

Ethiopia

Consolidated Emergency Report 2021



Figure1: UNICEF provides clean water to the displaced people in the town of Chifra, Afar region. ©UNICEF Ethiopia/2021/Demissew Bizuwerkb

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Expression of thanks

UNICEF wishes to express its deep gratitude to all donors and partners for the contributions that have made the current response possible.

UNICEF would especially like to thank donors who have contributed un-earmarked funding, which gives us essential flexibility to direct resources towards the most urgent needs and ensures the delivery of life-saving supplies and interventions where they are needed most. UNICEF is also very grateful for multi-year grants provided by donors. Longer-term and predictable funding has played a crucial role in strengthening the preparedness and resilience of affected communities and in allowing us to operationalize the humanitarian-development-peace nexus. The flexibility of thematic funding support has contributed to the results against programme area targets. Continued donor support will be critical to continue scaling up the response in 2022.

UNICEF's work is funded entirely through the voluntary support of millions of people around the world and our partners in Governments, civil society and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, to help meet their basic needs, and to expand their opportunities to reach their full potential. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

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Abbreviations and acronyms

AAP	Accountability to affected populations
AEP	Accelerated education programmes
ASE/ALP	Accelerated School Readiness/Learning Programme
AoR	Area of responsibility
ART	Antiretroviral treatment
ARV	Antiretroviral
AVSI	Associazione Volontari per il Servizio Internazionale
BHA	Bureau for Humanitarian Assistance
BoWCSA	Bureau of Women, Children and Social Affairs
CERF	Central Emergency Response Fund
CEHS	Continuity of essential health services
CLTS	Community-led total sanitation
COVID-19	Coronavirus disease
CRRF	Comprehensive Refugee Response Framework
CTC	Cholera treatment centres
DDMC	District disaster management committees
DLG	District local government
DRC	Democratic Republic of the Congo
DRM	Disaster risk management
ECC	Emergency coordination centre
ECD	Early childhood development
ECW	Education Cannot Wait
EDK	Emergency drug kit
EiE	Education in emergencies
EID	Early infant diagnosis
EMTCT	Elimination of mother-to-child transmission of HIV
ENO	Emergency nutrition officer
EVD	Ebola Virus Disease
FCDO	United Kingdom's Foreign, Commonwealth and Development Office
GBV	Gender-based violence
GBViE	Gender-based violence in emergencies
HEW	Health extension workers
HAC	Humanitarian action for children
HCT	Humanitarian cash transfer
IEC	Information education communication
IMAM	Integrated management of acute malnutrition
IPC	Infection, prevention and control
IYCF	Infant and young child feeding
KAP	Knowledge, attitude and practices
MHNT	Mobile health and nutrition team
MHPSS	Mental health and psychosocial support

MNCH	Maternal, newborn and child health
MoH	Ministry of Health
MoES	Ministry of Education and Sports
MoWE	Ministry of Water and Environment
MUAC	Mid upper arm circumference
NFI	Non-food item
NGO	Non-governmental organization
ODK	Open data kit
OTP	Outpatient treatment programs
PLW	People living with HIV and AIDS
PLWHIV	Pregnant and lactating women
PMTCT	Prevention of mother-to-child transmission of HIV
PPE	Personal protective equipment
PSEA	Prevention of sexual exploitation and violence
PSNP	Productive safety net programme
PSS	Psychosocial support
REB	Regional Educational Bureau
RED/REC	Reaching every District/Reaching Every Community
ReHOPE	Refugee and Host Population Empowerment Framework
RCSM-CE	Risk Communication Social Mobilization Community Engagement
RRM	Rapid Response Mechanism
RUTF	Ready-to-use therapeutic food
SAM	Severe acute malnutrition
SBP	Standby Partner
SEA	Sexual exploitation and abuse
SEL	Socio-emotional learning
SNNPR	Southern Nations Nationalities and People's Region
SOP	Standard operating procedures
ST	Stabilization centre
STA	Settlement Transformation Agenda
TLS	Temporary learning spaces
UASC	Unaccompanied and separated children
UNHCR	United Nations High Commission for Refugees
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
VAC	Violence against children
VAS	Vitamin A supplementation
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

Executive summary

Ethiopia faces multiple humanitarian crises every year, and 2021 was no exception. These included mass displacements as a result of conflict, natural hazards compounded by climate change, inter-communal violence, further to refugee influxes/protracted caseloads and public health emergencies. In 2020, these emergencies were compounded by the persistence of the coronavirus (COVID-19) pandemic.

As the humanitarian situation of conflict, other man-made disputes and natural disasters evolved throughout the year, UNICEF worked closely with the Government and NGO partners at the federal and regional levels to respond to the specific protection needs of internally displaced persons (IDPs) or returnees and refugee children. IDPs/returnees have undergone severe psychological distress in escaping violence, during displacement (in cases, two or more displacements) and upon returning to their place of origin. Thousands of cases of gender-based violence (GBV) in both IDP and return locations were reported. As seen from field observations, women and girls affected by crises are adopting adverse coping mechanisms. In addition to the IDPs, Ethiopia hosts the second largest refugee population in Africa (830,000), almost 60 per cent of whom are children. UNICEF has responded to multiple crises in 2021 also affecting refugees in Tigray, Benishangul Gumuz, Afar and Gambella regions with lifesaving supplies and provision of emergency services in collaboration with UNHCR under the framework of the Blueprint for joint action.

Under the Education programme, UNICEF Ethiopia provided emergency assistance for over 220,000 children (24 per cent pre-primary, 76 per cent primary, with 49 per cent girls) across the country, including 108,610 children (47 per cent girls) reached in Tigray (35,229), Amhara (68,555) and Afar (4,826). Of total beneficiaries, nearly 50,000 children (49% girls) were reached through the provision of integrated education (accelerated learning) and child protection services ('My Home'¹ approach) in Afar, Amhara, Benishangul Gumuz, Oromia, SNNPR, and Tigray. This was carried out in partnership with the Government and civil society partners². UNICEF continued to act as co-grantee for Education Cannot Wait (ECW) Multi-Year Resilience Programme reaching over 35,000 children in Amhara and Oromia, and continued to co-lead the Education Cluster in 2021, playing an important role in the Education in Emergency (EiE) coordination and leadership at federal and regional levels.

Under the Child Protection and GBV interventions, UNICEF and partners reached 196,326 children and caregivers. 962 GBV survivors received case management services and 5,537 girls and boys who experienced violence were reached with child protection services. 5,831 unaccompanied and separated children were identified and supported; 3,457 of them were either reunified with their families or placed in alternative care arrangements. 70,325 children and caregivers accessed Mental Health and Psychosocial Support (MHPSS), 35,551 women and girls received dignity kits, 50,483 women, girls and boys accessed GBV risk mitigation, prevention, and response interventions, while 27,637 people were reached with Prevention of Sexual Exploitation and Abuse (PSEA) awareness-raising and access to safe reporting channels.

¹ In Amharic, the approach is called "Bete".

² Including Edukans Foundation, Plan International, World Vision, Geneva Global, Imagine 1 Day, Organization for Welfare & Development in Action, International Rescue Committee, the Norwegian Refugee Council, and Save the Children

UNICEF has also assigned dedicated technical experts to the Tigray region through two Standby Partners (SBPs) followed by two GBV in Emergencies (GBViE) Specialists at the P4 level, and two P3 Area of Responsibility (AoR) Coordinators for the Shire and Mekelle hubs in Tigray. In addition, social workers and 37 specialized MHPSS staffs were placed in health facilities and mobile clinics as well as in IDP sites supporting direct service delivery to GBV survivors and child victims of violence. UNICEF supported capacity building of 300 service provider/frontline staff from implementing partners on GBV risk mitigation, prevention and response in the conflict. UNICEF scaled up partnerships with five NGO partners, across six regions, for integrated Child Protection and Education interventions through the *Bete* Approach and as result, 29,994 children were reached with child protection services. UNICEF supported the roll out of the socio-emotional learning (SEL) package to children aged 10-17 years and parenting skills education in selected emergency affected woredas of Amhara, Benishangul Gumuz, Oromia, Somali, and SNNP regions.

In relation to the Health programme, UNICEF supported the provision of primary health care services to 1,502,211 women and children who received medical consultations in conflict and other emergency-affected regions. Of these medical consultations, 552,000 were performed in the conflict-affected Tigray, Afar and Amhara regions. As part of the northern response, UNICEF supported the procurement of health commodities for provision of essential health services that included the distribution of 526 emergency drug kits (EDKs) suitable to provide 1,315,000 medical consultations. UNICEF has equally supported the prevention and control of cholera, measles and COVID-19 outbreaks through the distributions of vaccines, CTC (cholera treatment centres) kits, personal protective equipment (PPEs), as well as provision of technical assistance for planning and monitoring, and Risk Communication & Community Engagement (RCCE).

With reference to the Nutrition interventions, UNICEF provided lifesaving therapeutic and preventative nutrition services to IDPs, refugees and vulnerable host populations across the country. 521,822 children with severe acute malnutrition (SAM) were admitted and treated with performance indicators within SPHERE standards (about 88.8 per cent cure rate, 0.3 per cent death rate and 3.5 per cent defaulter rate and 6.4 per cent non-recovered rate). Over 3.3 million children aged 6-59 months received vitamin A supplementation (VAS) in the first semester (January – June) and over 1.5 million children received VAS in the second semester (July – December). A total of 434,105 pregnant and lactating women (PLW) received infant and young child feeding (IYCF) counselling services and 758,032 pregnant women received folic acid. UNICEF delivered about USD 40 million worth of ready-to-use therapeutic food (RUTF), therapeutic milk and medicines, including 20 per cent local procurement to ensure timely and adequate treatment of children.

Fortysix ENOs were recruited and positioned across the country help improve the quality of SAM management by providing intensive on-the-job mentoring and on-site training to health extension workers and health workers at health facilities. The ENOs implemented an end-user monitoring tool to track supplies, monitor service delivery and assess beneficiary satisfaction using a mobile-based open data kit (ODK).

Under the WASH programme, UNICEF implemented interventions to address the needs of affected population by different emergencies ranging from conflict, drought, flooding, and cholera outbreaks across the country through Plan International (Amhara, Benishangul Gumuz, Gambella and SNNP), CARE/APDA (in Afar and Oromia), GOAL/OWDA (Somali and Oromia) and CRS (Tigray and Amhara). Over 1,385,416 people (men 249,375, women 263,229, boys 429,479 and girls 443,333) were provided with safe water supply through emergency water trucking, rehabilitation of non-functional schemes and fuel provision for operation of water systems). About 58,282 affected people (men 10,491, women 11,074, boys 18,067 and girls 18,650) benefited from provision of sanitation facilities including building of semi-permanent latrines, rehabilitation of latrines in Health Facilities and learning centres and operation and maintenance of latrines in IDP collective centres through desludging. More than 419,112 people (men 75,440, women 79,631, boys 129,925 and girls 134,116) were reached through improve hygiene promotion with key hygiene practices on diseases prevention and proper use of WASH facilities. Additional 300,460 (men 54,083, women 57,087, boys 93,143 and girls 96,147) people received WASH non-food items (NFIs) including Items such as buckets, jerrycans, dignity kits, and solar lights.

