

2022



# UNFPA HUMANITARIAN RESPONSE PLAN

ETHIOPIA



# CONTENTS

1. INTRODUCTION
2. NATIONAL CONTEXT
3. REGIONAL HUMANITARIAN CONTEXTS
4. BRIEF OVERVIEW OF UNFPA HUMANITARIAN RESPONSE IN 2021
5. UNFPA RESPONSE FOR 2022
  - 5.1. OUR VISION
  - 5.2. OUR STRATEGIES
  - 5.3. PROTECTION-GBV INTERVENTIONS FOR 2022
  - 5.4. SEXUAL AND REPRODUCTIVE INTERVENTIONS FOR 2022
  - 5.5. OUR PRESENCE
  - 5.6. BUDGET SUMMARY



## 1. Introduction

The UNFPA Ethiopia Humanitarian Response Plan intends to tackle the increasing need for the continuation of Sexual and Reproductive Health services and mitigation of Gender-Based Violence in the multiple shocks across Ethiopia in 2022. The plan briefly analyses core humanitarian issues at the national and regional levels, defines the SRH and GBV humanitarian needs, and proposes the main UNFPA strategies to respond to the needs with the corresponding funding requests.

## 2. National Context

In recent years, Ethiopia has been affected by various shocks, including violent conflicts, the COVID-19 pandemic, drought, desert locust infestation, and floods resulting in a significant increase in humanitarian needs. Those that are already marginalised and at risk, including displaced people, women, children, people with disabilities, and the elderly, amongst others, are significantly affected.

According to the 2022 Humanitarian Needs Overview (HNO), about **29.7 million people are estimated to be in need of humanitarian assistance in 2022**, including 23,9 million non-displaced and around 5.8 million displaced people. The various crises affecting the population have severe implications on their lives and livelihoods with increased protection concerns for Gender-Based Violence (GBV), Sexual Exploitation and Abuse (SEA), and loss of access to essential Sexual and Reproductive Health (SRH) services. In some locations, due to inadequate humanitarian assistance, the affected people have resorted to negative coping mechanisms for survival, including child marriage and transactional sex, among others.

**Reports indicate that the primary healthcare system has collapsed in most of the conflict-affected districts/woredas.** Damage and looting have affected 42 Hospitals (2 in Afar Region, 40 in Amhara Region); 637 health centers (21 in Afar Region, 452 in Amhara Region, 15 in Benishangul-Gumuz Region, and 149 in Oromia Region); and 2,939 health posts (59 in Afar Region, 1,728 in Amhara Region, 174 in Benishangul-Gumuz Region, and 978 in Oromia Region) (Table 1) [1]. The majority of the health facilities' infrastructure was partially damaged. The looting of medical equipment, medicines, medical supplies, office furniture, and equipment rendered the facilities practically dysfunctional. Furthermore, 4 blood banks, 8 Zonal Health Departments, and 56 Woreda Health offices were damaged in the Amhara region. In three regions (Amhara, Oromia, and Afar), 201 ambulances were damaged or looted, with the Amhara Region alone accounting for 62% (124).



**Caption:** Status of the medical equipment and beds of the Emergency Room in Segen Health Center - used as a prison during the conflict - at Segen Town (Konso), SNNPR, Ethiopia. Photo by @UNFPAEthiopia.

**Table 1. Percentage of physically damaged health facilities out of the total available, by region**

Region	Health Facility Type	Partially damaged	Completely damaged	Total damaged and looted	Percentage
Afar	Hospital	2	---	2/7	28.6
	Health Center	20	1	21/97	21.6
	Health Post	56	3	59/343	17.2
Amhara	Hospital	38	2	40/88	45.5
	Health Center	429	23	452/877	51.5
	Health Post	1642	86	1728/3565	48.5
Benishangul-Gumuz	Hospital	---	---	---	---
	Health Center	14	1	15/60	25.0
	Health Post	169	9	178/424	42.0
Oromia	Hospital	---	---	---	---
	Health Center	142	7	149/1411	10.6
	Health Post	929	49	978/7099	13.8
Tigray	Hospital	32	2	34/41	82.9
	Health Center	107	6	113/226	50.0
	Health Post	537	28	565/743*	76.0

