



Adi Jarso refills her container with water at a UNICEF-rehabilitated water point in the village of Arbella, in Oromia zone. In the ongoing severe drought, this is life-saving for people and livestock.

unicef 
for every child

Humanitarian Action for Children

Ethiopia

HIGHLIGHTS^{1,2}

- Conflict in northern Ethiopia (in the Tigray, Afar and Amhara Regions) and the severe drought in the Afar, Oromia, Somali, Southern Nations, Nationalities and Peoples Regions have resulted in 31.4 million people in need³ in Ethiopia, including 16.5 million children and 7.8 million women.^{4,5} Around 4.5 million people are internally displaced in the country.⁶
- The fluid conflict in the northern regions threatens new and secondary displacements of up to 7.8 million people and poses a grave threat to the rights and welfare of 3.9 million children.⁷ In southern, southeastern and eastern regions, ongoing severe drought has caused Integrated Food Security Phase Classification (IPC) Phase 4 (emergency levels),⁸ because it has eroded all means of community resilience and caused the complete destruction of livelihoods of more than 24.1 million people.⁹ This severely compromised food and nutrition security situation has been aggravated by the global domino effects of the war in Ukraine: increased food, agricultural input and fuel prices. More households will risk being unable to afford nutritious food, and the next harvest will be compromised.
- This appeal for US\$674.3 million is to ensure children who are wasted receive quality treatment; women and children access to gender-based violence and child protection services; mobile health and nutrition teams access hard-to-reach populations; children have continuous access to learning opportunities; water sources are rehabilitated and climate-resilient water systems are built; and access to immunizations is available.

KEY PLANNED TARGETS



2.1 million

children and women
accessing primary
healthcare



1.2 million

children with severe
wasting admitted for
treatment



275,012

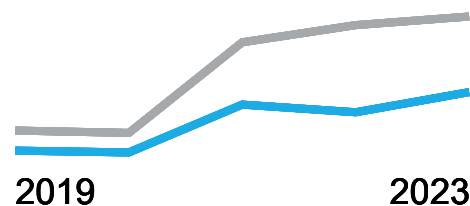
children/caregivers
accessing community-
based mental health and
psychosocial support



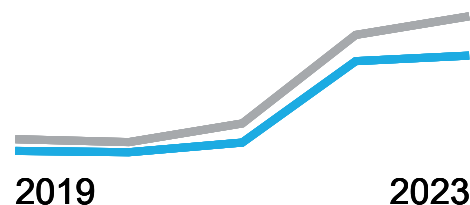
7.3 million

children using safe and
appropriate WASH services
in learning facilities

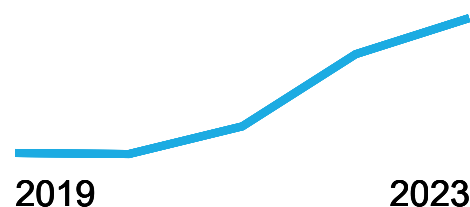
IN NEED
31.4 million people^{10,11} **16.5 million children**¹²



TO BE REACHED
17.8 million people^{13,14} **13.1 million children**



FUNDING REQUIREMENTS
US\$ 674.3 million



HUMANITARIAN SITUATION AND NEEDS

In Ethiopia today, at least 31.4 million people, including 16.5 million children, 7.8 million women and 5.7 million people with disabilities¹⁵ are suffering due to multiple, overlapping hazards: armed conflict, severe drought, flooding, intercommunal violence and outbreaks of diseases including cholera, measles and malaria. These crises have also compounded pre-existing gender inequalities, exclusion and risks for women and girls.

Primary and secondary displacements and related needs of at least 4.5 million internally displaced people¹⁶ continue to grow, while the situation of 875,879 refugees¹⁷ is also highly affected by the current crises. Social services and accountability mechanisms that are critical to the protection of women and girls have broken down or been weakened due to insecurity and instability. More than 1,000 square kilometres of land is estimated to be contaminated with landmines and explosive remnants of war.¹⁸

In northern Ethiopia (the Tigray, Afar and Amhara Regions), a sprawling humanitarian crisis due to armed conflict has placed 9.4 million people at risk.¹⁹ Approximately 1.4 million people have been displaced, more than 440,000 of them in Tigray. A comprehensive, multisectoral humanitarian response to new and existing displacements in Tigray has remained constrained: staff movement is limited due to security concerns and limited access, including restrictions on cash, fuel and life-saving supplies. More than 225,000 people are displaced in Afar and 732,000 in Amhara. Damage and destruction of schools and health facilities has impacted children's access to inclusive, formal education and prevented access of children and women to essential health and nutrition services, including routine immunization. Protection concerns have significantly increased because children are exposed to violence and potential separation from their families.