In 2021, UNICEF also joined the Region's Emergency Coordination Centre (ECC) – chaired by the Regional Disaster Risk Management (DRM). The ECC was established by the Government to ensure close coordination with humanitarian actors in Amhara. UNICEF has equally helped the establishment of the Amhara Cash Working Group – the lead and co-lead are the Bureau of Women, Children and Social Affairs (BoWCSA) and the regional DRM, respectively. With technical support of UNICEF, the BoWCSA developed a Humanitarian Cash Transfer (HCT) Guide, and this was endorsed by the ECC for all humanitarian partners to use in the region. Using these mechanisms and guidance, from mid-2021, UNICEF and BoWCSA were able to provide humanitarian cash transfers to 31,453 IDPs across Amhara region. The HCT support was complemented with the mobilisation of social workers to provide psychosocial support and linkages to services. UNICEF also collaborated with the BoWCSA's in Addis Ababa and Mekelle to provide top-up cash transfers to 7,830 vulnerable COVID-19-affected Urban Productive Safety Net Programme households.

The broadening conflict in northern Ethiopia led, in the second half of 2021, to an expansion of the L3 emergency from Tigray to Amhara and Afar regions. Notwithstanding, UNICEF implemented various modalities of service delivery to respond to emergencies in 2021. Among them, the engagement of partners through program cooperation agreement to implement life-saving interventions in northern Ethiopia, where the health system has been completely dysfunctional, and the implementation of find and treat campaign to early identify and treat children with acute malnutrition, as well as provision of other nutrition, health, WASH, and protection services.

The overall implementation, however, proved to be complex, with increasing challenges around access to fuel, cash, food and services generally because of the expanding conflict. The hostilities lead to a reduction of the UN and CSO footprint in October/November 2021, leading to reduced access and quality of services available for increasing numbers of IDPs and host community women and children.

Aiming at minimizing the impacts caused by the conflicts and climate crises, UNICEF supported the emergency coordination at national and subnational levels, and the implementation of emergency assessments and surveys that generated information, guided pivotal decisions along with key implementing partners.

Humanitarian context

The complex humanitarian situation in Ethiopia has deteriorated in the recent months with increased overlapping crises, exacerbating an already challenging context and situation for children and women across the country. Most recent data show that nearly 29.4 million people are currently in need of humanitarian assistance, up from 23.5 million in February 2021³. This includes 14 million children, 6 million women and 4.1 million people with disabilities⁴. Revised funding requirements have emanated from the expansion of the conflict in Tigray into the neighbouring regions of Amhara and Afar, which have seen an increase in displacement from 797,608 displaced persons in April 2021 to now over 2.1 million people across these three regions alone – an increase of 164 per cent⁵. Assessments carried out across the regions indicate the conflict has led to the widespread destruction of health facilities, occupation of schools by displaced persons, and lack of communication services, electricity, water, fuel and cash⁶. The major current challenges include lack of access to food and nutrition, water, shelter, and protection⁷.

In addition to IDPs, refugees in four regions were also affected by conflict and humanitarian crisis. Two camps in Tigray were attacked and therefore vacated (Hitsats and Shimbella) and around 65,000 refugees fled in different directions and relocated to Sudan, nearby regions, and Addis Ababa. Moreover, in Benishangul Gumuz, two refugee camps were looted (Gure-Shombole and Tongo) and around 20,000 refugees fled to nearby Tsore camp in Assosa or returned to Sudan and South Sudan. In southern Ethiopia, specifically in the camp of Dollo Ado in Melkadida, a measles outbreak was recorded with around 500 cases, in which UNICEF and partners mobilised to respond.

Further to the overly complex situation facing populations in the north, there are ongoing acts of inter violence and conflict mostly often along ethnic and political lines in Amhara, Oromia, Somali, Benishangul Gumuz and Gambella, as well as growing food insecurity – with an estimated 500,000 people facing IPC 5 famine⁸ – and daily increases in COVID-19 cases nationwide⁹ coupled with cases of cholera, measles, and vaccine-derived polio across the country.

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 17.6 per cent of people have a disability according to World Health Organization and World Bank, 'The World Report on Disability', 2011; IOM DTM Site Assessment round 26. IOM Emergency Site Assessment (ESA) round 9; IOM's weekly Event Tracking Tool (ETT), as of 30 July 2021.

5 IOM DTM Site Assessment round 26; IOM Emergency Site Assessment (ESA) round 9; IOM's weekly Event Tracking Tool (ETT), as of 30 July 2021.

6 UN Office for the Coordination of Humanitarian Affairs (UNOCHA) Situation Report 26 August 2021

7 . Inter-agency assessments across the three regions

8 IPC Acute Food Insecurity Analysis May - September 2021, Issued June 2021

9 Ethiopian Public Health Institute (EPHI) Status update on COVID-19 Ethiopia September 7, 2021

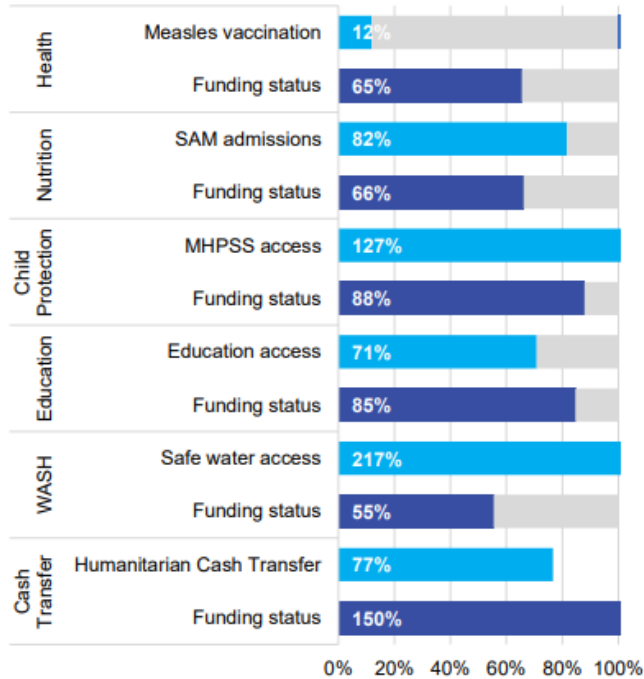
As a combined result of conflict, displacement, food insecurity, natural disasters and disease outbreaks, children across Ethiopia are facing alarming multi-dimensional poverty, violence, and lack of access to critical services to ensure their well-being including protection and education. Women and girls are particularly at risk of gender-based violence and harmful practices. The risks they face are increasingly diminishing a decade of gains in improving the quality of life of children in Ethiopia.

The inter-agency Humanitarian Response Plan is concurrently under revision to reflect the increased needs of populations due to the exacerbating needs nationwide. Provisional estimates suggest that nearly 3 million additional people were in need of humanitarian assistance since April 2021, including nearly 1.5 million children, and that an additional 1.3 million people have been displaced in the north. Furthermore, three consecutive failed rainy seasons have brought on a severe drought in Ethiopia's regions of Afar, Oromia, Somali and the Southern Nations, Nationalities, and Peoples' Region (SNNPR) drying up water wells, killing livestock and crops and pushing children and their families to the brink. Loss of cattle is significant in Somali region where an estimated 235,000 of them have reportedly died since the drought started in the last quarter of 2021. Loss of cattle deprive children of their main protein source, and malnutrition is on the rise. The drought which started at the end of 2021 may have disastrous consequences into 2022, adding another layer of complexity to the current emergencies.

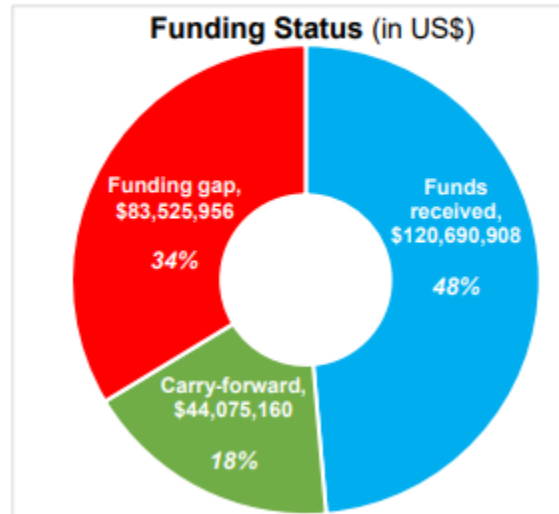
The escalation of the conflict in northern Ethiopia has had a particularly devastating impact on the lives of women and children. Around 2.1 million children and their families have been uprooted from their homes and more than 9 million people are in need of urgent humanitarian assistance in the three regions impacted by the conflict. Civilian infrastructures, including internally displaced persons (IDPs) camps, schools and health centres, have also been attacked and scores of innocent people have been killed and injured constituting flagrant violations of international humanitarian law. For example, in Amhara, over 4,000 schools have been totally or partially damaged.

However, the resources available to respond to the humanitarian needs in Ethiopia are yet limited, and risk leaving millions of children, women and men without the supplies and services they require to survive.

UNICEF's Response and Funding Status



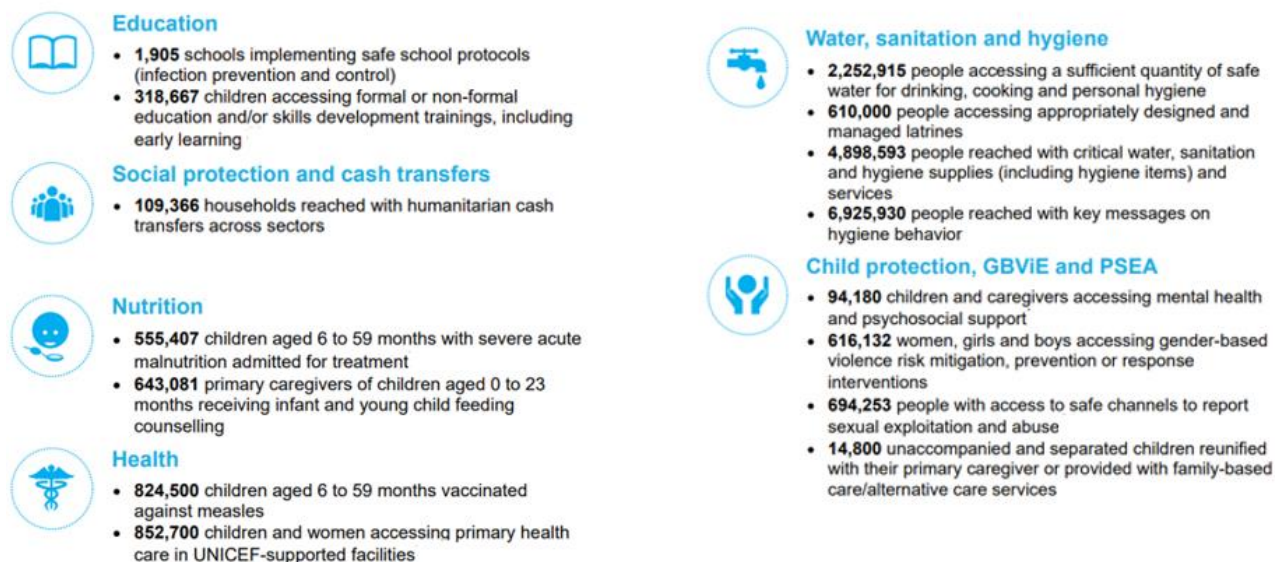
UNICEF Revised Appeal 2021 US\$ 248.3 million



Humanitarian results

- To protect lives, UNICEF is implementing a rapid response mechanism to expedite the delivery of lifesaving supplies, and support to hard-to-reach and vulnerable populations across all regions of the country.
- To address the expanding northern Ethiopia crisis and the drought across the south and southwest regions, UNICEF is widening its partnerships, rapidly dispatching emergency supplies to the Government and NGO partners, and prepositioning supplies for immediate use as needed across all three regions affected by the conflict including ready-to-use therapeutic food and water, sanitation and hygiene non-food items, and through deployment of Mobile Health and Nutrition Teams.
- Under the Blueprint framework, and jointly with UNHCR, UNICEF managed to reach more than 250,000 refugees with Education, WASH, and Child Protection supplies and services all over Ethiopia.

