



UNICEF Ethiopia/2020/ Mulugeta Ayene

Reporting Period: January – December 2020

# Ethiopia Country Office Humanitarian Situation Report



## Situation in Numbers

**4,872,000**  
children in need of humanitarian assistance

**8,400,000**  
people in need  
(Humanitarian Response Plan 2020)

**1,846,551**  
internally displaced people  
(IOM, Displacement Tracking Matrix 23)

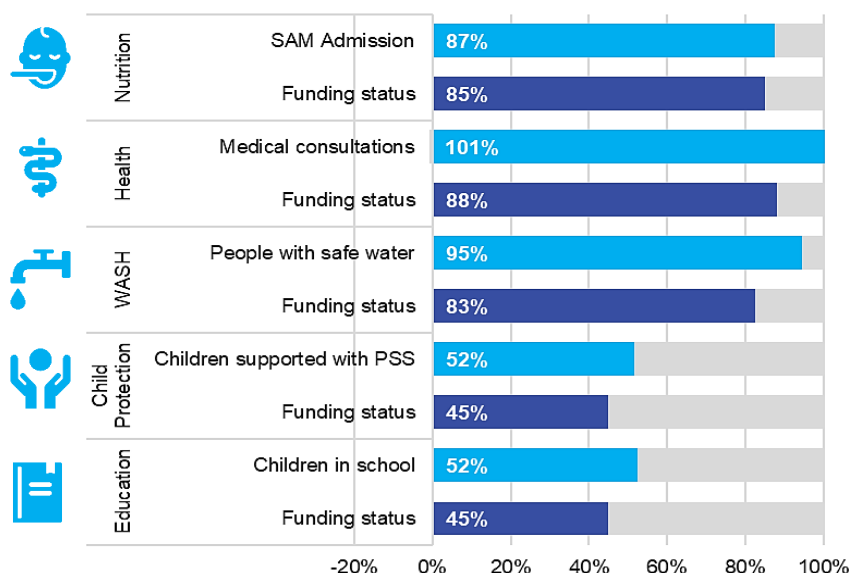
**802,821**  
registered refugees  
(UNHCR, 31 December 2020)

**1,102,484**  
people affected by floods  
(FEWSNET, December 2020)

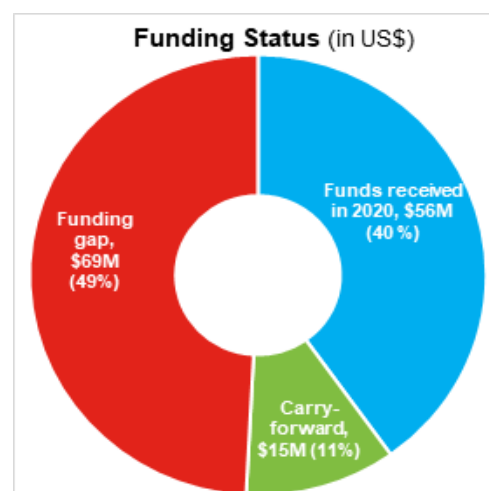
## Highlights

- Over the course of 2020, the number of children in need of humanitarian assistance increased from 4.87 million to 10.3 million ([Humanitarian Response Plan Mid-Year Review](#)). Flooding, cholera, COVID-19, locust infestation, and conflict-induced displacement drove humanitarian needs as evidenced by the increase in the number of children in need of humanitarian assistance with significant impact on children's health, vulnerability to violence and educational attainment. The community transmission of COVID-19 has increased the overall vulnerability of the population, stalling the delivery of essential life-saving services, impacting livelihoods and increasing the cost of service delivery, including critical humanitarian assistance.
- With UNICEF support, over 1 million people (Internally Displaced Persons/IDPs and IDP returnees) have gained access to a sufficient quantity of safe water for drinking, cooking and personal hygiene; while 401,814 children (8,720 refugees) have been treated for Severe Acute Malnutrition (SAM), and mobile health and nutrition teams have reached 463,766 IDPs in hard-to-reach areas in Afar and Somali regions. Another 130,994 people (all IDP/IDP returnees) have benefitted from Gender-Based Violence (GBV) risk mitigation and response interventions, while over 400,000 individuals have received cash transfer support to mitigate the effects of emergencies across several regions. A total of 180,917 children (all IDP/IDP returnees) were able to access formal and non-formal education services.

## UNICEF's Response and Funding Status



## UNICEF Appeal 2020 US\$ 139 million



## Funding Overview and Partnerships

UNICEF in Ethiopia appealed for US\$139 million in 2020 with the aim of providing life-saving humanitarian assistance to children and women in need. The Humanitarian Action for Children (HAC) had not included in 2020 our COVID response, for which we had a separate appeal of US\$49 million. UNICEF Ethiopia's financial contributors to the 2020 HAC comprised of the Government of Canada, the Central Emergency Response Fund (CERF), the Foreign, Commonwealth and Development Office (FCDO), the European Civil Protection and Humanitarian Aid Operations (ECHO), the Government of Japan, the United Nations Office of the Coordination of Humanitarian Affairs (UNOCHA), the Office of United States Foreign Disaster Assistance (OFDA), Swedish International Development Cooperation Agency (SIDA), and the United States Agency for International Development (USAID) Food For Peace (FFP). With the generous contributions from its donors (see Figure 1 below), UNICEF, together with its partners has been able to achieve considerable results for the most vulnerable, and often hard-to-reach children and women. UNICEF expresses its sincere gratitude to the above Governments, people and institutions. However, at the end of 2020, the HAC appeal had a funding gap of US\$69 million or 49 per cent<sup>1</sup>. This gap was largely in education (95 per cent) and social protection (63 per cent) which meant that around half of the targeted children or 179,671, could not access formal and non-formal education, while 990,775 individuals were not reached through cash transfer support.

In terms of lessons learnt, while concurrent emergencies in Ethiopia in 2020 resulted in a large opportunity for resource mobilization, much of the funds were earmarked for specific sectors such as nutrition. This resulted in very little funding granted for education for IDPs/refugees in emergencies and significant gaps in the IDP response for WASH and health were also encountered.

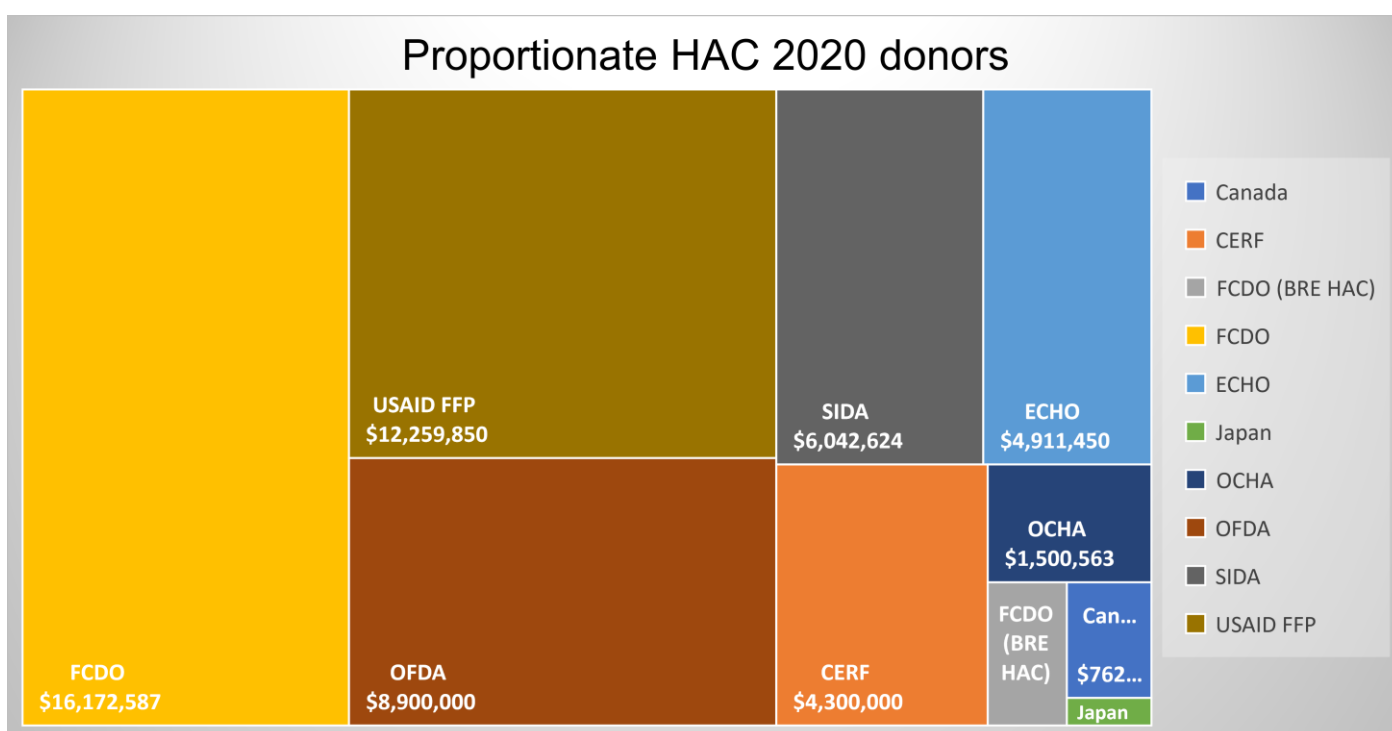


Figure 1 - FCDO (BRE HAC) amount is US\$881,470; Canada amount is US\$762,776; and Japan amount is US\$181,818.

