



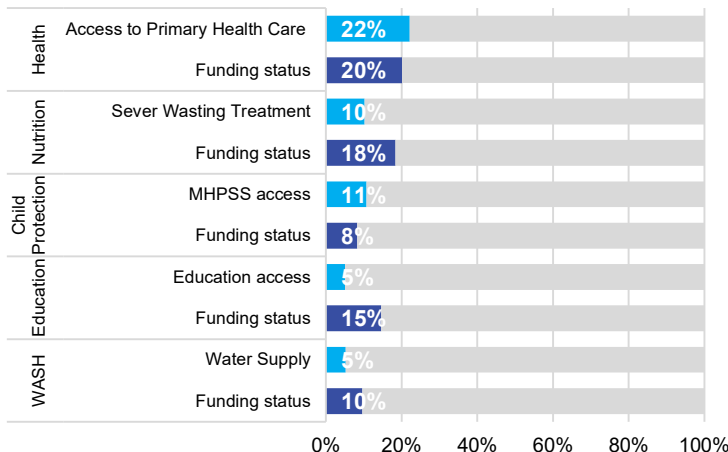
©UNICEF Ethiopia/2026/Nahom Tesfaye

January - February 2026

Highlights

- In January and February 2026, UNICEF provided lifesaving treatment to nearly 77,983 children under five suffering from acute malnutrition across the country.
- During the same period, over 783,641 women and children accessed primary healthcare services; more than 186,591 people gained access to safe drinking water through the rehabilitation and solarization of water systems.
- During the reporting period, UNICEF supported over 18,952 out-of-school children to access formal and non-formal education opportunities.
- Shock-Responsive Cash Transfers (SRCTs) were provided to 10,138 households including 6,819 women-headed households
- In the reporting period, UNICEF supported more than 9,328 children, adolescents, and caregivers received mental health and psychosocial support.,
- UNICEF's Humanitarian Action for Children (HAC) appeal for Ethiopia, totaling \$401.5 million, remains 86 percent unfunded, despite ongoing needs for supplies, cash assistance, essential services, and technical support for vulnerable children and families

UNICEF Response and Funding Status*



* The UNICEF response % is only for the indicator, while the funding status covers the entire sector.

**[UNHCR Operational data portal, as of 31 January 2026.](#)

Ethiopia

Humanitarian Situation Report No. 1



Situation in Numbers

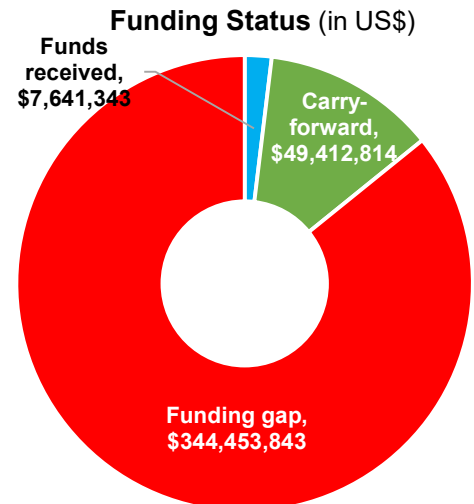


1,123,420

Total Refugees and Asylum Seekers**

UNICEF Appeal 2026

US\$ 401.5 million



Funding Overview and Partnerships

UNICEF's Humanitarian Action for Children (HAC) 2026 Appeal highlights the urgent need for US\$401.5 million to address the critical humanitarian requirements of children, adolescents, women, and men in Ethiopia. Currently, only US\$57.1 million is available for this appeal, which represents 14 per cent of the total financing required, even after accounting for the US\$49.4 million carried over from 2025. This significant shortfall underscores the necessity for continued support to bridge the gaps in funding. UNICEF is urging donors to provide assistance and to ensure that children and their caregivers receive the lifesaving and life-sustaining aid they desperately need in 2026 and beyond.

UNICEF extends our heartfelt thanks to all donors who have generously supported the 2026 HAC. Special appreciation goes out to the Canada, Central Emergency Response Fund (CERF), Japan, Norway, United Kingdom, United State of 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 facing a complex, multi-dimensional humanitarian emergency, driven by the intersection of recurrent drought, flooding, armed conflict, large-scale displacement, disease outbreaks, and severe economic instability, including persistent inflation. These compounding shocks have sharply exacerbated food and nutrition insecurity, with children among the most adversely affected. As conditions deteriorate, vulnerable populations are increasingly exposed to life-threatening levels of deprivation, undermining their health, well-being, and long-term development.

According to the FEWS NET Food Security Outlook (February–September 2026)¹, the poor performance of the March–May 2025 Gu/Genna and the October–December 2025 Deyr/Hageya rains resulted in atypically severe shortages of pasture and water, particularly in *Afder, Liban, Dawa, and Koraha zones of Somali Region and Borena Zone of Oromia Region*. Livestock body conditions significantly deteriorated during the subsequent dry season and remain extremely poor ahead of the start of the 2026 Gu/Genna season. As a result, livestock prices have declined, leading to weakened terms of trade for pastoralist households.

On the other hand, the Ethiopia Disaster Risk Management Commission (EDRMC) reported in its March 2026 climate outlook that neutral Indian Ocean Dipole (IOD) and ENSO-neutral conditions along with their interactions—are expected to increase the likelihood of normal to above-normal Belg 2026 rainfall across southern and southeastern Ethiopia. Accordingly, *Southern Somali, Southern Oromia, Sidama, South Ethiopia, and Southwest Ethiopia regions are likely to receive normal to above-normal rainfall*. The outlook also anticipates frequent heavy rainfall, which could lead to flash flooding in flood-prone areas, including major urban centers.

