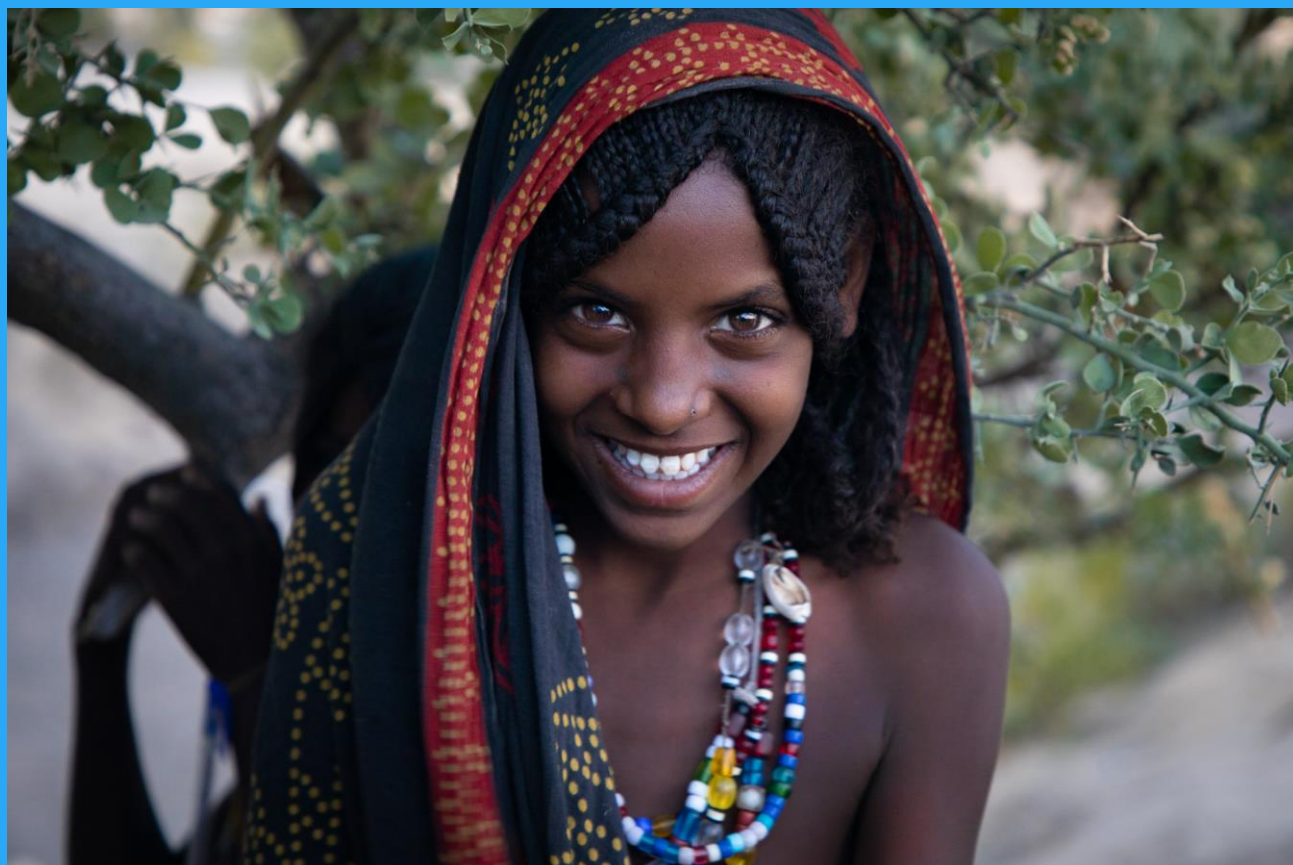


Ethiopia

Consolidated Emergency Report 2022



*Figure 1: Aicha, 11, smiling. UNICEF conducted awareness-raising activities to ensure young girls are not forced into marriage in the Afar region of north-eastern Ethiopia. * Aicha's name has been changed © UNICEF/UN0735171/Pouget*

**Prepared by:
UNICEF Ethiopia**

March 2023

Expression of thanks

UNICEF wishes to express its deep gratitude to the Bureau for Humanitarian Assistance, Canada, Central Emergency Response Fund (CERF), Denmark, European Civil Protection and Humanitarian Aid Operations (ECHO), France, GAVI the Vaccine Alliance, Germany, Italy, Japan, Korea, Luxembourg, Norway, Sweden, Switzerland, UK Aid, United Arab Emirates, United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), World Health Organization (WHO), USAID, UNICEF Kuwait, UNICEF Qatar, Education Cannot Wait (ECW), and private sector donor contributions through UNICEF National Committees 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 scaling up the response in 2022.

UNICEF work is funded entirely through the voluntary support of millions worldwide 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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Acronyms

AAP	Accountability to Affected Populations
AEP	Accelerated education programmes
ALP	Accelerated Learning Programme
ANC	Antinatal care
AoR	Area of responsibility
AP	Associated Press
APDA	Afar Pastoralist Development Association
ART	Antiretroviral treatment
ARV	Antiretroviral
ASDEPO	Action for Social Development and Environmental Protection Organization
ASR	Accelerated School Readiness
AVSI	Associazione Volontari per il Servizio Internazionale
BHA	Bureau for Humanitarian Assistance
BoLSA	Bureau of Labour and Social Affairs
BoWCSA	Bureau of Women, Children and Social Affairs
BoWCYA	Bureau for Women, Children and Youth Affairs
CEHS	Continuity of essential health services
CERF	Central Emergency Response Fund
CIFF	Children Investment Fund Foundation
CLTS	Community-led total sanitation
CMAM	Community-based Management of Acute Malnutrition
COHA	Cessation of Hostilities Agreement
COVAX	COVID-19 Vaccination
CPIe	Child protection in emergencies
CRRF	Comprehensive Refugee Response Framework
CSO	Charities, societies and organizations
CSW	Community service workers
CTC	Cholera treatment centres
CVT	Centre for Victims of Torture
DDMC	District disaster management committees
DLG	District local government
DRAP	Drought Response Assistance Plan
DRC	Danish Refugees Council
DRM	Disaster risk management
EBC	Ethiopia Broadcasting Corporation
ECC	Emergency coordination centre
ECD	Early childhood development
ECHO	European Civil Protection and Humanitarian Aid Operations
ECW	Education Cannot Wait
ECWG	Ethiopia Cash Working Group
EDK	Emergency drug kit
EID	Early infant diagnosis
EiE	Education in emergencies
EMTCT	Elimination of mother-to-child transmission of HIV
ENO	Emergency nutrition officer

EPA	Ethiopian Psychologists' Associations
ESARO	East and Southern Africa Regional Office
EVD	Ebola Virus Disease
F&T	Find-and-treat
FCDO	United Kingdom's Foreign, Commonwealth and Development Office
FTR	Family tracing and reunification
GBV	Gender-based violence
GBViE	Gender-based violence in emergencies
GRM	Grievance and redress mechanism
HAC	Humanitarian action for children
HACT	Harmonized Approach to Cash Transfers
HBCC	Hygiene Behaviour-Change Coalition
HCT	Humanitarian cash transfer
HEB	High-energy biscuits
HEW	Health extension workers
IASC	Inter-agency standing committee
ICS	Immigration and Citizenship Service
IDP	Internally displaced persons
IEC	Information education communication
IFA	Iron and Folic Acid
IMAM	Integrated management of acute malnutrition
IMO	Information management officer
IOM	International Organization for Migration
IPC	Infection, prevention and control
IRC	International Rescue Committee
IYCF	Infant and young child feeding
KAP	Knowledge, attitude and practices
LLIN	Long Lasting Insecticidal Nets
LTA	Long-Term Agreement
MAM	Moderate acute malnutrition
MEB	Minimum Expenditure Basket
MHNT	Mobile health and nutrition team
MHPSS	Mental health and psychosocial support
MIS	Management Information Systems
MNCH	Maternal, newborn and child health
MoE	Ministry of Education
MoH	Ministry of Health
MoWE	Ministry of Water and Environment
MoWSA	Minister for Women and Social Affairs
MUAC	Mid-upper arm circumference
NFI	Non-food item
NGO	Non-governmental organization
OBN	Oromia Broadcasting News
ODK	Open data kit
OSC	One-Stop Centre
OTP	Outpatient treatment programmes

OWDA	Organization for Welfare Development in Action
PDM	Post-distribution monitoring
PHC	Public health care
PLW	Pregnant and lactating women
PLWHIV	People living with HIV and AIDS
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
PTSA	Parent-teachers-student Association
RBM	Result Based Management
RCCE	Risk Communication and Community Engagement
RCSM-CE	Risk Communication Social Mobilization Community Engagement
RDM	Rapid Deployment Mode
REB	Regional Educational Bureau
RED/REC	Reaching every District/Reaching Every Community
ReHOPE	Refugee and Host Population Empowerment Framework
RRM	Rapid Response Mechanism
RRS	Refugees and Returnees Service
RUTF	Ready-to-use therapeutic food
SA	Site Assessment
SAM	Severe acute malnutrition
SBA	Skilled birth attendant
SBC	Social and Behaviour-Change
SBC	Social Behavioural Change
SBP	Standby Partner
SC	Stabilization centre
SCI	Save the Children International
SDD	Solar Direct Drive
SEA	Sexual exploitation and abuse
SEL	Socio-emotional learning
SNNP	Southern Nations Nationalities and Peoples
SNNPR	Southern Nations, Nationalities, and Peoples' Region
SOP	Standard operating procedures
SRCT	Shock-responsive cash transfers
STA	Settlement Transformation agenda
SW	Social workers
TFP	Therapeutic Feeding Programme
TLS	Temporary learning spaces
TPLF	Tigray People's Liberation Front
TPM	Third-Party Monitoring
TSEDU	Total Sanitation for Ending Defecation and Urination
TWG	Technical Working Group
UASC	Unaccompanied and separated children
UNFPA	United Nations Population Fund

UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
VAC	Violence against children
VAS	Vitamin A supplementation
VPN	Virtual Private Networks
VSAT	Very Small Aperture Terminal
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization
WVE	World Vision Ethiopia

Executive summary

Ethiopia still faces huge humanitarian crises yearly, and 2022 proved no different. With ongoing conflicts, inter-communal violence, mass displacement, drought and seasonal flooding, Ethiopia is dealing with the brunt of 29.7 million people in need of humanitarian interventions.¹ In 2022, Ethiopia's humanitarian context was characterized by conflicts, inter-communal violence, drought and seasonal and flash flooding, with a significant increase in internal displacement and people in need of assistance. In September 2022, according to the DTM², 2.73 million³ IDPs were identified in 2,200 IDP sites across 11 regions in Ethiopia. The conflict in northern Ethiopia stopped after the Cessation of Hostilities Agreement (COHA) was signed between Tigray People's Liberation Front (TPLF) and the Federal government in early November.

In 2022, through its child protection intervention, UNICEF has enabled over six million people in Ethiopia to have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers. Five million women, girls, and boys were provided access to GBV risk mitigation, prevention and/or response interventions. And over 180,000 children and parents/caregivers had access to health and psychosocial support.

Moreover, to address acute needs in alleviating the humanitarian situation, UNICEF distributed 60,805 dignity kits throughout eight regions (Afar, Amhara, Benishangul-Gumuz, Gambella, Oromia, Somali, SNNPR, Tigray). In Oromia, a one-time cash transfer was provided to 4,712 beneficiaries for procuring and using dignity kits, and child protection officers were trained in case management. In the Somali region, 2,100 women and children were provided psychosocial support, and six women and girls' safe spaces and child-friendly spaces were constructed. UNICEF also supported the construction and distribution of supplies of three one-stop centres to provide life-saving services to survivors of GBV in Gode, Somali and Dessie and Welidya, Amhara.

Furthermore, under the education interventions, 20,000 children accessed accelerated learning programmes with learning materials, and 27,183 children and caregivers with child protection case management services, mental health and psychosocial support (MHPSS), and GBV prevention and response interventions across conflict-affected woredas of Tigray and Amhara regions. Through NGO partners in the Tigray and Amhara regions, UNICEF strengthened the integrated education and child protection programme 'Bete'⁴ ('my home'). As a result, over 500,000 children in Ethiopia accessed formal or non-formal education, including early learning and received individual learning materials.

To address health emergency preparedness and response activities in Ethiopia, UNICEF vaccinated over three million children aged 6-59 months against measles and provided over 2.5 million children and women access to primary health care in UNICEF-supported facilities (MHNTs, outreach and fixed health facilities). In addition to the health care services, on-job training and mentorship were provided to improve the quality-of-service delivery in 156 health facilities. Additionally, UNICEF dispatched 134,000 Long

¹ UNICEF Ethiopia Humanitarian Action for Children 2022 - <https://www.unicef.org/media/112126/file/2022-HAC-Ethiopia.pdf>

² Ethiopia National Displacement Report 14 Site Assessment Round 31 and Village Assessment Survey Round 14: August - September 2022

³ UNICEF estimates that there are approximately 4.51 IDPs across Ethiopia at this time. This is based on the most recent DTM Ethiopia National Displacement Report 14: Site Assessment Round 31 and Village Assessment Survey Round 14 (August - September 2022), which identifies 2.73 million IDPs across all regions of the country except Tigray and is coupled with DTM Emergency Site Assessment - Northern Ethiopia Crisis - Round 8 (October 2021), which indicated there were 1.8 million IDPs in Tigray. Based on recent regional reports from Tigray, 1.8 million IDPs remains an accurate estimate of displaced persons at this time.

⁴ Integrated Education and Child Protection approach

Lasting Insecticidal Nets (LLIN) to prevent and control malaria cases in Tigray and other regions. UNICEF also provided three generators to three hospitals in conflict-affected areas to restore and sustain maternal and children's health services. The government staff's (health workers) ability to deliver was affected by critical factors such as security issues and fuel and cash shortages. However, UNICEF established partnerships with I/NGOs and continued collaboration with the Regional Health Bureau and implementing partners to deliver results for children and worked closely with WHO and United Nations Population Fund (UNFPA) to strengthen the coordination of health service delivery.

Despite challenges such as limited access to supplies and the onset of the conflict, UNICEF supported the government and partners in admitting and treating over 709,996 children with SAM in Ethiopia between January and December 2022. UNICEF led innovative find-and-treat campaigns (rapid response) that ensured early detection, referral and treatment with over 9.34m children 6-59 months screened for severe acute malnutrition nationwide. The findings from the find-and-treat campaign indicated a worsening nutrition situation in many project locations. UNICEF nutrition supported 18 International and local NGOs during the reporting period; challenges such as limited access due to conflict, rupture in supply pipelines and rapidly evolving and worsening drought were encountered.