Figure 2: 2021 Humanitarian indicators



Nutrition

INDICATOR	Target	Result
Number children aged 6 to 59 months with severe acute malnutrition admitted for treatment	555,407	521,822
Number children 6-59 months receiving Vitamin A supplementation every six months	1,446,966	1,520,912
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	643,081	434,105
Number of pregnant women receiving iron and folic acid supplementation	249,000	758,032

UNICEF Nutrition partners in coordination with government counterparts at the federal, regional and zonal levels drove the emergency nutrition response, including leadership and coordination of the response by: strengthening the response through the deployment of mobile health and nutrition teams (MHNTs); scaling up ‘Find and Treat’ campaign; rolling out a family/mother Mid Upper Arm Circumference (MUAC) approach¹⁰; and by deploying 46 Emergency Nutrition Officers (ENOs) across the country, particularly in conflict-affected areas. The presence of third-party ENOs provided strong sub-regional capacity for effective coordination mechanisms through the decentralized clusters. SAM treatment was delivered through 19,533 treatment sites (17,241 outpatient treatment programs (OTPs) and 2,292 stabilization centres (SCs)) complemented by more than 100 MHNTs in hard-to-reach areas in Somali, Tigray, Amhara and Afar regions.

¹⁰ This entails early detection of acute malnutrition using a MUAC strip by caregivers/mothers at home and referral to a treatment centre

In Benishangul Gumuz, over 1,800 children with SAM were admitted for treatment. UNICEF provided 1,850 cartons of high energy biscuits, 2,679 cartons of RUTF, 250 cartons of F75 therapeutic milk and 23 cartons of F100 therapeutic milk for emergency nutrition services. In Gambella, over 1,400 children with SAM including refugees were admitted to nutrition service delivery sites. In addition to treatment, technical support was also provided to health and nutrition workers in 35 health facilities (reaching 43 staff health workers per visit). Technical support on guidelines and documentation, supply utilization, and transportation support in mobilizing the supplies was also provided.

In Southern Nations Nationalities and People's Region (SNNPR) and Sidama, a total of 49,997 SAM and 13,185 cases were admitted to OTPs and SCs respectively. Compared to the previous year, SAM admission in SNNPR and Sidama increased by 32 per cent in 2021. The increase in SAM cases can be partly attributed to the change in admission criteria, as well as the deterioration in food security in both regions. UNICEF ENOs provided technical support for the management of SAM and IYCF in the context of COVID-19 and ODK database utilization.

In Somali region, 89,724 children were reached with SAM treatment through continued capacity development of service providers (over 269 staff), health supply pipeline, and continued monitoring through third party ENOs with UNICEF support. Two rounds of MUAC screening/VAS across all 93 woredas were conducted in six months intervals through the Regional Health Bureau (RHB) with over 80 per cent coverage. One of the key challenges faced during the year was delayed resource mobilisation. This affected UNICEF's ability to deliver RUTF and other supplies on quarterly basis and instead resorted to monthly distribution, which put such a large-scale national programme under intense logistics distress. The revolving buffer stock was also depleted and unreplenished, greatly affecting planning of responses.

In Tigray, UNICEF focused on the provision of life saving nutrition services for children under five and pregnant and lactating women. UNICEF and partners screened 824,771 children under five and supported the treatment of 36,482 children with SAM. This achievement, which is reported across 95 sites, is significantly higher compared to 10,933 recorded in 2020 for a similar period reported across 823 sites. UNICEF continued to support the provision of supplies for SAM treatment by procuring and distributing about 40,000 RUTF cartons, 300 cartons of F-75 and 100 cartons of F100 for the treatment of SAM in the region.

UNICEF and partners also reached 224,881 caregivers, pregnant and lactating women with IYCF counselling. Thirty MHNTs were established to provide services in health facilities that were damaged and unable to sustain services. UNICEF also provided technical support through third party ENOs and partnerships with eight international non-governmental organisations (INGOs) in 40 out of the 93 woredas in the region. One of the key challenges faced in Tigray was delayed programme implementation by UNICEF partners due to shortages of fuel and cash. Last mile distribution was impacted and shortages of RUTF were reported in some woredas from time to time. The telephone line interruptions also affected reporting. UNICEF used the ENO's to manually collect reports from woredas and sent to Mekelle through the local commercial transport system for compilation.

In Amhara, a total of 44,478 children suffering from SAM were admitted for treatment in OTPs and SC programmes within the region. The admission rate decreased by 13.2 per cent compared to the previous year, possibly linked to the lack of access into areas which used to report high number of SAM cases in previous years. Over 470 health workers received training on SAM management in conflict-affected woredas to strengthen and establish SCs in both IDP and host communities, while over 520 health extension workers received Integrated management of acute malnutrition (IMAM) training, focused on OTP management and IYCF counselling.

In Afar, a total of 19,961 children were admitted to Therapeutic Feeding Programmes and treated for SAM. Of these, 586 children (3%) received inpatient treatment for complicated and severe acute malnutrition. Out of the total admitted children, 82.5 per cent were cured, with a 2.6 per cent fatality and 1.4 per cent defaulter rate. UNICEF deployed additional 10 MHNTs in response to the existing 20 MHNT (a total of 30) who provide lifesaving mobile health and nutrition services in hard-to-reach areas of the region.

Health

INDICATORS	Targets	Results
Number of medical consultations in priority locations (hard-to-reach and conflict affected areas)	852,700	1,502,211 ¹¹
Proportion of people affected by cholera accessing lifesaving curative interventions (<i>Reporting occurred only in emergency areas</i>)	25,800	2,132 ¹²
UNICEF targeted children 6 months to 15 years in humanitarian situations who are vaccinated against measles.	824,500	98,178 ¹³
Number of health care facility staff and community health workers who received personal protective equipment	12,000	62,744 ¹⁴

In 2021, 1,502,211 women and children received medical consultations in all regions through UNICEF-supported health facilities and MHNTs. Of these medical consultations 552,000 consultations were provided in conflict affected regions of Northern Ethiopia. Through several partnerships with NGOs¹⁵, UNICEF provided a comprehensive health response in Tigray. A total of 950,029 children and women received primary health care services in UNICEF-supported health facilities in Somali, Afar,

¹¹ Number of medical consultations in priority locations achievement was more than planned target (176%) due to increase population in need as result of expansion of conflict in northern Ethiopia.

¹² UNICEF supported 100% cholera cases reported (2,132) in Ethiopia. Cholera cases reported in 2021 were fortunately less than projected amount. result was low due to low number of cholera cases were reported across the country and large prevention activities conducted in terms of CTC kits, WASH activities and oral cholera vaccines (OCVs) applied to control cholera outbreaks in Oromia and Somali regions.

¹³ UNICEF targeted children 6 months to 15 years in humanitarian situations who are vaccinated against measles the achievement was only 12% of the planned targets due to the campaign that could not take place due to security situation in Tigray. However, the Integrated measles vaccination campaign was conducted in January and February 2022 and reached total of 95% (731,477) coverage of all eligible children 6 – 59 months in Tigray.

¹⁴ Number of health care facility staff and community health workers who received personal protective equipment achievement 523% -was more than fivefold increase to planned target due to significantly increased of humanitarian affected community across the country.

¹⁵ IRC, IMC, Concern Worldwide, AAH, Goal, and CRS

Benishangul Gumuz, Oromia, Gambella, Sidama, and SNNP. The medical consultations in Afar and Somali were performed by 46 UNICEF-supported MHNTs and SOS teams in 27 health centres in the regions.

UNICEF also supported the procurement and distribution of emergency drug kits (EDKs), PPEs, midwifery kits, LLINs, CTC kits, and other health commodities for essential health services and prevention control of disease outbreaks such as cholera, measles and malaria. 526 EDKs were distributed to support essential health services in conflict affected Tigray, Afar and Amhara as part of north response.

Across all regions of the country, UNICEF promoted the distribution of PPEs. Altogether, 242,118 N95 masks, 592,330 surgical masks, 2,424 protection coveralls, 1,600 surgical gowns, and 1,000 face shields were distributed to health workers nationwide. PPE support was critical for prevention of COVID-19 and continuation of essential health services.

In the SNNP region, UNICEF assisted with the measles vaccination and reached 72,606 children under five years of age for outbreak response. In Gambella, 11,066 children aged 6 months to 15 years were vaccinated against measles at refugee reception centre. In Tigray, the planned measles campaign was postponed to January 2022.

A total of 2,132 cholera cases (8 confirmed) with 18 death cases (CFR 0.84%) were reported in 2021 in four regions (SNNP, Sidama, Oromia and Somali) in Ethiopia. UNICEF support included technical assistance in planning and motoring the preparedness and response, distribution of 83 CTC kits for effective case management of cholera cases.

UNICEF has also deployed technical assistance to support health response to conflict and other emergency affected regions for planning, capacity building mentoring and monitoring.

Child protection

INDICATORS	Targets	Results
Number of girls and boys who have experienced violence reached by health, social work, or justice/law enforcement services	26,177	11,520
Number of unaccompanied and separated children accessing family-based care or a suitable alternative	14,800	6,948
Number of children and caregivers accessing mental health and psychosocial support	94,180	119,194
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention, or response interventions	616,132	228,196
Number of people with access to safe channels to report sexual exploitation and abuse	694,253	122,950

A Child Protection case management system was established and strengthened in more than 50 woredas in Amhara, Benishangul Gumuz, Oromia, Somali, Gambella, and SNNPR for identification and responding to cases of violence including facilitation of family tracing and reunification or alternative care services for unaccompanied and separated children (UASC). As part of strengthening the child protection case management system, UNICEF also supported the deployment 250 qualified social workers and community service workers within woreda level Women and Social Affairs offices. The capacities of these social workers were built on a set of skills required for managing cases of vulnerable children (including UASC), through consecutive trainings and on the job mentoring sessions. These social workers were also provided with personal protective equipment for self-care and messages on lifesaving/ behaviour change messages so that they do their job safely.

UNICEF also supported partners to establish and strengthen community-based child protection mechanisms. A total of 350 members of these structures across all regions were trained to facilitate the prevention and response to abuse, neglect, exploitation, and violence against children at community level, and their capacities were improved for identifying and referring children and families for basic and specialized services.

In 2021, over 5,600 children (2,900 girls and 2,700 boys) who experienced violence were reached by health, social work and legal/law enforcement services in Amhara, Benishangul Gumuz, Oromia, Somali, Gambella, and SNNPR. Additionally, 5,881 children were provided with child protection case management services in the Northern Ethiopia Response of Amhara, Afar and Tigray regions.

