

Country: Ethiopia

Emergency type: Climate disaster

Start Date of Crisis: November 3, 2020

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Covering Period: June 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**



Total people targeted (OCHA HRP 2024)



2.075,000 Women of reproductive age



Estimated pregnant women



**8,300,000 million**People targeted by UNFPA ETHIOPIA
HRP in 2024

## Highlights

- Recent heavy rains and floods in several Ethiopian regions, including Somali, Sidama, South Ethiopia, Oromia, and Central Ethiopia, have affected over 600,000 people, displacing tens of thousands and causing widespread damage to homes, crops, and infrastructure.
- High malnutrition prevalence, worsened by drought, conflict, and disease outbreaks like measles and cholera, continues to take a heavy toll in regions such as Afar, Amhara, Somali, and parts of Oromia. According to OCHA,



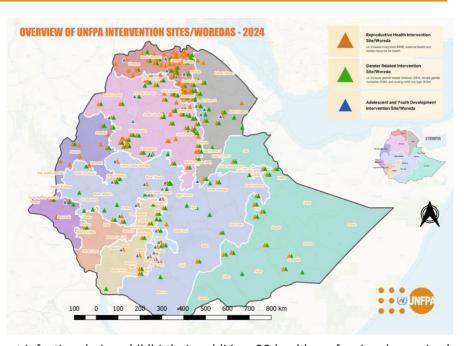
6.9 million people have been identified to be in need of humanitarian assistance in the drought-affected woredas, including over 74,000 new displacements.

#### Situation Overview

- The humanitarian crisis in Ethiopia remains critical, driven by factors including conflict, mass displacement, disease outbreaks, and climate-related shocks. According to the <u>2024 Humanitarian Response Plan</u>, around 15.5 million people need comprehensive assistance across various regions, including 4.5 million internally displaced persons (IDPs).
- Recent seasonal floods across various Ethiopian regions have displaced thousands and caused significant
  damage to infrastructure and livelihoods, with urgent needs for food, shelter, health, and agricultural support.
  Efforts are hampered by physical access constraints and limited response capacity, despite early warning and
  preparedness measures. The floods are also happening amidst ongoing disease outbreaks such as cholera and
  malaria. Among the 93 woredas reporting active cholera outbreaks across the country, the majority are
  concentrated in the regions of Oromia, Somali, and Afar.
- The nutrition situation in Ethiopia is alarming, particularly in zones of Afar, Amhara, Somali, and parts of South Ethiopia Region (SER) where communities have been affected by drought, fuelled by El Niño. Reports show high prevalence of Severe Acute Malnutrition (SAM), including high numbers of children dying due to medical complications and severe malnutrition in Oromia and in South Ethiopia.
- Ongoing clashes in various parts of Ethiopia, especially in Somali and in Amhara regions, have resulted in significant casualties and the displacement of thousands of people. Limited access to basic services persists due to security concerns, compounded by seasonal floods, disease outbreaks, and the lingering effects of the Northern crisis.

## UNFPA Response

UNFPA Ethiopia has made significant strides in addressing the sexual and reproductive health (SRH) and genderbased violence (GBV) needs of vulnerable communities in crisis-affected regions. Significant efforts continue to be made to strengthen the primary healthcare system - weakened by recurrent conflicts and climate shocks - to implement the Minimum Initial Service Package (MISP) for SRH - a set of lifesaving GBV and SRH services during emergencies. As of June 2024. UNFPA has reached 183.000 individuals with essential SRH services and information, providing support to affected communities in Afar, Amhara, Somali, and Tigray regions. Key achievements include assisting 6,013 deliveries with skilled birth attendants, screening 11,633 pregnant and lactating mothers for acute malnutrition, and



distributing 160 clean delivery kits to prevent infection during childbirth. In addition, 38 health professionals received training on adolescent SRH and family planning, and 19,855 individuals benefited from integrated GBV/SRH awareness sessions. 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.

The breakdown of social protection systems due to conflicts and natural disasters has drastically reduced the availability of essential, high-quality specialized GBV services, increasing the vulnerability of women and girls. 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 June 2024, UNFPA has reached 288,296 women and girls with comprehensive GBV services and information. This includes providing structured psychosocial support to 23,931 individuals, distributing dignity kits and sanitary pads to 11,930 women and girls, and conducting Protection from Sexual Exploitation and Abuse (PSEA) sessions for 29,726 attendees. 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



## 183,000

People reached with **SRH services** 92% Female - 8% Male



#### 141

Health facilities supported across 11 regions



## 288,296

People reached with **GBV prevention**, mitigation, and response activities 69% Female - 31% Male



## 114

**Safe Spaces** for women and girls supported nationwide

NFI	12,010	Non-food items (such as dignity kits) distributed to individuals
	29	Reproductive health kits provided to service delivery points to meet the needs of 8,018 people and strengthen the services at 3 hospitals
ŢĬ.	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.
- As the co-lead of the GBV AOR, UNFPA support the execution of a workshop on the National Coordination Body for Prevention and Response to Violence Against Women and Children (VAWC) on 28-29 June 2024 jointly organized by MoWSA, Ministry of Justice, UNWOMEN, and GBV-AoR. The workshop aimed to foster partnerships, exchange knowledge, and enhance GBV response strategies, focusing on survivor support and collaboration among government, CSOs, and UN agencies to streamline efforts and improve effectiveness.
- 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 has successfully concluded the YPS
  Community Level Assessments and is actively compiling the report. We are also in the final stages of
  completing the YPS Stakeholders Mapping, scheduled for completion by the end of July 2024.

### **Funding Status**

In 2024, our resource mobilization efforts require **\$48,200,085 USD** to achieve our goals. We are grateful to report that UNFPA Ethiopia has already received \$14,790,621 USD from our generous donors.

Our heartfelt thanks go to BMGF, Canada, CERF, Denmark, ITOCHU Corporation, Japan, Norway, Spain, Sweden, KOICA, USAID, and the World Bank/UNOPS for their invaluable support. Their contributions are critical in helping us move forward with ensuring rights and choices for all in Ethiopia.

