

UNFPA ETHIOPIA PREPAREDNESS AND HUMANITARIAN RESPONSE PLAN 2024



ENSURING RIGHTS AND CHOICES FOR ALL

About UNFPA

UNFPA, the United Nations Population Fund, also known as the United Nations Sexual and Reproductive Health Agency, is an international development agency leading global efforts to ensure that every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled. UNFPA Ethiopia's Country Programme, which is currently in its 9th cycle (2020-2025), draws from the priorities of the Programme of Action of the International Conference on Population and Development (ICPD) and the UN Sustainable Development Cooperation Framework (2020-2025). The Country Programme is aligned with the Ethiopian Government's 10-Year Development Plan, sectoral plans, and the UNFPA Strategic Plan (2022-2025). UNFPA Ethiopia operates strategically at the Federal level and in 12 Regions in Ethiopia to address critical challenges and advance the rights and well-being of women, adolescents, and youth.

Transformative Results

In pursuit of contributing to the fulfillment of the Sustainable Development Goals (SDGs) and the 2030 Agenda for Sustainable Development, UNFPA Ethiopia is committed to achieving four transformative results:

1. Ending Unmet Need for Family Planning
2. Ending Preventable Maternal Deaths
3. Ending Gender-based Violence and Harmful Practices against women and girls

Strategic Priorities

- **Integrated Sexual and Reproductive Health Services:** UNFPA Ethiopia prioritizes universal access to integrated sexual and reproductive health services, safeguarding reproductive rights and eliminating coercion, discrimination, and violence. Our comprehensive programs aim to reach every woman, adolescent, and youth, especially those who are marginalized and the furthest behind.
- **Empowerment of Adolescents and Youth:** Central to our mission is empowering adolescents and youth, particularly girls, to access sexual and reproductive health services and exercise their reproductive rights in all contexts. Through empowerment, education, and awareness, we equip young people with the knowledge and resources necessary for informed decision-making about their health and well-being and support them in contributing positively to peacebuilding and social cohesion.
- **Advancement of Gender Equality and Women Empowerment:** UNFPA Ethiopia works tirelessly to advance gender equality, women's empowerment, and reproductive rights in both development and humanitarian settings. By addressing underlying inequalities and promoting rights-based approaches, we strive to create an environment free from discrimination and violence.
- **Data-driven Development:** Recognizing the importance of data for evidence-based decision-making, UNFPA Ethiopia prioritizes population data collection, analysis, dissemination, and improvement in utilization. By ensuring everyone is counted and accounted for, we support evidence-based development planning and monitor progress towards achieving the sustainable development goals and national development indicators.

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HUMANITARIAN PREPAREDNESS AND RESPONSE PLAN

2024



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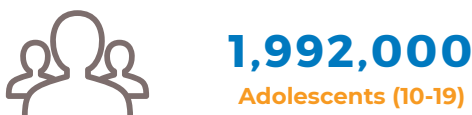
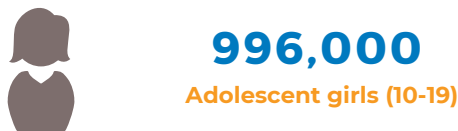
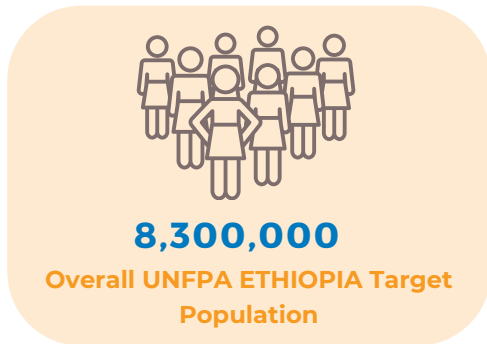


1 AT A GLANCE

FUNDING NEEDS



KEY RESPONSE TARGETS



*Population estimates using the Minimum Initial Service Package (MISP) methodology - <https://www.misp-project.org>.

