

Ethiopia

Humanitarian Situation Report No. 3

Mid-Year Report

unicef
for every child

January - June 2025

Highlights

- Since January, over 2.4 million malaria cases including 103 deaths were reported, mainly from Oromia (31%), Amhara (22%), South Ethiopia (14%), Southwest (13.8%) and Central Ethiopia (6%) regions. Additionally, over 4,373 cholera cases and 42 deaths were reported in Amhara and Gambella regions. The cholera outbreak remains active in 23 *woredas*—18 in Amhara and 5 in Gambella.
- According to Ethiopia Crisis Response Plan 2025, an estimated 3.3 million people are internally displaced across the country, while the majority displaced by conflict (69%), and drought (17%). Protracted displacement remains a major issue, especially in northern regions.
- In the first half of 2025, UNICEF provided lifesaving treatment to nearly 331,000 acutely malnourished children under five years of age across the country.
- During the same period, over 2.3 million women and children received primary healthcare services, more than 1.4 million people gained access to safe drinking water through rehabilitation and solarization of water systems, and over 113,000 children, adolescents and caregivers received mental health and psychosocial support.
- In May 2025, an Integrated Measles Campaign was conducted across 1,227 woredas nationwide, reaching over 18.5 million children aged 9 to 59 months, with a coverage rate of 98.96%.
- Shock Responsive Cash Transfers (SRCTs) were provided to 57,762 households—including 33,665 women-headed households—across Amhara, Oromia, Tigray, and Benishangul Gumuz regions.

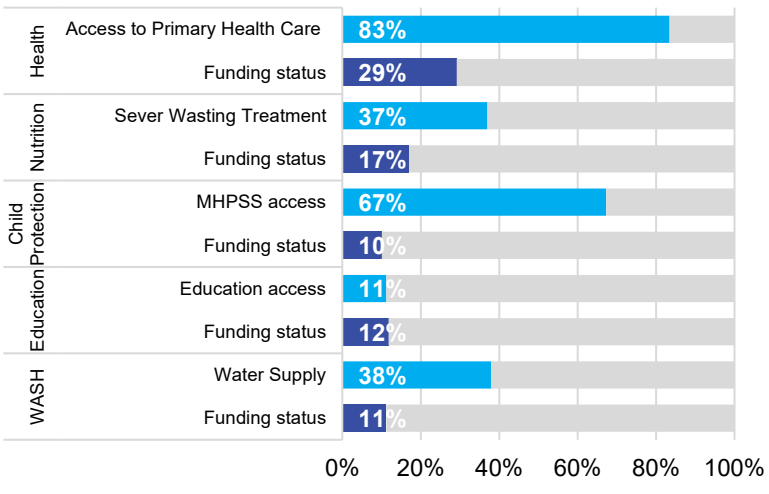
Situation in Numbers

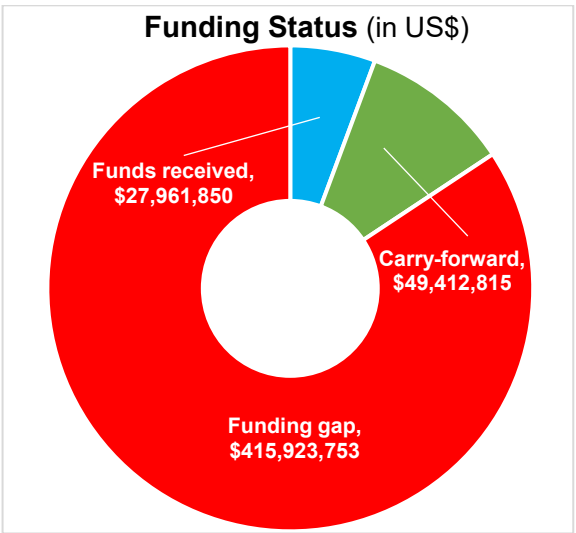
1,080,563
Total Refugees and Asylum Seekers**

UNICEF Appeal 2025

US$ 493.3 million

UNICEF Response and Funding Status*





* The UNICEF response % is only for the indicator, while the funding status covers the entire sector.
**UN Refugee Agency (UNHCR) total refugees and asylum seekers in Ethiopia as of 30 June 2025.

Funding Overview and Partnerships

UNICEF's Humanitarian Action for Children (HAC) 2025 Appeal highlights the urgent need for US$493.3 million to address the critical humanitarian requirements of children, adolescents, women, and men in Ethiopia. As of June 2025, UNICEF Ethiopia has received US $77.3 million towards the appeal, which, when combined with US$49.4 million of carry-over from 2024, represents only 16 per cent of the total financing required. This significant shortfall underscores the necessity for continued support to bridge the funding gaps and provide lifesaving humanitarian programming. UNICEF urges donor partners to provide assistance to ensure that children and their caregivers receive the lifesaving and life-sustaining aid they urgently need in 2025 and beyond.

UNICEF extends its sincere gratitude to all donors who have generously supported the 2025 HAC. Special appreciation goes out to the Central Emergency Response Fund (CERF), the European Commission Directorate-General for Humanitarian Aid and Civil Protection (ECHO), German Federal Foreign Office, Japan, Sweden, the USA Bureau of Population, Refugees and Migration (PRM), Global Affairs Canada (GAC), Republic of Korea, Malta, and all private sector donors who have shown their commitment through UNICEF National Committees. Your contributions are making a profound difference in the lives of children and families in Ethiopia.

Situation Overview and Humanitarian Needs

Ethiopia is currently responding to multiple disease outbreaks—including cholera, measles, malaria, and Mpox—amid persistent conflict that continues to affect public health systems. The conflict has left people in urgent need of assistance, particularly those in hard-to-reach areas with restricted humanitarian access. Additionally, internal displacement caused by conflict and natural disasters continues to negatively impact the public health situation in Ethiopia. Between January and May 2025[1], a total of 4,373 **cholera cases** and 42 deaths (CFR = 0.96%) were reported from Amhara (2,179 cases, 10 deaths) and Gambella (2,194 cases, 32 deaths) regions. In the past seven days, 155 new cases and no deaths were reported, with the outbreak currently active in 23 woredas—18 in Amhara and 5 in Gambella. In Amhara, the most affected zones include West Gondar, West Gojjam, Central Gondar, Bahir Dar city, North Gojjam, and South Gondar. Holy water sites, such as Wonkishet, Quara and Andasa, continue to be key cholera hotspots, as they are visited by thousands of pilgrims seeking physical and spiritual healing. In Gambella, ongoing cross-border population movements, combined with high population density, inadequate WASH facilities, and the start of the rainy season further heighten the risk of waterborne diseases, including cholera.

According to the Public Health Emergency Operations Center (PHEOC), over 2.4 million **malaria** cases and 103 deaths were reported. Approximately 86 per cent of the malaria cases were reported from four regions: Oromia (31%), Amhara (22%), South Ethiopia (14%), Southwest (13.8%) and Central Ethiopia (6%). Despite Oromia having the highest number of cases, Gambella had the highest case distribution at 595 per 100,000 population. In the last week of May, Malaria was reported in 1,173 *woredas*, with 91.3 per cent of cases lab-confirmed, and Plasmodium falciparum[2] accounting for 59 per cent of infections. Since January 2025, 4,571 **measles** cases and 23 deaths (CFR = 0.50%) have been reported as of May 2025. During the last week of May 2025, 142 new cases were recorded, and one death reported. The outbreak has been controlled in eight *woredas* across Oromia, Tigray and Southwest Ethiopia (SWE) regions, while new outbreaks emerged in one *woredas* of Central Ethiopia (CE) region. Currently, the outbreak remains active in 17 *woredas.*

Meanwhile, since Ethiopia's first confirmed **Mpox** case in Moyale, Oromia, on May 25, the country has recorded 24 cases[3] and one death. Of these, 20 individuals have recovered, while three patients are still receiving treatment in the Amhara and Oromia regions. Seven regions are currently affected: Oromia, Amhara, SWE, CE, Sidama and Harari, prompting heightened surveillance and response efforts nationwide. Public awareness campaigns are ongoing via mainstream and community media. A hotline, supported by WHO and UNICEF, has been launched (number: 8335 or 952). Mpox messaging was also shared during recent polio vaccination campaigns, which reached 12 million people. Major challenges include shortages of lab and Infection Prevention and Control (IPC) supplies; delays in test results; limited readiness of isolation centres; transportation constraints; staff capacity gaps (including a lack of formal mpox-specific training); and low global vaccine availability. In response to the ongoing Mpox outbreak, UNICEF provided 5,000 Personal protective equipment (PPE) kits—including coveralls and face shields—for health workers across 78 designated isolation facilities, alongside the release of 200 Inter-agency Emergency Health Kits (IEHKs) for treatment and prepositioning. Risk communication efforts were integrated with the Polio campaign to bolster public awareness.