In the southern and eastern regions of the country (in the Afar, Oromia, Somali and Southern Nations, Nationalities and Peoples Regions), the worst drought in 40 years has impacted 24.1 million people.²⁰ More than 3.5 million livestock have died, and livelihoods of pastoralist and agro-pastoralists have been extinguished.²¹ Families have been forced to migrate in search of food and pasture, forcing children to drop out of school²² and increasingly face child marriage²³ as the only prospect for a family's survival. An IPC classification of 4 (emergency levels) is indicated in all affected regions through January 2023. Recent 'Find and Treat' nutrition campaigns have shown a proxy global acute malnutrition mean average of 23 per cent in the drought-affected regions, exceeding the global emergency threshold of 15 per cent.²⁴

The Afar, Amhara and Gambella Regions have also experienced medium- to large-scale flooding events that have impacted up to 1.7 million people. What's more, ongoing outbreaks of cholera, measles and malaria have worsened the already grave situation nationally.

SECTOR NEEDS²⁵



19.5 million

people in need of health assistance



1.2 million

children suffering from severe wasting



7 million

children in need of protection services



10.3 million

children in need of access to school



20.5 million

people lack access to safe water

STORY FROM THE FIELD



At Omo Rate Health Centre in southern Ethiopia, Enele was a worried father. When he learned that his son Gouda's life was in danger, he didn't hesitate to make the three-hour walk to the stabilization centre.

"I knew my son was ill, but I didn't know where to take him to get the right treatment," Enele says. "Thank God we had a visit from a health extension worker who referred him to the stabilization centre, where he's been receiving medication and therapeutic milk. The diarrhoea and vomiting has stopped. He even started to play a little. I am confident for the future."

[Read more about this story here](#)

Enele, a widower and father of nine, feeds his son therapeutic milk at a stabilization centre. UNCEF-trained health extension workers referred the child while doing surveillance for severe wasting.

UNICEF will continue to address the complex crises in Ethiopia through its long-standing partnerships with government institutions and national and international organizations, and by drawing on its capacity to deliver a principled, child-centred humanitarian response, including in hard-to-reach areas. UNICEF will continue to ensure that life-saving and sustainable solutions, underpinned by strong preparedness, are tailored to the needs of the most vulnerable people, with a focus on children, women and people with disabilities.

UNICEF has expanded its operations throughout the northern conflict areas and in southern drought-affected regions, applying the rapid response mechanism, conducting integrated multisectoral responses in displacement settings and enhancing field presence in hard-to-reach areas. This flexible and adaptive approach is supported by an extended field presence anchored in nine field offices. 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 persist. UNICEF has a contingency plan to guide preparedness and response in the challenging northern conflict environment, with a three-month recovery plan for the Tigray, Amhara and Afar Regions that looks at the opportunities to rescale programmes.

In alignment with the United Nations intersectoral collaboration mechanism between the Nutrition, Health, WASH, Food and Agriculture Clusters, UNICEF will scale up an inclusive, holistic response to wasting. This includes early identification and treatment of severe wasting through mobile health and nutrition teams and 'Find and Treat' nutrition campaigns. UNICEF is working to make damaged health facilities functional and fostering integration with service delivery opportunities, including the Expanded Programme on Immunization. UNICEF will also expand operations to deliver safe and sufficient water by increasing water-resilient systems in communities, e.g., by using satellite groundwater mapping and installing solar-powered water systems. To respond to acute needs while mitigating future adverse impacts, cost-effective options including rehabilitation of water schemes will be implemented, in addition to short-term interventions (e.g., water trucking). UNICEF will provide essential WASH non-food items and promote hygiene awareness activities, and continue to lead on climate-resilient and durable solutions strategies. Shock-responsive cash transfers will be scaled up for households impacted by conflict and drought; where feasible, UNICEF will leverage government structures and existing safety nets to channel funds to those most in need.

Inclusive access to formal and informal education for out-of-school children will be enhanced. UNICEF will provide integrated, inclusive psychosocial support and protection case management to women and children, including through a rapid deployment model.²⁸ Gender-based violence risk mitigation will be integrated into all programme responses. Improved reporting mechanisms and assistance to survivors of sexual exploitation and abuse will strengthen protection from sexual exploitation and abuse.

