UNICEF Ethiopia/2024/ Bethelhem Assefa

Abdisamad,14, enjoys the UNICEF-supported accelerated learning programme, which builds confidence and prepares students for regular class, in Qoloji camp for the internally displaced, Somali Region.

unicef for every child

Humanitarian Action for Children

Ethiopia

HIGHLIGHTS

- Children, women and persons with disabilities in Ethiopia face significant risks due to armed conflict, violence, climate shocks, disease outbreaks, new refugee influxes and large-scale population displacement. Currently, 21.4 million people require humanitarian assistance,[1] including 16.7 million children and women[2] and nearly 4.5 million displaced people.[3] Ethiopia hosts more than 1 million new and longer-term refugees and asylum seekers.[4]
- In 2025, UNICEF's humanitarian action in Ethiopia will prioritize essential humanitarian assistance to vulnerable and hard-to-reach populations. It will also address community vulnerabilities and build resilience among at-risk communities, including displaced and refugee populations. Key efforts include emergency preparedness, fostering localization, enhancing programme integration and ensuring accountability and inclusion of children with disabilities.
- UNICEF will require $493 million in 2025 to reach 10.5 million people in urgent need – to treat severely malnourished children, implement innovative local solutions; help out-of-school children return to school; solarize water schemes; carry out gender-based violence risk mitigation, prevention and response; and provide mental health and psychosocial support.

KEY PLANNED TARGETS

2.8 million
children and women accessing primary health care

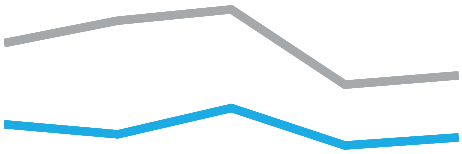
4.7 million
children screened for wasting

168,400
children/caregivers accessing community-based mental health and psychosocial support

3.8 million
people accessing a sufficient quantity and quality of water

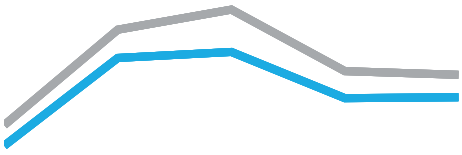
IN NEED

21.4 million people[5] | **12 million children**[6]



TO BE REACHED

10.5 million people[7,8,9] | **8 million children**[10]



FUNDING REQUIREMENTS

US$493.3 million

Figures are provisional and subject to change upon finalization of the inter-agency planning documents.

HUMANITARIAN SITUATION AND NEEDS

Ethiopia is grappling with a complex humanitarian crisis characterized by armed conflict, intercommunal violence, climate-related hazards, disease outbreaks, food insecurity and socioeconomic degradation. Currently, 21.4 million people, including 16.7 million women and children, nearly 4.5 million[11] displaced people, 2.1 million children with disabilities[12] and more than 1 million refugees and asylum seekers[13] urgently need humanitarian assistance. Additionally, 8 million children[14] (49 per cent girls)[15] are out of school, mainly in Amhara, Oromia and Tigray regions, with more than 9,654 schools damaged due to conflict. Recent SMART+ surveys conducted between June and July 2024 in various livelihood zones in Ethiopia revealed concerning trends of acute malnutrition in several regions,[16] with an estimated 894,682 cases of severe wasting in children younger than five countrywide.

In Amhara, ongoing conflict between federal forces and the Fano militia is worsening humanitarian conditions, causing displacement, property destruction and gender-based violence,[17]as well as restricting access to basic services and markets and disrupting livelihoods, leaving millions of children out of school[18] and women without essential health care. In Tigray, despite some improvements following the 2022 peace agreement, significant humanitarian needs persist. Approximately 1 million internally displaced persons[19] are living in dire conditions, with high levels of food insecurity and malnutrition. Girls and women, particularly survivors of sexual violence, require mental health and psychosocial support. In Oromia, armed and intercommunal conflicts have displaced nearly 1 million people.[20] Conflict has damaged health facilities, severely compromising basic health services, and has caused more than 1.1 million children[21] to drop out of school.

