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unicef 
for every child

Humanitarian Action for Children

A child washes her hands with safe water in Dasenech Woreda, South Ethiopia, in June 2025. Children and families now access clean water through a UNICEF-backed WASH initiative.

Ethiopia

HIGHLIGHTS

- Across Ethiopia, children and women continue to face heightened protection risks due to ongoing armed conflict, recurrent disease outbreaks, climate shocks and stressors, emerging refugee crises and large-scale population displacements. As a result, in 2026 UNICEF aims to reach approximately 8.9 million people, including 6.3 million children, with humanitarian assistance.
- To reach this target, UNICEF will require \$401.5 million in 2026. Key response efforts will include treatment of severely malnourished children, supporting out-of-school children to return to learning, providing mental health and psychosocial support and improving access to safe water supply and access to essential healthcare.
- UNICEF will prioritize life-saving interventions while addressing the underlying risks and vulnerabilities of affected communities. The response will focus on displaced populations, returnees, refugees, host communities and persons with disabilities, aiming to prevent loss of life, alleviate suffering and strengthen preparedness, anticipatory action and community resilience.

IN NEED

N/A
people

N/A
children

TO BE REACHED

8.9 million people^{1,2} 6.3 million children³

KEY PLANNED TARGETS



3.6 million

children and women
accessing primary health
care



763,879

children with severe
wasting admitted for
treatment



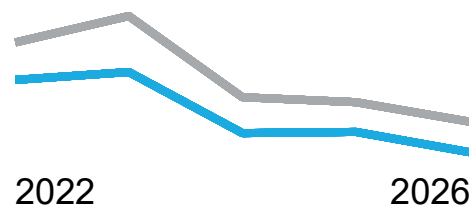
215,917

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



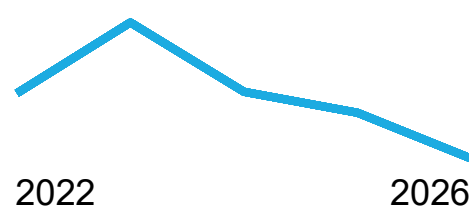
3.6 million

people accessing a
sufficient quantity and
quality of water



FUNDING REQUIREMENTS

**US\$401.5
million**



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

HUMANITARIAN SITUATION AND NEEDS

Ethiopia is facing a deepening crisis driven by ongoing conflict, climate shocks and public health emergencies. Humanitarian needs are expected to rise in 2026, particularly as conflict persists in regions including Amhara, Oromia and Tigray. In Tigray, the projected return of more than 500,000 people to their places of origin in Western Tigray will take place in a context of severely disrupted basic services. Hundreds of thousands of internally displaced persons remain in overcrowded camps with limited access to essential services, and the situation in Western Tigray remains particularly complex and sensitive. Adults and children with disabilities in Ethiopia face heightened vulnerabilities due to stigma, discrimination and limited access to services. The 2025 national disability survey found that 20 per cent of households include a person with a disability, with the highest prevalence in Tigray (30 per cent).⁴

According to the latest Displacement Tracking Matrix, there are more than 1.9 million internally displaced persons, 2.8 million returnees and 1.1 million refugees within Ethiopia primarily originating from South Sudan, Somalia, Eritrea and the Sudan.⁵ In addition, prolonged and recurrent droughts, intensified by climate change and the effects of the El Niño weather pattern, continue to impact Ethiopia's southern and eastern regions, including Afar, Somali, Oromia and parts of Amhara and South Ethiopia. These conditions have led to severe water shortages, loss of livelihoods and rising humanitarian needs.⁶ Similarly, the 2025 Bega season (the dry season, October to January) is projected to bring below-normal rainfall in southern Ethiopia, increasing drought risks in the Somali region in 2026.⁷