In 2021, a total of 12,500 UASC were identified and registered, of which 6,948 children (3,879 girls, 3,069 boys) were supported with reunification and/or alternative family-based care arrangements. This includes 3,929 children (2,526 girls, 1,403 boys) across Afar, Amhara and Tigray Regions.

Recognizing the increase of psychosocial distress in the emergency affected areas, UNICEF strengthened the capacities of frontline workers with Mental Health and Psychosocial Support. MHPSS and Psychological First Aid training was provided to 50 child protection staff and social workers from both government and NGO partners. The training equipped these front liners with the knowledge and skills required to provide Psychological First Aid to children and adults in distress, and to identify and plan other types of psychosocial interventions at the grassroots level.

In Amhara region, UNICEF activated the rapid deployment model, and 35 consultants (20 social workers, 12 psychologists, 3 psychiatry professionals) were deployed in 13 towns in South Wollo, South Gondar, North Gondar and North Shoa zones as part of the MHPSS response. The deployment was made in coordination with the MHPSS units of the Ethiopian Public Health Institute and the Amhara Public Health Institute. The consultants were deployed in hospitals, IDP sites and one stop centres and with focus to support restoration and provision of MHPSS services to survivors of gender-based violence and broadly to children and women survivors of violence.

A total of 119,194 children and care givers were reached through community-based mental health and psychosocial support interventions facilitated through safe spaces, peer/group support activities, socio emotional learning and parenting skill education sessions. Of these, 89,072 children and care givers are from Northern Response.

UNICEF strengthened communities' ability to monitor and address gender-based violence (GBV) risks and to provide children and their caregivers with information on where and how they can seek support. In 2021, 228,196 were provided with GBV risk mitigation, prevention, and response services. The awareness-raising sessions focused on information on intimate partner violence, sexual exploitation, benefits of early reporting of GBV incidents (within 72 hours), where to report risks/threats and how to access GBV response services. These interventions have contributed to the increase in reports/referrals of cases.

Between January to December 2021, UNICEF supported 187 survivors of GBV to access multisectoral services in Tigray. Additionally, 1,163 GBV survivors were provided with case management, medical and psychosocial services since the beginning of the conflict, including amongst IDPs, host communities and refugee camps populations in Shire. Furthermore, 48 GBV survivors (37 women and 11 girls) in Amhara region were referred for multisectoral response services. Overall, reporting and help-seeking behaviour of GBV survivors continues to be low, as stigma and fear of harassment or repeat attacks inhibit survivors from seeking support.

To enable reporting on sexual exploitation and abuse (SEA), safe and confidential reporting mechanisms for management of protection against sexual exploitation and abuse (PSEA) cases were established. 122,950 community members were provided with access to safe and accessible channels to report sexual exploitation and abuse.

Education (Learning and Development)

INDICATORS	Targets	Results
Number of schools implementing safe school protocols (infection prevention and control)	1,905	293
Number of children accessing formal or non-formal education and/or skills development trainings, including early learning	318,667	225,569 ¹⁶
Number of children receiving learning materials	537,096	126,528
Number of children supported with distance/home-based learning	72,600	(60,568) ¹⁷

In coordination with the Education Cluster and in support of the Ministry of Education and Sports (MoES)' back-to-learning planning at national and regional level, UNICEF provided technical and financial assistance for the revision of safe school opening guidelines and media/communication

¹⁶ The number includes 59,741 children received back-to-school support by Amhara Regional Education Bureaux (REB) with UNICEF assistance.

¹⁷ The most marginalized children affected by multiple emergencies, including COVID-19, have been targeted to receive learning materials in response to ensure the continuity of learning whether in temporary learning spaces or to ensure continuity of home-based learning which is reflected in another indicator (# children receiving learning materials). The number included in the last indicator shows the prospective number of children to benefit from solar radios whose procurement was completed in 2021. Actual utilization is to start in the 1st quarter of 2022.

strategy and assisted the Regional Educational Bureaux (REB) to adapt the plans, organize community consultations, and conduct back-to-learning campaigns for new school year.

Furthermore, UNICEF provided assistance to 293 schools/Temporary Learning Spaces (TLS) in hard-to-reach areas of Afar, Amhara, Somali, SNNPR, and Tigray to help improve WASH in school facilities and raise awareness of school communities on school hygiene and sanitation. The outreach included 123 schools in Afar, Somali, and SNNPR, that benefitted from the provision of water tanks and rehabilitation of water points in schools, and WASH in school and hygiene promotion activities.

UNICEF provided emergency education assistance for over 220,000 children (24 per cent pre-primary, 76 per cent primary, with 49 per cent girls) across the country, including 108,610 children (47 per cent girls) reached in Tigray (35,229), Amhara (68,555), and Afar (4,826), in partnership with the Government and civil society partners, including Edukans Foundation, Plan International, World Vision, Geneva Global, Imagine 1 Day, Organization for Welfare & Development in Action, International Rescue Committee, the Norwegian Refugee Council, and Save the Children. Of total reached, nearly 50,000 children (49% girls) were reached through the provision of integrated education (accelerated learning) and child protection services in Afar, Amhara, Benishangul Gumuz, Oromia, SNNPR, and Tigray.

UNICEF, as co-grantee of Education Cannot Wait Multi-Year Resilience Programme, continued to provide education assistance for children in Amhara and Oromia in collaboration with partners (Geneva Global and World Vision) and REBs in cooperation with Save the Children and the MoES. In the first year of the implementation, approximately 15,000 children (47% girls) have benefitted from the provision of comprehensive education assistance including the construction of learning and WASH in school facilities, provision of teaching learning materials (TLM), school feeding, and teacher trainings, while in Oromia over 21,000 children (46% girls) were supported through the provision of individual learning materials by REB.

Over 120,000 children benefitted from the provision of teaching learning materials, including individual learning materials as well as school kits, recreational kits, and Early Childhood Development (ECD) kits in conflict-affected regions such as Afar, Amhara, Benishangul Gumuz, Oromia, SNNP, and Tigray. In the last quarter of 2021, UNICEF started the dispatch of ECD kits and recreational kits in Afar (15,800), Amhara (84,900), Benishangul Gumuz (1,600), Tigray (22,000) to reach additional 147,620 (30,920 pre-primary and 116,700 primary) children in early 2022.

In 2020, the main focus of the MoES' COVID-19 response plan has been placed on distance/home-based education. In 2021, most of the schools across regions reopened and classes started except in the areas heavily affected by the conflicts in Tigray, Afar, Amhara, and other regions. To respond to the changing situations, UNICEF focused on the provision of solar powered radios for hard-to-reach out of school children in emergency-affected areas. By the end of December 2021, UNICEF dispatched over 4,000 radios (4 children per radio) to Afar. Additionally, UNICEF procured 5,200 solar radios to support out of school children in refugee and host communities in Afar, Amhara, Benishangul Gumuz, and Gambella, and the items are to be received in January 2022.

In collaboration with Save the Children, UNICEF continued to co-lead the Education Cluster in 2021, playing an important role in the Education in Emergency (EiE) coordination and leadership at federal and regional levels. The Cluster reported the reach of 795,664 children (48 per cent girls) by 14 partners through the distribution of TLM, establishment of TLS, Accelerated School Readiness / Learning Programme (ASE/ALP), and trainings of eight regional Clusters on EiE data management and rapid response mechanism. The Cluster is equally supporting the capacity building of three local CSOs as part of its localization efforts.

WASH

INDICATORS	Targets	Results
Rehabilitate and maintain existing water schemes in acute situations	85,000	670,664
Water trucking	70,000	521,679
Construct latrines for emergency sanitation in IDPs camps and emergency WASH in schools	110,000	58,282
Hygiene promotion	290,000	419,113
NFI procurement and distribution	230,000	300,460

With the generous support from the Bureau for Humanitarian Assistance (BHA), UNICEF in partnership with the Government and NGO partners, was able to implement an emergency WASH Rapid Response Mechanism (RRM) across Ethiopia since December 2020, when the partnership was established.

Over 1,385,415 people (249,375 men, 263,229 women, 429,478 boys and 443,333 girls) were provided with safe water supply through emergency water trucking (521,679 people) and rehabilitation of non-functional schemes (670,664 people and 193,072 with fuel provision for operation of water systems). This includes water trucking benefiting 309,334 people in Tigray, 35,175 people in Afar, 57,199 in SNNP, 22,511 in Oromia, and 88,004 people in Somali regions. In addition, partners operated water systems by providing fuel in Western Tigray and reached 193,072 people. Similarly, partners rehabilitated water systems across the country reaching 158,426 people in Tigray, 104,260 people in Amhara, 280,328 people in Oromia, and 26,160 in Benishangul Gumuz.

58,282 affected people (10,491 men, 11,074 women, 18,067 boys and 18,650 girls) benefited from provision of sanitation facilities including building of semi-permanent latrines, rehabilitation of latrines in Health Facilities and learning centres, and operation and maintenance of latrines in IDP collective centres through desludging. These achievements were across the country: 26,800 people in Tigray, 5,000 people in Amhara, 19,282 in Benishangul Gumuz, 4,800 people in Oromia, and 2,400 people in Somali regions, had access to emergency latrine construction and maintenance.

419,113 people (75,440 men, 79,632 women, 129,925 boys and 134,116 girls) were reached through improved hygiene promotion with key hygiene practices on diseases prevention and proper use of WASH facilities. Partners contributed to this indicator in all regions with 43,788 people in Tigray, 33,510 people in Amhara, 25,000 people in Afar, 40,480 people in SNNP, 22,550 people in Benishangul Gumuz, 22,770 people in Oromia, and 13,200 people in Somali regions.

Additional 300,460 (54,083 men, 57,087 women, 93,143 boys and 96,147 girls) people received WASH non-food items (NFIs), including Items such as buckets, jerrycans, dignity kits, and solar lights. This includes 121,360 people in Tigray, 55,100 in Amhara, 25,000 in Afar, 40,480 in SNNP, 22,550 in Benishangul Gumuz, 22,770 in Oromia, and 13,200 people in Somali regions.

Along with WASH partners, UNICEF contributed to crosscutting issues, including 66,628 women, girls and boys accessing GBV risk mitigation, prevention, or response interventions with 62,645 people reached in Tigray, 2,955 in Amhara and 1,028 beneficiaries in SNNP regions. Similarly, 249,092 children and adults had access to a safe and accessible channel to report sexual exploitation & abuse (SEA), of which 109,840 were in Tigray, 35,970 in Oromia and 103,282 people in Somali regions.

Risk communication and social mobilization – community engagement

INDICATORS	Targets	Results
Number of people reached through messaging on key protective behaviors and access to services	17,231,657	15,777,074
Number of people that participate in community engagement and behaviour changing interventions (community workers)	207,000	74,283
Number of community members that utilize the established feedback mechanisms	407,200	315,173

In 2021, UNICEF reached over 15,777,074 people in all regions of Ethiopia out of which 1,301,287 were in conflict affected regions of Tigray, Amhara and Afar. People were reached with COVID-19 prevention, Maternal, Newborn and Child Health (MNCH), nutrition, hygiene and sanitation, and GBV messages. To ensure community engagement, people were mainly reached through community outreach agents, religious and community leaders, health workers, and community workers.

