Ethiopia

Humanitarian Situation Report No. 6

End-Year Report

unicef
for every child

January - December 2025

Highlights

- In 2025, UNICEF provided lifesaving treatment to nearly 670,000 children under five suffering from acute malnutrition across the country.
- During the same period, over 4 million women and children accessed primary healthcare services; more than 2.3 million people gained access to safe drinking water through the rehabilitation and solarization of water systems; and over 187,000 children, adolescents, and caregivers received mental health and psychosocial support.
- Throughout the year, more than 5.5 million children received supplemental measles vaccinations.
- During the reporting period, UNICEF supported over 178,000 out-of-school children to access formal and non-formal education opportunities.
- Shock-Responsive Cash Transfers (SRCTs) were provided to 57,762 households including 33,665 women-headed households across the Amhara, Oromia, Tigray, and Benishangul Gumuz regions.
- UNICEF strengthened child protection systems by supporting case management services for more than 422,742 vulnerable children, including unaccompanied and separated children, survivors of violence, and those at risk of exploitation.
- By the end of 2025, UNICEF had received only 28 per cent of the funding required under the 2025 HAC appeal.

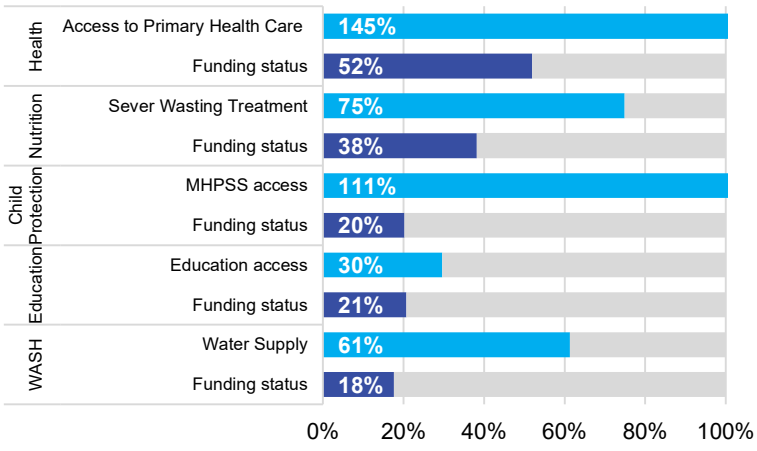
Situation in Numbers

1,125,068
Total Refugees and Asylum Seekers**

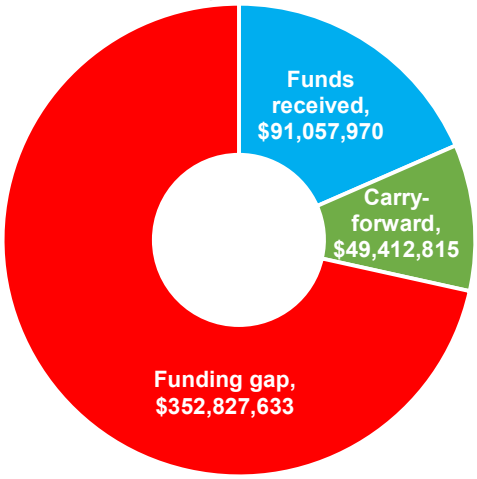
UNICEF Appeal 2025

US$ 493.3 million

UNICEF Response and Funding Status*



Funding Status (in US$)



* 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 November 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. Currently, only US$140.5 million is available for this appeal, which represents 28 percent of the total financing required, even after accounting for the US$49.4 million carried over from 2024. This significant shortfall underscores the necessity for continued support to bridge the gaps in funding. UNICEF is urging donor partners to provide assistance to ensure that children and their caregivers receive the lifesaving and life-sustaining aid they desperately need in 2025 and beyond.

UNICEF extends our heartfelt thanks to all donors who have generously supported the 2025 HAC. Special appreciation goes out to the Canada, Central Emergency Response Fund (CERF), Ethiopian Humanitarian Fund (EHF), European Commission Directorate-General for Humanitarian Aid and Civil Protection (ECHO), German Federal Foreign Office, Ireland, Japan, Republic of Korea, Malta, Sweden, United Kingdom, United States Bureau of Population, Refugees and Migration (PRM), Malta, United State Foreign Assistance 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.

Situation Overview and Humanitarian Needs

Ethiopia is currently experiencing a complex and multi-layered humanitarian crisis, driven by the convergence of recurrent droughts, flooding, armed conflicts, large-scale displacement, disease outbreaks, and severe economic instability aggravated by rising inflation. These overlapping shocks have significantly worsened food and nutrition insecurity, especially among children. As a result, vulnerable populations face increasingly life-threatening conditions that compromise their survival, growth, and overall development.

The Amhara Region continued to experience intense armed conflict involving the Ethiopian National Defence Force (ENDF), regional security forces, and various armed groups. The protracted violence severely hindered humanitarian operations, particularly in rural and hard-to-reach areas, limiting delivery of essential lifesaving services. According to OCHA's October 2025 access analysis[1], humanitarian operations across Ethiopia were largely unhindered, with more than 800 woredas and towns accessible. However, 41 woredas were classified as hard-to-reach—36 in Amhara and 5 in Oromia due primarily to localized insecurity and the presence of armed actors. An additional 289 woredas faced partial accessibility, with intermittent constraints affecting aid delivery.

In Tigray, living conditions for displaced populations remain dire and have worsened due to reduced humanitarian presence, funding shortages, and pipeline breaks. More than 740,000 people[2] remain displaced, nearly 80 percent originating from contested areas between Amhara and Tigray. To address internal displacement, UNICEF launched the Multisectoral IDP Return Support Plan for Tigray in October 2025, supporting the Government of Ethiopia to facilitate the voluntary, safe, dignified, and sustainable return of an estimated 574,000 IDPs including 142,926 women (24.9%) and 300,776 children (52.4%) to areas of origin in Western Tigray. No large-scale movements back to areas of origin have occurred due to a range of persisting constraints. Despite the absence of returns, UNICEF remains fully engaged with regional and local authorities to help establish and strengthen basic services in potential return areas, ensuring that essential systems are in place should movements eventually take place. The plan continues to apply a coordinated, multisectoral approach aimed at meeting immediate humanitarian needs while supporting recovery, peacebuilding, and durable solutions. In total, the initiative targets 990,000 people, including approximately 374,333 host-community members, with an estimated funding requirement of US$35 million[3].

In Ethiopia, crop prospects for the 2025 Meher season are favourable, supported by average to above-average rainfall from July to mid-September, which helped offset early-season deficits. However, the ongoing Deyr/Hagaya rains are performing poorly across the southern pastoral areas particularly in the southern and eastern parts of Somali Region—negatively affecting livestock-based livelihoods[4]. According to the UNOCHA Ethiopia Humanitarian Update, the southern and southeastern parts of the country are experiencing dry conditions following below-normal October–November rains, which typically contribute up to 40 percent of annual rainfall for pastoral and agro-pastoral communities. The below-average March–May rains have further compounded the situation. These rainfall deficits are linked to La Niña conditions and a negative Indian Ocean Dipole. Local reports highlight delayed planting, poor crop germination, and declining pasture and water availability. In parts of Liban Zone, livestock stress and atypical migration patterns have already been observed. According to the Somali Regional Disaster Risk Management Bureau, over 500,000 people currently face limited access to water [5].

Flooding and climate shocks across Ethiopia between July and August 2025 have affected over 250,000 people, with

[1] OCHA Ethiopia: National Access Map (As of 31 October 2025)
[2] Ethiopia Refugees and Internally Displaced Persons _June 2025
[3] UNICEF Multisectoral IDPs Return Support Plan – Ethiopia (Tigray), October 2025
[4] FSNWG, food security and Nutrition Working Group Alert, 16 December 2025
[5] UNOCHA, Ethiopia humanitarian update, October - November 2025

Amhara, Oromia, and Tigray among the hardest-hit regions. In Amhara, 67,345 people were affected, 11 killed, with damage to farmland, livestock, homes, and infrastructure across 10 zones. In Oromia, more than 45,000 were affected and damage to crops, homes, schools, and water systems are reported across multiple zones. In Tigray, flooding and hailstorms impacted around 142,000 people, displacing 2,800 and damaging thousands of shelters and nearly 12,000 hectares of crops. In Gambella, over 8,400 people were affected and 7,300 displaced, with serious agricultural and health impacts. In South Ethiopia, landslides displaced nearly 4,000 people and claimed 11 lives in Gedeo Zone[6].