To address nutrition needs in the country, UNICEF provided supplies to children suffering from severe acute malnutrition (SAM) in Ethiopia; in 2022, UNICEF procured and distributed supplies required for the treatment of wasting, including 6,900 MT² of RUTF, 216 MT of F75, 133 MT of F100 and enough Resomal and amoxicillin across all the regions of Ethiopia. The supplies were used for the provision of life-saving nutrition interventions.

In addition, over 1.1 million pregnant women received preventative iron supplementation, and over 3.5 million children aged 6-59 months received vitamin A supplementations in Ethiopia. UNICEF utilized many different but suitable delivery mechanisms to support the disrupted health system in Tigray, including 14 UNICEF-led find-and-treat campaigns, eight partnerships with NGOs and the recruitment of consultants to monitor service delivery. However, security issues in the region caused significant constraints in access to the nutrition response, with only 34 per cent of health facilities delivering OTP services reporting during the reporting period.

Furthermore, life-saving emergency nutrition services and support for deploying mobile health and nutrition teams in drought-affected areas were implemented, with over one million women receiving infant and young child feeding counselling services. The number of children admitted and treated for SAM increased by 36 per cent from 2021 to 2022, leading to an increased need for the rehabilitation of stabilization centres (SCs) and providing opening and treatment kits for inpatient management of SAM with medical complications in stabilization centres. Emergency nutrition officers (ENOs) provide monitoring and supportive supervision of nutrition services across the regions of Ethiopia.

To address Social Behavioural Change (SBC), UNICEF reached over 26 million people through messaging on prevention and access to services in Ethiopia. Additionally, two million people were involved in risk communication and community engagement, and nearly 600,000 people were also given access to established accountability mechanisms. SBC and WASH also implemented a tool kit for religious leaders from Christian and Muslim communities. This tool kit addressed access to safe water and water handling practices, access to sanitation with the promotion of an open defecation-free environment, promotion of personal hygiene practices and baby WASH practices. Moreover, in collaboration with the Ministry of Health, Education, Water and the Federation of Disability Associations,

a disability-inclusive SBC WASH mobile application software development was initiated in February 2022. The SBC tool is to be used by health workers, religious leaders, journalists, media professionals, school children and wider communities.

To enhance social policy in Ethiopia, UNICEF reached 136,110 households with UNICEF-funded multipurpose cash transfers in 2022. Shock-responsive cash transfers (SRCTs) were given to over 56,000 internally displaced households affected by conflict, drought, and floods and financially supported Ethiopia's rural Productive Safety Net Programme (PSNP), covering over 300,000 drought-affected people in Afar, Amhara, Gambella Oromia and SNNP. This programme positively impacted the recipients' lives by improving food consumption, household health status, sending children to school, buying drinking water and paying debts. UNICEF also provided a pilot top-up cash transfer for people with disabilities in the Amhara region. UNICEF worked with the Bureau of Labour and Social Affairs (BoLSA) and the Bureau of Finance to provide SRCTs to drought-affected internally displaced households in the Somali and Oromia regions and the Dhas woreda, Borena zone. The cash transfers were primarily used to purchase food, clothing and livestock, cover medical expenses and repay debts/loans. Most respondents also received complimentary nutrition information. Almost all respondents felt that their situation has changed/improved due to the cash assistance, with improvements in food consumption, the ability to send children to school, and the ability to buy drinking water.

UNICEF Ethiopia provided rapid responses against the HAC 2022) to acute emergencies through the provision of safe water supply (including basic rehabilitation of systems reaching 1,773,489 people and emergency water trucking reaching 1,446,149 people), WASH Non-Food Items (NFIs) were distributed to 484,930, emergency latrines provided to 250,255 people, hygiene promotion, Personal Protective Equipment (PPE) benefited 855,887 people. UNICEF implemented an emergency WASH response in Afar, Amhara, Benishangul-Gumuz, Gambella, SNNPR and Somali regions.

In partnership with the Government of Ethiopia and NGO partners, UNICEF implemented emergency WASH responses throughout the country. As a result, over three million people, including IDP and refugees, were provided with a safe water supply. Seven million beneficiaries were also reached with hygiene promotion activities, including key hygiene practices on disease prevention and handwashing. And a further 1.5 million were reached with critical WASH supplies. The funding flexibility allowed UNICEF Ethiopia to respond to emergencies in different locations across the country promptly, and activities were carried out in partnership with local organizations. Coordination with the WASH Cluster was critical in identifying gaps and responding to the needs of displaced persons and refugees stated above.

Humanitarian context

UNICEF 2022 HAC appeal in Ethiopia was USD 532.3 million to address increased needs due to climatic shocks, public health emergencies, armed conflict and deepening food insecurity nationwide. By the end of 2022, only USD 233.7 million had been received, representing only 50 per cent of the required needs⁵. The appeal includes funding for the northern Ethiopia Response Plan and drought response. UNICEF sincerely thanks the many donors who provided critical support towards the HAC.

⁵ UNICEF Response and Funding Status: multiple reactive measles vaccination campaigns conducted in drought affected regions of Somali, Oromia and SNNP allowed to reach higher achievements than initially targeted. The reactive measles vaccination campaigns were conducted in 55 measles outbreak affected areas. Scale up of the MHPSS response throughout the country reached higher achievements than initially targeted, supported by diversification of implementation through the rapid deployment model.

In recent decades, Ethiopia is experiencing one of the most severe droughts, with more than eight million people being food insecure. The drought has led to deteriorating conditions in the southern and south-eastern parts of the country, resulting in significant livestock death and [large-scale, atypical livestock migration](#). Over 4.5 million livestock⁶ have died since late 2021, and at least 30 million weakened and emaciated livestock is at risk. The fifth consecutive failed rainy season from October to December will likely continue to generate humanitarian needs and negatively impact the livelihoods of people living in drought-affected areas. Such conditions persisting through at least mid-2023 across the pastoral areas. Additionally, the education of over 1.6 million children has been negatively impacted, with an estimated 480,000 children forced out of learning due to school closures in several regions due to the drought.

Following the COHA in November 2022, there has been relative calm in the northern regions of Ethiopia. In Afar, Amhara, and Tigray, an improved security situation has seen greater access to humanitarian operations. However, violence and conflict persist in other parts of Ethiopia, such as Benishangul-Gumuz, where nearly 50 per cent of the population, over 280,000 people, have been displaced and the main road connecting the region to Addis Ababa has been disrupted.

In July, Al-Shabaab, from neighbouring regions of Somalia, undertook a series of attacks Somali region, resulting in counterattacks by federal and regional government forces. Cross-border attacks continued periodically throughout 2022, and access restrictions remained in some parts of Somali's southern zones, affecting humanitarian operations. Meanwhile, the security situation in Oromia's West Wollega, East Wollega, Kelem Wollega, Horro Guduru Wollega, West Shewa, North Shewa, Guji and West Guji zones has been deteriorating, impacting over 1.2 million people in 85 woredas and compromising the availability and provision of basic services.

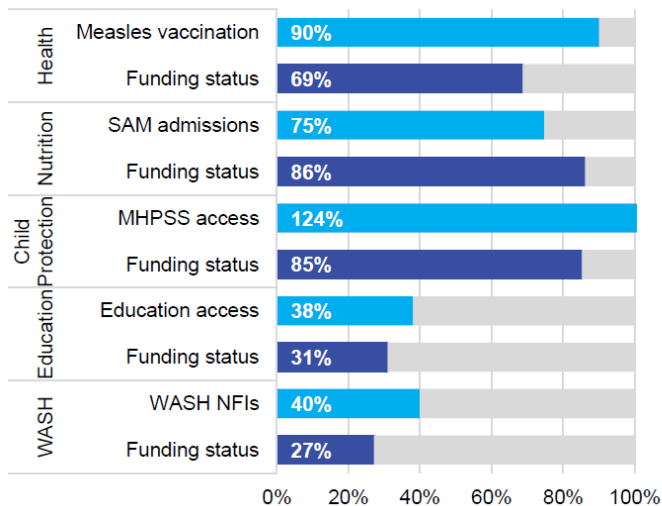
A cholera outbreak in August in Oromia's Bale zone has since spread to five additional woredas in Oromia, and two Somali, with about 700 cases reported, including 24 deaths. Additionally, there is an active measles outbreak in several regions, with over 7,300 cases⁷ reported since the beginning of the year. A nationwide integrated measles vaccination campaign targeting 15.5 million children aged 9-59 months was launched in December, with 14.5 million children receiving measles vaccination with 98.5 per cent coverage. In Tigray, an integrated measles campaign is planned for 2023 to reach 652,024 children. Rapid assessments conducted by nutrition cluster partners throughout the year showed the deterioration of the nutrition status of under-five children and women in Ethiopia, with a 23 per cent increase in the number of wasting cases compared to the same period in 2021.

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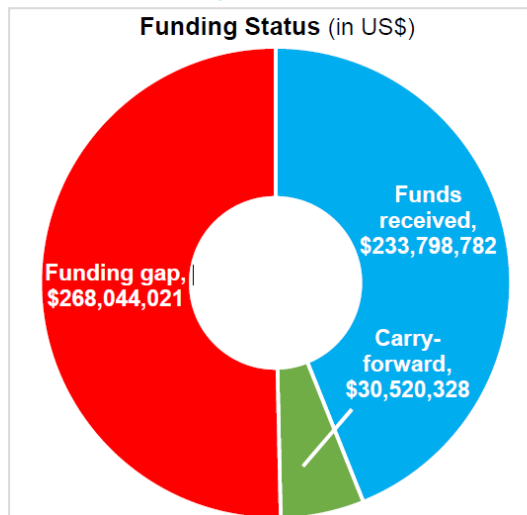
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⁷ <https://reliefweb.int/report/ethiopia/ethiopia-situation-report-6-dec-2022>

UNICEF Response and Funding Status



UNICEF Appeal 2022 US\$ 532 million



Humanitarian results

- In 2022, UNICEF reached 4.7 million children with life-saving interventions and provided various programmes in Ethiopia to support women and children. In regions such as Amhara, Oromia, Somali and Tigray, UNICEF has distributed 60,805 dignity kits or cash-in-lieu of dignity kits, provided psychosocial support, women and girls safe spaces and child-friendly spaces and safe reporting mechanisms for sexual exploitation and abuse.
- To address the significant educational decrease, UNICEF provided accelerated learning programmes, child protection case management services, and GBV response interventions.
- 9.3 million children 6-59 months were screened for malnutrition.
- 709,996 SAM cases were admitted for treatment with cured, defaulter and death rate reported as 88.4 per cent, 2.9 per cent, and 0.23 per cent, respectively.
- Over 4.3 million and 3.8 million children 6-59 months received vitamin A in semesters 1 and 2, respectively.
- UNICEF additionally provided nutrition supplies such as RUTF, therapeutic milk and vitamin A supplementation to children with SAM and conducted find-and-treat campaigns to identify and admit children for treatment.
- To save lives, UNICEF implemented an emergency WASH response in Gambella and Afar, providing safe water supply and hygiene promotion activities to displaced persons and refugees. UNICEF partnered with local organizations and conducted capacity-building plans for their partners to improve their services.
- Over three million children received vaccination against measles and over 2.5 million children and women received UNICEF-supported primary health care services.

Results achieved from humanitarian non-thematic funding

Child Protection and Gender-Based Violence (GBV)

UNICEF and its partners, including Bureaux of Women and Social Affairs, international NGOs and local NGOs, have been delivering life-saving child protection and GBV services in the Afar, Amhara, Oromia, Somali, and Tigray regions of Ethiopia despite considerable humanitarian access constraints in 2022.

Case Management and Referrals: UNICEF strengthened child protection and GBV case management in emergency contexts through recruiting and training social workers and case managers with Bureaux, and NGOs. For example, in Oromia, 52 child protection officers (19 women, 33 men) were trained in child protection case management and provided on-the-job coaching and mentoring. Accordingly, 234 children (171 girls, 63 boys) were identified and provided with case management services. In Amhara, 36 (19 females and 17 males) community service workers benefited from the capacity-building training that took place in August 2022. The main objective of the training was to strengthen linkages to social services and the overall case management system.

Mental health and psychosocial support (MHPSS): UNICEF provided psychosocial support (PSS) in Tigray, Amhara, Afar and Somali; for example, through the deployment of social workers and case workers, as well as through the construction of child-friendly spaces and women and girls' safe spaces, where trained facilitators provided counselling, opportunities for play and the opportunity to create or re-establish social networks among peers. In addition, mental health practitioners, including psychologists and psychiatric professionals, were deployed through six mobile MHPSS to reach communities in drought areas in Somali region. In the Somali region, 2,100 children (900 girls and 1,200 boys) were provided essential PSS. In addition, about 654 caregivers (412 women and 242 men) were given parenting education skills, and six mobile MHPSS teams were deployed to serve 110,173 IDPs. Moreover, 248 children (188 girls and 60 boys) who experienced violence were reached by health, social work and justice/law enforcement services and 760 children (boys) were placed under alternative care through extended relative-kinship care across 12 IDPS in 10 droughts affected woredas of the region.

Distribution of Dignity Kits: Access to child protection services and protection from neglect, abuse, exploitation, and violence in the Amhara, Oromia and Somali regions was increased.

In the Amhara region, cash-for-dignity kits were distributed to 15,000 beneficiaries between January 2022 and August 2022. Beneficiaries were adolescent girls and women, primarily conflict-affected IDPs. A messaging campaign was launched to promote using cash for self-care and transportation to access services. Additionally, UNICEF partnered with the Amhara Bureau of Women, Children and Social Affairs (BoWCSA) to provide child protection case management training for social workers and community social workers deployed in areas where cash-for-dignity kits were disbursed. As a result, 36 (19 females and 17 males) community service workers benefited from the capacity-building training in August 2022.

In Oromia, funds were used for child protection response and cash support for adolescent girls and women in drought-affected areas. In March 2022, 4,712 beneficiaries received the one-time cash transfer for dignity kits under the 'cash-for-kits' approach.

One-Stop Centres: A One-Stop Centre was also constructed in the Somali region to provide comprehensive GBV response services. 5,772 people (3,933 female and 1,789 male) received

prevention, including PSEA, risk mitigation and response interventions from addressing GBV. Prevention messaging was also provided, and reporting mechanisms for sexual exploitation and abuse were established and strengthened, enabling 8,836 people to access safe channels to report sexual exploitation and abuse.

UNICEF partnered with BoWCSA to implement the cash-for-kits transfer and child protection case management training in the Amhara region. Furthermore, UNICEF partnered with the Somali regional Bureau of health to deploy MHPSS teams in the Somali region. Additionally, UNICEF partnered with local actor ASDEPO to support child protection case management.

