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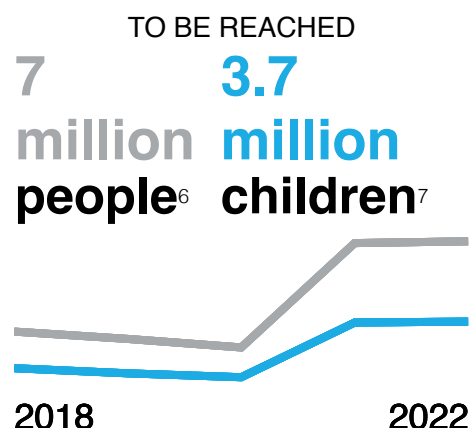
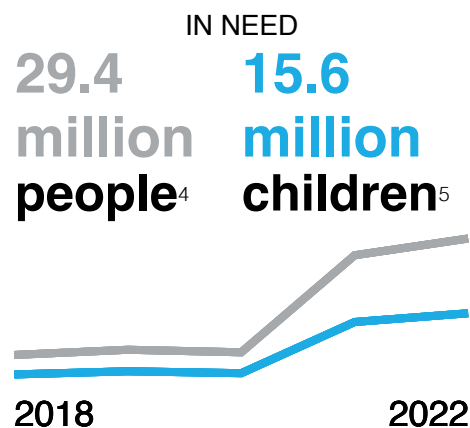
Humanitarian Action for Children

The UNICEF WASH Rapid Response Mechanism has ensured the delivery of water and other essential supplies to displaced children, women and men in Afar due to the spillover of the Tigray conflict.

Ethiopia

HIGHLIGHTS¹

- Conflict escalation in several areas, climatic shocks and disease outbreaks remain the main drivers of displacement, food insecurity and protection risks in Ethiopia. Over 29.4 million people,³ including 15.6 million children,² are in urgent need of humanitarian assistance. However, as the situation in Northern Ethiopia continues to evolve, more children are expected to suffer from the devastating impact of the conflict.
- In 2022, UNICEF continues its rapid response mechanism to deliver life-saving assistance in WASH and non-food items in hard-to-reach areas. UNICEF continues to identify and treat malnourished children and pregnant and lactating women and expand the delivery of health services through mobile health and nutrition teams; ensure rehabilitation of damaged or looted health facilities, water schemes and schools, and establishment of temporary learning/protective spaces.
- Despite operational challenges, UNICEF remains committed to stay and deliver and is appealing for US\$351.1 million to meet the increasing humanitarian needs across Ethiopia.



KEY PLANNED TARGETS



619,482

children admitted for treatment for severe acute malnutrition



3 million

children vaccinated against measles



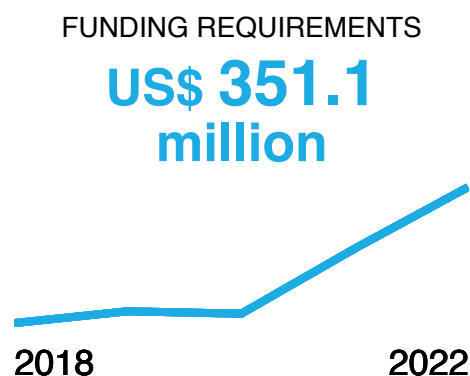
3.5 million

people accessing a sufficient quantity of safe water



187,000

children/caregivers accessing mental health and psychosocial support



Figures are provisional and subject to change upon finalization of the inter-agency planning documents.

HUMANITARIAN SITUATION AND NEEDS

Ethiopia is facing its worst humanitarian crisis in decades, impacting nearly 29.4 million lives, including 15.6 million children and 4.4 million persons with disabilities.⁸ Conflict across regions, climatic shocks and public health emergencies have significantly increased food insecurity, displacement, and protection risks, in addition to macroeconomic deterioration.

There are 4.2 million IDPs in the country, with the highest concentration in Tigray, Somali, Oromia, Amhara and Afar regions.⁹ Due to the ongoing expansions of conflict, these figures are expected to increase in 2022. Access to affected populations is limited and the presence of partners is diminishing due to insecurity and operational constraints.

