







Situation Report

Ethiopia faces escalating humanitarian crisis amid ongoing conflict and climate shocks



Country:	Ethiopia
Emergency type:	Conflict
Start Date of Crisis:	November 3, 2020
Date Issued:	August 15, 2024
Covering Period:	July 1 – 30, 2024
Contact Persons:	James Okara Wanyama, Humanitarian Programme Coordinator at Ethiopia CO – wanyama@unfpa.org Paula Fernandez Seijo, UNFPA Ethiopia Communications Specialist – pfernandez@unfpa.org

Key Indicators

 15.5 million Total people targeted (OCHA HRP 2024)	 2.075,000 Women of reproductive age	 188,101 Estimated pregnant women	 8,300,000 million People targeted by UNFPA ETHIOPIA HRP in 2024
---	--	---	--

Highlights

- Ethiopia has been grappling with climatic shocks due to [above-average rainfall](#) since April. In late July, heavy rains caused landslides in Gofa Zone, Southern Ethiopia, resulting in over 249 deaths and affecting more than 15,000 people. Earlier, from April to May, [flooding impacted over 600,000 people and displaced 95,000 others](#) across Afar, Amhara, Central Ethiopia, Oromia, Sidama, Somali, South Ethiopia, and Tigray regions, according to OCHA.

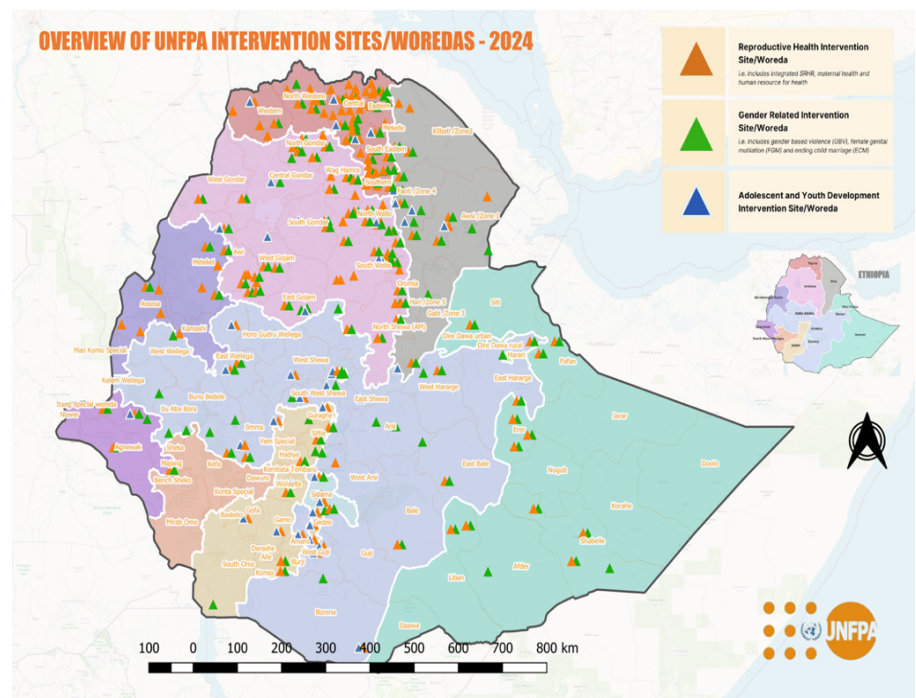
- Heavy rainfall and flooding have nearly doubled **cholera cases** in Ethiopia, from 9,000 to over 16,000 between April and May 2024, due to poor sanitation and lack of safe drinking water, according to EPHI.

Situation Overview

- The humanitarian crisis in Ethiopia remains dire, fueled by conflict, mass displacement, disease outbreaks, and climate-related shocks. The **2024 Humanitarian Response Plan** estimates that approximately **15.5 million people, including 4.5 million internally displaced persons (IDPs), require humanitarian assistance** across various regions.
- **Seasonal floods** across various regions of Ethiopia since April have caused widespread destruction, resulting in significant loss of life, displacement, and property damage. In Gofa Zone, landslides in July led to at least 257 deaths and affected over 15,000 people, prompting local authorities and the Ethiopian Red Cross to conduct search-and-rescue operations and provide emergency aid. Earlier, flooding from April to May impacted **590,000 people, displaced 95,000, and destroyed 3,000 houses and large areas of agricultural land, worsening existing vulnerabilities**. Moreover, the Ethiopia Disaster Risk Management Commission (EDRMC) has predicted further above-average rainfall for the remainder of the June-to-September *kiremt* rainy season in Ethiopia.
- According to the Famine Early Warning Systems Network (FEWS Net), about 13 million people in Ethiopia, including 4.5 million internally displaced individuals, are expected to need humanitarian food assistance from July to September’s lean season period. **Acute Malnutrition (SAM) in children under five and Pregnant and Lactating Women (PLW) remains high across the country** due to disease outbreaks and limited access to health and wash services in conflict and climate-affected areas.
- Since the onset of the crisis in Sudan, over **133,000 new arrivals**—including Sudanese refugees, Ethiopian refugee returnees, and returning Ethiopian migrants—**entered Ethiopia from Sudan** between April 2023 and June 2024, according to UNHCR. Due to major safety concerns at Amhara’s refugee sites, which hosted approximately 7,500 Sudanese refugees as of July, humanitarian partners relocated over to 900 individuals to new sites an Ethiopian National Defense Force (ENDF) installation for increased refugee security (OCHA). Meanwhile, ongoing clashes continue to restrict humanitarian operations across the region due to access and resource challenges.