The Ethiopian Disaster Risk Management Commission[4] has issued a national flood alert for the *Kiremt* rainy season (June-September) to initiate preparedness and mitigation measures, including anticipatory action and response. A recent forecast by the Ethiopian Meteorological Institute (EMI) anticipates flash floods and river overflows in flood-prone areas, due to normal and above-normal rainfall predictions. Flash floods and landslides are expected in July and August

[1] PUBLIC HEALTH EMERGENCY OPERATIONS CENTER (PHEOC), ETHIOPIA; Multi Outbreak Situation Response Weekly Bulletin #107_30 May 2025
[2] Plasmodium falciparum is a unicellular protozoan parasite and the most dangerous species of the Plasmodium genus that causes malaria in humans.
[3] OCHA Humanitarian Update_ June 2025
[4] Ethiopia Disaster Risk Management Commission National Flood Alert # 3 June 2025

in flood-prone areas due to heavy rainfall. The EMI forecasts above-normal rainfall in Central and South Tigray, Afar, Western Oromia, Gambella, Benishangul Gumuz, eastern, northern and western Amhara, and northern Somali. Western and central parts of the country are predicted to receive normal to above-normal rainfall. An early onset of the rainy season is expected in the southwestern and western parts of the country, while late cessation is anticipated in central, eastern, and northern areas. Floods are already affecting thousands of people across the country, in particular in Amhara, Oromia, Somali, and Southern Ethiopia regions.

Since January, the Amhara region continued to experience intense armed conflict between the Ethiopian National Defense Force ENDF/security forces and armed groups. The protracted conflict has severely hampered humanitarian response efforts, particularly in rural and hard-to-reach areas, hindering efforts to deliver basic lifesaving services. According to the Amhara Disaster Prevention Food Security Commission (ADPFSC), approximately 636,291 IDPs remain in protracted displacement across the region. Of these, nearly 90 per cent are living within host communities, whereas 68,772 are residing in IDP sites, with the largest concentrations in Debre Berhan and Jara, hosting approximately 22,000 and 10,000 people, respectively. Displaced populations face acute shortages of food, shelter, water, sanitation, healthcare, and protection services. The protracted nature of displacement, coupled with the lack of durable solutions, continues to place immense strain on already overstretched and underfunded humanitarian actors. Additionally, heavy rains on June 10, 2025, affected at least 6,583 people across four kebeles in Sekela *woreda,* West Gojjam Zone, *a*ccording to the Disaster and Risk Management Office (DRMO). The rain damaged agricultural land and shelters, affecting 1,491 households, including 228 women-led households. The conflict has also disrupted supply chains for essential agricultural inputs, including fertilizers, pesticides, seeds, and tools. Price hikes—particularly in western Amhara— have further limited farmers' access these inputs. In areas like North Gondar and parts of North Wello, essential supplies have not been delivered, compromising both the current Belg season and hindering preparations for the Meher harvest. Meanwhile, the ongoing crisis in Sudan has led to a significant influx of individuals into the Amhara region. As of Mid-July 2025, over 155,000[5] people from various nationalities, including Ethiopian returnees, Sudanese, and Eritreans, have crossed the Metema border. Among them, over 38,000 are children. Access constraints in eastern Amhara, including areas near Metema, continue to pose significant challenges for humanitarian operations due to insecurity and criminal activity. These conditions have disrupted aid delivery and raised concerns about staff safety.

In Tigray, living conditions for displaced populations remain dire and have further deteriorated due to a combination of reduced humanitarian presence, funding shortfalls and pipeline breaks. Over 740,000 people[6] remain displaced—nearly 80 per cent of whom are from areas that remain contested by Amhara and Tigray regions. As of June 2025, Tigray hosts more than 39 per cent of Ethiopia's internally displaced persons and over 40 per cent of its returnees. Critical funding gaps across key sectors**—**including health, nutrition, education, WASH, and child protection are hindering lifesaving interventions. In Oromia, more than 700,000 people are displaced, mainly due to armed and intercommunal conflict; with 350,000[7] in western and central areas, requiring multi-sectoral humanitarian assistance. Due to the ongoing security tensions in Benishangul Gumuz region, most people are displaced from Amhara region and from bordering woredas of Amhara and Oromia regions. As a result, movement restriction for humanitarian actors have been imposed in three *woredas* of Metekel zone (Dibatie, Bulen and Wonbera) and mandatory escort on the main road of Metekel zone *woredas* due recent security tension in Guba *woreda* has been put in place. According to local authorities, the total number of IDPs in the region is more than 55,000 individuals, including those who have been displaced for extended periods. At the end of May, flooding incidents were reported in South Omo following the overflow of Lake Turkana and the Omo River, resulting in the displacement of approximately 8000 people[8] in Dasenech *woreda* (SE region). According to zonal authorities, an additional 85,000 people are at risk ahead of the upcoming rainy season, which could also lead to a secondary displacement.

Since October 2024, seismic activity has affected parts of the Afar and Oromia regions, particularly the Awash and Dulecha *woredas*. The situation escalated with multiple earthquakes recorded since December 19, 2024, reaching magnitudes of up to 5.8. Seismic activity continued in January and February of this year, with the epicentre in Awash Fentale, resulting in displacement and disruption of services, institutions and infrastructures. More than 54,000 individuals[9] were displaced to temporary sites. Regional assessment revealed that 72,000 people in Dallol and Konnaba required emergency food assistance due to the compounded effects of conflict and seismic shocks. While many IDPs wish to return home, some areas remain unsafe due to ongoing insecurity, damaged infrastructure, and limited access to essential services. Key needs include safe and permanent shelter; access to clean water and sanitation; and livelihood restoration. Similarly, in Fantale *woreda* (Oromia Region), where over 30,000 people were displaced due to seismic activity earlier this year, there is a limited presence of partners, resulting in inadequate health and nutrition services. Meanwhile, UNICEF has continued its support in areas affected by the earthquake by providing technical assistance, supplies, and logistical support. This included delivering comprehensive health and nutrition services

[5] Displacement Tracking Matrix_IOM (https://dtm.iom.int/node/24896)
[6] Ethiopia Refugees and Internally Displaced Persons _June 2025
[7] OCHA_ Humanitarian Update _April 2025
[8] FEWS NET_July 2, 2025
[9] OCHA Humanitarian Update_ June 2025

through the SOS Mobile Health Nutrition Teams (MHNTs), ensuring access to medical consultations and treatment, educational support through temporary learning space (TLSs), distributing WASH non-food items (NFIs), and rehabilitating borehole sources at IDP sites.

Since mid-February 2025, the humanitarian situation along the Ethiopia–South Sudan border has deteriorated, driven by escalating violence and political instability in South Sudan. Intense clashes between the South Sudan Peoples' Defense Force and the White Army have resulted in large-scale displacement, with over 165,000 people[10] particularly women and children to flee their homes. Due to proximity to the conflict-affected areas, Ethiopia's Gambela Region has received an influx of displaced individuals. At least 35,000 people have crossed into Gambela, exacerbating the burden on limited resources. High population density, inadequate WASH facilities, and the start of the rainy season further heighten the risk of waterborne diseases, including cholera and increasing health and protection risks. With insufficient sanitation infrastructure and limited access to clean water, emergency WASH interventions are required including latrine construction, and hygiene promotion. In response, the Refugees and Returnees Service (RRS) has authorized the identification, registration, and relocation of new arrivals to the newly established Luak-Dong Camp, with registration tentatively set to begin early July 2025.