**Source:** Ethiopia Conflict Impact Assessment and Recovery and Rehabilitation Planning (CIARP), Ministry of Health - Ethiopia (July 2022)

The conflict has also brought devastation to private health facilities and pharmacies/drug stores in the conflict-affected areas. Two pharmaceutical hubs belonging to the Ethiopian Pharmaceutical Supply Agency (EPSA) - one in Dessie in Amhara Region and the other in the Afar Region - were completely looted and their infrastructures damaged. In Amhara and Afar regions, 466 and 3 private health facilities were damaged, respectively. **Overall, 3,508 health posts, 750 health centers, and 76 hospitals were reported as partially or completely damaged in four regions (Table 1).**

Beyond the physical damage to the health infrastructures and offices, the damage to or looting of medical equipment (X-ray machines, ultrasound machines, laboratory machines, microscopes, and computers) in the Amhara and Afar regions was extremely devastating. Generators, kitchen equipment, and vehicles were also looted. Damage and looting were also reported from the Tigray region. However, the situation remains volatile and parts of the western and northern regions are hard-to-reach, figures are indicative and are subject to change due to the ongoing low-level conflict.

## 3. Regional Humanitarian Contexts

### Tigray Region

The main driver of the SRH and GBV humanitarian needs in Tigray is the conflict that has been unfolding since November 2020. As of April 2022, the number of displaced people has stabilized at around 600,000 since active hostilities subsided in the region. SRH and GBV humanitarian needs have increased for both host communities and the displaced people. Due to scarcity of resources, negative coping mechanisms have emerged exposing many people to risks of GBV, sexual exploitation, unintended pregnancies, STI/HIV, and other infectious diseases, among others. Moreover, the social delivery systems are severely constrained.

Medical staff attendance has dropped significantly as they do not receive salaries and are themselves in search of basic necessities. Health facilities face severe shortages of equipment and medical supplies. Pregnant and lactating women are facing severe nutritional deficiencies and consequently, exposed to increasing risks of obstetric complications, including giving birth to underweight babies.

This dire situation resulted from the suspension of some basic services and the administrative restrictions limiting the flow of humanitarian supplies into the region by the Federal Government. Services such as banking and telecommunications (telephone and internet services) have been suspended for more than a year ago. Additionally, the movement of people and goods is restricted to humanitarian aid. Besides the direct impact on the population, these restrictions also constrained humanitarian aid interventions on which the region heavily relies.

Data collection has become increasingly challenging in the absence of communication, stationery supplies, and staff. In such an environment where the cumulative effect of the restrictions is impacting the entire health system, the consequences are difficult to assess, though they remain raising serious concerns. Mental health has become one serious concern as demonstrated by the increased number of suicide and GBV cases.

### Amhara Region

The Amhara region has been affected by the spillover of conflict from Tigray region, inter-ethnic conflict in the Oromo zone of the region, drought, floods, desert locust infestation, landslides and epidemics. Towards the end of 2021 and the beginning of 2022, the region was home to an estimated 2,329,137 IDPs out of which 1,411,133 (60%) were rendered IDPs due to the expansion of the conflict in Tigray. The rest of the IDPs came from Oromia and Benishangul-Gumuz regions as a result of inter-ethnic conflicts (Amhara Disaster Prevention and Food Security Programme Coordination Office).

The recent Displacement Tracking Matrix (DTM) Site Assessment Report 29 - from March to April 2022 - indicates a total of 1,405,957 returnees and 529,582 IDPs distributed in 577 IDP sites, 14 Zones and 127 woredas across the Amhara region. It is estimated that the majority of the IDPs are living within the host community in various conditions.

As of April 2022, more than 8,000 Eritrean refugees have self-relocated from camps in Tigray Region to IDP sites in North Gondar, Amhara Region (UNHCR 2022 Refugee Plan).

## Benishangul-Gumuz Region

The ongoing conflict in Kemashi and Metekel zones due to the presence of Unidentified Armed Groups (UAGs) has been displacing scores of people while restricting their access to health facilities in some districts. Some health centers and health posts in Kemashi and Metekel zones have been destroyed and are no longer functional. There are also serious concerns that women and girls are at heightened risk of gender-based violence, compounded by a scarcity of resources to respond to the needs of survivors. As of February 2022, there are over 410,000 internally displaced persons hosted within the region and neighboring districts of the Amhara Region [1]. However as per DTM Site Assessment round 29, there are a total of 28,072 IDPs in the Benishangul Gumuz region distributed in 40 IDP sites, 2 zones and 6 woredas. In Benishangul Gumuz region, 14 health centers and 178 health posts were damaged and are partially functional. Additionally, 4 health centers were burned and drugs and medical devices were looted [2].

