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Ethiopia

Humanitarian Situation Report No. 3

unicef
for every child

Mid-Year 2026

Highlights

- During the first six months of 2026, UNICEF provided lifesaving treatment to 328,422 children under the age of five suffering from acute malnutrition across the country.
- During the same period, 1,915,451 women and children accessed primary health care services, while 538,834 people gained access to safe drinking water through the rehabilitation and solarization of water supply systems.
- During the reporting period, UNICEF supported 162,716 children to access formal and non-formal education opportunities.
- Shock-Responsive Cash Transfers (SRCTs) were provided to 44,688 households, including 26,933 female-headed households, helping vulnerable families meet their immediate needs.
- During the reporting period, UNICEF supported more than 92,742 children, adolescents and caregivers to access mental health and psychosocial support services.
- UNICEF's Humanitarian Action for Children (HAC) Appeal for Ethiopia, requiring US$401.5 million, remains 78 per cent unfunded, despite continuing needs for lifesaving supplies, cash assistance, essential services, and technical support for vulnerable children and families across the country.

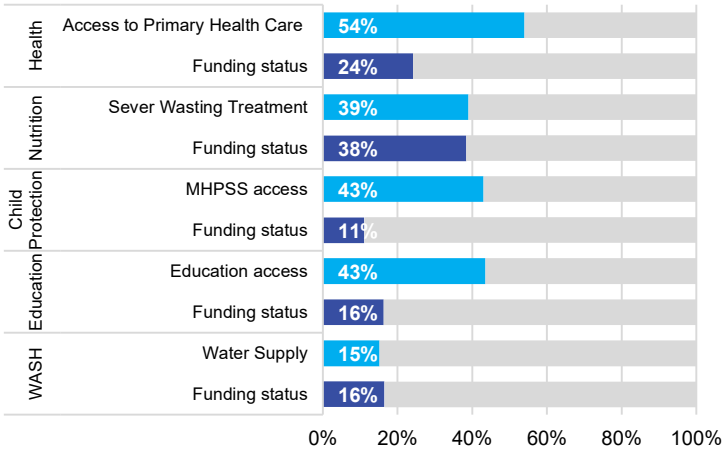
Situation in Numbers

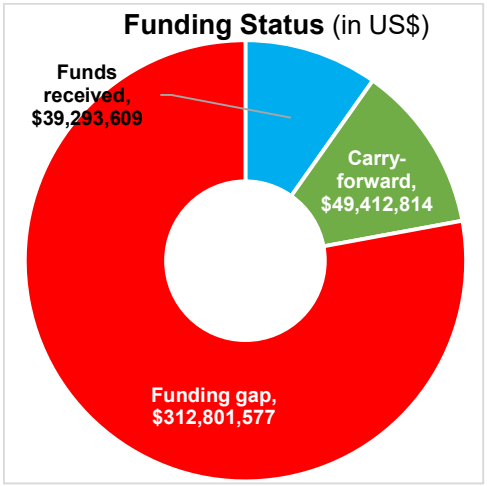
1,125,947
Total Refugees and Asylum Seekers**

UNICEF Appeal 2026

US$ 401.5 million

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, last updated 30 Jun 2026

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$88.7 million is available for this appeal, which represents 22 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 Belgium, Canada, Central Emergency Response Fund (CERF), Cyprus, European Union, Japan, Ireland, Norway, Sweden, United Kingdom, United States 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

During the first six months of 2026, Ethiopia continued to face a complex humanitarian crisis driven by the combined effects of conflict, climate-related shocks, disease outbreaks and economic challenges. Across the regions of Amhara, Benishangul-Gumuz, Oromia, Gambella, Afar, Somali and Tigray, insecurity, violence, climatic stresses and public health emergencies exacerbated humanitarian needs, leading to widespread displacement, increased food insecurity and significant disruptions to essential services. Many affected communities faced difficulties accessing basic necessities, including safe drinking water, health care, adequate shelter and education. Vulnerable populations in both urban and rural areas, particularly the urban poor and historically underserved communities, continued to experience substantial gaps in essential services, livelihood opportunities and social protection. Consequently, millions of people remained in urgent need of humanitarian assistance across critical sectors, including food security, nutrition, health, protection, education, water, sanitation and hygiene (WASH), and emergency shelter and non-food item (ES/NFI) support.

Ethiopia is the third-largest refugee-hosting country in Africa, home to over 1.1 million refugees and asylum seekers, mainly from South Sudan, Somalia and Eritrea[1]. Following the outbreak of armed conflict in Sudan in April 2023, and 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 3 February 2026 ECHO Flash Update[2], 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.

According to the IGAD/ICPAC June-September (JJAS) 2026 Seasonal Forecast[3], there is a high likelihood of below-normal rainfall across central, northeastern and northwestern Ethiopia, southern Sudan and northern Uganda, with probabilities exceeding 60 per cent and reaching up to 80 per cent in northeastern Ethiopia. Isolated areas in northern Sudan, southeastern Ethiopia and parts of Somalia may receive above-normal rainfall. The forecast also indicates a likely delayed onset of rains in parts of South Sudan, Ethiopia and southern Sudan, although localized areas in north-central Ethiopia and central Sudan may experience normal to early onset. Overall conditions resemble the strong El Niño years of 1997 and 2023, when below-normal rainfall prevailed across much of the region. Similarly, the Moisture Stress Early Warning Alert for the 2026 Kiremt (June-September) rainy season, issued by the Ethiopian Disaster Risk Management Commission (EDRMC) based on the Ethiopian Meteorological Institute (EMI) outlook[4], indicates that several parts of the country are likely to experience normal to below-normal rainfall. The most affected areas include Tigray, Afar, eastern Amhara, eastern Oromia and northern Somali regions, along with some central and northwestern pockets. Multiple districts across these regions, as well as in Central Ethiopia, South Ethiopia and Sidama, have been identified as highly vulnerable to rainfall deficits. As a result, the alert warns of significant risks, including water shortages, reduced crop production and increased livestock stress, which may negatively affect food security and livelihoods. The findings emphasize the need for early preparedness and targeted response measures to mitigate the anticipated impacts on vulnerable communities.

Considering the devastating impacts of previous El Niño events in Ethiopia, the already critical humanitarian situation across many parts of the country, and the funding constraints that have significantly affected the preparedness and

[1] UNHCR Operational Data Portal, https://data.unhcr.org/en/country/eth

[2] ECHO Daily Flash of 3 February 2026

[3] ICPAC, Technical Statement from the 73rd Greater Horn of Africa Climate Outlook Forum (GHACOF 73)

[4] The Ethiopian Meteorological Institute's 2026 G.C/ 2018 E.C Kiremt seasonal forecast

response capacity of humanitarian actors, the Ethiopian Disaster Risk Management Commission (EDRMC) and humanitarian partners have initiated a Preparedness and Anticipatory Action (AA) Plan. Anticipatory actions are essential for strengthening preparedness and advocacy efforts by enabling stakeholders to act ahead of forecasted hazardous events, thereby preventing or reducing impacts on lives, livelihoods and humanitarian needs before they fully materialize. The anticipatory action plan is aligned with the Framework for Drought Anticipatory Action. In line with this framework, UNICEF field offices are currently developing and refining drought anticipatory action plans tailored to their respective areas of operation.

Summary Analysis of Programme Response[5]

Health

Overall, from January to June 2026, a total of 1,915,451 women and children received essential health services, 391,832 children were vaccinated against measles, and 163,035 live births were delivered in UNICEF-supported health facilities. Furthermore, 51 cholera cases were detected and successfully treated in the Amhara Region.

In Tigray, UNICEF-supported health interventions reached 729,988 women and children across 29 project woredas. Of these, 173,558 children under five received medical consultations for pneumonia, diarrhoea, malaria, and other childhood illnesses. Maternal and newborn health services remained a key component of the response, with 10,641 pregnant women attending their first antenatal care (ANC1) visit, 6,374 women completing four ANC visits, and 1,256 women completing eight ANC contacts. A total of 5,718 deliveries were attended by skilled birth attendants, while 6,856 mothers received early postnatal care within 48 hours of delivery. In addition, health system strengthening efforts funded by the European Union through UNICEF progressed well. Rehabilitation of 46 health facilities was ongoing, with most facilities reaching 94 per cent completion by June 2026. The construction works include the installation of rainwater harvesting systems to improve the availability of WASH services in the renovated facilities. Key achievements included the inauguration and handover of Zalambesa and Mezbir Health Centres, as well as the integration of innovative income-generating activities at Selekleka Health Centre to promote sustainability and community engagement in adolescent- and youth-friendly health services.