The current nutrition crisis in the country has been significantly influenced by climatic shock (flood, landslide, and drought), conflict, disease outbreaks, and insecurity in most of the areas. The situation is further deteriorated by economic and financial challenges, including inflation of local currency and reduction of ODA contribution. The disruption in funding has affected both ongoing and planned humanitarian activities—including the supply and delivery of Ready-to-Use Therapeutic Food (RUTF), which is critical for the treatment of Severe Acute Malnutrition (SAM). In 2024, BHA covered over 90 percent of RUTF needs. However, following a stop order from the United States Government (USG), contracts for 60 third-party monitors and 24 MHNTs were discontinued in March 2025, further limiting service delivery and monitoring capacity. These funding challenges have led to a critical shortage of therapeutic and supplementary foods. In response, the Ministry of Health (MoH) has introduced a modified dosage protocol to stretch existing supplies through the end of the year. The existing stocks of RUTF for treatment of children with SAM are expected to be depleted by the end of October 2025. Moreover, the Targeted Supplementary Feeding Programme (TSFP) has been suspended in most regions due to supply constraints. Available stocks of Corn-Soy Blend Plus Plus (CSB++)[11] and Ready-to-Use Supplementary Food (RUSF) are expected to be depleted by August and October 2025, respectively, which will further deepen the nutritional crisis and leave vulnerable populations without essential support.

Summary Analysis of Programme Response[12]

Health

So far in 2025, UNICEF supported the provision of primary health care services for over 2.3 million women and children throughout Ethiopia while nearly 5.2 million children received supplemental measles vaccinations. Over 111,000 live births were delivered in UNICEF-supported health facilities, and 12,243 cholera cases received treatments.

In Tigray, during the past six months, UNICEF sustained and scaled up maternal, newborn, and child health (MNCH) services in high-priority areas, including newly accessible *woredas* in the northwest and Southern parts of the region, as well as in nine *woredas* in the central and Northwest zones. As a result, nearly 521,000 individuals (36% children) received essential health care services, and 9,157 live births were attended in UNICEF-supported health facilities. UNICEF also led three successful vaccination campaigns: two rounds of the novel oral polio vaccine (nOPV2) polio immunization reached over 1.8 million children, and the Integrated Measles Supplementary Immunization Activities (SIAs) achieved 97 per cent coverage for children aged 9–59 months. Additionally, 2,603 zero-dose and 4,018 under-vaccinated children were reached with Pentavalent vaccines, with many linked to nearby health facilities for follow-up immunization. In Afar, UNICEF donated 40 motorbikes under the DRIVE initiative[13] to support last-mile vaccine and health supply delivery. As such, over 331,000 children were vaccinated against measles through an integrated campaign, while 21 MHNTs continued to provide primary healthcare to more than 126,000 women and children, including response to cholera and malaria outbreaks.

In Amhara, approximately 798,000 women and children from affected communities and IDPs accessed essential health care services through UNICEF-supported health facilities and MHNTs. A total of 26,031 children were vaccinated against measles through routine immunization, and 74,834 live births were attended by skilled health personnel. An integrated measles campaign was conducted across 175 *woredas* in the region with UNICEF providing technical support, including vaccine delivery and monitoring. The campaign successfully reached over 3.6 million children aged 9 to 59 months, achieving a coverage of 96.3 per cent. In Oromia, in response to a cholera outbreak, 17 Cholera

[10] OCHA Humanitarian Update_ June 2025
[11] Corn Soya Blend Plus (CSB++) used for pregnant and breastfeeding women with malnutrition.
[12] The **Summary Analysis of Programme Response** covers the period from ***January –June 2025***
[13] **DRIVE Initiative:** Direct Delivery of essential vaccines and other primary healthcare (PHC) commodities to Primary Health Care Units (PHCUs) and communities, especially in hard-to reach areas.

Treatment Centres (CTCs) were established across six *woredas*, and nearly 850,000 children received a supplemental dose to address the concurrent outbreak. Nearly 420,000 women and children in conflict and drought-affected zones accessed lifesaving curative services, and 18,251 live births were attended in UNICEF-supported health facilities. Additionally, Health facilities also treated over 56,000 cases of childhood illnesses, including pneumonia (24,465) and diarrhoea (32,096), highlighting continued vulnerability to preventable diseases.

In Benishangul Gumuz, UNICEF continued to support essential health services for IDPs/ returnees in conflict-affected *woredas* of Kamashi and Metekel zones, as well as in IDP camps in Bambasi *woreda*. Since January, nearly 171,000 individuals have received medical consultations through UNICEF-supported Emergency Drug Kits (EDKs) and IEHKs. Over 173,000 children under five were vaccinated against measles, and 7,312 live births were attended by skilled health workers. In Somali, over 120,000 people accessed primary health care services, and nearly 164,000 children received supplemental measles vaccinations through UNICEF-supported MHNTs, Sustainable Outreach Services (SOSs) and outreach teams in refugee, IDP, and host community sites. UNICEF also supported integrated measles SIAs conducted in February and May 2025, vaccinating over 1.8 million children aged 9 to 59 months across Somali, Harari and Dire Dawa, achieving a coverage rate of 99.6 per cent. Additionally, house-to-house polio campaigns vaccinated over 1.4 million children under five, achieving 98 per cent coverage.

UNICEF distributed 57 EDKs to support over 132,000 individuals including displaced people and returnees—in Sidama, CE, SE, SWE regions, improving access to health service, particularly to women and children. To strengthen the malaria outbreak response, UNICEF provided 732 packs of antimalarial drugs, amounting to 21,960 treatment doses. Over 29,380 sq. meter of mosquito breading sites were cleared in malaria hot spot *woredas* across the four regions, and more than 1.1 million people were engaged in health promotion, malaria prevention and control activities. Additionally, over 61,000 children under five at risk of measles infection were vaccinated. As part of the national measles SIAs, more than 3.8 million children under five were vaccinated, achieving 100 per cent coverage across the four regions. Moreover, 29,227 zero-dose children were identified and vaccinated in all four regions, strengthening immunity against vaccine-preventable diseases. In Gambella, primary health care services continued for both host communities and refugees, with approximately 33,000 women and children receiving primary health care at UNICEF-supported facilities during the reporting period. Over 5,300 children were vaccinated against measles, strengthening immunity among vulnerable populations. Maternal health services remained a priority, with 1,026 live births attended by skilled health professionals. In response to the ongoing cholera outbreak, 2,448 cases were treated at UNICEF-supported health facilities, and 14 CTC kits were provided to the Regional Health Bureau (RHB).

UNICEF has continued to improve the quality of health service delivery as part of its **efforts to build community resilience**. In Amhara, innovative programmes such as Family Mid-Upper Arm Circumference (MUAC), Ethiopian Crises to Resilience project (EC2R), and Kebele Health and Nutrition Platforms (KHNP) were introduced in the targeted *woredas*, aims to create resilient health institutions capable of absorbing shocks and delivering essential nutrition services without interruption during emergencies. Food-based approaches were also prioritized to address immediate needs in the management of wasting and to ensure improved and sustainable access to nutritious diet through climate-smart, local food solutions for complementary feeding. The EC2R project seeks to build resilient communities and institutions that can ensure the availability of nutrient-rich foods at the household level, ultimately helping children remain well-nourished and healthy during emergencies.

Nutrition[14]

Between January and June 2025, UNICEF continued to respond to the nutrition needs of vulnerable population affected by conflict, drought, and cholera across the country. Since January, nearly 331,000 children suffering from severe wasting were admitted for treatment—with a 95.15 per cent cure rate, 2.16 per cent defaulter rate, and 0.25 per cent mortality rate. Additionally, over 4.1 million children received vitamin A supplementation, 502,037 pregnant mothers received iron folic acid (IFA) supplementation, and 819,856 primary caregivers of children aged 0-23 months received counselling on Infant and Young Child Feeding (IYCF) practices. UNICEF distributed a variety of essential Community based Management of Acute Malnutrition (CMAM) supplies to support the treatment of malnourished children including 325,839 cartons of RUTF, 7,144 cartons of F-75 therapeutic milk, 5,500 cartons of F-100 therapeutic milk and 2,200 high-energy biscuits 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.