UNICEF will continue to promote community engagement, localization of aid that prioritizes children and women²⁹ and strong feedback and accountability mechanisms, and undertake conflict-sensitive programming, capacity building and systems strengthening of partners.



Health

- **900,000** children vaccinated against measles³⁰
- **2,114,138** children and women accessing primary healthcare in UNICEF-supported facilities
- **4,325,505** mothers and caregivers reached through continuous social mobilization and communication to promote immunization



Nutrition

- **1,213,870** children 6-59 months with severe wasting admitted for treatment
- **1,047,650** primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- **1,476,477** pregnant women receiving preventative iron supplementation
- **5,835,146** children 6-59 months receiving Vitamin A supplementation



Child protection, GBVIE and PSEA

- **275,012** children, adolescents and caregivers accessing community-based mental health and psychosocial support
- **268,222** women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions³¹
- **969,403** people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations³²
- **16,002** unaccompanied and separated children provided with alternative care and/or reunified
- **295,000** children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions



Education

- **1,088,257** children accessing formal or non-formal education, including early learning³³
- **1,095,894** children receiving individual learning materials
- **193,340** children and adolescents accessing skills development programmes



Water, sanitation and hygiene

- **8,078,358** people accessing a sufficient quantity and quality of water for drinking and domestic needs
- **1,462,249** people accessing appropriate sanitation services
- **1,098,620** women and girls accessing menstrual hygiene management services
- **7,308,500** children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces
- **3,212,822** people reached with critical WASH supplies



Social protection

- **220,000** households reached with UNICEF-funded humanitarian cash transfers
- **63,700** beneficiaries of cash transfers who are linked with other programmes, information and services



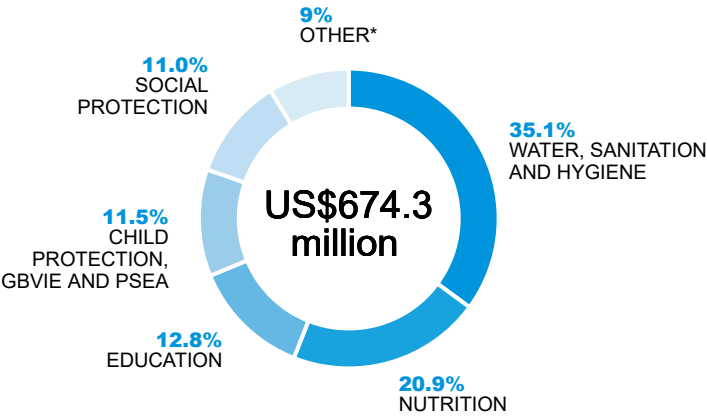
Cross-sectoral (HCT, SBC, RCCE and AAP)

- **35,208,969** people reached through messaging on prevention and access to services³⁴
- **3,378,969** people who participate in engagement actions
- **816,196** people sharing their concerns and asking questions through established feedback mechanisms

FUNDING REQUIREMENTS IN 2023

In 2023, UNICEF is appealing for US\$674.3 million to meet the most critical humanitarian needs of children, women and men. This is an increase of more than 27 per cent since October 2022 (the most recent revision of the 2022 appeal) due to the deepening severity of needs caused by resurgence of conflict in the northern regions, extreme drought in the southern and southeastern regions - and flooding, disease outbreaks, widespread food insecurity, economic deterioration and more. Funding will ensure timely scale-up of life-saving nutrition and WASH interventions, which account for 56 per cent of the total funding requirement. These resources will facilitate cost-effective and sustainable models in these areas that will strengthen people's resilience to repetitive and predictable shocks. Funding will also support humanitarian cash transfers to women- and child-headed households, including for people and children with disabilities. It will also provide inclusive education and integrated education; child protection programming; response and referrals for survivors of gender-based violence; and alternative care and/or reunification of unaccompanied and separated children.

Children are bearing great losses in Ethiopia. By fulfilling the urgent funding requirements, UNICEF will reach the most vulnerable children, women and men through rapid response mechanisms, mobile health and nutrition services and provision of essential supplies including in hard-to-reach areas. Yet, without this funding, millions of children, women and men will be without life-saving health and nutrition services; their dignity will be compromised without access to appropriate sanitation; victims of gender-based violence will lack access to essential services and treatment; and a generation of children will not only lose opportunities for learning but will also be at greater risk for violence, abuse and harmful practices. The cost of inaction and its implications for children, women and men in Ethiopia are great. Instead, action is critical - to ensure UNICEF's capacity to deliver principled, timely, quality humanitarian response, and save lives.