Summary Analysis of Programme Response[7]

Health

Overall, from January to December 2025, through UNICEF support, primary health-care services reached 4,038,979 women and children across all regions, while 5,535,658 children received measles supplemental vaccinations. In addition, 255,221 live births were attended in UNICEF-supported health facilities, and 16,522 cholera cases received treatment.

UNICEF's financial, technical, and supply support enabled 1,241,717 women and children in Amhara—including host communities, IDPs, refugees, and returnees—to access primary health-care services. A total of 3,902,926 children received measles vaccinations, and 159,110 live births were attended at UNICEF-supported facilities and IDP sites. Through zero-dose initiatives, 273,824 zero-dose and 214,035 under-vaccinated children were identified and vaccinated, while an additional 216,436 zero-dose children received MCV1 during a mini catch-up campaign. In addition, during the integrated Measles SIA, 3,611,468 children were vaccinated, alongside the identification and vaccination of 17,785 zero-dose and 16,597 under-vaccinated children. Nutrition services reached millions, with 2.8 million children receiving vitamin A, 1.98 million dewormed, and 7.2 million under-fives screened for malnutrition. Integrated campaigns also identified 281 obstetric fistula cases for referral. Polio Rounds 3 and 4 vaccinated over 9.3 million children combined, while cholera response support facilitated treatment for 4,056 cases.

In Afar region, 14 Mobile Health and Nutrition Teams (MHNTs) provided 222,539 medical consultations to women and children, including 108,807 consultations for children under five (47%). UNICEF-supported health facilities treated 128 cholera cases, facilitated 260 safe deliveries, and administered supplemental measles vaccinations to 331,444 children. During Round 2 of the polio campaign, 347,947 under-five children were vaccinated with nOPV2 and bOPV, achieving 99.67 percent coverage. UNICEF provided technical, logistical, and financial support to ensure effective implementation. Additional technical assistance was provided to *Elidar, Aysaita, and Afambo woredas*, and community assessments were conducted in *Semera and Logia towns* to verify house and finger marking and identify missed children for nOPV2 and bOPV vaccination.

Throughout 2025, UNICEF supported the delivery of lifesaving health interventions in the Oromia region, focusing on outbreak control, essential health services, and health-system strengthening across drought- and conflict-affected areas. A total of 832,071 individuals received essential health services, including 49,622 pregnant women who received ANC4 care and 41,422 safe deliveries. Outbreak response efforts included the treatment of 9,675 measles cases and the vaccination of over 1 million children through supplementary and reactive campaigns. Cholera containment activities supported 17 Cholera Treatment Centres, where 464 cases were treated. As part of the malaria response, 248,551 fever cases were tested, and 84,637 positive cases were treated. Health-system resilience was further strengthened through health-facility renovations, DHIS2 capacity-building trainings, and the provision of emergency drug kits.

In Tigray region, Maternal, Newborn and Child Health (MNCH) services were sustained throughout 2025, with focused support to high-need areas such as *Tselemti,* the southern zones, and woredas under the EU-CARE4HEALTH project. A total of 1,023,485 women and children accessed services in UNICEF-supported facilities, surpassing the annual target; 82 percent were women and 36 percent were children under five. Services delivered included outpatient consultations for 341,461 adult women and 198,921 children under five. Antenatal care services (ANC) comprised 30,251 ANC1+ visits, 13,710 ANC4+ visits (45% of ANC1+), and 1,347 ANC8+ visits (4% of ANC1+). In addition, skilled birth attendants attended 15,487 deliveries, and 9,675 women received early postnatal care within 48 hours. Immunization services continued, with 26,980 infants receiving Penta1 and 26,782 receiving Penta3 vaccines (1% dropout). A total of 25,751 children received MCV1 (5% dropout), and 25,541 children were fully immunized. Integrated Management of Childhood Illness (IMCI) services were maintained, providing treatment for 20,428 pneumonia cases, 17,482 diarrhoea cases, and 2,569 malaria cases among children under five, in collaboration with implementing partners MCMDO, REST, and TYES. Additionally, the nOPV2 vaccination campaign was conducted for all children under five years of age across 84 accessible woredas in Tigray.

[6] OCHA Humanitarian Update_ June -September 2025
[7] The **Summary Analysis of Programme Response** covers the period from ***January –December 2025***

UNICEF supported essential primary health care in the Somali region, providing free clinical services to more than 232,200 women and children throughout 2025 through Sustainable Outreach Services (SOS) and Mobile Health and Nutrition Teams (MHNTs). Routine immunization efforts delivered measles vaccinations to 169,500 children, and 699 safe deliveries were attended in UNICEF-supported facilities. Two Integrated Measles Campaigns conducted in February and May vaccinated 1.85 million children (99.6% coverage). The campaigns also screened 1.12 million children for malnutrition, provided Vitamin A to 1.13 million, dewormed 802,691, and identified 23,562 children with SAM for treatment. Additionally, 2,365 zero-dose and 1,476 under-vaccinated children were reached, with 107 AEFI cases detected and managed. UNICEF provided technical, logistical, and supervisory support throughout. House-to-house polio campaigns (nOPV2, bOPV2) achieved high coverage: 98 percent in Somali, 106 percent in Harari, and 109 percent in Dire Dawa, further supporting the identification and vaccination of zero-dose children.

In Central, Southern, Sidama and Southwestern regions, UNICEF supported the Marburg Virus Disease (MVD) response in close collaboration with the South Ethiopia and Sidama regional health authorities. Over US$70,000 was mobilized through Direct Cash Transfers to strengthen Rapid Response Teams (RRT), isolation units, and treatment Centres. UNICEF also deployed seven vehicles to support field operations and Risk Communication and Community Engagement (RCCE) activities. To address critical shortages of Personal Protective Equipment (PPE), UNICEF procured PPE valued at US$300,000. The first 20-ton shipment was delivered on 7 December 2025 and handed over to the Federal Ministry of Health, while additional consignments are currently in process. To reinforce outbreak readiness, UNICEF distributed 57 Emergency Drug Kits and 15 Interagency Emergency Health Kits (IEHK) across four regions, enabling 157,392 people to access essential primary health care. Immunization efforts reached 61,207 measles-risk under-five children, while the national Measles SIA vaccinated 3.8 million children (100% coverage). Integrated zero-dose catch-up activities identified and vaccinated 29,227 children, strengthening community immunity against vaccine-preventable diseases.

During the reporting year, primary health care services continued uninterrupted in the Gambella region for both host communities and refugees, with 80,187 women and children receiving essential services at UNICEF-supported facilities. Additionally, 30,136 children were vaccinated against measles to strengthen immunity among vulnerable populations under 15 years of age. Skilled health professionals attended 8,376 live births during the reporting period. In the Benishangul-Gumuz Region, UNICEF continued to provide technical, supply, and financial support to strengthen emergency health services for IDPs, returnees, refugees, and communities affected by disease outbreaks. Through UNICEF-provided Emergency Drug Kits (EDKs) and Interagency Emergency Health Kits (IEHKs), 249,367 women and children received medical consultations. Furthermore, 29,867 women accessed skilled delivery services in UNICEF-supported health facilities, and over 190,000 children received supplemental measles vaccinations.

As part of resilience and nexus programming, significant progress was made in strengthening essential health services across the Amhara and Oromia regions. In Amhara, 41 health facilities were restored, and Maternal, Newborn and Child Health (MNCH) blocks were constructed or rehabilitated in conflict-affected areas to improve service delivery. Routine immunization systems were reinforced to reach zero-dose and under-vaccinated children through routine services, catch-up campaigns, and hit-and-run strategies in hard-to-reach locations. As a result, 273,824 zero-dose children and 214,035 under-vaccinated children were immunized. Community engagement initiatives further strengthened health-system governance, improved access to services, and mobilized resources through community contributions. In the Oromia region, health-Centre renovations prioritized improving Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH) services in emergency-affected areas. Health-worker capacity was strengthened through DHIS2 training to promote data-driven decision-making, alongside clinical mentoring and improved referral pathways for maternal and neonatal care.

Nutrition

Throughout 2025, UNICEF supported the admission of over 670,000 children suffering from severe wasting into treatment programmes across the country. Of these, 74,185 children (10.3%) were admitted with medical complications requiring inpatient care at Stabilization Centres. Overall program performance remained strong, with 91% of children cured, 0.55% died, and 4.7% defaulted from the program. These results highlight the effectiveness and quality of the therapeutic feeding programme in addressing severe wasting at national scale. Despite these achievements, the total caseload reached only 75.1 percent of the 2025 Humanitarian Action for Children (HAC) target of 894,682 children. This gap reflects persistent challenges in reaching children in conflict-affected and hard-to-access areas, where barriers to service delivery continue to limit coverage.