Throughout 2022, UNICEF continually assessed protection needs on the ground to adapt the programmatic approach to ensure those most at risk of violence, exploitation, and abuse, including people living with disabilities, displaced women, girls, and boys and children separated from their families, were included in humanitarian responses.

Education

UNICEF provided education in emergencies (EiE) assistance linked with child protection services, including MHPSS and case management in emergency contexts, focusing on the “My Home” integrated education and child protection approach. Education interventions were implemented across all emergency-affected regions, SNNPR, Gambella, Benishangul-Gumuz, Somali, Afar, Amhara, Oromia and Tigray. UNICEF continued supporting the ‘Bete’ programme, an integrated education and child protection approach, by providing accelerated learning and life-skills education opportunities connected with child protection services to IDP and host community children and strengthening the linkage between education and the child protection system.

Accelerated Learning Programme (ALP)/ Accelerated School Readiness (ASR): UNICEF with Save the Children (SCI) implemented Education Cannot Wait (ECW) First Emergency Response Project in Tigray, supporting 22,252 displaced and host community children (51 per cent girls) in Adigrat, Mekelle, Axum, Adwa and Adet, to access learning opportunities. Of the total reached, 3,979 children (50 per cent of girls) were reached with pre-primary education through ASR, and 18,273 children (52 per cent of girls) were reached with primary school learning. Similarly, in Amhara and Oromia, 9,663 children (48 per cent of girls) were supported through the provision of accelerated learning opportunities under the ECW Multi-Year Resilience Programme.

UNICEF with SCI also supported 5,510 emergency-affected children (52 per cent girls) to access formal and non-formal education opportunities in Shire and Abi Adi in Tigray. To improve the quality of learning, 92 incentive teachers were recruited under the project. They provided ALP and ASR classes in Shire (72 teachers, including 20 females) and Abi Adi (20 teachers, including 10 females). Additionally, 23 teachers from the host/link schools and six personnel from zonal and woreda education offices were engaged and trained on EiE, MHPSS and child-centred pedagogy. Out of the total 5,510 children reached, 3,166 children (54 per cent girls) accessed ALP and a further 1,716 children (54 per cent girls) previously enrolled in grades 1 to 6 also completed the condensed curriculum, which covered a total period of two months and has appeared in the final examination. 136 teachers and education personnel (58 female) were trained in MHPSS and 107 teachers (46 female) were trained in child-friendly teaching pedagogy. 103 teachers, education personnel and NGO staff were also trained on GBV, PSEA and Child

Safeguarding. In partnership with Imagine 1 Day and World Vision, UNICEF also supported additional 12,131 children (48 per cent of girls) to access accelerated learning programmes in Tigray (5,840) and Amhara (6,291).

In Afar, UNICEF with Edukans Foundation supported 11,250 emergency-affected children (43 per cent girls) to access formal and non-formal education opportunities in Awra, Megale, Aba'ala, Berhale and Konoba. Of the total reached, 3,236 out-of-school children (44 per cent of girls) accessed ALP so that they could transition to formal schooling.

In Oromia and SNNPR, UNICEF supported the implementation of a project to create access to safe and protective education services for conflict-affected children, and 3,533 children - 2,279 in Oromia and 1,254 children in SNNPR accessed ALP with support of 70 facilitators (40 per cent female) – 45 in Oromia and 25 (28 per cent female) in SNNPR. Further, 6,241 children (49 per cent girls) – 3,428 in Oromia and 2,813 in SNNPR attended the transferrable life-skills education programme.

In Benishangul-Gumuz, 1,637 (49 per cent of girls) pre-grade one IDP and refugees, including host community children, are benefiting from access to learning through ASR programme and in pre-primary class facilities in conflict-affected woredas and Tsore refugee relocation camp. 2,591 (29 per cent girls) refugee and host community children benefited from ALP classes conducted in Tsore camp and local host community in temporary learning spaces.

Education and Teaching Materials Distribution and Provision of Learning Spaces for Children: In Tigray, 13,000 children received school bags and education services. In Tigray and Amhara, UNICEF procured and distributed desks (for 1,834 students) and accelerated learning programmes (reaching 20,000 children). UNICEF, in partnership with the Regional Education Bureaux and NGO partners, supported 28,197 pre-primary and primary children (49 per cent girls) enrolled in learning facilities in Afar (5,800) and in Amhara (22,397) to receive essential teaching-learning materials and classroom supplies such as school and recreational kits, and combined desks. In Afar, additional 3,236 children in regular and ALP classes also received backpacks with stationeries to facilitate learning.

UNICEF provided UNICEF-branded school backpacks with stationeries of conflict-affected and displaced children and procured high-performance tents for use in some of the emergency-affected areas of the country. In Amhara, 16,518 children (50 per cent of girls) benefited from providing temporary learning spaces (TLS)/rehabilitation of learning facilities.

45,454 children (50 per cent girls) affected by conflict and/or natural hazards (drought and flood) across Oromia (8,636), Somali (10,000), Benishangul-Gumuz (20,000), SNNPR/Sidama/SWEPR (4,818), and Gambella (2,000) received backpacks with stationeries and enrolled in learning facilities with the support of UNICEF, partners and REB at the start of 2022-2023 academic year.

In Gambella, UNICEF with Plan International provided education assistance for 16,255 emergency-affected children, including 2,126 children (48 per cent girls) attending ASR programme and 8,174 refugees and host community students (50 per cent girls) in the Nguenyyiel camp and 5,055 flood-affected students (59 per cent girls) received school backpacks with stationeries.

School Construction/ Rehabilitation: In Oromia and Amhara, UNICEF, as ECW co-grantee, continued to support the provision of learning opportunities. In 2022, 42,243 children (48 per cent girls) were reached in Amhara (11,738) and Oromia (30,505) who received a comprehensive package of ECW assistance, including classroom construction/rehabilitation, education supply provision, community mobilization, school feeding, teacher training in 41 schools that are spread across 30 schools in seven districts in Oromia and 11 schools in four districts in Amhara through UNICEF partnerships with NGOs (World Vision Ethiopia in Amhara and Geneva Global Ethiopia-led consortium in Oromia).

Mental Health and Psychosocial Support (MHPSS): In partnership with World Vision and Imagine 1 Day, UNICEF supported teachers' capacity-building on MHPSS, child protection case management services, MHPSS and GBV prevention and response interventions across conflict-affected woredas of Tigray and Amhara.

In Tigray, 991 teachers were trained in emergency education and PSS, benefiting over 25,000 learners. In Amhara, 724 teachers were trained in MHPSS,

UNICEF provided MHPSS services to 9,957 conflict-affected IDPs and established safe spaces for women and girls. Additionally, 8,624 children received child protection case management services and appropriate referrals. UNICEF delivered various child protection training to 497 professionals in Tigray. With the Ministry of Women and Social Affairs, UNICEF conducted five days of MHPSS training for 2,122 participants in conflict-affected areas of Ethiopia.

To enhance the capacity of teachers/facilitators, the project also supported training on MHPSS, referral, child protection and GBV, reaching 74 ALP facilitators (33 female) and 29 gender club leaders (29 female), as well as parent-teacher-student association (PTSA) members, community case workers and officials from local education offices.

In Amhara, UNICEF collaborated with the government to support the integration of MHPSS into teacher training in emergency-affected regions at the system level and supported the review and finalization of the MHPSS training curriculum, development of a pool of master MHPSS trainers, and adaptation and translation of the MHPSS training curriculum into local/regional languages. As a result, 8,869 teachers (4,112 female) received the training in Amhara.

The education interventions were undertaken in collaboration with the Ministry of Education and respective Regional Bureaux of Education and in collaboration with Education Cluster partners. UNICEF partnered with World Vision and Imagine-1-Day to support access to education services. UNICEF partnered with SCI to implement ECW First Emergency Response Project in Tigray. In Afar, UNICEF partnered with Edukans Foundation to support access to formal and non-formal education opportunities. UNICEF continues to work with World Vision Ethiopia and Geneva Global Ethiopia in Amhara and Oromia to implement ECW Multi-Year Resilience Programme.



Figure 2: Ahmed Jamal at Rifoda Kebele, Afar Region© UNICEF Ethiopia/2022/Eyerusalem Yitna Tekaligne

Health

UNICEF provided primary health care through mobile health nutrition teams, outreach services and strengthening existing health facilities in humanitarian settings. In addition, the support included the provision of operational cost, drugs and supplies and technical support to the emergency response in Ethiopia.

Primary Health Services: UNICEF supported deploying 85 mobile health and nutrition teams (MHNTs) and an additional 18 MHNTs on and off in humanitarian-affected Afar, Amhara, Tigray and Somali regions. UNICEF also supported strengthening fixed health facilities and outreach services to expand access to services. Over 2.5 million children and women received primary health care services through UNICEF support in the conflict, drought and other emergency-affected communities. In addition, UNICEF supported the distribution of 1,210 Emergency drug kits to strengthen public health care (PHC) services and 137 Solar Direct Drive (SDD) refrigerators to support the delivery of immunization services. UNICEF also deployed 15 technical assistance to regions and zones to support the planning and monitoring of health preparedness and response.

Generator Support: Three generators were given to three hospitals in conflict-affected areas to restore and sustain maternal and children's health services. The generators helped the hospitals treat over 261,000 people and provide nutritional services. The generators also helped the hospitals treat children under-five (2,566 diarrhoea cases, 3,295 pneumonia cases and 1,513 sepsis cases treated in these hospitals).

Immunization/Vaccination: UNICEF supported vaccinating 3,204,683 children aged between 6 and 59 months against measles, in conflict and drought-affected regions (Afar, Amhara, Tigray, Somali, Oromia and SNNPR). Furthermore, 137 SDDs were distributed and installed to strengthen immunization services.

LLIN Distribution: Additionally, UNICEF dispatched 130,000 LLINs to prevent and control malaria cases to over 260,000 people at risk of malaria.

Cholera outbreak response: UNICEF supported cholera outbreak prevention and response through a multisectoral approach. Health preparedness and response support include providing 48 CTC kits, operation costs to run the CTC and capacity-building of health workers to strengthen the response. The support was also included in risk communication and community engagement (RCCE).

UNICEF partnered with I/NGOs (six) in conflict and drought-affected areas to provide PHC Services (Action Against Hunger, Concern Worldwide, International Rescue Committee, Relief Society of Tigray, International Medical Corps). Furthermore, continued partnership with the Regional Health Bureau, implementing partners, and other UN agencies like WHO and UNFPA to deliver results for children for the emergency response across the country.

Nutrition

The thematic grants allocated to nutrition were used to support the freight cost, local transportation and distribution of nutrition supplies. Additional activities supported include capacity-building of health extension workers and health workers on integrated nutrition packages, supportive supervision and monitoring by UNICEF staff and third-Party Emergency nutrition staff across the regions. Therefore, this funding improved the quality-of-service delivery of nutrition services. Overall, it contributed to the overall result of the humanitarian nutrition response.

UNICEF has been significantly contributing to the country's emergency nutrition response. This was possible through supporting the procurement, storage and management of SAM treatment supplies; commissioning the implementation of RNAs and monitoring of response activities; funding capacity-building training on the management of SAM and on-the-job mentoring by third-party ENOs, and crucial UNICEF technical support. Additionally, thanks to this flexible thematic funding, programme coordination was supported.

WASH

UNICEF Ethiopia provided rapid responses against the HAC 2022) to acute emergencies by providing safe water supply (including basic rehabilitation of systems, emergency water trucking), WASH NFIs, emergency latrines, hygiene promotion, PPE. UNICEF implemented an emergency WASH response in Afar, Amhara, Benishangul-Gumuz, Gambella, SNNPR and Somali regions. The flexibility of the funding received allowed UNICEF Ethiopia to respond promptly to emergencies in different locations across the country by providing life-saving interventions implemented on priority needs. Activities were implemented in regional Water and health Offices supported implementing the WASH services in all regions, including water trucking, rehabilitation and WASH NFIs distribution, assessments and coordination.

Water Trucking: Over 1,446,149 people (men 260,307, women 274,768, boys 448,306 and girls 462,768) were provided a safe water supply through emergency water trucking. The emergency water trucking was provided at a survival rate of 7.5l/p/d in the acute emergency stage across the country.

Rehabilitation of Water Systems: Over 1,597,989 people (men 287,638, women 303,618, boys 495,377 and girls 511,356) were provided a safe water supply through rehabilitation/expansion of safe water supply

WASH NFI: Soap, buckets, jerry cans, water chemicals and dignity kits were distributed to 326,421 people (men 58,756, women 62,020, boys 101,191 and girls 104,455) in IDPs camps in all regions.

Sanitation/Emergency Latrines: Sanitation facilities were provided to 248,255 people (men 44,686, women 47,168, boys 76,959 and girls 79,442) in IDPs camps through the construction of emergency latrines, rehabilitation and desludging of existing latrines in all regions. The beneficiaries include 238,117 IDP in all the regions and 10,138 refugees in the Gambella region.

Hygiene Promotion: Additional 1,015,669 people (men 182,820, women 192,977, boys 314,857, and girls 325,014) in IDP Camps were also reached with hygiene promotion activities, including key hygiene practices on disease prevention and handwashing with soap and water in all the regions.

Coordination with UNHCR for the refugees' needs was crucial in getting the identified gaps in WASH service provision in the camps in Gambella, and WASH Cluster was critical in receiving alerts and multisectoral assessments to respond to the displaced persons across the country. In partnership with the Government of Ethiopia and NGO partners, UNICEF implemented an emergency WASH response in Afar, Amhara, Benishangul-Gumuz, Gambella, SNNP and Somali regions.

Additionally, UNICEF was able to produce such results thanks to the partnerships with Afar Pastoralist Development Association (APDA) and CARE, CRS and Plan International Oxfam GOAL, SNNP region, Pastoralist Concern, ADRA, and Organization for Welfare Development in Action (OWDA) World Vision, Concern Worldwide, Danish Refugees Council (DRC), International Rescue Committee (IRC) and Relief Society for Tigray (REST).

Risk Communication And Social Mobilization – Community Engagement

In 2022, through its RCCE interventions, UNICEF reached over 52 million people with life-saving information on COVID-19, immunization, nutrition, hygiene and sanitation, GBV, PSEA and protection. Out of the 52 million nationally, 7.7 million is in Amhara, Tigray, and Afar (i.e. North Ethiopia response), and 2.3 million in drought-affected woredas of Oromia, Somali and SNNP. Over 3.6 million people were engaged through interpersonal communication by health extension workers, religious and community leaders, social workers, volunteers and other front-line workers. UNICEF also worked with partners to reach out to Tigray's conflict-affected population with life-saving health and protection information.