UNICEF particularly supported demand generation for COVID-19 vaccine. A community rapid assessment conducted at the beginning of the year indicated that 80% of the population were willing to take vaccines when available, although the percentage declined to 65% with the introduction of the vaccine in Ethiopia. To increase the uptake of COVID-19 vaccine, UNICEF worked with the Federal MoH on strategic communication, developing targeted messages, production, and deployment of materials. UNICEF supported, both technically and financially, the rollout of the national and sub-national demand generation activities via multi-channel communication. The campaign reached over 20 million people using mass media, social influencers, and audio-mounted vans. As per the MoH, during the campaign period, over 4.9 million people (80% of campaign targets as per vaccine doses available) were vaccinated against COVID-19. COVID-19 vaccine demand generation was also acclaimed as a good practice by the Ministry.

UNICEF worked with different partners to reach and engage people in a more sustained way. UNICEF partnered with Girl Effect to particularly reach adolescents with messages on COVID-19, nutrition, GBV, and MHH. An estimated 9 million adolescents were reached through Girl Effect's 'Yegna' drama series. Findings from an assessment conducted by Girl Effect to monitor the impact of the drama series

showed that 51 per cent of viewers said that they learnt something about nutrition while 78 per cent of them claimed to have made some changes to their diet.

UNICEF also supported capacity building of different stakeholders engaged in the implementation of the RCCE-related activities. Among others, UNICEF supported training of over 23,326 Health Extension Workers (HEWs) and 1,812 HEWs supervisors on COVID-19 risk communication and community engagement. Moreover, training was provided on COVID-19 vaccine introduction to 73 hotline operators and 55 media professionals. The trainings were aimed at debunking rumours about vaccine and providing the correct information during calls and media programming.

Social Policy

INDICATOR	Target	Result
Number of households reached with humanitarian cash transfers across sectors (Households)	25,325	19,399

In mid-2021, UNICEF collaborated with Bureau of Women, Children and Social Affairs (BoWCSEA) to cover 31,453 IDPs with humanitarian cash transfers (HCTs) in Amhara region.

The HCTs were piloted in North Shewa and Oromo Special Zones covering 3,626 IDPs, of which 55 per cent were women and 56 per cent were children. Post distribution monitoring was conducted through a mobile application (KoboCollect) and found that 95 per cent of IDPs received their HCT at the time of the survey, and 99 per cent had no challenges in accessing their HCTs. Most used the cash to buy food for their family, 60 per cent purchased blankets, and 46 per cent purchased drinking water.

In early 2021, top-up cash transfers were also provided to 5,432 COVID-19 affected Urban Productive Safety Net Programme households with pregnant and lactating women in Addis Ababa (19,012 individuals in total).

In Gambella, UNICEF met with woreda administrative counterparts to establish targeting and appeals committees to support the roll-out of the HCT for the flood-affected population. The HCTs will cover 5,800 people and will be disbursed in early 2022.

In the reporting period, in three Integrated Safety Net Programme (ISNP) woredas in Amhara region, 60,099 Productive Safety Net Programme (PSNP) clients were reached with key messages on GBV-related risk mitigation measures by community level social workers during household visits, public work sessions, and cash transfer/payment days and on regular follow-up visits. Just over half of these PSNP clients were female (51%).

Community Care Collations and PSNP task force appeal committees were strengthened in three woredas in two additional kebeles in Amhara during the reporting period, and access to safe channels to report sexual exploitation and abuse (SEA) was ensured in these kebeles. As a result, access to safe channels to report SEA was established to cover 58,991 (52% female) PSNP clients.

In Amhara, UNICEF is a member of the Region's Emergency Coordination Centre (ECC) – chaired by Regional Disaster Risk Management (DRM). The ECC was established by government to ensure close coordination with humanitarian actors in the region. UNICEF is also a member of the Amhara Cash Working Group – lead and co-lead are BoWCSA and Regional DRM, respectively. With technical support of UNICEF, BoWCSA developed a Humanitarian Cash Transfer Guide, and this was endorsed by the ECC for all humanitarian partners to use in the region.

In 2021, UNICEF and BoWCSA provided HCTs to 27,829 IDPs (58% female and 50% children). This covered 10,010 IDPs in Dessie, 16,860 IDPs in Debark, and with some efficiency gains made on administrative costs, a further 914 IDPs were covered in Debre Birhan, and 43 IDPs in Bahir Dar.

Post distribution monitoring (PDM) is ongoing, and for Debark this was conducted through KoboCollect with 579 IDP households. The PDM found that all respondents received their cash transfer at the time of the survey, and of those, 43 percent said they had no challenges in accessing their cash, while 53 percent said they faced some challenges relating to the waiting time at the bank to withdraw their cash transfer. All respondents used the cash to buy food for their family, 61 percent to buy clothes for their children, 58 percent covering rental costs, 43 percent mentioning specifically buying food for their children, and 39 percent to purchase drinking water. Nearly all respondents (98 percent) received some support from a social worker. Nearly a third of respondents (32 percent), have separated (70 percent), orphaned (27 percent) or unaccompanied (6 percent) children. Of these, all received some level of support from social workers for their household, and 45 percent mentioned specific/tailored support for these children. The majority of respondent households (87 percent) are categorised as experiencing little to no hunger.

In Afar, a comprehensive household-level vulnerability assessment was conducted in Chifra *woreda*/district, covering 27,576 IDPs (4,596 HH) residing in the Waka/50 IDP site. The first round of targeting was also completed, and based on the agreed vulnerability criteria, 3,800 IDPs were identified as potential target beneficiaries. The exercise was done with the full involvement of the Chifra *woreda* steering committee, including representatives from the IDP community. In early 2022, another round of screening is scheduled to narrow down the identified IDPs to 3,640 for the HCTs. Disbursement of the HCTs will commence in early 2022.

In Tigray, UNICEF collaborated with federal and regional government counterparts to implement a cash transfer initiative for IDPs in Mekelle through the Urban Productive Safety Net Project (UPSNP). Good progress was made with the selection of IDP sites, targeting of IDPs, updating of the UPSNP system to allow registration and payment of IDPs, and approval for the disbursement of funds to IDPs through Commercial Bank of Ethiopia bank accounts. However, due to the rapidly evolving situation in Tigray, the initiative was suspended before any cash transfers were disbursed to IDP clients because of disruptions in government systems and personnel, limited access and communications, and closure of banks. With the interim government leaving Tigray, accounts were frozen, and UNICEF is discussing next steps with the Ministry of Finance (MoF) regarding the funds that were transferred to the Tigray regional Bureau of Finance (BoF).

In Mekelle, in early 2021, top-up cash transfers were provided to 2,398 clients (75% female) affected by COVID-19 and conflict, who already participated in UPSNP.

Feedback and complaints mechanisms – accountability to affected populations

In the year, over 315,173 people provided their feedback and concerns using available mechanisms. The main platforms for sharing feedbacks were hotlines, and community events including group discussions and house visits. The concerns raised by community members included ambulance services, need for training on community mobilization, maintenance of health centres, peace and security, quality of health services, medical logistics and supplies. Some of these concerns were relayed to the relevant pillars within the emergency operation centre for actions.

UNICEF Ethiopia is committed to building and strengthening partnerships and coordination with communities, local, regional, and national actors and networks to minimize gaps and duplication and maximize the quality, coverage, reach and effectiveness of our programmes. This includes the responsibility to promote individual and collective measures to coordinate and improve accountability to vulnerable people and groups and ensure that their needs, interests, concerns and rights are at the centre of decision-making at all levels.

Specifically, the Accountability to Affected Populations (AAP) will further be strengthened by setting up a call centre within UNICEF to have a well-established feedback and complaints mechanism for the affected population. Participation of the affected population will also be enhanced through local capacity building, community engagement and using tools such as human centre design.

Non-thematic case study

Case Study: Humanitarian Cash Transfers for conflict-affected IDPs in Amhara Region

Issue/Background: Describe the context/situation analysis in 2 paragraphs (100 words):

Background Statement:

The conflict that erupted on November, 2020 in Tigray region and spread across Northern Ethiopia, leading into large-scale internal displacement in Amhara. Many IDPs are either not included or have lost access to the existing national social safety net programmes, and therefore require immediate support. To address this situation, UNICEF and the Amhara Bureau of Women, Children and Social Affairs (BoWCSA), agreed to utilize the Government's growing humanitarian response experience to piggy-back off the existing social protection architecture at the regional level to provide a shock responsive humanitarian cash transfer (HCTs) to IDPs.

Provide general information that set the scene, e.g. emergency, programme, location, organization's involvement in country, etc.

In March 2021, parts of North Shewa and Oromo Special Zones were engulfed by ethnic violence. Many people were displaced and lost their homes and assets. Therefore, UNICEF collaborated with the regional government to pilot an HCT response for conflict affected IDPs. This was the first time UNICEF has worked with BoWCSA and the Bureau of Finance (BoF) to leverage government systems to

provide support to IDPs. UNICEF leveraged the existing banking agreement between the government and the Commercial Bank of Ethiopia to disburse the funds. Funds from UNICEF were provided to the Amhara regional BoF, and the cash transfers were deposited into IDP bank accounts through Commercial Bank of Ethiopia. Building on the lessons learned from the pilot, the HCT was rapidly expanded to other areas of Amhara (Dessie, Debre Birhan and Debarke) for IDPs impacted by the northern conflict in the country. UNICEF also focused on IDPs with separated/unaccompanied and orphaned children, and in collaboration with the Child Protection team, mobilized social workers to provide support and referrals.

Rationale: Why did UNICEF undertake this activity - include:

a) statement of the problem and the purpose/objective.

With a rapidly growing IDP caseload, many IDPs are either not included or have lost access to the existing national social safety net programmes, and therefore require immediate support. The new phase of the Rural Productive Safety Net Programme (RPSNP-5) plans to start providing support to IDPs if/when they return to their place of origin, through back paying up to one year of cash transfers. There are also plans for the Urban PSNP to provide support to IDPs. While this is an important step for RPSNP-5 and the Urban PSNP, the needs of existing IDPs in Amhara is unprecedented, and requires additional support from social protection stakeholders to complement the work of humanitarian actors. Therefore, to address the humanitarian needs rapidly arising from the conflict in the northern region of Ethiopia, UNICEF developed a humanitarian cash transfer response for IDPs and host families affected by the conflict with the following objectives:

- Contribute to household food and nutrition security, and ensure the cost of basic non-food items are covered
- Provide case management and psychosocial support for separated/unaccompanied/orphaned children through the social workforce
- Ensure linkages with existing social services where available

b) Underlying assumptions for the proposed intervention/solution; c) expected results; d) time frame.

UNICEF and the regional government designed the HCT response with the assumption that there would be sufficient access for frontline workers to conduct targeting, registration and mobilise social workers. The response also required that markets were accessible and functioning, and that cash transfers could be channelled through the banking system. All these assumptions were assessed and found to be sufficient. Post distribution monitoring also confirmed that the majority of IDPs had access to markets and did not face challenges accessing their cash transfers at bank branches.

Each HCT provided a monthly cash transfer of 520 ETB (for the pilot) and 800 ETB (for all subsequent responses) per person for three months. In some cases, the cash transfer was provided in one or two lump sums to ensure IDPs could access it before the situation further deteriorated.