## Somali Region

The Somali region experiences cyclical calamities such as droughts, disease outbreaks and pandemics like Cholera and COVID-19, floods and internal displacements, mainly due to ethnic conflicts. 86 per cent of the region's population is pastoralist. Somali region has the highest total fertility rate of at 7.2 births per woman compared to the national average figure of 4.1. [3]

As per DTM SA round 29 (March - April) a total of 1,027,324 IDPs in the Somali region are distributed in 509 IDP sites, 11 Zones and 76 woredas. 40,089 new arrivals were also recorded. Shabelle (65.46%), Nogob (59.67%), Liben (4.58%) and Korahe (21.20%) zones are the top 4 zones experiencing a significant increase in IDPs. Drought (54%) is the main driver for displacement.

The highest number of IDPs are found in Koloji 1 and Koloji 2 IDP sites with 31,566 and 42,764 displaced persons, respectively. Access to health, including maternal and sexual and reproductive health services for these IDPs is very limited. Reports suggest that women give birth in the IDP temporary shelters and are attended by non-skilled birth attendants.

[1] Benishangul Gumuz Disaster Risk Management Commission report, 10 June 2021.

[2] Ethiopia Conflict Impact Assessment and Recovery and Rehabilitation Planning (CIARP), Ministry of Health - Ethiopia (July 2022).

[3] EDHS 2016.

## Gambella Region

Gambella is a region experiencing several types of humanitarian crises, including flooding and conflict, both inter-ethnic and armed clashes. Flooding occurs every year and affects the livelihoods of communities by destroying crops and increasing the number of pests and dry spells. As per DTM SA round 29 (March - April) there are a total of 26,861 IDPs in the Gambella region distributed in 15 IDP sites, 2 zones, and 5 woredas.

The region has experienced recurrent incidents of floods due to the overflow of major rivers such as Baro, Akobo, and Gilo crossing different woredas in the region. Floods hinder access to basic social services - including maternal and reproductive health - and unleash multiple humanitarian needs. On average, an estimated 25,000 people have been displaced and more than 42,000 people were affected by flooding per year [4].

Moreover, the region hosts the largest number of refugees in the country. About 356,925 South Sudanese refugees are hosted in the region and share the under-developed and stressed health and social systems with the host community [5]. According to the UNHCR, a six-month maternal death audit report in 2021 showed that there were 7 maternal deaths reported due to obstetric complications, which is higher than the annual average of 2 maternal deaths that was being reported since 2017 [6].

## Oromia Region

The Region is facing various hazards that include drought, conflict, flooding, desert locust infestation and the COVID-19 pandemic. As per DTM SA round 29 (March - April), there are a total of 754,203 IDPs in Oromia distributed in 615 IDP sites, 17 Zones and 129 woredas.

According to the East Wollega zone Disaster Risk Management Office (DRM), security in Limmu, Gida Ayana, Haro Limmu, and Sasiga woredas remains a challenge due to unidentified armed groups' presence. Similarly, the West Wollega DRM office reported approximately 30,000 IDPs in the zone, mainly due to the ongoing clashes between unidentified armed groups and government forces, as well as ethnic-based clashes. The crisis in the Oromia region has also impacted the neighboring Benishangul Gumuz, Amhara and Gambella regions.

In Oromia Region, the delivery of basic health care services - particularly by health posts and health centers - was severely affected due to the physical damage to infrastructures and the lack of medical supplies. The Oromia regional report shows, as of December 2021, that 978 health posts were unable to deliver basic health services. In addition to the damage to the health facilities, 108 health workers were forced to leave their duty stations with pending reports on the number of injured and dead.

[4] Gambella Region flood contingency plan (July 2021)

[5] [6] UNHCR Ethiopia RRP, 2022.

Furthermore, 14 motorbikes and 57 ambulances were damaged or looted; 81 health centers were looted, and 65 were partially damaged; 3 health centers were burned, and 345 health posts were looted. Of the total, 513 were partially damaged and 120 were burned [7].