Afar region faced a persistent and evolving humanitarian crisis driven by recurrent natural hazards, conflict, disease outbreaks, and disruptions to essential services. A total of 41,171 children under five were admitted for severe acute malnutrition (SAM) treatment, including 4,335 who required inpatient care due to complications. Treatment outcomes remained above SPHERE standards, with an 84.6 percent cure rate, 0.5 percent mortality, and 8.6 percent defaulter

rate, the latter largely linked to reduced Mobile Health and Nutrition Team (MHNT) coverage resulting from funding shortages.

In reporting year, the humanitarian and nutrition situation in the Amhara Region sharply deteriorated amid escalating insecurity and restricted access. Despite these challenges, UNICEF and partners sustained life-saving nutrition services through emergency interventions, mobile programming, and continuous assessments. Throughout the year, 109,230 children were admitted for Severe Acute Malnutrition, including 8.8 percent with medical complications. While cure rates remained acceptable at 85.2 percent, a high defaulter rate of 9.5 percent reflected access constraints caused by conflict, displacement, and service disruptions. To maintain continuity of care, Mobile Health and Nutrition Teams were deployed to *Bugna, Habru (Jara IDP site), and Metema* Refugee Camp, providing essential health and referral services. Rapid assessments conducted across IDP sites, a refugee camp, and rural woredas revealed critical levels of acute malnutrition, with pregnant and lactating women particularly affected. In response, the Regional Health Bureau, supported by UNICEF, carried out targeted Find and Treat campaigns to reach hard-to-access children and women with urgent treatment.

UNICEF supported the delivery of emergency nutrition services across the Benishangul Gumuz Region, where 4,360 children with Severe Acute Malnutrition (SAM) were admitted for treatment. Of these, 744 children (17%) required inpatient care due to medical complications significantly higher than the national average of 10 percent. This elevated rate is closely linked to insecurity and movement restrictions in several woredas, which delayed early detection and contributed to the worsening of SAM cases before admission. Treatment outcomes remained within SPHERE standards, with an 85.6 percent cure rate, 6.7 percent defaulter rate, 1.41 percent mortality, and 1.18 percent non-response. These results reflect effective service delivery despite a challenging operational environment. Continued support for emergency nutrition programming, strengthened surveillance, and improved access to early screening and treatment are essential to mitigate the impact of conflict and displacement on the nutritional well-being of children in Benishangul Gumuz.

UNICEF strengthened the delivery of essential nutrition services and community-based systems across the Hawassa Field Office operational regions, improving early detection and treatment of malnutrition and enhancing the resilience of vulnerable children and women. SAM remained a major public health concern, with 129,287 children under five admitted to therapeutic feeding programmes (TFPs). Admissions were highest in South Ethiopia (45,854), followed by Central Ethiopia (40,477), Sidama (28,982), and Southwest Ethiopia (13,974), highlighting the scale and geographic spread of the crisis. Of all admitted children, 11 percent (15,113) required inpatient care in stabilization centres—slightly above the national average with South Ethiopia accounting for the largest caseload (6,731). Despite operational challenges, programme performance remained strong. Treatment outcomes exceeded SPHERE standards, with a 93 percent cure rate, 2.3 percent default rate, 0.87 percent mortality, and 2.9 percent non-response, reflecting high-quality service delivery and effective case management.

In the reporting period, acute malnutrition and micronutrient deficiencies remained critical public health challenges in Oromia. A total of 256,434 children with SAM were admitted to therapeutic feeding programmes, with 11.1 percent (28,497) requiring inpatient stabilization due to medical complications. Despite operational constraints, treatment performance exceeded SPHERE standards, achieving a 94.4 percent cure rate, 0.46 percent mortality, and 3.39 percent defaulter rate, reflecting strong case management. UNICEF maintained a robust presence in conflict- and drought-affected woredas, supporting last-mile delivery of therapeutic supplies, strengthening health worker capacity, improving early detection and referral, and expanding service readiness through rehabilitation and construction of stabilization centres. Broader nutrition interventions reached millions: 1.7 million children received vitamin A supplementation, 258,131 pregnant women received iron–folic acid, and 422,333 caregivers received IYCF counselling. Preventive measures also expanded, including SQ-LNS support for 14,384 children and community-based nutrition initiatives benefiting 33,230 households, improving diet diversity and household resilience.

Somali region experienced worsening humanitarian conditions due to consecutive failed rainy seasons, severe water shortages, and conflict-related displacement. These shocks undermined pastoralist livelihoods and drove persistent food insecurity across many woredas. Screening capacity remained strong, with over 1.24 million children screened for wasting. Treatment performance was well above SPHERE standards: 115,958 children were treated for severe wasting, with a 96 percent cure rate, 0.2 percent mortality, and 1.2 percent defaulter rate. Additionally, 7,038 children aged 6–23 months participated in SQ-LNS implementation research, contributing evidence on complementary feeding. Nutrition needs escalated significantly, with a 31.9 percent rise in SAM admissions in the last quarter, straining stabilization centres, outpatient programmes, and supply chains underscoring the urgent need to expand treatment capacity. UNICEF delivered integrated, life-saving support, reaching 1.29 million children with vitamin A and 67,670 pregnant women with Iron Folic Acid and Multiple Micronutrient Supplement. Behaviour change efforts also expanded, with 79,014 caregivers receiving IYCF counselling. Despite climatic shocks and displacement, UNICEF's response helped stabilize nutrition outcomes and strengthen community resilience.

The nutrition conditions in Tigray region remained at emergency levels. A total of 47,622 children were admitted for severe acute malnutrition (SAM) treatment a 40 percent increase from 2024 driven by intensified screening, expanded outreach through mass campaigns, and targeted Find-and-Treat interventions in high-risk woredas. This rise reflects both improved case detection and a persistently high underlying burden of malnutrition. Preventive nutrition services also expanded substantially. 870,818 children received vitamin A supplementation, 543,850 were dewormed, and 177,942 pregnant women received iron–folic acid supplements. Additionally, 55,289 caregivers were reached with Maternal, Infant and Young Child Feeding (MIYCF) counselling, contributing to improved feeding and caregiving practices across the region.

Gambella Region faced growing humanitarian needs due to continued refugee arrivals from South Sudan. UNICEF deployed Mobile Health and Nutrition Teams to new reception sites, providing essential services including vitamin A for 21,995 children, deworming for 12,758, IYCF counselling for 3,701 caregivers, and malnutrition screening for 7,687 pregnant and lactating women. UNICEF also supported High-Energy Biscuit distribution to 14,000 children and 3,500 women. Throughout the year, 123,633 children were screened for malnutrition and 15,622 treated, with strong outcomes. Preventive services expanded, reaching 146,505 children with vitamin A and 11,119 pregnant women with iron–folic acid.

From January to December 2025, UNICEF facilitated the nationwide distribution of essential supplies for the Community-Based Management of Acute Malnutrition (CMAM) programme, valued at US$23,867,094.40. These supplies enabled the uninterrupted delivery of life-saving nutrition services across all regions, ensuring timely and effective response to the rising burden of acute malnutrition.

UNICEF supported resilience and nexus-building interventions across multiple regions to strengthen community systems, improve local food production, and enhance health and nutrition services against shocks. In Amhara, climate-smart EC2R (Ethiopia Crises to Resilience) activities provided livestock, poultry, and vegetable seeds to 405 households and formed 36 village economic and social association groups, improving dietary diversity and food security. In Gambella, youth groups and 500 crisis-affected households received seeds, poultry, and practical training, boosting nutrient-rich food production and reducing reliance on emergency aid. In the South, Central, Sidama, and Southwest regions, over 1,600 Village Health Leaders were trained for early malnutrition detection, while complementary livelihood and food system initiatives supported 570 households. In Oromia, infrastructure upgrades, SQ-LNS research, and enhanced Community-Based Nutrition (eCBN) livelihood activities benefited thousands through livestock, poultry, and community gardens. In Tigray, community nutrition efforts, home and school gardens, and diversified livelihood support reached 595 households, while SQ-LNS research showed strong acceptability and improved dietary diversity.

Nutrition Cluster

In 2025, the Nutrition Cluster continued to coordinate emergency nutrition responses across the country to prevent duplication of efforts, ensure that those most in need were reached, and facilitate nutrition assessments while strengthening communication of nutrition-related information to stakeholders.