In Amhara Region, UNICEF provided financial and technical support to deliver essential health services to conflict- and crisis-affected populations. A total of 599,888 women and children accessed essential health-care services, including internally displaced persons (IDPs), refugees, returnees, and other at-risk communities. In addition, 215,486 children received measles vaccinations through routine immunization programmes across UNICEF-targeted woredas, IDP sites, host communities, and refugee settlements. Furthermore, 125,730 live births were delivered in UNICEF-supported health facilities, contributing to improved maternal and newborn health outcomes. Disease surveillance and response systems were also strengthened, with 51 cholera cases detected and successfully treated during the reporting period.

In Oromia, a total of 441,638 people accessed essential health-care services, including 293,100 women and children who received primary health care through UNICEF-supported health facilities. Among them, 25,167 pregnant women completed four antenatal care visits (ANC4), 21,173 mothers received skilled delivery services, and 30,953 mothers received postnatal care within seven days of childbirth. These interventions strengthened the delivery of integrated primary health-care services and contributed to improved child survival and disease prevention outcomes across the supported districts.

In South Ethiopia, UNICEF supported the delivery of essential health services during emergencies, reaching 64,598 people (18,479 women, 22,716 men, 11,308 boys, and 12,095 girls) through emergency health interventions. UNICEF also supported measles outbreak response efforts, with 30,158 children (14,374 boys and 15,782 girls) vaccinated through reactive measles vaccination campaigns in Rappe and Damot Woyde woredas. Together with WHO and other partners, UNICEF supported the government-led Marburg Virus Disease (MVD) response through emergency coordination, advocacy, resource mobilization, technical assistance, logistics support, risk communication and community engagement (RCCE), and the provision of infection prevention and control supplies and medical commodities. In addition, UNICEF strengthened public health emergency preparedness across South Ethiopia, Central Ethiopia, and Sidama by providing technical support to Regional Health Bureaus (RHBs), Regional Public Health Institutes (PHIs), and Rapid Response Teams (RRTs). UNICEF also provided five tents, 20 Emergency Drug Kits (EDKs), and operational support valued at USD 39,000 to communities affected by landslides and floods in Gamo Zone, Geresse Town, Gacho Baba and Bonke woredas, and Arba Minch General Hospital, thereby enhancing emergency response capacity.

In the Somali Region, a total of 57,000 women and children received primary health-care services through UNICEF-supported Mobile Health and Nutrition Teams (MHNTs) and sustainable outreach services. Additionally, 1,991 children

[5] The Summary Analysis of Programme Response covers the period from *January to June 2026*

received supplementary measles vaccinations, and 293 live births were delivered in UNICEF-supported health facilities. Through a matching (cost-sharing) arrangement with the Regional Health Bureaus of Somali and Harari regions and the Dire Dawa City Administration Health Bureau, UNICEF supported the installation of solar power systems in 24 health facilities (18 in Somali, three in Harari, and three in Dire Dawa). This joint investment ensured reliable and sustainable electricity, improving service continuity, quality of care, and overall facility performance.

In Afar Region, a total of 72,988 medical consultations were provided, of which 34,064 (47 per cent) were for children under five years of age. UNICEF delivered maternal, newborn and child health (MNCH) supplies worth USD 118,044 to Dubti Hospital to strengthen its Maternal and Child Health Unit. UNICEF also supported a high-level advocacy meeting to address dengue fever prevention and response. In collaboration with the Regional Public Health Institute (PHI), UNICEF facilitated community-level social mobilization activities, including audio-mounted awareness campaigns in dengue-affected areas such as Dubti and Semera-Logia City Administration. Furthermore, UNICEF supported the solarization of 20 health facilities, with more than 15 facilities completed by the end of the reporting period.

In Benishangul-Gumuz, UNICEF supported the delivery of lifesaving health services to 95,185 women and children through technical assistance, financial support, and the provision of essential medicines and supplies. These services targeted IDPs, returnees, refugees, and vulnerable host communities. UNICEF also supported 16,425 antenatal care visits, 10,083 skilled birth deliveries, and 10,110 postnatal care consultations, contributing to improved maternal and newborn health outcomes. To strengthen emergency health service delivery, UNICEF distributed 40 Inter-Agency Emergency Health Kits (IEHK 2024) to the Regional Health Bureau for use in the four FCDO-supported woredas of Bambasi, Sedal, Mizhga, and Zay. In addition, 60 IEHKs were provided to the UNHCR Assosa Field Office for distribution across four refugee camps supported through the US-BPRM project. These supplies enhanced the availability of lifesaving medicines and emergency health services, improving access to quality health care for refugees and vulnerable host communities.

In Gambella, UNICEF supported the successful implementation of an integrated bOPV polio vaccination campaign across all woredas, refugee camps, and entry points. Through two rounds of the campaign, more than 190,741 children were vaccinated, achieving coverage of over 105 per cent of the target population among both host-community and refugee children under five years of age. In addition, 29,111 women and children received primary health-care services through UNICEF-supported health facilities during the reporting period. These facilities also supported 38 live births, contributing to improved access to essential maternal, newborn, and child health services for vulnerable populations.

Nutrition

During the first half of 2026, a total of 328,422 children suffering from severe wasting were admitted for treatment across Ethiopia. The therapeutic feeding programme demonstrated strong performance, achieving a 93 per cent cure rate, a 4 per cent defaulter rate, and a 0.42 per cent death rate. These results highlight the programme's effectiveness in delivering life-saving treatment despite the challenging humanitarian context. In addition, 13,582,967 children and women benefited from nutrition screening services, 4,405,042 children received vitamin A supplementation, 901,211 primary caregivers received infant and young child feeding (IYCF) counselling, and 239,136 pregnant women received preventive supplementation. Treatment outcomes remained consistently above SPHERE standards across most regions, reflecting effective case management, sustained availability of nutrition supplies, strong government partnership, and continuous technical support and supervision.

In the Afar Region, during the reporting period, a total of 20,696 children under five were admitted for treatment of Severe Acute Malnutrition (SAM), including 1,728 children (8 per cent) who required inpatient care due to medical complications. Despite the challenging operating environment, programme performance remained strong, with an 88 per cent cure rate, a 0.53 per cent death rate, and a 5 per cent defaulter rate. In addition, preventive nutrition interventions reached significant numbers of beneficiaries. A total of 205,023 children received vitamin A supplementation, 52,302 pregnant women received iron and folic acid supplementation, and 2,041 mothers and caregivers received counselling on optimal Infant and Young Child Feeding in Emergencies (IYCF-E) practices. These interventions contributed to improved maternal and child health outcomes and strengthened the overall nutrition response in the region.

In the Amhara Region, during the reporting period, 3,285,082 children under five years of age were screened for acute malnutrition. Nutrition programme data indicate a sustained high burden of acute malnutrition, driven by food insecurity, displacement, livelihood disruptions, and limited access to essential nutrition services. A total of 46,300 children were admitted for treatment of Severe Acute Malnutrition (SAM). Despite operational challenges, programme performance remained above SPHERE standards, achieving a 92 per cent cure rate, a 5 per cent defaulter rate, and a 0.2 per cent mortality rate. Defaulters were primarily reported from conflict-affected areas where humanitarian access remains constrained. The persistently high admission caseload underscores the need to strengthen community-based screening, early case detection, outreach services, and supply chain continuity. In addition, efforts to address micronutrient

deficiencies and promote optimal feeding practices reached a substantial number of beneficiaries. A total of 3,226,197 children received vitamin A supplementation, while 489,991 pregnant and breastfeeding women received iron and folic acid supplementation. Furthermore, 84,879 caregivers were reached with Infant and Young Child Feeding in Emergencies (IYCF-E) counselling. These interventions contributed to improved maternal and child nutrition outcomes and strengthened the overall nutrition response across the region.