The October – December 2024 rainy season is likely to be one of below-average rainfall.[22] A total of 24 zones are at risk of drought: 7 in Oromia, 10 in the Somali region and 7 in southern Ethiopia. Conversely, during the last 'Kiremt' season (June – September 2024), heavy rains caused landslides in Gofa Zone that displaced 24,139 individuals to temporary accommodation centres churches and schools.[23] Female-headed households are particularly vulnerable in these circumstances due to their limited resources and inadequate protection systems.

In 2024, Ethiopia has experienced several disease outbreaks, including cholera, measles, malaria and dengue cases. Cholera cases have surged in Afar and Oromia regions, marking a third wave of outbreaks. The measles outbreak, which has affected four regions,[24] is worsening due to low immunization coverage and caregivers' lack of awareness about the importance of vaccination, with the outbreak further exacerbated by population displacement and access constraints.

SECTOR NEEDS[25]

16.4 million
people in need of health assistance

5 million
people in need of nutrition assistance

7.5 million
children in need of protection services

10.6 million
children in need of education support

15.2 million
people lack access to safe water

STORY FROM THE FIELD

@UNICEF ETHIOPIA/2024/Nahom Tesfaye

Samrawit, 14, holds her hand under running water from the water system in her village in Konso Zone. UNICEF helped restore the system after it was damaged by conflict.

"When the violence erupted, we didn't know what to do," recalls Samrawit's mother Kachacha. "We just left our home without taking any of our belongings. It was such a difficult time." Like many families in the area, Samrawit and her family lost their house in Konso Zone due to the conflict. Samrawit spent three years out of school because of intercommunal violence that displaced thousands of people in her village.

The conflict also damaged the generator that supplies water to the village.

UNICEF supported replacement of old and damaged generators with sustainable solar-powered systems, bringing relief to communities.

Water is now available in the villages, schools and health facilities. For Samrawit, having clean water nearby means having ample time for her education and managing her menstrual health and hygiene needs.

Read more about this story here

HUMANITARIAN STRATEGY

In 2025, UNICEF will focus on assisting the most vulnerable women and children in the hardest-to-reach areas in Ethiopia. By adopting innovative, multisectoral approaches, UNICEF aims to save lives, alleviate suffering, maintain dignity and protect children's rights.

Immediate life-saving assistance includes treatment of children with malnutrition; providing access to critical health-care services for pregnant and lactating women; provision of safe spaces for children and women, including mental health and psychosocial support; strengthening community-based structures; deployment of social workforce personnel for case management of survivors of violence and abuse, including gender-based violence; and shock-responsive humanitarian cash transfers to address the urgent needs of those newly displaced and other extremely vulnerable households.

To meet children's education needs, UNICEF employs a nexus approach to enhance the resilience of children, teachers and communities affected by crisis. This involves implementing inclusive and gender-responsive, multisectoral and holistic programmes, such as the Bete ('my home') approach, which integrates education, child protection and life-skills interventions.

While prioritizing immediate life-saving efforts, UNICEF will also focus on building resilient communities through climate-adaptive practices. Among these are promoting climate-smart agriculture and water conservation methods; and building resilience for the production and consumption of energy-dense diverse nutritious foods using local solutions to prevent deterioration of the nutrition status of vulnerable populations. Sustainable energy solutions – including solar-powered systems – will ensure long-term access to clean water.

UNICEF, in collaboration with the Ministry of Health and development partners, is scaling up an optimized primary health care approach at the Primary Health Care Units level to enhance access to essential health services, improve household food and nutrition security, increase access to safe water and sanitation, boost quality education, empower women economically and enable communities to engage in primary health care.

UNICEF prioritizes disability- and gender-responsive programming, focusing on the most vulnerable people. Cash transfer programming also prioritizes persons with disabilities.