Since late February 2025, political instability and rising hostilities between armed actors in South Sudan have driven recurrent clashes and large-scale displacement, particularly affecting Upper Nile and, more recently, Jonglei State. According to a February 3, 2026, ECHO flash update², tensions in Jonglei State are triggering further potential displacement into Ethiopia. Since February 2025, over 80,000 individuals have crossed from South Sudan into Ethiopia's Gambella region, which already hosts more than 400,000 refugees, placing enormous pressure on local resources and basic services.

Summary Analysis of Programme Response³

Health

Overall, from January to February 2026, UNICEF-supported primary health-care services reached 783,641 women and children across all regions. During the same period, 52,654 children received measles supplemental vaccinations, and 10,961 live births were attended in UNICEF-supported health facilities.

In Tigray, 247,954 people accessed UNICEF-supported MNCH services (132,971 women, 53.6%, and 78,597 children, 32%). Maternal health service utilization improved, with increased ANC attendance, 1,707 skilled deliveries, and 2,063 postnatal care (PNC) consultations, supporting improved post-delivery monitoring and early detection of maternal and newborn complications during the crucial postnatal period. Immunization services also strengthened, with a total of 3,587 children vaccinated against measles. Whereas, In Afar, a total of 29,789 medical consultations were provided, of which 13,261 (44.5%) were for children under five. UNICEF's health programme supported 10 Afar Mobile Health and Nutrition Teams (MHNTs), which continued delivering lifesaving services in hard-to-reach areas. In addition, supportive supervision was carried out for the FCDO-supported MHNTs. Eight ultrasound machines procured through EU funding have been distributed so far, with Dubti Hospital, Kaluwan Hospital, and Konneba Health Centre already receiving their units.

¹ FEWSNET, Ethiopia - Food Security Outlook, Feb to Sept 2026

² ECHO Daily Flash of 3 February 2026

³ The Summary Analysis of Programme Response covers the period from January – February 2026

In Amhara, with UNICEF's financial, supply, and technical support, a total of 217,608 women and children received essential health services across host communities, IDP sites, and refugee and returnee camps. In addition, 2,654 Mental Health and Psychosocial Support (MHPSS) services were provided to IDPs through mobile teams, ensuring continued access to essential psychosocial care in displacement settings. These services were delivered through UNICEF-supported primary health facilities and two mobile health teams operating in refugee and returnee camps. In January 2026, over 86,410 malaria cases were identified and tested, indicating a high burden of disease particularly affecting vulnerable groups, especially women and children. No cholera cases were reported during the month, and the Amhara Public Health Institute declared the outbreak under control. UNICEF also supported last-mile delivery of medical supplies, including 36 IEHK 2017 (supplementary medicine units) and 42 IEHK 2017 (basic units) for five FCDO project-targeted woredas. Additionally, 13 IEHK 2024 kits and 50 measles kits were distributed to seven selected woredas.

In Oromia, a total of 138,277 individuals received essential health services through UNICEF-supported facilities in conflict- and drought-affected areas, including 127,811 women and children who accessed services across 23 priority districts supported by the EU, FCDO, BMGF, and KfW. Key achievements included 9,300 pregnant women receiving ANC4 services, 8,130 mothers accessing skilled delivery care, and 12,510 mothers receiving postnatal care (PNC) within the first seven days after delivery, while 12,594 children under one year received the MCV1 vaccine. As part of the malaria outbreak response, 50,552 individuals with fever were tested across 13 high-burden districts in Jimma, Bunno Beddele, and East Wellega zones, with 13,828 confirmed cases treated.

In South, Central, and Sidama regions, technical support from UNICEF Programme Officers and regional Technical Assistants strengthened the regional public health systems, including Rapid Response Teams (RRTs), ensuring they are well positioned to respond effectively to public health shocks. In the Central Ethiopia Region, Marburg virus disease (MVD)-related capacity-building activities were conducted for 256 schools and 126 religious leaders, focusing on awareness creation and community sensitization. In South Ethiopia, 5,286 m² of mosquito breeding sites were treated with larvicides, and 1,759 m² were managed through environmental control measures, with the active participation of 4,107 community members.

In Somali Region, UNICEF-supported Sustainable Outreach Services and 26 Mobile Health and Nutrition Teams provided free primary healthcare consultations to 17,579 people (4,298 boys, 4,036 girls, 3,829 men, and 5,216 women). In addition, 1,044 children (501 boys and 543 girls) received a supplemental measles dose. A total of 115 skilled delivery services were provided in UNICEF-supported health facilities in Babile and Ma'eso districts. Where as In Benishangul Gumuz Region, 15,709 medical consultations were provided, and 4,092 malaria cases (2,005 males and 2,087 females) were treated. Additionally, 995 pregnant women received skilled delivery services, and 1,010 women accessed early postnatal care in UNICEF-supported health facilities. A total of 2,528 children received the MCV1 measles vaccine.

In Gambella, primary health-care services for both host communities and refugees continued without interruption, with UNICEF-supported health facilities providing essential care to 10,822 people. As part of efforts to strengthen immunity among vulnerable populations under 15 years of age, 110 children were vaccinated against measles. Additionally, 14 live births (4 boys and 6 girls) were safely attended by skilled health professionals, ensuring quality care for mothers and newborns.

Nutrition

Between January and February 2026, a total of 77,983 children with severe wasting were admitted for treatment. The therapeutic feeding program maintained strong performance, achieving an 88% cure rate, a 3% default rate, and a low mortality rate of 0.6%. These results reflect the program's effectiveness and high quality during the reporting period. Since April 2025, Ethiopia has continued to apply the modified dosage protocol for treating child wasting. Implemented in response to significant funding reductions, this nationwide approach helps sustain access to lifesaving services despite rising caseloads, limited resources, and supply constraints. By streamlining treatment and improving the efficiency of available supplies, the modified protocol supports uninterrupted service delivery for children in need.