## Situation Overview and Humanitarian Needs

4.87 million children required humanitarian assistance at the beginning of 2020. By August the number of children in need had jumped to 10.3 million. The humanitarian needs in Ethiopia are complex, often overlapping, with a mix of onset and protracted crises (see Map in Figure 2, on page 3). With the onset of the COVID-19 pandemic, at least 9.4 million ([Humanitarian Response Plan Mid-Year Review](#)) more people and 5 million more children were in need of assistance, especially those not traditionally in need of humanitarian aid, such as the urban poor. As of 31 December, 124,264 confirmed COVID-19 cases were reported and 1,923 deaths, since the onset of the outbreak on 13 March. COVID-19 prevention efforts have inadvertently led to the increased vulnerability of children and women, who for a period of time could not access essential health care services, including routine vaccinations.

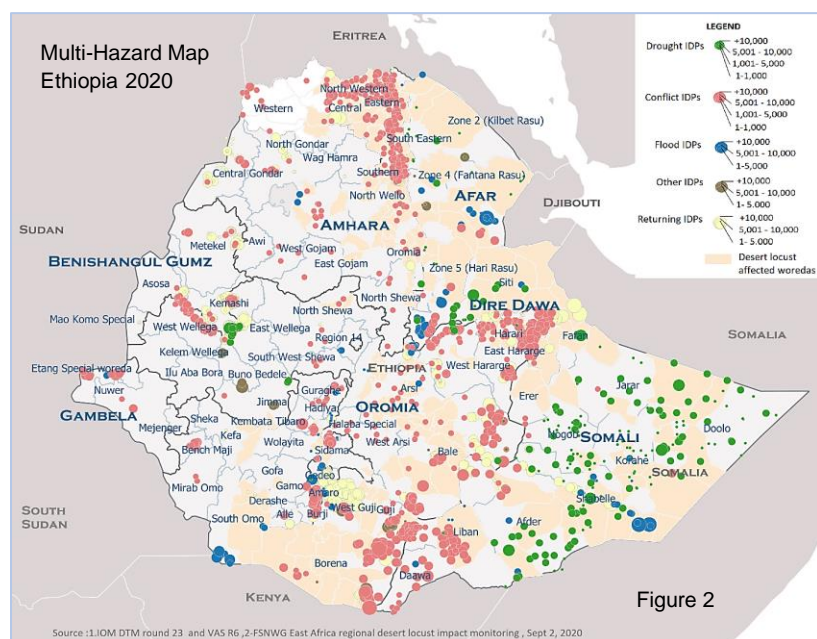
Only 5.2 million children were able to access distance learning opportunities during the school closure period and once these re-opened eight regions have reported reopening of 98 per cent but re-enrolment rate was only 89 per cent (2.72 million children did not re-enrol compared to pre-COVID enrolment figures). In Tigray, schools continue to be closed and 1.3 million children are estimated to remain out of school due to school closure. Those who remain out of school

<sup>1</sup>FCDO is primarily the biggest donor due to recent emergency top-ups. However, the United States Government's FFP and the OFDA have contributed over US\$21 million (almost 38 per cent of total new funds). This analysis excludes the 2020 contribution of Finland which has been rolled over onto 2021.

across the country are not only susceptible to a loss of educational attainment, but are also more vulnerable to violence, exploitation and other child protection concerns such as child labour, child migration and child marriage.

During 2020, the desert locust infestation in at least 180 *woredas* across seven regions has been driving food insecurity needs by impacting thousands of hectares of land and more than a million farmers. Food insecurity, COVID-19, and insecurity and hence inaccessibility are thought to have driven Severe Acute Malnutrition (SAM) rates in 2020 to unprecedented levels: from January to November 2020, SAM admissions have increased by up to 13.5 per cent when compared to the same period in 2019. In addition, on 1 November 2020, the National Disaster Risk Management Commission (NDRMC) published its first national drought alert<sup>2</sup> and subsequently UNICEF-led clusters have been working on an anticipatory action for a drought response planned for 2021.

Since January, a total of 10,949 cholera cases (298 confirmed) were reported with 210 deaths (CFR=1.92 per cent) in Southern Nations Nationalities and Peoples (SNNP) region, Oromia, Sidama and Gambella, significantly surpassing the number of reported cases of cholera in 2019, which stood at 2,486 suspected and 79 confirmed cases. In part to blame was the fact that the flooding experienced in 2020 was one of the worst in recent years, but also key contributing factors are the persistent poor WASH facilities and practices and potentially the restrictions imposed by COVID-19 which have disrupted significantly WASH related response activities by humanitarian actors including UNICEF. In the reporting year, floods have led to the displacement of 342,847 people and affected over a million individuals across Afar, Amhara, Gambella, Oromia and SNNP/Sidama regions. In Afar, 142 schools were affected by flooding, including 24 which had been occupied by flood induced IDPs, prolonging the return to schools of approximately 41,706 children (46 per cent girls). Similarly, 168 classrooms, 65 teacher accommodations and 12 toilets were damaged in 57 schools in West Guji zone, Oromia region, by wind and flooding; while the overflow of rivers in SNNP caused flooding and damaged 41 schools. In Gambella, floods have damaged 31 schools, affecting an estimated 5,636 school-aged children (2,820 girls) The flooding has also induced crop losses, disrupting livelihoods, and increasing food insecurity among the affected populations. Flood affected communities have also borne a higher risk of waterborne diseases like cholera and acute watery diarrhoea.



Moreover, 2020 has been a year characterized by numerous conflicts and incidences of civil unrest and inter-communal violence, in almost all of the regions. Violence over access to resources, regional boundaries and ethnic differences have been very frequent, in addition to the military confrontation between the Ethiopian National Defense Forces (ENDF) and the Tigray Peoples Liberation Front (TPLF) which erupted on 4 November 2020. Although not inclusive of the most recent displacements due to the recent conflicts and inter-communal violence in Tigray, SNNP and Benishangul-Gumuz, as of September 2020 there were a total of 1,846,551 displaced people.

The unstable security situation due to these latter conflicts as well as others in Oromia, Somali and SNNP regions, has negatively impacted humanitarian access and the delivery of aid activities throughout most of the reporting

year. Massive internal displacements (at least 222,413 across Tigray according to [OCHA](#)) as well as an outflow of refugees into Sudan (almost 60,224 according to [UNHCR](#)) have been direct humanitarian consequences of the Tigray crisis. As we move into 2021, these and other displacements across the country are driving further the humanitarian caseload, while humanitarian access continues to be challenging due to permits, insecurity and small number of partners. In addition, according to [UNHCR](#), as of 31 December a total of 802,821 refugees were recorded, mostly in Gambella, Somali and Tigray, and coming from mainly from South Sudan, Somalia and Eritrea. A significant number, 41,438 of the refugee children are unaccompanied or separated<sup>3</sup>, which is an ongoing critical child protection concern. The return of 44,466 migrants<sup>4</sup> was registered between April and December 2020, which came with the onset of the State of Emergency because of COVID-19. This led to the need to provide shelter, food and monitor the returnee migrants in six regions and in the following sites: Addis Ababa, Metema, Moyale (both Oromia and Somali sides), Semera and Dire Dawa.

<sup>2</sup>Draft HNO 2021 report

<sup>3</sup>Draft HNO 2021 report

<sup>4</sup>Draft HNO 2021 report

## On the need to address social cohesion deficits in support of durable solutions for IDPs

One of the key impacts of these recent conflicts<sup>5</sup> in Ethiopia and the associated displacements, is the deterioration of social cohesion among affected populations<sup>6</sup>. Conflict-related displacements within the country have led to the displacement of 1,116,393 people, of whom at least 638,944 are children, according to the most recent IOM Displacement Tracking Matrix (DTM) data<sup>7</sup>. Conflict is a key driver of children's vulnerability, and the (draft) 2021 Humanitarian Needs Overview (HNO) notes a correlation between conflict displacement and increased protection risks. According to DTM<sup>8</sup>, 21,659 IDPs are unaccompanied and separated children (UASC). UASC are extremely vulnerable, and at greater risk of exposure to child labor, transactional sex, or child trafficking. For example, *Woredas* with high levels of conflict-driven displacement have high numbers of children engaged in exploitative and hazardous child labor, indicating an increased vulnerability of conflict displaced IDP boys and girls. In addition, out-of-school IDP and mobile adolescent girls are at higher risk of commercial sexual exploitation and child labor, including domestic labor. The draft HNO also notes that up to 15 per cent of conflict IDPs are affected by mental health problems with children who have witnessed violence being particularly affected. Strengthened social cohesion on the other hand contributes to a conducive environment for vulnerable groups including IDP children and their families to return, relocate, or locally integrate and rebuild their lives in a sustainable manner, whilst also supporting the prevention of further/recurrent conflict/s and associated displacement/s. The pursuit of durable solutions for displaced Ethiopian children, their families and communities thus very much depend on addressing the root causes for displacements, particularly those linked to ongoing conflicts, including through the strengthening of social cohesion levels between host and IDP communities.