Partnerships were established with NGOs like the Ethiopian Red Cross Society, OWS Development Fund and Imagine One Day to communicate risk and community engagement around priority behaviours in WASH, nutrition, health and protection areas in drought-affected areas woredas of SNNP, Somali and Oromia regions, respectively. The main audience for the interventions was IDPs and host communities in the three regions. The key activities were rapid assessment, recruitment and training of community volunteers, community conversation and home visits. The drought response reached and engaged over 2.3 million people in the three regions.

UNICEF supported capacity-building for community stakeholders and staff to enable them to respond to humanitarian situations effectively. In 2022, UNICEF built the capacity of over 2608 community stakeholders, including health workers, religious and community leaders, volunteers, media professionals, and other stakeholders, in interpersonal communication. The stakeholders were instrumental in engaging the affected population in IDPs and facilitating dialogues with the affected communities.

Social Policy

Throughout 2022, UNICEF continued to work with the BoLSA and the Bureau of Finance to deliver SRCTs to 56,415 conflicts, drought, and flood-affected IDP households (211,089 people). UNICEF also financially supported the rural PSNP through the Drought Response Assistance Plan (DRAP). UNICEF contribution covered 321,577 drought-affected people (64,315 households) in Afar, Amhara, Gambella Oromia and SNNP. Overall, UNICEF provided cash transfer support to 120,730 households (532,666 people) with total budget of USD 10.9 million. Shock-responsive cash transfer value per person (per household) varies for each region as it depends on market assessment and Minimum Expenditure Basket (MEB). As UNICEF is a member (and current Co-Chair) of the Ethiopia Cash Working Group (ECWG) participated in market assessment and used ECWG MEB guidance to determine transfer value.

In the Amhara region, 28,845 households, including IDPs, returnees and conflict-affected people, were provided with SRCTs. Among this, 55 per cent were female and 42 per cent were children. Recent post-distribution monitoring (PDM) findings show all IDPs had accessed their cash transfers, and of those, 72 per cent had no challenges, while 25.6 per cent said they faced some challenges relating to the waiting time at the bank to withdraw their cash transfers. Around 75 per cent of respondents were very satisfied/satisfied with the targeting and selection process, and 89 per cent were very satisfied/satisfied with the cash transfer allocation. Most respondents (84 per cent) were aware of the grievance and redress mechanism (GRM), with 28 per cent using the GRM, and of those, 88 per cent having their issue(s) addressed. Almost all (97 per cent) of respondents used the cash to buy food for their household, with 35 per cent buying clothes for their children, 26 per cent buying essential household items (cooking materials etc.), 20 per cent for health care costs, and 18 per cent covering rental or other associated costs. Most respondents (95 per cent) received some support from a social worker or other government front-line worker.

In addition, a pilot top-up cash transfer was provided to SRCT households for people with disabilities in the Amhara region's two woredas (Debre Birhan and Kalu). 201 households (representing nine per cent of SRCT households) received a one-time top-up payment of 1,125 ETB.

In the Afar region of Ethiopia, cash transfers were provided to conflict-affected and flood and drought-affected households. In zone one (Chifra woreda), 816 conflict-affected households (3,712 people) were provided with SRCTs, with most targeted households being female-headed. Recent findings show that the cash transfers were distributed successfully, with 99 per cent of IDPs receiving their transfers without any challenges. The targeting and selection process also received positive feedback from almost all respondents, and most respondents (96 per cent) used the cash to buy food for their household, with some also purchasing livestock and essential household items. Around 43 per cent of respondents received some support from social workers. In zone one (Asyita woreda) and in zone three (Awash Fentale and Dulesa woredas), 1,722 flood and drought-affected households (5,473 people) were provided with SRCTs valued at 800 ETB per person/month for a three-month duration. Recent PDM found that respondents were satisfied with the targeting and selection process and cash transfer allocation. Most respondents used the cash for food and livestock purchases, with some also using it for health care costs and clothing for children. A significant proportion of respondents received support from social workers.

In Oromia, cash transfers were provided to 10,905 drought-affected households (60,139 people) in eight woredas across Borena, Bale, East Bale and East Hararghe zones. In SNNP, in partnership with BoLSA,

SRCTs were provided to 2,968 households (14,644 people) affected by the drought in the South Omo zone (Nyngatom, Hamer woredas) and Konso zone (Karat Zuria and Kena woredas). For both regions, households received two 4,500 ETB cash transfer payments. Most respondents in both regions (over 78 per cent) were either very satisfied or satisfied with the cash transfer value. As anticipated, almost all (over 97 per cent) said they used the cash to buy food for their household, 55.7 per cent (Oromia) and 36.5 per cent (SNNP) buying clothes for their children, and 31.1 per cent (Oromia), 45.9 per cent (SNNP) covering medical/medicine expenses. In both regions, almost all (over 97 per cent) felt their situation has changed/improved due to the cash assistance. The most frequent answers were improved quantity and/or quality of food consumption, improved household health status, sending children to school, buying drinking water and repayment of debts.

In Somali, SRCTs were provided to 9,544 IDP households (59,013 people) affected by drought and conflict in the Shebelle zone (Adadle, Danan, Godey, East Imi and Elale woredas). IDPs received a one-time cash transfer of 4,950 ETB. Based on PDM analysis, most were female-headed households (90 per cent). All were satisfied/very satisfied with the distribution process, and 99.5 per cent were satisfied/very satisfied with the cash transfer value. Almost all (99.7 per cent) used the cash to buy food, 35 per cent for drinking water, 27 per cent for clothing for children, and 12 per cent for purchasing livestock or other income-generating activities. Over half the households also received complementary support beyond the SRCTs, mostly food rations, nutrition, health and WASH services.

In Gambella, UNICEF provided SRCTs to 5,800 flood-affected IDPs (1,615) households in five woredas across Agnewak and Nuwer zones. Selected IDPs were provided with three payments of 700 ETB.

Feedback And Complaints Mechanisms – Accountability To Affected Populations

UNICEF programming quality was enhanced through strengthened and/or established feedback mechanisms that provided relevant and timely information on the availability of and access to services. Over 970,368 people provided feedback and concerns during the year using available mechanisms, including hotlines, suggestion boxes, periodic surveys and community feedback sessions. The concerns raised by community members included ambulance services, the need for training on community mobilization, maintenance of health centres, peace and security, quality of health services, medical logistics and supplies. These concerns were relayed to the relevant pillars within the emergency operation centre for action. UNICEF commitment to ensuring accountability to affected populations (AAP) is further strengthened through the call centre it has set up within UNICEF to have a well-established feedback and complaints mechanism.

UNICEF Ethiopia will continue to build and strengthen partnerships and coordination with communities, local, regional, and national actors and networks to minimize gaps and duplication and maximize its programmes' quality, coverage, reach and effectiveness. These include promoting individual and collective measures to coordinate and improve accountability to vulnerable people and groups to ensure that their needs, interests, concerns and rights are at the centre of decision-making at all levels.

Non-thematic case study

Case Study: Scaling up integrated education and child protection support for out-of-school IDP/returnees and conflict-affected children at risk through the 'Bete' approach in Amhara.

UNICEF, with the help of non-thematic funding from the FCDO, has provided equitable access to safe and conducive pre-primary and primary learning environments for emergency-affected children, including those with disabilities, in conflict-affected northern Ethiopia. Over 28,000 children, including 13,768 girls, have been enrolled in learning facilities in various regions. Additionally, education supplies were dispatched to benefit over 11,500 children. UNICEF also collaborated with the Ministry of Education to integrate MHPSS into teacher training and supported the development of a pool of master trainers. Over 8,800 teachers have received this training. Furthermore, child protection and GBV interventions have reached over 30,000 children, women and caregivers. UNICEF also reached over 7,000 women and girls in Amhara with humanitarian cash assistance through the 'cash-for-kits' modality.

The conflict between the Federal government and the TPLF in Ethiopia continued to impact the Afar, Amhara and Tigray regions in 2022. Over 2.8 million children missed education due to school closures and were exposed to protection risks and increased vulnerabilities. Conflict and drought led to high numbers of IDPs in Afar and Amhara, increasing general protection risks. In collaboration with partners, UNICEF provided integrated education and child protection services, including an Accelerated Learning Program, case management and PSS in various regions of Amhara. In Afar and Tigray, EiE and supplies in various areas were provided. The destruction of schools and learning materials and the learning loss experienced by out-of-school children hindered their return to education.

Non-thematic SM220080 funding from FCDO, UK, supported UNICEF and its partners, Imagine 1 Day and World Vision, in scaling up the education in emergency response in targeted IDP-hosting and return/relocation schools. The funding helped create a safe and protective learning environment, rehabilitate school infrastructure, and enhance children's school and learning readiness. It also supported the provision of individual learning and classroom supplies, training of teachers and education officials, and PSS services through rapid deployment of the workforce in Amhara. Additionally, it strengthened the protection of girls, boys and women by providing PSS, child protection (CP), and GBV services in partnership with Action Against Hunger. The projects were implemented in partnership with the regional Education Bureau and the BoWCSA, and effective co-leadership was ensured with government counterparts. The funding contributed to increasing the overall UNICEF HAC results.

The conflict and drought in northern Ethiopia have increased the number of IDPs, forcing children out-of-school and increasing protection risks. The Bete model supports the idea that access to education and CP services are mutually supportive, leading to a virtuous circle for children's learning and well-being. Education can give children a sense of normalcy, stability, structure and hope for the future. Additionally, education makes children safer, delays childbirth and marriage and secures the future by giving young people the necessary skills for decent employment. UNICEF and partners aim to create a safe and protective learning environment, rehabilitate school infrastructure, enhance children's school and learning readiness, and strengthen the protection of girls, boys and women through PSS, CP, and GBV services in targeted IDP-hosting and return/relocation schools in woredas in Afar and Amhara regions affected by crises.

The Bete programme, which integrates education and CP services, has been well-received in Amhara, Ethiopia. Engaging community stakeholders and local authorities in designing, training, implementing, and monitoring the program is critical to standardizing curricula, transferring knowledge and skills, and integrating alternative/accelerated learning pathways. A phased approach was useful in planning and implementing MHPSS training with Ministry of Education (MoE) and charities, societies and organizations (CSO) partners. MoE leveraged its funds to scale up the training, reaching an additional 5,500 teachers in Afar and Amhara. The MoE-UNICEF partnership is now initiating MHPSS teacher training in two additional regions, Oromia and Southern Nations, Nationalities, and Peoples' Region (SNNPR).

UNICEF will continue its partnership with I1D and World Vision Ethiopia (WVE) to implement the "My Home" project in Amhara, Ethiopia. It aims to ensure educational continuity for emergency-affected children and support the start of the new school year using humanitarian aid and non-humanitarian resources. The project includes continuing assistance for out-of-school children until at least June 2023, completing ongoing construction/rehabilitation of classrooms and WASH facilities by the end of the first quarter of 2023, implementing PDM of education supplies, establishing a monitoring system to assess access to referral and MHPSS services, and strengthening CP and GBV interventions in Waghimera and South Gondar. UNICEF is also exploring the possibility of supporting MoE in incorporating MHPSS into teacher training.

UNICEF Ethiopia follows the Result Based Management (RBM) principles to monitor and evaluate its programmes. High-frequency indicators are included in the HAC to monitor emergency response interventions. Programmatic visits were conducted per UNICEF procedure on Harmonized Approach to Cash Transfers (HACT), mainly focusing on inputs, activities and outputs. Staff and partner capacity-building, including strengthening the sectoral Management Information Systems (MIS), was conducted to strengthen monitoring and address monitoring data gaps. Third-party monitoring was also one of the tools that the office used to strengthen monitoring data-collection from households and service centres, mainly in emergency contexts and for woredas that are not accessible due to remoteness or security reasons.

Results achieved from humanitarian thematic funding

Child Protection

Table 1: CP & GBV HAC Results

CP & GBV 2022 HAC results	UNICEF humanitarian results (Including northern Ethiopia and drought response)		UNICEF humanitarian results (Northern Ethiopia Response only)		UNICEF humanitarian results (Drought Response only)	
	2022 target	Total results	2022 target	Total results	2022 target	Total results
		Jan- Dec 2022		Jan- Dec 2022		Jan- Dec 2022
Number of children and parents/ caregivers accessing MHPSS	204,516	254,079	120,414	169,175	54,831	23,245
Number of girls and boys who have experienced violence reached by health, social work or justice/law enforcement services	26,142	55,020	12,334	38,403	11,448	4,285
Number people with safe and accessible channels to report sexual exploitation and abuse (Cross-sectoral)	7,422,871	1,086,729	3,191,752	406,413	1,026,757	357,031
Number of women, girls and boys accessing gender-based violence risk mitigation, prevention or response interventions (Cross-sectoral)	6,057,207	1,525,966	2,399,814	651,603	361,112	488,928

In 2022, UNICEF scaled up its emergency response nationwide in conflict and drought settings. With the wider Horn of Africa L3 Declaration for the drought in Somali, Oromia and SNNP regions, as well as the continuation of the northern Ethiopia L3 in Tigray, Amhara and Afar and conflict-affected areas in Oromia, Gambella and Benishangul-Gumuz, implementation continued to be complex and the CP and GBV humanitarian response all-encompassing.

With thematic funds provided in 2022, UNICEF was able to respond flexibly to emerging and continuous protection needs, with the flexibility allowing for a quick prioritization of hotspots and guaranteeing the availability of the required technical support and human resources to ensure a quality response. Examples of humanitarian programmes and initiatives funded by thematic funds include the following four cases from Oromia, Amhara, Tigray and the federal level.

In Oromia region, UNICEF supported the regional Bureau for Women, Children and Youth Affairs (BoWCYA) in 20 drought-affected woredas and the deployment of five child protection in emergencies (CPiE) consultants. The support to BoWCYA resulted in the following:

- 3,229 children (1678 girls, 1601 boys) were provided with case management support, including linking them with basic social services like health, food and educational support
- 785 unaccompanied and separated children (UASC) (392 girls, 393 boys) have received family tracing and reunification and alternative care arrangement support
- 7,900 children (3,179 girls, 4,721 boys) have participated in different socio-emotional support activities, including benefiting from structured socio-emotional learning packages

- 97 survivors of GBV (all female) have been supported with response services, including linkage with one-stop centres and other social services.