In response to a recent decline in funding, the Ministry of Health of Ethiopia introduced a modified dosage protocol in April 2025 for the treatment of children with severe wasting without medical complications. This adjustment is part of the national interim guidance and aligns with Ethiopia's broader strategy for a simplified and combined approach to managing wasting during emergencies. The approach is applied in contexts where there is a significant rise in acute malnutrition cases, often due to conflict, drought, or other crises that strain the routine health system. It is designed to address high caseloads, limited resources, supply shortages, and system constraints. These measures aim to ensure

[14] Data on nutrition programme response is one month delayed due to lengthy data collection and verification process from the kebeles to federal level.

continued access to life-saving treatment while maximizing the impact of available resources. Continued support and resource mobilization are urgently needed to sustain life-saving nutrition services and prevent further deterioration.

In Amhara, over 53,000 children with SAM were admitted for treatment since January. Admissions increased by 33 per cent in June, exceeding 11,000 cases. The zones of North Wollo, South Wollo, and Wag Himera were particularly affected, accounting for nearly half of all SAM cases during the reporting period. Despite protracted conflict and access constraints, UNICEF and partners sustained life-saving nutrition services through MHNTs, which screened over 38,000 children and 11,700 pregnant and lactating women (PLWs) for malnutrition. Rapid nutrition assessments conducted by Regional Emergency Nutrition Coordination Unit (RENCU) with UNICEF support, revealed critical proxy Global Acute Malnutrition (GAM) rates in Sekela and Berehet *woredas* (16.5%), and GAM rates ranging from 10 to over 20 per cent in IDP sites and a refugee camp—indicating a critical nutrition emergency. Preventive efforts included vitamin A supplementation, deworming, and iron supplementation, while resilience-building initiatives such as Family MUAC and EC2R project aimed to strengthen community capacity to withstand shocks.

In Tigray, over 20,000 children were treated for SAM, while nearly 803,000 children received vitamin A supplementation, and 172,412 were dewormed. More than 70,000 pregnant women received iron and folic acid, and 190,000 caregivers were reached with IYCF counselling. An integrated campaign conducted in May screened over 824,000 children and 140,000 PLWs, revealing a 58 per cent risk of acute malnutrition among PLWs. Targeted *find-and-treat* campaigns in North-West zone identified and treated 524 SAM cases and provided essential supplements. The Enhanced Community-Based Nutrition (eCBN) programme strengthened local capacity through women's support groups and Village Health Leaders (VHLs), while growth monitoring and school-based iron supplementation supported early detection and prevention. Nutrition-sensitive agriculture initiatives improved dietary diversity, and essential supplies were distributed to health facilities. However, high malnutrition rates among PLWs and children—especially in IDP camps, highlight the need for sustained interventions, expanded coverage, and continued research, such as the Small Quantity Lipid-based Nutrient Supplements (SQLNS) study for the prevention of wasting underway in three *woredas.*

In Oromia, over 124,000 children with severe wasting were treated, with 12.3 per cent requiring inpatient care in Stabilization Centres. While SAM admissions decreased by 10 per cent compared to the same period in 2024, May 2025 saw a sharp 43.7 per cent increase from April, marking the highest monthly admission in five years. This spike is attributed to the absence of targeted supplementary feeding programmes and improved early detection through recent campaigns. UNICEF supported outreach services in 46 conflict-affected *woredas*, providing supplies, screening, treatment and feeding advice. Since January, over 606,000 children were screened, 852,000 received vitamin A, 557,510 were dewormed, 84,500 pregnant women received iron and folic acid, and 188,208 caregivers received feeding counselling. In Afar, nearly 22,000 children with severe wasting were treated, achieving a 93.4 per cent cure rate. More than 321,000 children and 75,000 PLWs were screened, revealing critical levels of malnutrition. Rapid Nutrition Assessments in Gabbi-Rasu and Amibara showed a GAM prevalence ranging from 11.9 per cent in the IDP sites to 19.3 per cent in the host communities—particularly among PLWs. Preventive services included vitamin A for over 361,000 children and iron-folic acid for nearly 29,000 pregnant women.

In Somali, over 66,000 children with severe acute malnutrition were treated, with a 94 per cent cure rate. Integrated measles and nutrition campaigns reached over 1.8 million children with vaccinations, screened over 1million children for malnutrition, and provided vitamin A and deworming to nearly 18,000 children. Additionally, 15,217 caregivers received feeding counselling, 19,455 pregnant women received iron and folic acid, and 3,400 mothers received cash-for-nutrition support. In Benishangul-Gumuz, UNICEF supported emergency nutrition services, treating over 2,400 children with severe acute malnutrition—13.5 per cent of whom needed inpatient care. The programme achieved an 86.6 per cent cure rate, supported by consistent supply flow and close monitoring. Preventive efforts included vitamin A supplementation for over 183,000 children, iron supplementation for 7,215 pregnant and lactating women, and nutrition counselling for 1,820 caregivers.

In South Ethiopia, Central Ethiopia, Sidama, and Southwest Ethiopia[15], over 57,000 children under five were treated for severe wasting. From this, SE reported the highest caseload (22,429), followed by CE (16,941), Sidama (11,085), and SWE (7,092). The increasing trend in SAM admissions, peaking in March, was linked to reduced household food availability and poor feeding practices. Preventive services were scaled up: over 3 million children received vitamin A supplements during the May 2025 integrated measles and nutrition campaign—the highest coverage in the reporting period. Monthly screenings reached an average of 2.1 million children, and over 806,000 children aged 6–23 months were monitored for growth. Additionally, 454,000 pregnant women received iron and folic acid supplements. In Gambella, 6,760 children with SAM were enrolled in TFPs in 2025, with an 81.9 per cent cure rate, while integrated campaigns screened over 123,000 children and provided vitamin A to 137,000. Preventive services also reached 3,819 pregnant women and 4,283 caregivers with nutrition support. These efforts reflect a coordinated and impactful response to both immediate and long-term nutrition needs in the region.

[15] UNICEF has one Field Office that coordinates and ensures the execution of activities in all four regions.

To strengthen the resilience of health systems and ensure continuity of essential nutrition services during emergencies, UNICEF and partners introduced innovative programmes in selected *woredas* of the Amhara Region. These include the Family MUAC approach, EC2R project, and KHNP, all aimed at building institutional capacity to absorb shocks. A revised Programme Document (PD) with Organization for Rehabilitation and Development (ORDA) emphasized food-based interventions in Amhara, prioritizing climate-smart, local food solutions to improve complementary feeding and manage wasting. The EC2R project also focuses on enhancing household-level access to nutrient-rich foods to keep children well-nourished during crises. In Oromia, resilience-building efforts included the launch of an operational study in two *woredas* (East Hararghe Zone) to assess the impact of SQLNS on child growth and micronutrient status. The eCBN programme continued in 17 *woredas*, integrating livelihood support, capacity building, and community empowerment to sustainably reduce malnutrition.

Meanwhile, in southern regions, resilience-building efforts were strengthened through the continued implementation of the eCBN programme. In Sidama, 503 new VHLs were trained, bringing the total to 1,581 across four regions: 791 in Sidama, 359 in SE, 250 in SWE, and 181 in CE. These VHLs support both routine and emergency nutrition services at the household level. To address stunting and food insecurity, 1,400 households were supported through 28 women-led self-help groups. These households received pullet chickens, vegetable seeds, and cereals under a "*one egg per child per day"* model. In Dasenech *woreda,* a new integrated livelihood initiative was launched on five hectares of land, combining horticulture, small livestock, and other activities to support 70 vulnerable households—including children under five, pregnant and lactating women, and children with special needs.

