



unicef   
for every child

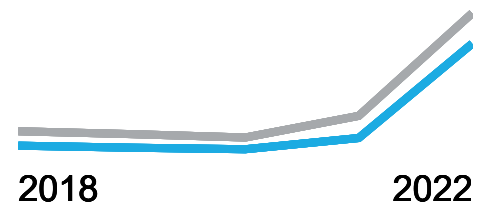
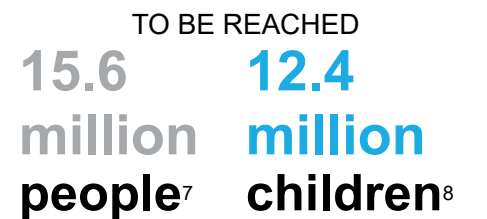
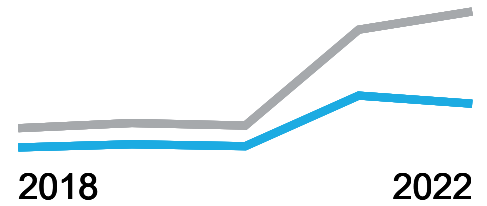
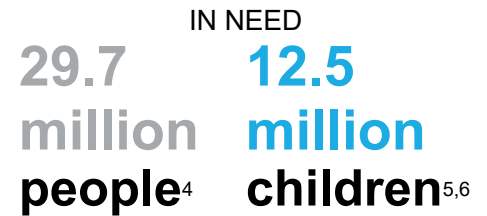
## Humanitarian Action for Children

Frehiya brings her six-month old child Filsan for treatment by a UNICEF deployed Mobile Health and Nutrition Team (MHNT) in drought-affected Shebele zone, Somali region.

# Ethiopia

### HIGHLIGHTS<sup>1</sup>

- Severe drought-related needs due to four consecutive failed rainy seasons have led to widespread food insecurity and complete erosion of resilience mechanisms of over 24.1 million people<sup>2</sup> across southern, southwestern and eastern regions in Ethiopia; compounding the needs in the once-again escalating conflict in the northern regions, where 3.9 million children<sup>3</sup> continue to be exposed to grave protection concerns.
- UNICEF is delivering life-saving assistance, including humanitarian cash transfers at scale, while simultaneously accelerating climate-resilient strategies to enable longer-term sustainable solutions to the climate crisis. Treatment of severe wasting is significantly scaled up, while mobile health and nutrition teams are expanding their reach and new temporary learning/protective spaces are being established.
- UNICEF has revised its appeal to US\$532.4 million to enable the expansion of lifesaving services and sustainable solutions commensurate with the significant deterioration of the humanitarian situation in Ethiopia due to drought and the re-escalation of conflict.



### KEY PLANNED TARGETS



**838,712**

children with severe wasting admitted for treatment



**3.6 million**

children vaccinated against measles



**5.5 million**

people accessing a sufficient quantity of safe water



**204,516**

children/caregivers accessing mental health and psychosocial support



Figures are provisional and subject to change upon finalization of the 2022 HRP midyear revision.

## HUMANITARIAN SITUATION AND NEEDS

Progressively compounding emergencies -- extreme drought and critical food insecurity coupled with conflict, intercommunal violence and public health emergencies -- have significantly worsened the humanitarian situation in Ethiopia and that of over 29.7 million people, including 12.5 million children and 5.2 million people with disabilities across the country<sup>9</sup>. Fifty-one per cent of all districts in the country are classified as first, second and third tier hotspots. Children face the heaviest -- and significantly worsening -- burden due to forced school drop-out, child marriage, Female Genital Mutilation (FGM) and gender-based violence (GBV)<sup>10</sup>.

Across the country, there are 2.75 million IDPs<sup>11</sup>. While those displaced due to conflict have decreased due to returns, displacements because of the drought have increased by 20 per cent<sup>12</sup> since August 2021. Ethiopia hosts 823,000 refugees in need of basic services and protection support.

Following four consecutive below-average rainy seasons since late 2020, the lowland areas in the south and south-east of Ethiopia have experienced extensive and severe La Niña-induced drought. Over 3.5 million livestock have died, and livelihoods of pastoralist and agro-pastoralists have been extinguished<sup>13</sup>. Though erratic and low intensity seasonal March to May rains have been reported in some drought affected areas, it is insufficient enough to replenish water sources. In addition, it is anticipated the October to December seasonal rains will be below-average/failed thereby exacerbating the existing severity of needs.