Sector	2023 requirements (US\$)
Health	35,076,756
Nutrition	140,834,883
Child protection, GBViE and PSEA	77,763,480
Education	86,258,265
Water, sanitation and hygiene	236,545,571 ³⁵
Social protection	73,998,885
Cross-sectoral (HCT, SBC, RCCE and AAP)	18,377,381 ³⁶
Cluster coordination	5,428,981
Total	674,284,202

**This includes costs from other sectors/interventions : Health (5.2%), Cross-sectoral (HCT, SBC, RCCE and AAP) (2.7%), Cluster coordination (<1%).*

ENDNOTES

1. COVID-19 remains a Public Health Emergency of International Concern as declared by the World Health Organization in January 2020. On 1 July 2022, UNICEF deactivated its Level 3 Sustained Phase for the global COVID-19 pandemic response. All activities related to COVID-19 pandemic response, including programme targets and funding requirements, have been shifted into regular development programming and operations. While UNICEF's Level 3 emergency response phase of the COVID-19 pandemic was deactivated, the organization is continuing to respond to the COVID-19 pandemic and its impact on children, their families and their communities and on the social systems they rely on.
2. UNICEF activated its Corporate Emergency Level 3 Scale-up Procedure for Ethiopia for the following period: 10 May 2021 to 11 May 2023. UNICEF Emergency Procedures are activated to ensure a timely and effective response to all crises. The emergency procedures provide a tailored package of mandatory actions and simplifications required for all offices responding to Level 3, Level 2 and Level 1 humanitarian situations.
3. Out of 31.4 million people in need, 24.1 million are people in need due to the drought, 9.4 million are people in need due to the conflict and 2 million are people in need due to other emergencies.
4. United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Ethiopia: 2023 Humanitarian Needs Overview (draft), November 2022.
5. The percentage of children (52.4 per cent) is based on Central Statistics Agency of Ethiopia 2022 projected population statistics.
6. Displacement figures are based on the International Organization for Migration (IOM), Ethiopia National Displacement Report 13: Site assessment round 30 & village assessment survey round 13 (June-July 2022), IOM, Addis Ababa, October 2022; IOM, Displacement Tracking Matrix, Ethiopia: Emergency Site Assessment 8 (27 July - 4 October 2021); and regional displacement tracking in Tigray (November 2022).
7. These figures are based on worst-case scenarios developed by UNICEF field offices in Tigray, Amhara and Afar in consultation with regional authorities.
8. Famine Early Warning Systems Network (FEWSNET) food security outlook, August 2022, available at <<https://fewsn.net/east-africa/ethiopia>>.
9. OCHA, Ethiopia: Drought Response, July - December 2022 (revised), September 2022.
10. OCHA, Ethiopia: 2023 Humanitarian Needs Overview (draft).
11. 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.
12. The percentage of children (52.4 per cent) is based on the Central Statistics Agency of Ethiopia 2022 projected population statistics.
13. The numbers of people and children to be reached are based on four selected interventions and reach of distinct population groups, i.e., boys and girls aged 6-59 months; school-aged boys and girls aged 5-17 years; adult females over 18 years of age; and adult males over 18 years of age. Accordingly, no double counting has occurred. More specifically, the targets of people and children to be reached comprise: 5,835,146 children aged 6-59 months receiving vitamin A supplementation; 7,308,500 school-aged children using basic WASH services in learning facilities and safe spaces; 2,595,303 adult females reached through continuous social mobilization and communication to promote immunization (60 per cent of the total target for this indicator); and 2,140,765 adult males accessing a sufficient quantity and quality of water for drinking and domestic needs (26.5 per cent of the total target for this indicator). Altogether, the total number of people to be reached includes 9,167,126 women and girls and 3,218,348 people with disabilities.
14. Out of the total number of people targeted, approximately 10.7 million people are targeted in response to the impact of drought and 4.4 million people are targeted in response to the impact of conflict; and the remainder are targeted in other emergencies.
15. The draft 2023 Humanitarian Needs Overview for Ethiopia has identified 31.4 million people in need. Children aged 0-17 years make up 52.4 per cent of the population. Fifty per cent of people in need are female, 5 per cent are elderly and 18 per cent are people with disabilities.
16. IOM, Ethiopia National Displacement Report 12: Site Assessment Round 29 & Village Assessment Survey Round 12 (March-April 2022); IOM, Displacement Tracking Matrix, Ethiopia: Emergency Site Assessment 8 (27 July - 4 October 2021).