It is thus against this backdrop that UNICEF Ethiopia has started supporting in the reporting year, the development of the 2021 HNO with an analytical input to measure existing levels of social cohesion in current displacement and return areas, by using IOM DTM<sup>9</sup> data and by retroactively building a composite indicator around three relevant dimensions of social cohesion<sup>10</sup>. This analysis has produced significant initial insights and will inform the development of the 2021 Humanitarian Response Plan (HRP) and the review of UNICEF Ethiopia 2021 HAC. It will also provide a useful baseline to support the development and implementation of future conflict-sensitive and social cohesion-enhancing humanitarian programs by UNICEF and its partners, in support of the realization of the fundamental human rights, of conflict-induced IDP children and their families, by aiming to ensure equitably available and accessible social services.

## Humanitarian Strategy

In 2020, UNICEF Ethiopia has delivered life-saving supplies and services for children and families displaced by conflict and affected by climatic shocks, such as floods and disease outbreaks, including COVID-19<sup>11</sup>. UNICEF, in line with the newly endorsed [Core Commitments for Children in Humanitarian Action](#), applied multisectoral systems-building approaches including cash-based solutions, through eight field offices, strong partnerships with national and regional Government bureaus, and civil society and non-government partnerships, capitalizing on its field presence and leveraging its sector leadership roles in WASH, nutrition, child protection and education. Resources have been invested to mitigate and prevent GBV, address Prevention of Sexual Exploitation and Abuse and, where feasible, support durable solutions.

## Summary Analysis of Programme Response

### Health



Despite the obvious challenges that the prevention and response to COVID-19 has brought, UNICEF Ethiopia has supported the Ministry of Health (MOH) and partners (four CSOs/NGOs) in tackling a number of significant disease outbreaks, including cholera and in conducting a successful immunization campaign for measles, despite the added concerns brought by COVID-19. Yet, given the size of the needs due to COVID-19, UNICEF's health response in 2020 has been largely focused on COVID-19 prevention and response activities. UNICEF has worked closely with the MOH, Regional Health Bureaus (RHBs) and partners such as WHO on the continuation of essential health services in light of the COVID-19 pandemic. Support has also been provided to the following key pillars in the COVID-19

<sup>5</sup>Protracted conflicts are on the rise and are now the main drivers of humanitarian needs - 80 per cent of all humanitarian needs are driven by violent conflicts ([World Bank](#)) and 70 per cent of UNICEF's resources are spent in conflict-affected or fragile countries (according to internal data). In addition to the moral imperative to act on conflict prevention, the investment case for conflict sensitivity and peacebuilding integration into humanitarian and development programming is worthwhile - evidence suggests that for each US\$1 spent on conflict prevention US\$16 are saved down the road ([Pathways for peace](#)).

<sup>6</sup>Social cohesion can be defined as the quality of bonds and dynamics that exist between groups within a society, which is fundamental in supporting the peaceful coexistence of such groups.

<sup>7</sup>It is to be noted that this figure does not include the additional IDPs including children due to the more recent conflicts in Tigray, Benishangul-Gumuz, Oromia and SNNP.

<sup>8</sup>Based on IOM DTM 22 and 23 and VAS 5 and 6

<sup>9</sup>DTM Site Assessment Round 23 as well as excluded sites data from DTM Site Assessment 22 and, Village Assessment (VAS) Round 6 in addition to excluded data from VAS Round 5 data.

<sup>10</sup>These dimensions include the *horizontal* (relationship between host and IDP/returnee communities, including socio-economic interactions); the *vertical* (interactions between IDP/returnee communities and local authorities, including access to social services); and the *experiences and perceptions of security/safety*. Through this analysis, it has been found that in both displacement and return contexts, constrained access to socio-economic engagement with their hosts significantly undermines horizontal social cohesion, while vertical social cohesion is undermined by a lack of access to and poor quality of services including instances of discrimination. Horizontal social cohesion levels were found to be lower in current displacement areas requiring investments to respond to the local integration preferred choice of durable solution as noted by the majority of IDPs. Limited access to complain/feedback mechanisms (65.8 per cent of respondents said there was no access) indicate that IDPs lack avenues to address their concerns to the authorities further undermining vertical social cohesion. Although the overall security situation was good, 33.8 per cent of respondents identified distinct risks for women and girls to be harassed or become the targets of violence. A very positive and strong correlation is however evident between horizontal social cohesion and civic participation (including peace and confidence building initiatives) which suggests that such interventions do make a difference.

<sup>11</sup>A separate COVID-19 Sitrep for 2020 will be published soon at: <https://www.unicef.org/appeals/ethiopia/situation-reports>

response: (1) coordination at national and sub-national levels; (2) Risk Communication and Community Engagement (RCCE); (3) logistics and supply provision; and (4) Infection Prevention and Control (IPC).

Since the COVID-19 response began, a total of 47.4 million people has been reached and 11.2 million engaged through various RCCE activities. One major milestone in 2020 in terms of non-COVID-19 health interventions includes the aforementioned measles national vaccination campaign which had a 96 per cent coverage and 15 million children vaccinated. UNICEF supported national and regional coordination and the joint planning and monitoring of the immunization campaign, as well as communication and social mobilization and vaccine management and the provision of Protective Personal Equipment (PPE) for 9,089 health care workers. Furthermore, an emergency yellow fever vaccination campaign was conducted from 26 to 31 March in SNNP, Gurage zone, through which 27,178 people were vaccinated, with a confirmed coverage of above 95 percent<sup>12</sup>. More expanded yellow fever vaccination campaign was conducted in October 2020 and reached 652,811 (93 per cent) population above age six in 13 woredas of SNNP (10) and Oromia (3) regions. In addition, in response to the last outbreak of polio in Oromia and SNNP, two rounds of response vaccination campaigns were conducted in February and March, in 79 high-risk woredas and city administrations by using m OPV2 vaccine and reaching a total of 3,561,372 children in both rounds<sup>13</sup>. In round two, another 1,264,231 children were vaccinated with a 95 per cent coverage in Amhara, Oromia and Afar regions. As part of the polio response campaigns, UNICEF and its regional offices have contributed to the planning and monitoring activities conducted by the national and regional Emergency Operating Centres (EOCs), as well as supporting vaccine management, social mobilization and community engagement.

Throughout 2020, UNICEF has continued to provide multisectoral support for the cholera response in the affected regions, including SNNP, Oromia and Somali respectively, by providing technical assistance and supporting at regional and district levels the coordination, planning, and monitoring of the daily implementation of the response in the affected areas. It has also distributed Cholera Treatment Centre (CTC) kits in these regions. A total of 10,942 people has been treated as a result, representing a 100 per cent achievement. Another key result has been the provision to health care facilities of emergency drug kits (EDKs) to 315,000 people, representing a 126 per cent result over the planned target. Additionally, in 2020, a total of 463,766 medical consultations have been conducted in Afar and Somali regions through UNICEF supported Mobile Health and Nutrition Teams (MHNTs) as well as additional MHNTs run by the Somali RHB and INGOs, in the case of that region, for which UNICEF provided drugs and medical supplies. This achievement represents 101 per cent of the planned target. A total of 23,539 children have been vaccinated against measles outside of the national vaccination campaign including at points of entry (POE), while a total of 160,000 long lasting insecticide treated nets (LLINs) have been distributed to support over 320,000 refugees in Gambella and in Benishangul-Gumuz.

The main challenges in 2020 have been connected to the COVID-19 response, including persistent PPE shortage and lack of adherence to precautionary Standard Operating Procedures (SOPs) in place among the community at large. The other key challenge was the Northern Ethiopia humanitarian crisis which affected access to basic services including health. There were also multiple conflicts that caused massive displacement in Benishangul Gumuz, SNNP and other regions.



### Water, Sanitation and Hygiene (WASH)

In 2020, the UNICEF WASH programme has responded to multiple WASH needs, caused by hazards, including cholera, flooding, the COVID-19 outbreak and the protracted and newly displacing conflicts. UNICEF has been engaged in the provision of safe drinking water, sanitation and hygiene to affected communities, as well as communities on the move and those hosting displaced people. Interventions have been implemented in areas where WASH services are extremely limited, including where the risk of cholera is high. UNICEF has worked closely with the federal and regional Governments as well as Regional Water Bureaus (RWBs) and RHBs to devise response plans, assess the humanitarian needs and engage in a timely manner.

In addition, in the reporting period, the WASH rapid response mechanism (RRM) was activated in 2020 as a modality of implementation to respond quickly to the acute needs of humanitarian crises-affected populations in Afar, Oromia and Somali regions. Due to the recent Tigray and Benishangul-Gumuz massive conflict-induced displacements, the RRM implementation modality has been expanded to cover the needs of IDPs in these regions, as well as those who have fled from these regions into neighboring Amhara and Afar.

In terms of results, despite funding shortfalls for the sector, considerable results have been achieved. Seventy-one (71) per cent of the target population or 1,894,307 people have had access to safe drinking water through the use of water treatment chemicals. In terms of additional Non-Food Items (NFIs) distributions, people have been reached with laundry and body soaps, jerry cans, buckets, sanitary pads, squatting plates for latrines, and water purification tablets.

<sup>12</sup>UNICEF has provided technical assistance to the campaign, which covered 12 *kebeles* (Ethiopia's smallest administrative units). Five of these *kebeles* were those with reported cases and seven were surrounding *kebeles*.

<sup>13</sup>In round one, against the target of 1,618,712 children under five years of age, a total of 1,711,579 (106 per cent) of them were vaccinated. In round two, against the revised target of 1,714,890 children under five years of age, a total of 1,849,793 (108 per cent) of them were vaccinated.