In Amhara Region, January to February 2026 therapeutic feeding unit data indicate a persistently high burden of acute malnutrition, driven by food insecurity, population displacement, disrupted livelihoods, and limited access to preventive and curative nutrition services. During this period, 14,490 children under five were admitted for severe acute malnutrition (SAM) treatment across the region. Despite the challenging operating context, treatment outcomes remained strong and above SPHERE standards, with a 91% cure rate, 4.9% default rate, and 0.3% mortality, demonstrating the effectiveness of nutrition service delivery where access is possible. The consistently high caseload underscores the need for strengthened early detection, community outreach, and uninterrupted supply chain support to prevent further deterioration. To address micronutrient deficiencies, 305 children received Vitamin A, 199 were dewormed, and 1,085 pregnant women received Iron and Folic Acid (IFA) supplementation, while 1,807 caregivers benefited from Infant and Young Child Feeding (IYCF) counselling. UNICEF continued to sustain emergency nutrition services through six Mobile

Health and Nutrition Teams (MHNTs) operating in Habru, Bugna, Metema refugee site, and IDP return areas, ensuring ongoing access to essential health and nutrition interventions.

During January and February 2026, in Benishangul Gumuz region a total of 102,563 children aged 6–59 months were screened for malnutrition across the region, with 472 identified with severe acute malnutrition (SAM) and admitted to Therapeutic Feeding Program (TFP) services through effective community-to-facility referral pathways. An equal number were discharged during the reporting period, with treatment outcomes meeting SPHERE standards 87% cured, 0.6% mortality, 6.4% default, and 0.02% non-responders supported by consistent nutrition supply availability and close technical oversight by field-level nutrition officers. Preventive nutrition interventions also continued in both conflict-affected and host woredas, reaching 1,260 children under five with Vitamin A supplementation, 686 mothers and caregivers with nutrition counselling to improve infant and young child feeding (IYCF) practices, and 1,240 pregnant and lactating women with iron supplementation to prevent maternal anemia and reduce pregnancy-related complications.

In Oromia region, despite operational challenges, UNICEF continued delivering life-saving nutrition services across 75 conflict- and drought-affected woredas from January to February 2026. During this period, 1,161,705 children were screened for acute malnutrition, and 29,512 were admitted for SAM treatment, including 3,438 children (11.6%) with complications who were referred for inpatient care. Although slightly above the national 10% threshold, this reflects late identification and underscores the need for stronger community-level detection. Despite the difficult operating environment, TFP performance remained within SPHERE standards, with a 90% cure rate, 0.4% death rate, and 5.7% default rate, demonstrating strong service quality and consistent supply and technical support.

In Gambella and Southwest Ethiopia (SWE), 216,626 children under five were screened for malnutrition between January and February 2026, including 213,626 in SWE alone (98% of target achieved). Screening identified 1,612 new SAM cases (1,314 admitted to OTP and 298 to SC), all of whom were referred for appropriate treatment. Treatment outcomes remained within SPHERE standards, with 87.4% cured, 2.9% defaulted, and 0.9% mortality, reflecting strong adherence to CMAM protocols and effective case management. Preventive nutrition services also reached significant numbers, with 135,859 caregivers receiving IYCF counselling, 36,212 children receiving Vitamin A supplementation, and 12,623 pregnant women provided with iron and folic acid to prevent Anemia and support healthy pregnancies.

Across South Ethiopia, Sidama, and Central Ethiopia regions, 9,137 children with severe acute malnutrition (SAM) were admitted to therapeutic feeding programs between January and February 2026—2,917 in Central Ethiopia, 4,251 in South Ethiopia, and 1,969 in Sidama all receiving lifesaving treatment supported by UNICEF-supplied therapeutic commodities. Stabilization center admissions accounted for 9% of all SAM cases, remaining below the national threshold of 10% for complicated SAM. Treatment outcomes exceeded SPHERE standards, with an overall cure rate of 96.9%, a default rate of 1.5%, and a death rate of 0.4%. Region-specific performance was similarly strong: cure rates reached 90% in South Ethiopia, 93% in Central Ethiopia, and 91% in Sidama, while defaulter rates remained low, ranging from 0.6% in Sidama and 0.2% in Central Ethiopia to 4.1% in South Ethiopia. Mortality rates stayed minimal across all areas, supported by consistent supply availability and dedicated field-level technical monitoring.

In Somali Region, 9,214 children with severe acute malnutrition (SAM) were admitted to the Therapeutic Feeding Programme (TFP) during January and February. Despite ongoing operational challenges, treatment outcomes remained strong and exceeded SPHERE standards, with a 96.3% cure rate, 2.4% default rate, and 0.3% mortality, underscoring the continued effectiveness and quality of nutrition service delivery. Preventive nutrition interventions also progressed, with 8,199 children aged 6–59 months receiving Vitamin A supplementation and 4,519 children aged 12–23 months receiving their second deworming dose across six targeted districts. Maternal nutrition support reached 2,434 pregnant women in *Aware, Awbare, Shabelley, Sheygosh, Shilabo, and Kebribeyah* districts through the provision of iron folic acid, and multiple micronutrient supplements.