Partnerships with local women-led organizations and organizations of persons with disabilities will be strengthened during the year. And, as part of its humanitarian access strategy, UNICEF has established a new office in Nekemte, East Wollega Zone, to enhance programme quality and presence in hard-to-reach areas.

UNICEF leads the Nutrition and WASH clusters and the Child Protection Area of Responsibility and co-leads the Education Cluster. This leadership enhances intersectoral coordination, efficiency and effectiveness in addressing immediate needs.

In line with government-led anticipatory action for drought emergencies, UNICEF will undertake activities to prevent severe impacts of drought and enhance resilience, including strengthening mobile health clinics, conducting measles vaccinations, deploying Rapid Response Teams, maintaining water points and implementing measures to mitigate protection risks.

Progress against the latest programme targets is available in the humanitarian situation reports: https://www.unicef.org/appeals/ethiopia/situation-reports

2025 PROGRAMME TARGETS

Health (including public health emergencies)[26]

- **2,782,077** children and women accessing primary health care in UNICEF-supported facilities
- **1,470,054** children vaccinated against measles, supplemental dose
- **173,093** live births that were delivered in health facilities in UNICEF-supported areas
- **34,246** individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities

Nutrition[27]

- **4,735,536** children 6-59 months screened for wasting
- **894,682** children 6-59 months with severe wasting admitted for treatment
- **892,831** primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- **1,495,543** pregnant women receiving preventative iron supplementation
- **5,919,401** children 6-59 months receiving vitamin A supplementation

Child protection, GBViE and PSEA

- **168,400** children, adolescents and caregivers accessing community-based mental health and psychosocial support
- **185,268** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- **3,258,582** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- **11,842** unaccompanied and separated children provided with alternative care and/or reunified
- **74,040** children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions
- **49,700** children who have experienced violence reached by health, social work or justice services

Education

- **600,953** children accessing formal or non-formal education, including early learning
- **535,000** children receiving individual learning materials
- **136,200** children and adolescents accessing skills development programmes
- **32,502** teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support

Water, sanitation and hygiene

- **3,818,582** people accessing a sufficient quantity and quality of water for drinking and domestic needs
- **675,302** people accessing appropriate sanitation services
- **344,747** women and girls accessing menstrual hygiene management services
- **2,091,440** children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces
- **4,275,243** people reached with handwashing behaviour-change programmes
- **2,533,167** people reached with critical WASH supplies

Social protection

- **500,000** households benefitting from social assistance from government funded programmes with UNICEF technical assistance
- **100,000** households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)

Cross-sectoral (HCT, SBC, RCCE and AAP)[28]

- **33,104,322** people reached with timely and life-saving information on how and where to access available services
- **3,645,119** people engaged in reflective dialogue through community platforms
- **70,110** people engaged in reflective dialogue through social media and digital platforms
- **150,763** people sharing their concerns and asking questions through established feedback mechanisms

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

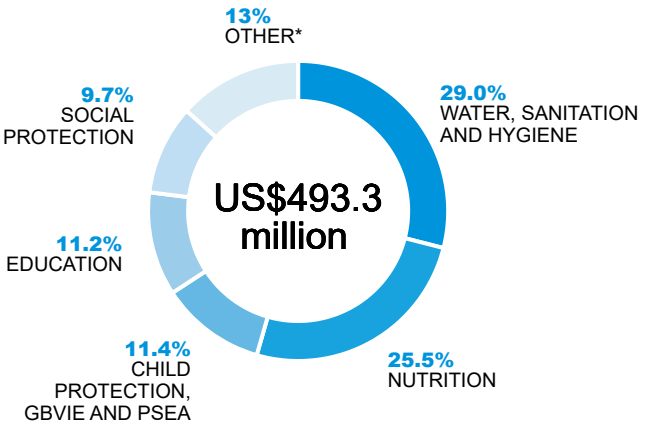
Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.