Across the country, over 1.2 million children under 5 years of age require treatment for severe acute malnutrition (SAM); 1.3 million children aged 6 to 59 months are missing out on routine immunizations; 7.3 million children require emergency education assistance; 5.1 million children require emergency water and sanitation; 5.7 million women/children need emergency protection services; at least 204,500 unaccompanied/separated children need family tracing and reunification services; and nearly 5.6 million women/children need gender-based violence (GBV) services.¹⁰

In Tigray region, the conflict has impacted over 90 per cent of people. Limited staff movements, lack of access to cash, fuel and life-saving supplies have greatly hampered humanitarian operations; the prevalence of moderate acute malnutrition (MAM) and SAM in children under 5 years of age is 18 and 2.4 per cent, respectively,¹¹ exceeding global emergency global acute malnutrition (GAM) thresholds.¹²

In Amhara and Afar, the Tigray conflict expansion, combined with previous risks/hazards, has significantly driven the needs of internally displaced people, while lack of funding/partner presence has prevented the scale of response required, in particular to the heightened protection-related risks of women/girls and needs of separated/unaccompanied children.

In other regions where conflict is also active (Benishangul-Gumuz, Oromia and Somali), looting of health facilities has prevented children and women from accessing essential health and nutrition services; and damage or destruction of schools has impacted children's access to inclusive, formal education.

In Afar, Gambella, Southern Nations Nationalities and People's Region, and Sidama, the frequency and duration of flooding and droughts has increased, with a predicted low harvest and growing food insecurity.

Together with the ongoing COVID-19 pandemic across Ethiopia, the humanitarian situation in 2022 has the potential to negatively impact a decade of development gains with irreversible consequences without significant support from donors and scaled-up humanitarian action.

STORY FROM THE FIELD



Melat Ayalew, 9 years old, picks flowers inside a school compound in the town of Debark, where thousands of displaced people are staying.

SECTOR NEEDS¹³



1.2 million children in need of SAM treatment



5 million children in need of immunization services



10 million people lack access to safe water



5.7 million children and women in need of protection services



7.3 million children in need of access to school

Nine-year-old Melat Ayalew left her village of Buya after the conflict ravaged her life. The northern Ethiopia conflict has displaced hundreds of thousands of people, mainly women and children such as Melat. The north Gondar Zone of the Amhara region, which borders the Tigray region, is presently hosting over 74,000 IDPs of which Debark town alone hosts 46,000. Many IDPs are either staying with host communities or sheltering in school and overcrowded and unsanitary buildings that are still under-construction. Since the displacement started, UNICEF is on the ground providing critical lifesaving support in coordination with the regional government and NGO partners.

[Read more about this story here](#)

HUMANITARIAN STRATEGY

UNICEF will address the impact on children and women of the multiple complex crises occurring across many parts of Ethiopia through its strong regional footprint and capacity for remote community outreach. Our response leverages long-standing partnerships with government institutions and national and international non-governmental organizations to provide life-saving services for affected populations.

Scaled-up life-saving services will be provided to the most vulnerable children and their families as humanitarian needs continue to grow, while early preparedness and contingency planning will help to mitigate the worst-case scenarios.

Under Level 3 Emergency Procedures for Northern Ethiopia, UNICEF is expanding its operations throughout Tigray, Amhara and Afar regions. Through the activation of a rapid response mechanism across the country, integrated multi-sectoral responses in displacement settings, as well as through enhanced access efforts in hard-to-reach areas, UNICEF will ensure the delivery of supplies and services in areas most affected by conflict and climate shocks, and as provider of last resort where gaps in partner presence persist.

UNICEF will scale up campaigns to identify and treat malnourished children and pregnant and lactating women; expand delivery of health services through mobile health and nutrition teams; restore damaged or destroyed health facilities and schools; facilitate provision of water trucking, rapid WASH non-food item distributions, hygiene awareness and rehabilitation of water systems; ensure inclusive access to formal and informal education for out-of-school children while providing integrated, inclusive psychosocial support and protection case management; and increase the use of humanitarian cash transfers, which encompass promotion of child-focused integrated services. UNICEF will respond by leveraging its cluster leadership roles in WASH, nutrition, child protection and education.

The response will ensure a special focus on child protection and gender-based violence (GBV), addressing children victims of violence, abuse and neglect. Prevention and mitigation of GBV will be streamlined across all programme responses and accountability to affected populations will be assured through improved reporting mechanisms. Girls, boys, women and men will be meaningfully consulted and engaged in the research, design, planning, implementation and monitoring of the response through community platforms and religious institutions. UNICEF is also committed to strengthening prevention of sexual exploitation and abuse, has enhanced its reporting mechanisms, and is contributing to inter-agency efforts to establish community-based complaint mechanisms.