UNFPA: SNAPSHOT OF KEY INTERVENTION SITES - 2024



WGFS Supported

i.e. Intervention sites/woredas might include more than one WGFS supported

| 65



OSC supported

| 32



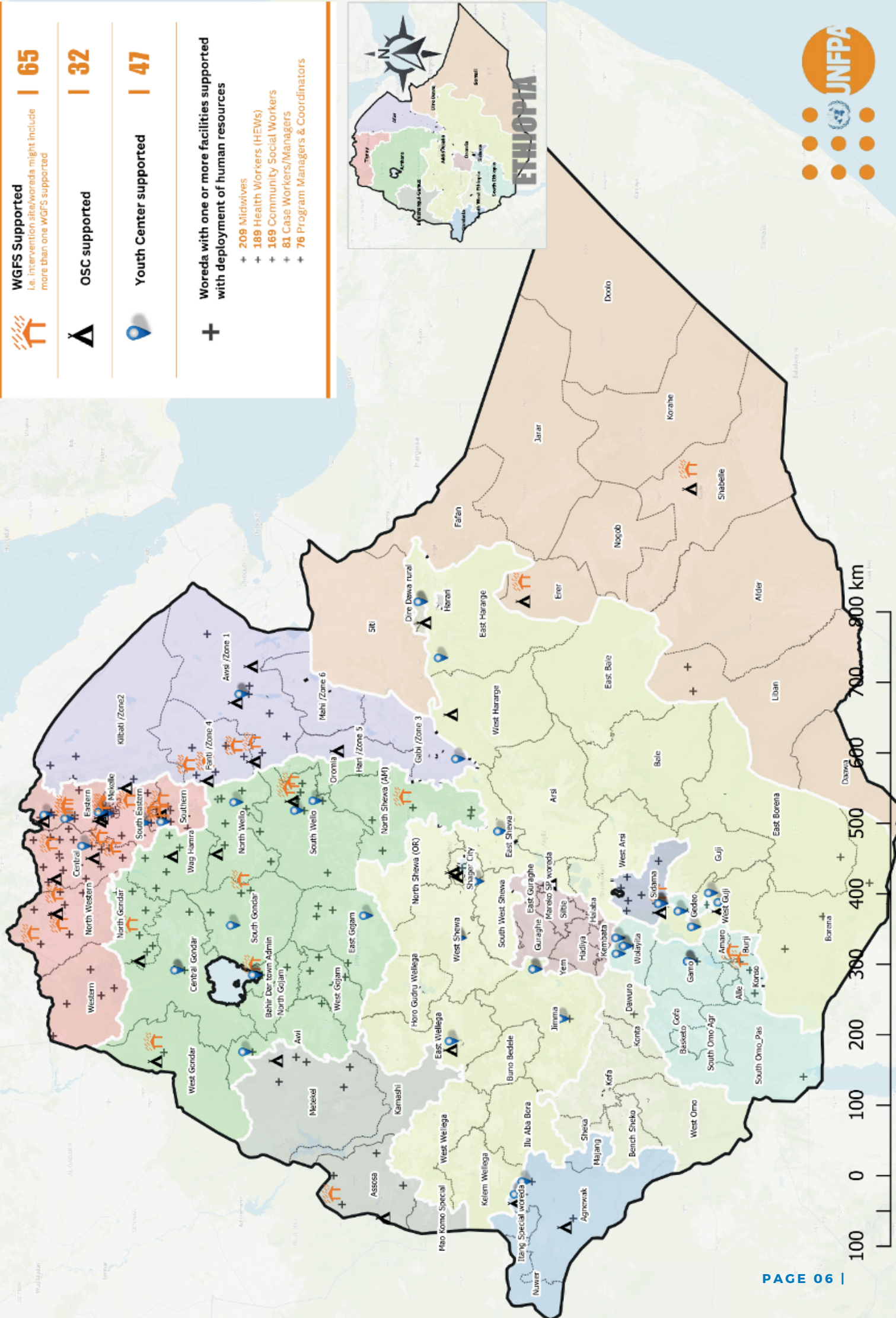
Youth Center supported

| 47



Woredas with one or more facilities supported with deployment of human resources

- + 209 Midwives
- + 189 Health Workers (HEWs)
- + 169 Community Social Workers
- + 81 Case Workers/Managers
- + 76 Program Managers & Coordinators



3 INTRODUCTION

This nationwide Response Plan aims to address the significant Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) needs arising from multiple crises, including the influx of refugees and returnees to Ethiopia. It is informed by the system-wide Humanitarian Needs Overview 2024 [1], the Ethiopia Humanitarian Response Plan 2024 [2], the 2024 Regional Refugee Response Plans for the Sudan [3] and South Sudan [4] emergencies, and the Ethiopia Country Refugee Response Plan 2024 [5]. Furthermore, it aligns with the UNFPA Strategic Plan (2022-2025) and UNFPA's humanitarian commitments and policy guidance on preparedness, humanitarian, and resiliency programming.

To enhance sustainability, the proposed interventions adopt a Humanitarian-Development-Peace nexus approach, closely linking and complementing UNFPA's development initiatives in the country. This plan will remain a dynamic document, regularly revised to incorporate emerging issues given the volatile humanitarian context in Ethiopia. It provides a succinct analysis of core humanitarian issues at both national and regional levels, delineates SRH and GBV needs in humanitarian settings, and proposes integrated UNFPA strategies to address these needs along with the corresponding funding requirements.

4 NATIONAL CONTEXT

With a population of over 126.5 million people (2023), Ethiopia stands as the second most populous nation in Africa and one of the most diverse, hosting 86 ethnic groups, 90 spoken languages, and significant religious and geographic diversity. However, disparities exist in the ethnic composition, religious affiliations, and geographical characteristics between the highland and lowland areas, as well as within the subnational regional states. The country faces compounded fragility due to multiple shocks, including conflict and climate change hazards.

Since 2021, humanitarian needs have continued to increase in Ethiopia, spurred by conflict, inter-ethnic violence, drought, and flooding, each presenting distinct challenges to women and girls shaped by the country's diverse geo-climatic and socioeconomic conditions. Continued displacement due to various conflicts predominates the humanitarian crisis across northern regions. The resultant breakdown of systems has led to limited availability of quality SRH and specialized lifesaving GBV services, such as Clinical Management of Rape (CMR), psychosocial support (PSS), GBV case management, legal aid, and referral for mental health and other specialized services. This has contributed to increasing rates of preventable SRH-related mortality and morbidity.

The Ethiopia Humanitarian Response Plan 2024 outlines the efforts to address the multiple challenges faced by the country, including climate change impacts, conflicts, and security issues. The HRP 2024 includes a comprehensive focus on sexual and reproductive health (SRH), gender-based violence (GBV), and sexual exploitation and abuse (SEA) needs. The plan recognizes the significant GBV and SRH needs arising from multiple shocks, including internally displaced persons (IDPs), returning IDPs, returning migrants, and host communities.