## Southern Nations, Nationalities and Peoples' Region

Intercommunal conflict, drought, flood, and cholera outbreaks are the major causes of humanitarian crises in the Southern Nations, Nationalities and Peoples' (SNNP) region. As per DTM Site Assessment round 29 (March - April), a total of 190,790 IDPs are distributed in 249 IDP sites, 14 Zones and 52 woredas across the region. It is to be recalled that the intercommunal violence in Gedeo and West Guji led to the rapid displacement of 958,175 people between April and July 2018. The government reported that most of them have returned back to their original places.

The conflict in the Alle and Derashe woredas in the Konso zone (with a population of 244,703) and Amaro (with a population of 230,676) occurred in mid-November 2020 displacing over 100,000 people. Konso, Derashe, and Amaro were previously under the Segen areas zone and the security situation has been unstable. Nevertheless, soon after Konso was granted a zonal administration status, Derashe and Amaro special woredas also claimed to be granted the same status. Likewise, there was also a request for self-administration by some Kebeles in the Segen area which was not accepted by the regional government. These and other disagreements have become a source of conflict in these woredas and neighboring Kebeles in Segen areas.

The most recent conflict erupted in July 2020 and has claimed dozens of lives and displaced over thousands of people from Alle and Derashe woredas. In addition to civilian casualties and displacement, there was also extensive damage to government offices, schools, individual houses and other properties. Most importantly, the conflict resulted in the damage of many health facilities, including the looting of materials and medical equipment. In total, more than 60,000 people were internally displaced due to conflict and were forced to be settled in both urban and rural areas with a considerable difference in settlement patterns between woredas. Currently, some IDPs live with host communities while others have returned to their places of origin.

There are high tensions and clashes in the Segen woreda between supporters of government and anti-government forces. The health center and health post in Gelabo kebele of Derashe special woreda were looted and destroyed, requiring immediate support in terms of supplies and renovation. There are serious protection concerns for vulnerable women and girls. One assessment conducted in Gelabo and Belbela IDP sites in the Konso Zone showed that women and girls have safety and security concerns when accessing their farmland, fetching water and collecting firewood. Women and girls reported a lack of awareness and information on where to seek support if/when facing any type of gender-based violence.

[7] Ethiopia Conflict Impact Assessment and Recovery and Rehabilitation Planning (CIARP), Ministry of Health - Ethiopia (July 2022).

Furthermore, 14 motorbikes and 57 ambulances were damaged or looted; 81 health centers were looted, and 65 were partially damaged; 3 health centers were burned, and 345 health posts were looted. Of the total, 513 were partially damaged and 120 were burned [7].

## Afar Region

The Afar region is one of the regions in Ethiopia with social indicators lagging significantly behind national averages.

In the region, floods, drought, inter-communal conflict, desert locusts and the COVID-19 pandemic are currently identified by the regional government as the major challenges driving humanitarian crises and requiring immediate intervention from the government, NGOs, and development partners. As per DTM SA round 29 (March - April), there are a total of 137,413 IDPs in the Afar region, with Awsi (53%), Gabi (20%), and Kalibati (19%) being the top three places with a comparatively high concentration of IDPs.

Approximately, 765,971 people are highly food insecure due to the impacts of drought, COVID-19, conflict, desert locust infestation, and flood [8]. Due to the frequent conflict between communities in the Afar and Somali regions, more than 35,000 people have been displaced in zone 1 and zone 3 of the region in 2021. In addition, there are more than 148,051 IDPs reportedly displaced by conflict and flood in the region. According to the Afar Region Disaster Prevention and Food Security Coordination Office's situation overview update (19 July 2021) on 16 July 2021, armed forces of the Tigray People Liberation Front attacked and controlled areas in the Yallo Woreda of Fanti Rasu zone in the Afar Region. Following this, the conflict spread to the Golina, Awra, Ewa, and Teeru Woredas in the Fanti Rasu zone of the region. A total of 54,000 people were displaced in the three Woredas (Yallo - 25,000, Golina - 16,000, and Awra - 13,000). An additional 500,000 people are at high risk of displacement in three zones (Awsa Rasu, Kilbati Rasu and Fanti-Rasu) of Afar Region. Drugs, medical supplies, equipment, ambulances, and motorbikes were damaged during the conflict [9].