Nutrition Cluster

In the first half of 2025, three nutrition surveys were conducted in Ethiopia. A Rapid SMART+ survey was conducted in Hambella Wamena *woreda* of West Guji zone (Oromia region), and another SMART+ survey was carried out in the Gurage-Siltie Highland Enset and Barley (GEB) livelihood zone (CE region). The results indicated GAM rates of 6.2 per cent and 2.1 per cent, respectively. Despite the low GAM rate among under five children in the GEB zone, the acute malnutrition rate among pregnant and breastfeeding women was alarmingly high at 21.7 per cent. Additionally, a Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) survey conducted in Gumi Eldalo *woreda* of Borena Zone, Oromia, revealed promising programme coverage, with a single estimate coverage of 61.8 per cent for the Outpatient Therapeutic Feeding Programme (OTP) and 59.7 per cent for the Targeted Supplementary Feeding Programme.

The TSFP has been suspended in most regions of the country due to supply constraint. The available supplies of Corn Soya Blend Plus (CSB++) and RUSF are expected to be depleted by August and October 2025, respectively, which will further exacerbate the nutritional crisis. According to the OCHA Financial Tracking System, nutrition cluster partners have acquired only US$46.08 million funding for the 2025 nutrition response, despite a requirement of over $200 million. As a result, partners are facing severe shortages of nutrition supplies needed to treat children under five and women.

WASH

During the first half of 2025, UNICEF and its government and NGO partners continued to provide WASH interventions**—**including lifesaving and sustainable access to safe drinking water and information on best practices for hygiene and sanitation**—**to vulnerable populations affected by drought, earthquake, floods, cholera, and conflict across Ethiopia.

As part of longer-term resilience building efforts, UNICEF supported WASH responses in drought, cholera and conflict-affected areas through the rehabilitation and maintenance of water structures across different regions. Between January and June 2025, more than 1.4 million people gained access to safe drinking water through the rehabilitation and solarization of water systems, replacement of old pipelines and rehabilitation of reservoirs. Additionally, over 706,000 people received essential WASH NFIs, including water treatment chemicals, buckets, and jerricans to ensure safe drinking water and storage during emergencies. More than 401,000 people nationwide gained access to safe and appropriate sanitation facilities though emergency latrine construction, repair of nonfunctional latrines and desludging. Furthermore, 20,658 schoolchildren received appropriate WASH facilities and hygiene services, and nearly 9,600 adolescent girls were supported with menstrual hygiene management. Moreover, over 615,000 people were reached through hygiene promotion and behavioural change interventions through interpersonal outreach, radio, TV, and public gatherings. These efforts were supported by trained health extension workers, community volunteers, and religious leaders, promoting safe water storage, treatment, latrine use, and disease prevention. Lastly, 19 health care facilities were equipped with improved WASH infrastructure.

In Amhara, Since January, UNICEF provided safe water to over 723,000 people through the rehabilitation of water supply systems and installation of solar-powered systems in four zones. Improved sanitation reached nearly 123,000 individuals including those in health facilities, refugee sites, and host communities. Critical WASH supplies were distributed to nearly 456,000 people, and 4,973 women and girls received menstrual health services. Despite these efforts, the humanitarian situation remains critical due to non-functional water systems and shortages of essential WASH items. Meanwhile, in Afar, UNICEF and partners, rehabilitated and upgraded three water supply schemes to solar-

powered systems, providing clean water to 16,540 people. Additionally, WASH NFIs were distributed to internally displaced people and communities affected by cholera and drought, benefiting nearly 20,000 people.

In Oromia, UNICEF rehabilitated and solarized a total of 30 water schemes across drought, flood and conflict-affected zones, benefiting over 275,000 people. WASH NFIs including household water treatment chemicals reached nearly 141,000 people, while hygiene promotion campaigns reached over 88,000 people to prevent waterborne diseases. Mpox awareness was integrated through SBC materials in Moyale and other zones. Additionally, UNICEF supported four schools across four zones with WASH and Menstrual Health and Hygiene (MHH) services, benefiting 3,315 girls. In Tigray, over 107,000 people gained access to drinking water through borehole rehabilitation, solarization, and handpump maintenance. Sanitation remains a major concern, with only seven per cent of people in IDP sites and host communities having adequate facilities. Since early 2025, sanitation interventions have benefitted 21,523 people and over 4,500 students. Hygiene promotion reached more than 246,000 people, while 1,041 women and girls received menstrual health support, and over 35,000 people received hygiene supplies.

In Benishangul Gumuz, UNICEF and its partners completed the maintenance of 317 shallow wells and the solarization of 12 water schemes, benefiting over 175,000 people. Additionally, institutional WASH facilities were constructed in Ura *woreda,* and 19 water schemes were maintained, reaching over 9,200 students. Sanitation and hygiene promotion activities reached approximately 109,000 people in Assosa and Metekel zones, targeting IDP and returnee areas. In Gambella, essential WASH NFIs including soap, jerricans, household treatment chemicals, were provided to over 31,000 cholera and flood-affected individuals—including South Sudanese refugees in collaboration with RHB and UNHCR. Additionally, over 30,000 people accessed safe water through the development and rehabilitation of shallow wells and water systems across multiple *woredas.*

In Southern regions, over the past six months, more than 108,000 people benefited from water supply interventions, including expansion of water systems, conversion of diesel-powered systems to solar, and repair of non-functional infrastructure. Over 17,000 people affected by landslides, cholera, and Mpox received essential WASH NFIs. Hygiene promotion reached 114,603 people, who also gained access to appropriate sanitation services. In Somali, UNICEF in collaboration with Regional Water Bureau (RWB), rehabilitated and expanded a borehole, installed a pipeline network, providing safe water to 10,700 individuals. Furthermore, UNICEF rehabilitated latrines and installed water supply systems, including storage units and handwashing facilities, at 20 facilities—10 health centres and 10 schools—across five *woredas*, benefiting approximately 222,000 people and over 6,000 students. Moreover, basic WASH NFIs were provided to 6,000 IDPs in Bokh *woreda.*

WASH Cluster

The WASH Cluster has organized the “Minimum Standards and Guidance Technical Working Group,” comprising UN agencies, INGOs and NNGOs, to review and update existing guidance documents in line with the latest global and national standards-Emergency WASH Response Minimum Standard, Revised – May 2025 - Ethiopia | ReliefWeb. The group is currently finalizing a key documents that outlines emergency WASH NFIs standards and the contents of hygiene kits. This guidance includes various kit options, item specifications, and distribution requirements to ensure consistency among different partners and to guarantee that high-quality items are provided to affected communities. Following this, the group will address other critical topics, including cholera response and guidance on WASH interventions and decommissioning in collective centres.

Child Protection

Between January and June 2025, UNICEF reached over 493,000 people (286,783 children, 206,715 adults, 1,315 children with disabilities) affected by conflict, drought, cholera, flooding, and other emergencies across the country with child protection services including MHPSS, gender-based violence (GBV), family tracing and reunification (FTR), alternative care services for unaccompanied and separated children, prevention of sexual exploitation and abuse, and explosive ordinance risk reduction (EORE), as well as victim assistance.

Since January, a total of 113,257 individuals, including 79,010 children (569 children with disabilities) and 34,247 caregivers have 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. MHPSS interventions help children and caregivers to cope with the effects of conflict, drought, and displacement. To strengthen service delivery, capacity-building trainings were conducted for frontline workers across several regions. In Afar and Oromia, 69 social workers were trained in MHPSS approaches to enhance service quality and referral systems. Similarly, in Gambella, 25 social workers received refresher training on Child Protection in Emergencies (CPiE), case management, and safe referral pathways. These training aimed to reinforce local response capacity and improve coordination across *woredas.*

UNICEF and its partners reached nearly 249,000 children and adults with GBV prevention, risk mitigation and response services. Additionally, comprehensive services including case management, health services and referrals were provided

to 636 women and girls who are GBV survivors across eight regions, through UNICEF-supported One-Stop Centres (OSCs) and health facilities. In Afar, 89 GBV survivors were provided with emergency cash assistance through the Individual Protection Assistance (IPA) programme to help meet urgent needs such as transportation, temporary shelter, and meals. Furthermore, 23,778 children (11,875 girls,11,903 boys), including 355 children with disabilities, who experienced various forms of violence and neglect, were identified and received comprehensive child protection case management. These children were referred to health, psychosocial, and legal services through UNICEF-supported social workers and community service workers.