UNFPA Response

UNFPA Ethiopia continues to scale up its humanitarian response to address the significant Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) needs arising from multiple crises across 11 regions, including the influx of refugees and returnees to Ethiopia. In July 2024, UNFPA reached over 188,000 individuals with essential lifesaving **SRH services** and information, delivering crucial support to communities nationwide. This included over 36,000 maternal and newborn health services, with 4,958 mothers receiving their first Antenatal Care (ANC) visit and 6,268 deliveries assisted by skilled birth attendants through UNFPA’s support. Additionally,



over 30,000 Pregnant and Lactating Women (PWL) were screened for acute malnutrition, with 16,131 supported with nutritional supplements in affected regions. In response to the landslide in Gofa Zone, UNFPA distributed 3 IARH kits to 5 health facilities near IDP sites, aiming to provide lifesaving sexual and reproductive health services to 10,000 women and girls, including 130 dignity kits. With over 209 midwives and 181 health extension workers (HEWs) deployed, 8 Mobile Health and Nutrition Teams (MHNTs), and 12 Maternity Waiting Homes, UNFPA continues to bolster the capacity of health offices and facilities to respond to the SRHR and GBV needs nationwide. Similarly, 278 professionals were trained in various topics related to integrated provision of SRH and GBV services, including youth empowerment and skill building.






IARH kits and dignity kits handed over to the health authorities to support the humanitarian response efforts related to the landslide in Gofa Zone, Southern Ethiopia. Photo by UNFPA Ethiopia.

Gender-based violence (GBV) remains a key concern in communities affected by conflict and climate shocks due to the breakdown of social systems and the limited access to GBV services, increasing the vulnerability of women and girls. According to the 2024 Humanitarian Needs Overview (HNO), the number of People in Need (PIN) for GBV services increased from 5.8 million in 2022 to 6.7 million in 2023 to 7.2 million in 2024. million. As a response, UNFPA has scaled up integrated GBV/SRH response services through 63 Women and Girls’ Friendly Spaces, 32 supported One-Stop Centers, 19 Safe Houses and other government-led service delivery points. As of July 2024, UNFPA has reached 248,508 women and girls with comprehensive GBV services and information, including 21,903 individuals supported with mental health and psychosocial support services (MHPSS), 736 women and girls benefitting from dignity kits and sanitary pads, and 31,935 attendees reached with Protection from Sexual Exploitation and Abuse (PSEA) sessions. These efforts were complemented by UNFPA’s robust humanitarian coordination presence, leading the GBV AoR at national and regional levels with MoWSA and the Bureaus of Women’s Affairs.

Results Snapshot



	2,132	Pieces of medical equipment distributed to health facilities across 11 regions.
	3	Reproductive health kits provided to service delivery points to meet the needs of 10,000 women and girls affected by landslides in Southern Ethiopia.
	47	Youth spaces supported by UNFPA

Coordination Mechanisms

- UNFPA has continued to participate in various humanitarian coordination platforms, including the Humanitarian Country Team (HCT), Inter-Cluster Coordination Group (ICCG) and Health and Protection Clusters. It also continues to lead the GBV sub-cluster and SRH Working Groups at the national and sub-national levels.
- As of June 2024, UNFPA Ethiopia has **mobilized a total of USD 14.7 million within the Humanitarian-Development-Peace Nexus** programming from Denmark, Canada, CERF, Korea, Sweden, and Itochu Corporation in 2024. The resources will be largely used to scale up interventions within the humanitarian, development, peace nexus.
- **The GBV Case Management Service Framework and Guideline has now been finalized.** This document highlights UNFPA's role in leveraging resources effectively through our leadership as Cluster Lead Agency (CLA) for the GBV Area of Responsibility (AOR). The guideline was developed with financial support and technical expertise from the Ministry of Women and Social Affairs (MoWSA), Norwegian Church Aid (NCA), and Nutrition 4 Education and Development (N4ED), marking a significant advancement in our collective efforts to enhance GBV case management services. Validation, and regional roll out and dissemination is scheduled for July 2024.
- **As the co-lead of the SRH TWG**, UNFPA collaborated on the consolidation of insights from Key Informant Interviews (KIIs) conducted by SRH-TT-Subgroup 7 consultants, appointed by the Global Health Cluster (GHC) and Global Protection Cluster (GPC), into a brief for the global learning document "Best Practices in Linking SRH and GBV Coordination in Emergencies."
- **As co-lead of the Youth, Peace, and Security (YPS) Taskforce**, UNFPA, in collaboration with the RC's Office, is planning to co-host the 2024 International Day of Peace Commemoration to emphasize the importance of youth's participation in peacebuilding efforts.

Funding Status

In 2024, our resource mobilization efforts require **\$48,200,085 USD** to achieve our goals, as outlined in the **UNFPA Preparedness and Humanitarian Response Plan 2024**. As of July 2024, UNFPA Ethiopia has received \$14,790,621 USD from our generous donors.

We extend our sincere gratitude to BMGF, Canada, CERF, Denmark, ITOCHU Corporation, Japan, Norway, Spain, Sweden, KOICA, USAID, and the World Bank/UNOPS for their crucial support. Their contributions are vital in advancing our mission to ensure rights and choices for all in Ethiopia