According to the Humanitarian Needs Overview [1], the cumulative impact of conflict, violence, and various climate change shocks has left 21.4 million people in need of humanitarian assistance in 2024. Countrywide, the number of people in need (PIN) of GBV response increased to 7.2 million, up from 6.7 million in 2023, and 5.8 million in 2022. Across the country, 435 woredas are classified as having severe needs for GBV prevention, demonstrating the urgent need to scale up access to GBV response services in conflict-affected regions. Among the people targeted in the HPRP and in the refugee response plans are a total of 3,735,000 women of reproductive age (WRA) and sexually active men who will need access to SRH services in 2024.

Out of the 21.4 million crisis-affected people in 2024, the Humanitarian Response Plan targets more than 15.5 million people with life-saving integrated assistance, including food, nutrition, health, SRH, and protection services, including to survivors of GBV and SEA. To fulfill this goal, the 2024 Humanitarian Response Plan for Ethiopia requires US\$ 3.24 billion.

- **16.4 million people, including women and girls, require life-saving health services, including SRH, of which the Health Cluster targets 6.7 million. UNFPA is appealing for USD 21,338,696 to respond to SRH needs.**
- **2.7 million people are targeted for GBV response services. UNFPA is appealing for USD 26,861,389 to respond to acute GBV needs across the country.**
- In 2024, the projected **population of refugees** in Ethiopia is 1.14 million. In addition, 31,000 **returnees** and 445,763 **host community members** affected by the influx will need assistance, totaling **1.6 million people**. The majority of these are anticipated to be women and girls. **UNFPA is appealing for USD 7,300,000 to respond to the unmet GBV and SRH needs of refugees from the Sudan, Somalia, and South Sudan refugee crises impacting the country.**

5 IMPACT OF CONFLICTS AND CLIMATE-RELATED SHOCKS ON GBV PREVENTION AND RESPONSE MECHANISMS

The impact of conflict and climate shocks has weakened social support systems, exacerbating challenges in service delivery. This situation has led to increased incidences of Gender-Based Violence (GBV) and heightened risks of Sexual Exploitation and Abuse (SEA). These factors have compelled women and girls to resort to negative coping mechanisms such as survival sex, street begging, and early or child marriages [6]. The breakdown of these systems has severely limited the availability of essential, high-quality specialized GBV services, including Clinical Management of Rape (CMR), psychosocial support (PSS), GBV case management, legal aid, and referral services for mental health and other specialized needs.

During the crisis in Ethiopia, the fight against female genital mutilation (FGM) has faced significant challenges due to the COVID-19 pandemic and prolonged conflicts. Efforts to reduce FGM have been hindered as community mobilization activities, including community conversations, were restricted. Despite legal advancements, such as the criminalization of FGM in the Criminal Code of 2005, the practice persists in some regions. Alarming trends include a backlash by conservatives against anti-FGM efforts, increasing “secret procedures,” and a shift

toward “less severe” forms. Additionally, there is a disturbing trend of “medicalization” of the procedure by healthcare professionals. Efforts to denounce and challenge these harmful practices continue even amid crisis and instability [7] [8].

6 IMPACT OF CONFLICTS ON THE HEALTH SYSTEM

Due to ongoing conflicts in Ethiopia, particularly in the North and other regions, the primary healthcare system has sustained severe damage, necessitating continuous rehabilitation and system strengthening efforts. Extensive looting has resulted in health facilities being left nearly empty, with essential items such as medical equipment, medicines, and office furniture stolen. Across the country, a total of 76 hospitals, 709 health centers, and 3,217 health posts have been affected by looting and damage due to the conflict [9]. The impact has been particularly pronounced in the Amhara Region, where 40 hospitals, 452 health centers, and 1,728 health posts were affected [9]. Additionally, 5 blood banks, 8 Zonal health departments, and 56 Woreda Health offices in various regions have also suffered damage [9].

In three regions—Amhara, Oromia, and Afar—248 ambulances were either damaged or looted, with half of these (124 ambulances) affected in the Amhara region alone [9].





7 REGIONAL HUMANITARIAN CONTEXTS

AFAR

The predominantly pastoralist communities in the Afar Regional State of northeastern Ethiopia have exhibited remarkable resilience amidst a significant humanitarian crisis, despite grappling with challenging climatic conditions. This crisis is characterized by scorching temperatures, frequent droughts, and sporadic floods, compounded by devastating desert locust infestations that ravage crops and pasturelands.

Inter-communal conflicts, often stemming from competition for scarce resources such as water and grazing land, have resulted in displacement, loss of life, and destruction of property, further exacerbating instability in the region. The healthcare infrastructure has suffered severe setbacks, with numerous health facilities falling victim to looting or destruction. According to the Health Resources Availability Mapping System (HeRAMS) report conducted in Afar in 2023, out of 476 Health Service Delivery Units (HSDUs) assessed, only 84% (399) were found to be partially operational, while the remainder were reported as destroyed, non-functioning, or inaccessible. This dire situation has severely hampered access to essential medical services, exacerbating the severity of the crisis.

The Humanitarian Response Plan (HRP) for 2024 highlights the pressing needs in Afar, with a total of 764,093 individuals requiring assistance. This includes 71,884 internally displaced persons (IDPs), 187,468 returnees, 4,946 returnee migrants, and 499,795 non-displaced individuals who are also severely affected by the crisis.

AMHARA

The impact of the spillover of conflict from Tigray continues to be felt in the Amhara region up to this day, while inter-communal conflict in Oromia and Benishangul Gumuz regions, climate shocks, and disease epidemics also continue to drive SRH and GBV humanitarian needs in the region. Although the post-conflict health facility assessment has not yet been completed, as of October 2023, it is estimated that more than 20 hospitals, 225 health centers, and 825 health posts in the region were unable to provide essential health services, posing significant access challenges to access SRH and GBV services for the population. Additionally, the economic ramifications of the crisis have resulted in erratic government financing for public services, including health facilities, falling significantly below the necessary levels. Consequently, the capacity of health facilities to sustain services is compromised, leading to frequent stockouts of critical lifesaving medical supplies.