GBV Response: In 2022, UNICEF supported over 1.1 million people (329,796 girls, 206,810 boys, 379,446 women and 201,897 men) through CP and GBV interventions, including MHPSS, family tracing and reunification (FTR) and alternative care services for UASC and prevention and response to violence, including GBV services across conflict and drought-affected regions. In the northern Ethiopia Response alone, 169,175 community members were reached with MHPSS, and 38,403 girls and boys who have experienced violence were provided with case management services and referrals.

Distribution of Dignity Kits: Thematic funds were critical to ensuring propositioned supplies in UNICEF warehouses for rapid release in emergencies. Thematic grants funded 7,638 Dignity Kits, of which 200 were released to Oromia emergencies, 150 to Konso in SNNP, and 4,240 to Afar – responding to menstrual hygiene and supply needs of adolescent girls and women in conflict and drought-affected settings.

One-Stop Centre/Child-Friendly Spaces: In Amhara region, thematic funds contributed to inaugurating Dessie's newly constructed One-Stop Centre (OSC). One-Stop Centres play an important role in providing facility-based services to GBV survivors, including medical care, legal access, as well as the support provided by social welfare services. UNICEF, with the support from other donors (BHA, FCDO), initiated the construction of the OSC in Dessie jointly with the regional Bureau (BoWSA) and Dessie hospital.



Figure 3: Inagguaration of the dessie OSC at dessie Comprehensive Specialised Hospital© UNICEF,2022, by Miten Birhanu, BoWSA

The centre was officially inaugurated on 5 November 2022 with the presence of higher-level officials – the Minister for Women and Social Affairs (MoWSA), her Excellency Dr. Ergogie Tesfaye and UNICEF representatives, including Ethiopia Representative Gianfranco Rotigliano, as well as MoWSA State Minister, the head of the Regional Health Bureau, BoWSA Deputy Head, Dessie City Deputy Mayor and other key sector heads as well as media. A total of 140 delegates attended the inauguration ceremony and the working lunch. With the presence of higher-level officials, the inauguration magnified the importance of the OSC and significantly contributed to the ongoing advocacy efforts to increase support for GBV survivors. It further enhanced government ownership and leadership, including potential

resource allocation. Currently, the OSC is fully functional and delivering comprehensive services for GBV survivors.

Table 2: GBV case trends in Dessie Comprehensive Specialized OSC

GBV case trends in Dessie Comprehensive Specialized Hospital OSC									
Reporting Years (Ethiopian calendar year)	GBV cases under- 18			Adult GBV cases			Grand Total		
	M	F	T	M	F	T	M	F	T
2012 (2019/20)	6	53	59	9	101	110	15	154	169
2013 (2020/21)	4	66	70	0	60	60	4	126	130
2014 (2021/22)	3	139	142	6	582	588	9	721	730
2015 (2022/23)	2	109	111	2	439	441	4	548	552
Total	15	367	382	17	1182	1199	32	1549	1581

Case Management and Referrals: UNICEF supported government platforms and service providers in strengthening CP case management services. For example, the Bureaux of Women, Children and Social Affairs (BoWCY) were supported in developing CP and GBV response plans and strengthening their capacity to respond to protection needs caused by the drought and conflict. As part of strengthening the response capacity of partners across the emergency-affected regions, UNICEF supported deploying more than 300 community service workers (CSW) and social workers (SW) across drought and conflict-affected regions. In addition, as part of UNICEF rapid deployment model, 92 MHPSS psychiatrists, psychologists, and SW have been deployed in collaboration with Ethiopian Psychologists' Associations (EPA) and regional public health institutes in Tigray, Amhara, Afar and Somali regions. Thematic funds in 2021 supported the deployment of the Rapid Deployment Mode (RDM) in Tigray, the first iteration of this model. These deployments were made to IDP camps across health facilities and attached to MHNTs, to support the rollout of MHPSS services for GBV survivors and community members in distress.

Moreover, thematic funds in the Amhara region enabled the deployment of an information management officer (IMO) who actively supports CP data-collection and management in humanitarian contexts. The IMO function has been crucial in collecting and consolidating data from sites and partners across Amhara region, including monthly case management data from five conflict-affected zones and adhering to data protection protocols. The officer further reviews the quality of data and verifies the data regularly to ensure quality reporting of the weekly 5W reports of the CP Area of Responsibility (AoR) and protection subcluster. This enabled UNICEF and Amhara AoR to ensure accurate data, improving the coordination among partners and providing better evidence to inform programme interventions. In addition, the IMO also supported key CP partners such as BoWSA in developing and revising data tracking tools from the kebele to the regional level, enabling the Bureau to get timely data and improving the institutional data tracking system.

In addition, deploying the five CPiE consultants helped provide the required technical support to government and NGO partners while complementing the coordination of child protection actors at zonal and woreda levels in emergency-affected locations. In Oromia, the consultants facilitated coordination in seven zones and 13 woredas affected by drought or conflict. Moreover, the professionals support the establishment of referral pathways, which allow for the smooth facilitation of case management and

linking children and women to the required services. The consultants also regularly provided emergency updates to UNICEF teams and facilitated partner mapping, which helped initiate partnerships with three local civil society organizations (for example, Gurmu). One lesson learned during the Oromia emergency response is the need to complement government capacity with additional expertise and quality of services such as those provided by the CPiE consultants, NGO partners and local organizations. Moreover, local organizations have been a key entry point for accessing hard-to-reach communities with crucial critical protection interventions.

MHPSS and PSS: In Tigray region, as the region underwent major operational challenges and political changes in the 2022 reporting period, UNICEF continued to support partners on the ground with implementing programmes and targeted capacity-building efforts. This included training on key identified gaps among partners and communities, including growing concern about suicidal ideations in the region.

The Tigray conflict and its associated repercussions, including insecurity and financial and communications blockades, resulted in the collapse of functioning institutions, displacement of communities and gravely weakening community social networks. A key consequence was that CP and GBV AoRs reported receiving incident reports of suicide ideation cases involving adolescent girls from IDP sites. The AoRs reported not knowing managing incidents of suicide. To respond to this growing concern, in May 2022, UNICEF, in collaboration with the Centre for Victims of Torture (CVT) with the MHPSS Technical Working Group, RHB and CP AoR provided a two-days workshop for 34 CP and GBV AoR staff and government stakeholders on suicide prevention, intervention and postvention. The facilitated workshop aimed at:

- Enhancing stakeholders' awareness of the concept of suicide prevention and management
- Sharing of experiences on identification, referral, prevention and management of suicide
- Identifying appropriate interventions to address suicide prevention and management
- Designing community-based suicide prevention and referral mechanisms

Since the Training, CVT Has Made Follow-up Monitoring Visits to the Participating Institutions to Observe Their Management of Reported Suicidal Incidents. Moreover, CVT Has Continued Providing Psychoeducation Sessions in Communities/IDP Sites Where Such Reported Incidents Have Occurred.

Birth Registration: At the federal level, thematic funds were critical in supporting birth registration in emergency and refugee contexts. The right to be recognized as a person before the law is a critical step in ensuring lifelong protection and is a prerequisite for accessing different services. A birth certificate is proof of legal identity and is the basis for children to establish nationality, avoid the risk of statelessness and seek protection from violence and exploitation. To create an efficient birth registration system, as part of the overall civil registration system, a digital system that addresses the challenges and inefficiencies of the manual system was found important. Accordingly, to meet the ever-increasing demand for civil registration services, particularly birth registration among refugees, the Immigration and Citizenship Service (ICS), in collaboration with the Refugees and Returnees Service (RRS), was engaged in developing mobile phone-based civil registration system for refugee through UNICEF technical and financial support – the Refugee Mobile Ethiopia Civil Registration and Vital Statistics (RME-CRVS) system.

However, after testing the system, it could only be launched in the urban refugee registration centre in Addis Ababa in November 2022. The system could not be launched in regions because of connectivity

problems related to Virtual Private Networks (VPN) and Very Small Aperture Terminal (VSAT). These applications require high set up costs, complex components and limited storage space that would only run some of the functions of the RME-CRVS system. Accordingly, the investments from donors, including thematic funding, were used to run the RME-CRVS system on cloud infrastructure. Contributions from these grants were used to procure cloud infrastructure from Ethio telecom for two years and for project management, such as monitoring and testing the registration and certification process in the 22 refugee camps across the country using the new application. Application of cloud infrastructure is faster, and with limited resources, users can access files anytime, anywhere, using any device as long as there is a connection to the Internet. Cloud application also has comparably lower cybersecurity risks. The digital birth registration system is expected to be launched in all functional refugee registration centres using cloud infrastructure in two months.

Once the RME-CRVS system is launched across all refugee registration centres, refugees in Ethiopia will have better access to efficient birth and other vital event registration services. The new system will also greatly improve registration quality and reduce the time required to undertake registration. The digital system's additional key advantage is the reduction of the huge transaction costs associated with the physical transfer of the registration documents and data from refugee camps through the zonal coordination offices to the federal/central level. A dashboard as part of the RME-CRVS system allows real-time data transfer from each refugee camp to the central level.

Education:

Table 3: Education HAC results

Education 2022 HAC results	UNICEF humanitarian results (Including northern Ethiopia and drought response)		UNICEF humanitarian results (Northern Ethiopia Response only)		UNICEF humanitarian results (Drought Response only)	
	2022 target	Total results	2022 target	Total results	2022 target	Total results
		Jan- Dec 2022		Jan- Dec 2022		Jan- Dec 2022
Number of children accessing formal and non-formal education, including early learning	777,712	295,963	281,908	193,893	465,702	7,727
Number of children receiving individual learning materials	895,387	387,996	383,725	153,578	476,662	85,811

UNICEF provided education assistance to children affected by conflicts and natural hazards in collaboration with the MoE, Regional Education Bureaux (REB), and NGO partners across Ethiopia, reaching nearly 300,000 children (50 per cent girls) who accessed formal/non-formal learning opportunities. Of total reached, over 80,000 children (49 per cent girls) benefited from “My Home” approach which integrated accelerated learning, skills development and CP services for out-of-school children. In collaboration with REBs and humanitarian partners, UNICEF also provided backpacks with essential stationeries to over 385,000 children (49 per cent girls).

The flexible thematic funding has been crucial to achieving results under the 2022 HAC, enabling UNICEF Education programme to respond to the newly emerged and continuous emergency-affected children's

needs. The projects to which the thematic fund contributed include the following in the regions of Afar, Oromia, SNNPR, Sidama, SWEPR, Somali and Tigray.

Accelerated Learning Programme (ALP)/ASR: In Tigray, multiple projects have benefited from the thematic funding, including the ones mentioned in the section on Humanitarian Results (non-thematic) implemented by Imagine 1 Day and World Vision. Further, in partnership with the IRC, UNICEF enabled 4,723 children (51 per cent of girls) to access early childhood development and care in 7 IDP sites in Shire.

UNICEF provided education assistance to children affected by conflicts and natural hazards in collaboration with the MoE, REB and NGO partners across Ethiopia, reaching nearly 300,000 children (50 per cent of girls) who accessed formal/non-formal learning opportunities. Of the total reached, over 80,000 children (49 per cent girls) benefited from the “My Home” approach, which integrated accelerated learning, skills development and CP services for out-of-school children.

3,729 children (51 per cent of girls) accessing ECD classes were provided emergency school feeding (high-energy biscuits) to improve their nutritional outcomes and support their learning. A further 1,578 children (48 per cent of girls) also accessed ALP and ASR classes in Sheraro. Additionally, 110 (two male) ECD/ASR and ALP facilitators gained enhanced skills in play-based learning for early grades.

In Somali, UNICEF with SCI also helped create access to accelerated learning opportunities for 3,893 out-of-school drought-affected children (44 per cent girls) in five IDP sites in Gode and Adadley, including 1,193 pre-primary children (45 per cent girls) accessed ASR. Course facilitators taught classes (76 (23 female) ALP facilitators and 10 (5 female) ASR facilitators recruited from respective IDP sites and host communities) who received training on child-friendly pedagogy, inclusive education and PSS.

Distribution of education and teaching materials: In collaboration with REBs and humanitarian partners, UNICEF also provided backpacks with essential stationeries to over 385,000 children (49 per cent girls). Children in the Somali region also benefited from the provision of 321 combined desks and 720 individual learning materials (stationeries).

UNICEF procured over 50,000 backpacks with stationeries to support drought-affected children's returning to schooling in Afar, Oromia, SNNPR, Sidama, SWEPR and Somali and the distribution is ongoing. In Afar, 1,000 children (50 per cent girls) attending drought-affected schools in Bure Mudayitu and Awash Fentale received backpacks with stationeries to support drought-affected children's return to schooling. In Oromia, UNICEF supported the provision of 20,000 school bags with stationeries for children attending drought-affected schools and 280 water roto tanks to schools in 56 drought-affected woredas as part of the back-to-school campaign. In Sidama and SWEPR, UNICEF supported the distribution of backpacks with stationeries for 10,000 children - 4,000 (2,015 girls) in Bilate Zuria and Loka Abaya and 6,000 children (2,502 girls) in West Omo, Dawro, Kaffa and Konta.

Temporary learning spaces for children: In Somali, UNICEF, with the Organization for Welfare and Development in Action and the Woreda Education office, supported the construction of TLS for conflict-affected children at the Jedane IDP site in Shinile. 14 upgradable temporary classrooms were established in the IDP site reaching 720 children (50 per cent girls). 100 teachers, including 31 females) were trained on child-friendly pedagogy and classroom management to ensure child-centred teaching-learning

practices in TLS. In Somali, in the five IDP sites in Gode and Adadley, additional classroom spaces were created by constructing 13 blocks of TLS (28 classrooms) and eight semi-permeant structures in those IDP sites.

UNICEF partnered with the IRC, the MoE, REB, Save the Children (SCI) and the Organization for Welfare and Development in Action and Woreda Education office to produce these results for children.



Figure 5: Nimo Hashim Ahmed, attending class in the Koloji IDP camp of Babili Woreda in the Somali Region of Ethiopia © UNICEF Ethiopia/2022/Eyerusalem Yitna Tekaligne (Somali region)



Figure 4: Meseret outsider her classroom at Jarra IDP site, Amhara Region © UNICEF Ethiopia/2022/Eyerusalem Yitna Tekaligne (Amhara region)

Nutrition

In 2022, UNICEF continued to deliver its humanitarian response to the nutrition emergencies in line with UNICEF Strategic Plan, 2022 – 2025, the Core Commitments for Children in Humanitarian Action (CCCs), the global COVID-19 response strategy, the humanitarian response plan and the humanitarian appeal for children. This included efforts to strengthen the response to mass population displacements and protracted crises; increase the coverage and quality of humanitarian assistance.