In Tigray Region, 7,076 children aged 6–59 months with severe acute malnutrition (SAM) were admitted for treatment during January and February 2026 with UNICEF support. Of these, 2,669 were enrolled in Outpatient Therapeutic Programmes (OTP), while 610 children received inpatient care in Stabilization Centres (SCs). Treatment outcomes remained strong and above SPHERE standards, with an 83% cure rate, 4.9% default rate, and 0.6% mortality, reflecting the continued effectiveness and quality of nutrition service delivery. Through the Family MUAC approach, Voluntary Health Leads screened 17,761 children for acute malnutrition, identifying 2,070 as moderately malnourished and 110 as severely malnourished, strengthening early detection and timely referral at community level.

In Afar Region, in January and February 2026, a total of 5,135 children under five were admitted for severe acute malnutrition (SAM) treatment. Of these, approximately 3% (1,605 children) required inpatient care due to medical complications. The performance indicators for SAM management during this period were strong, with an 84% cure rate, a 0.4% mortality rate, and an 8% defaulter rate.

Between January and February 2026, the three city administrations of Addis Ababa, Dire Dawa, and the Harari Region admitted a total of 1,335 children under five for severe acute malnutrition (SAM) treatment. Of these, 24% (333 children) required inpatient care due to severe wasting with medical complications, with admissions recorded as 154 in Addis Ababa, 122 in Dire Dawa, and 57 in Harari. The proportion of inpatient cases exceeded the national threshold of 10%, largely driven by the late identification of severely wasted children who were subsequently referred to hospitals in the nearest city for advanced care. Despite the high caseload, the SAM treatment performance indicators remained strong, with 90% of children cured, a 10% death rate, and a 2.13% defaulter rate. The elevated number of children admitted with medical complications highlights the urgent need to strengthen early detection, enhance community outreach, and ensure continuous support for integrated screening and referral systems to prevent further deterioration before hospitalization becomes necessary.

Regarding the distribution of essential nutrition supplies, from January to March 15, 2026, UNICEF facilitated the nationwide delivery of nutrition commodities valued at USD 5.97 million to support the Community-Based Management of Acute Malnutrition (CMAM) programme. This distribution ensured the uninterrupted provision of lifesaving nutrition services across all regions, enabling a timely response to the rising burden of acute malnutrition.

WASH

From January to February 2026, UNICEF provided clean water to 186,591 people in Afar, Amhara, Oromia, Tigray, Gambella, and Benishangul Gumuz through restored water infrastructure, replacement of electromechanical equipment, and solar system upgrades. In South Ethiopia, Central Ethiopia and Sidama and Benishangul Gumuz regions, 10,895 people gained access to improved sanitation facilities, strengthening hygiene and public health. Additionally, 41,593 people in Tigray, South Ethiopia, Central Ethiopia and Sidama, and Benishangul Gumuz participated in handwashing and behavior-change activities, improving community hygiene practices. UNICEF also supported 24,578 people in Oromia with essential non-food items, including soap and water treatment chemicals, addressing immediate hygiene and water needs.

In Tigray, over 20,000 people gained improved access to safe drinking water through rehabilitation and expansion of durable water systems, including the restoration of 86 hand pumps and water points. UNICEF and REST rehabilitated 104 additional hand pumps and solarized a water scheme across eight woredas, benefiting 23,854 people, a school, and a health facility. WaSHCOs were reactivated and trained, and MCMDO upgraded water systems in Ahsea Woreda to ensure continuous supply and stronger Infection Prevention and Control (IPC). In Amhara, UNICEF continues to implement WASH interventions across the Gondar zones to improve access to safe water and adequate sanitation. In Bermel Giorgis (Quara Woreda, West Gondar Zone), the rehabilitation of the existing water system and the construction of new sanitation facilities have been completed, providing improved services to 25,328 people. UNICEF's WASH response continues to face major constraints, including limited coordination, insufficient funding, low partner engagement, and frequent water system breakdowns due to a lack of spare parts and maintenance resources. These challenges are further exacerbated by recurring droughts and repeated disease outbreaks, particularly cholera and scabies.

In Oromia, UNICEF is enhancing water service delivery in drought-affected areas through solarization of systems, rehabilitation of schemes, and distribution of essential WASH supplies. Solarization and upgrades of four strategic water schemes in Merti, Meta, and Hawa Gelan woredas are underway, with an anticipated reach of 63,441 people. Completed works in Meta and Jarte Jardega have already restored safe water access for 34,841 people. Maintenance of two schemes in Burka Dimtu and Meiso improved reliable water supply for over 28,600 people. Additionally, water treatment chemicals, Aqua Tabs, and soap were distributed to 24,578 people in East Hararghe and Borena to meet urgent needs. However, UNICEF Oromia Field office, has identified an urgent critical gap in essential WASH NFIs, including 17,340 cartons of water purifiers, 2,973 Aqua Tabs, 102 drums of HTH, 588 roto tanks, 554,114 jerrycans, and 8.5 million pieces of multipurpose soap.

In January and February, UNICEF supported the Benishangul Gumuz Region with extensive WASH interventions. A total of 10,763 people gained access to safe water through the maintenance of 67 shallow wells, maintained by the Regional Water Bureau across woredas such as Menge, Homosha, Maokomo, Ura, Bambasi, and Undulu. Sanitation improvements included the construction of 318 household latrines in Guba and 393 additional latrines across six Metekel woredas, supporting over 3,555 people, along with 364 handwashing stations and 579 solid waste pits. Intensive hygiene promotion reached 27,469 people, including 8,354 through 179 community dialogues, 532 through leader-focused sessions, and 10,515 through house-to-house outreach. To strengthen menstrual health and hygiene, 42 participants received Training of Trainers. Additionally, 8,068 people across six Metekel woredas received targeted sanitation and hygiene messages linked to the cholera response.