During the year, three SMART+ surveys and one SQUEAC survey were conducted. The SMART+ surveys revealed varying levels of acute malnutrition, with Global Acute Malnutrition (GAM) rates of 9.2 percent in Debre Birhan IDP site in Amhara, 7.2 percent in *Hambela Wamena woreda in Oromia*, and 2.6 percent in the Gurage-Siltie Highland Enset and Barley (GEB) Livelihood Zone in Gurage Zone, Central Ethiopia. Although overall malnutrition rates among children under five were categorized as low to medium, the nutritional status of Pregnant and Breastfeeding Woman (PBW) in Debre Birhan IDP and Gurage Zone remained concerning, with prevalence exceeding 20 percent. The SQUEAC survey conducted in Miyo woreda of Borena Zone, Oromia, showed a CMAM coverage of 61.8 percent, which is above the rural threshold of 50 percent. Additionally, the Nutrition Cluster, through its partners, developed a Cash and Voucher Assistance (CVA) for Nutrition Outcomes Guideline to establish standards for implementing partners and government actors, ensuring that CVA interventions effectively support vulnerable communities. Furthermore, the Nutrition Cluster/ Emergency Nutrition Coordination Unit (ENCU) established a Localization Technical Working Group (TWG) with the objective of strengthening the involvement of local actors in nutrition responses and promoting locally driven solutions to nutrition challenges.

WASH

UNICEF's humanitarian WASH programme delivered lifesaving and inclusive water, sanitation, and hygiene services to vulnerable populations across all regions of Ethiopia, including rural and urban communities, internally displaced persons (IDPs) and refugees. In close collaboration with the Government of Ethiopia, civil society organizations and community structures, UNICEF integrated its WASH interventions with Health, Nutrition, Education and Child Protection services to ensure comprehensive support. The programme also focused on strengthening partner capacities and contributing to climate mitigation and adaptation, helping to build more resilient WASH systems in the face of escalating climate-related challenges.

From January to December 2025, UNICEF enabled over 2.3 million people to access safe drinking water through rehabilitation and solarization of water systems and expansion of supply networks. More than 1.2 million people received essential WASH non-food items, and 530,000 gained access to emergency sanitation facilities. Schools benefited as 68,492 children accessed improved WASH services, while 20,000 adolescent girls received menstrual hygiene support. Hygiene promotion activities reached 879,000 people, and 28 health facilities were equipped with improved WASH infrastructure.

In Afar, major WASH interventions improved access to safe water, sanitation, and hygiene services. Two upgraded solar-powered water systems in *Kefilu and Su'ula* villages became fully operational, supplying safe drinking water to 12,000 people, with *Su'ula* supporting drought-displaced communities. An additional 26 water schemes were rehabilitated through borehole repairs, disinfection, pipeline work, and equipment upgrades benefiting 166,301 people. Community mobilization in targeted woredas reached 81,935 people, promoting household latrine construction. Support to earthquake-affected IDPs enabled communal latrine construction for 25,390 people. Emergency WASH supplies were also provided to cholera- and drought-affected communities, reaching 19,666 people.

UNICEF significantly improved access to WASH services for vulnerable populations in the Amhara region in 2025. Safe water was provided to 827,793 people through the rehabilitation of piped systems, hand pumps, and wells, as well as the installation of solar-powered water systems across the Wag Himra, North and Central Gondar, West Gondar, and North Gojjam zones. Sanitation infrastructure rehabilitation and desludging benefited 183,865 internally displaced people, refugees, health facilities, and host communities, including interventions at the *Kebero Meda and Debre Birhan IDP sites, the Aftit refugee site,* and seven health facilities. Handwashing and behaviour-change activities reached 62,571 people, while critical WASH supplies were distributed to 755,715 individuals. In addition, menstrual health and hygiene services supported 4,973 women and girls.

In Tigray region, UNICEF addressed critical WASH gaps in host communities and IDP settings through the construction and rehabilitation of facilities in communities, schools, health Centres, and IDP sites. More than 309,613 people gained access to safe drinking water through the rehabilitation and expansion of durable water systems, including 21 solarized schemes serving 195,431 people and reducing dependence on fuel-based systems. WASH facilities were also rehabilitated in 11 schools and 15 health facilities across multiple woredas. To meet urgent needs, 7,500 drought-affected people received essential WASH non-food items, and 350 cartons of Aquatabs were provided to support cholera response efforts.

In the reporting year, significant progress was made in the Gambella region in improving access to WASH services for both host communities and refugees. A total of 92,414 people gained access to safe drinking water, reducing the risk of waterborne diseases. Sanitation and hygiene services reached 310 people, while 1,541 children in schools and safe spaces benefited from improved WASH facilities that support healthier learning environments. Handwashing behavior-change activities reached 21,955 people, strengthening hygiene practices. Additionally, 47,067 people received essential WASH non-food items to support daily hygiene needs, and menstrual health and hygiene services reached 10,729 women and adolescent girls, promoting dignity and wellbeing.

In Benishangul-Gumuz region, significant WASH improvements were achieved during the reporting year. Civil works were completed for two new UNICEF-supported water supply systems in *Womba and Amba-6, and 26* existing schemes were solarized across nine locations. Additionally, 554 water schemes mostly shallow wells with hand pumps were maintained or rehabilitated in 19 woredas, including facilities in 24 schools and 6 health Centres. These interventions provided safe water to approximately 367,431 people and 12,422 students. Basic WASH services were strengthened in 13 schools through menstrual hygiene management (MHM) spaces, water connections, and latrine construction, benefiting 26,323 students, while MHM training in *Homosha* reached another 8,550 students. Hygiene promotion activities reached 117,922 people, and WASH NFIs distributed in *Bambasi* supported 14,306 IDPs with buckets and soap.

During the reporting year, UNICEF improved access to essential WASH services for crisis-affected communities in the Somali region. More than 108,000 people gained access to safe water through the rehabilitation and upgrading of water schemes, including solar-powered systems and strategic boreholes. Sanitation access improved for 272,000 people through the construction and repair of emergency latrines. Hygiene promotion activities reached 8,000 people with handwashing and behavior-change messaging, while 6,000 people received critical WASH supplies such as soap, water containers, and water treatment chemicals. Additionally, 10 health care facilities gained basic WASH services through latrine rehabilitation, water storage installation, and system maintenance, benefiting 6,000 children in learning facilities and safe spaces across the region.

In South, Central, South-West, and Sidama regions, UNICEF delivered lifesaving and resilience-focused WASH interventions throughout 2025. A total of 143,133 people gained access to safe drinking water through emergency supply, rehabilitation, expansion, and solarization of water systems across *the Gamo, South Omo, Wolayita, Gurage,*

Sidama, Yem, Konso, West Omo, and Gofa zones. Improved sanitation services reached 28,651 people through community-led promotion of safer household latrines, while 114,603 people benefited from hygiene promotion activities with a strong focus on handwashing. In addition, 18,869 people received essential WASH non-food items, particularly in flood-affected *Dasenech Woreda*. Rapid MVD and IPC support including soap and water treatment chemicals was provided to strengthen outbreak response in health facilities.

Throughout 2025, UNICEF's WASH interventions in the Oromia region provided lifesaving and resilience-building support to hundreds of thousands of people. A total of 353,483 people gained access to safe water through the rehabilitation and solarization of deep and shallow boreholes, pumps, system extensions, and institutional connections. Improved sanitation services reached 27,740 people, while 5,538 children benefited from safe WASH facilities in schools and safe spaces. Hygiene promotion activities focusing on handwashing reached 165,746 people, and 174,837 individuals received essential WASH supplies, including soap, water treatment chemicals, and jerrycans. Additionally, 3,315 women and girls accessed menstrual health and hygiene services. These results were achieved through integrated actions combining water system upgrades, large-scale supply distribution, hygiene promotion, and targeted cholera and flood response efforts.

As part of Climate-Resilient Initiatives, in 2025, UNICEF strengthened the WASH enabling environment through key upstream initiatives. Support to EPHI included drafting WASH and IPC guidelines for holy water sites and mass gatherings and participating in the first review workshop. A German-funded *Water for All* project began in Somali and Oromia, focusing on climate-risk analysis, climate-resilient water service delivery models, and solar technical hubs. UNICEF, with ESARO support, also advanced capacity building on renewable-energy water systems and implemented anticipatory action in three regions. However, major challenges included reduced donor funding, customs delays, insecurity, and market disruptions affecting implementation.

UNICEF advanced several climate-resilient WASH initiatives aimed at strengthening long-term water security. Under the leadership of UNICEF HQ, ECO WASH implemented a multi-country Climate-Resilient WASH project in Ethiopia and India, introducing innovative Drinking Water Security and Safety Planning approaches. Emergency Water (EmWat) kits were upgraded into durable, climate-resilient water-supply systems by converting diesel units to solar power and reinforcing them against flood risks. Additional emergency water systems were also solarized to reduce carbon emissions, address power shortages, and enhance community resilience to climate-related shocks that threaten safe water availability. Additionally, water systems rehabilitated or constructed during emergencies now serve multiple long-term purposes, creating strategic entry points for broader, cross-sectoral development initiatives.