[7] Ethiopia Conflict Impact Assessment and Recovery and Rehabilitation Planning (CIARP), Ministry of Health - Ethiopia (July 2022).

[8] Afar Regional Health Bureau report: Conflict-related damage and loss assessment

[9] Afar disaster prevention and food security coordination office report, April 2021.

## 4. Brief Overview of UNFPA Response in 2021



## SOMALI REGION

- As part of the UNFPA-supported programme funded by Denmark, a total of **39,759 beneficiaries received sexual and reproductive health and family planning information** from outreach teams during food distributions conducted by the World Food Programme (WFP).
- As part of the same programme mentioned above, a total of **1,592 influential religious and clan leaders** in IDP sites and host communities received awareness on SRHR/FP in order to support outreach to communities and individuals.
- Mother-to-mother support groups reached **1,521 women of reproductive age** with SRHR/FP information and referrals to health facilities.
- A total of **1,500 dignity kits** were distributed to women of reproductive age in the target woredas, including in the Koloji IDP camp.
- **Ten health facilities - 8 health centers and 2 hospitals - were equipped** with emergency reproductive health kits, commodities and medicines, including modern methods of family planning.

## AFAR REGION

- A total of **21 institutions - 3 hospitals, 6 health centers, 6 woreda Health Offices, and 6 Woreda Women and Children Affairs Offices - were strengthen in service provision** through capacity building trainings, technical assistance, and the provision of emergency reproductive health kits, PPEs and dignity kits.
- A total of **169 health workers were trained** in the areas of SRH, Minimum Initial Service Package (MISP) for SRH in emergency settings and Clinical Management of Rape (CMR).
- **One Ambulance was handed over** to the Afar Regional Health Bureau to increase access to emergency obstetric care by strengthening referral system.

## BENISHANGUL GUMUZ

- UNFPA, in partnership with the Ethiopian Red Cross Society, has supported the deployment of **five midwives to crisis-affected health centers** as well as three additional facilities were equipped with Emergency Reproductive Health (ERH) kits and dignity kits for survivors of sexual violence.
- UNFPA, in collaboration with the local NGO Mujejeua Loka Women Development Association, **supported GBV prevention, risk mitigation and response services, including shelter for survivors. In addition, UNFPA supports the One Stop Center (OSC) located at Pawi General Hospital** through the Regional Bureau of Women, Children and Youth affairs.

## AMHARA REGION

- **Emergency RH kits were distributed to 10 health facilities** - 9 health centers and 1 hospital - in Awi, West Gojjam, Central Gondar, Gondar TA and Wag Himera zones.
- **Personal protective equipment** - 7,000 surgical gloves, 9,000 hand sanitizers and 3,000 examination gloves - **were distributed to Chagni Hospital, Chagni, Dembia and Aykel Health Centers** for COVID-19 prevention among staff and to ensure the continuity of SRH and GBV services in health facilities.
- **7,300 dignity kits were distributed** to the Bureau of Women, Youth and Children Affairs (BoWCYA) offices in Chagni town, Dembia and Chilga woredas for outreach activities.
- GBV service mapping was conducted in two woredas (Chagni TA and Guangua) of the conflict-affected Awi zone and shared with relevant partners operating in the area.

## SNNPR

- UNFPA has supported a total of **17 health facilities with Emergency Reproductive Health Kits and 2 ambulances** in order to ensure a resilient and comprehensive sexual and reproductive health system in Gedeo zone of SNNPR and West Guji zone of Oromia region.
- **10 Adolescent and Youth-friendly SRH corners were establish/strengthen** in 10 health facilities with assorted furniture, equipment and supplies.
- **One-Stop Center (OSC) was established at the Dilla University Referral Hospital** with funding from KOICA. Health, psychosocial support, legal and police services are being provided under one roof free of charge, including referral linkages to UNFPA-supported Safe House in Hawassa.
- **Capacity building trainings** were provided to frontline health service providers to ensure integrated SRH-GBV services in the region.

