carry-over) (USD)	Total Funds Available (USD)	$	%
Health	45,002,047	3,300,166	5,338,155	8,638,321	36,363,726	81%
Nutrition	99,826,914	5,867,458	9,467,966	15,335,424	84,491,490	85%
Child Protection, GBViE, PSEA	59,410,938	3,159,894	3,661,169	6,821,063	52,589,875	89%
Education	60,000,072	129,677	3,467,824	3,597,501	56,402,572	94%
WASH	144,280,947	9,989,918	7,420,197	17,410,115	126,870,832	88%
Social Policy	105,551,000	1,381,756	2,749,017	4,130,773	101,420,227	96%
Cross Cutting (*SBC, AAP, RCCE*)	21,230,203	8,788,320	0	8,788,320	12,441,883	59%
Total	**$535,302,121**	**$32,617,188**	**$32,104,328**	**$64,721,516**	**$470,580,605**	**88%**