In Benishangul-Gumuz, during January to June 2026, the region continued to face a complex humanitarian situation marked by insecurity, displacement, refugee influxes, disease outbreaks, and limited access to basic services. Security incidents in parts of Metekel and Assosa zones disrupted livelihoods and humanitarian operations, while the conflict in neighbouring Sudan continued to affect border areas and population movements. According to regional authorities, approximately 52,047 internally displaced persons (IDPs) remained in displacement sites, and 573,248 returnees continued to require recovery and reintegration support. Against this backdrop, 180,262 children aged 6-59 months were screened for acute malnutrition, and 1,638 children with Severe Acute Malnutrition (SAM) were admitted for treatment through Therapeutic Feeding Programmes (TFP). Of these, 249 children (15 per cent) required inpatient care at Stabilization Centres due to medical complications, exceeding the national benchmark of 10 per cent and indicating gaps in community-level screening, timely case detection, and referral systems. Nevertheless, programme performance remained above SPHERE standards, with an 88 per cent cure rate, a 1.4 per cent mortality rate, and a 4.5 per cent defaulter rate among the 1,435 children discharged during the reporting period. Preventive nutrition interventions also reached vulnerable populations, with 169,034 children receiving vitamin A supplementation, 3,248 caregivers receiving Infant and Young Child Feeding (IYCF) counselling, and 23,059 pregnant and lactating women receiving iron supplementation, contributing to improved maternal and child nutrition outcomes across the region.

In Gambella and Southwest Ethiopia, during the reporting period, 365,943 children under five years of age were screened for acute malnutrition. Of those screened, 7,145 children (1,637 in Gambella and 5,508 in Southwest Ethiopia) were identified with Severe Acute Malnutrition (SAM) and admitted to Therapeutic Feeding Programmes (TFP) for lifesaving treatment. Among SAM admissions, 1,028 children (14 per cent) required inpatient care at Stabilization Centres (SCs) due to medical complications. This proportion exceeds the national benchmark of 10 per cent, indicating delays in case detection and referral, as well as gaps in community-based screening systems. Despite these challenges, treatment outcomes remained within SPHERE standards, with an 87 per cent cure rate, a 3.7 per cent defaulter rate, a 0.7 per cent death rate, and a 0.6 per cent non-response rate, demonstrating effective case management and adherence to Community Management of Acute Malnutrition (CMAM) protocols. Preventive nutrition interventions were implemented at scale, reaching 477,912 children with vitamin A supplementation, 81,465 pregnant and breastfeeding women with iron and folic acid supplementation, and 10,396 caregivers with Infant and Young Child Feeding (IYCF) counselling. In addition, UNICEF's Mobile Health and Nutrition Team (MHNT) in Tormorok continued to provide essential health, nutrition, and immunization services to refugees and new arrivals, ensuring access to lifesaving services despite ongoing access constraints. Overall, UNICEF's integrated humanitarian response significantly contributed to addressing nutrition needs across Gambella and Southwest Ethiopia; however, increasing humanitarian pressures, population movements, and growing service demands underscore the need for strengthened preparedness, expanded operational capacity, and additional resources to sustain and scale up the response.

In South Ethiopia, Sidama and Central Ethiopia, during the reporting period, a total of 2,349,782 children under five years of age were screened for acute malnutrition, and 51,954 children were admitted for treatment of Severe Acute Malnutrition (SAM), including 22,416 in South Ethiopia, 16,433 in Central Ethiopia, and 13,105 in Sidama. Among those admitted, 2,963 children (13 per cent) required inpatient treatment at Stabilization Centres (SCs) due to medical complications, exceeding the national benchmark of 10 per cent. This high proportion of complicated cases suggests delays in case detection and referral and highlights weaknesses in community-based screening systems, particularly in hard-to-reach areas where many children present late for treatment through self-referral. Despite these challenges, treatment outcomes remained above SPHERE standards, achieving a 94 per cent cure rate, a 2 per cent defaulter rate, and a 1 per cent death rate, demonstrating strong programme performance and effective case management. Preventive nutrition interventions were also delivered at scale, reaching 2,474,880 children with vitamin A supplementation, 137,659 caregivers with Infant and Young Child Feeding (IYCF) counselling, and 430,178 pregnant and lactating women with iron supplementation to prevent maternal anaemia and improve maternal and child nutrition outcomes.

In Oromia Region, during the reporting period, a total of 6,425,312 children under five years of age were screened for acute malnutrition. Of those screened, 121,688 children were identified with Severe Acute Malnutrition (SAM) and admitted to Therapeutic Feeding Programmes (TFP) for lifesaving treatment. Among them, 12,648 children (10.3 per cent) required inpatient care at Stabilization Centres (SCs) due to medical complications, slightly exceeding the national benchmark of 10 per cent. This highlights the need to strengthen community-based screening, early case detection, and referral systems to reduce delays in treatment-seeking and prevent the progression of uncomplicated cases to complicated SAM. Despite the challenging operating environment, programme performance remained strong, with treatment outcomes exceeding SPHERE standards, including a 94 per cent cure rate, a 3.6 per cent defaulter rate, a 0.35 per cent death rate, and a 0.3 per cent non-response rate. Preventive nutrition interventions were also delivered at

scale, with 6,093,282 children receiving vitamin A supplementation, 1,034,472 pregnant and breastfeeding women receiving iron and folic acid supplementation to prevent anaemia, and 156,743 caregivers receiving Infant and Young Child Feeding (IYCF) counselling. These interventions contributed to improved nutrition practices, the prevention of micronutrient deficiencies, and strengthened nutritional outcomes for vulnerable women and children across the region.

In Somali Region, during the first half of 2026, a total of 50,599 children aged 6-59 months with Severe Acute Malnutrition (SAM) were admitted for treatment through Therapeutic Feeding Programmes (TFP). Of these, 4,644 children (9 per cent) required inpatient care at Stabilization Centres (SCs) due to medical complications, remaining below the national benchmark of 10 per cent. Programme performance remained strong and exceeded SPHERE standards, achieving a 96 per cent cure rate, a 2.8 per cent defaulter rate, and a 0.4 per cent death rate, reflecting effective case management and sustained service delivery. In addition, preventive nutrition interventions were delivered at scale. A total of 523,490 children aged 6-59 months received vitamin A supplementation, while 161,416 pregnant women received Iron and Folic Acid (IFA) supplements or Multiple Micronutrient Supplements (MMS) to prevent micronutrient deficiencies and improve maternal nutrition. In addition, 9,180 caregivers of children aged 0-23 months received Infant and Young Child Feeding (IYCF) counselling, contributing to improved feeding practices, strengthened immunity, and reduced risks of morbidity and mortality among vulnerable children. These interventions played a critical role in improving the nutritional status of women and children and strengthening resilience among communities affected by recurrent drought, displacement, and other humanitarian challenges.

In Tigray Region, during the reporting period, 547,988 children under five years of age were screened for acute malnutrition with UNICEF support. A total of 22,552 children aged 6-59 months with Severe Acute Malnutrition (SAM) were admitted for treatment, including 20,706 children through Outpatient Therapeutic Programmes (OTP) and 1,846 children through Stabilization Centres (SCs), providing critical lifesaving care to vulnerable children across the region. Programme performance remained strong and met SPHERE standards, achieving an 84 per cent cure rate, a 6 per cent defaulter rate, and a 0.5 per cent death rate, reflecting effective case management and sustained service delivery despite a challenging operating environment. In addition, efforts to address micronutrient deficiencies and promote optimal infant feeding practices reached substantial numbers of beneficiaries. A total of 456,018 children received vitamin A supplementation, while 104,470 pregnant and breastfeeding women received iron and folic acid supplementation through antenatal care services. Furthermore, 44,691 caregivers were reached with Infant and Young Child Feeding in Emergencies (IYCF-E) counselling, contributing to improved child feeding practices and better nutrition outcomes. Overall, the combined effects of protracted displacement, persistent insecurity, constrained humanitarian access, and weakened public services continue to undermine household resilience and exacerbate humanitarian needs across Tigray. These challenges underscore the need for sustained multi-sectoral humanitarian assistance and continued investment in health, nutrition, WASH, and protection services to support vulnerable children and women.