Resources Required/Allocated: Describe the human and financial resources that were needed, and who was involved (Donors).

UNICEF secured USD 1,810,682 from the Swedish International Development Cooperation Agency for the IDP response in Amhara. All funds were channelled through government systems, and all IDPs were provided with a Commercial Bank of Ethiopia account, which the cash transfers were deposited into.

Progress and Results: Summarize in 2-3 paragraphs (200 words) the progress and any verified results in implementing or applying the initiative based on indicators and results metrics. The results could be at output, outcome, impact levels depending on the stage of the implementation.

UNICEF and BoWCSA successfully provided HCTs to 31,410 IDPs in North Shewa, Oromo Special Zone, Dessie, Debre Birhan and Debark. Further scale-up of the response is ongoing in other parts of Amhara, Afar, Gambella, and Oromia.

Post distribution monitoring (PDM) is ongoing, and for Debark this was conducted through KoboCollect with 579 IDP households. The PDM found that all respondents received their cash transfer at the time of the survey, and of those, 43 percent said they had no challenges in accessing their cash, while 53 percent said they faced some challenges relating to the waiting time at the bank to withdraw their cash transfer. All respondents used the cash to buy food for their family, 61 percent to buy clothes for their children, 58 percent covering rental costs, 43 percent mentioning specifically buying food for their children, and 39 percent to purchase drinking water. Nearly all respondents (98 percent) received some support from a social worker. Nearly a third of respondents (32 percent), have separated (70 percent), orphaned (27 percent) or unaccompanied (6 percent) children. Of these, all received some level of support from social workers for their household, and 45 percent mentioned specific/tailored support for these children. The majority of respondent households (87 percent) are categorised as experiencing little to no hunger.

Due to the rapidly expanding conflict, UNICEF was only able to disburse the first HCT payment of ETB 800 in October to 10,010 IDPs in Dessie town. The second and final HCT payment (1,600 ETB), was not transferred to IDPs in November as UNICEF and the regional government lost physical access and communication channels to the area. However, UNICEF engaged relevant regional government counterparts, and the remaining funds for this second payment were transferred from the Dessie finance office to Bahir Dar. In December, the transfer of the final HCT payment for the 10,010 IDPs was made to their Commercial Bank of Ethiopia accounts. The benefit of using the banking system is that IDPs can access their cash transfers at any Commercial Bank of Ethiopia branch nationwide.

M&E:

UNICEF and BoWCSA conducted verification checks in IDP sites and in host communities after the targeting was completed. UNICEF also supported the Amhara BoWCSA to establish a fully digital monitoring system. UNICEF was able to use an off the shelf open-source product (KoboCollect). The software is free and can be easily adapted to the needs of the intervention. UNICEF was also able to configure the software so that it is linked to the Ministry of Women and Social Affairs federal-level server system. This approach was quick to set up and roll out, and is therefore more responsive, and

agile to the rapidly shifting humanitarian context. It is also relatively simple to use and train staff on and will be a core monitoring and registration tool for BoWCSA going forward.

Lesson Learned: Describe briefly the main lessons learned from this experience. Please include information on what worked, and what did not, to improve programming. Can this lesson learned be applied to other contexts? Do you think this is an emerging best practice?

This HCT response has demonstrated that government systems can be effectively and efficiently engaged to deliver life-saving support to IDPs. BoWCSA was responsive and motivated to work closely with UNICEF and find solutions to emerging challenges. The ability to leverage the support of the Commercial Bank of Ethiopia also reduced costs and logistics for cash disbursements and minimises potential disruptions if IDPs are further displaced. The use of KoboCollect for monitoring ensured timely data collection and analysis and was used to improve the HCTs in real-time. The overall approach is demonstrating how to develop more sustainable and cost-effective solutions for humanitarian response, and the Amhara BoWCSA has continually adapted and strengthened their capabilities to respond to humanitarian situations. However, the HCT approach must be flexible to adapt to contexts such as Gambella and Afar, where the banking system is unavailable. The grievance and redress mechanism (GRM) can also be improved, and UNICEF is testing a proactive GRM approach, where a sample of IDPs are directly contacted for feedback.

Moving Forward: Describe any plans in implementation e.g. scalability/replicability/sustainability. Highlight any changes in strategy;

Based on the learning from this HCT, UNICEF has continued to secure finances, and is implementing further HCTs in Amhara, Afar, Gambella and Oromia. The approach used in Amhara is replicable and scalable, and UNICEF will continue work through government systems, and maintain our partnership with the regional BoWCSAs and BoF. Where possible, UNICEF will support the government to conduct registration of IDPs digitally, and will conduct other types of monitoring to complement the PDMs – e.g. focus group discussions with separated/unaccompanied and orphaned children. While the preference is to use the banking system where feasible, UNICEF is also adapting the approach in Gambella and Afar where access to bank branches is limited. In these contexts, cash transfers will be provided directly to IDPs on-site.

Results achieved from humanitarian thematic funding

Nutrition: Throughout the year, UNICEF and its partners were able to support the treatment of 521,822 severely malnourished children across the country, achieving 90 per cent of the cluster target (569,772) with a reporting rate of 86.4 per cent. The performance indicators remained within acceptable ranges; cured 88.8 per cent, died 0.3 per cent and defaulted 3.5 per cent as compared to SPHERE minimum standard of >75 per cent, <10 per cent and <15 per cent, respectively. The remaining 7.4 per cent of children is either medical transfers or other like non-responders to the treatment of SAM. Compared to 2020, admissions in 2021 have increased by 16 per cent.

The factors for the increase include the negative consequences of the COVID-19 pandemic, drought-induced food insecurity, increased food prices, disease outbreaks, population displacement resulting from flood, drought, and conflict. The thematic grant was used to secure a healthy supply pipeline, through the procurement and distribution of 73,639 cartons of RUTF, enabling the treatment of 73,639 under five children with SAM.

Health: In 2021, eight hospitals from the total targeted 15 learning hospitals benefited from thematic fund support. These eight hospitals expected to provide health service to the total population of 40,000,000 population for an estimated 1,183,431 newborns benefitting.

Additionally, 140 health workers were trained in conflict affected zones of Amhara regions (Waghembra, N/wollo, S/Wollo, N/Shewa, S/Gondar and Oromo special zones) on psychosocial support and provision of MNCH service on humanitarian setting for three days. USD 100,000 MNCH health supplies (43 list of items) were procured for conflict affected health facilities in Tigray, Afar and Amhara regions:

MNCH supplies procured with humanitarian thematic funding	Quantity	Item Budget
Sphygmomanometer, (adult), aneroid	9	62.1
Doppler detector, w/access	12	1800
Thermometer, clinical, digital, no Li	30	56.57
Stethoscope ,binaural, complete	15	36.62
Scale mother/child 150kg.batteries	9	1064.58
Scale, infant, springtype,25kg x 100g	6	68.6
Spatula, abdo,malleable,250mm	30	40.88
Microscope, binocular, LED basic, cabinet	6	15178.08
Test strip, WB, glucose, box/100	9	90.18
Table, gynaeco, delivery ,w/access	6	1421.94
Table, examination	9	864.9
Table, resusc ,Newborn ,w/access	6	9911.58
Wheelchair, adult	9	935.1
Stretcher, patient, w/side rails	6	1051.92
Resuscitator,hand-oper.,neonate, set	9	418.99
Reusable suction bulb	9	61.61
Warmer system, Newborn ,radiant ,w/access	10	12266.1
Surg. Instrument. dressing /SET	15	65.18
Tray, instr,ss,310x195x60mm,w/cover	9	89.27
Basin,kidney,polypropylene,475ml	9	3.04
Stand, infusion ,double hook,on castors	15	1175.25
Goggles ,protective, indirect-side-venti	15	45.45
Oxygen concentrator, 8LPM, single flow	15	11385
Bed screen, hospital ,on castors	9	731.16
Light, examination, mobile ,LED, w/access	11	7994.25
Drum,sterilizing,340mm diam	9	335.7
Table, instr, Mayo type,ss,on castors	9	989.91
Sterilizer,steam,24L	6	1663.78
Midwifery kit,1-drugs	15	6442.3
Midwifery kit,suppl.1a-drugs	15	187.15
Ethiopia Midwifery kit,2-equipment V2	3	447.52

Ethiopia Midwifery kit 3-renew	15	3244.08
Sterilization, kit C	3	1891.55
Resuscitation kit,basic	3	1067.61
Surg.inst.,suture /SET	3	24.66
Freight, Insurance & Inspection	1	13841.79
Tape measure	30	75
Solar torch, medium size, with batteries	6	24.6
Bed (single), metal	15	1245
Trolley, heavy duty, 4 wheels & squeezer	3	1470
Apron, plastic	30	108
Boot, adult, pair	15	61.5
Boot, rubber, size 39, pair	15	61.5
Total fund used for procurement in USD		100,000

Thematic funding case study

Title: Child Protection refugee emergency response in Gambella (Pagak) and Tigray (Shire)

Issue/Background: Describe the context/situation analysis in 2 paragraphs (100 words): Provide general information that set the scene, e.g. emergency situation, programme, location, organization's involvement in country, etc.

Ethiopia is the second-largest refugee hosting country in Africa, with Gambella providing refuge to a majority of South Sudanese refugees (47% of refugees in Ethiopia), and Tigray for Eritrean refugees (19%). While Gambella's Pagak Reception Center experienced a renewed influx of refugees in 2021, the conflict in Northern Ethiopia has heightened the emergency situation for refugees particularly in Shire, Tigray.

UNICEF Child Protection has supported refugee-hosting regions of Ethiopia in providing children and communities with the required services during and after displacement. This includes support to unaccompanied and separated children (UASC), case management services, MHPSS, and GBV risk mitigation and response.

Rationale: Why did UNICEF undertake this activity - include: a) statement of the problem and the purpose/objective; b) underlying assumptions for the proposed intervention/solution; c) expected results; d) time frame.

With the support of BPRM, UNICEF has been able to address the increased needs of refugee children and caregivers in Gambella and Tigray Region in 2021. The objective of the intervention was to provide refugee children in Tigray and Gambella with quality, timely, and coordinated Child Protection services, with a focus on the most vulnerable, such as UASC. This includes assistance with regard to birth registration and legal identity of refugees, as lack of legal identity remains a key barrier for refugee children to access basic services.

The underlying assumptions for the interventions were: 1) the security situation would allow for implementation, 2) the capacity of partners would remain stable, 3) COVID restrictions would allow face-to-face activities. The expected results of the intervention were:

- Child Protection partners in Gambella's Pagak Reception Center and Lare host community would benefit from increased coordination and harmonization.
- An increased number of children at the Pagak Reception Center and Lare host community have access to Child Protection services.
- An increased number of refugee and host community children and families in Shire, Tigray, would receive Child Protection services, with a focus on information on vital event registration and legal identity.

Strategy and Implementation: Describe in 2-3 paragraphs (200 words) the strategy used and how it was implemented. This should link to the issue outlined above and highlight main steps in implementing the strategy. Strategies may include in terms of advocacy, participation, gender equity, ownership, coordination and partnerships, and monitoring and evaluation.