UNICEF supported the emergency response in conflict-affected northern Ethiopia and drought-affected areas by providing life-saving nutrition interventions in several regions of Ethiopia, including Afar, Tigray, Amhara, Somali, Oromia, SNNPR.

Early detection, referral and treatment of SAM: During the reporting period, UNICEF supported active nutrition screening of over 9.3 million children across Ethiopia as part of the emergency response for early detection of SAM and treatment. Most of these screenings occurred during the find-and-treat campaign (a rapid response mechanism for nutrition). 709,996 cases (with about 71,232 i.e. 10 per cent of the cases with medical complications) of SAM were admitted and treated. These admissions were across 1067 woredas out of 1084 woredas in Ethiopia, in about 19,500 health facilities and 200 MHNTs. During the reporting period, a total of 555,247 cases were discharged from the programme, with performance indicators reported as 88.4 per cent, 2.93 per cent, and 0.23 per cent for cured, defaulter and death rates, respectively, when compared to sphere standard of 75 per cent, 15 per cent and 10 per cent of cured, defaulter and death rates. The increase in 2022 admission reflects a 36 per cent increase compared to the same period in 2022.

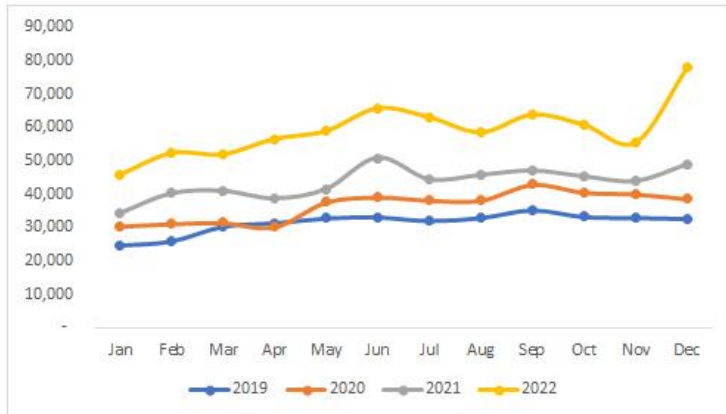
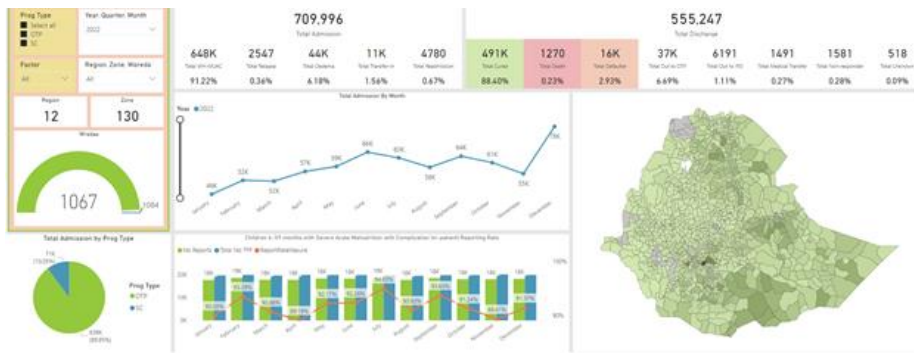


Figure 6: Trend of admission for SAM across the regions in 2022

Nutrition Supplies: To address nutrition needs in the country, UNICEF provided supplies to children suffering from severe acute malnutrition (SAM) in Ethiopia; in 2022, UNICEF procured and distributed supplies required for the treatment of wasting, including 6,900 MT2 of RUTF, 216 MT of F75, 133 MT of F100 and enough Resomal and amoxicillin across all the regions of Ethiopia. The supplies were used for the provision of life-saving nutrition interventions.

Partnerships with local and international NGOs: UNICEF nutrition supported 18 International and local NGOs during the reporting period, especially, in Tigray, Amhara, Afar and Somali regions to deliver emergency nutrition services. The NGO partners were prioritized in areas where the government system has been weakened, and in hard-to-reach areas. They also supported implementation through both the health system, and MHNTs.

Find-and-treat Campaign: UNICEF supported the find-and-treat campaign -a combined approach of rapid assessment and response, with over 9.3 million children screened. In 2022, the findings from the find-and-treat campaign indicated a worsening nutrition situation in many project locations, as illustrated in Figure 7 below.

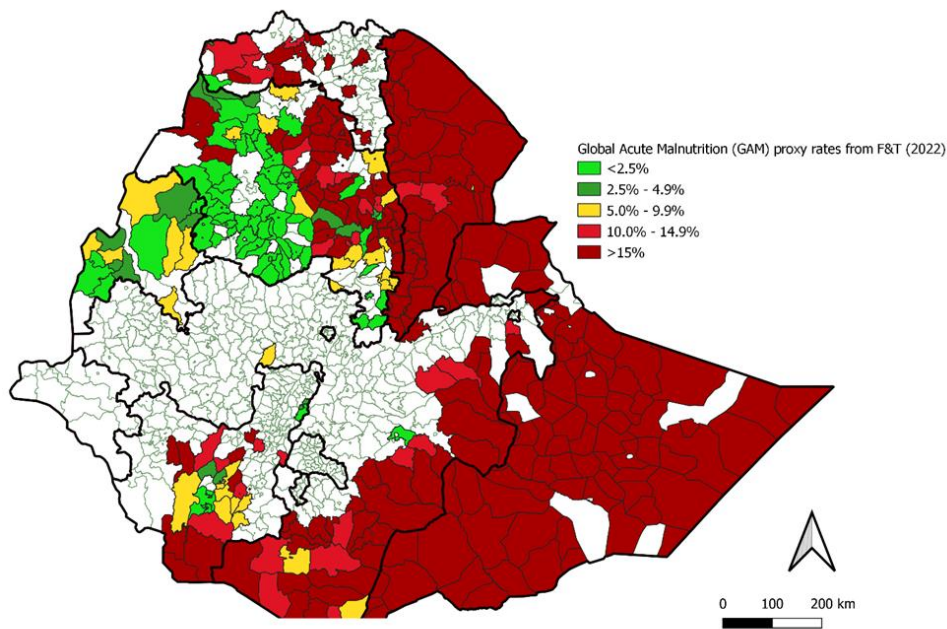


Figure 7: Trend of admission for SAM across the regions Illustration of proxy-GAM rates unveiled by find-and-treat campaigns.

In addition, 4,307,365 children 6-59 months received vitamin A in semester 1, while 3,862,746 children received vitamin A in second semester compared to 3,862,746 targeted children each in semesters 1 & 2. Finally, 1,154,789 pregnant women received Iron and Folic Acid (IFA) supplementation. The table below showed the results achieved against life-saving emergency nutrition indicators across Ethiopia in 2022.

Table 4: Summary of results achieved against Humanitarian Appeal for Children (HAC) indicators, April – October January - December 2022

HAC indicator	Annual target	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Annual progress
# primary caregivers of children 0-23 months receiving Infant and Young Child Feeding (IYCF) counselling	658,599	132,751	184,547	314,496	356,239	402,144	370,059	281,809	261,519	277,712	243,555	201,300	178,562	3,204,693
# of children 6-59 months receiving vitamin A supplementation semester 1	3,862,746	353,754	977,923	758,471	793,026	632,123	792,068	NA	NA	NA	NA	NA	NA	4,307,365
# of children 6-59 months receiving vitamin A supplementation semester 2	3,862,746	NA	NA	NA	NA	NA	NA	721,138	622,066	632,772	688,545	552,721	632,751	3,849,993
# of children aged 6-59 months with	838,000	45,723	52,282	51,889	56,500	58,850	65,662	62,955	58,463	63,740	60,674	55,432	77,818	709,988

SAM admitted for treatment														
# of pregnant women receiving IFA supplementation	850,968	41,938	102,837	102,752	105,831	112,345	106,647	96,468	98,672	99,953	103,556	92,540	91,250	1,154,789
# of people with access to safe channels to report sexual exploitation and abuse	838,000	45,723	52,282	51,889	56,500	58,850	65,662	62,955	58,463	63,740	60,674	55,432	77,818	709,988
# of women, girls and boys accessing GBV risk mitigation interventions	838,000	45,723	52,282	51,889	56,500	58,850	65,662	62,955	58,463	63,740	60,674	55,432	77,818	709,988

UNICEF played a key advocacy role in fully integrating the magnet of SAM into the government’s health system, including supplying and managing supplies. As a result of these efforts, the Government of Ethiopia, for the first time, has officially committed to allocate domestic resources to procure RUTF. Accordingly, UNICEF is supporting the Match Funding application through UNICEF Supply Division’s Innovative Financing for nutrition Commodities with an initial investment of \$ 1.3 million. This is a crucial step towards ensuring the sustainability of Ethiopia’s Community-based Management of Acute Malnutrition (CMAM) programme.

The flexible thematic funding has been crucial to achieving results under the 2022 Humanitarian Action for Children appeal (HAC) in nutrition. These funds contributed to the following results against established targets.

UNICEF ensured value for money by minimizing the cost of programme implementation without compromising quality. For instance, leveraging its comparative advantage in long-term agreements with RUTF producers, UNICEF could negotiate fair prices for local and offshore procurement. As such, the product cost of RUTF was maintained below USD52. In 2020, the cost of RUTF procured from the local producer was USD 46.1. However, the offshore price in 2022 increased from USD42 to \$47.4 per carton due to the global price increase.

To further reduce the cost of RUTF, UNICEF is undertaking innovative approaches to replace the milk powder in RUTF, which is the major cost driver, with egg powder. To minimize administrative costs, capacity-building training for government staff on SAM management was delivered combined with IYCF-E. This saved costs, ensured linkage and improved integrated service provision.

Infant and Young Child Feeding (IYCF): During 2022, 6,559 health workforce, including physicians, health officers, nurses, nutritionist and health extension workers, received capacity-building training on various topics, including the revised IMAM guideline integrated with IYCF-e, family MUAC, Emergency nutrition Response and Coordination across Ethiopia with 35 per cent trained from the drought-affected regions. This contributed to improved service delivery, with an increased number of health facilities implementing the revised guidance on SAM treatment from 90 per cent in 2021 to 92 per cent and an increased proportion of health facilities with good supply management from 60 per cent in 2021 to 65 per cent in 2022.

So far, UNICEF has signed a partnership with Children's Investment Fund Foundation (CIFF) to roll out the resilience-building project in the Somali region and partnership agreements with WFP and FCDO, as well as KFW, are currently at various levels of finalization to push forward the resilience and prevention agenda.

WASH

Table 5: WASH 2022 HAC results

WASH 2022 HAC results	UNICEF Humanitarian Results (Including northern Ethiopia and drought response)		UNICEF humanitarian results (Northern Ethiopia Response only)		UNICEF humanitarian results (Drought Response only)	
	2022 target	Total results	2022 target	Total results	2022 target	Total results
		Jan- Dec 2022		Jan- Dec 2022		Jan- Dec 2022
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	5,458,400	4,995,068	1,807,000	2,064,127	2,995,315	1,570,443
# of people use safe and appropriate sanitation facilities	1,030,667	797,528	416,000	492,242	182,000	34,754
# of people having safe access to, and use, appropriate WASH services in health care and learning facilities for children	8,098,800	299,083	3,640,000	66,189	50,000	21,020
# of people reached with handwashing behaviour-change programmes	8,319,200	1,934,293	3,640,000	900,346	3,077,800	206,284
# of people reached with critical WASH supplies	4,873,302	1,948,066	1,664,000	652,325	2,513,880	445,229
# of people accessing a sufficient quantity of safe water for drinking and domestic needs	2,192,080	95,376	725,400	18,924		8,500

Water Trucking: In 2022, 42 plastic water tanks (10,000 litres capacity) were procured and distributed for storing and distributing water trucked in the drought-affected zones of Oromia and benefiting over 27,000 people.

Table 6: Water Tankers distribution for water trucking in Oromia region

Zone	# Water tankers	Remark	Number of beneficiaries
Borena	12	For IDP and Host Community	8,000
Bale	12	3 Cholera affected woreda, IDP site and health facilities	8,000
West Hararghe	10	4 for Badessa Hospital and IDP and Drought-affected woreda for water trucking	6,500
Arsi	8	Drought-affected woreda for institutions	5,300
Total	42		27,000

Water system rehabilitation: Over 175,500 people (men 21,590, women 33,345, boys 54,405 and girls 56,160) had access to safe water supply through the rehabilitation of 12 water systems in the drought-affected regions of Afar (1), Oromia (1), Somalia (8) and SNNP (2).

WASH NFI: UNICEF procured 201,226 of body soap (250 grams) and distributed them to 315,955 individuals (63,191 households on average of three bars household due to the high number of IDPs) for

personal hygiene for IDPs in Debre Birhan in Amhara region, West Wollega zone in Oromia region, Dubti in Afar region and Metekel zone in Benishangul-Gumuz region. 20,199 buckets were procured and distributed to 20,199 households, including some 12,740 households that received soaps in Afar and Amhara regions.

Table 7: WASH NFIs distribution per region

S/No	Amount of soap distributed	Number of people reached	Regional distribution					
			Amhara	Oromia	Afar	Benishangul-Gumuz	Gambella	Somali
1	201,226 bars of body soap	315,955 individuals (63,191 Households)	85,268	30,336	25,622	60,000		
2	Buckets 20l	20,119 households	5,840	0	6,900	1,459	4,000	2,000

456 bottles (500ml) of hand sanitizer, alcohol >60 per cent) were distributed to four health facilities in the Tigray region to prevent COVID-19 from spreading among the health care workers and patients.

Emergency Latrines: A construction of disability-friendly institutional latrines has been completed in five health facilities and benefits about 25,000 people (four blocks in four health facilities in East Hararghe, Midega tola woreda Roba and Gursum woreda Negaya health posts and West Hararghe; Wofi health post and Meda health centre in Mede Welabu woreda in Oromia region and one block in one health facility in Amhara region).

WASH Social and Behaviour-Change (SBC): UNICEF and partners have developed a WASH tool kit for religious leaders. The toolkit aims to promote correct WASH behaviours. Religious leaders from Christian and Muslim communities and representatives of the Interreligious Council have come together to develop the toolkit. The toolkit was developed through four workshops held between March and May 2022, involving 21 participants (Four women). A separate validation workshop was organized with the same attendees in June 2022 to validate the toolkit. A written agreement between the interfaith councils was developed to approve the contents of the package. The toolkit addresses the following key WASH services and practices:

- Access to safe water and water handling practices, including water treatment
- Access to sanitation: main construction of improved latrine facilities and promotion of open defecation-free environment, waste management
- Personal hygiene practices, including appropriate hand and face washing, menstrual hygiene management
- Baby WASH practices cover safe child faeces disposal, safe playground, handwashing, food preparation and storage.