During the reporting period, the three city administrations of Addis Ababa, Dire Dawa, and Harari admitted a total of 5,850 children under five years of age for treatment of Severe Acute Malnutrition (SAM). Of these, 1,312 children (22 per cent) required inpatient care at Stabilization Centres due to severe wasting with medical complications, including 509 cases in Addis Ababa, 522 in Dire Dawa, and 281 in Harari. This proportion is substantially higher than the national benchmark of 10 per cent, largely due to late identification of cases, referrals from surrounding rural areas, and a high number of self-referrals. In addition, the limited availability of health posts in urban settings constrains community-based screening, early case detection, and timely management of SAM cases. Despite the elevated proportion of complicated cases, programme performance remained strong and met SPHERE standards, achieving an 88 per cent cure rate, a 0.83 per cent mortality rate, and a 2.5 per cent defaulter rate. These results reflect effective case management and sustained service delivery across the three administrations. However, the high number of children presenting with medical complications underscores the urgent need to strengthen early detection mechanisms, expand community outreach activities, and improve integrated screening and referral systems, particularly in urban and peri-urban areas, to ensure timely treatment and prevent the progression of uncomplicated cases to conditions requiring hospitalization.

WASH

During the first half of 2026, UNICEF and its partners continued to support vulnerable communities with lifesaving and resilience-building WASH interventions. Overall, 538,834 people gained access to safe water through the construction, rehabilitation, and solarization of water supply systems. In addition, 312,557 people received essential WASH supplies, including water treatment chemicals, jerry cans, and soap, while 441,857 people were reached with hygiene promotion and behaviour change activities aimed at improving hygiene practices and reducing the risk of disease outbreaks. UNICEF also supported 207,748 people to access basic sanitation facilities, improved WASH services for 40,622 schoolchildren, and provided 1,030 adolescent girls with menstrual hygiene management support. These interventions contributed to improved public health, enhanced resilience to climate- and conflict-related shocks, and increased access to safe, inclusive, and sustainable WASH services in humanitarian and development settings.

In Amhara Region, UNICEF supported significant improvements in access to safe water, sanitation, and hygiene services during the reporting period. A total of 20,328 people gained access to safe and sufficient water through the rehabilitation and expansion of water supply systems, enhancing the reliability and sustainability of drinking water services. In addition, 222,260 people were reached with key hygiene promotion messages, leading to improved household hygiene practices, increased latrine construction and utilization, and reduced risks of WASH-related diseases, including cholera, scabies, and other communicable illnesses. Furthermore, 97,688 people benefited from improved household sanitation facilities, reflecting substantial progress in expanding sanitation coverage, strengthening community sanitation practices, and improving public health outcomes across the region.

In Benishangul-Gumuz Region, UNICEF supported the Regional Water Bureau to improve access to safe and reliable water services for approximately 50,540 people during the reporting period (January to June 2026). This included the rehabilitation of 106 non-functional shallow wells across seven woredas, restoring access to safe water for 23,933 people, and the solarization of four water supply schemes in Kurmuk, Menge, and Sherkole, benefiting an additional 26,607 people while enhancing the sustainability and reliability of water services. In addition, UNICEF supported cholera preparedness and response efforts through the Regional Health Bureau by strengthening hygiene and sanitation promotion activities across Metekel Zone. Through community dialogue sessions and household visits, Health Extension Workers and other health professionals reached 38,721 people with key hygiene and sanitation messages. These efforts contributed to the construction and utilization of household latrines, providing improved sanitation access for an estimated 23,404 people, reducing open defecation, and improving public health outcomes. Furthermore, Protection from Sexual Exploitation and Abuse (PSEA) orientations were integrated into WASH Social and Behaviour Change (SBC) training, reaching local government officials, health workers, religious leaders, and community representatives. Collectively, these interventions strengthened community engagement, promoted accountability, enhanced safeguarding practices, and improved access to sustainable WASH services in the region.

In Gambella, the rehabilitation and upgrading of water supply systems improved access to safe water for refugees, host communities, and schoolchildren, while repairs to critical water infrastructure significantly increased water availability in refugee camps. In the Southern regions, 32,700 people gained access to safe drinking water and 71,741 people received essential WASH supplies, while additional support was provided for cholera and Marburg virus disease (MVD) prevention and response efforts. In Sidama Region, a solar-powered multi-village water supply scheme benefited more than 25,500 drought-affected people, providing reliable and sustainable access to safe water. Similarly, in Somali Region, the rehabilitation and upgrading of water schemes enabled 110,597 people to access safe and reliable water services. Collectively, these interventions contributed to improved public health outcomes, strengthened community resilience, enhanced access to essential WASH services, and reduced vulnerabilities among crisis-affected populations.

In Oromia Region, UNICEF scaled up integrated WASH interventions to address the impacts of drought, conflict, displacement, and the risk of disease outbreaks. Key interventions included the rehabilitation and solarization of water supply systems, distribution of emergency WASH supplies and water treatment chemicals, hygiene promotion through Social and Behaviour Change (SBC) approaches, and support for sanitation and Open Defecation Free (ODF) initiatives. As a result, 94,930 people gained access to safe water, 232,816 people received essential WASH supplies, and 152,152 people were reached with hygiene promotion messages. In addition, 3,100 people gained access to improved sanitation services, while 20,000 children benefited from safe WASH facilities and services in schools and child-friendly spaces. The rehabilitation of water systems and installation of solar-powered schemes in targeted woredas restored and strengthened access to sustainable and climate-resilient water services, contributing to improved health, dignity, and resilience among vulnerable communities.

The main implementation challenges during the reporting period included fuel shortages, rising fuel prices, and increasing construction costs, which delayed water infrastructure development and affected the operation and maintenance of existing water systems in Afar, Benishangul-Gumuz, Amhara, and Oromia. Security challenges and access restrictions in Amhara, Benishangul-Gumuz, and Oromia further hindered programme implementation, monitoring activities, and access to vulnerable communities. In addition, funding gaps, particularly in Amhara, Oromia, and South Ethiopia, constrained the scale and timeliness of humanitarian responses to growing needs and recurrent emergencies. Delays in the customs clearance of essential WASH supplies, combined with limited contingency stocks, affected the efficiency and effectiveness of emergency response efforts. Implementation was also challenged by limited local capacity and weak coordination mechanisms in some areas, which impacted the quality and timeliness of service delivery. Furthermore, recurring population displacement and cholera outbreaks, especially in Oromia, placed significant additional pressure on already overstretched WASH infrastructure and services, increasing the demand for emergency interventions and resources.

Child Protection

During the first half of 2026, UNICEF and its partners provided comprehensive child protection services across eight regions, reaching 68,245 children (35,728 girls and 32,517 boys, including 934 children with disabilities) and 24,497

parents and caregivers (16,154 women and 8,343 men) with community-based mental health and psychosocial support (MHPSS). Services were delivered through child-friendly spaces, individual and group counselling, Take Five structured dialogue sessions, Team Up resilience-building activities, and recreational and storytelling programmes. In addition, 11,019 vulnerable children (including 584 children with disabilities) received case management services, including identification, assessment, referral, and follow-up support to address their specific protection needs. UNICEF also supported 3,000 unaccompanied and separated children (UASC) through family- and community-based alternative care arrangements, primarily kinship and foster care, with regular monitoring to ensure their safety and well-being. Furthermore, 12,331 children and 1,714 parents and caregivers in the Amhara and Tigray regions received landmine and unexploded ordnance (UXO) risk education, helping to increase awareness of explosive hazards and promote safer behaviours in conflict-affected communities. These interventions strengthened protective environments and enhanced the safety, resilience, and well-being of vulnerable children and families.