In addition, a total of 8,690,819 vulnerable people has been reached with key messages on hygiene practices, focusing on cholera and COVID-19 prevention, safe handwashing, water treatment chemicals and latrine usage, as well as personal hygiene. This represents a significant overachievement over the planned target. These messages have been delivered using a mobile audio vans, health extension workers and community volunteers, who have raised awareness in public areas such as bus-stations, taxi-stations, marketplaces, distribution sites, coffee houses and among households. Furthermore, 800 handwashing stations and WASH packages for 3,500 schools have been distributed to reach about 2.3 million displaced and emergency-affected children.

Similarly, 1,002, 997 people have had access to a sufficient quantity of safe water for drinking, cooking and personal hygiene through the rehabilitation of shallow wells, installation of water tanks, mass chlorination of water supply schemes, rehabilitation of the existing water systems, which include the supply and installation of generators and pumps, pipeline extensions, construction of reservoirs and water points, water trucking and installations of Emergency Water Kits (EmWatKits) for treating drinking water from rivers. Furthermore, 72 per cent of the planned targeted people or 72,514 individuals, have been able to access appropriate sanitation facilities, despite challenging displacement environments. UNICEF undertakes its sanitation work through several methods, including for example by supporting health workers to work with the beneficiaries in building their own new latrines or upgrading existing latrines. In some cases, these are pit latrines, in others, they are semi-permanent, communal latrines. Building handwashing stations – including for schools - is another sanitation activity undertaken by UNICEF in 2020.

In terms of lessons-learned, it has been found that a well-coordinated NFI provision directly delivered at *woreda* level, especially in an effort to control cholera outbreaks in IDP camps, has been an effective strategy. In addition, UNICEF has closely worked with other WASH partners through the WASH cluster coordination platform including Save the Children International, World Vision, Action Against Hunger (AAH) and the Norwegian Refugee Council (NRC) or SWAN consortium, which has enabled an efficient utilization of resources.

In terms of challenges, due to movement restrictions at the beginning of the COVID-19 outbreak, activities at the local level was suspended for a while, which affected civil works of water supply systems in multiple locations. Face-to-face hygiene promotion sensitization trainings were likewise halted, as a result of the national ban on trainings and mass gathering events. In addition, a volatile security situation, in Oromia in particular, has restricted water supply construction activities by contractors, which has had an impact on the speed of completion of some of the concerned projects. The unstable security environment arising from intercommunal violence in other regions such as Tigray, Benishangul-Gumuz, Somali and SNNP has also hampered emergency assessments and has impeded progress on some water supply schemes.

### WASH Cluster

As the WASH cluster lead agency, UNICEF has continued to be engaged on advocacy and resource mobilization for WASH emergency responses throughout 2020, by working closely with the Ministry of Water, Irrigation and Energy (MOWIE) to strengthen the dialogue within the development sector, including with the One WASH National Program (OWNP) focusing on how to address the needs of chronically drought-affected communities with more resilient programs/durable solutions, with the intent of breaking the cycle of yearly emergency responses. Apart from UNICEF and government there were 45 partner organizations in the cluster. The cluster has updated two key standard documents in 2020 with strong commitment from Technical Working Groups (TWGs). These are “The Emergency WASH Response Minimum Standard” and ‘WASH NFI Guideline’. In relation to the HAC indicators, the cluster has achieved very high results: over 3 million people have been reached with water treatment chemicals; over 10 million have been reached with key messages on hygiene practices; nearly 3 million people have been able to access sufficient quantity of safe water for drinking, cooking and personal hygiene and half a million people have been able to access appropriate sanitation facilities. According to OCHA’s financial tracking service (FTS) WASH cluster has been funded 29.4% of its Annual requirement. In addition, during the reporting year, with the newly launched Open Defecation Free Campaign, UNICEF and the WASH cluster have continued to provide emergency sanitation like trench and semi-permanent latrines to prevent open defecation and the spread of diseases. The WASH cluster had also taken an active role in mapping partners’ presence to respond to COVID-19, in sharing resources to help partners integrate COVID-19 RCCE measures into ongoing humanitarian responses as well as in providing key inputs into technical guidelines, such as on an NFI technical note, to include COVID-19 precautions.

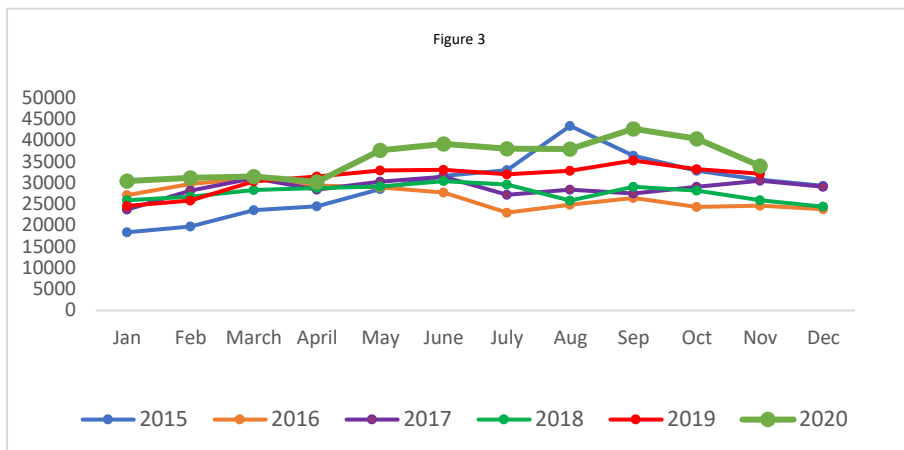


### Nutrition

In 2020, the emergency nutrition response has focused on the treatment of SAM cases and on the provision of Vitamin A supplements. From January to November 2020, SAM admissions have increased by up to 13.5 per cent when compared to the same period in 2019. Cumulatively, a total of 401,914 children including 8,720 refugee children, were admitted based on November 2020 therapeutic feeding programme (TFP) data and this represents 87 per cent achievement of the 2020 HAC target of 459,565. By the time December 2020 data shall be reported, the target should have been achieved. Overall SAM cases for 2020 have increased particularly since May (see Figure 3 above) due to the influence of several factors and crises including desert locust infestation, COVID-19, disease outbreaks, conflict-induced displacement, flooding and other climate change influenced food security shocks. The outbreak of armed conflict in Tigray region and the concomitant displacements to both Afar and Amhara regions have worsened the humanitarian situation in the country and are likely to drive up the need for SAM treatment among IDPs and refugees in

these regions. The performance indicators for the reporting period were within the SPHERE minimum standards of cured cases (89.9 per cent), defaulted (1.7 per cent) and died (0.2 per cent or about 800 children). The proportion of SAM cases admitted in Stabilization Centres (SCs) because of medical complications requiring inpatient care has been above 11 per cent across the country and actions towards improving early identification and timely referral needs to be intensified.

In addition to SAM treatment, UNICEF also supported the supplementation of vitamin A in the selected areas for the HAC target of 1,271,985 children. As a result, a total of 793,975 children were supplemented with Vitamin A, reaching 62 per cent of the planned target. The COVID-19 related restrictions affected service delivery for this activity. A number of constraints contributed to this low achievement including the Covid19 induced restrictions that impacted on optimal programme response. One of the milestones for UNICEF in 2020 has been the setting up of a comprehensive monitoring system using the open data kit (ODK)-supported end user programme (EUM) system.



The programme monitors the emergency response in the context of COVID-19 and a total of 1,284 registrations were conducted across the country. The EUM evaluated nutrition specific services in 583 health facilities and reported with the following findings: 91.3 per cent have proper admission, 84.2 per cent have proper discharge criteria, 78.6 per cent have proper SAM management, and only 5.3 per cent were none of the above. With respect to WASH, 46.8 per cent have water access, 61.1 per cent of the people have waste disposal, 73.8 per cent have latrine and handwashing facilities, and 10.5 per cent none of the above, which indicate more work around WASH services are still needed particularly around water access and waste management. In addition to the EUM monitoring system, UNICEF has also conducted [18 SMART surveys](#) throughout the reporting period as follows: Afar (four), Amhara (two), Oromia (five), Somali (four), and Tigray (three) from January to March 2020. Only one survey was conducted in Afar in September 2020 while following COVID-19 prevention regulations. The results of the surveys ranged from global acute malnutrition (GAM) levels of 19.5 per cent (16.0 - 23.5 95 per cent Confidence Interval (CI)) from Ararso *woreda* in Somali region to the lowest of 3.9 per cent (2.3 - 6.6 95 per cent C.I) in Chiro *woreda* in Oromia region. Overall, three of the survey results were classified as normal (GAM below 5 per cent), three as poor (GAM between 6 per cent and less than 10 per cent), and 11 as serious (GAM above 10 per cent).