The interreligious Council delegates agreed that the WASH toolkit should serve all the members of the faith-based organizations. They endorsed the document noting that the religious entity of each Council member must prepare an operating manual specific to their religious teaching and church doctrine. The participating organizations, by their signature, showed their full knowledge and recognition of the developed toolkit.

A programme cooperation agreement was made with the interreligious Council to ensure the use of the kits via developing a training and facilitator guide in different languages: Amharic, Afan Oromo, Somali

and Afar. Once the manuals have been translated into all languages, training will be rolled out to all regional religious councils in 2023.

Moreover, in collaboration with the Ministry of Health, Education, Water and the Federation of Disability Associations, a disability-inclusive SBC WASH mobile application software development was initiated in February 2022. The national mobile application is an SBC tool to be used by health workers (health extension workers), religious leaders, journalists and media professionals, school children and wider communities. It will benefit them to have easier access to the necessary knowledge about proper WASH practices and services while promoting positive practices in their workplace.

Content development workshops were held to develop the design project, the user interface mock-up, the content and target group identification. 14 participants (three women) attended the development workshops representing all partners and will continue to provide guidance and support until the application is finalized. After the national campaign to end open defecation, the SBC WASH app is called Total Sanitation for Ending Defecation and Urination (TSEDU). The application will target schoolchildren, communities, health extension workers, religious leaders, journalists and media professionals. To address the needs of persons with disabilities, the app has included audio and sign language features. The application is expected to be finalized by June 2023.

All the SBC efforts and interventions were disability-inclusive, as narrated in the report. In addition, all the campaigns, radio programmes, workshops and SBC packages are disability-inclusive. So far, 475 people with disability have been reached through the different SBC interventions.

WASH facilities, particularly latrines, will have provisions for people with physical disabilities. For example, every block of latrine has one stance with access ramps and wider space inside the latrines. One of the lessons from the project intervention is the need to integrate social and behavioural change and hygiene promotion along with the NFIs and WASH infrastructure interventions to see positive impacts where communities are noted to be easily taking up the key behavioural practices. Below are the major challenges and respective mitigation measures taken during the WASH intervention.

Challenges	Mitigation Measures
The increased cost of construction materials for latrines in health facilities	Reduced the number of latrines stances to fit within the available budget.
The cost of broadcasting and the production fee for a single public service announcement has been increased	Reduce the production content and broadcasting time frame.
Delay of the responses from the government sectors on providing timely feedback on the radio and IPC campaign contents	Organize a face-to-face meeting via a small Technical Working Group (TWG) to get timely feedback.
WASH behavioural practices have been constrained in some areas (Like Afar and Bambasi) due to the lack of water supply access and sanitation products	Integrate the geographic targets of the interpersonal communication campaign with the same areas where water and sanitation access is available. Discuss with the woreda WASH team the possible solution for access to water supply and sanitation products.
High demand for soaps for hygiene promotion due high population of displaced people	Rationed soap to an average of three bars of soap per household.

Hygiene Promotion: 128 Interpersonal outreach campaigns were conducted during the reference period. The campaign reached nine woredas of SNNPR, Gambella, Afar, Benishangul and Oromia, reaching 62,139 community members (31,828 women and 30,311 men) (see Table 8).

Campaigns continue to take place in the Nine Woreda, focusing on key WASH practices. For example, the community mobilization campaigns focused on hand hygiene with soap, ending open defecation, Menstrual hygiene management, safe water management, safe disposal of child faeces and proper solid waste management. The weekly feedback shows that community members have gained much knowledge and adopted positive behaviours.



Figure 9: School menstrual hygiene and health role play in Bidre, Oromia ©UNICEF, Kalkidan Gugsu, October 2022



Figure 8: SNNPR, Deyo Gena Woreda, Proper Waste management campaign, ©UNICEF, Kalkidan Gugsu, September 2022

The campaigns have different educational formats of role-playing, drama, songs and poems so that community members can easily capture the messages.

Table 8: Number of people reached through interpersonal communication campaigns

Woreda	Male	Female	Total
Asayita	2322	2544	4866
Meda	8122	7043	15165
Shebedino	2199	3117	5316
Deyogena	7422	7699	15121
Bule	3174	3190	6364
Meiso	2635	3100	5735
Gog	1241	1269	2510
Bambasi	1852	2109	3961
Sere	1570	2006	3576
Total	30,537	32,077	62,614

Additionally, a Radio Talk Show was produced in Somali, Amhari, Afan and Orormo. 105 episodes of a radio program emphasizing the key WASH practices produced. It is produced in Amharic, Afan Oromo and Somali languages. Radio programmes are broadcast through Oromia Broadcasting News (OBN), Ethiopia Broadcasting Corporation (EBC), and Somali national radios.

UNICEF, through the Hygiene Behaviour-Change Coalition (HBCC) partnered with BBC Media Action, Water Aid Ethiopia and Save the Children and will host a learning session around April 2023 on hygiene promotion. The meeting will focus on major accomplishments, lessons learned and way forwards. UNICEF additionally partnered with the Ministry of Health and the Ethiopian Interfaith Council to develop a WASH tool kit for religious leaders.

UNICEF partnered with Broadcasting News (OBN), EBC and Somali national radios for the talk show to promote WASH practices. Lastly, UNICEF partnered with the Ministry of Health, Education, and Water and with the Federation of Disability Associations for the disability-inclusive SBC WASH mobile application software development. UNICEF partnership with regional health and Water Bureaux has been effective in the small-scale improvement of WASH services in health facilities.

Social Policy

Table 9: Social Polict 2022 HAC results

Social Policy 2022 HAC results	UNICEF humanitarian results (Including northern Ethiopia and drought response)		UNICEF humanitarian results (Northern Ethiopia Response only)		UNICEF humanitarian results (Drought Response only)	
	2022 target	Total results	2022 target	Total results	2022 target	Total results
		Jan- Dec 2022		Jan- Dec 2022		Jan- Dec 2022
Number of households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding	61,902	136,110	19,402	29,661	42,500	104,834

Throughout 2022, UNICEF continued to work with the BoLSA and the Bureau of Finance to deliver SRCTs to 15,380 drought-affected IDP households (45,993 people).

In the Somali region, SRCTs were provided to 3,929 IDP households (21,604 people) affected by drought and conflict in three sites in the Siti zone (Erer woreda). Each IDP household received a one-time cash transfer of 4,950 ETB. Based on PDM with a representative sample, most household heads are female (88 per cent female). Almost all respondents said they used the cash to buy food for their household (96 per cent), buy clothes for their children (14 per cent), and for drinking water and shelter (11 per cent). Overall, 47 per cent of the beneficiaries could meet some of their basic needs (food, water, shelter, clothes) with the cash transfer, and 43 per cent could meet most of their basic needs.

In the Oromia region, SRCTs were provided to 4,712 drought-affected IDP pregnant and lactating women (PLW) in two woredas (Dubluk and Wachile) of the Borena zone. Each PLW received a one-time 3,000 ETB cash transfer. This was also replicated in SNNPR, for 5,315 drought-affected PLW in Dasenech Woreda (South Omo zone). In both regions, most respondents used cash to buy food (89 and 99 per cent, respectively); in Oromia, almost a third (32 per cent) also bought livestock. Beyond the cash transfers, most respondents (over 90 per cent in both regions) received complimentary nutrition information when collecting their cash – mostly around dietary diversity and exclusive breastfeeding.

Oromia region also received further SRCT support for 1,424 drought-affected households (14,362 people) in Dhas woreda, Borena zone. This was part of a larger SRCT response covering nine woredas in five zones (East Bale, Bale, Borena and East Hararghe). As part of the consolidated post-distribution survey, it was found that almost all (97.1 per cent) respondents said they used the cash to buy food for their household, with 55.7 per cent buying clothes for their children, 45.9 per cent covering medical/medicine expenses, 44.9 per cent buying livestock, 40.1 per cent to repay debts/loans, 39.6 per cent to purchase drinking water, and 24 per cent to buy essential household items. In addition, almost all (97.1 per cent) felt their situation has changed/improved due to the cash assistance. The three most frequent answers were improvement in the quantity and/or quality of food consumption (68.2 per cent), ability to send children to school (53.3 per cent), and ability to buy drinking water (52.2 per cent).

Thematic funding case study

Title: The provision of emergency life-saving services in northern Ethiopia

Northern Ethiopia has been impacted by conflict since November 2020. This disrupted health and nutrition services (looted health facilities, displaced health workers) and insecurity, limiting access to children and PLW most in need. UNICEF launched large-scale responses through international non-governmental organizations (INGOs), which later faced huge setbacks due to cash and fuel shortages.

The fuel and cash shortage grounded services to a halt in Tigray. As plan B, UNICEF launched the find-and-treat (F & T) campaign, a form of rapid response mechanism that leverages local capacity, including Fixed OTPs, MHNTs and local human resources. The find-and-treat campaign optimizes access to treatment of SAM, ensuring that children identified with SAM are instantly admitted rather than referred to as in conventional Mass MUAC Screening.

In total, 2,254,562 children were screened for acute malnutrition. 12,213 were referred for SAM/ moderate acute malnutrition (MAM) treatment across all three regions (Afar, Amhara and Tigray) affected by the conflict. For Tigray alone, 1,732 children were referred for SAM treatment. On top of the life-saving nutrition treatment for children under-five, the Find & Treat campaign is characterized by its multisectoral approach allowing screening and referral of 118,314 PLW for MAM treatment, but also high-energy biscuits (HEB) distribution, IYCF counselling, as well as immunization programmes, aqua tabs distribution and GBVie awareness-raising and referral.

An opportunity was the government buy-in and leadership, the demand for data and action on the northern Ethiopia response from donors, partners and UNICEF HQ; support from UNICEF RO and HQ. The implementation of the find-and-treat (F&T) was widely supported since it combined nutrition assessment and programme implementation. The main challenge was the lack of fuel, cash and communication access in Tigray – however, UNICEF supported a phased approach, ensuring the needed resources woreda per woreda.

The key factors for success were the collaboration with our NGO partners and government, as well as the repositioning of supplies, and well-monitored data collection. As a result, the F&T campaign concept for nutrition service delivery used in conflict-driven emergencies is being replicated for climate-driven emergencies, e.g., the drought now affecting four regions across Ethiopia.

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 with the annual workplan 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 to implement programme activities. Timely liquidation of funds by implementing partners was made

possible through direct cash transfers, with UNICEF Country Office and partners monitoring and the involvement of UNICEF District Programme Officers, who conducted daily interactions with district authorities.

To monitor UNICEF interventions in hard-to-reach and inaccessible areas, UNICEF instituted a Third-Party Monitoring (TPM) platform through AXIOM Monitoring and Evaluation, a company that provided TPM services. The company deployed 39 Third-Party Monitors to collect TPM data from all regions, including Oromia, Benishangul-Gumuz, Gambella, Amhara, Tigray, Afar, Sidama and SNNPR. The TPM data included activity monitoring, end-user monitoring and PDM data collected from households and service centres. The data collected from TPM was linked with powerBi for analysis and visualization.

Financial analysis

The 2022 UNICEF HAC appeal for Ethiopia was USD 532 million, nearly double the appeal for 2021. The appeal aimed at supporting life-saving services to vulnerable women and children affected by multiple shocks across Ethiopia: including the northern response.

2021 Carried-over funds of USD 37,442,679 enabled UNICEF and its partners to implement various humanitarian interventions. In 2022, Canada, The European Commission (ECHO), GAVI the Vaccine Alliance, Japan, the Luxembourg Committee for UNICEF, Norway, The United Kingdom, The United Kingdom Committee for UNICEF, United States Fund for UNICEF, the UNOCHA and USAID/OFDA and private sector donors through UNICEF Natcoms contributed USD 3,762,361 to UNICEF Ethiopia's humanitarian response.

2022 HAC Funding Status *including Northern Ethiopia and Drought Response*

Sector	2022 HAC Funding Requirements (USD)	Funds available			Funding gap	
		Humanitarian resources received in 2022 (USD)	Resources available from 2021 (Carry-over) (USD)	Total Funds Available (USD)	\$	%
Health	44,072,295	23,187,407	7,105,480	30,292,887	13,779,408	31%
Nutrition	125,496,829	102,488,810	5,691,592	108,180,402	17,316,427	14%
WASH	207,654,873	48,308,853	8,289,676	56,598,529	151,056,344	73%
Education	61,020,560	16,971,460	1,950,810	18,922,270	42,098,290	69%
Child Protection	25,403,224	18,275,433	3,392,351	21,667,784	3,735,440	15%
Social Policy	18,306,994	14,406,584	-	14,406,584	3,900,410	21%
SBC and AAP	11,866,786	1,866,775	-	1,866,775	10,000,011	84%
GBVIE	34,477,386	8,286,054	3,661,862	11,947,916	22,529,470	65%
PSEA	4,064,184	7,407	428,556	435,963	3,628,221	89%
Total	532,363,131	233,798,782	30,520,328	264,319,109	268,044,022	50%

Table 10: Funding Received and Available by 31 December 2022 by Donor and Funding type (in USD)

Donor Name/Type of funding	Grant reference	Overall Amount
I. Humanitarian funds received in 2022⁸		79,320,949
a) Thematic Humanitarian Funds		
Denmark - Country Humanitarian thematic Fund	SM2299300054	3,838,097
German Committee for UNICEF - Country Humanitarian thematic Fund	SM2299300008 SM2299300119	581,395 955,389
Italian Committee for UNICEF - Country Humanitarian thematic Fund	SM2299300099	1,042,532
United States Fund for UNICEF - Country Humanitarian thematic Fund	SM2299300051	615,010
United Kingdom Committee for UNICEF - Country Humanitarian thematic Fund	SM2299300166	544,076
French Committee for UNICEF - Country Humanitarian thematic Fund	SM2299300139	422,386
Japan Committee for UNICEF- Country Humanitarian thematic Fund	SM2299300064	261,818
Norwegian Committee for UNICEF - Country Humanitarian thematic Fund	SM2299300148	176,060
UNICEF – Kuwait - Country Humanitarian thematic Fund	SM2299300065	56,106
UNICEF – QATAR - Country Humanitarian thematic Fund	SM2299300066	22,472
Grand Total		8,515,340
b) Non-Thematic Humanitarian Funds		
USA (State) BPRM	SM200596	222,694
USA (State) BPRM	SM210373	2,451,191
Bureau for Humanitarian Assistance	SM200548	5,064
Bureau for Humanitarian Assistance	SM200590	2,030,804
Bureau for Humanitarian Assistance	SM210246	9,210,024
Bureau for Humanitarian Assistance	SM210535	10,410,728
Bureau for Humanitarian Assistance	SM210826	264,169
Bureau for Humanitarian Assistance	SM220194	292,261
USAID/Food for Peace	SM200461	392,858
USAID/Food for Peace	SM200545	117,187
FCDO/UK	SM220080	4,076,087
United Kingdom Committee for UNICEF	SM210793	2,797,841
Sweeden/Sida	SM220143	9,250,694
Switzerland	SM220797	555,555
UAE/FRF	SM220561	6,000,000
Japan	SM220082	4,277,166
Canada	SM210818	2,396,166