In order to reach above targets, UNICEF employed a variety of strategies:

- Hybrid operating modality: working with both NGO implementing partners (NRC in Tigray), as well as implementing directly by deploying a Child Protection in Emergencies consultant (Pagak, Gambella).
- Monitoring: regular monitoring visits as part of UNICEF's HACT programme monitoring procedures, including adapting of programmes as needed.
- Participation: access for community members to feedback mechanisms established through all partners.
- PSEA: strong reporting mechanisms with at least two channels of reporting (one anonymous, one face-to-face) available in the case of SEA.
- Flexibility of programming: the partnership in Shire had originally planned to have a strong linkage to government institutions for issuing legal identity and civil documents, as well as to functional courts entertaining such cases. With the onset of the Tigray conflict, these government institutions were no longer active, and this activity had to be reprogrammed in consultation with partners and beneficiaries. As a result, in lieu of this activity, cash support was provided to the most vulnerable refugees affected by the conflict (see details under results).

Resources Required/Allocated: Describe the human and financial resources that were needed, and who was involved (Donors).

BPRM generously has provided the financial support for these interventions. Total allocation under this grant was USD 277,778 for Child Protection.

In Pagak, the intervention required the human resources of the UNICEF Child Protection team in Addis and Gambella, as well as a third-party consultancy firm for recruiting the deployed consultant.

In Shire, the intervention required the human resources of the UNICEF Child Protection team in Addis and Tigray, as well as those of the implementing partner NRC.

Progress and Results: Summarize in 2-3 paragraphs (200 words) the progress and any verified results in implementing or applying the initiative based on indicators and results metrics. The results could be at output, outcome, impact levels depending on the stage of the implementation. Describe the factors that enabled progress and any challenges. Describe the adequacy of M&E system in place. Relevant high-resolution photos relevant to the progress and results are welcomed by donors.

With the support from BPRM, UNICEF has been able to achieve the following Child Protection Results in Shire, Tigray Region:

- In Adi-Harush and Mai-Ayni refugee camps 1800 (777F) individuals were reached with group information sessions on issues of vital event registration and legal identity, and COVID-19 prevention messages. This includes 328 (109F) children, all of which are UASC and 1472 adults (668F).
- 98% of the group information session participants were able to identify information on civil documentation and legal identity as useful.
- 20 individuals (10F) received case-specific counselling services on civil documentation and legal identity. This includes 11 (5F) children, out of which 2 are UASC.
- 298 (61% F) individuals in May Ayni and Adi Harush refugee camps and May Tsebri IDP site received individual cash support. This cash support is provided to beneficiaries who are most vulnerable and unable to access basic essential services (UASC, child-headed households, disabled). The beneficiaries were selected through the support and participation of the community leaders and RCC.
- 1500 children and adults have accessible channels to report SEA cases (through reporting boxes and PSEA focal persons), in coordination with PSEA Network Ethiopia and 133 personnel trained on PSEA.
- 2,604 Dignity Kits were procured for GBV risk mitigation among girls and women.

Lesson Learned: Describe briefly the main lessons learned from this experience. Please include information on what worked, and what did not, to improve programming. Can this lesson learned be applied to other contexts? Do you think this is an emerging best practice?

A key lesson learned particularly from the Shire intervention is the need for flexibility in programming to adapt to changing circumstances. With the onset of the Tigray crisis, many of the planned activities were no longer feasible due to the close of governmental institutions, road blockages, closure of financial services, security concerns and lack of communication. As such, it was necessary to pivot the programme into a direction that would be most useful for the beneficiaries, which in this case was the humanitarian cash transfer modality. The need for programming this level of flexibility into programmes is an important learning that UNICEF has been adopting in other contexts and new partnerships in the Northern Ethiopia response.

Moving Forward: Describe any plans in implementation e.g. scalability/replicability/sustainability. Highlight any changes in strategy.

UNICEF programmes in Shire, Tigray, have shifted to emergency operations which are adapted to the current humanitarian context. This ensures a focus on the needs at hand and responding to the most urgent child protection risks and concerns due to the crisis, including those of refugee children in May Ani and Adi Harush refugee camps.

The surge support to the Pagak refugee reception centre in Gambella has proven to be a successful approach to directly inserting missing expertise and coordination. As such, it has the potential for being replicated in other refugee-hosting areas with a high influx such as Gambella, where direct human resources are required to ensure a timely, quality and coordinated child protection response.

Assessment, monitoring and evaluation

Implementation of humanitarian activities was in accordance with the overall UNICEF management arrangement as agreed with the Government of Ethiopia. The activities were aligned to the annual work plan and the existing monitoring system. Monitoring systems included programme quality assurance, financial spot checks, programmatic visits and field monitoring. Depending on the extent of capacity limitations, UNICEF entered into a partnership agreement with relevant non-governmental organizations for implementation of programme activities. Timely liquidation of funds by implementing partners was made possible through direct cash transfers, with monitoring both by the UNICEF Country Office and partners, and the involvement of the UNICEF District Programme Officers who conducted daily interactions with district authorities.

To monitor UNICEF interventions in hard-to-reach and inaccessible areas, UNICEF has recruited 34 third party monitors through Long-Term Agreement (LTA) arrangements with ABH International in Oromia, Benishangul Gumuz, Gambella, Amhara, Tigray, Afar, Sidama and SNNPR. In SNNP and Sidama regions, for instance, UNICEF third-party monitors visited a total of 68 health facilities (45 Health Posts and 23 Health Centres) and provided on-the-job technical support to 140 health professionals. ENOs provided technical support in monitoring supply status and ensured no supply breakage in the region.

UNICEF, in close cooperation with UNHCR has started in 2021 to operationalize the Blueprint for joint action (extended till December 2022). UNICEF enhanced coordination with RRS (Refugees and Returnees Service) at a federal and regional level and strengthened the line-ministries (Bureaus) and RRS dialogue for better refugee programming. UNICEF also responded to ongoing emergencies affecting refugees in Ethiopia, most prominently in Tigray, in addition to Benishangul Gumuz and Gambella. UNICEF also participated in the Blueprint evaluation, which was conducted globally, and Ethiopia was highlighted as a positive example in the report. UNICEF also organized a mid-term review of the Blueprint together with UNHCR and identified areas to strengthen our programmatic focus, and leverage resources for refugees.

UNICEF strengthened evidence-informed advocacy for inclusion of refugees in district and national planning and budgeting at district and inter agency levels. UNICEF developed evidence and analysis, engaged with the ministries of finance and local government, sector ministries of health, education and labour and OPM to leverage increased resource allocations to districts, to respond to refugee and host community service needs as per the CRRF framework.

Financial analysis

The 2021 UNICEF HAC appeal for Ethiopia was USD 248.2 million aimed at supporting life-saving services to vulnerable women and children affected by multiple shocks across Ethiopia: including the Northern response

Carried-forward funds of USD 44,075,159 enabled UNICEF and its partners to implement an array of humanitarian interventions. In 2021, Australia, Canada, Central Emergency Response Fund (CERF), Denmark, European Civil Protection and Humanitarian Aid Operations (ECHO), Finland, France, Germany, Ireland, Japan, Norway, Sweden, UK Aid, USAID, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and private sector donors through UNICEF Natcoms contributed USD 120,690,908 (34 per cent of the HAC appeal) to UNICEF Ethiopia's humanitarian response.

In 2021, UNICEF Ethiopia Country Office appealed for an additional USD 108 million to support the Government of Ethiopia response to the Northern Ethiopia Humanitarian situation. UNICEF received USD 79.2 million through generous contributions from, UK Aid (FCDO), the Japan Committee for UNICEF, Denmark, leaving a funding gap of USD 28.8 million, or 27 per cent.

Table 2 (i and ii): 2021 funding status against the appeal by sector (revenue in USD)

2021 HAC Funding Status including Northern Ethiopia Response

Sector	2021 HAC including Northern Ethiopia Response Funding Requirement	Total Funds Available (USD)			Funding gap (USD)	
		Funds received in 2021	Carry over	Total	USD	%
Health	33,626,778.44	15,250,284.19	6,761,607.09	22,011,891.28	11,614,887.16	35%
Nutrition	74,975,283.80	33,762,759.79	15,803,290.23	49,566,050.02	25,409,233.78	34%
Child Protection, GBViE, PSEA	23,805,446.84	14,756,213.23	6,163,682.77	20,919,896.00	2,885,550.84	12%
Education	19,733,445.24	13,474,327.41	3,212,625.91	16,686,953.32	3,046,491.92	15%
WASH	77,635,566.26	30,945,573.85	12,133,953.92	43,079,527.77	34,556,038.49	45%
Social Protection	8,000,366.02	11,973,843.75		11,973,843.75	(3,973,477.73)	150%
C4D, community engagement and AAP	8,891,811.40	129,600.00		129,600.00	8,762,211.40	99%
Cluster Coordination	1,623,326.00	398,305.95		398,305.95	1,225,020.05	75%
Total	248,292,024	120,690,908.16	44,075,159.92	164,766,068.08	83,525,955.92	34%

UNICEF Ethiopia 2021 Northern Response funding status against appeal

Sector	2021 Northern Ethiopia Response Funding Requirement	Total Funds Available	Funding gap (USD)	
			USD	%
Nutrition	25,750,984	28,930,576.76	(3,179,592.76)	112%
Health	12,908,480	6,336,699.00	6,571,781.00	51%
Child Protection	6,455,737	20,122,555.97	11,536,371.03	36%
WASH	31,658,927	6,514,248.44	(58,511.44)	101%
Education	11,809,115	2,584,844.58	2,144,755.42	45%
Social Protection	4,729,600	11,088,586.72	720,528.28	6%
PSEA	930,646	750,000.00	180,646.00	19%
GBViE	5,081,302	-	5,081,302.00	100%
C4D	768,280	129,600.00	638,680.00	83%
Monitoring / operational cross-cutting costs	8,007,446	2,772,273.53	5,235,172.47	65%
Total	108,100,517	79,229,385.00	28,871,132.00	27%

Table 3: Funding received and available by donor and funding type (USD)

Donor name/type of funding	Programme budget allotment reference	Overall amount*
I. Humanitarian funds received in 2020		
a) Thematic humanitarian funds		
See details in Table 4	SM/18/9910	8,124,194.97
b) Non-thematic humanitarian funds		
Australian Committee for UNICEF	SM210479	20,424
Japan Committee for UNICEF	SM210555	227,400
Luxembourg Committee for UNICEF	SM210765	110,465
United Kingdom Committee for UNICEF	SM210793	1,463,506
United States Fund for UNICEF	SM210862	108,728
Canada	SM210102	3,205,128
Canada	SM210193	2,373,418
Canada	SM210198	593,354
Canada	SM210818	2,358,491
Ireland	SM210924	5,889,640
Japan	SM210055	1,200,000
Japan	SM210061	3,000,000
Norway	SM210358	598,659
Norway	SM210904	2,210,433
SIDA – Sweden	SM210132	10,582,485
The United Kingdom	SM180344	28,158,032
USA (State) BPRM	SM210373	3,000,000
European Commission / ECHO	SM200232	2,344,317
Total non-thematic humanitarian funds		67,444,480
c) Pooled funding		
(i) CERF grants: 20,738,752		
(ii) Other pooled funds - 9,701,233		
CERF – UNOCHA	SM200871	1,998,894
CERF – UNOCHA	SM210151	500,000
CERF – UNOCHA	SM210162	500,000
CERF – UNOCHA	SM210320	3,499,729
CERF – UNOCHA	SM210335	4,000,001
CERF – UNOCHA	SM210905	2,487,750
CERF – UNOCHA	SM210988	7,750,000
CERF – UNOCHA	SM190360	2,378
Bureau for Humanitarian Assistance	SM200590	8,900,000
Bureau for Humanitarian Assistance	SM210826	311,220
UNOCHA – CBPF	SM211018	490,003
Total pooled funding		30,439,975
d) Other types of humanitarian funds		
Japan Committee for UNICEF	KM210010	208,631
	KM210015	66,900