UNICEF's response will be informed by a conflict-sensitive approach that involves monitoring, responding and adapting to the context, including sociopolitical and ethnic dynamics, while ensuring linkages to the humanitarian–development–peace nexus to the extent possible.

Progress against the latest programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/ethiopia/situation-reports>

2022 PROGRAMME TARGETS¹⁵



Nutrition

- **619,482** children aged 6 to 59 months with severe acute malnutrition admitted for treatment
- **807,843** pregnant women receiving preventative iron supplementation
- **3,862,746** children aged 6 to 59 months receiving vitamin A supplementation



Health

- **3,006,322** children aged 6 to 59 months vaccinated against measles
- **1,161,600** children and women accessing primary health care in UNICEF-supported facilities¹⁶



Water, sanitation and hygiene

- **3,475,000** people accessing a sufficient quantity of safe water for drinking and domestic needs
- **384,000** people use safe and appropriate sanitation facilities
- **1,536,000** people reached with critical WASH supplies
- **7,000,000** people having safe access to, and use, appropriate WASH services in health care and learning facilities for children



Child protection, GBVIE and PSEA

- **187,000** children and parents/caregivers accessing mental health and psychosocial support
- **5,581,420** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions¹⁷
- **6,675,270** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers¹⁸
- **17,500** children who have received individual case management



Education

- **522,650** children accessing formal or non-formal education, including early learning
- **536,140** children receiving individual learning materials



Social protection

- **32,600** households reached with UNICEF funded multi-purpose humanitarian cash transfers



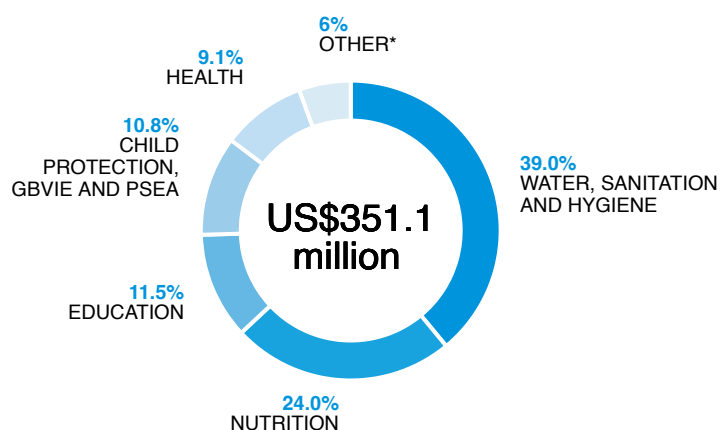
Cross-sectoral (HCT, C4D, RCCE and AAP)

- **26,114,720** people reached through messaging on prevention and access to services¹⁹
- **2,430,593** people engaged in risk communication and community engagement actions
- **589,261** people with access to established accountability mechanisms

FUNDING REQUIREMENTS IN 2022

UNICEF requires US\$351.1 million to meet the critical humanitarian needs of children, adolescents, women and men in Ethiopia in 2022. This represents an increase of over US\$100 million primarily due to the expanding conflict in northern Ethiopia, as well as increased needs due to climatic shocks, failed harvests, public health emergencies and deepening food insecurity across the country. The most significant funding increases are required for UNICEF's WASH, education and PSEA interventions, due to the costly nature of these interventions, including restoration of damaged health facilities and schools; doubling of the number of children to-be-reached; integrating PSEA interventions across all sectors; and high inflation.

This funding will enable access to hard-to-reach, conflict-affected, displaced and food insecure populations through rapid response mechanisms, mobile health and nutrition services, cash assistance, provision of essential supplies, and strategic pre-positioning of supplies across the country. It will also enable humanitarian partnerships and integrated programmes that are accountable to affected populations which extend nutrition services for children with SAM, protection-related services for girls and women, including case management and reunification of separated children with their families, inclusive learning opportunities for out-of-school children, and access to safe water and sanitation to meet immediate household needs.



Sector	2022 requirements (US\$) ²⁰
Nutrition	84,418,736
Health	31,981,073 ²¹
Water, sanitation and hygiene	136,951,117 ²²
Child protection, GBVIE and PSEA	37,759,177
Education	40,402,593
Social protection	10,186,830
Cross-sectoral (HCT, C4D, RCCE and AAP)	9,443,814
Total	351,143,340

*This includes costs from other sectors/interventions : Social protection (2.9%), Cross-sectoral (HCT, C4D, RCCE and AAP) (2.7%).