ECHO	SM200232	1,444,461
German Committee for UNICEF	SM220341	319,829
German Committee for UNICEF	SM220485	471,015
German Committee for UNICEF	SM220599	840,336
Korea	SM220535	400,000
Swiss Committee for UNICEF	SM220887	348,809
Danish Committee for UNICEF	SM220330	11,781
United Nations Joint Programme	SM220883	2,677,885
Total Non-Thematic Humanitarian Funds		61,264,605
c) Pooled Funding		
(i) CERF Grants		
CERF	SM211018 SM220416 SM220806	6,390,003
(ii) Other Pooled funds - N/A		
d) Other types of humanitarian funds		
Bureau for Humanitarian Assistance	KM210081	190,080
	KM220012	2,781,857
USAID/Food for Peace	KM190030	3,612
	KM200053	80,532
Japan Committee for UNICEF	KM210015	66,900
France	KM210079	13,606
	KM210015	14,413
Grand Total		3,151,000
e) Other resources – development funding towards HAC (SH grant)		
N/A		
f) Other resources – development funding towards HAC (SC grant)		
Education Cannot Wait Fund	SC210441	4,060,952
Total humanitarian funds received in 2021⁹		14,575,000
II. Carry-over of humanitarian funds available in 2022¹⁰		
g) Carry-over Thematic Humanitarian Funds		
Thematic Humanitarian Funds	SM189910	2,302,990
Thematic Humanitarian Funds	SM219910	2,548,022
h) Carry-over of non-Thematic Humanitarian Funds¹¹		
Japan	SM210240	271,052
	SM210061	416,586

⁸ Total for this section's points a) to d) is equal to the total Humanitarian funding received in 2022 SitRep table, e) and e) are equal to the total of the other resources regular in SitRep table.

⁹ This total equals Funds Available Against Appeal as of 31 December 2022 in the SitRep table

¹⁰ Programmable amount, total equals to the carry-forward total in the SitRep table

¹¹ Same list as it was prepared for the Q1 FTS reporting

	SM210862	6,076
US Fund for UNICEF	SM210623	338,207
	SM210544	482,523
European Commission/ ECHO	SM210782	1,999,372
	SM210181	68,789
	SM210358	2,046,697
Norway	SM210904	379,420
	SM210102	259,715
	SM210193	155,374
Canada	SM210818	252,937
WHO	SM210140	20,557
UNOCHA	SM210905	232,5000
The United Kingdom	SM180344	13,787,269
	SM210535	173,870
	SM210826	946,811
USA (USAID) OFDA	SM210246	4,901,219
Luxembourg Committee for UNICEF	SM210765	102,282
	SM210562	582,387
GAVI The Vaccine Alliance	SM210559	92,209
The United Kingdom Committee for UNICEF	SM180344	1,355,098
Total carry-over non-Thematic Humanitarian Funds		37,422,679
Total carry-over humanitarian funds		39,403,375
III. Other sources N/A		

Table 11: Country Thematic contributions

Donor Name/Type of funding	Grant reference	Total contribution amount (in USD)
GHTF (if any):		
n/a*	SM189910	0
n/a	SM229910	0
Subtotal (received from EMOPS/HQ):		
Regional thematic (if any):	N/A	0
Subtotal (received from RO):		
Country thematic contributions:		
Denmark - Country Humanitarian thematic Fund	SM2299300054	3,838,097
German Committee for UNICEF - Country Humanitarian thematic Fund	SM2299300008 SM2299300119	581,395 955,389
Italian Committee for UNICEF - Country Humanitarian thematic Fund	SM2299300099	1,042,532
United States Fund for UNICEF - Country Humanitarian thematic Fund	SM2299300051	615,010
United Kingdom Committee for UNICEF - Country Humanitarian thematic Fund	SM2299300166	544,076

French Committee for UNICEF - Country Humanitarian thematic Fund	SM2299300139	422,386
Japan Committee for UNICEF- Country Humanitarian thematic Fund	SM2299300064	261,818
Norwegian Committee for UNICEF - Country Humanitarian thematic Fund	SM2299300148	176,060
UNICEF – Kuwait - Country Humanitarian thematic Fund	SM2299300065	56,106
UNICEF – QATAR - Country Humanitarian thematic Fund	SM2299300066	22,472
Total:		8,515,340

Future workplan

Ethiopia is facing its worst humanitarian crisis in decades, impacting nearly 29.7 million lives, including 15.7 million children and 4.4 million persons with disabilities. In addition, conflict across regions, climatic shocks and public health emergencies have significantly increased food insecurity, displacement, risks and macroeconomic deterioration.

There are 4.51 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 2023. However, 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. UNICEF response leverages long-standing partnerships with government institutions and national and international non-governmental organizations to provide life-saving services for affected populations.

Under Level 3 Emergency Procedures for northern Ethiopia, UNICEF is expanding its operations throughout Tigray, Amhara and Afar regions.

To scale up interventions for **Child Protection**, UNICEF will;

- Continue working with local NGO ASDEPO to implement CP and GBV activities in the Afar region, targeting IDP, returnees and host communities in conflict-affected woredas of the region
- The capacity-building plan will continue to be implemented in 2023
- Regular hands-on technical support will be provided to ASDEPO through the Afar UNICEF CP team, and support on reporting and monitoring through UNICEF CP and operations teams at the country office level
- UNICEF will also focus on strengthening the CP system, for example, through continued support to the Amhara and Tigray REB and the regional Bureau for Women, Children and Social Affairs and corresponding zonal and woreda offices, and support to the concerted and joint MHPSS strengthening effort with the Education sector

To ensure **Education** is at the forefront of interventions, UNICEF will;

- Continue to support the integrated education and CP assistance (“My Home” approach) through the provision of accelerated learning programmes and life-skills education linked with CP services for school children in partnership with humanitarian partners.
- Support the creation of a safe and learning-conducive environment for emergency-affected children through the improvement of learning facilities/provision of TLS, the provision of essential teaching-learning materials, capacity-building of teachers/facilitators on pedagogy and holistic topics such as gender, CP and critical life-skills. The strengthening of PTAs and student-led clubs, and other schools’ platforms to facilitate participatory school management.

Health Interventions will continue to;

- Provide emergency health services to the affected communities and preparedness and response to public health emergencies where needed.
UNICEF will continue to support the recovery and rebuilding of the health system with rehabilitation and repair of the primary health care facilities, provision of emergency medicines and supplies, capacity-building in health system strengthening at both central and decentralized levels and technical support for the coordination of emergency health and or public health emergencies response.

UNICEF will additionally continue providing emergency **Nutrition** responses and scaling up services in drought-affected regions of Ethiopia, including;

- The deployment of mobile health and nutrition team MHNTs, find-and-treat campaign (for early identification, referral, and treatment of SAM), and;
- Capacity-building of health workers.

Social Policy will;

- Continue to scale up cash intervention as part of emergency response to drought and conflict
- Provide cash as part of the recovery for northern Ethiopia
- Strengthen the capacity of the Ministry of Women and Social Affairs and regional BoWCSA
- In partnership with CP, UNICEF will deploy SW to provide Cashplus interventions like referrals linkages
- Collaborate with nutrition section to contribute to the prevention of malnutrition in drought-affected regions and

UNICEF will continue establishing partnerships with NGO partners for **WASH**'s rapid response;

- To life-saving activities providing water trucking, WASH NFIs distributions, hygiene awareness and rehabilitation of water systems.

Through **Social and Behaviour-Change (SBC)**, UNICEF will

- seek to reach people across the three regions through risk communication and with information campaigns on routine vaccination services, IYCF in emergencies, GBV prevention and promotion of best hygiene practices
- engage affected populations, local officials, community and religious leaders, youth groups, and private sector service providers in planning and implementing the response and encourage them to adopt behaviours that mitigate and prevent risks

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

Table 12: UNICEF Ethiopia Humanitarian Targets 2023

Issue	Target
Nutrition	
Number of children aged 6 to 59 months with severe wasting admitted for treatment	1,213,870
Number of children aged 6 to 59 months receiving vitamin A supplementation	5,835,146
Number of primary caregivers of children aged 0 to 23 months receiving IYCF counselling	1,047,650
Number of pregnant women receiving preventative iron folic supplementation	1,476,477
Health and HIV/AIDS	
Number of children aged 6 to 59 months vaccinated against measles	900,000
Number of children and women accessing primary health care in UNICEF-supported facilities	2,114,138
Number of mothers and caregivers reached through continuous social mobilization and communication to promote immunization	4,325,505
WASH	
Number of people accessing a sufficient quantity of safe water for drinking and domestic needs	8,078,358
Number of people use safe and appropriate sanitation facilities	1,462,249
Number of people reached with critical WASH supplies	3,212,822
Number of people having safe access to, and use, appropriate WASH services in health care and learning facilities for children	7,308,500
Number of women and girls reached with essential menstrual hygiene management services	1,098,620
CP, GBViE AND PSEA	
Number of children and parents/caregivers accessing mental health and psychosocial support	275,012
Number of UASC provided with alternative care and/or reunified	16,002
Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions (Cross-sectoral)	268,222
Number people with safe and accessible channels to report sexual exploitation and abuse (Cross-sectoral)	969,403
Number of children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions	295,000

Education	
Number of children accessing formal or non-formal education, including early learning	1,088,257
Number of children receiving individual learning materials	1,095,894
Social protection	
Number of children and adolescents accessing skills and development programmes	193,340
Social protection	
Number of households reached with cash transfers through an existing government system where UNICEF provided technical assistance and/or funding	220,000
Number of beneficiaries reached with cash transfer who are linked with other programmes, information and services	63,700
Social behaviour-change (SBC)	
Number of people reached through messaging on prevention and access to services	35,208,969
Number of people engaged in engagement actions	3,378,969
Number of people with access to established accountability mechanisms	816,196

Annexes

A. Two-pagers: Non-thematic Funding Contributions

See attached

B. Human Interest Stories And Communication

The conflict in Tgray, which started in November 2020 and spread to neighbouring regions, has damaged and destroyed thousands of schools and deprived millions of children from education. Asya Ahmed, an 11 year-old displaced by the conflict, expresses her fears and her desire to return to school and play with her friends. Read the story below:

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

Bekeri Huqqa, a mother of six in the village of Lafto in Ethiopia's Borena zone, has lost 27 cows due to drought. With the village nearly deserted, the communities worst fear of drought had become a reality and many are struggling to survive. Despite the respiration, Bekeri remains hopeful, read the full story below:

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

https://unicef-my.sharepoint.com/:w:/r/personal/ttesfaye_unicef_org/Documents/Desktop/CAP%20-%20Nani/Social%20media,%20HIS%20liks.docx?d=w68b23918525e4217a99e20f99ec68cdd&csf=1&web=1&e=hZmfAm

C. Links To External Media And Communication – Human Interest Stories

During 2022, 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 increased across all of UNICEF Ethiopia's social media platforms (Twitter, Facebook, Instagram, YouTube and 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 were conducted on the crisis, including on BBC, CNN, UK Guardian, Reuters and others. Multimedia content was also produced highlighting UNICEF 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 Associated Press (AP) and Forbes magazine, and over eight 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 in key advocacy areas, including Gelila Bekele – an advocate for girls and women’s rights - which resulted in a personal contribution of US\$50,000 to a school feeding programme through Imagine1Day, in Tigray.

On COVID-19 Vaccination (COVAX), several hand-over ceremonies were held with donors and the government to acknowledge specific donor contributions to 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, providing integrated protection and education services for children living amid humanitarian emergencies.

D. Programmatic and financial risks

Under the global HACT Framework, UNICEF continues implementing stringent quality assurance activities (such as financial spot checks, programme monitoring visits and scheduled audits) to mitigate fiduciary risks in transferring cash to government institutions. UNICEF applies HACT as a risk management tool in managing 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 to manage risk related to cash transfers made to implementing partners to support programme implementation, reduce partner transaction costs and 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 depends on the value of the funds received by the implementing partner during 12 months and the risk rating of the implementing partner. Implementing partners, including government institutions, receive additional funds once 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://unsdq.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 implemented cross-sectoral strategies for creating and maintaining a safe environment for the people we work with. These involve implementing concrete steps to ensure that staff, local implementing partners (government and CSOs) and the contracted institutional

vendors understand and adhere to the zero-tolerance policy to SEA. Concrete action taken during the reporting period include; Community Sensitization and awareness creation on PSEA: These include developing 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 include sharing 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 have required mandatory online and in-person training on PSEA, focusing on the six core principles of SEA; they are also required to sign a code of conduct as a form of commitment. Community front-line 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 a 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, focusing 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.

A virtual training accompanied the PSEA risk assessment on the six core principles and how to address the gaps if the organization is rated as high risk. Each organization 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 must report allegations of SEA to UNICEF senior management. 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 step-by-step reporting notification alert time frame once an allegation is received.

To foster community reporting, UNICEF has established a safe, confidential, and trustful reporting mechanism through a toll-free hotline (9997) available in five local languages and regional field offices. Hence the field-based focal points have been trained on safe reporting a. In some areas where phone lines do not work, Beyond the reporting, UNICEF has put in place an elaborate referral mechanism to ensure that all issues are addressed in an effective manner

The country office has also conducted SEA Risk Assessments for the emergency-affected areas, emphasizing cash response areas, which are high-risk and WASH interventions. Where possible, UNICEF has partnered with other agencies and entities such as the PSEA network Ethiopia PSEA Network, the International Organization for Migration (IOM)'s Displacement Tracking Matrix (DTM) SEA risk assessment and work with them to ensure the PSEA risk assessment and mapping are included in the Site Assessment (SA) and the Village Assessment Survey (VAS. These risk assessments are customized to gather information about i) SEA hotspot areas ii) what people would like to use to report

SEA iii) who do they trust to address SEA allegations; iv)) what information or action would make them trust the systems already existing (if not trusted); v) why they do not use/or used some of the systems already in place. This information will assist UNICEF in further improving our response to SEA reports.

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

F. Donor feedback form

[Feedback form link](#)