WASH Cluster

In 2025, the WASH Cluster in Ethiopia strengthened emergency coordination for water, sanitation, and hygiene services through its 41 active partners. It established the Minimum Standards and Guidance Technical Working Group, bringing together UN agencies and international and national NGOs to update key guidance documents aligned with global and national standards, including the "Emergency WASH Response Minimum Standard, Revised – May 2025". The group is finalizing harmonized standards for emergency WASH nonfood items (NFIs) and hygiene kits, detailing kit options, item specifications, and distribution requirements to improve consistency and quality. The cluster's national coordination team in Addis Ababa and regional hubs enhanced local response, while a Strategic Advisory Group comprising government, UNICEF, and NGO representatives provided overall technical and strategic support. Additionally, the WASH Cluster has finalized the Ethiopia Climate Action Plan for Humanitarian Water, Sanitation, and Hygiene (WASH) in collaboration with the Global WASH Cluster Climate Change Working Group.

Child Protection

UNICEF continued to provide technical and financial support to the Bureaus of Women and Social Affairs (BoWSA) and NGO partners, with a strong emphasis on localization and engagement with women-led organizations. Child protection services were strengthened for IDPs and communities affected by drought, floods and conflict across Afar, Amhara, Benishangul-Gumuz, Gambella, Oromia, South Ethiopia, Somali and Tigray. From January to December 2025, UNICEF and partners reached 422,742 children and 331,379 adults through case management, Mental Health Psychosocial Support (MHPSS), Gender Based Violence (GBV) prevention, risk-mitigation and response, family tracing and reunification, and alternative care for unaccompanied and separated children, including 2,245 children with disabilities.

As part of the GBViE prevention and response, 151,645 children (91,038 girls, 60,607 boys, including 303 children with disabilities) and 220,978 adults were reached with GBV prevention, risk-mitigation and response services. Additionally, 1,228 GBV survivors (449 girls, 7 boys and 772 women) received integrated case management, including psychosocial support, health services, legal aid, clinical management of rape, cash assistance, dignity kits and other services delivered through One-Stop Centres, Women and Girls Safe Spaces, and health facilities. UNICEF worked primarily with local women-led organizations and supported the construction of two Women's and Girls' Shelters in Gambella and Gode (Somali), providing safe accommodation and comprehensive GBV services.

In South Ethiopia, 142 children with disabilities received tailored MHPSS support and assistive devices. Additionally, 107 community social workers and child protection practitioners were trained in Psychological First Aid, child-friendly space management, and mentorship to strengthen service quality. Additionally, 100 GBV survivors and women at risk received livelihood support through business skills training, seed funding and market linkages. 340 adolescent girls received dignity kits in *Segen and Derashe woredas*. Thirty service providers completed GBV case-management refresher training, and GBV safety audits were conducted in three Marburg Viral Disease (MVD) isolation facilities.

In the reporting year, 1,118 children (654 boys and 464 girls) in the Amhara region accessed child-friendly spaces across Debre Berhan, Awi Zone, and North, East, and West Gojjam. These spaces provided safe environments that promoted psychosocial well-being, emotional stability, positive social interaction, and reinforced hygiene practices, thereby strengthening children's overall resilience and well-being. Additionally, 1,020 vulnerable children (528 boys, 492 girls, including 88 children with disabilities) and 100 unaccompanied and separated children, among them three children with disabilities, were supported through case management and referred to essential services in Debre Berhan through UNICEF's partnership with the local organization *Mahibere-Hiwot for Social Development (*MSD).

In Benishangul-Gumuz, UNICEF and partners provided MHPSS services to 31,348 refugee and IDP children and 6,674 caregivers across *Bambasi, Tsore, Bambasi and Ura sites* through child-friendly spaces, Team Up sessions, home visits and parental activities. Child protection partners also prioritized alternative care and family reunification, supporting 9,850 unaccompanied and separated children, including 69 children with disabilities and 52 returnees from Djibouti who received psychosocial first aid and case management at the IOM transit Centre. Additionally, 29,491 children who experienced violence or neglect were identified and received comprehensive case management and referrals to health, psychosocial and legal services.

During the reporting year, 664 individuals (410 men and 254 women) in Gambella including foster parents, caregivers, frontline workers, government staff, service providers, police, One Stop Centre (OSC) staff, and community members—received training on child protection principles, GBV prevention, child safeguarding, parenting skills, clinical management of rape, child-friendly space (CFS) management, case management, MHPSS, and Psychological First Aid (PFA).The training aimed to strengthen participants' capacity to prevent and respond to child protection and GBV risks, and to provide safe, timely, and appropriate support to affected children and families.

In Tigray, UNICEF strengthened regional child protection and case management systems by providing three laptops, 75 tablets and 75 chargers to the Bureau of Social Affairs and Rehabilitation (BoSAR). These devices support the rollout of Child Protection Information Management System (CPIMS+), enabling social workers to access training and digitally register and manage child protection cases. UNICEF also advanced explosive ordnance risk education (EORE) and victim assistance across Afar, Amhara and Tigray. In 2025 over 93,000 children and adults, including 125 children with disabilities, received landmine and explosive weapon risk prevention or survivor assistance through child-to-child and community awareness sessions led by trained community agents, facilitators and teachers.

As part of the GBV prevention and response in the Tigray region, 3,423 survivors (345 girls, 2,987 women and 91 boys) received case management services that supported their safety, recovery and well-being. Assistance included dignity kits, medical care and referrals to seven One-Stop Centres for specialized services, including clinical management of rape (CMR) and mental health support. UNICEF's survivor-centred approach ensured access to timely protection and essential care. Additionally, eight Women and Girls' Safe Spaces (WGSS) were established, reaching 4,905 participants, including 169 persons with disabilities. Participants engaged in small-scale livelihood activities such as handicrafts, embroidery, beauty services and soap production helping to strengthen resilience and economic independence.

In Afar, with support from a UNICEF grant, RADO identified 108 children (51 boys and 57 girls) affected by explosive ordnance and provided them with multi-purpose cash assistance, medical care, and psychosocial support for both the children and their caregivers. Beneficiaries reported that this support significantly improved their well-being by accelerating recovery, covering healthcare expenses, and enabling access to educational materials and assistive devices. BoWSA distributed 3,994 dignity kits to women and girls in *Ab'ala Town and Berhale Woreda*, including 1,997 kits for adolescent girls. Additionally, 100 GBV survivors received emergency cash assistance through the Individual Protection Assistance (IPA) programme to cover urgent needs such as transportation, temporary shelter and meals. To support economic empowerment, 13 income-generating activity (IGA) groups with 104 members were established, all of whom completed a three-day business skills training.

As part of efforts to build community resilience, throughout the year, 62,663 community members across Amhara, Oromia, Afar, South Ethiopia and Somali regions participated in community dialogues aimed at transforming harmful social and gender norms. In South Ethiopia, 300 adolescent girls took part in structured life-skills sessions across 15 locations, including five IDP sites. In Tigray, 10,170 beneficiaries received cash-in-lieu dignity assistance through

collaboration with UNICEF's Social Policy section. To enhance the adaptability of humanitarian support, a two-day training on integrating cash-based dignity assistance was conducted in *Axum* for 19 frontline responders, focusing on survivor-centred approaches, protection principles and context-appropriate delivery of cash alternatives to support menstrual hygiene and personal dignity needs. In Oromia, to strengthen GBV response, 26 One-Stop Centres (OSCs) were supported through capacity-building trainings, cash transfers, and in-kind material assistance, including dignity kits, bed sheets, shoes, nightwear, and medical supplies such as PEP kits.

Education

In 2025, UNICEF, in collaboration with the Ministry of Education, Regional Education Bureaus, and partners, supported the continuity of education for internally displaced, crisis-affected, out-of-school, and refugee children across Ethiopia. Between January and December, 183,422 children (47percent girls) accessed formal and non-formal education, while 214,903 children (49% girls) received essential learning materials, helping to improve enrollment, attendance, and retention in emergency settings. UNICEF also provided life-skills education to 106,980 children and adolescents (54% girls) and trained 19,196 teachers (34% female) in pedagogy, inclusive education approaches, and MHPSS. These investments contributed to enhanced teaching quality and strengthened the resilience of the education system.