The complex public health situation in Ethiopia is driven by recurrent disease outbreaks, widespread displacement and conflict-related damage done to health infrastructure since 2020. The destruction of local health systems, combined with ongoing emergencies, has created a vicious cycle of morbidity, mortality and repeated outbreaks. As a result, between January and May 2025, more than 4,300 cholera cases and 2.4 million malaria cases were reported.⁸ Malnutrition is worsening due to the compounded impacts of conflict and climate shocks. SMART surveys and Rapid Nutrition Assessments in Tigray and Amhara have revealed global acute malnutrition (GAM) rates above 15 per cent, and a proxy GAM rate of 19.8 percent in four woredas of Tigray.⁹

Additionally, education is severely disrupted, and millions of children have been out of school for nearly three years due to conflict, flooding and windstorms. Protection risks are increasing, compounded by multiple armed conflicts, climate shocks and restricted access to services. Gender-based violence remains a critical concern, especially in conflict-affected areas and at displacement sites.

STORY FROM THE FIELD



"This is our school – and we love it!" says Jalene, 8, who dreams of becoming a teacher. "We used to study under a tree," she adds. "Now we have real classrooms, books, and even a library!" Jalene and her friend Amibo, who walks 7 km to school every day, are part of the Accelerated Learning Programme. "It's my first time in school," Amibo says proudly. "I'm learning so much." With support from the European Union and UNICEF, their school in Liben now has safe classrooms, clean toilets and specific support facilities for adolescent girls. "We feel safe, happy, and ready to learn," says Jalene.

Jalene (second from right) and her friends stand outside their schoolyard in Liben woreda. These students are in the Accelerated Learning Programme for conflict-affected areas of the Oromia region.

HUMANITARIAN STRATEGY

In 2026, UNICEF's humanitarian strategy in Ethiopia will be guided by humanitarian principles, with a focus on inclusive, child-focused interventions. The strategy prioritizes the most vulnerable populations, including children, women, displaced families and persons with disabilities, aiming to save lives, reduce suffering and uphold dignity and rights. In line with the Humanitarian Reset, UNICEF is implementing a strategic shift to a more coordinated, predictable and sustainable humanitarian response. This includes strengthening partnerships with government and local actors, harmonizing planning and targeting, reducing duplications and linking humanitarian assistance with development and resilience-building interventions.

Life-saving interventions focus on nutrition, health, WASH, child protection and education. Key actions include early detection and treatment of severe wasting, promotion of infant and young child feeding in emergencies, micronutrient supplementation and essential healthcare for pregnant and lactating women. Mental health and psychosocial support are delivered through safe spaces, while responses to cholera, malaria, measles, polio and mpox outbreaks protect vulnerable populations. Emergency WASH interventions – including water trucking – are combined with recovery-oriented, climate-resilient interventions. Humanitarian cash transfers support newly displaced and at-risk households and will be increasingly linked with government safety nets.

To ensure access and service delivery, UNICEF maintains eight field offices and three satellite offices, including a new office in Nekemte town, Oromia region. Mobile health and nutrition teams will extend coverage to hard-to-reach and displacement-affected areas, while fixed facilities will be strengthened to maintain continuity in conflict- and drought-affected areas. UNICEF will give special attention to the projected return of more than 500,000 people to Western Tigray, where basic services remain severely disrupted.

Preparedness and anticipatory action are central to the UNICEF response, aligned with drought readiness measures led by the Ethiopian Disaster Risk Management Commission, including mobile clinics, vaccination campaigns, rapid response teams and maintenance of essential water infrastructure. As nutrition and WASH cluster lead and co-lead of the Education Cluster, UNICEF ensures coordinated, inclusive and effective response, supporting the 2026 cluster transition while fostering strong partnerships with local authorities, civil society and communities. Integrated programmes under the humanitarian–development–peace nexus include such work as building sustainable water systems using solar technology and linking to climate-smart agriculture for livelihoods.