As a result of drought conditions in eastern, southern, and northeastern parts of the country, an estimated 16.9 million people are food insecure, and 13 million people lack access to sufficient water in the affected regions<sup>14</sup>. The prevalence of severe wasting and moderate acute malnutrition (MAM) in children under 5 years of age is 2.4 and 18 per cent respectively, exceeding global emergency global acute malnutrition (GAM) thresholds of > 15 per cent<sup>15</sup>. Compounding these issues, over 1.4 million children out-of-school due to migration, sickness and closure of schools, and public health emergencies, including measles outbreaks and suspected cholera, are on the rise, challenged by existing poor availability and access of essential health services.

In conflict-affected regions, looting of health facilities has prevented children and women from accessing essential health and nutrition services, including routine immunization; and damage or destruction of schools has impacted children's access to inclusive, formal education. Protection concerns are heightened in these areas particularly as they are exposed to violence or potentially separated from their families. In Tigray, this is compounded with limited staff movement and limited access to cash, fuel and life-saving supplies.

Further exacerbating the vulnerability of millions of households in Ethiopia already grappling with drought and conflict are recent and ongoing floods that have destroyed farmlands and agricultural production and displaced over 154,000 people<sup>16</sup>.

## SECTOR NEEDS<sup>17</sup>



**1.2 million** children suffering from severe wasting



**5 million** children in need of immunization services



**10 million** people lack access to safe water



**6.9 million** children and women in need of protection services



**9.7 million** children in need of access to school

## STORY FROM THE FIELD



Enat was a brilliant student, a young girl with a bright future until her life was turned upside down. In order to support her family, a victim of the drought, she was forced to marry an unknown man, more than 17 years her senior.

UNICEF is working to expand life-saving child protection and GBV services to respond to the growing protection needs among vulnerable women and children. This includes running community-based programmes to reduce the risks of violence, exploitation, abuse, and child marriage, and providing services to help women and children recover after violence.

[Read more about this story here](#)

The sacrificial childhood of 13-year-old Enat, who was forced to leave school and marry a stranger to help her family cope with the drought in Ethiopia.

## HUMANITARIAN STRATEGY<sup>18</sup>

UNICEF is addressing the extreme impact on children and women of the multiple concurrent and complex crises across many parts of Ethiopia through its extensive presence in-country, long-standing partnerships with government institutions, national and international organisations, and its capacity to deliver timely, principled, child-centered humanitarian response including in hard-to-reach areas. Through a range of implementation modalities, UNICEF is ensuring a multi-pronged approach to providing life-saving and sustainable solutions to the humanitarian needs of most vulnerable populations.

Under Level 3 Emergency Procedures for Northern, Southern and Eastern Ethiopia, UNICEF has expanded its operations throughout the northern conflict and drought affected regions applying the rapid response mechanism, conducting integrated multi-sectoral responses in displacement settings, as well as enhancing access efforts in hard-to-reach areas. UNICEF is ensuring the delivery of services and supplies in areas most affected by conflict and climate shocks and serves as a provider of last resort where gaps in partner presence persists.

UNICEF is leading climate resilient and durable solution strategies as humanitarian needs worsen due to the climate crisis. These include satellite groundwater mapping, solar-powered water systems, and building climate resilient toilets in institutions. Furthermore, in alignment with the UN Drought Response Plan, including the inter-sectoral collaboration (ISC) mechanism between the nutrition, health, WASH, food and agriculture clusters, UNICEF is ensuring an inclusive, holistic response to acute malnutrition worsened by the lack of access to safe water, food insecurity and lack of access to health services.

UNICEF is scaling up campaigns to prevent, identify and treat malnourished children and pregnant and lactating women; expanding delivery of health services through mobile health and nutrition teams; restoring damaged or destroyed health facilities and schools; facilitating provision of water trucking and delivery of WASH non-food items, hygiene awareness and rehabilitation of water systems; ensuring inclusive access to formal and non-formal education for out-of-school children while providing integrated, inclusive psychosocial support and protection case management, including through a rapid deployment model; and significantly scaling up the use of humanitarian cash transfers, which encompasses the promotion of child-focused integrated services.

Prevention and mitigation of GBV is streamlined across all programme responses and accountability to affected populations is assured through improved two-way engagement and communication with communities including community-based complaints mechanisms. UNICEF is also contributing to strengthening prevention of sexual exploitation and abuse and reporting mechanisms.

Social and behavior change communication (SBCC) will be integrated across all sectoral programmes and will comprise of a combination of community engagements through inter-personal communication and outreach through mass media, digital platforms and data generation.

Linkages between humanitarian-development-peace nexus, including conflict and gender-sensitive programme approaches, capacity building and systems strengthening are embedded within UNICEF's response.