In Afar, UNICEF completed several WASH interventions during the reporting period, providing safe and reliable water services to 44,727 people. The Bonta village water supply expansion supported 7,000 people, while the Asayita Town Water Supply Expansion improved access for 34,927 people through the construction of new reservoirs, pipelines, and

solar-powered systems. Additionally, the completion of the Guonita Birka village water supply project enabled 2,800 community members to access safe water. Collectively, these interventions have significantly strengthened community resilience and enhanced essential services in health and education facilities across the targeted areas.

In South Ethiopia, Central Ethiopia and Sidama, during the reporting period, 1,340 students gained access to improved sanitation through the construction and upgrading of school latrines. Over 1,030 girls were supported with menstrual health and hygiene services through the upgrading of safe spaces. Additionally, a total of 7,500 people in South Omo and Ari Zones were reached with key hygiene promotion messages focused on handwashing practices. In Dasenech Woreda, hygiene and sanitation promotion led by the Woreda Health Office and supported by Village Health Leaders and Health Extension Workers focused on environmental sanitation, household latrine construction, and safe water handling, benefiting 6,000 people to date. However, ongoing budget deficits continue to affect the completion of emergency-funded WASH projects initiated in previous years. USD 569,373 is required to address funding gaps resulting from price escalations. Additionally, USD 1,461,505 is needed for MVD preparedness and response across the Sidama, Central Ethiopia, and South Ethiopia Regions.

During the reporting period, In Gambella, 2,065 people in Makuey Woreda and more than 1,180 people in Gog Woreda gained adequate access to safe water following the rehabilitation of seven nonfunctional boreholes and four nonfunctional shallow wells, respectively. In Somali Region, during the reporting month, UNICEF dispatched emergency WASH NFIs in response to drought-like conditions in the Dawa and Liban zones, benefiting approximately 60,000 affected people

Child Protection

In January and February 2026, a total of 18,130 children (9,308 boys and 8,822 girls, including 187 children with disabilities) and 4,916 parents/caregivers (3,397 women and 1,519 men) were reached with non-specialized, community-based mental health and psychosocial support (MHPSS) services. These services were delivered through child-friendly spaces, individual and group counselling sessions, play activities, and storytelling across the eight program-implementation regions. During the reporting period, 2,762 children (1,331 girls and 1,431 boys), including 94 children with disabilities, were identified and received child protection case management services through referrals to health, psychosocial, and legal services. Similarly, 710 unaccompanied and separated children (358 girls and 352 boys) were provided with alternative care arrangements, primarily through kinship and foster care. Regarding GBV prevention, risk mitigation, and response services, 66,085 people (10,153 girls, 5,535 boys, 31,215 women, and 19,182 men) were reached during the reporting months. Of these, 15,084 people (1,668 girls, 1,517 boys, 8,226 women, and 3,673 men) benefited from GBV risk-mitigation interventions delivered through other sectors, including health, nutrition, WASH, education, and social policy.

In the Afar Region, a three-day tailored MHPSS training aimed at strengthening skills and knowledge was delivered to 48 government professionals (34 men and 14 women) from health facilities, Women and Social Affairs offices, education offices, labor and skills offices, and justice and police departments across all project locations. Additionally, 1,036 youths were screened under the Biqu Wetat Programme, including 708 women and 328 men, of whom 75 women and 21 men were persons with disabilities. During the reporting period, one male youth was referred for specialized MHPSS services, while another male youth received a referral for short-term psychosocial support. Additionally, UNICEF, through its partnership with AISDA, delivered a six-day training on the National GBV Case Management Guideline to 92 participants (63 women and 29 men), including AISDA staff and service providers from the police, health facilities, and Women and Social Affairs Offices. Similarly, a five-day Care for Child Survivors of Sexual Abuse training was provided to 35 participants (22 women and 13 men), including police officers, public prosecutors, health professionals, and social affairs officers. These trainings collectively strengthened participants' capacity to deliver safe, confidential, and survivor-centered services to GBV survivors of sexual abuse.

In the Amhara Region, 40 children (18 girls and 22 boys) received cash support of 3,000 ETB per child to meet their basic needs through UNICEF's VAC programme, implemented by BoWCSA in Finoteselam Town, Sekela, and Womberma woredas. A total of 239 children (120 girls and 119 boys) from Awi and North Gojjam zones benefited from child-friendly spaces (CFS) and recreational activities, which supported their psychosocial wellbeing, resilience, and recovery from conflict. Additionally, 1,489 children and adults (588 girls, 559 boys, 183 women, and 159 men, including 26 persons with disabilities) in the Amhara and Tigray regions were reached with awareness-raising sessions on Explosive Ordnance Risk Education (EORE), aimed at reducing the risk of injuries and deaths from explosive ordnance in conflict-affected areas. Moreover, 201 GBV survivors (65 girls, 1 boy, and 135 women) in Afar (30) and Amhara (171) regions received integrated case management services—including psychosocial support, health services, legal aid, and emergency assistance such as dignity kits—through the various One-Stop Centers during the reporting period. In the Oromia Region, comprehensive GBV services were provided to 115 women and girls across nine woredas, ensuring access to lifesaving support.

In the South Ethiopia Region, 33 participants (11 women and 22 men) from schools, the Education Bureau, the Women and Social Affairs Bureau, and Imagine 1 Day staff received three days of training on Psychological First Aid (PFA), MHPSS, and Social and Emotional Learning (SEL). Additionally, in the Gambella Region, 620 dignity kits were distributed to adolescent girls aged 13–17, supporting their dignity, safety, and well-being and enabling them to continue daily activities during a challenging period. Similarly, in the South Ethiopia Region, protection supplies—including 1,500 dignity kits as well as recreational and psychosocial support materials—were provided to support emergency response efforts in Kolme Woreda (Konso Zone), South Omo Zone, Ari Zone, and in the Sidama Region.