Since April 2023, the region has witnessed escalating unrest and frequent clashes between government forces and Unidentified Armed Groups (UAGs). As a result, large areas in the region have been categorized as “hard-to-reach” by the access working group, indicating compromised safety and security for both the populace and humanitarian workers. Access to fundamental services has been severely impacted, with challenges in commercial transport between cities and delivery of aid supplies to affected communities. As per the Amhara regional Disaster Risk Management Committee (DRMC), the number of Internally Displaced Persons (IDPs) reached 608,746 as of February 2024, with 11 percent (68,630) residing in temporary IDP sites while the remainder integrated with host communities. Furthermore, amidst the volatile security landscape, there has been a surge in gender-based violence (GBV) cases, as reported by the Amhara Public Health Institute.

Moreover, the region is grappling with an influx of refugees from Sudan escaping armed conflicts between the Sudan Armed Forces (SAF) and the Rapid Support Forces (RSF). The influx began on April 21st, 2023, with displaced individuals crossing into the Amhara region through the Metema border entry point in the West Gondar zone. As of March 2024, over 29,000 refugees are sheltered in various camps and sites within the region, including the Kumer refugee camp. Despite the ongoing internal conflicts within the region, the influx of refugees persists, highlighting the sustained humanitarian challenges faced by the Amhara region.

BENISHANGUL GUMUZ

The primary driver of sexual and reproductive health (SRH) and gender-based violence (GBV) needs in Benishangul Gumuz is the ongoing conflict within the region, its bordering areas, and the security situation in Sudan. The persistent conflicts in the bordering Amhara region and Metekel zones continue to impede access to the limited SRH and GBV services available. According to the Disaster Risk Management Coordination office update of April 2024, the region had accommodated approximately 475,384 internally displaced persons (IDPs), with over 463,385 having returned to their previous locations across the region after a two-year conflict-induced displacement. Presently, there are 35,473 IDPs, with 21,233 residing in camps (Bambasi 14,306, Bildigilu 15,832, Dangur 3,917, Mandura 756, and Dibate 662). The ongoing conflict in the

Amhara region has led to new displacements, particularly from Jawi Woreda of the Amhara region to the Metekel zone of the Benishangul Gumuz region. As of mid-May 2024, 1,368 people were displaced from the Amhara region and accommodated in Fotomanjaro and Gilgelbeles towns. The IDP/returnees are currently unable to sustain their livelihoods due to interruptions in crop production and limited opportunities for livelihoods.

As of March 24, the region was hosting a total of 80,559 refugees. The prevailing situation in Sudan has resulted in an increased need for humanitarian assistance in the region. Alongside the existing Sudanese refugees hosted in refugee camps in the region, Benishangul Gumuz is witnessing new influxes of refugees from Sudan, entering through Kumruk and Almahal corridors. As of mid-May, approximately 22,000 recent arrivals in Almahal require urgent assistance. Consequently, additional financial resources are necessary for the region to address the urgent needs of recent arrivals and existing refugees from Sudan in the region.

**CENTRAL ETHIOPIA REGION (CER),
SOUTH ETHIOPIA REGION (SER), SOUTH-
WEST ETHIOPIA PEOPLE'S REGION
(SWEPR) AND SIDAMA REGION***



***Former Southern
Nations, Nationalities,
and Peoples' Region**

The Central Ethiopia Region (CER), South Ethiopia Region (SER), South-West Ethiopia People's Region (SWEPR), and Sidama region, successors of the former Southern Nations, Nationalities, and Peoples (SNNP) region, are confronted with a multitude of challenges including recurrent droughts, conflicts, and floods. Within this complex landscape, women and girls bear a disproportionate burden, facing pervasive gender-based violence (GBV) that spans intimate partner violence, sexual assault, physical violence, abduction, rape, child marriage, and harmful traditional practices. The prevalence of these GBV incidents is notably heightened in periods of resource scarcity and amidst major crises, where support services are often insufficient.

While recent administrative restructuring has led to a de-escalation of conflicts in these regions, the legacy of past inter-communal violence still lingers, posing the risk of resurgence, particularly along cross-regional boundaries such as Sidama and SER with Oromia region, and along zonal boundaries including Amaro, Derashe, Gedeo, and Konso zones in SER, as well as Guraghe, Kebena, Mareko, and Welkite in CER. These residual conflicts, sporadic in nature, continue to pose challenges to the delivery of humanitarian aid and exacerbate protection risks for affected communities. Women and girls, especially in densely populated and poverty-stricken areas like the Gedeo zone, are increasingly vulnerable to rising levels of domestic violence and other GBV incidents in both conflict and post-conflict environments.

Moreover, natural hazards further compound these challenges, leading to an increased incidence of GBV triggered by the destruction of infrastructure, basic services, livelihoods, and community governance structures. For instance, an inter-agency rapid assessment conducted in November 2023 in the flood-affected Dasenech woreda in South Omo zone (SER) revealed significant devastation, with 79,828 individuals affected, including 41,873 females. Critical health facilities were rendered dysfunctional, hindering access to essential emergency obstetric care, STI diagnosis and management, and HIV prevention. Damage to water schemes resulted in prolonged commutes for women and girls, exposing them to heightened risks of GBV, including

Furthermore, disrupted community awareness efforts due to the breakdown of community structures have led to a rise in various forms of violence against women, including abduction, GBV, sexual exploitation and abuse (SEA), child marriage, and female genital mutilation (FGM).