Regarding GBViE response, during the reporting period, 243,800 people (62,967 girls, 37,399 boys, 101,809 women, and 41,625 men) were reached through gender-based violence (GBV) prevention, risk mitigation, and response interventions. Of these, 92,564 individuals (23,075 girls, 12,719 boys, 43,664 women, and 13,106 men) benefited from GBV risk mitigation measures integrated across multiple sectors, including health, nutrition, WASH, education, and social policy programmes. In addition, 544 GBV survivors (201 girls, 11 boys, and 332 women) in the Afar (87) and Amhara (457) regions received integrated case management services through One Stop Centres. These services included psychosocial support, health care, legal assistance, dignity kits, and other emergency support. As a result, these interventions improved access to survivor-centred services, strengthened multi-sectoral GBV response mechanisms, and contributed to enhanced protection, recovery, and well-being for women, girls, and other vulnerable populations affected by conflict and humanitarian crises.

In Gambella Region, as part of the refugee emergency response, social workers from the Bureau of Women and Social Affairs (BoWSA), in collaboration with UNHCR and the Refugees and Returnees Service (RRS), facilitated the safe relocation of 1,150 refugees from Tormorok Reception Centre to Luakdong Refugee Camp. Those relocated included 1,043 separated children, 35 unaccompanied children, and 72 other vulnerable children, ensuring continuity of protection services and appropriate care throughout the relocation process. Following the influx of displaced and unregistered refugees into Jikawo Woreda, a rapid protection assessment identified 33 vulnerable children (20 boys and 13 girls) requiring immediate assistance. These children were promptly referred to relevant government authorities, faith-based organizations, and humanitarian partners to ensure timely access to appropriate protection and support services. These interventions strengthened child protection systems and helped safeguard vulnerable refugee and displaced children by ensuring access to essential care, protection, and case management services.

In addition, with UNICEF support, a Girls and Women Shelter Centre was inaugurated in Gambella to strengthen the humanitarian response for survivors of violence. The shelter provides safe accommodation for up to 19 girls and women at a time, ensuring timely access to protection, psychosocial support, health care, legal assistance, and other essential services. The facility addresses a critical gap in emergency protection services and enhances the region's capacity to prevent and respond to violence against girls and women while promoting survivor-centred care and recovery.

In Afar Region, a five-day Care for Child Survivors of Sexual Abuse (CCSAS) training was conducted for 35 participants (22 women and 13 men), including police officers, public prosecutors, health professionals, and social affairs officers. The training strengthened participants' knowledge and skills to provide safe, confidential, child-friendly, and survivor-centred services to children affected by sexual abuse and other forms of gender-based violence (GBV).

In addition, a GBV service mapping assessment was conducted in the FCDO-supported woredas of Elidar, Mille, Gewane, and Dalifage to identify existing GBV service delivery points and gaps in service provision. Based on the findings, referral pathways were developed, and coordination mechanisms at both woreda and kebele levels were strengthened to facilitate timely referrals and improve access to comprehensive GBV case management services. These interventions enhanced the capacity of service providers, strengthened multi-sectoral coordination, and improved the quality and accessibility of survivor-centred GBV services in the region.

In Oromia Region, UNICEF supported the establishment of Women and Girls Safe Spaces (WGSS) in Wellega, Negele, Bule Hora, and Kuyu (North Shewa) through local civil society organizations. These spaces provide safe and supportive environments where women and adolescent girls can access psychosocial support, life-skills training, and gender-based violence (GBV) prevention and response services, while fostering community resilience and strengthening protective environments.

Similarly, in South Ethiopia Region, 35 frontline service providers (including 11 women) received a three-day Care for Child Survivors training. The training enhanced participants' capacity to deliver survivor-centred and child-friendly services, strengthening the quality of case management, referral pathways, and GBV response services for children affected by violence and abuse.

As part of its humanitarian-development nexus programming, UNICEF continued to support partners in integrating the prevention of harmful practices and birth registration services within humanitarian settings. During the reporting period, 51,209 people (13,857 girls, 6,821 boys, 17,230 women, and 13,301 men) participated in community-based awareness sessions on harmful practices, contributing to increased knowledge, positive behaviour change, and stronger community engagement among crisis-affected populations. In Oromia Region, UNICEF supported the establishment of birth registration corners in hospitals and health centres to ensure uninterrupted access to birth registration services during emergencies and displacement. These efforts helped safeguard children's rights while strengthening civil registration and child protection systems in affected communities. As a result, 53 children (28 girls and 25 boys) received birth registration certificates during April and May, securing their legal identity and improving their access to essential services, protection mechanisms, and social entitlements.

Education

During the first half of 2026, UNICEF worked closely with federal and regional education authorities and partners to address the education needs of children affected by conflict, displacement, drought, flooding, disease outbreaks, and refugee movements. Through a range of formal and non-formal education interventions, including Accelerated Learning Programmes (ALP), Accelerated School Readiness (ASR), refugee education programmes, and other alternative learning pathways, 162,716 children gained access to learning opportunities. To support learning continuity and reduce barriers to school participation, 132,255 children received individual learning materials. UNICEF also strengthened the quality and inclusiveness of education by reaching 68,405 children and adolescents with life-skills and skills development programmes and training 13,366 teachers and facilitators in basic pedagogy, inclusive education, Education in Emergencies (EiE), curriculum implementation, and psychosocial support. These interventions improved access to safe and inclusive learning opportunities, supported learning recovery, strengthened teacher capacity, and enhanced the resilience of children and communities affected by protracted humanitarian crises.

During the reporting period, UNICEF supported crisis-affected children and adolescents through integrated education interventions aimed at sustaining access to learning, improving education quality, and strengthening resilience in areas affected by conflict, displacement, drought, flooding, political instability, and refugee influxes. Working closely with government counterparts and implementing partners, UNICEF delivered a combination of formal and non-formal education programmes, accelerated learning initiatives, teacher capacity development activities, learning materials, life-skills education, and inclusive education interventions. These efforts were implemented across diverse humanitarian contexts, including displacement settings, refugee-hosting areas, drought-affected communities, and conflict-affected regions. As a result, 162,716 children accessed formal and non-formal education opportunities, helping to restore learning continuity and reduce the risk of prolonged educational disruption among vulnerable learners. UNICEF also provided 132,255 children with individual learning materials, removing key financial and material barriers to school participation and improving retention among crisis-affected children. To enhance learning outcomes and strengthen resilience, 68,405 children and adolescents participated in skills development programmes, while 13,366 teachers and facilitators received training in basic pedagogy and related education approaches, contributing to improved teaching quality and more supportive and inclusive learning environments. These achievements were realized despite persistent operational challenges, including insecurity, population displacement, damage to education infrastructure, access constraints, fuel shortages, and funding limitations affecting several regions.

Improving the quality of learning remained a core component of UNICEF's education response during the reporting period. Across the eight regions, 13,366 teachers and facilitators received training in basic pedagogy and related education approaches, strengthening their capacity to support children affected by conflict, displacement, drought, flooding, and other humanitarian shocks. Training covered key areas such as foundational pedagogy, curriculum implementation, inclusive education, Education in Emergencies (EiE), mental health and psychosocial support (MHPSS), school leadership, and learner-centred teaching methodologies. These capacity-building efforts were complemented by mentoring, school-based support, and community engagement initiatives aimed at improving classroom practices and learning outcomes. In several regions, teachers received specialized guidance to adapt instruction to shortened academic calendars, accelerated learning programmes, and the needs of children returning to school after prolonged disruptions. Collectively, these interventions enhanced the quality and inclusiveness of education, supported learning recovery, and strengthened the ability of education systems to respond effectively to humanitarian crises and future shocks.

UNICEF supported 68,405 children and adolescents to participate in skills development programmes aimed at strengthening resilience, well-being, and future opportunities for young people affected by humanitarian crises. These interventions included life-skills education, adolescent development activities, employability-focused training, and community-based learning programmes delivered through schools and alternative learning platforms. The programmes equipped children and adolescents with essential communication, decision-making, problem-solving, and interpersonal skills while promoting positive social engagement, self-confidence, and continued participation in learning. In several

regions, skills development initiatives were integrated with broader resilience-building efforts, including entrepreneurship training for young women, vocational and market-oriented skills development, school-based life-skills programmes, and activities that promoted adolescent participation and leadership. By linking humanitarian and development approaches, these interventions addressed immediate learning and protection needs while enhancing the long-term capacity of vulnerable adolescents to pursue education, livelihoods, and positive community engagement.