In the first half of 2025, over 73,000 children and adults were reached with awareness-raising sessions on EORE to reduce the risk of injuries and death from explosive ordnance incidents in the conflict-affected areas of Amhara and Tigray regions. Providing unaccompanied and separated children with alternative care arrangements, along with family tracing and reunification, remained a key component of UNICEF-supported child protection case management. As a result, 5,213 children (2,708 boys and 2,505 girls, including 35 children with disabilities) were identified, assessed and either reunited with their primary caregivers, or placed in alternative care arrangements, such as kinship and foster care, across all regions. Among them, 249 children (152 boys, 97 girls) who returned from third countries received psychosocial first aid services during their stay at the IOM transit centres, and family tracing and reunification were carried out for all identified children through UNICEF-supported social workers. These alternative care options were established to ensure immediate safety, nurturing care, and supervision for children who had been separated from or had lost their primary caregivers.

As part of efforts to build community resilience, UNICEF continued to support partners in integrating harmful practices prevention and birth registration services within humanitarian settings. As a result, over 29,000 people (11,589 children,17,538 adults) were reached through community-based awareness sessions on harmful practices. In Oromia, 377 children (165 girls and 212 boys) received birth registration and certification, ensuring their legal identity and access to essential services and protections. A targeted programme in Tsimbla *woreda*, Tigray region, addressing child marriage and Female Genital Mutilation (FGM), empowered 535 adolescents through awareness and life skills, enabling them to build resilience, make informed decisions, and advocate for their rights. To further strengthen the protection system, UNICEF provided capacity-building interventions, including Training of Trainers (ToT) and cascading training on caring for child survivors of sexual abuse (CCS) to frontline workers. So far, UNICEF has trained 44 trainers (22 women), including government officials, CSOs, Local Women-Led Organizations (LWLOs). Additionally, 96 frontline service providers (69 women) in Afar, Amhara and Tigray received training on CCS.

Child Protection Area of Responsibility (AoR)

During the first half of 2025, the Child Protection Area of Responsibility (CP AoR) in Ethiopia focused on refining humanitarian needs estimates and enhancing coordination and training efforts. In collaboration with the Protection Cluster, the CP AoR contributed to improving the protection risk assessment tool to better identify and mitigate risks, including gender-based violence and sexual exploitation. The Protection from Sexual Exploitation and Abuse (PSEA) Network began drafting its 2025 action plan, with a focus on revising child-friendly safeguarding materials. A dedicated working group was established to review content related to sexual abuse and harassment. Additionally, the CP AoR launched a redesigned ActivityInfo database to streamline project registration and reporting, enhancing data quality and usability for partners. Finally, coordination and communication were further reinforced through regular updates and active engagement with the Access Working Group, supporting incident reporting and safety training for humanitarian workers.

Education

So far in 2025, UNICEF, in collaboration with the Ministry of Education (MoE), Regional Education Bureaus (REB), and NGO partners has continued to provide education assistance to IDPs and emergency-affected out-of-school children across Ethiopia. Between January and June 2025, over 67,000 children (30,900 girls and 2,954 children with disabilities) accessed formal or non-formal education, and 82,665 children (41,050 girls) received essential learning materials. Additionally, 89,715 children and adolescents benefitted from life skills education and over 14,000 teachers were trained on basic teaching pedagogy.

In Amhara, 13,717 children (6,810 girls and 1,686 children with disabilities) accessed formal and non-formal education services and a total of 21,512 children (10,989 girls) received individual learning materials through UNICEF-supported programmes. A comprehensive life skills education programme reached 15,191 children (8,606 girls) through age-appropriate life skills manual sessions. Moreover,1,646 teachers (532 women) from conflict-affected schools received training on pedagogy, inclusive education, and MHPSS. The training helped them to improve classroom interaction with all learners and MHPSS helped both the teachers and learners deal with the trauma associated with ongoing conflict in the region. In Afar, in collaboration with Imagine 1 Day and REB, a total of 3,312 students (1,675 girls) across seven primary schools received individual learning materials, and 65 combined desks were distributed to three schools. Additionally, 10 children with disabilities (2 girls) were provided with assistive devices, supporting timely enrolment, increased parental engagement, and improved student retention. As part of the earthquake response, UNICEF

established 18 TLSs, enrolling 2,108 out-of-school children (977 girls) in an accelerated education programme across three IDP sites, and 500 school bags were distributed to support these affected children. During the reporting period, 1,451 teachers, facilitators, and school leaders (503 women) received training on pedagogy and emergency preparedness, while 463 children participated in life skills and gender club activities.

In Tigray, UNICEF provided 3,273 combined desks, benefiting approximately 10,000 children (5000 girls) and established TLSs for 18,025 children (8,546 girls) to ensure continuity of education. To improve the quality of learning, over 19,000 children (8,948 girls) received individual learning materials, and 863 children (380 girls) received assistive devices to support inclusive learning. Capacity-building trainings were delivered to 5,530 teachers and education personnel (2,562 women) on play-based pedagogy, inclusive education, disability identification, and MHPSS, enhancing participatory and inclusive teaching practices. Community awareness campaigns engaged over 43,000 individuals (21,893 women) on inclusive education and the risk of early marriage in the targeted *woredas.* Additionally, 2,189 children (976 girls) across 16 schools received high-energy biscuits, improving attendance and learning outcomes in areas where school feeding programmes are in place in four *woredas.*

In Oromia, UNICEF supported the enrolment of 14,272 children (7,493 girls) through the Accelerated School Readiness (ASR) and Accelerated Learning Programme (ALP) across targeted schools and *woredas*. Additionally, nearly 16,000 children (7,978 girls), including 132 children with disabilities (61 girls), received individual learning materials. Furthermore, 61,382 children (30,831 girls) and adolescents accessed skills development programmes. To strengthen quality learning, 4,109 teachers and ALP facilitators (1,968 women) were trained in basic pedagogy. In Gambella, UNICEF supported 22,732 children (8,779 girls) at Nguenyyiel refugee camp through teacher recruitment, training, and the provision of scholastic materials. Additionally, 1,212 teachers and facilitators (332 women) were trained on conflict-sensitive education, safeguarding, and inclusive education. In Benishangul Gumuz, over 6,600 internally displaced and returnee children (2,986 girls) accessed ASR/ALP programmes in four *woredas*, while 22 children with disabilities (8 girls) received assistive devices including wheelchairs, crutches, and eyeglasses. Additionally, 12,762 children (6,385 girls) received learning materials, including scholastic supplies and school bags. Moreover, nearly 7,000 children (2,901 girls) participated in harmonized life skills and socio-emotional learning programmes aimed at developing communication, problem-solving, emotional regulation, and social skills.

In Somali, UNICEF in collaboration with its partners, enrolled 3,100 out-of-school children in the Accelerated Education Programme (AEP) across four IDP sites, providing them with scholastic materials, while educational supplies including Early Childhood Development (ECD) kits, were distributed to 150 schools, benefiting 8,520 students (4,317 girls) in targeted *woredas.* Over 1,000 children (511 girls) affected by drought, flood and conflict received an AEP in two *woredas* of SE region, while 1,349 drought and conflict-affected children (800 girls) received learning materials. UNICEF, in partnership with Imagine 1 Day, facilitated the distribution of assistive devices including wheelchairs, pairs of crutches, hearing aids, and eyeglasses to 70 children with special needs. Life skills training reached 1,600 children (764 girls), focusing on peacebuilding, environmental awareness, and socio-emotional learning in five primary schools. Moreover, school management committee members were trained on disaster risk reduction, emergency preparedness, and school improvement planning in two *woredas,* which improved their participation in school planning and management. Additionally, school furniture including combined desks, blackboards, plastic chairs, and plastic tables was distributed to formal primary school and TLSs. A total of 450 drought-affected adolescent girls received menstrual hygiene materials from 10 formal primary schools in the SE region.