In the reporting year, UNICEF has managed to meet the needs of Ready to Use Therapeutic Food (RUTF) across the country. A total of US\$25 million worth of (RUTF (US\$ 23,816,961), F-100 (US\$ 624,600) and F-75 (US\$ 566,060)) was purchased by UNICEF with support from donors in 2020 and a gap of less than 2 million was experienced with respect to therapeutic foods and milks. Furthermore, 24,469 cartons of High Energy Biscuits (HEBs) worth US\$333,512 were distributed to all the regions according to need as follows – Oromia (5,000), Tigray (7,600), Afar (2,000), Amhara (3,000), SNNP (700), Somali (2,169), Gambella (500) and Benishangul-Gumuz (1,000). Assuming that 32 children could be fed by one carton in a single day, up to 55,000 children could be supported in two weeks from this amount of HEB. However, it is expected that less children were supported as older children and pregnant and lactating women eat more 100g pieces per day. In addition, throughout 2020, at least 6,000 health workers and health extension workers have been trained in Amhara and Benishangul- Gumuz regions for improving their knowledge of the components of community-based management of acute malnutrition (CMAM), outpatient therapeutic feeding (OTP), SCs and targeted supplementary feeding programmes (TSFP). UNICEF has also provided technical and financial support to the roll out the revised National Acute Malnutrition Guidelines in the country including capacity building of health workers for its effective roll-out. In addition, health workers and health extension workers have been sensitized on the updated acute malnutrition guidelines, including admission based on new mid-upper arm circumference (MUAC) cut off points.

UNICEF is taking leadership in prevention of malnutrition along with the treatment of the same. Several steps are being taken to ensure a robust prevention undertaking. For instance, analysis of the cost savings through prevention as compared to treatment has been done and a [peer reviewed publication](#) has been done by UNICEF Ethiopia. Furthermore, UNICEF is collaborating with other UN agencies at global and local level to prevent malnutrition on the one hand and reduce treatment on the other.

The response to malnutrition was faced with a number of challenges and gaps ranging from low screening coverage, delay to update the TFP database in line with the updated acute malnutrition guidelines, an overwhelming response needs for IDPs and shortages of SC kits. Also, adherence and maintaining quality of the national SAM protocol in supervised and visited TFP sites is sub-optimal in some of the visited facilities. This is further worsened by shortage of funds to cascade the training in the new management of acute malnutrition guidelines further. Finally, conflict and COVID-19 have constrained the implementation of the nutrition programme.

## Nutrition cluster

UNICEF leads the Nutrition cluster that is integrated in the NDRMC Emergency Nutrition Coordination Unit (ENCU) and in 2020 continued to provide a strong coordination platform as well as technical leadership for effective emergency nutrition response. The ENCU/nutrition cluster and its 22 active partners comprising of Government institutions (NDRMC, MOH, the Ethiopian Public Health Institute/EPHI), UN Agencies, national and international NGOs, humanitarian donors, have contributed to supporting and maintaining life-saving nutrition services delivery, informing humanitarian response planning and strategies, and as well a building capacities on Nutrition in Emergencies (NiE) and Nutrition Emergency Preparedness and Response Planning. Indeed, in 2020 with support from UNICEF an NiE training<sup>14</sup> was organized in February 2020 targeting 26 participants from MOH, EPHI, NDRMC, UNICEF, WHO, UNHCR, Federal and Regional ENCU, Action Against Hunger, CARE, GOAL, Mercy Corps, MCMDO, IMC and Plan International. In addition, the ENCU/nutrition cluster established a COVID-19 Task Force that developed a set of recommendations on emergency nutrition and COVID-19 to support the continuation of life-saving nutrition interventions, while limiting the human-to-human transmission of the coronavirus<sup>15</sup>. At times of acute crisis such as the floods that severely impacted Afar Region notably, the ENCU/Nutrition cluster supported to development of Flood response plan both at national and sub-national levels. In 2020, there were also efforts put in supporting Regions developing Nutrition Emergency Preparedness and Response Plan to anticipate for conflict-induced crisis and / or drought-induced emergency. The ENCU/nutrition cluster continued to use the Multi-Agency Nutrition Task Forum (MANTF)<sup>16</sup> co-chaired by NDRMC and the UNICEF Nutrition Cluster Coordinator as one of the means to coordinate the emergency nutrition response and the ENCU team both at Federal and Regional level continued to support the monitoring of the Nutrition situation and response<sup>17</sup>. The ENCU/Nutrition cluster also supported the NDRMC hotspot *woreda* classification exercise that will contribute to identify *woredas* of most severe concerns or Priority 1 *woredas* where multi-sectoral assistance must be scaled-up in the next six months<sup>18</sup>. The 2020 Nutrition Cluster Coordination Performance Monitoring (CCPM) exercise conducted jointly with Humanitarian Nutrition Partners indicated overall satisfactory to good performances against core cluster objectives and functions<sup>19</sup>.



## Child Protection

Child protection activities during the reporting year have continued to focus on the provision of psychosocial support services (PSS), GBV risk mitigation and response measures, as well as access to family tracing and re-unification services and alternative care provision for unaccompanied and separated children (UASC) affected by various humanitarian crises. Both PSS and UASC related interventions are critical components of the Humanitarian Core Commitments for Children (CCCs) for child protection related interventions. UNICEF has likewise supported the Government in ensuring the continued delivery of child protection services in emergency contexts through a coordinated case management system, led by a qualified social service workforce, who have been equipped with the necessary PPE and self-care messages to prevent COVID-19 transmission while on duty. In the case of migrant children particularly, such services have included profiling and registration on arrival in the quarantine centres, conducting detailed needs and vulnerability assessments, provision of psychological first aid (PFA), referral for Mental Health and Psychosocial Support (MHPSS), facilitating family tracing and reunification, and engagement with relevant local child protection authorities for post-reunification follow-up support in the places of origin.

In terms of results against the child protection HAC indicators, a total of 49,607 children have received PSS (51 per cent of the target) support, including through structured socio emotional learning sessions with packages contextualized for Ethiopia in partnership with Save the Children International. In addition, 1,819 UASC have been provided with the needed family tracing, reunification, and alternative care arrangement support. This result is considerably below the target (20 per cent of the target), which can be attributed to the impact of COVID-19 pandemic, whereby service providing institutions were operating with less capacity and a noticeable under-reporting of cases that received services has been observed. Finally, an overachievement of 110 per cent has been obtained for the GBV risk mitigation and response activities with a total of 130,994 people reached through various interventions including, referral to appropriate services (such as health, psychosocial and legal) for GBV survivors and GBV risk mitigation messaging.

In terms of challenges, schools and child-friendly spaces had been closed since late March until October-November to contain the spread of COVID-19. As a result, children had limited access to socialization and physical contact, which are critical for their psychosocial wellbeing, protection and development. The closure of these platforms has also created the risk of an increased exposure to violence and harmful practices such as child marriage<sup>20</sup>. In addition to these challenges linked to COVID-19, ongoing conflicts and natural hazards such as floods have continued to pose additional burdens for the children in affected areas in terms of their protection needs, as well as hampering humanitarian access and impacting the continuity of protection related needs assessment and response activities in the affected regions. The lack of response services for GBV survivors at IDP sites has also posed some challenges to the protection response, as reported cases had to be referred to the *woreda* and zonal capitals to access services, while a general under-reporting

<sup>14</sup> NiE training report available [here](#)

<sup>15</sup> Covid-19 and Nutrition recommendations available [here](#)

<sup>16</sup> MANTF meeting minutes can be found [here](#)

<sup>17</sup> Monthly synopsis monitoring SAM and MAM beneficiaries and trends are available [here](#)

<sup>18</sup> July 2020 NDRMC Hotspot Woreda Classification report available [here](#)

<sup>19</sup> 2020 Nutrition CCPM report available [here](#)

<sup>20</sup> See for instance the article at: <https://news.trust.org/item/20200514172721-h89d6/>



of child protection cases has been observed, which can be potentially due to the COVID-19 related restrictions imposed for the most part of the year.

### **Cross-Sectoral Integration of GBV Risk Mitigation Activities**

Mainstreaming GBV across all sectors is another key component of the Core Commitments for Children linked to child protection related interventions. Accordingly, in the reporting year, significant effort has been made to ensure that all programmes have been delivered with consideration for gender, including through the introduction of a specific indicator capturing integrated GBV risk mitigation measures implemented across all sectors beyond the traditional child protection activities on GBV. Therefore, in addition to the previously mentioned result under the child protection section of 130,994 people reached through GBV risk mitigation and response interventions, an additional 509,320 people in Tigray and SNNP regions have received GBV risk mitigation interventions. These include messages to prevent and mitigate GBV including broadcasted through television in Tigray and a total of 8,927 people in SNNP who have benefited from having their risk to GBV exposure reduced by bringing water closer to the communities through water pipe extension works. Furthermore, in Amhara region, key messages on GBV risk mitigation have been provided to 8,178 permanent direct support (PDS) and temporarily direct support (TDS) individuals participating in the PSNP. This has been done by community level social workers during regular household follow-up visits.

Despite these achievements, the lack of established referral systems for GBV survivors remains a challenge for the integration of GBV in Emergencies (GBVIE) with other sectors. Several regions in Ethiopia are constrained by insufficient existing capacity and infrastructure, especially outside of urban areas, and are unable to provide accessible quality GBV health, psychosocial and safety services. This affects UNICEF supported sectors' possibility to successfully link up GBV survivors with adequate care and services and remains an area of further work moving forward.

### **Child Protection Area of Responsibility**

UNICEF co-chairs together with UNFPA and the Ministry of Women, Children and Youth (MOWCY) the CP/GBV AOR. As part of its mandate, the AOR has been actively involved in strategic planning and coordinated response provision to emergency situations, including flood and conflict related disasters and displacements throughout 2020. In terms of cluster level results against the HAC 2020 indicators, a total of 48,935 children has received PSS support, while 1,967 UASC have been able to access family-based care or appropriate alternative services. In addition, a total of 196,377 women and children have been reached with GBV prevention and response interventions.