UNICEF continued to promote inclusive education by addressing barriers that prevent children with disabilities and other vulnerable learners from accessing and participating in education. Key interventions included training teachers on disability identification and inclusive education approaches, supporting caregivers, providing assistive devices, improving school accessibility, and adapting learning environments to accommodate diverse learning needs. These efforts helped improve school enrolment, participation, retention, and learning outcomes for children who are often excluded from education services during emergencies. Notable progress was achieved in Tigray, where disability screening, referral, and support services were strengthened through collaboration between the education and health sectors. UNICEF also supported the development of accessible school infrastructure, including learning spaces and school furniture, in several locations, enhancing safety, dignity, and meaningful participation for learners with disabilities. Collectively, these interventions contributed to more inclusive, equitable, and resilient education systems for children affected by humanitarian crises.

Education interventions contributed to gender-based violence (GBV) risk mitigation and the creation of safer learning environments through teacher training, community engagement, life-skills programming, and inclusive education initiatives. Teachers and facilitators were trained on mental health and psychosocial support (MHPSS), inclusive education, and learner well-being, while community- and school-based dialogues promoted awareness of harmful practices, gender equality, and children's rights. Education programmes also enhanced school safety and inclusiveness through classroom rehabilitation, the provision of disability-accessible facilities, menstrual health and hygiene support, and the distribution of learning materials to vulnerable learners. These interventions helped reduce barriers to attendance, participation, and learning, particularly for girls, children with disabilities, and other learners at heightened risk of exclusion.

In addition, education personnel supported UNICEF's broader safeguarding and accountability commitments by promoting safe and protective learning environments, strengthening community engagement and feedback mechanisms, and integrating child protection, GBV risk mitigation, and learner well-being considerations into education programming. Collectively, these efforts contributed to improved protection outcomes, increased educational participation, and more inclusive and resilient learning environments for children affected by humanitarian crises.

As part of its resilience programming, UNICEF supported several initiatives that bridged humanitarian response and longer-term education system strengthening. In Somali Region, UNICEF's Nutrition Programme supported the launch of a Sustainable School Meals Programme in Dire Dawa, providing nutritious daily meals to approximately 10,000 children across 10 schools. Beyond improving children's nutrition and well-being, the programme aims to increase school attendance, retention, and learning outcomes, while supporting the institutionalization of school feeding within the education system through close collaboration with education sector stakeholders. In Afar, Tigray, Gambella, and other crisis-affected regions, UNICEF invested in strengthening local education capacity through large-scale teacher training, life-skills programming, curriculum implementation support, and inclusive education initiatives. These interventions not only enabled children affected by displacement, conflict, drought, and flooding to continue their education, but also strengthened the capacity of schools, teachers, and education authorities to deliver more inclusive, resilient, and shock-responsive education services. By linking immediate humanitarian assistance with longer-term systems strengthening, these efforts contributed to building more sustainable and adaptable education systems capable of responding to future crises.

Social Protection

During the first half of 2026, UNICEF continued to support drought- and conflict-affected households through Shock-Responsive and Humanitarian Cash Transfer programmes in partnership with the Ministry of Women and Social Affairs (MoWSA) and regional bureaus across Afar, Amhara, Oromia, Somali, and Tigray. A total of 44,688 households (203,413 individuals) benefited from cash assistance, including 26,933 female-headed households in Amhara, Oromia, and Tigray, while 4,588 households received additional disability top-up support. Beyond cash assistance, UNICEF strengthened the linkages between social protection and essential social services through community-based case management and referrals, reaching 27,613 individuals, of whom 77 per cent were women and children. Community social workers also provided gender-based violence (GBV) risk mitigation, prevention, and response services to 10,684 people, with children accounting for 59.4 per cent of beneficiaries. In addition, 13,601 conflict- and drought-affected individuals participated in awareness-raising sessions on GBV and Protection from Sexual Exploitation and Abuse (PSEA), promoting access to safe and accessible reporting mechanisms, with women and children representing 85 per cent of participants. UNICEF also continued to strengthen humanitarian cash coordination by supporting the Ethiopia

Cash Working Group (ECWG), sub-national Cash Working Groups, and the review and dissemination of updated 2026 cash transfer values. These interventions enhanced household resilience, improved access to essential services, and strengthened protection outcomes for vulnerable populations affected by humanitarian crises.

In Afar Region, UNICEF, in collaboration with the Bureau of Women and Social Affairs (BoWSA), initiated Shock-Responsive Cash Transfers (SRCTs) to support 5,620 households affected by climate-related shocks. Under the programme, each beneficiary household will receive ETB 10,000 per transfer cycle for two consecutive months, amounting to a total of ETB 20,000 per household, with additional top-up support provided to households with persons with disabilities (PWDs). To date, beneficiary targeting, baseline data collection, verification, and bank account establishment have been completed. Cash disbursements are scheduled to begin in the coming weeks, providing timely financial assistance to vulnerable households and strengthening their capacity to meet essential needs and cope with the impacts of climate-related crises.

In Amhara Region, UNICEF, in partnership with the Amhara Bureau of Women, Youth and Social Affairs (BoWYSA), continued the implementation of the Shock-Responsive Cash Transfer (SRCT) programme, reaching 16,731 households (70,313 individuals) across 12 woredas and towns, including 13,229 female-headed households and 30,291 children under 18 years of age. Beneficiary households received two rounds of cash assistance totalling ETB 20,000 (ETB 10,000 per round). In addition, 1,726 households with persons with disabilities received disability top-up support, with 1,500 households in FCDO-supported woredas receiving ETB 4,000 and 226 households in SIDA-supported woredas receiving ETB 2,500. To strengthen accountability and transparency, Grievance Redress Mechanism (GRM) committees received and resolved more than 1,950 grievances, ensuring that community concerns were effectively addressed. Post-Distribution Monitoring (PDM) findings demonstrated a significant improvement in household food security. Under the FCDO-supported cash response, the proportion of households reporting little to no hunger increased from 0 per cent at baseline to 60 per cent at endline, while moderate hunger declined from 70 per cent to 38 per cent and severe hunger decreased from 5 per cent to 2 per cent, highlighting the positive impact of cash assistance on vulnerable households affected by conflict and displacement.

In Oromia Region, UNICEF, with support from SIDA and FCDO, provided humanitarian cash transfers to 17,287 households (88,902 individuals) across 10 drought- and conflict-affected woredas, including 8,387 female-headed households. Each beneficiary household received ETB 20,000 through two rounds of cash assistance (ETB 10,000 per round) to help meet essential needs and strengthen resilience. In addition, 1,795 households with persons with disabilities received disability top-up support, with 1,429 households in FCDO-supported woredas receiving ETB 4,000 and 366 households in SIDA-supported woredas receiving ETB 2,500. Post-Distribution Monitoring (PDM) findings demonstrated significant improvements in household food security and reductions in hunger levels. Under the FCDO-supported intervention, the proportion of households reporting little to no hunger increased from 15 per cent at baseline to 79 per cent at endline, while moderate hunger decreased from 75 per cent to 20 per cent and severe hunger was eliminated entirely, declining from 10 per cent to 0 per cent. These results highlight the effectiveness of humanitarian cash assistance in improving food security and protecting vulnerable households from the impacts of drought and conflict.

In Somali Region, UNICEF, in partnership with the Bureau of Women and Social Affairs (BoWSA), initiated Shock-Responsive Humanitarian Cash Transfers (SRHCTs) to support 10,000 households affected by climate-related shocks across the woredas of Hargelle, Elkari, Danod, Tuliguled, Adadle, and Elele. Under the programme, each household will receive a one-time cash transfer of ETB 15,300 to help meet essential needs and strengthen household resilience. Beneficiary targeting, verification, and digital registration using KoboToolbox have been successfully completed, ensuring an efficient and accountable delivery process. Cash disbursements are scheduled to commence in the coming weeks, providing timely assistance to vulnerable households and supporting their recovery from the impacts of climate-related emergencies.