As the southern regions gear up for the Belg season from March to May, additional rainfall and floods are anticipated, posing further risks to vulnerable populations. Approximately 145,500 individuals, including 63,771 displaced persons (62% in SER), are expected to be affected, leading to a surge in GBV incidents.

Additionally, harmful traditional practices remain deeply entrenched, disproportionately impacting women and girls. Practices such as FGM, child and forced marriages, child labor, and educational neglect continue to perpetuate cycles of violence and exploitation. In some instances, these practices have sparked intra-communal conflicts, resulting in fatalities and displacements, as witnessed in the Gedeo zone, where a single incident of child marriage triggered the displacement of 60 individuals, causing one fatality and property damage.

GAMBELLA

Gambella is confronted with a myriad of humanitarian crises, encompassing flooding, inter-ethnic tensions, and armed conflicts. According to the Displacement Tracking Matrix (DTM) data from March to April 2023, there are a total of 26,861 internally displaced persons (IDPs) scattered across 15 IDP sites, spanning 2 zones and 5 woredas. On average, approximately 25,000 individuals are displaced annually, with over 42,000 people affected by flooding each year.

Furthermore, Gambella harbors the largest population of refugees in the country. Approximately 356,925 South Sudanese refugees have sought refuge in the region, sharing the burden of under-developed and strained health and social systems with the local host community [9].

OROMIA

The Oromia Region is grappling with a multitude of challenges, ranging from climate-related shocks like droughts and floods to conflict, desert locust infestations, and disease outbreaks. According to the Displacement Tracking Matrix (DTM) data from March to April 2023, there are a total of 754,203 internally displaced persons (IDPs) scattered across the region, distributed among 615 IDP sites, spanning 17 Zones and 129 woredas. Notably, Borena, Guji, and East Wallaga zones bear the highest caseloads of IDPs, collectively representing 71% of those displaced in the past year [10]. Borena zone hosts the highest number of IDPs of any zone nationwide, accommodating a total of 213,565 IDPs across 36 sites. Additionally, 31% of IDPs in Oromia region were displaced within the last 1 to 4 years, while 28% have endured displacement for over five years. The crisis in Oromia has also had spillover effects on neighboring regions such as Benishangul Gumuz, Amhara, and Gambella, exacerbating humanitarian challenges across multiple areas. Furthermore, the region has witnessed widespread destruction and looting of health facilities due to the ongoing conflict, further exacerbating the already dire humanitarian situation.

SOMALI

The Somali region is characterized by recurring hazards that severely impact households, infrastructure, and overall resilience systems. These hazards include climate-related shocks such as droughts and floods, as well as epidemics. Internal displacement, primarily triggered by ethnic violence and climate change, further exacerbates humanitarian needs in the region. According to the protection analysis update published in March 2024, the number of displaced individuals in the region has soared to 1,025,535, constituting 22% of the total internally displaced persons (IDPs) in the country. This increase is attributed to renewed clashes along the Afar-Somali border, resulting in significant casualties and the displacement of several thousand individuals, alongside flash floods that affected numerous households in late 2023, particularly in the Shabelle, Afder, and Liban zones. The largest concentration of IDPs is found in Koloji 1 and Koloji 2 IDP sites in the Fafan zone. Access to essential healthcare, including maternal and sexual and reproductive health services, for these IDPs is severely limited, with reports indicating women giving birth in temporary IDP shelters, often assisted by unskilled birth attendants.

Furthermore, the current humanitarian situation in the region is aggravated by the escalating needs of over 52,136 Somali refugees fleeing the conflict in Las'anod, Somalia. These refugees have sought shelter in the Mirkan refugee camp in the Dollo zone since the clashes began in February 2023. This influx places additional strain on already limited basic infrastructures and fragile livelihoods in the region.

TIGRAY

The signing of the 'Cessation of Hostilities Agreement' (CoHA) in Tigray has brought relative peace and improved access in the region. However, SRH and GBV humanitarian needs remain significant due to ongoing displacements, relocations, and returns of IDPs. The conflict resulted in the destruction of social protection systems, with about 90% of health facilities damaged (HeRAMS, 2023), and 93-99% lacking necessary medical supplies for SRH services. This has led to a nearly fivefold increase in maternal mortality to 840/100,000, alongside rising morbidities such as obstetric fistula and Pelvic Organ Prolapse (POP). Pregnant and lactating women face severe nutritional deficiencies and increased risks of obstetric complications, including underweight births.

While food aid distribution has partially resumed, the national suspension of food aid, coupled with famine-like conditions, continues to elevate GBV risks and worsen the health status of women and girls. Many resort to negative coping mechanisms, exposing them to GBV, sexual exploitation, unintended pregnancies, STIs/HIV, and other diseases. Reports of GBV, particularly domestic/intimate partner violence and harmful practices such as forced marriage and female genital mutilation (FGM), have risen in Tigray. The mental and psychosocial health of the population, especially GBV survivors and frontline service providers, has deteriorated, leading to increased suicide cases. In 2024, Tigray Region still hosts an estimated 950,000 IDPs (53% female), constituting 42% of the national conflict caseload primarily due to the northern Ethiopia conflict (2020-2022).



8 UNFPA'S ROLE IN THE SYSTEM-WIDE HUMANITARIAN RESPONSE PLAN 2024

While UNFPA interventions in humanitarian response necessitate integration across diverse response clusters, the UNFPA response is closely intertwined with and aligned to two primary clusters: Protection and Health. Within the protection cluster, UNFPA assumes leadership in the Gender-Based Violence Area of Responsibility (GBV AOR), while within the health cluster, UNFPA spearheads the Sexual and Reproductive Health Working Group (SRH WG). Consequently, UNFPA's programmatic objectives and objectives are seamlessly coordinated and harmonized with the mandates of these two clusters.