As of December 2025, the Amhara Regional Education Bureau reports that 3.2 million[8] children (50.5% girls) are out of school due to ongoing conflict and insecurity. The protracted crisis has deeply disrupted the education system, leading to widespread damage to school infrastructure, looting of materials, long-term school closures, and the displacement of teachers and students. In response, UNICEF supported 52,005 children (25,714 girls) to access quality learning through both formal and non-formal education programmes. To reduce hidden education costs and address learning barriers, 42,543 children (21,614 girls) received individual learning materials. Adolescent resilience was enhanced through life-skills education for 15,827 children (8,876 girls), delivered via structured and age-appropriate sessions. UNICEF and its technical partner also conducted accessibility audits in 10 inclusive resource centres, helping strengthen service continuity for children with disabilities and ensuring uninterrupted learning. Additionally, 2,200 out-of-school children (48% girls) who were unable to access schools or learning centres due to security constraints gained learning opportunities through home-based learning initiatives.

In the reporting year, 43,866 children (22,228 girls) in the Tigray region were enrolled at the start of the academic year through UNICEF's back-to-school initiatives, implemented in collaboration with the Regional Education Bureau (REB) and partners. These efforts targeted woredas with historically low enrolment and high numbers of out-of-school children due to protracted emergencies. As part of broader education recovery actions, UNICEF supplied 4,660 combined desks to targeted schools, supporting 27,960 learners, including those attending double-shift classes. Teaching quality and learner well-being were further strengthened through the training of 18,025 teachers (34% female) and education leaders in play-based pedagogy, positive discipline, and mental health and psychosocial support (MHPSS). To address learning loss, 4,926 out-of-school children (2,891 girls) were enrolled in Accelerated Learning Programmes (ALP) and supported with scholastic materials and temporary learning spaces. Overall, 44,267 children (22,635 girls) received school bags and individual learning materials, directly contributing to improved access, attendance, and retention. Inclusive education interventions enabled the identification and screening of 6,610 children with disabilities (3,109 girls). Based on assessed needs, 2,140 children (920 girls) received assistive devices, while others were referred for medical or specialized services.

In Oromia region, UNICEF supported the enrolment of 52,419 children (26,734 girls) through Accelerated School Readiness (ASR) and Accelerated Learning Programme (ALP) interventions. Instructional quality was strengthened through the training of 17,733 teachers and ALP facilitators (50% female) in foundational pedagogy. To further enhance coordination and response for crisis-affected children in the Wollega zones, UNICEF strategically deployed an education officer in Nekemte. In the Gambella Region, 22,732 refugee children (8,779 girls) from the *Nguenyyiel refugee* camp continued their learning with UNICEF support. System capacity was reinforced through the training of 1,212 teachers and facilitators (332 female) on conflict-sensitive education, social cohesion, and inclusive education. In the Benishangul-Gumuz Region, UNICEF expanded access to education for 15,393 internally displaced and returnee children (6,698 girls) through ASR and ALP programmes. To promote attendance and retention, 15,680 children (7,436 girls) received scholastic supplies and school bags. Additionally, 7,530 children (3,238 girls) participated in harmonized life-skills and social-emotional learning programmes, supporting their psychosocial well-being.

During the reporting year, UNICEF and its partners in the Somali region enrolled 7,224 out-of-school children in Accelerated Education Programmes across three IDP sites and provided learning materials to 18,109 children. Teaching quality was strengthened through the training of 154 teachers and facilitators in core pedagogical skills. To advance adolescent well-being and protection, UNICEF established a Menstrual Hygiene Management (MHM) safe space at *Walid Primary School in the Qoloji IDP* camp, equipped with essential furniture and a reliable water supply. UNICEF further delivered MHM, GBV prevention, and life-skills training to 136 participants (95 male, 41 female) across 35

[8] Reports from Amhara Regional Education Bureau

schools, and trained 40 individuals (27 male, 13 female) on climate change adaptation and green school initiatives in *Dollo Ado, Dolo Bay, and Guradumole* , UNICEF enabled 13,591 children (6,607 girls) to access formal and non-formal education in drought- and conflict-affected communities. A total of 22,610 children from refugee and host communities, including 332 children with disabilities, received school bags and learning materials. Life-skills and resilience were strengthened among 2,786 children (1,403 girls). Education service delivery was further improved through the training of 3,959 teachers and facilitators (1,393 female), contributing to enhanced pedagogical practices and more effective classroom instruction.

In South Ethiopia regions, UNICEF, together with the Regional Education Bureaus (REB) and partners, supported access to education for 6,016 emergency-affected children (2,841 girls) through Accelerated Education Programmes (AEP), Accelerated School Readiness (ASR), and formal education. In addition, 5,839 children (2,915 girls) affected by drought, conflict, and flooding received essential learning materials, enabling their continued participation in learning. Inclusive education interventions facilitated the enrolment of 193 children with disabilities (72 girls) into six formal primary schools. Of these, 70 children received assistive devices tailored to their needs, including wheelchairs, crutches, hearing aids, eyeglasses, and mobility support devices.

As part of the Resilience / Nexus program activities, across regions, UNICEF expanded learning opportunities for displaced and vulnerable children: 52,005 in Amhara, 22,732 in Gambella, 15,393 in Benishangul-Gumuz, 52,419 in Oromia, 7,224 in Somali, and 13,591 in Afar. In Tigray, UNICEF restored learning environments, trained 18,025 teachers, enrolled 4,926 out-of-school children, and supported inclusive education for 6,610 children with disabilities. UNICEF's resilience programme strengthened climate-smart, multisectoral education systems across Afar, Oromia, and Somali, enabling 8,884 out-of-school children to enter accelerated learning. Additional investments included school reconstruction, teacher training, and community engagement, ensuring continuity of learning during shocks and building long-term educational resilience.

Education Cluster

In the reporting year, the Education Cluster, in collaboration with the Ministry of Education and Regional Education Bureaus, established a standardized definition and harmonized methodology for identifying out-of-school children (OOSC) in emergencies, improving data consistency and enabling stronger evidence-based planning. To ensure response strategies reflected the perspectives of affected populations, the Cluster conducted a sector-neutral prioritization exercise, where conflict-affected children ranked education as their second-highest need after food highlighting its life-saving and protective role. To strengthen coordination and reduce duplication, the Cluster maintained monthly monitoring of Education in Emergencies (EiE) across affected regions. Partner capacity was enhanced through national-level training for 26 organizations on data and information management, alongside orientation on a standardized rapid needs assessment tool to promote timely and harmonized data collection. In response to access constraints caused by insecurity, the Cluster introduced Home-Based Learning (HBL) in Amhara, ensuring continuity of education for out-of-school children in hard-to-reach and conflict-affected areas.

Social Protection

In 2025, UNICEF, in partnership with the Ministry of Women and Social Affairs and regional bureaus, supported drought- and conflict-affected households through Shock-Responsive Cash Transfers (SRCTs), reaching 57,762 households (over 243,993 people), including 33,665 female-headed households across four regions. UNICEF strengthened national and sub-national coordination through the Ethiopia Cash Working Group, improving harmonization between humanitarian and social protection systems and enhancing ministry capacities for crisis response. Community service workers linked 53,854 individuals to essential services including health, nutrition, education, case management, birth registration, and climate adaptation with 40,132 specifically connected to climate adaptation information as part of a cash-plus approach. GBV interventions reached 8,749 women, girls, and boys, 64 percent of whom were children, through community social workers.

During the reporting year, UNICEF and the Bureau of Women and Social Affairs (BoWSA) in Amhara provided shock-responsive cash transfers to 6,619 conflict- and drought-affected households (24,254 people). Beneficiaries included 15,557 females, 11,731 children, and 250 unaccompanied and separated children (UASC) across four woredas: *Minjar Shenkora, Merawi, Wegera, and Gazo*. Each household received two rounds totaling ETB16,600, while 1,768 persons with disabilities received an additional ETB 2,500 to meet extra needs. In 2025, a second round of humanitarian cash was delivered to 4,891 households (21,215 individuals) in *Kalu, Ebinat, and Shewa Robit*, with each household receiving ETB 8,000. In partnership with the Child Protection team, 11,330 women and adolescent girls received cash top-ups in place of dignity kits, enabling them to meet essential hygiene and protection needs and strengthening resilience and well-being amid ongoing shocks and displacement.

In Oromia, UNICEF and the Bureau of Labor and Social Affairs provided shock-responsive cash transfers to 38,652 households (172,246 people), including 20,985 female-headed households, across 13 woredas. Of these, 24,449 households (99,309 people) in ten drought-affected woredas received ETB 20,000 per household, while the remaining

households received ETB 8,300 per round. In addition, 5,321 households received disability top-ups (ETB4,000 for drought response and ETB 2,500 for conflict response). A further 12,284 women and adolescent girls received cash top-ups in lieu of dignity kits. In partnership with Jimma University, UNICEF developed and rolled out a Social and Behaviour Change (SBC) manual on climate adaptation, reaching 40,132 community members through facilitated conversations. Post-distribution monitoring showed improved understanding of climate change and human-driven environmental impacts. Awareness sessions on PSEA, GBV, and AAP reached 21,338 people, and 1,243 Kebele Appeals Committee members addressed 1,639 complaints, mostly related to inclusion and exclusion errors.