FUNDING REQUIREMENTS IN 2025

In 2025, UNICEF requires $493 million to meet the urgent humanitarian needs of 10.5 million people in Ethiopia, including 8 million children, whose lives have been impacted by multiple and overlapping shocks. The total appeal funding requirement also includes preparedness and anticipatory actions, which cover readiness for potential emergencies to mitigate risks. Although the budget has decreased by 8 per cent compared with 2024, this reflects a prioritization of life-saving interventions, not an improvement in the humanitarian situation, because the total number of people requiring humanitarian assistance has increased from 20 million to 21.4 million people.

Children, women and persons with disabilities in Ethiopia face significant challenges due to years of deprivation from compounding impacts of conflict, climate instability, disease outbreaks and multidimensional poverty. Full funding of this appeal will support critical life-saving interventions in health, nutrition and WASH, including life-sustaining inclusive education, child protection and social protection measures. Full funding will support UNICEF to reach the most vulnerable children and women through rapid response mechanisms, mobile health and nutrition services and provision of essential supplies, including in hard-to-reach areas. The response will balance immediate relief efforts with resilience-building and climate-smart initiatives to enhance the impact and value for money of humanitarian resources. UNICEF will prioritize female- and child-headed households, the hardest-to-reach communities, people with disabilities, displaced populations and refugee households and the communities hosting them.

Without adequate funding, 10.5 million children, women and men will be deprived of essential life-saving services. Insufficient access to proper funding will lead to further spread of infectious diseases. Survivors of gender-based violence will be unable to access essential services and treatment. Moreover, a generation of children will be out of school, at greater risk for violence, recruitment into armed groups, harmful practices and abuse, eroding the future stability of Ethiopia. UNICEF's capacity to deliver a principled, timely, quality humanitarian response in Ethiopia depends on the availability of resources.



Sector	2025 requirements (US$)
Health (including public health emergencies)	**47,321,765**
Nutrition	**125,702,549**
Child protection, GBViE and PSEA	**56,036,942**[29]
Education	**55,158,227**
Water, sanitation and hygiene	**142,918,104**
Social protection	**47,634,240**[30]
Cross-sectoral (SBC, RCCE and AAP)	**18,526,591**[31]
Total	**493,298,418**

**This includes costs from other sectors/interventions : Health (including public health emergencies) (9.6%), Cross-sectoral (SBC, RCCE and AAP) (3.8%).*

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ENDNOTES

1. United Nations Office for the Coordination of Humanitarian Affairs, Ethiopia Humanitarian Response Plan 2024, February 2024.

2. Ibid.

3. Ibid.

4. Office of the United Nations High Commissioner for Refugees (UNHCR), Ethiopia: Total refugees and asylum seekers, operational data portal, available at <https://data.unhcr.org/en/country/eth>.

5. OCHA, Ethiopia Humanitarian Response Plan 2024, February 2024.

6. Ibid.

7. Figure calculated based on children aged 6–59 months receiving vitamin A supplementation, school-aged children benefiting from WASH in learning facilities and safe spaces, women accessing primary health care and men accessing water.

8. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.

9. The percentage of children with disabilities is estimated using the Ethiopia Humanitarian Response Plan 2024: The percentage of people in need who have disabilities is 17.75 per cent and the percentage of children aged 0–17 years is 56.07 per cent of people with disabilities to be reached.

10. Figure for children to be reached calculated based on number of children aged 6–59 months receiving vitamin A supplementation and school-aged children benefiting from WASH in learning facilities and safe spaces.

11. United Nations Office for the Coordination of Humanitarian Affairs, Ethiopia Humanitarian Response Plan 2024, February 2024.

12. The percentage of children with disabilities is estimated using the Ethiopia Humanitarian Response Plan 2024: The percentage of people in need who have disabilities is 17.75 per cent and the percentage of children aged 0–17 years is 56.07 per cent of people with disabilities to be reached.