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ENDNOTES

1. UNICEF's public health and socio-economic COVID-19 response, including programme targets and funding requirements, is integrated into the standalone country, multi-country and regional Humanitarian Action for Children appeals. All interventions related to accelerating equitable access to COVID-19 tests, treatments and vaccines fall under the Access to COVID-19 Tools Accelerator (ACT-A) global appeal.
2. This includes approximately 4.4 million people with disabilities. Over 17 per cent of Ethiopia's population have a disability according to the World Health Organization and World Bank report, 'The World Report on Disability', 2011. More recently, the IOM Displacement Tracking Monitoring (DTM) Site Assessment round 26 showed that 18 per cent of the non-displaced population in need (PIN) have disabilities.
3. United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Northern Ethiopia Response Plan Mid-Year Revision, October 2021; Ethiopia Humanitarian Response Plan 2021 Mid-Year Revision, October 2021.
4. United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Northern Ethiopia Response Plan Mid-Year Revision, October 2021; Ethiopia Humanitarian Response Plan 2021 Mid-Year Revision, October 2021.
5. Ibid.
6. This represents the largest intervention-specific target from the WASH sector for people having safe access to, and using, appropriate WASH services in health care and learning facilities for children. This includes 3,710,000 children, a roughly equal number of adult females and males, including 480,000 people with disabilities. UNICEF is committed to needs-based targeting, which means covering the unmet needs of children; and will serve as the provider of last resort where it has cluster coordination responsibilities.
7. Children make up approximately 53 per cent of the general population in Ethiopia. This percentage is reflected in the inter-agency Humanitarian Needs Overview 2021, 2021 mid-year Humanitarian Response Plan and 2021 mid-year Northern Ethiopia Response Plan.
8. United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Revision of the Northern Ethiopia Response Plan, October 2021; Ethiopia Humanitarian Response Plan 2021 Mid-Year Review, October 2021 (data as of August 2021). People in need in Ethiopia have increased by 35 per cent from 2020 from 19.2 million people, including 11.7 children, to now 29.4 million people, including 15.6 million children.
9. Highest population displacements across the country are seen in Tigray (1.8 million people), Somali (844,000), Oromia (600,000) Amhara (542,000 people) and Afar (255,000 people). IOM DTM draft Site Assessment round 27 and Emergency Site Assessment round 8.
10. United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Revision of the Northern Ethiopia Response Plan, October 2021; Ethiopia Humanitarian Response Plan 2021 Mid-Year Review, October 2021 (data as of August 2021).
11. The prevalence of MAM and SAM among children under five years and pregnant/lactating women determined through routine screening through UNICEF partners.
12. GAM is determined by combining the percentage of children with SAM and MAM. A GAM value of more than 10 per cent indicates an emergency.
13. All sector needs are based on data presented in the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Revision of the Northern Ethiopia Response Plan (October 2021), which presents needs for Tigray only, combined with the Ethiopia Humanitarian Response Plan 2021 Mid-Year Review, (October 2021), which covers needs for the rest of the country.
14. UNICEF leads cluster coordination for the WASH, nutrition and education clusters and the child protection area of responsibility.
15. UNICEF targets are determined by the overall cluster targets defined within the Revision of the Northern Ethiopia Response Plan (October 2021) and Ethiopia Humanitarian Response Plan 2021 Mid-Year Review (October 2021) and take into account the targets of all partners contributing to a cluster.
16. Of the total number of consultations, 40 per cent will be children under five years, 34 per cent will be women and 26 per cent will be men.
17. This is a composite target for health, nutrition, child protection, WASH, education and social protection.
18. Ibid.
19. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
20. Whereas in 2021 Cluster Coordination was separately budgeted in the HAC, in 2022 the Cluster Coordination funding requirements for the UNICEF led or co-led clusters of WASH, nutrition, education and child protection AOR have been reflected within the respective sector budgets.
21. Health targets for 2022 have significantly increased from 2021 primarily due to the planned measles vaccination intervention. Conversely, the overall funding requirement for 2022 has been slightly reduced, as the measles campaign will be conducted through vaccination campaign and not the routine system, which reduces the overall cost requirement.
22. The WASH funding requirement for 2022 increased significantly from 2021 due to increase in the number of facilities targeted for restoration. This is a result of the significant damage to WASH infrastructure in health facilities and schools which occurred in 2021. In addition, the WASH intervention has incorporated menstrual hygiene management for over 1.5 million women and girls in 2022, whereas this was not part of the package of interventions in 2021. Finally, the overall cost of implementation, including the cost of labour and supplies has increased due to high inflation.