Education Cluster

The Education Cluster shared its 2025 Key Messages with partners and donors, highlighting the central role of education in emergencies. In Somali, the Cluster trained 30 partners on Disaster Risk Reduction (DRR), including Anticipatory Action (AA), and in Benishangul Gumuz, 15 partners were trained on the Fundamentals of Education in Emergencies (EiE). The training covered assessment, analysis, program design, and strategies to enhance teaching and learning in emergency contexts. In alignment with AAP, and in collaboration with the Child Protection AoR, the cluster finalized the selection criteria, methodology, and approach for a sector-neutral, self-reported assessment to capture children's voices on their needs during emergencies. The final report is expected by September 2025, with preliminary findings to be shared in the next quarter. To enhance coordination and prevent duplication, the cluster continued monthly monitoring of the EiE status and the impact of emergencies on education. Response data from partners was collected regularly, and the EiE dashboard was updated to reflect key trends and gaps.

Social Protection

In 2025, UNICEF sustained its collaboration with the Ministry of Women and Social Affairs and the Bureaus of Women, Children and Social Affairs/Labor and Social Affairs (BoWCSA/BoLSA) to support drought and conflict-affected households through Shock Responsive Cash Transfers (SRCTs). Between January and June 2025, SRCTs were provided to 57,762 households—including 33,665 women-headed households—across Amhara, Oromia, Tigray, and Benishangul Gumuz regions. Additionally, a total of 9,595 individuals (4,824 children, 4,771 adults) were linked to

various available social services, including psychosocial support, legal support, counselling, birth registration, health, nutrition, education, and provision of clothing.

Since January 2025, 7,047 women, girls, and boys accessed GBV risk mitigation, prevention, and/or response interventions through UNICEF-supported community-level social workers during household visits, cash transfer/payment days, and regular follow-up visits. Additionally, 8,160 individuals accessed safe and accessible channels to report sexual exploitation and abuse, ensuring safeguarding of marginalized and vulnerable groups. Among these, 3,026 (37%) were women, 908 (11%) men, and 4,226 (52%) children. During the reporting period, 34,324 women and adolescent girls of reproductive age received dignity kit top-ups, enabling them to meet their personal needs, particularly for menstrual hygiene management. To help cover the additional costs faced by households with persons with disabilities, over 5,723 individuals received a disability top-up in Amhara, Oromia, and Tigray regions. UNICEF continued to support the Ethiopia Cash Working Group (ECWG) by financing the coordinator and facilitating the coordination of sub-national cash working groups in Afar, Amhara, Oromia, Sidama, Somali, and Tigray regions. These efforts enhanced coordination between the humanitarian and social protection sectors, promoted harmonized approaches to cash transfer allocations, and strengthened the capacity of relevant ministries to respond to shocks in a timely manner.

In Amhara, 6,619 households (5,127 women-headed) affected by conflict and drought were reached through the SRCTs programme in four *woredas*, and 1,768 persons with disabilities from seven *woredas* received a disability top-up. Over the past six months, community-level social workers organized awareness-raising sessions on GBV and PSEA, reaching 7,047 individuals while nearly 8,200 individuals accessed safe channels to report sexual exploitation and abuse. Additionally, 9,595 individuals were linked to social services, and grievance committees addressed 670 complaints, ensuring beneficiaries have a voice and their concerns are effectively addressed. Moreover, over 11,330 women and girls received in lieu of dignity kit top-ups, helping them meet basic needs, withstand ongoing disasters, and respond to various risks effectively. This initiative has also strengthened resilience among adolescent girls and women of reproductive age, enabling them to maintain their hygiene and dignity.

In Oromia, since January, SRCTs were provided to 38,652 conflict and drought-affected households (20,985 women-headed) across 14 *woredas,* and 2,068 persons with disabilities received a disability top-up. As part of the Cash Plus approach, Social and Behavioural Change Communication (SBCC) interventions for climate change mitigation and adaptation were implemented in 10 drought-affected *woredas.* In Benishangul Gumuz, 700 host community households receiving refugees from Sudan were provided with SRCTs, aimed at empowering host communities and reducing the shocks caused by the refugee influx. In Tigray, 10,170 households (6,018 women-headed) received two rounds of multipurpose cash assistance across nine *woredas,* including 1,887 women with disabilities. Additionally, over 10,000 women and girls of reproductive age received dignity kit top-ups of ETB 2,152 per person to address hygiene needs. A total of 992 grievances were reported through the Grievance Redress Mechanism, with 434 resolved.

To build community resilience against future shocks, UNICEF supported income-generating activities through improved access to finance and loans. Nearly 3,000 internally displaced and host community households received two rounds of cash assistance in three *woredas* of Oromia region. These beneficiaries also received training in financial literacy and self-reliance. Additionally,152 self-help groups (SHGs) were established and supported with seed funding to launch income-generating activities. UNICEF, in collaboration with Jerusalem Children and Community Development Organization (JeCCDO), provided each SHG with ETB 110,000 in capital funds to expand and diversify livelihoods. As a result, several SRCT beneficiaries accessed loans from SHGs and the COOP Bank and have started their own income-generating activities.

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

In the first six months of 2025, UNICEF has reached over 35 million people including 31,275 children with disabilities through community engagement, strategic communication, and advocacy. Messaging focused on immunization, cholera prevention, measles, malaria, Mpox, hygiene and sanitation, essential health services, IYCF-E, education, and GBV. In response to the earthquake in Afar, affected individuals received critical information to support their survival and recovery. SBC leveraged a combination of mass media and community-based platforms, including mother-to-mother groups, pregnant mother conferences, community dialogues, interpersonal communication through MHNTs, community volunteers, health extension workers, religious and community leaders, social workers, and other frontline workers to ensure effective engagement.

Since January 2025, over 3,217 frontline workers, including religious leaders, community health workers and HEWs were trained on interpersonal communication, risk communication and community engagement. The frontline workers have engaged over 3.7 million people, including 1,687 children with disabilities during the first half of the year. The use of PICO (Population Intervention, Comparison, Outcome) projectors further enhanced the quality of community engagement by facilitating reflective dialogue sessions. In addition to providing affected populations with information and ensuring participation in preventive behaviours, available services, and locations to access services, feedback was

collected from over 12,000 people regarding the services provided. The main concerns include unavailability of essential services-particularly food and health care; lack of access to cash support and hygiene and sanitation materials for IDPs; inadequate health services due to facility closures, and shortage of some drugs in public health facilities. The feedback was collected through established AAP mechanisms, including focus group discussions, community sessions, peer-to-peer dialogue, and house-to-house and tent-to-tent visits and through appeal committees.

Despite these achievements since January, several challenges persists. Limited local ownership of Risk Communication and Community Engagement (RCCE) activities continues to threaten the sustainability of interventions beyond emergency contexts. Additionally, lack of and/or insufficient budget limited the ability to scale up RCCE activities, including supportive supervision and evidence generation. Addressing these issues is essential to ensure long-term impact and resilience in SBC programming.

Protection from Sexual Exploitation and Abuse (PSEA)

UNICEF and its partners continue to mitigate risks of SEA and GBV, while also supporting survivors and informing communities about safe and accessible reporting mechanisms. Posters and brochures on PSEA were distributed and posted at UNICEF supported sites. In the first half of 2025, over 135,000 people (49,614 women, 30,275 men, 24,128 boys and 31,535 girls) including 37 children with disabilities, 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 members rights, and entitlements to access humanitarian assistance.

In Benishangul-Gumuz, UNICEF and its partners conducted awareness sessions in four *woredas* of the Metekel zone, targeting IDPs and returnees. These sessions highlighted what PSEA is, its harmful impacts on children, women, and communities, and the importance of confidential reporting mechanisms. As part of integrated GBV awareness activities, 12,353 individuals (7,182 children, 5,171 adults) were reached with key messages on PSEA, and how to report concerns. In Tigray, 63,120 individuals (22,968 children, 40,152 adults) accessed safe, inclusive, and confidential SEA reporting channels. Meanwhile, in Afar region, UNICEF, in collaboration with Imagine 1 Day (I1D), conducted awareness sessions reaching over 3,400 individuals across two *woredas*. Additionally, more than 37,000 individuals were reached through community-level PSEA awareness sessions in Amhara and Oromia regions during the reporting period.