Education

In January, UNICEF delivered significant educational results across Ethiopia by prioritizing access, inclusion, and the well-being of crisis-affected children. These achievements were driven by efforts to expand enrollment, provide essential learning materials, support children with disabilities (CwD), and enhance both the quality and safety of learning environments. Through Back-to-Learning campaigns, UNICEF reached more than 43,000 children in Oromia and 15,600 community members in Amhara, contributing to the re-enrollment of thousands of out-of-school children. Specialized non-formal education programmes—including the Accelerated Learning Programme (ALP) and Alternative School Readiness (ASR)—offered second-chance learning opportunities to 9,275 children in Oromia, 4,145 in Amhara, and more than 1,000 in Tigray.

During the same month, to reduce barriers to attendance, UNICEF distributed scholastic materials to 15,133 children in Amhara, 8,460 in Oromia, and 4,314 in Tigray. In Hawassa, the distribution of dignity kits to 1,022 girls helped improve their retention and class participation. Using the UNICEF Child Functioning Module, over 2,700 children were screened for disabilities in Amhara and Tigray, leading to medical rehabilitation support for 295 children and ongoing mentoring by community-based workers to prevent dropouts. Additionally, to enhance the learning environment, UNICEF trained hundreds of educators in Mental Health and Psychosocial Support (MHPSS) and School-Related Gender-Based Violence (SRGBV) prevention. In Amhara alone, trained teachers provided psychosocial support to 5,374 students. Infrastructure improvements including school renovations in Gambella and accessibility audits in 55 schools further strengthened safety and inclusivity. Collectively, these efforts bolstered the resilience of the education system, ensuring that even the most vulnerable learners, including refugees and children in conflict-affected areas, continue to acquire foundational and life skills.

In February, UNICEF continued implementing critical education interventions across Ethiopia in the areas of access and infrastructure, inclusion and protection, teacher development, and non-formal education. More than 16,000 children in Assosa and 14,000 in Oromia received essential scholastic supplies. Key infrastructure improvements included the renovation of schools in Gambella benefiting 495 students and installation of solar power in four schools in Assosa to support digital learning. In Tigray, temporary learning spaces were established to ease overcrowding. A strong focus was placed on Inclusive Education. In Tigray and Hawassa, hundreds of children with disabilities were screened for assistive devices and provided with medical or psychosocial support. Gender-responsive interventions including SRGBV training for educators in Assosa and vocational training for 105 young mothers in Afar helped create safer and more supportive environments for girls. Through capacity building intervention UNICEF reached thousands of teachers across the regions. In Oromia, 3,839 educators were trained in basic pedagogy, while Hawassa and Gambella focused on specialized methodologies such as Teaching at the Right Level (TaRL) and condensed lesson planning for flood-affected schools. Furthermore, vocational and life-skills programmes in Afar, Somali, and Oromia reached more than 43,000 adolescents, equipping them with entrepreneurship and financial literacy skills to support future economic integration.

Social Protection

UNICEF continued its partnership with the Ministry of Women and Social Affairs (MoWSA) and regional bureaus to support drought- and conflict-affected households through Shock Responsive Cash Transfers (SRCTs). In January and February, the programme assisted 10,138 households over 42,700 people including 6,819 female-headed households across Amhara, Oromia, and Tigray. UNICEF also maintained technical support to the Ethiopia Cash Working Group (ECWG) and its subnational coordination structures in Afar, Amhara, Oromia, Sidama, Somali, and Tigray. A joint market monitoring exercise with the REACH Initiative and regional partners is underway to guide response planning and transfer value adjustments. Community service workers provided case management and referrals to 5,404 individuals enrolled in the SRCT programme. In addition, 981 women, girls, and boys received gender-based violence (GBV) prevention, risk mitigation, and response services, with children representing half of the beneficiaries. These services were delivered during household visits, cash payment days, and routine follow-ups. More than 3,621 conflict- and drought-affected individuals accessed safe reporting channels for Sexual Exploitation and Abuse (SEA), including 1,811 women and 1,067 children. Communities also actively used the SRCT grievance redress system, submitting 1,835 appeals, all of which were reviewed with feedback provided—strengthening transparency and accountability.

UNICEF, in partnership with the Amhara Bureau of Women, Youth, and Social Affairs (BoWYSA), continued implementing the Shock Responsive Cash Transfers (SRCT) programme across Lalibela City, Jilie Timuga, and Burie woredas. During the reporting period, 3,501 households (16,054 individuals) received cash assistance. Of these, 2,070

households in Lalibela City and Jilie Timuga received ETB 20,000 across two payment rounds, while 1,432 households received a first-round transfer of ETB 10,000. Beneficiaries included 3,066 female-headed households, 69 child-headed households, and 906 single-headed households. Among the total individuals supported were 5,077 women and girls, 7,014 children, and 104 unaccompanied or separated children (UASC). Additionally, 144 persons with disabilities (PWDs) in Lalibela City and Jilie Timuga received a top-up of ETB 4,000 to further support their specific needs.

In the Oromia region, 5,217 households (20,588 individuals) in the conflict-affected woredas of Babo Gembel, Dedesa, Hawa Gelan, and Horo Buluk received shock responsive cash transfers. Of these households, 2,927 were female-headed. Each household received a first-round transfer of ETB 10,000, while 588 persons with disabilities (PWDs) benefited from an additional ETB 4,000 top-up. This support provided immediate relief to vulnerable families and helped stabilize livelihoods in communities heavily impacted by conflict.