Progress against the latest programme targets is available in the humanitarian situation reports: <https://www.unicef.org/appeals/ethiopia/situation-reports>  
This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

## 2022 PROGRAMME TARGETS<sup>19</sup>



### Nutrition

- **838,712** children 6-59 months with severe wasting admitted for treatment
- **1,330,364** pregnant women receiving preventative iron supplementation
- **4,307,365** children aged 6 to 59 months receiving vitamin A supplementation



### Health

- **3,555,301** children aged 6 to 59 months vaccinated against measles
- **1,577,095** children and women accessing primary health care in UNICEF-supported facilities<sup>20</sup>



### Water, sanitation and hygiene

- **5,458,400** people accessing a sufficient quantity of safe water for drinking and domestic needs
- **1,030,667** people use safe and appropriate sanitation facilities
- **8,098,800** children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces
- **4,873,302** people reached with critical WASH supplies



### Child protection, GBViE and PSEA

- **204,516** children and parents/caregivers accessing mental health and psychosocial support
- **6,057,207** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions<sup>21</sup>
- **7,422,871** people who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers<sup>22</sup>



### Education

- **777,712** children accessing formal or non-formal education, including early learning
- **895,387** children receiving individual learning materials



### Social protection

- **61,902** households reached with UNICEF funded multi-purpose humanitarian cash transfers



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

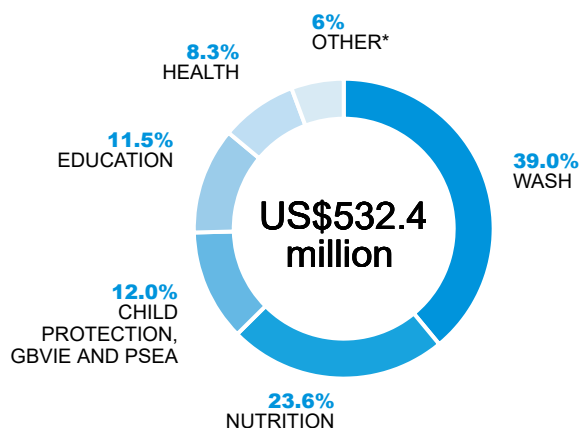
- **20,001,573** people reached through messaging on prevention and access to services<sup>23</sup>
- **2,695,082** people engaged in risk communication and community engagement actions
- **680,522** people with access to established accountability mechanisms

## FUNDING REQUIREMENTS IN 2022

Driven by a 40% increase in needs since the HAC 2022 was initially launched, UNICEF has revised its funding requirements to US\$532.4 million to meet the needs of over 29 million people across Ethiopia, including 12 million children. The appeal was revised due to the effects of extreme drought coupled with the re-escalation of conflict and widespread food insecurity, further exacerbating the child protection crisis.

First, this HAC funding will support the scaling up of UNICEF's nutrition and WASH interventions, cumulatively reaching over 27 million people. Further, the appeal revision will allow UNICEF to expand inclusive education for over 777,000 children, fostering integrated education and child protection programming. Additional funding is also required to increase humanitarian cash transfers by 90% in drought-affected regions. Finally, this revision will help UNICEF implement integrated programmes through humanitarian partnerships, ensuring accountability to affected populations.

Without sufficient and timely funding, UNICEF will be unable to reach the most vulnerable communities through rapid response mechanisms, mobile health and nutrition services, and the provision of essential supplies, including in hard-to-reach areas.



| Appeal sector                                  | Revised 2022 HAC requirement (US\$) |
|--|-------------------------------------|
| Nutrition                                      | 125,496,829                         |
| Health   | 44,072,295                          |
| WASH   | 207,654,873                         |
| Child protection, GBVIE and PSEA <sup>25</sup> | 63,944,793                          |
| Education                                      | 61,020,560                          |
| Social protection                              | 18,306,994                          |
| Cross-sectoral <sup>26</sup>                   | 11,866,786                          |
| <b>Total</b>                                   | <b>532,363,130</b>                  |

\*This includes costs from other sectors/interventions : Social protection (3.4%), Cross-sectoral (2.2%).

| Appeal sector                                  | Original 2022 HAC requirement (US\$) | Revised 2022 HAC requirement (US\$) | Funds available (US\$) | Funding gap (US\$) | 2022 funding gap (%) |
|--|--------------------------------------|-------------------------------------|------------------------|--------------------|----------------------|
| Nutrition                                      | 84,418,736                           | 125,496,829                         | 61,106,636             | 64,390,193         | 51.3%                |
| Health   | 31,981,073                           | 44,072,295                          | 22,015,669             | 22,056,626         | 50.0%                |
| WASH   | 136,951,117                          | 207,654,873                         | 32,840,628             | 174,814,245        | 84.2%                |
| Child protection, GBVIE and PSEA <sup>25</sup> | 37,759,177                           | 63,944,793                          | 15,034,666             | 48,910,127         | 76.5%                |
| Education                                      | 40,402,593                           | 61,020,560                          | 20,913,183             | 40,107,377         | 65.7%                |
| Social protection                              | 10,186,830                           | 18,306,994                          | 9,621,627              | 8,685,367          | 47.4%                |
| Cross-sectoral <sup>26</sup>                   | 9,443,814                            | 11,866,786                          | 525,753                | 11,341,033         | 95.6%                |
| <b>Total</b>                                   | <b>351,143,340</b>                   | <b>532,363,130</b>                  | <b>162,058,162</b>     | <b>370,304,968</b> | <b>69.6%</b>         |