In Tigray Region, UNICEF, in partnership with the Bureau of Social Affairs and Rehabilitation (BoSAR) and with funding from FCDO and SIDA, provided Shock-Responsive Cash Transfers (SRCTs) to drought- and conflict-affected households across 11 woredas. A total of 10,670 households, including 5,317 female-headed households, received two rounds of multipurpose cash assistance valued at ETB 12,050 per round, amounting to ETB 24,100 per household. Overall, the programme reached 44,198 individuals, including 8,305 men, 8,160 women, 13,759 boys, and 13,974 girls. In addition, 1,067 households with persons with disabilities received disability top-up support, with 925 households in FCDO-supported woredas receiving ETB 4,000 and 142 households in SIDA-supported woredas receiving ETB 2,500. To promote accountability and responsiveness, 361 grievances and complaints were successfully addressed during programme implementation. Post-Distribution Monitoring (PDM) findings demonstrated significant improvements in household food security and reductions in hunger. Under the SIDA-supported cash response, the proportion of households reporting little to no hunger increased from 0.3 per cent at baseline to 95.7 per cent at endline, while moderate hunger declined from 83.3 per cent to 4.2 per cent and severe hunger was eliminated entirely, decreasing

from 16.3 per cent to 0 per cent. These results underscore the effectiveness of cash assistance in meeting immediate needs and enhancing the resilience of vulnerable households affected by drought and conflict.

As part of its resilience programming, UNICEF and its partners continued to strengthen community resilience by linking humanitarian assistance with sustainable development outcomes. In Dedessa Woreda, Oromia Region, with support from the SIDA-funded Humanitarian Cash Transfer (HCT) programme, UNICEF established 44 Self-Help Groups (SHGs) to empower vulnerable households, particularly women, through savings schemes, resource pooling, life-skills training, and small-scale income-generating activities. These groups enhanced financial inclusion, strengthened social cohesion, and improved the ability of households to withstand and recover from shocks. Post-Distribution Monitoring (PDM) findings showed that 64.3 per cent of respondents were members of SHGs, and nearly half (49.1 per cent) had accessed loans during the three months preceding the survey. Banks were the primary source of credit (23.8 per cent), followed by SHGs (9.8 per cent) and informal family and social networks (9.8 per cent). Beyond providing immediate relief through multipurpose cash transfers, the programme advanced the Humanitarian–Development Nexus by linking emergency assistance with resilience-building initiatives, thereby strengthening economic inclusion, self-reliance, and the long-term capacity of vulnerable households to cope with future shocks.

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

During the first six months of 2026, UNICEF's Social and Behaviour Change (SBC), Risk Communication and Community Engagement (RCCE), and Accountability to Affected Populations (AAP) interventions reached more than 22 million people with life-saving and resilience-building information on immunization, maternal, newborn and child health, nutrition, WASH, education, child protection, prevention of harmful practices, gender equality, disability inclusion, and emergency preparedness and response. Implemented across humanitarian, development, and nexus settings through partnerships with government institutions, civil society organizations, faith leaders, community structures, schools, and frontline workers, the interventions combined mass media, social media, community dialogues, household visits, school platforms, health facilities, youth engagement initiatives, and interpersonal communication to strengthen demand for essential services and promote positive behaviours. Millions of caregivers, adolescents, community leaders, and service providers were engaged through integrated communication and community mobilization efforts, with community platforms facilitating dialogue on immunization, nutrition, hygiene and sanitation, girls' education, child protection, menstrual health and hygiene, and disease outbreak prevention.

A major achievement during the reporting period was UNICEF's contribution to immunization demand generation and outbreak response. For instance, in Tigray, community mobilization activities supported the vaccination of more than one million children during the national polio campaign, while in Amhara, the fifth round of the nOPV2 campaign reached more than two million children, achieving 103 per cent of the target population. In southern Ethiopia, SBC interventions facilitated the identification and referral of more than 1,800 zero-dose and under-vaccinated children to immunization services, helping to improve equitable vaccine coverage. Community engagement remained central to UNICEF's approach, reaching more than 1.9 million people through facilitated dialogues and household visits that promoted community ownership, addressed barriers to service uptake, and increased the utilization of health, nutrition, WASH, education, and child protection services. In parallel, thousands of frontline workers, including health workers, Health Extension Workers, teachers, social mobilizers, community volunteers, religious leaders, and youth facilitators, received training and mentorship on interpersonal communication, community engagement, nutrition counselling, immunization demand generation, Human-Centred Design, and accountability mechanisms, strengthening local capacity to sustain behaviour change and community engagement efforts.

UNICEF also strengthened Accountability to Affected Populations (AAP) by expanding community feedback mechanisms, through which approximately 20,000 people provided feedback, raised concerns, or sought information on issues such as health services, immunization, school WASH facilities, cash assistance, water supply projects, youth programmes, menstrual hygiene supplies, and emergency response services. Feedback was systematically used to improve programme responsiveness and strengthen trust between communities and service providers. Despite ongoing challenges, including vaccine hesitancy, misinformation, limited availability of accessible and local-language communication materials, and resource constraints affecting community engagement activities, UNICEF's SBC interventions continued to play a critical role in strengthening community resilience, increasing demand for essential services, promoting positive behavioural outcomes, and ensuring that the voices of affected populations informed humanitarian and development programming.

Protection from Sexual Exploitation and Abuse (PSEA)

During the reporting period, comprehensive efforts were undertaken across multiple field offices to strengthen the prevention of and response to sexual exploitation and abuse (SEA), with a particular focus on raising community awareness, improving access to safe and confidential reporting channels, and promoting survivor-centred approaches. These interventions sought to ensure that affected populations, especially women and children, understand their rights,

know how and where to report concerns safely, and can access trusted protection and support services without fear of retaliation, discrimination, or stigma. Across all field offices, a total of 226,235 individuals were reached, including 77,280 women, 57,291 men, 47,692 girls, and 43,972 boys, of whom 699 were persons with disabilities. The disaggregated data highlights a deliberate emphasis on engaging women and girls, who may face heightened risks of SEA, while also ensuring the meaningful inclusion of men and boys to strengthen community-wide accountability, foster positive behavioural change, and support the creation of safer and more protective environments for all.

In Tigray Field Office, 39,306 individuals, including 12,130 women, 11,228 men, 8,144 girls, and 7,804 boys, were reached through targeted awareness-raising sessions on SEA prevention and confidential reporting mechanisms. These activities helped strengthen trust in available services and improve community knowledge of how and where to report concerns safely and confidentially.

In the Amhara region, a multisectoral approach was implemented through the Child Protection, Social Policy, and Health programmes to strengthen safe and accessible SEA reporting mechanisms. Under Child Protection, 12,424 individuals, including 3,003 women, 1,327 men, 4,811 girls, and 3,283 boys, were supported through safe and accessible SEA reporting channels, facilitating timely referrals and strengthening accountability mechanisms. Through Social Policy interventions, 13,701 individuals, including 5,385 women, 2,086 men, 3,098 girls, and 3,132 boys, gained access to safe SEA reporting channels, of whom 303 were persons with disabilities, reflecting increased community awareness of and confidence in formal reporting mechanisms. In addition, Health interventions reached 2,213 individuals, including 629 women, 513 men, 544 girls, and 527 boys, demonstrating the successful integration of SEA reporting mechanisms into frontline health service delivery points.Provide your feedback on BizChat

In Benishangul-Gumuz region, integrated outreach activities combining Child Protection, Health, Education, WASH, and Nutrition programming reached 21,222 individuals, including 6,695 women, 6,207 men, 4,158 girls, and 4,162 boys. Of those reached, 136 were persons with disabilities. These efforts focused on raising awareness of available services, clarifying SEA reporting pathways, and ensuring that community members understood both prevention measures and available response options.

In Somali region, large-scale social mobilization activities were conducted by UNICEF-supported social workers through the Child Protection, Nutrition, and Social Policy programmes. A total of 43,597 community members, including 16,954 women, 12,128 men, 8,098 girls, and 6,417 boys, were engaged across multiple internally displaced persons sites.These sessions played a critical role in raising awareness of community rights, strengthening understanding of SEA risks, and promoting safe, confidential, and survivor-centred reporting mechanisms, particularly in displacement settings where vulnerabilities are heightened.