As COVID-19 was a significant humanitarian crisis in 2020, like all other clusters, the AOR was actively involved in the COVID-19 coordination mechanisms together with the Inter-Cluster Coordination Group (ICCG). One of the major products of the AOR in this regard has been the production of a contextualised internal guidance note to support partners in integrating COVID-19 into their programming, in line with international guidelines from the Global Alliance for Child Protection in Humanitarian Action and UNICEF<sup>21</sup>. The AOR together with UNOCHA and other clusters has also provided inputs for the inter-sectorial assessment of quarantine facilities and the revision of SOPs for returning migrants.

The AOR has also contributed to the national flood response plan and worked on the prioritization, review and selection of proposals for the Ethiopian Humanitarian Fund (EHF) 2020 allocations. Together with members of its Strategic Advisory Group, the AOR has worked on its own strategy. It has also supported the needs assessment and analysis of child protection risks, needs and gaps for the 2021 HNO. Another key activity by the AOR has been the implementation of a short survey to gather feedback from 15 partners on the impact of COVID-19 on safe spaces for children programming and PSS and for identifying any ongoing gaps and challenges<sup>22</sup>. Moreover, in the latter part of the reporting year, the AOR has been actively involved in the emergency preparedness, planning and coordination for the Tigray response, together with UNOCHA and the ICCG, including through the coordination of CERF and country-based pooled funds for child protection; the initiation of RRM and multisectoral response programming; and the participation in inter-agency multisectoral rapid needs assessments conducted in December in Tigray and Afar<sup>23</sup>.



### **Education**

The UNICEF education response for the 2020 HAC has sought to increase access and the provision of quality education to crisis affected school-aged boys and girls through an inclusive, safe and protective learning environment by enhancing their formal and non-formal learning opportunities. Despite a shortage in funding (the sector was only 45 per cent funded), UNICEF and its partners<sup>24</sup> have managed to achieve a 52 per cent of the target, with a

<sup>21</sup>COVID-19 relevant CP materials can be accessed through the Global Child Protection AOR resource menu for COVID-19 at: <https://www.cpaor.net/COVID-19>

<sup>22</sup>Most of the child protection partners that responded to the survey (87 per cent) had established alternatives MHPSS activities through community based MHPSS support and home visits, while they reportedly suspended child friendly spaces activities. The vast majority of the partners (62 per cent) also felt that guidance (from local authorities and/or their organization) on how to adapt safe spaces in a safe way was insufficient, and identified need for further guidance and materials on how to re-open safe spaces, as majority of partners stopped operating them due to COVID-19. The partners responding to the survey also reported increased CP/GBV risks since COVID-19 outbreak in Ethiopia, including of child marriage (73 per cent), domestic violence (67 per cent), sexual violence (47 per cent) and harassment/psychological abuse (47 per cent) – the information has been used by the AOR to strengthen CP/GBV response to reduce the impact of COVID-19 on children, including in the 2021 HNO and HRP planning.

<sup>23</sup>The assessments identified serious child protection concerns, including number of UASC, increased risks of GBV and resorting to negative coping strategies (i.e. child marriage, child labor) and violations of children's rights as well as negative mental health and psychosocial impact of the conflict on IDP and host community children and families.

<sup>24</sup>UNICEF's education response partners have included World Vision, Global Geneva Ethiopia, Imagine One Day, Voluntary Services Overseas (VSO), as well as Government counterparts such as Oromia Regional Education Bureau (REB), Afar REB, Benishangul-Gumuz REB, SNNP REB and Amhara REB.

total of 180,917 children being able to access formal and non-formal learning opportunities by the end of 2020, with UNICEF support. Additional activities undertaken in the reporting year include psychosocial and emotional support training, which was conducted for 743 primary school teachers (184 female) in Oromia, Somali and SNNP regions with VSO and with UNICEF financial support<sup>25</sup>; the development of an interactive PSS and emotional learning (SEL) programme, with VSO, which has been contextualized in local languages for Colleges of Teacher Education (CTEs), schools and parents based in Oromia, Somali and SNNP regions<sup>26</sup>; the UNICEF and Geneva Global Ethiopia-led speed school programme in Oromia<sup>27</sup>; and the UNICEF-World Vision provision of life skills education for 520 primary school children (275 girls) enrolled in 137 schools in Oromia. To support emergency-hit areas, in the last quarter of 2020, UNICEF supported the provision of emergency education supplies such as school and recreational kits, Early Childhood Development kits, as well as school tents (15) in order to reach estimated 129,900 children in Afar, Benishangul-Gumuz, Oromia, and SNNP. In December 2020, UNICEF also finalized partnership agreements with Geneva Global Ethiopia and World Vision Ethiopia to implement Education Cannot Wait Multi Year Resilience Programme seed funding project activities to support access to quality education for displaced and emergency-affected children in Amhara and Oromia regions.

To reach those children that do not have access to TV and support MOE to ensure safe school reopening, UNICEF has also supported the provision of 20,000 solar radios (for about 70,000 children), and 800 prototype handwashing stations and WASH packages for over 3,500 schools. UNICEF also assisted MOE to develop and disseminate COVID-19 information / communication booklets to reach over 407,000 teachers. Protracted and newly emerged conflicts within and between regions, as well as natural hazards continue and need for emergency education assistance for displaced and emergency-affected persisted throughout 2020, and COVID-19 pandemic has further deepened these already existing vulnerabilities exposed children to serious risks including physical, emotional and sexual violence, increased risk of mental distress, the risk of teenage pregnancy, child marriage, violence and other threats and putting additional pressure on over-stretched education sector.

In terms of challenges, in addition to the burden introduced by COVID-19 in terms of detrimental learning outcomes for all school children including those in displacement settings, the numerous other complex emergencies previously mentioned including conflicts and flooding, have jeopardized education related activities across the country. In relation to COVID-19, prior to school re-opening, only 5 million children had access to distance learning, among whom IDP and refugee children make up a very small proportion. Once schools re-opened, the data from eight regions is showing only an 89 per cent re-enrolment, implying many children may risk being permanently cut-off from accessing their basic right to education, learning and development. On the other hand, as a result of recent conflicts such as the one in the Tigray region, a total school closure has put 1.3 million out of school; while, due to the ongoing conflict in Metekel zone in Benishangul-Gumuz, in addition to further displacements, the re-opening of 210 preschools, 201 primary schools, 31 secondary schools and nine Alternative Basic Education Centres has been affected hindering the re-enrolment of 98,628 school children. In Konso zone of SNNP region, a total of 34,670 school-aged children have been affected due to the closure of 98 schools as a result of the ongoing conflict. Access restrictions due to these emergencies have likewise hampered the assessment of educational needs, while the persistent lack of adequate funding and supplies, shortage of education staff coupled with restrictive COVID-19 protocols, have challenged the overall education response.

In terms of lessons-learned, strengthening the convergence of education with other UNICEF sectors, especially with WASH and child protection to provide holistic durable solutions for emergency affected vulnerable children is seen as a critical point of action for 2021. At the same time, more sustained funding, a strengthened cluster coordination system, capacity building at internal and external levels (such as for teachers in conflict affected areas) will be key to an effective response, in addition to the procurement of basic educational materials for IDP/returnee children and the establishment of standard TLS innovative tents where there are overcrowded classes. Advocacy for the rapid rehabilitation of damaged primary schools' facilities and for the re-opening of IDP occupied schools in conflict-affected areas will also be important activities moving forward.

### **Education in refugee settings**

The schools' closure due to COVID-19 led to the closure of 89 preschools, 60 primary schools and 16 secondary schools in refugee camps in Gambella, Benishangul-Gumuz, Afar, Somali and Tigray regions, disrupting the education of 202,195 refugee children (84,506 female). As part of the national and subnational Ministry of Education (MOE) COVID-19 response plans, UNICEF directly and through partners supported 59,292 (41 per cent girls) refugee and host community children in primary schools to access distance education via TV and radio through the development and broadcasting of education content as well as provision 19,764 solar-powered radios with USB capacity. UNICEF procured innovative hands-free hand washing stations, water tanks and other hygiene supplies for distribution to 113 (41 in refugee camps) primary schools across the five regions to reopen safely as per the MOE and MOH guidelines. While distribution and collection of data on beneficiaries is ongoing, these interventions will benefit an estimated 160,000 (108,000 refugee) primary school children. While refugee schools in other regions re-opened and resumed teaching

<sup>25</sup> The aim of this activity was to build the capacity of teachers to support 37,150 conflict affected IDP/returnee and host schoolchildren by identifying post-traumatic stress disorders and exploring adaptive behaviours for children

<sup>26</sup> The tools have aimed to improve the resilience of over 4,000 primary school age IDP children (7-14 years), 35,000 teachers and parents/caregivers including on how to understand children's trauma, anxiety and fear due to emergency and on how to manage these feelings while also promoting self-confidence and learning.

<sup>27</sup> A total of 6,750 IDP school age children (3,158 girls) enrolled in this innovative and accelerated learning programme through the provision of pedagogical training to 62 facilitators (18 female) as well as the establishment of 225 TLS and provision of teaching and learning materials.

and learning, an estimated 12,274 (5,830 female) pre-primary, primary and secondary school children in the four camps in Tigray (Mai-Ayni, Mai-Tsebri, Hitsats and Shimelba) remained out of school due to the conflict in the region.