In Benishangul-Gumuz, as part of the Sudanese refugee response, 700 host-community households received a one-off Shock-Responsive Cash Transfer (SRCT) of ETB 8,300 during the reporting year. Across all SRCT interventions, beneficiaries reported significant improvements in household food security. Most households used the cash to meet essential needs, including purchasing food—especially for children—acquiring basic shelter items such as blankets, accessing drinking water, purchasing household goods and clothing, and covering health-care expenses. The assistance helped families better cope with ongoing shocks and maintain their wellbeing. Post-Distribution Monitoring (PDM) findings further confirmed that the cash transfer provided lifesaving support to both refugees and host communities and successfully reached the most vulnerable households.

In Tigray, UNICEF and the Regional Bureau of Social Affairs and Rehabilitation (BoSAR) provided shock-responsive cash transfers to 10,170 drought- and conflict-affected households (47,493 people), including 5,955 female-headed households, across nine woredas. Each household received ETB17,600 in two rounds. Beneficiaries included 10,936 men, 11,676 women, 12,544 boys, and 12,337 girls. To address disability-related needs, 1,887 persons with disabilities received ETB 2,500 top-up. Women aged 15–49 also received ETB 2,152 cash top-up in lieu of dignity kits to support essential hygiene needs. Through the grievance redress mechanism, 434 of 992 complaints were successfully resolved.

To build community resilience against future shocks, Shock-Responsive Cash Transfer (SRCT) programmes continued to strengthen household resilience by linking vulnerable families to essential social services and long-term support systems. In 2025, the Cash Plus financial inclusion programme in Oromia provided financial literacy and self-reliance training to 2,923 beneficiaries and established 152 Self-Help Groups (SHGs). In partnership with JeCCDO, each SHG received ETB110,000 in seed capital to initiate and diversify income-generating activities. Several SRCT recipients have already accessed credit through their SHGs and the Cooperative Bank's *Michu Kiya* digital platform. Beyond immediate relief, resilience was reinforced through integrated SBC interventions developed with Jimma University, equipping communities with sustainable climate-adaptation practices. Additionally, 60 BoLSA social workers were trained to enhance delivery of integrated Cash Plus services.

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

In 2025, UNICEF's Social and Behavior Change (SBC) interventions reached over 55 million people across Ethiopia and engaged more than 5.2 million individuals through community-based approaches, fully achieving the annual target. These efforts ensured that families and communities received life-saving information and were actively involved in protecting and promoting the rights of children. Messaging addressed a wide range of priority issues, including immunization, Human Papillomavirus (HPV), cholera prevention, Marburg Virus Disease (MVD), measles, malaria, hygiene and sanitation, essential health services, infant and young child feeding in emergencies (IYCF-E), education, gender-based violence (GBV), and climate action.

More than 5.2 million people were engaged through intensive, two-way communication led by frontline workers, creating opportunities for communities to ask questions, express concerns, and propose locally appropriate solutions. SBC interventions leveraged existing community platforms, such as Mother-to-Mother groups, pregnant women's conferences, community dialogues, interpersonal communication sessions through mobile health and nutrition teams, community volunteers, village health leaders (VHLs), health extension workers, religious and community leaders, community social workers, teachers, and other frontline workers. To enhance engagement in internally displaced person (IDP) and host communities, UNICEF, in collaboration with Regional Health Bureaus, introduced portable PICO projectors with culturally appropriate, engaging content.

Capacity strengthening remained a core priority. A total of 4,453 frontline workers including health workers, religious leaders, teachers, community volunteers, and VHLs received training in interpersonal communication and risk communication. These trained actors helped engage more than 7.8 million community members in community dialogues, cholera prevention efforts, vaccination of zero-dose children, and other public health campaigns. Engagement was further reinforced through mini-PICO projectors and solar radios preloaded with communication content.

SBC interventions contributed to measurable improvements, including increased knowledge of priority behaviors, strengthened SBC competencies among frontline workers, higher vaccination uptake among zero-dose children, cleaner and safer environments, reduced absenteeism among girls, greater confidence among girls participating in school

gender clubs, and positive shifts in attitudes related to dietary diversity and harmful practices such as child marriage. Communities and caregivers also improved their skills in preparing complementary foods, using and maintaining household toilets, and treating drinking water.

In addition to providing information and facilitating community discussions on preventive behaviors and available services, UNICEF collected feedback from 24,383 people on the services provided. The most frequently raised concerns included shortages of food, cash assistance, and basic supplies in IDP sites, as well as inadequate WASH services in holy water sites. Communities also reported limited access to WASH facilities—particularly a shortage of water treatment chemicals for cholera prevention—as well as persistent gaps in food availability. Additional issues included shortages of essential medicines, poor conditions in health facilities, and lack of ambulance services. Feedback was gathered through multiple mechanisms, including focus group discussions, IDP focal points, community sessions, peer-to-peer dialogues, surveys, house-to-house and tent-to-tent visits, and appeal committees.

Despite significant achievements, SBC programming faced several challenges. The most critical was insufficient funding, which limited both the scale and consistency of intensive community engagement needed to sustain behavior change. Closing the feedback loop also remained difficult due to the involvement of multiple actors and the absence of strong local systems to track and document actions taken in response to community concerns. Furthermore, the emergence of uncommon outbreaks in Ethiopia such as MPOX and MVD stretched available resources, drawing funding and personnel toward emergency response and reducing the capacity to support ongoing 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 2025, a total of 359,836 people (159,743 women, 50,215 men, 69,917 boys and 79,961 girls) including 571 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 for SEA, the community members rights, and entitlements to access humanitarian assistance.

In Amhara region, UNICEF and partners implemented multi-sectoral PSEA interventions aligned with AAP commitments and protection priorities. A total of 178,188 people were reached through community PSEA awareness sessions, enhancing understanding of SEA risks, zero-tolerance standards, and reporting options. UNICEF-supported programmes strengthened safe, accessible, and confidential reporting and referral pathways. Child protection services enabled 35,642 individuals, including 310 children with disabilities, to access SEA reporting channels. Education interventions reached 1,380 people, Social Protection reached 10,860, and Health services reached 130,306 with integrated reporting mechanisms. Collectively, these efforts improved community awareness, reporting accessibility, and accountability in conflict-affected areas.

In Oromia region, UNICEF and partners reached 13,675 people in 2025 through integrated, multi-sectoral PSEA interventions aimed at strengthening prevention, reporting, and accountability for vulnerable populations. The Child Protection sector led community awareness efforts and expanded access to confidential reporting channels for 11,005 individuals, while establishing local accountability structures. Education actors embedded PSEA messaging in schools and trained teachers on safeguarding. WASH partners integrated reporting mechanisms into services and reached 2,650 women and girls with key messages. Social Protection enhanced safeguarding in cash programmes by training 411 local actors. Collectively, these efforts strengthened survivor-centred support and community accountability in Oromia.

In the Somali region, UNICEF and partners reached 14,059 people with key PSEA information through Nutrition and Child Protection programmes. This included 10,387 women, 3,423 men, 105 boys, and 144 girls, among them four persons with disabilities. Interventions focused on strengthening community awareness, building local capacity, and improving access to safe and confidential reporting mechanisms to ensure understanding of SEA, survivors' rights, and available reporting options. Activities included community mobilization, dissemination of posters with toll-free reporting channels, group discussions, and tailored briefings. Collectively, these actions enhanced community awareness, trust in reporting systems, and accountability within humanitarian services in the Somali Region. Additionally, the PSEA team supported orientations during child-grant cash distributions, ensuring communities received information on what constitutes SEA and how to safely report incidents through existing channels.

In the South, Central, Southwest and Sidama regions, safe and accessible SEA reporting channels were strengthened by integrating PSEA messaging into GBV prevention, MHPSS, and case management services. A total of 14,888 people (7,347 women, 2,108 men, 2,321 boys, and 3,112 girls) were reached in emergency locations. In Sidama, 57 frontline workers received one-day PSEA training. An additional 2,843 individuals were reached in *Geze Gofa, Bulki Town, Arba Minch, Segen, and Derashe*, while 809 people received PSEA messages during NFI distributions and community

events. School-based GBV sessions engaged 533 participants, and targeted PSEA training was provided to 18 community workers, 12 woreda child protection experts, and 36 kebele leaders, further strengthening community accountability and reporting pathways.