In the Tigray region, 1,420 conflict-affected households (6,070 individuals) in Tahtay Adiabo and Zalanbessa woredas received Shock Responsive Cash Transfers. Among them were 1,222 female-headed households. Each household received ETB 12,050 per round, totaling ETB 24,100. Additionally, 203 households, including those with persons with disabilities, received a top-up of ETB 4,000, further strengthening support for the most vulnerable families.

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

In January and February, UNICEF's Social and Behavior Change (SBC) interventions reached and engaged over 6 million people nationwide. Communities received messages on MDV prevention, measles, malaria, hygiene and sanitation promotion, essential health services, IYCF-E, education, and GBV. SBC leveraged mass media and existing community platforms—including mother-to-mother groups, pregnant mothers' conferences, community dialogues, interpersonal communication through mobile health and nutrition teams, community volunteers, health extension workers, religious and community leaders, community social workers, and other frontline workers to ensure meaningful engagement. Additionally, with UNICEF's support, 813 frontline workers were trained on interpersonal communication, risk communication and community engagement, and accountability to affected populations. Participants included village health leaders (VHLs), teachers, students, and health workers.

Protection from Sexual Exploitation and Abuse (PSEA)

During the reporting months of January and February, Comprehensive efforts were undertaken across multiple Field Offices to strengthen the prevention of and response to sexual exploitation and abuse (SEA). These initiatives prioritized community awareness, the accessibility of safe and confidential reporting channels, and the promotion of survivor-centered approaches. The interventions aimed to ensure that affected populations particularly women and children are aware of their rights, understand how to safely report incidents, and have access to trusted protection services without fear of stigma or retaliation. As a result, a total of 26,458 individuals were reached across all Field Offices. This includes 11,847 women, 8,382 men, 3,651 girls, 2,578 boys, and 329 people with disabilities. The disaggregated data demonstrates a deliberate focus on engaging women and girls who often face heightened risks of Sexual Exploitation and Abuse (SEA) while also ensuring the meaningful inclusion of men and boys to foster community-wide accountability and positive behavioral change.

In the reporting period, In Amhara Region, a multi-sectoral approach was implemented through Child Protection, Social Policy, and Health programmes. Under Child Protection, 2,565 individuals (1,166 women, 262 men, 900 girls, and 237 boys) were supported with safe and accessible reporting channels, ensuring timely referrals and strengthening accountability mechanisms. Through Social Policy interventions, 3,621 individuals accessed safe SEA reporting channels, including 1,811 adult women, 743 adult men, 413 boys, and 654 girls, reflecting increased community confidence in using formal reporting systems. Additionally, within the health sector, 460 individuals (130 women, 101 men, 123 boys, and 106 girls) were reached in February alone, demonstrating the integration of SEA reporting mechanisms into frontline service delivery points. In Tigray, 1,420 individuals (826 women, 578 men, 10 girls, and 6 boys) were reached through targeted awareness sessions on SEA prevention and confidential reporting mechanisms. These activities helped strengthen community trust in available services and enhanced understanding of how and where to safely report concerns.

In Benishangul-Gumuz, integrated outreach activities combining Child Protection and Gender-Based Violence (GBV) programming reached 3,400 individuals, including 1,211 women, 769 men, 748 girls, and 672 boys. These efforts focus on raising awareness about available services, clarifying reporting pathways, and ensuring that community members understand both prevention measures and available response options. In the Somali region, large-scale social mobilization activities were conducted by UNICEF-supported social workers under the Child Protection and Nutrition programme. A total of 6,965 community members (3,320 women, 3,585 men, 30 girls, and 30 boys) were engaged across multiple IDP sites. These sessions played a critical role in increasing awareness of rights, strengthening understanding of SEA risks, and promoting survivor-centered reporting mechanisms particularly within displacement settings where vulnerabilities are heightened.

During the reporting period, in South, Central, and the Sidama region, UNICEF reached 5,885 individuals (1,783 women, 2,131 men, 971 boys, and 1,000 girls) through PSEA awareness sessions conducted in Dasenech, Benetsemay, and Debub Ari woredas. These activities strengthened community understanding of SEA risks, prevention strategies, and available reporting mechanisms, contributing to increased community engagement and ownership of protection measures. Additionally, in the Gambella region, 1,613 individuals (1,442 women, 42 men, 108 girls, and 21 boys) were supported with access to safe and confidential channels for reporting SEA and GBV concerns within refugee camps. This intervention was particularly critical in ensuring that vulnerable populations are both aware of and able to use trusted and confidential reporting systems.

In the Oromia region, UNICEF reached 529 individuals (158 women, 171 men, 99 girls, and 101 boys) through awareness sessions. Participants were oriented on established feedback and reporting mechanisms, with an emphasis on accessibility, confidentiality, and the importance of reporting SEA incidents involving personnel who support affected populations.

Human Interest Stories (HIS) and External Media

In the reporting period, the European Union Ambassador to Ethiopia, H.E. Sofie From-Emmesberger, inaugurated a fully equipped [Maternal, Newborn and Child Health \(MNCH\) block at Kutabler Health Centre](#) in the conflict-affected Amhara region. The new facility is designed to restore essential health services and improve care for mothers, newborns, and children. UNICEF Representative Aboubacar Kampo also visited and inaugurated [a four-storey Edget Beandinnet primary School](#) in the Sidama Region. In addition, UNICEF Deputy Representative, Mariko Kagoshima, inaugurated a fully [equipped maternal and child centre along with education facilities](#) supported by the UNICEF and EU, in North Wello, near Lalibela.

UNICEF continued its emergency response in the Amhara region by providing a [safe and protected environment](#) for displaced children. UNICEF also highlighted the efforts made to create equal learning opportunities for [children with disabilities](#) in the Tigray region. Furthermore, UNICEF published a [human interest story](#) to showcase efforts made to vaccinate zero-dose children with lifesaving vaccines, protecting them from preventable diseases.