17. Office of the United Nations High Commissioner for Refugees (UNHCR) and Government Refugees & Returnees Service, 30 September 2022.
18. Ethiopia Protection Cluster, October 2022.
19. Displacement figures are based on worst-case scenarios developed by UNICEF field offices in Tigray, Amhara and Afar in consultation with regional authorities.
20. OCHA, Ethiopia: Drought Response, July - December 2022 (revised).
21. Ibid.
22. September assessments led by the Regional Bureaus of Education and Education Cluster partners and have shown that 154,994 children remain out of school due to drought.
23. UNICEF, "Child marriage is on the rise in Horn of Africa as drought crisis intensifies", press release, 29 June 2022, available at <www.unicef.org/press-releases/child-marriage-rise-horn-africa-drought-crisis-intensifies>.
24. 'Find and Treat' campaigns conducted in the drought-affected regions have identified the following: In Somali region, all zones show proxy global acute malnutrition rates exceeding the global thresholds, ranging from 16.5 to 39.0 per cent, with proxy severe wasting and moderate wasting rates ranging from 0.4 to 3.9 per cent and 14.3 to 37.3 per cent, respectively. In Oromia, the proxy global acute malnutrition ranges from 15.1 to 31.4 percent, with proxy severe wasting and moderate wasting rates ranging from 0.6 to 5.4 per cent and 7.3 to 26.0 per cent, respectively. In Afar, the proxy global acute malnutrition rate has been estimated at 28 per cent, with average proxy severe wasting and moderate wasting rates of 1.9 per cent and 26.9 per cent, respectively. In drought-affected zones in the Southern Nations, Nationalities and Peoples, Sidama and South West Ethiopia Peoples Regions, the proxy global acute malnutrition rate is 13 per cent, with average proxy severe wasting and moderate wasting rates of 2.28 per cent and 10.2 per cent, respectively.
25. Sector needs are provisional in the draft 2023 Humanitarian Needs Overview for Ethiopia.
26. UNICEF is committed to supporting the leadership and coordination of humanitarian response through its leadership or co-leadership of cluster coordination for the WASH, Nutrition and Education Clusters and the Child Protection Area of Responsibility. All cluster coordinators costs are included into sectoral programme budgets.
27. 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.
28. The rapid deployment model is an innovative approach to rapidly deploy a team of one social worker, one psychiatrist and one psychiatric nurse to hotspot woredas (districts). They are integrated into 'one stop centres' or health posts where the system is weak and mental health and psychosocial support needs are high.
29. UNICEF is committed to empowering local responders in humanitarian crises in a variety of ways. The revised Core Commitments made investing in strengthening the capacities of local actors in the humanitarian response a mandatory benchmark for UNICEF action. A more localized response will improve humanitarian action and is fundamental to achieving better accountability to affected populations.
30. Due to a nationwide measles supplementary immunization activity campaign in November 2022, this target has been significantly reduced for 2023. Targets in the 2023 Humanitarian Action for Children appeal include those children who may not be reached by the nationwide campaign.
31. UNICEF is improving the quality of its measurement of gender-based violence in emergencies and has reduced its target from previous years to reflect a more accurate target.
32. UNICEF has significantly reduced this target to reflect a more realistic achievement based on 1) the needs and risks on the ground; 2) our programmatic and partnership reach; and 3) access and operational challenges in parts of northern and southern Ethiopia.
33. Due to prolonged closure of schools, escalation of conflict and limited cluster partner coverage in northern Ethiopia, UNICEF has increased its 2023 target to assume greater coverage of the mid-year Humanitarian response Plan 2022 target. In 2023, this will be reviewed in accordance with the people in need and targets contained in the 2023 Humanitarian Response Plan for Ethiopia.
34. The population targeted is higher than the total number of people/children to be reached because the target includes mass media outreach.
35. The water, sanitation and hygiene funding requirements include life-saving temporary solutions to immediately improve access to safe water and adequate sanitation facilities. Also included are cost-effective and sustainable models that are designed to strengthen the resilience of people at risk of repetitive and cumulative shocks, including climate-related shocks.
36. Funding for social and behavioural change has been integrated across health, nutrition, WASH, education and social protection programmes and makes up 5 per cent of the total funding requirement of this appeal.