2026 PROGRAMME TARGETS



Health (including public health emergencies)

- 3,551,184 children and women accessing primary health care in UNICEF-supported facilities
- 682,917 children vaccinated against measles, supplemental dose
- 313,254 live births that were delivered in health facilities in UNICEF-supported areas
- 30,223 individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities



Nutrition

- 8,000,065 children 6-59 months screened for wasting
- 763,879 children 6-59 months with severe wasting admitted for treatment
- 1,785,758 primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- 1,935,358 pregnant women receiving preventative iron supplementation
- 5,919,401 children 6-59 months receiving vitamin A supplementation



Child protection and GBViE

- 215,917 children, adolescents and caregivers accessing community-based mental health and psychosocial support
- 180,032 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 16,523 unaccompanied and separated children provided with alternative care and/or reunified
- 84,648 children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions
- 53,052 children who have experienced violence reached by health, social work or justice services



Education

- 374,093 children accessing formal or non-formal education, including early learning
- 322,880 children receiving individual learning materials
- 122,364 children and adolescents accessing skills development programmes
- 33,988 teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support



Water, sanitation and hygiene

- 3,569,074 people accessing a sufficient quantity and quality of water for drinking and domestic needs
- 675,266 people accessing appropriate sanitation services
- 250,729 women and girls accessing menstrual hygiene management services
- 916,889 children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces
- 1,754,836 people reached with handwashing behaviour-change programmes
- 1,533,266 people reached with critical WASH supplies



Social protection

- 400,000 households benefitting from social assistance from government funded programmes with UNICEF technical assistance



Cross-sectoral (AAP, SBC, and PSEA)

- 2,284,500 people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations
- 45,040,780 Affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services
- 5,051,544 people engaged in reflective dialogue through community platforms
- 75,976 people sharing their concerns and asking questions through established feedback mechanisms

FUNDING REQUIREMENTS IN 2026

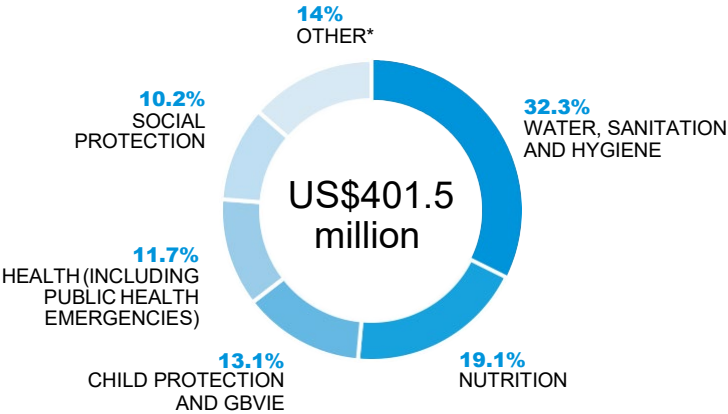
In 2026, UNICEF is appealing for \$401.5 million to address the most critical humanitarian needs of children, women and men affected by multiple and overlapping shocks in Ethiopia. This funding will support urgent humanitarian assistance for 8.9 million people, including 6.3 million children.

Full funding of this appeal will enable UNICEF to deliver life-saving interventions in health, nutrition and WASH as well as inclusive education, child protection and social protection services. It will also support rapid response mechanisms, mobile health and nutrition teams and the delivery of essential supplies, including in hard-to-reach areas.

Aligned with the Humanitarian Reset, the appeal reflects a prioritization process that responds to shifting needs and an evolving operational context. Although the total funding requirement has decreased by 19 per cent, there have been notable shifts in sectoral allocations. New investments in WASH and nutrition focus on climate-smart agriculture and sustainable energy solutions such as solar-powered systems. These efforts promote access to nutritious food and clean water, while deprioritizing less sustainable interventions like water trucking.