UNICEF and UNHCR developed a joint program (Blueprint) which identified expansion of school infrastructure, provision of teaching and learning materials and other supplies, provision of capitation grants, capacity building of teachers, school managements and education staff, implementation of skills development programs and strengthening coordination as critical interventions to improve coordination and partnership in delivery of education services for refugees and host community children. Building on the blueprint, and to address the exclusion of refugee education from national systems, UNICEF provided financial and technical support to the MOE to develop a new Education Law that now recognizes refugee children's right to education, as well as a refugee-inclusive Education Sector Development Program (2020 – 2025). Both documents are under finalization and approval. For the fourth successive year since 2016, UNICEF supported the national and subnational the MOE to collect, analyse and publish refugee Education Management Information System (EMIS) data alongside host community schools' data, providing readily available and reliable data for planning for development as well as implementing partners.

### Education cluster

In 2020, UNICEF, as a co-lead of the education cluster, has provided technical support to the MOE in relation to emergency coordination and response. At cluster level, the result for the HAC indicator of providing formal and non-formal learning opportunities for crises-affected children is quite high, standing at an 88 per cent completion rate against the targeted number of children, with 1,143,967 children having been able to access formal and non-formal learning opportunities. In addition, UNICEF has provided technical support to the MOE to develop the COVID-19 preparedness and response plans and it has supported the development of Safe School Operation Guidelines and procedures in response to the pandemic. The response plan has also been referred to in developing funding proposals for pooled funding (EHF) and in seeking support for funds from Global Partnership in Education (GPE). UNICEF and its partners have also supported distant learning for children affected by school closures. The cluster has likewise supported the refugee education working group in the grantee selection process in which ECW leveraged the role of the cluster to coordinate and award US\$2.8 million for First Emergency Response funds (ECW FER) for an education COVID-19 response targeting refugees and another US \$1.0 million for IDPs and host communities. The cluster has likewise been involved in the humanitarian response planning for the 2021 HNO and in terms of anticipatory action, in collaboration with its partners, the cluster has proposed anticipatory actions targeting at least 27,500 school aged boys and girls, including the provision of water and water reservoirs in affected schools as well the provision of vulnerable parents/guardians with cash to ensure their children are retained in school and attend regularly. In addition, the cluster has implemented capacity building activities in addition to preparing the Education in Emergencies (EiE) strategy document.

### Social Protection

Cash transfer programs have become part and parcel of emergency related interventions, in order to meet the survival and recovery needs of the most vulnerable children and families affected by emergencies, while giving families the flexibility to make their own choices and support local markets. Cash transfer programs are at the heart of the UNICEF Core Commitments for Children as well. In line with this trend, during the reporting period, with the financial support from SIDA, UNICEF contributed US\$ 3,152,414 to the PSNP Contingency Fund. This support was provided as cash transfers to 54,255 PSNP clients (13,564 households) in Amhara; 351,813 clients (87,953 households) in Oromia; 23,032 clients (5,758 households) in SNNP; and 7,800 clients (1,950 households) in Tigray. This brings the total number of PSNP clients who have received cash transfers through the HAC response in 2020 to 436,900 or 109,225 households across these four regions. Overall, the Contingency Fund mechanism has been an important addition to PSNP for dealing with shocks, but as with the normal PSNP transfers, does face some challenges around timeliness of payments.

### Communication for Development

Providing life-saving information to children, women and community change makers has been a key focus of the Communication for Development (C4D) activities for this year. C4D products have focused on ensuring that beneficiaries are aware of the services available and how to access them as well as supporting the adoption of healthy and protective behaviours, essential for ensuring the effectiveness of health interventions at both community and individual levels. Key to this approach was UNICEF's direct technical support to the MO in the management and prevention of various disease outbreaks. While a significant focus has been on COVID-19, technical support has also been provided to address other disease outbreaks including cholera, measles, and polio in the affected regions. The achievement of these activities is higher than the planned target, as over 1.69 million people have been reached (114 per cent) with key lifesaving/behavior change messages to prevent disease outbreaks; promote immunization as well as good nutrition practices.

A key intervention has been supporting health care extension workers and influential community members, such as religious leaders, to deliver accurate and supportive information to facilitate vaccination campaigns for measles and polio. Similarly, UNICEF has supported hygiene promotion activities in cholera affected *woredas* in Oromia, SNNP, and Somali regions. These hygiene promotion activities have been done by health extension workers and hygiene promoters, who were equipped to deliver correct preventative information through door-to-door educational activities,

and interactions that allow for interpersonal communication. Preventative messages encouraging correct hygiene practices, such as washing hands have been broadcast through mass media and mobile vans, with UNICEF's financial support. The disease related messages were also delivered through distribution of materials, as well as via local media broadcasts using the local language/s. In some instances, cholera messages were integrated with COVID-19 and have been delivered to affected communities, including IDPs in Oromia and flood affected people in West Guji and East Shoa. 67,237 refugees in Gambella have likewise been reached through these C4D activities. For nutrition related messages, UNICEF has supported the MOH to develop messages on nutrition in the context of COVID-19 specifically and on safe feeding and healthy diets. Additional content has been developed focusing on optimal infant and young child feeding (IYCF). Furthermore, UNICEF has provided technical support to the development of the cholera elimination plan which had RCCE as one of its pillars.

The main challenge for C4D related activities during 2020 has been the focus on COVID-19 by Government officials and community platforms, particularly in the first part of the year, which has delayed responses to other health outbreaks such as cholera and measles. Furthermore, with regard to the COVID-19 response, it has been a challenge to engage with communities due to the lack of sufficient quantities of PPE for volunteers and community workers, while the level of adherence to the precaution protocols has been waning towards the end of the reporting year in alarming manner, increasing the risk of a persisting and a wider and continuing spread of the pandemic across the country in 2021. UNICEF has partnered with VIAMO<sup>28</sup> to assess changes in knowledge, perception, and practice to prevent the spread of COVID-19 as a result of behavior change and communication initiatives supported by UNICEF. The assessment findings (reports [one](#) and [two](#)) is being used to inform a strategic shift in UNICEF's supported RCCE interventions for additional positive impacts.

### Human Interest Stories and External Media

Throughout 2020, UNICEF Ethiopia has produced an extensive number of advocacy and awareness raising products on the situation and needs of children, women and their communities affected by humanitarian crises. These media assets (see Annex C on page 12) have been shared regularly with external audiences through multiple media, digital and multi-media channels, in support of audience awareness raising, engagement and resource mobilization efforts. As a result, in the reporting period, UNICEF Ethiopia has significantly increased its digital reach through diversified content and by regularly sharing risk communication materials including on COVID-19 prevention, gaining more than 202,000 new followers, more than 49 million impressions (30 million were reached through digital platforms such as Facebook, Twitter, Instagram, YouTube and LinkedIn) and nearly 1,345,200 engagements.

A significant proportion of these communication and advocacy products have focused on COVID-19<sup>29</sup>. Among other highlights are [photos](#), [stories](#) and [video](#) assets which have focused on the successful national measles vaccination campaign. In February, extensive media coverage was received on the ECW's Director's visit to Oromia and Somali regions which was followed by the launch of ECW in Ethiopia and a [grant announcement](#) and a press conference. Another set of communication products have featured UNICEF Ethiopia's support to flood-affected communities and children in Afar through [health services and WASH supplies](#) as well as through [school re-opening](#). Content has also been developed to show every step of the distribution from production as RUTF is procured and distributed to the most-hard-to-reach parts of the country to cover the needs of children including as it reaches them at health posts. This content has been disseminated through [video](#), [story](#) and [photos](#). In addition, since November 2020, communication efforts have been focused on the emergency response in Tigray, Amhara and Afar regions linked to the conflict in the Tigray region. With limited access, four statements, listed were released by UNICEF headquarters calling for humanitarian access and restoration of peace for the protection and safety children: [UNICEF statement on the situation in the Tigray region of Ethiopia; 2.3 million children in Tigray need humanitarian assistance, as thousands flee across border into Sudan](#); [Threat of further escalation in Mekelle, Ethiopia, puts children's lives at risk](#); and [Millions of children in Tigray remain out of reach, despite access agreement](#). With access granted, through interagency missions to the region, several contents were shared on UNICEF Ethiopia's Tigray response focusing the [provision of supplies](#) in the region [through its partners to IDPs](#).

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<sup>28</sup> VIAMO is a research company.

<sup>29</sup> Several media products including on how COVID-19 impacts children's [nutrition](#), [protection](#), [access to education](#), as well as [social media content](#) focusing on the national Community Based Action and Testing (ComBAT) campaign, and [other social media efforts focused on safe school re-opening](#), have generated high levels of engagement among millions of UNICEF's media followers.