In Afar region, UNICEF and partners reached approximately 24,762 people with key PSEA messages during the reporting year through trainings, workshops, and community engagement. Semera University delivered SBC training to 30 staff, held advocacy sessions for 50 participants, and engaged 80 students through youth and U-Report sessions. An additional 70 community members were reached through Woreda-level social mobilization meetings. AISDA trained 26 participants in IPC and group communication, including a PSEA orientation. Broader awareness activities in IDP sites and community campaigns reached 24,486 individuals, strengthening understanding of PSEA, accountability, safe dialogue, and available reporting mechanisms.

In Benishangul-Gumuz region, as part of UNICEF's Accountability to Affected Populations (AAP) commitments and its emphasis on the centrality of protection across all programming, PSEA awareness-raising activities were carried out in 2025 across *Dangur, Dibate, Mandura,* and Bullen woredas of *Metekel Zone*, as well as *Bambasi, Homosha, and Ura woredas of Assosa Zone*. A total of 13,333 children (7,631 girls and 5,702 boys) and 16,960 adults (9,763 women and 7,405 men) from refugee, IDP, and host communities were reached. These activities were aimed at strengthening community understanding of PSEA, clarifying rights and expected standards of conduct, and provide information on safe, confidential, and accessible reporting channels.

In Gambella region, during the reporting year, UNICEF and partners strengthened community awareness and improved access to safe, accessible, and confidential reporting channels for sexual exploitation and abuse (SEA). As a result, 13,599 individuals were informed about and able to access SEA reporting mechanisms, including 10,140 men, 1,017 women, 2,035 girls, and 407 boys, ensuring inclusive and equitable access to accountability and protection services across the region.

In Tigray region, during the reporting period, 70,518 individuals accessed safe, accessible, and confidential channels to report incidents of sexual exploitation and abuse (SEA) by aid workers. This included 25,519 women, 14,455 girls, 11,474 boys, and 19,070 men, ensuring inclusive access to accountability and protection mechanisms across diverse population groups. These efforts contributed to improved awareness of rights, strengthened community trust in humanitarian services, and enhanced survivor-centred reporting pathways.

At national level, two PSEA training courses on Investigations and Victim/Survivor Assistance were conducted, enhancing stakeholder capacity in survivor-centred, ethical, and confidential case handling. Participants gained practical skills in safe reporting, trauma-informed investigations, and referral pathways. The trainings improved confidence, strengthened coordination, and reinforced accountability and support mechanisms for survivors across the country.

Human Interest Stories (HIS) and External Media

UNICEF Ethiopia has maintained a strong public presence by advocating for children affected by multiple emergencies. UNICEF successfully mobilized resources by collecting and sharing stories, photos, and videos from the field across multiple platforms. In addition, UNICEF organized several high-level missions with donors and government counterparts to advocate for every child's right to a better future and to support those impacted by overlapping crises.

UNICEF continued to position itself as the leading agency on children's issues, reflected in a growing number of followers across its social media channels. By placing child rights advocacy at the core of its humanitarian response, UNICEF produced and shared a wide range of content across its digital platforms, including Twitter, Facebook, Instagram, YouTube, LinkedIn, and the website. UNICEF also maintained strong relationships with national and international media outlets, with reports and updates covered by international media such as Forbes, Reuters, Africanews, AllAfrica, and ReliefWeb. Through these channels, UNICEF highlighted key issues including child marriage, female genital mutilation, nutrition, education, health, immunization, and WASH.

Donor-branded multimedia content was produced and published to acknowledge contributions from Denmark, the Netherlands, South Korea, Finland, the European Union, Norway, the United Kingdom, Sweden, Africa CDC, BMZ, KfW, CERF, the Gates Foundation, Gavi, GPE, the Grundfos Foundation, KOICA, The Church of Jesus Christ of Latter-day Saints, the LEGO Foundation, Rotary, the Slaight Family Foundation, the UK Postcode Lottery, the UNFPA-UNICEF Global Programme to End Child Marriage, and the UNFPA-UNICEF Joint Programme to End Female Genital Mutilation. These efforts strengthened relationships with donors and supported the mobilization of additional resources.

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

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Who to contact for further information:

Aboubacar Kampo
Representative
UNICEF Ethiopia
Tel: +251 11 518 4001
Email:akampo@unicef.org

Mariko Kagoshima
Deputy Representative–Programmes
UNICEF Ethiopia
Tel: +251 11 518 4162
Email: mkagoshima@unicef.org

Mohammed Mohammedi
Chief of Field Operations & Emergency
UNICEF Ethiopia
Tel: +251 11 513 015
Email: mmohammedi@unicef.org

Annex A - Summary of Programme Results

	Cluster/Sector Response		UNICEF and IPs Response *(Overall responses)*	
Sector	**2025 target**[9]	**Total results**	**2025 Cumulative target**	**Total Cumulative results**
Nutrition		**Jan- Dec 2025**		**Jan- Dec 2025**
Children 6-59 months screened for wasting[10]	**4,735,536**	*4,456,293*	**4,735,536**	*6,604,148*
Number of children aged 6 to 59 months with severe wasting admitted for treatment	**894,682**	*670,175*	**894,682**	*670,175*
Number of children aged 6 to 59 months receiving Vitamin A supplementation (SEMESTER 1)			**5,919,401**	*6,308,363*
Number of primary caregivers of children aged 0 to 23 months receiving IYCF counselling[11]	**892,831**	*819,856*	**892,831**	*819,856*
Number of pregnant women receiving preventative iron supplementation			**1,495,543**	*885,811*
Health				
Number of children and women accessing primary healthcare in UNICEF supported facilities			**2,782,077**	*4,038,469*
Number of children below 15 years of age vaccinated against measles, supplemental dose			**1,470,054**	*5,535,658* [12]
Live births that were delivered in health facilities in UNICEF-supported areas			**173,093**	*255,249*
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities			**34,246**	*16,679*
WASH				
Number of people accessing a sufficient quantity and quality of water for drinking and domestic needs	-	-	**3,818,582**	*2,341,129*
Number of people accessing appropriate sanitation services	-	-	**675,302**	*534,469*
Number of people reached with hand-washing behaviour-change programmes	-	-	**4,275,243**	*879,186*
Number of people reached with critical WASH supplies	-	-	**2,533,167**	*1,204,731*
Child Protection				
Number of children, adolescents and caregivers accessing community based MHPSS	-	-	**168,400**	*186,801*
Number of UASC provided with alternative care and/or reunified	-	-	**11,842**	*9,850*
Number of girls and boys who have experienced violence reached by health, social work, or justice/law enforcement services	-	-	**49,700**	*29,491*
Education				
Number of children accessing formal and non-formal education, including early learning	-	-	**600,953**	*177,780*
Number of children receiving learning materials	-	-	**535,000**	*214,903*
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**	*359,836*
GBViE				
Number of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions (Cross-sectoral)			**185,268**	*372,623*
Social Behaviour Change (SBC)				

[9] The 2025 and 2026 Humanitarian Response Plan (HRP) has not yet been endorsed and published.
[10] To avoid cumulative reporting for this indicator, the highest figure from the January–December results is used for end year reporting to prevent double counting.
[11] To avoid cumulative reporting for this indicator, the highest figure from the January–December results is used for end year reporting to prevent double counting.
[12] 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[9]**	**Total results**	**2025 Cumulative target**	**Total Cumulative results**
Nutrition		**Jan- Dec 2025**		**Jan- Dec 2025**
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**	*54,876,521*
Number of people engaged in reflective dialogue through community platforms			**3,645,119**	*5,182,181*
Number of people sharing their concerns and asking questions through established feedback mechanisms			**150,763**	*24,383*

Annex B - 2025 HAC Funding Status

Sector	2025 HAC Funding Requirements (US)	Funds available			Funding gap	
		Humanitarian resources received in 2025	Resources available from 2024 (Carry-over)	Total Funds Available	$	percent
		(USD)	(USD)	(USD)		
Health	47,321,765	15,463,333.23	9,118,152	24,581,485	22,740,280	48%
Nutrition	125,702,549	36,046,338.11	11,962,101	48,008,439	77,694,110	62%
Child Protection, GBViE, PSEA	56,036,942	7,056,844.08	4,272,632	11,329,476	44,707,466	80%
Education	55,158,227	6,264,626.66	5,138,692	11,403,319	43,754,908	79%
WASH	142,918,104	14,216,964.89	11,003,749	25,220,714	117,697,390	82%
Social Policy	47,634,240	0	7,917,488	7,917,488	39,716,752	83%
Cross-Sectoral (SBC, AAP, RCCE)	18,526,591	12,009,863.07	0	12,009,863	6,516,728	35%
Total	**493,298,418**	**91,057,970.05**	**49,412,815**	**140,470,785**	**352,827,633**	**72%**