In Somali, as part of ongoing efforts to prevent and respond to SEA, UNICEF and its partners implemented a series of awareness and reporting initiatives. During the child grant cash distribution, the PSEA team facilitated orientation sessions to raise community awareness on SEA. These sessions held before or during the distribution—provided information on what SEA is and how to report incidents safely using existing channels. Awareness materials, including posters and information sheets in the local language, featured a UNICEF reporting hotline to enhance community understanding and access to protection mechanisms. Overall, 7,000 individuals were reached with information on SEA and how to safely report incidents through existing reporting channels. As part of UNICEF's efforts to strengthen partner capacity on prevention of SEA, PSEA assessments were completed for 10 implementing partners—eight rated "Medium Capacity" and two "Full Capacity"—with Capacity Strengthening Implementation Plans (CSIPs) being developed for the eight in collaboration with their PSEA focal persons.

Human Interest Stories (HIS) and External Media

During the reporting period, UNICEF Ethiopia developed impactful advocacy and communication contents, highlighting the urgent needs of children, women, and communities affected by humanitarian crises across the country. UNICEF published multiple videos, photos, and human-interest stories focusing on key areas of intervention. These included efforts to restore education for children affected by conflict in Amhara (HIS) and Oromia(HIS and photo essay); support for Sudanese refugee children in Benishangul-Gumuz recovering from the trauma of war (video); provision of water and sanitation services to host communities and South Sudanese refugees in Gambella region (video); and the earthquake emergency response in the Afar region (photos and videos).

UNICEF also coordinated several high-level visits, including, the Deputy Executive Director of UNICEF–Partnerships, Kitty van der Heijden, the EU Ambassador to Ethiopia, H.E. Sofie From-Emmesberger, the Ambassador of the Kingdom of the Netherlands in Ethiopia H.E Christine Pirenne, The Ambassador of Japan in Ethiopia H.E. Mr. Shibatat Hironori, and the KfW Country Director Jonas Dylla. Additionally, UNICEF Ethiopia produced advocacy contents for International Days, including International Day of Play, Menstrual Health Day, World Refugee Day, World Environment Day, Mother's Day, African Vaccination Week, World Water Day, International Mine Awareness Day, International Day of Zero Tolerance for FGM, International Women's Day, Social Worker Day, International Education Day, World Down Syndrome Day, Safer Internet Day, World Health Day, and World Malaria Day.

Donor-branded multimedia content was produced and published to provide recognition and visibility for multiple donors, including the EU Civil Protection & Humanitarian Aid, The UNFPA-UNICEF Joint Programme to End Female Genital Mutilation, The Lego Foundation, The Denmark Ministry of Foreign Affairs, the Grundfos Foundation, The Global

Partnership for Education, Gavi, Africa CDC, The Ministry of Foreign Affairs, Republic of Korea, The Swedish Ministry of Foreign Affairs, SIDA, KOICA, Global Affairs Canada, KSrelief, Gamers Without Borders, Saudi Esports, Education Cannot Wait , Norad, European Investment Bank, The EU Commission, The Gates Foundation, The Global Fund, The Children's Investment Fund Foundation, The Government of Japan, SATO, KfW, BMZ , CERF-The UN's emergency fund, Rotary International, The Foreign, Commonwealth & Development Office, and USAID.

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Annex A - Summary of Programme Results

	Cluster/Sector Response		UNICEF and IPs Response *(Overall responses)*	
Sector	**2025 target**[16]	**Total results**	**2025 Cumulative target**	**Total Cumulative results**
Nutrition[17]		**Jan–June 2025**		**Jan–June 2025**
Children 6-59 months screened for wasting[18]	**4,735,536**	*4,456,293*	**4,735,536**	*4,456,293*
Number of children aged 6 to 59 months with severe wasting admitted for treatment	**894,682**	*330,998*	**894,682**	*330,998*
Number of children aged 6 to 59 months receiving Vitamin A supplementation (SEMESTER 1)			**5,919,401**	*4,150,071*
Number of primary caregivers of children aged 0 to 23 months receiving IYCF counselling[19]	**892,831**	*819,856*	**892,831**	*819,856*
Number of pregnant women receiving preventative iron supplementation			**1,495,543**	*502,037*
Health				
Number of children and women accessing primary healthcare in UNICEF supported facilities			**2,782,077**	*2,320,347*
Number of children below 15 years of age vaccinated against measles, supplemental dose			**1,470,054**	*5,195,984*[20]
Live births that were delivered in health facilities in UNICEF-supported areas			**173,093**	*110,988*
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities			**34,246**	*12,243*
WASH				
Number of people accessing a sufficient quantity and quality of water for drinking and domestic needs	-	-	**3,818,582**	*1,449,458*
Number of people accessing appropriate sanitation services	-	-	**675,302**	*401,730*
Number of people reached with hand-washing behaviour-change programmes	-	-	**4,275,243**	*615,626*
Number of people reached with critical WASH supplies	-	-	**2,533,167**	*706,487*
Child Protection				
Number of children, adolescents and caregivers accessing community based MHPSS	-	-	**168,400**	*113,257*
Number of UASC provided with alternative care and/or reunified	-	-	**11,842**	*5,213*
Number of girls and boys who have experienced violence reached by health, social work, or justice/law enforcement services	-	-	**49,700**	*23,778*
Education				
Number of children accessing formal and non-formal education, including early learning	-	-	**600,953**	*67,234*
Number of children receiving learning materials	-	-	**535,000**	*82,665*
Social Protection				
Number of households reached with UNICEF-funded humanitarian cash transfers			**74,000**	*57,762*
Number of (women-headed) households reached with UNICEF-funded humanitarian cash transfers [HCT]			**26,000**	*33,665*
PSEA				
Number of people with safe and accessible channels to report SEA by personnel who provide assistance to affected populations (Cross-sectoral)			**4,599,247**	*135,588*
GBViE				
Number of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions (Cross-sectoral)			**185,268**	*248,862*

[16] The 2025 Humanitarian Response Plan (HRP) has not yet been endorsed and published.
[17] The data previously reported (Humanitarian Sitrep 1) for the screening and IYCF indicators has been revised to reflect corrected figures.
[18] To avoid cumulative reporting for this indicator, the highest figure from the January–June results is used for midyear reporting to prevent double counting.
[19] To avoid cumulative reporting for this indicator, the highest figure from the January–June results is used for midyear reporting to prevent double counting.
[20] The over-achievement in measles vaccination coverage are due to reactive campaigns conducted across the country in May 2025.

	Cluster/Sector Response		UNICEF and IPs Response *(Overall responses)*	
Sector	**2025 target[16]**	**Total results**	**2025 Cumulative target**	**Total Cumulative results**
Nutrition[17]		**Jan–June 2025**		**Jan–June 2025**
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			**33,104,322**	*35,055,309*
Number of people engaged in reflective dialogue through community platforms			**3,645,119**	*3,623,579*
Number of people sharing their concerns and asking questions through established feedback mechanisms			**150,763**	*12,089*

Annex B - 2025 HAC Funding Status

Sector	2025 HAC Funding Requirements (US)	Funds available			Funding gap	
		Humanitarian resources received in 2025 (USD)	Resources available from 2024 (Carry-over) (USD)	Total Funds Available (USD)	$	%
Health	47,321,765	4,694,238	9,118,152	13,812,390	33,509,375	71%
Nutrition	125,702,549	9,383,483	11,962,101	21,345,584	104,356,965	83%
Child Protection, GBViE, PSEA	56,036,942	1,363,123	4,272,632	5,635,755	50,401,187	90%
Education	55,158,227	1,382,847	5,138,692	6,521,539	48,636,688	88%
WASH	142,918,104	5,010,061	11,003,749	16,013,810	126,904,294	89%
Social Policy	47,634,240	-	7,917,488	7,917,488	39,716,752	83%
Cross Cutting (*SBC, AAP, RCCE*)	18,526,591	6,128,098	-	6,128,098	12,398,493	67%
Total	**$493,298,418**	**$27,961,850**	**$49,412,815**	**$77,374,665**	**$415,923,753**	**84%**