## Annex A Summary of Programme Results

		Cluster/Sector Response			UNICEF and IPs		
Sector	Overall needs	2020 target	Total results	Change since last report	2020 target	Total results	Change since last report
<b>Nutrition</b>							
Number of children 6-59 months affected by SAM admitted for treatment*	544,000	443,638	393,094	▲ 193,920	459,565	401,814	▲ 202,640
Number of children 6-59 months receiving Vitamin A supplementation**					1,271,985	793,975	▲ 327,676
<b>Health</b>							
Number of medical consultations in priority locations (Afar and Somali regions) ***					460,000	463,766	▲ 169,333
Number of people affected by cholera with access to life-saving curative interventions					10,000	10,942	▲ 2,822
Number of children immunized against measles					160,000	23,539	▲ 15,140
Number of people with access to health care facilities stocked with emergency drugs and supplies for 3 months					250,000	315,000	▲ 225,000
<b>WASH</b>							
Number of people have received water treatment chemicals	7,000,000	4,200,000	3,321,922	▲ 1,894,307	2,650,000	1,894,307	▲ 453,137
Number of people reached with key messages on hygiene practices	6,980,000	5,224,000	10,220,101	▲ 8,690,819	2,650,000	8,690,819	▲ 2,838,114
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene. Principally through durable, long lasting infrastructural investments	5,280,000	1,738,000	2,907,569	▲ 1,723,228	1,060,000	1,002,997	▲ 342,953
Number of people accessing appropriate sanitation facilities	971,000	583,000	526,535	▲ 72,514	100,000	72,514	▲ 9,755
<b>Child Protection</b>							
Number of children provided with PSS, including access to CFSs with multisectoral programming interventions	142,000	110,000	48,935	▲ 12,232	96,250	49,607	▲ 16,116
Number of unaccompanied and separated children accessing family-based care or appropriate alternative services	47,000	10,000	1,967	▲ 834	5,570	1,819	▲ 1,188
Number of women and children accessing GBV prevention and response interventions	1,164,000	270,000	196,377	▲ 57,274	118,750	130,994	▲ 42,784
<b>Education</b>							
Number of children accessing formal or non-formal education	1,645,521	1,300,000	1,143,967	▲ 1,100,000	345,521	180,917	▲ 136,950
<b>Social Protection</b>							
Number of households receiving cash transfers					1,100,000	109,225	
<b>Communication for Development (C4D)</b>							
Number of people reached with key lifesaving/behavior change messages to prevent disease outbreaks; promote immunization, good nutrition practices					1,490,000	1,695,623	▲ 484,501

\* SAM reporting is delayed by one month.

\*\* Vitamin A supplementation has been affected by the Covid19 restrictions and reporting could also be delayed.

\*\*\* MHNT report is delayed by one month.

## Annex B - Funding Status

Appeal Sector	Requirements	Funds available US\$		Funding gap	
	US\$	Funds Received Current Year	Carry over*	\$	%
Nutrition	45,994,917	27,072,260	11,613,041	7,309,616	16%
Health	11,997,504	4,898,617	476,374	6,622,513	55%
WASH	47,262,404	14,997,803	1,737,302	30,527,299	65%
Child Protection	9,378,579	4,827,414	1,077,663	3,473,502	37%
Education	15,589,281	710,483	31,059	14,847,739	95%
Social Protection	9,158,400	3,404,607	0	5,753,793	63%
<b>Total</b>	<b>139,381,085</b>	<b>55,911,185</b>	<b>14,935,439</b>	<b>68,534,461</b>	<b>49%</b>

## Annex C

### Selected media products

### January-December 2020

#### Articles, Posts, Videos

1. [UNICEF and WFP launch partnership to help fight malnutrition in Ethiopia](#)
2. [A young Ethiopian migrant narrates her ordeal trying to seek a better life for her family](#)
3. [Parents too need a "time out" during COVID-19, says a trauma psychologist](#)
4. [Taking stock of children's mental and psychosocial wellbeing in Ethiopia during COVID-19](#)
5. [Ethiopia moves children from streets to shelters to stop COVID-19 spread](#)
6. [As migrants return to Ethiopia, social workers show they're essential to COVID-19 response](#)
7. [Creating awareness about COVID-19 in Ethiopia](#)
8. [In time of global pandemic, UNICEF steps up response in Ethiopia](#)
9. [Ending GBV during #COVID-19: GBV prevention and response; Child protection and violence; Gender-based violence](#)
10. [A day in the life of a nurse in times of COVID-19](#)
11. [Has COVID-19 disrupted essential health services for women and children?](#)
12. [Health workers in Ethiopia continue to provide essential maternal and child health care during COVID-19](#)
13. [Better survive COVID19 and realize my big dream says Ethiopian child-MP](#)
14. [Children pursue their passion while staying home](#)
15. [Time to do wonders on the web](#)
16. [Youth teaches children in Afar how to prevent COVID-19](#)
17. [In Ethiopia: Keeping children learning during COVID-19](#)
18. [COVID-19 Youth Empowerment Design Challenge](#)
19. [Putting hygiene at the heart of the COVID-19 response](#)
20. [UNICEF engineer designs hands-free handwashing stand](#)
21. [How to make a menstrual hygiene pad at home: Periods don't pause for a pandemic; Message from Frewein Mebratu](#)
22. [Keeping jobs, supporting livelihoods](#)
23. [Mounting worries that COVID-19 could lead to increase in child malnutrition](#)
24. [COVID-19 poses challenges in monitoring salt iodization in Ethiopia](#)
25. [COVID-19: A catastrophe for children in sub-Saharan Africa](#)
26. [Reaching children in remote areas with life-saving treatment for malnutrition](#)
27. [Solar radios help children in remote villages to learn during COVID-19](#)
28. [Last-mile distribution of nutrition supplies in Ethiopia](#)
29. [Women and water, a very personal relationship](#)
30. [#COVID-19 puts girls at greater risk of child marriage, early pregnancy & violence](#)
31. [Health workers determined to support children and mothers during COVID-19](#)
32. [#COVID19 will push an additional 140 million children below the poverty line](#)
33. [During #COVID19 & beyond: ensuring continuation of essential health services for children](#)
34. [380 oxygen concentrators provided for treatment of patients with severe #COVID19](#)
35. [Washing hands with soap and water - key to stop #COVID19](#)
36. [The detrimental impact of COVID-19 on children's education](#)
37. [A day in the life of a HEW during COVID-19](#)
38. [Betelhem Dessie talks about how she is coping during COVID-19](#)
39. [Keeping children learning during COVID-19 in Ethiopia](#)
40. [It's time for action](#)
41. [Social workers like Tirusew Getachew show they're essential to #COVID19 response](#)
42. [10 easy steps for handwashing for kids](#)
43. [UNICEF steps up response in Ethiopia amid COVID-19](#)
44. [UNICEF supporter Zeritu Kebede visits a COVID-19 isolation centre](#)
45. [Positive parenting](#)
46. [Economic empowerment for women during COVID-19](#)
47. [A press release on the Government of Japan's contribution to UNICEF's COVID-19 response](#)
48. [Pictures, stories, video and an article of a diary of UNICEF staff in the Tigray Region during the Measles vaccination campaign;](#)
49. [Social media focused on the ComBAT campaign](#)
50. [COVID-19 strengthens the case for building a social service workforce in Ethiopia](#)
51. [The case for safely re-opening schools in Ethiopia](#)
52. [Social media post on the UNICEF-led communication guidelines for safe re-opening of schools](#)
53. [Story, video, photos on solar radios for children in hard-to-reach areas](#)
54. [Press release on the provision of 380 oxygen concentrators](#)
55. [Last-mile distribution of Ready-to-Use Therapeutic Food, video, story and photos](#)
56. [Staying strong in the fight against polio](#)
57. [Key messages on adult nutrition, wearing a mask and UNICEF's humanitarian response in the context of the pandemic](#)
58. [Video on wise youth who prevent the spread of COVID-19 in their day-to-day activities](#)
59. [A TV spot on breastfeeding](#)
60. [Videos on UNICEF's COVID-19 response in Ethiopia](#)
61. [Fostering integration of host and refugee communities through access to basic services](#)
62. [A video focusing on everyday heroes highlighting the efforts made in different sectors amid COVID-19](#)
63. [A video on school reopening in Somali region on the challenges, fears and our support to the Government to ensure safe return](#)
64. [Preventing misinformation](#)
65. [Video on health worker providing essential health services during the pandemic](#)
66. [WHO, UNICEF and ROTARY reaffirm their commitment to sustain Africa's polio-free status by ensuring Ethiopia stays polio-free](#)
67. [Balancing the needs for child health during COVID-19](#)
68. [A call for young people to take action to prevent the spread of COVID-19](#)
69. [Messages on COVID-19 prevention the need to continue birth registration services and how to help children cope at the time of the pandemic](#)
70. [For the #RealLifeHeroes campaign, a nurse from Ethiopia featured by UNOCHA global communication](#)
71. [A post on Facebook on the recent US\\$4.6 million contribution as part of the initiative between the EU/IIGAD to mitigate the risk of COVID-19](#)
72. [Youth volunteers supported by UNICEF through the Ethiopian Red Cross Society \(ERCS\)](#)
73. [Ethiopia featured in the global education video on what children are looking forward to about their school re-opening.](#)
74. [Donor appreciation for their support during COVID-19](#)
75. [Post on the importance of school re-opening for girls](#)
76. [Press release on school children who are unable to access remote learning](#)
77. [Civil Registration and Vital Statistics Day Celebration in Gambella](#)
78. [A post on the need to ensure access to basic hygiene products to vulnerable communities](#)
79. [In Afar region, UNICEF supports flood-affected communities and children through health services, WASH supplies and school reopening.](#)
80. [On the Tigray crisis: UNICEF statement on the situation in the Tigray Region of Ethiopia; 2.3 million children in Tigray need humanitarian assistance: Threat of further escalation in Mekelle, puts children's lives at risk; Millions of children in Tigray remain out of reach, despite access agreement; response focusing the provision of supplies in the region through our partners to IDPs](#)