France	KM210079	13,607
	KM210131	14,414
	KM210081	190,080
Total Other Humanitarian funds		493,632
Total humanitarian funds received in 2021 (a+b+c+d)		106,502,282
II. Carry-over of humanitarian funds available in 2020		
e) Carry over thematic humanitarian funds		
Thematic humanitarian funds	SM189910	3,259,078
f) Carry-over of non-thematic humanitarian funds		
UNOPS - New York	SC200739	2,471,991
The United Kingdom	SM180344	16,606,733
GAVI The Vaccine Alliance	SC200764	268,303
Poland	SM200531	49,815
USAID/Food for Peace	KM200051	889,622
USAID/Food for Peace	KM200053	197,946
USAID/Food for Peace	SM200461	1,546,528
British Government (DFID)	SM200202	105,229
UNOCHA	SM200868	934,579
UNOCHA	SM200869	1,919,912
USA (USAID) OFDA	SM200590	6,618,133
USA (USAID) OFDA	SM200548	3,828
USAID/Food for Peace	KM200081	122
USAID/Food for Peace	SM200545	760,273
UNOCHA	SM200492	423,428
UNOCHA	SM200860	4,684,017
European Commission / ECHO	SM200232	798,517
World Bank - Washington D.C.	SM200470	408,064
Global Partnership for Education	SC200189	9,839
USA USAID	SM200171	219,638
UNOCHA	SM200629	377,173
United States Fund for UNICEF	KM200152	125,000
Japan	SM200059	10,027
Japan	SM200344	1,300,283
UNOCHA	SM200022	87,081
Total carry-over non-thematic humanitarian funds		40,816,082
Total carry-over humanitarian funds (e + f)		44,075,160

Table 4: Thematic humanitarian contributions received in 2020

	Grant number	Programmable amount (in USD)	Total contribution amount (in USD)
Canadian UNICEF Committee	SM1899100959	18,975	22,410
Danish Committee for UNICEF	SM1899100520	16,721	19,748
French Committee for UNICEF	SM1899101028	357,995	422,802
United Kingdom Committee for UNICEF	SM1899100930	360,911	426,246
	SM1899101088	98,000	115,740
United States Fund for UNICEF	SM1899100851	590,939	697,916
German Committee for UNICEF	SM1899101029	535,503	632,444
Denmark	SM1899100938	6,145,150	7,257,596
Total		8,124,194.97	9,594,903

Future work plan

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. 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. 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.

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 child 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 socio-political and ethnic dynamics, while ensuring linkages to the humanitarian–development–peace nexus to the extent possible.

Table 5: UNICEF Ethiopia humanitarian targets 2022

Issue	Target
Nutrition	
Number of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	40,265
Number of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	1,628,015
Health and HIV/AIDS	
Number of children under five years vaccinated against polio	125,828
Number of children and women receiving essential health care, including prenatal, delivery and post-natal care, essential new-born care, immunization, treatment for childhood illnesses and HIV care	1,923,861
WASH	
Number of people accessing enough safe water for drinking, cooking and personal hygiene	125,000
Number of people reached with critical water, sanitation, and hygiene supplies (including hygiene items) and services	280,000
Number of people accessing safe and appropriate sanitation facilities	35,000
Child Protection, GBViE AND PSEA	
Number of children and caregivers accessing mental health and psychosocial support	27,712
Number of people with access to safe channels to report sexual exploitation and abuse	1,565,680
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention, or response interventions.	80,712
Number of children registered as unaccompanied or separated who received appropriate alternative care services	2,585
Education	
Number of children accessing formal or non-formal education, including early learning	156,412
Communication for development, community engagement and AAP	
Number of people reached with messages on access to services	9,096,271
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms	1,819,254

Annexes

A. Two-pagers: non-thematic funding contributions

Shared separately.

B. Human interest stories and communication

[Amid conflict in northern Ethiopia, children share their dreams for the future | UNICEF Ethiopia](#)

[Hagayya rain failed, the Ellas dried up and Bona strikes again | UNICEF Ethiopia](#)

C. Links to external media and communication – human interest stories

During 2021, UNICEF continued to produce numerous advocacy and communication products on the situation and needs of children, women and their communities affected by the multiple humanitarian crises across the country.

As a result, the number of followers continued to increase across all UNICEF Ethiopia's social media platforms (Twitter, Facebook, Instagram, YouTube, LinkedIn). Overall, the total reach across its digital platforms was over 3.2 million. Specifically, there was an increase of 69,500 followers; 15,000 on Facebook, 41,000 on Twitter and 6,000 on Instagram and 181,859 website views were gained with 35 published human interest stories/press releases and reports.

A strong emphasis was placed on the conflict in Northern Ethiopia and working closely with UNICEF HQ and East and Southern Africa Regional Office (ESARO), statements and updates were provided to both international and local media and numerous media interviews conducted on the crisis, including on BBC, CNN, UK Guardian, Reuters and others. Multimedia content was also produced highlighting UNICEF's programmatic response and results for children impacted by the conflict, drought and floods for resource mobilization.

Various media outlets picked up content produced by the section, including AP and Forbes magazine, and over 8 videos were produced on the crisis in Northern Ethiopia, which were disseminated in the Country Office, Regional, HQ and National Committee digital platforms. Joint field visits with the Government and donors were also undertaken to the impacted regions for advocacy.

Donor-branded multimedia content was produced and published to provide recognition and visibility for multiple donors, including Sweden, UKAID, USAID, Canada, Japan and ECHO.

UNICEF also engaged its supporters and influencers on key advocacy areas, including with Gelila Bekele - advocate for girls and women rights - which resulted in a personal contribution of US\$50,000 to a school feeding programme through Imagine1Day, in Tigray.

On COVAX, several hand-over ceremonies were held with donors and the Government to acknowledge specific donor contributions of COVID-19 vaccines and to highlight the COVAX facility.

Branding and visibility guidelines including infographics were produced and disseminated for the Bete ('My Home') campaign which provides integrated protection and education services for boys and girls living in the midst of humanitarian emergencies.

D. Programmatic and financial risks

Under the global Harmonized Approach to Cash Transfers (HACT) Framework, UNICEF continues to implement stringent quality assurance activities (such as financial spot checks, programme monitoring visits and scheduled audits) to mitigate fiduciary risks inherent in transferring cash to government institutions. UNICEF applies HACT as a risk management tool in the management of cash transfers to ensure that funds are used to achieve intended results. This approach establishes common principles and processes for managing cash transfers among United Nations agencies that have adopted the approach across all countries and operational contexts, ensuring capacity assessment, cash transfers and reports, assurance activities and capacity development in financial management for UNICEF implementing partners.

HACT aims at managing risk related to cash transfers made to implementing partners in support of programme implementation, to reduce partner transaction costs and to promote progressive use of national systems for management and accountability of results and resources. It is done through HACT assurance activities such as spot checks and audits, when applicable. The frequency of the assurance activities is dependent on the value of the funds received by the implementing partner during a period of 12 months and the risk rating of the implementing partner. Government institutions do not receive additional funds until previously transferred funds are adequately accounted for within six months of receipt of funds.

The HACT processes, including cash transfers disbursement, reporting and monitoring of expenses may be found online at <https://unsdg.un.org/resources/harmonized-approach-cash-transfers-framework>

E. Safeguarding

UNICEF has a zero-tolerance policy to sexual exploitation and abuse (SEA) and is committed to preventing and addressing cases of sexual exploitation and sexual abuse in line with the United Nations Secretary-General's bulletin on special measures for protection from sexual exploitation and abuse (ST/SGB/2003/13). UNICEF Ethiopia has put in place cross -sectoral strategies for creating and maintaining a safe environment for the people we work with. These involves implementation of concrete steps to make sure that staff, local implementing partners (Government and CSOs) and the institutional vendors contracted understand and adhere to the policy of zero tolerance to SEA. Concrete action taken during the reporting period include; I Community Sensitization and awareness creation on PSEA: These includes development of clear IEC materials for messaging on PSEA, particularly in high-risk environments, the messages are integrated into our C4D platforms and community consultation approaches as a trust building and prevention measure. These includes the sharing of PSEA principles and codes of conduct (including what will be done in response to any complaint) in accessible formats (simplified texts, picture messages, audio recordings, graphics, or videos) and languages and dissemination through multiple channels.

Capacity Building

UNICEF staff partners and volunteers are required undertake a mandatory online and in person training on PSEA, focusing on the 6 core principles of SEA, in addition, they are required to sign code of conduct as a form of commitment. Community frontline workers, committees, and other structures which partners and UNICEF work with are also trained on PSEA and reporting mechanism

As part of a global UNICEF requirement, UNICEF Ethiopia carried out PSEA risk assessment of national NGOs and civil society partners that UNICEF works with. Partners were assessed against six core principles: 1) organizational policy, 2) organizational management, 3) mandatory training, 4) reporting, 5) assistance and referrals, and 6) investigations. Partners are rated as low, medium or high risk. SEA high risk triggers additional programmatic visits by UNICEF, with a focus on beneficiary-level monitoring with SEA questions. UNICEF cannot continue to work with a partner with a high SEA risk or high SEA risk assumed rating for more than 12 months.

The PSEA risk assessment was accompanied by a virtual training on the six core principles and how to address the gaps if the organization is rated as high risk. Each organization that has been rated as high risk is required to develop a PSEA Action Plan and achieve full implementation within one year of the assessment.

All UNICEF personnel and implementing partners have a duty to report allegations of SEA to UNICEF senior management. The UNICEF Notification Alert to Senior Management sets out who must report what, when and to whom. Reports must be made urgently and in line with the timeframe set out in the step-by-step reporting notification alert once an allegation is received. To foster community reporting, UNICEF has established a safe, confidential, and trustful reporting mechanism through the regional field offices, hence the field based focal points have been trained on safe reporting and equipped with dedicated lines for SEA reporting. In some areas where phone lines don't work, UNICEF is working with other agencies to establish confidential suggestions boxes and trained community protection focal points to serve as community reporting mechanism. Beyond the reporting, UNICEF has put in place an elaborate referral mechanism to ensure that all issues are addressed in an effective manner

UNICEF strives to provide quality SEA survivor assistance through ongoing child protection programmes and resourced through the Humanitarian Response Plan and other funding mechanisms. The assistance in accordance with the survivor's needs and wishes (such as medical care, psychosocial support, legal assistance, reintegration support

To strengthen our PSEA efforts, UNICE Ethiopia has hired a PSEA coordinator to lead the office wide efforts and appointed focal points at all the field offices to support implementation of the PSEA action plan at the field level. The focal points also serve as the primary reporting line for the communities.

F. Donor feedback form

[Feedback form link](#)