Moreover, UNICEF raised awareness on various topics, including efforts made to provide [equal educational opportunities](#) for children with disabilities, the impact of [vocational training program](#) to empower the youth, [polio vaccination efforts](#), and the importance of [access to clean water](#) for the health and well-being of communities. Additionally, UNICEF highlighted the importance of [nutrition](#) for families, the impact of [teachers](#) on children with disabilities, and the importance of teaching mothers about [postnatal care](#) for themselves and their babies. During the reporting period, UNICEF launched the [2026 Ethiopian National Sports Festival](#) in Adama. This initiative aims to bring young athletes together to celebrate sports, develop essential life skills, and promote self-growth and nutrition.

Finally, UNICEF raised awareness on different international advocacy days, including the Day of Zero Tolerance for FGM ([here](#) and [here](#)), International Education Day ([here](#) and [here](#)), and [Safer Internet Day](#). Additionally, donor contributions to our humanitarian appeal for children were also highlighted on social media, including the [Dutch Ministry of Foreign Affairs](#), [EU Civil Protection and Humanitarian Aid](#), and [Nutrition International](#).

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

UNICEF 2026 Ethiopia Humanitarian Action for Children (HAC) Appeal: [Ethiopia Appeal | UNICEF](#)

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

Sector	Cluster/Sector Response		UNICEF and IPs Response (Overall responses)	
	2026 target ⁴	Total results	2026 Cumulative target	Total Cumulative results
Nutrition		Jan- Feb 2026		Jan- Feb 2026
Children 6-59 months screened for wasting ⁵	8,000,065	11,931,468	8,000,065	11,931,468
Number of children aged 6 to 59 months with severe wasting admitted for treatment	763,879	77,983	763,879	77,983
Number of children aged 6 to 59 months receiving Vitamin A supplementation (SEMESTER 1)			5,919,401	2,123,849
Number of primary caregivers of children aged 0 to 23 months receiving IYCF counselling ⁶	1,785,758	901,211	1,785,758	901,211
Number of pregnant women receiving preventative iron supplementation			1,935,358	11,111
Health				
Number of children and women accessing primary healthcare in UNICEF supported facilities			3,551,184	783,641
Number of children below 15 years of age vaccinated against measles, supplemental dose			682,917	52,654
Live births that were delivered in health facilities in UNICEF-supported areas			313,254	10,961
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities			30,223	
WASH				
Number of people accessing a sufficient quantity and quality of water for drinking and domestic needs	-	-	3,569,074	186,591
Number of people accessing appropriate sanitation services	-	-	675,266	10,895
Number of people reached with hand-washing behaviour-change programmes	-	-	1,754,836	41,593
Number of people reached with critical WASH supplies	-	-	1,533,266	24,578
Child Protection				
Number of children, adolescents and caregivers accessing community based MHPSS	-	-	215,917	23,046
Number of UASC provided with alternative care and/or reunified	-	-	16,523	710
Number of girls and boys who have experienced violence reached by health, social work, or justice/law enforcement services	-	-	53,052	2,762
Education				
Number of children accessing formal and non-formal education, including early learning	-	-	374,093	18,952
Number of children receiving learning materials	-	-	322,880	28,677
Social Protection				
Number of households reached with UNICEF-funded humanitarian cash transfers			88,000	10,138
Number of (women-headed) households reached with UNICEF-funded humanitarian cash transfers [HCT]			31,125	6,819
PSEA				
Number of people with safe and accessible channels to report SEA by personnel who provide assistance to affected populations (Cross-sectoral)			2,284,500	26,467
GBViE				
Number of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions (Cross-sectoral)			180,032	20,403
Social Behaviour Change (SBC)				

⁴ The 2025 and 2026 Humanitarian Response Plan (HRP) has not yet been endorsed and published.

⁵ To avoid cumulative reporting for this indicator, the highest figure from the January–February results is used to prevent double counting.

⁶ To avoid cumulative reporting for this indicator, the highest figure from the January–February results is used to prevent double counting.

Sector	Cluster/Sector Response		UNICEF and IPs Response (Overall responses)	
	2026 target ⁴	Total results	2026 Cumulative target	Total Cumulative results
Nutrition		Jan- Feb 2026		Jan- Feb 2026
Number of affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services			45,040,780	6,178,515
Number of people engaged in reflective dialogue through community platforms			5,051,544	8,297
Number of people sharing their concerns and asking questions through established feedback mechanisms			75,976	373

Annex B - 2026 HAC Funding Status

Sector	2026 HAC Funding Requirements (US)	Funds available			Funding gap	
		Humanitarian resources received in 2026	Resources available from 2025 (Carry-over)	Total Funds Available	\$	percent
		(USD)	(USD)	(USD)		
Health	46,808,000	304,631	9,118,152	9,422,783	37,385,218	80%
Nutrition	76,755,000	2,136,698	11,962,101	14,098,799	62,656,201	82%
Child Protection, GBVIE,	52,579,000	50,000	4,272,632	4,322,632	48,256,368	92%
Education	35,249,000		5,138,692	5,138,692	30,110,308	85%
WASH	129,788,000	1,452,019	11,003,749	12,455,768	117,332,232	90%
Social Protection	41,117,000	3,201,680	7,917,488	11,119,168	29,997,832	73%
Cross-Sectoral (SBC, AAP, PSEA)	19,212,000	496,315		496,315	18,715,685	97%
Total	401,508,000	7,641,343	49,412,814	57,054,157	344,453,843	86%