In South, Central and Sidama region, 64,329 individuals, including 20,735 women, 21,968 men, 10,994 girls, and 10,632 boys, participated in PSEA awareness sessions across refugee, internally displaced person, and host communities. Of those reached, 1,663 were persons with disabilities. These activities strengthened community-level understanding of SEA risks, prevention measures, and available reporting mechanisms, contributing to greater community engagement and ownership of protection efforts.

In Gambella region, a total of 7,105 individuals were reached. Of these, 6,580 were caregivers of children newly admitted to the Therapeutic Feeding Programme and were provided with access to safe and confidential channels for reporting concerns related to sexual exploitation and abuse (SEA) and gender-based violence (GBV) within refugee camps. The remaining 525 individuals, including 174 women, 90 men, 185 girls, and 76 boys, were reached through Child Protection programming. This intervention was particularly important in ensuring that vulnerable populations were aware of and able to use trusted reporting mechanisms.

In Oromia region, awareness-raising sessions reached 18,988 individuals, including 2,619 women, 930 men, 7,522 girls, and 7,917 boys. Of those reached, 47 were persons with disabilities. Participants were oriented on established feedback and reporting mechanisms, with emphasis on accessibility, confidentiality, and the importance of reporting SEA incidents involving personnel providing assistance to affected populations.

In Afar region, integrated activities implemented through the Child Protection and Health programmes reached 3,450 individuals, including 2,476 women, 814 men, 138 girls, and 22 boys. Of those reached, 128 were persons with disabilities. These activities focused on raising awareness of available services, clarifying reporting pathways, and ensuring that community members understood both SEA prevention measures and available response options.

Collectively, these interventions strengthened community awareness, expanded access to safe and confidential SEA reporting mechanisms, and reinforced accountability across all field offices. By integrating SEA prevention and response measures across multiple sectors and prioritizing meaningful community engagement, these efforts contributed to

creating safer environments for affected populations and ensuring that survivors and individuals at risk are better protected and supported

Human Interest Stories (HIS) and External Media

UNICEF Ethiopia continued to produce compelling advocacy and communication content, shedding light on the needs of children, women, and their communities affected by the multiple humanitarian crises across the country. The communication team published multiple videos, photos, and human-interest stories showcasing UNICEF's emergency and resilience-building interventions, including support for displaced children in the Amhara Region as well as the restoration of schools and the construction of maternal, newborn, and child health (MNCH) blocks and Neonatal Intensive Care Units (NICUs); efforts to create equal learning opportunities for children with disabilities and strengthen Education in Emergencies responses in the Tigray; and initiatives to reach zero dose children and improve access to safe and reliable water for communities affected by drought and other humanitarian crises in the Oromia Region. Additionally, the communications content highlighted efforts provided to support refugees in the Benishangul-Gumuz, and life-saving interventions to protect children from malnutrition in the Afar, Amhara and Somali regions.

The country office coordinated several high-level visits, including that of the European Union Ambassador to Ethiopia, H.E. Sofie From-Emmesberger, to the Amhara region; the President of the Africa Central Area of The Church of Jesus Christ of Latter-day Saints, Elder Mutombo, to Debre Birhan; and delegates from the Embassy of Sweden in Ethiopia to the Afar region.

Additionally, UNICEF Ethiopia produced advocacy content for International Days such as Day of Zero Tolerance for FGM (here and here), International Education Day (here and here), Safer Internet Day, Women's Day (here and here), Social Workers' Month (here and here), World Water Day (here and here), Mine Awareness Day, World Earth Day, World Malaria Day, Global Parents Day, World Environment Day, International Day of Play, World Day Against Child Labour, Day of the African Child, Menstrual Hygiene Health Day, and International Youth Skill Day.

Donor-branded multimedia content was produced and published to provide recognition and visibility for multiple donors, including the Dutch Ministry of Foreign Affairs, EU Civil Protection and Humanitarian Aid, Nutrition International, Global Affairs Canada, Gavi, FCDO, KSrelief, Global Partnership for Education, UN OCHA and Sida.

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

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Annex A - Summary of Programme Results

	Cluster/Sector Response		UNICEF and IPs Response *(Overall responses)*	
Sector	**2026 target[6]**	**Total results**	**2026 Cumulative target**	**Total Cumulative results**
Nutrition		**Jan- June 2026**		**Jan- June 2026**
Children 6-59 months screened for wasting[7]	**8,000,065**	13,582,967	**8,000,065**	13,582,967
Number of children aged 6 to 59 months with severe wasting admitted for treatment	**763,879**	328,422	**763,879**	328,422
Number of children aged 6 to 59 months receiving Vitamin A supplementation (SEMESTER 1)			**5,919,401**	4,405,042
Number of primary caregivers of children aged 0 to 23 months receiving IYCF counselling[8]	**1,785,758**	901,211	**1,785,758**	901,211
Number of pregnant women receiving preventative iron supplementation			**1,935,358**	239,136
Health				
Number of children and women accessing primary healthcare in UNICEF supported facilities			**3,551,184**	1,915,451
Number of children below 15 years of age vaccinated against measles, supplemental dose			**682,917**	391,832
Live births that were delivered in health facilities in UNICEF-supported areas			**313,254**	163,035
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**	*538,834*
Number of people accessing appropriate sanitation services	-	-	**675,266**	*207,748*
Number of people reached with hand-washing behaviour-change programmes	-	-	**1,754,836**	*441,857*
Number of people reached with critical WASH supplies	-	-	**1,533,266**	*312,557*
Child Protection				
Number of children, adolescents and caregivers accessing community based MHPSS	-	-	**215,917**	*92,742*
Number of UASC provided with alternative care and/or reunified	-	-	**16,523**	*3,055*
Number of girls and boys who have experienced violence reached by health, social work, or justice/law enforcement services	-	-	**53,052**	*11,019*
Education				
Number of children accessing formal and non-formal education, including early learning	-	-	**374,093**	*162,716*
Number of children receiving learning materials	-	-	**322,880**	*132,255*
Social Protection				
Number of households reached with UNICEF-funded humanitarian cash transfers			**88,000**	*44,688*
Number of (women-headed) households reached with UNICEF-funded humanitarian cash transfers [HCT]			**31,125**	*26,933*
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**	*226,235*
GBViE				

[6] The 2025 and 2026 Humanitarian Response Plan (HRP) has not yet been endorsed and published.
[7] To avoid cumulative reporting for this indicator, the highest figure from the January–June results is used for end year reporting to prevent double counting.
[8] To avoid cumulative reporting for this indicator, the highest figure from the January–June results is used for end year reporting to prevent double counting.

	Cluster/Sector Response		UNICEF and IPs Response *(Overall responses)*	
Sector	**2026 target[6]**	**Total results**	**2026 Cumulative target**	**Total Cumulative results**
Nutrition		**Jan- June 2026**		**Jan- June 2026**
Number of women, girls and boys accessing GBV risk mitigation, prevention and/or response interventions (Cross-sectoral)			**180,032**	*198,118*
Social Behaviour Change (SBC)				
Number of affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services			**45,040,780**	*21,913,429*
Number of people engaged in reflective dialogue through community platforms			**5,051,544**	*1,888,618*
Number of people sharing their concerns and asking questions through established feedback mechanisms			**75,976**	*19,513*

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	2,183,945	9,118,152	11,302,097	35,505,903	76%
Nutrition	76,755,000	17,509,387	11,962,101	29,471,488	47,283,512	62%
Child Protection, GBViE,	52,579,000	1,546,827	4,272,632	5,819,459	46,759,541	89%
Education	35,249,000	590319	5,138,692	5,729,011	29,519,989	84%
WASH	129,788,000	10,360,982	11,003,749	21,364,731	108,423,269	84%
Social Protection	41,117,000	4,126,922	7,917,488	12,044,410	29,072,590	71%
Cross-Sectoral (SBC, AAP, PSEA)	19,212,000	2,975,227		2,975,227	16,236,773	85%
Total	**401,508,000**	**39,293,609**	**49,412,814**	**88,706,423**	**312,801,577**	**78%**