13. UNHCR, Ethiopia: Total refugees and asylum seekers, operational data portal, Ethiopia, as of 31 August 2024.

14. Ethiopia Education Cluster Monitoring Dashboard, August 2024.

15. Ibid.

16. In Tigray, surveys from July 2024 reported a global acute malnutrition (GAM) prevalence of 17.9 per cent, classified as 'very high' (≥15 per cent) by WHO/UNICEF standards. A June 2024 SMART survey in Fafan Zone, Somali Region, showed a GAM rate of 16.5 per cent, also 'very high'. In Teru, Afar Region, preliminary June 2024 findings indicated a 'critical' GAM rate of 19.4 per cent. In Amhara's South Wollo & Oromia Eastern lowland sorghum & cattle (SWS) Livelihood Zones, a June 2024 survey recorded a 'serious' GAM prevalence of 9.7 per cent. In Benishangul-Gumuz Region, a July 2024 survey found a 'medium' GAM rate of 6.9 per cent. These results highlight the urgent need for targeted malnutrition interventions. https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2020-03/IPC-for-Acute-Malnutriton-Concepts-and-Tools-Cleared-by-TAG-and-Endorsed-by-SC.pdf.

17. ACAPS ANALYSIS HUB Ethiopia, 14 June 2024 https://fscluster.org/sites/default/files/2024-06/20240614_ACAPS_Ethiopia_Analysis_Hub___Impact_of_conflict_in_Amhara.pdf.

18. Ethiopia Education Cluster Monitoring Dashboard, August 2024.

19. UNOCHA, ETHIOPIA Internal Displacement Overview JUNE 2024. https://www.unocha.org/publications/report/ethiopia/ethiopia-internal-displacement-overview-june-2024#:~:text=An%20estimated%204.5%20million%20people,conflict%2C%20which%20peaked%20in%202021.

20. Ibid.

21. Ethiopia Education Cluster Monitoring Dashboard, August 2024.

22. Forecast from multiple sources, including: Ethiopian Meteorological Institute, European Centre for Medium-Range Weather Forecasts seasonal forecast, International Research Institute for Climate and Society (Columbia University), World Meteorological Organization Lead Centre, North American Multi-Model Ensemble and Climate Hazards Center (University of California at Santa Barbara).

23. UNICEF, Ethiopia, Humanitarian situation report no. 8, August - September 2024.

24. Amhara, Gambella, Oromia and South Ethiopia. Source: <www.afro.who.int/countries/ethiopia/news/reactive-measles-vaccination-campaign-ethiopia-reaches-over-17-million-children>.

25. Sector needs are based on OCHA, Ethiopia Humanitarian Response Plan 2024.

26. Targeting has been done using four indicators, as in previous years, and the country office has further prioritized targets to cover the urgent needs of the most vulnerable/at-risk populations.

27. Targeting rationale: The total burden/caseload of severe wasting countrywide was targeted for treatment, excluding Addis Ababa, Harari and Dire Dawa city administrations, which are covered by development programming. Considering the rights-based approach, all children expected to be severely wasted in 2025 were targeted. The current HAC admissions target was retained given the moderate increase relative to the overall caseload of severe wasting admissions in Ethiopia in 2023 (715,000). Screening, vitamin A supplementation and deworming target only children in hot-spot priority 1 and 2 woredas, while 40 per cent of the caregivers of children aged 0–23 months in the priority 1 and 2 hotspot woredas were targeted for infant and young child feeding (IYCF) counseling in priority 1 and 2 woredas. Finally, 25 per cent of the IYCF target were targeted for household production of nutrient-dense and diverse foods using durable and local solutions.

28. Humanitarian cash transfers are included under the social protection targets.

29. The breakdown is as follows: child protection ($32,065,744.80); prevention and response to gender-based violence in emergencies ($13,116,974); and protection from sexual exploitation and abuse ($10,854,222.46).

30. The social protection budget line item includes humanitarian cash transfers.

31. The cross-sectoral breakdown is as follows: social and behavioral change ($11,718,929); risk communication and community engagement ($6,451,861); and accountability to affected populations ($355,801).