Children, women and persons with disabilities in Ethiopia continue to face immense challenges due to the compounded impacts of conflict, climate shocks and economic stress. UNICEF's response will balance immediate relief with resilience-building. Emphasis will be placed on high impact, cost-effective interventions and expanded use of mobile and community-based service delivery to reach more people. The appeal also includes resources for preparedness and anticipatory actions to mitigate risks and ensure readiness for potential emergencies.

Without adequate funding, 8.9 million people will be deprived of essential services. This would leave a whole generation of children vulnerable to the spread of infectious diseases; out of school; and exposed to violence, exploitation and abuse. Predictable and flexible funding is essential to sustain UNICEF's humanitarian response and resilience-building efforts in Ethiopia.



Sector	2026 requirements (US\$)
Health (including public health emergencies)	46,808,000
Nutrition	76,755,000 ¹⁰
Child protection and GBViE	52,579,000 ¹¹
Education	35,249,000 ¹²
Water, sanitation and hygiene	129,788,000
Social protection	41,117,000
Cross-sectoral (AAP, SBC, and PSEA)	19,212,000
Total	401,508,000

*This includes costs from other sectors/interventions : Education (8.8%), Cross-sectoral (AAP, SBC, and PSEA) (4.8%).

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ENDNOTES

1. The percentage of children with disabilities is estimated using the 2024 Humanitarian Response Plan for Ethiopia. The percentage of people in need who have disabilities is 17.75 per cent. Among the people with disabilities UNICEF expects to reach, children aged 0–17 years comprise 56.07 per cent.
2. Figure calculated based on children aged 6–59 months receiving vitamin A supplementation (5,919,401); children accessing formal or non-formal education, including early learning (374,093); caregivers receiving infant and young child feeding counselling (1,785,758); and men accessing water (783,768).
3. Figure for children to be reached calculated based on number of children aged 6–59 months receiving vitamin A supplementation (5,919,401) and children accessing formal or non-formal education, including early learning (374,093).
4. Policy Studies Institute, National Survey on Persons with Disabilities in Ethiopia, June 2025, information available at <https://psi.org.et/index.php/blog/497-national-survey-on-persons-with-disabilities-in-ethiopia>.
5. Office of the United Nations High Commissioner for Refugees (UNHCR), Ethiopia: Refugees and internally displaced persons – As of 30 September 2025, UNHCR, October 2025.
6. Famine Early Warning Systems Network (FEWS NET), Ethiopia: Key message update – In the pastoral south, likely below-average deyr/hageya rains threaten recovery, FEWSNET, AUGUST 2025.
7. Ethiopian Metrological Institute, National Climate Outlook Forum, climate outlook for Bega 2025/26.
8. Public Health Emergency Operations Center, Ethiopia; Multi Outbreak Situation Response Weekly Bulletin #107_30 May 2025.
9. Ethiopia Nutrition Cluster Quarterly Bulletin 2_2025.
10. In the last four years, UNICEF has reached less than 70 per cent of its target for admission of children for treatment of severe wasting, except in 2022. In 2022, 74.7 per cent of the target of 838,712 children was reached, with 626,735 children admitted for treatment of severe wasting. In 2023, despite an increased target of 1,213,870, only 675,000 children were admitted (55.6 per cent of the target). In 2024, performance improved slightly, with UNICEF reaching 68.9 per cent of the planned 965,888 admissions (admitting a total of 665,970 children). As of September 2025, 56.0 per cent of the annual target of 894,682 had been reached, with 501,080 admissions recorded. For 2026, the planned target stands at 763,879 admissions. Additionally, the country office has secured 422,159 cartons of ready-to-use therapeutic food, which will cover the period from January to June 2026, at a total cost of \$21,192,382. This amount has also been deducted from the total requirement for 2026.
11. The breakdown is as follows: child protection (\$39,832,979.16) and prevention and response to gender-based violence in emergencies (\$12,746,265.60)
12. The requirement for 2026 has been aligned with the adjusted target, taking into account the performance levels achieved in 2024 and 2025.