9 UNFPA HUMANITARIAN VISION IN ETHIOPIA

UNFPA aims to achieve:

1. **Reduced maternal deaths and unplanned pregnancies and increased access to clinical care for rape survivors through the delivery of the Minimum Initial Service Package for Sexual and Reproductive Health in emergencies (MISP)**; ensuring successful transitions from minimum to comprehensive SRH services, and to more resilient health systems in Ethiopia.
2. **Reduced rates of GBV**, through prevention actions aimed at sustainably transforming discriminatory gender norms; mitigate GBV risks by improving security, dignity, and mobility of women and girls and across all sectors of humanitarian response; mitigate life-threatening impacts and promote long-term recovery by providing better quality services that meet the GBV Minimum Standards in Emergencies.

3. **Increased resilience in high-risk locations** of the country through reduced humanitarian needs, expedite recovery, strengthen local delivery systems to better serve women and girls as well as young people, contributing to sustainable development objectives.

4. **Reduced levels of inter-communal violence**, rebuilt social cohesion through increased trust, confidence, and positive interaction among young people in conflict-impacted regions.

UNFPA STRATEGIES

- Delivering significantly expanded availability of lifesaving Sexual and Reproductive Health (SRH) and Gender-based Violence (GBV) services for crisis-affected populations.
- Substantially reducing risks to and mitigating the impact of crises on existing SRH, GBV, and other UNFPA mandate areas of service and systems.
- Addressing SRH and GBV humanitarian needs swiftly, with a focus on reaching those furthest behind.
- Facilitating transitions to resilient systems that deliver quality, integrated, and comprehensive SRH and GBV services where emergencies have occurred or risks are high.
- Involving young people in decision-making for preparedness and throughout the humanitarian programme cycle.
- Delivering services to young people in crisis-affected regions and engaging them meaningfully in peacebuilding efforts.
- Strengthening national population data systems to provide disaggregated data for risk assessment, baselines, and needs assessments during emergencies as well as post-disaster needs assessments.
- Ensuring sexual and reproductive health and gender-based violence services, including mental health and psychosocial support (MHPSS) and protection from sexual exploitation and abuse (PSEA).
- Supporting the sustenance of peace, including directly contributing to SDG 16 on promoting peaceful and inclusive societies for sustainable development.

10 UNFPA INTER-AGENCY LEADERSHIP

GBV AOR

In Ethiopia, the Gender-Based Violence Area of Responsibility (GBV AoR) was established at the national level in 2009 within the Ethiopia Protection Cluster, and has since expanded to the regional level in Afar, Amhara, Benishangul Gumuz, Gambela, Oromia, Sidama, Somali, and Tigray regions. In 2024, coordination efforts have scaled up to include 14 regions, now encompassing Central Ethiopia, Southern Ethiopia, and South West Ethiopia. The GBV AoR also employs an Area-Based Approach, activating coordination mechanisms at zonal and woreda levels in addition to the regional level.

UNFPA is the Cluster Lead Agency (CLA) for GBV, co-leading the National GBV AoR with the Ministry of Women and Social Affairs (MOWSA), and in 14 regions with the Regional Bureaus of Women Affairs. As of December 2023, the National GBV AoR includes 76 partners: 52% are international NGOs (INGOs), 40% are national NGOs (NNGOs), 8% are UN agencies, and 2% are government partners and donors. Additionally, through the GBV AoR, UNFPA collaborates with

MOWSA to adapt GBV policies and response frameworks to humanitarian, development, and post-emergency contexts.

GBV AoR partners support 991 sites across 383 woredas in 14 regions, providing services through 78 One-Stop Centres, 814 health facilities, 22 safe houses, over 95 Women and Girls Friendly Spaces (WGFS), 61 Maternity Waiting Homes (MWH), and 60 Mobile Health and Nutrition Teams (MHNT). They conduct prevention and risk mitigation interventions and report monthly on integrated multi-sectoral GBV and SRH response services.

GBV AOR STRATEGIC PILLARS

1. Partnership and Coordination

- Support robust and effective coordination of GBV action in the areas affected by conflict and climate shocks.
- Strengthen partnerships and facilitate joint advocacy to ensure that GBV coordination is resourced and is integrated into humanitarian response and action.
- Strengthen subnational coordination mechanisms that engage and promote the leadership of local actors.
- Support a strong, diverse, and inclusive GBV community that continues to innovate and collaborate across the humanitarian development-peace nexus.

2. GBV Prevention, Risk Mitigation, and Response

- Facilitate service delivery to ensure accessible, safe, quality services are prioritized and available to survivors through strategic planning.
- Identify and address capacity and service delivery gaps and avoid duplication.
- Develop contingency plans and improve preparedness to respond to GBV in emergencies.
- Uphold accountability by promoting adherence to core guidelines and standards, including the GBV Minimum Standards, GBV Guiding Principles, Accountability to Affected Populations and Do No Harm.

3. Data and Information Management

- Enhance the accuracy of monitoring and assessment data for a more effective, contextualized response.
- Continue to improve ethical data collection, assessments, secondary data review, research information, dissemination, and sharing.
- Conduct inter-agency multi-sectoral field monitoring missions.