### Who to contact for further information:

**Gianfranco Rotigliano**  
Representative, a.i.  
T + 251 912 503 111  
grotigliano@unicef.org

**Manuel Fontaine**  
Director, Office of Emergency Programmes (EMOPS)  
T +1 212 326 7163  
mfontaine@unicef.org

**June Kunugi**  
Director, Public Partnership Division (PPD)  
T +1 212 326 7118  
jkunugi@unicef.org

## 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. United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) Drought Response Plan, June 2022.
3. UNOCHA Humanitarian Needs Overview 2022, issued May 2022.
4. Ibid.
5. Ibid.
6. The original HAC 2022 utilised per cent of children estimates based on the 2021 Mid-Year Review of the Humanitarian Response Plan and Northern Ethiopia Response Plan, which determined that of the total Population in Need, children made up 53 per cent. Per the 2022 Humanitarian Needs Overview and Humanitarian Response Plan, to which the current HAC revision is aligned, the percentage of children has been reduced to 42 per cent of the total People in Need.
7. This figure was calculated based on the following programme targets: children 6-59 months receiving Vitamin A supplementation (100% of target), people accessing a sufficient quantity of safe water for drinking and domestic needs (57.9% of target = adults only), children using basic WASH services in learning facilities and safe spaces (100% of target). The total people to be reached includes 51% women/girls, and 18 per cent people/children 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.
8. This figure was calculated based on the following programme targets: children 6-59 months receiving Vitamin A supplementation (100% of target) and children using basic WASH services in learning facilities and safe spaces (100% of target). The total children to be reached includes 51 per cent girls, and 15 per cent children 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.
9. UNOCHA Humanitarian Needs Overview 2022, issued May 2022 identified 29.7 million People in Need (PIN), including 12.5 million children 0 – 18 years. Fifty per cent are female, 5 per cent are elderly and 18 per cent are people with disabilities.
10. "Child marriage on the rise in Horn of Africa as drought crisis intensifies", UNICEF, June 2022. <https://reliefweb.int/report/somalia/child-marriage-rise-horn-africa-drought-crisis-intensifies-unicef>
11. IOM Ethiopia National Displacement Report 12: Site Assessment Round 29 and Village Assessment Survey Round 12 (March - April 2022). This figure is not inclusive of IDPs in Tigray. Through Emergency Site Assessment round 8 (Aug 2021), 1.8 million IDPs were identified in Tigray region.
12. Data compares the IOM DTM Round 27 Site Assessment in December 2021 with the DTM Round 29 Site Assessment in August 2022.
13. New estimates provided by the Agriculture Cluster for the updated UNOCHA Drought Response Plan, August 2022.
14. UNOCHA Drought Response Plan, extract of the UNOCHA 2022 Humanitarian Response Plan (HRP).
15. Through 'Find & Treat' campaigns, SAM and MAM figures represent averages across the four drought affected regions.
16. Regional flood assessment reports from Afar, Gambella and Southern Nations Nationalities and People's Region (SNNPR).
17. All sector needs are based on data presented in the draft UNOCHA Mid-Year Review of the Humanitarian Response Plan 2022.
18. UNICEF leads the WASH and Nutrition clusters and Child Protection Area of Responsibility (AOR), co-leads the Education Cluster and co-chairs the national Cash Working Group.
19. UNICEF targets are determined by the overall cluster targets defined within the Ethiopia Humanitarian Response Plan 2022 including Drought Response Extract (August 2022).
20. 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.
21. This is a composite target for health, nutrition, child protection, WASH, education and social protection.
22. Ibid.
23. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
24. The expansion of integrated programming in hard-to-reach areas requires higher per capita operations costs as per the scale up in lifesaving operations since January 2021 due to drought and conflict.
25. This significant funding increase relates to a target increase in the GBViE interventions and target increase in PSEA interventions coupled with high inflation and thereby increased operational costs since the original HAC 2022 was launched.
26. Multiple drivers of insecurity, such as attacks by non-state armed groups and the worst drought in 40 years, call for innovative cross-sectoral programming. UNICEF needs funds to ensure the much-needed risk communication, community engagement, and access to accountability mechanisms.