SRH COORDINATION

To ensure a coordinated response to crises, UNFPA has helped establish SRH Working Groups at the national level and in the regions of Afar, Amhara, Benishangul Gumuz, and Tigray. With secretarial support provided by UNFPA, these SRH Working Groups are co-chaired by the Ethiopian Public Health Institute (EPHI) or the Regional Health Bureau alongside UNFPA at both national and regional levels. The SRH Working Groups meet regularly and coordinate closely with the health cluster at both levels, providing updates on SRH response as a standing agenda item in the overall Health Cluster Coordination meetings. Additionally, the SRH WGs collaborate

closely with the GBV AoR to facilitate access to clinical management of rape (CMR) for GBV survivors by establishing common referral pathways and standard operating procedures.

PROMOTING SOCIAL COHESION, TRUST, PEACE, AND SECURITY AMONG YOUNG PEOPLE

As part of our mandate, UNFPA partners with young people to support their participation in decision-making processes that affect them, and to strengthen their leadership abilities in advancing peace, human rights, and development issues such as health, education, and employment. In humanitarian contexts, UNFPA assists those affected by crises and living in fragile environments with age-tailored strategies that focus on sexual and reproductive health and rights, gender-based violence prevention and mitigation, livelihoods, and youth participation and leadership in peacebuilding efforts.

In response to the needs expressed by young people during recent youth consultations on peace and security held by the UNFPA team in April 2023 and February 2024, UNFPA will support the government, communities, and youth organizations in implementing peace support activities in Tigray, Benishangul, Afar, and Amhara regions.

At the national level, UNFPA co-chairs the Youth, Peace, and Security (YPS) task force, supporting advocacy, learning, and experience sharing among stakeholders to embed YPS in national development policies and frameworks. Additionally, UNFPA is currently assisting the Federal Ministry of Women and Social Affairs in developing the Ethiopian National Action Plan on YPS, ensuring that the priorities of youth concerning their peace and security are articulated, implemented, and evaluated for impact.

As part of this commitment, five main activities targeting youth and communities in areas affected by shocks and conflict, including IDPs and host communities, youth with disabilities, and youth with trauma and significant psychosocial needs due to the conflict, will be supported:

- Socio-therapy sessions to alleviate pain and foster forgiveness and reconciliation.
- Inter-generational dialogues involving young people, administration, police, army, religious, and community leaders to create peacebuilding roadmaps in each region.
- Training on a culture of peace, social skills, self-resilience development, and livelihood support targeting those most affected by the crisis.
- Community dialogues to strengthen the application of Alternative Dispute Resolution, incorporating early warning and response systems that promote community-based capacities and infrastructures for peace.
- One Inter-regional Forum on Peace, Trust, and Social Cohesion among young people from Amhara, Afar, Benishangul, and Tigray regions.



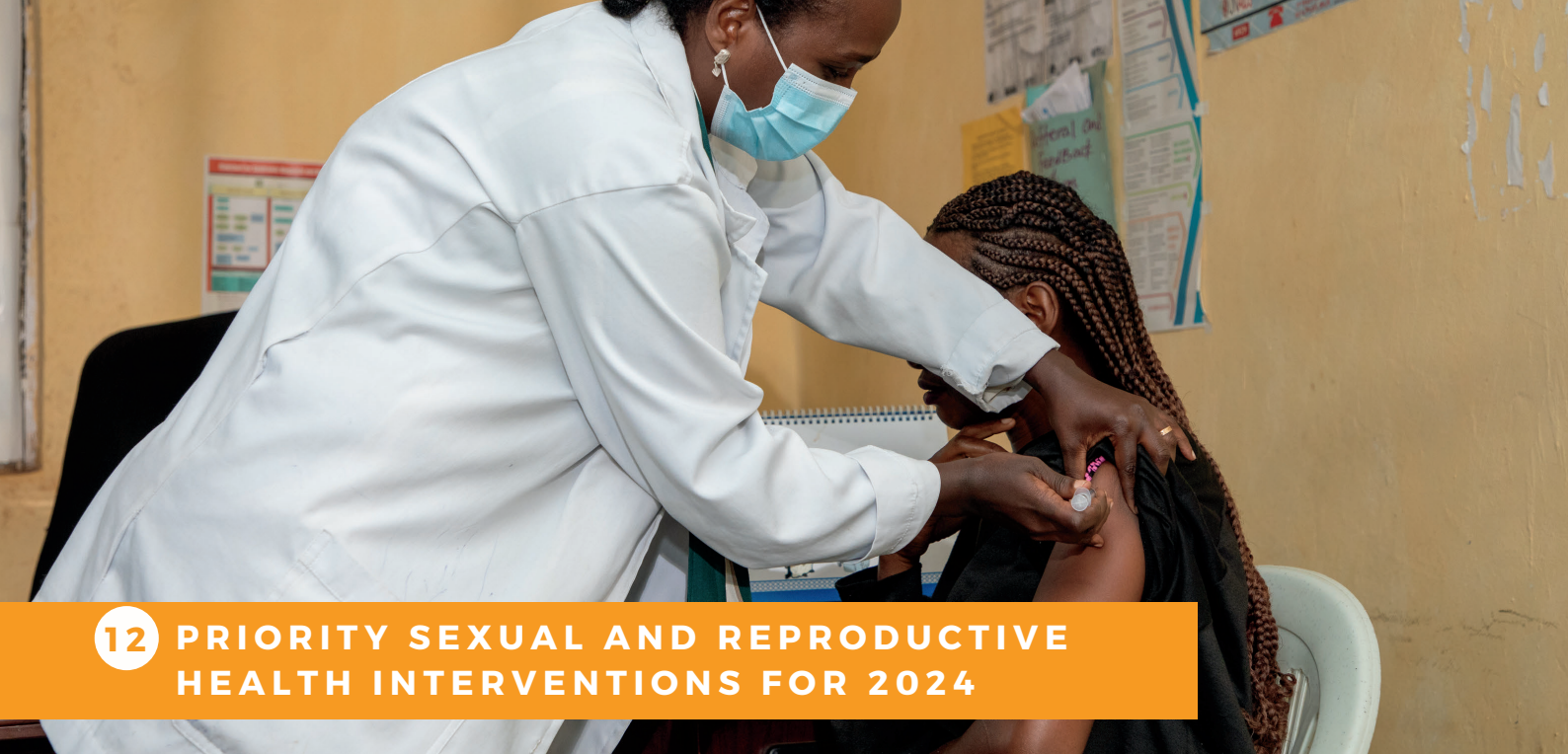
11 PRIORITY GENDER-BASED VIOLENCE INTERVENTIONS FOR 2024

In 2024, UNFPA will continue to promote, coordinate, and provide integrated, lifesaving GBV services across the affected regions of Ethiopia. These services will adhere to a survivor-centered approach and the Inter-Agency Minimum Standards for GBV prevention and response in emergencies. Selected Women and Girls' Friendly Spaces (WGFS), One-Stop Centers (OSC), and government service entry points will offer integrated SRH-GBV services such as GBV case management, mental health and psychosocial support (MHPSS), clinical management of rape, family planning and counseling, treatment of sexually transmitted infections, and emergency referrals for GBV survivors and vulnerable women and girls.

GBV risk mitigation and prevention activities will follow a community-based approach, strongly engaging men and boys in line with IASC principles and guidelines. Life-skills training, context-based livelihood, and self-reliance programs will be implemented through an inter-agency partnership and referral mechanism. Social cohesion and community mobilization will be supported through various approaches.

Given that women and girls continue to face protection risks, advocacy and communication for change will be implemented to ensure their dignity and safety. As the co-chair of the PSEA Network at the national level, UNFPA will also ensure robust implementation of Sexual Exploitation and Abuse (SEA) reporting and response mechanisms across all affected regions.

Under UNFPA's leadership, the GBV AoR will enhance engagement with other sectors and with national and regional governments to integrate GBV prevention, mitigation, and response programming. This will ensure quality services for GBV survivors. The AoR will expand comprehensive GBV prevention and response programs for women and girls, focusing on case management and multi-sectoral referral systems using IASC guidelines. Capacities will be enhanced on the GBV Minimum Standards, GBV handbook, and IASC GBV Guidelines for sector leads, government stakeholders, and implementing partners. This will foster effective coordination in planning, implementing, and monitoring essential GBV risk mitigation actions in all humanitarian responses and services. These efforts will be supported by regular community-based GBV risk monitoring and joint safety audits. The AoR will also ensure deliberate inclusion of people with disabilities in the GBViE response.



12 PRIORITY SEXUAL AND REPRODUCTIVE HEALTH INTERVENTIONS FOR 2024

The interventions will aim to enable health facilities, institutions, and health care providers to implement the Minimum Initial Service Package (MISP) for SRH - a set of lifesaving services during emergencies. Moreover, the activities will strengthen the capacity of health offices and facilities to build a strong health system that is resilient to shocks and capable of responding to the SRHR and GBV needs. These include:

- Supporting the regional Health Bureaus and partners to activate and strengthen the SRH working group/task force to ensure coordination, synergy, and participation in joint efforts.
- Provision of emergency RH kits to equip health facilities to enable them to provide basic and comprehensive emergency obstetric care services, including post-rape treatment kits to ensure clinical management of rape for GBV survivors.
- Restoring conflict and other emergency-affected health facilities with medical supplies and equipment, including post-rape treatment kits to ensure clinical management of rape services for GBV survivors.
- Establishment or strengthening of needs based Mobile Health Teams (MHT) to ensure SRH and GBV information and service provision in hard-to-reach areas and IDP sites.
- Provision of infection prevention supplies and personal protective equipment (PPE).
- Build capacity of service providers on emergency SRH programming (MISP for RH, clinical management of rape, post-partum care, family planning, post-abortion care (PAC) and Basic Emergency Obstetric and Newborn Care (BEmONC).
- Support mobile community outreach activities and disseminate messages on available SRH and GBV services.
- Support awareness creation activities as part of a demand creation initiative to promote institutional delivery among pregnant women, increase the use of family planning and use of facility-based safe motherhood services, and GBV prevention and response service.
- Deploy local consultants to build surge capacity to provide technical support, coordination and project facilitation.
- Deployment of midwives to crisis-affected health facilities based on identified needs and provision of ambulances to strengthen referral linkage to ensure emergency obstetric and newborn care services in hard-to-reach areas.
- Supporting and strengthening Maternity Waiting Homes (MWH) to reduce maternal and newborn mortality and morbidity.

13 BUDGET SUMMARY

UNFPA Mode of Engagement	SRH	GBV	Subtotal \$
1. Support the provision of effective, safe, comprehensive, life-saving, and high-quality reproductive health and GBV services, supplies and commodities.	14,617,409	17,747,131	32,364,540
2. Capacity development of implementing partners, including on youth, peace, and security.	3,014,191	6,178,119	9,192,310
3. Partnership and coordination, including with communities and youth for peace generation and dissemination of quality SRH and GBV data to aid humanitarian response planning.	1,507,096	2,686,139	4,193,235
4. Support advocacy and any SRH, GBV, and peace policy-related issues and knowledge management.	2,200,000	250,000	2,450,000
Total \$	21,338,696	26,861,389	48,200,085



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