## OROMIA REGION

- UNFPA procured and distributed **Emergency RH kits to 13 health facilities** in East and West Hararghe zones and East Wollega zone to ensure access to emergency maternal and reproductive services.
- **A total of 3,700 dignity kits were distributed** in West Guji Zone and West and East Wollega zones as a response to the intercommunal conflict-induced displacement in Gedeo-West Guji zones.
- **One ambulance was donated to the Bule Hora woreda** of the West Guji zone to increase access to emergency obstetric care by strengthening the referral system.

## GAMBELLA REGION

- **Gambella General Hospital's One Stop Center** was supported by UNFPA in order to strengthen the provision of coordinated GBV response through material support, including post-rape treatment kits and capacity building training for refugees and host communities.
- **Capacity building training for frontline GBV service providers** working at refugee camps and host community districts was provided on GBV case management, GBV Information Management System (GBVIMS), Clinical Management of Rape (CMR) and Psychological First Aid (PFA).
- Over **3,000 dignity kits were distributed** to the most vulnerable women and girls from refugee camps and host community districts.
- **Community dialogues and awareness creation activities** were supported in refugee camps and host communities **in the Women and Girl-Friendly Spaces (WGFS), schools and villages.**
- UNFPA supported the establishment of **toll-free hotline** for SRH counseling, and SRH and GBV referrals.
- **Procurement and distribution of emergency obstetric and newborn care (EmONC) supplies** to refugee camps and targeted host community health facilities was undertaken.

## TIGRAY REGION

- UNFPA **supported the provision of comprehensive GBV services in 6 One-Stop Centers (OSC)** with capacity-building for GBV frontline workers, assorted furniture and IT equipment, dignity kits, Emergency Reproductive Health kits and other medical commodities.
- Established and supported 8 Women and Girls' Friendly Spaces (WGFS) located at IDP sites to ensure access to SRH/GBV response services,
- Supported the long-term recovery and healing process of GBV survivors hosted at a **UNFPA-supported Safe House in Tigray.**
- More than 79,000 conflict-affected populations benefited from GBV and SRH awareness raising activities through mobile community outreach teams in Afar, Amhara and Tigray regions.
- More than **2,351 professionals were trained** in the areas of GBV in emergencies, SRH and Mental Health and Psychosocial Support across northern Ethiopia.
- Provided **more than 62,000 emergency obstetric and newborn care services through the 24 midwives** deployed at health facilities and Mobile Maternity Units in IDP camps across the region.
- Distributed more than 20,000 Dignity Kits, 980 IARH Kits, medical equipment and COVID-19 Personal Protective Equipment (PPEs) benefiting more than 200,000 conflict-affected individuals and 34 health facilities across the 3 northern regions.
- Strengthened the **GBV AoR and the Ethiopian PSEA Network.**



## **5. UNFPA Ethiopia Humanitarian Response Plan for 2022**

## 5.1. Our Vision

UNFPA Ethiopia is aiming to achieve:

- **Reduced maternal deaths and unplanned pregnancies** and increased access to clinical care for rape survivors through the delivery of the MISRP; successful transitions from minimum to comprehensive SRH services and to more resilient health systems in Ethiopia;
- **Reduced rates of GBV**, through prevention actions aimed at sustainably transforming discriminatory gender norms; mitigation of GBV risk through improved security, dignity and mobility of women and girls and across all sectors of humanitarian response; and mitigation of life-threatening impact and long-term recovery promotion through better quality services by meeting the GBV in Emergencies Minimum Standards; and
- **Increased resilience in high-risk locations of the country** through reduced humanitarian needs, speedy recovery and more robust local delivery systems that serve women and girls as well as young people and contribute to sustainable development objectives.

## 5.2. Our Strategies

1. Delivering **expanded availability of lifesaving Sexual and Reproductive Health (SRH) and Gender-based Violence (GBV) services** for crisis-affected populations;
2. **Significantly reducing risks to and mitigating the impact of crises on existing SRH, GBV and other UNFPA mandate-area services and systems;**
3. **Addressing SRH and GBV humanitarian needs** quickly with a focus on those furthest behind;
4. **Facilitating transitions to resilient systems** delivering quality comprehensive SRH and GBV services where emergencies have occurred or risks are high;
5. **Involving young people in decision making** for preparedness and during the humanitarian programme cycle;
6. **Delivering services to young people in crisis-affected regions** of the country and engaging them meaningfully in peacebuilding;
7. **Strengthening national population data systems** to provide disaggregated data for risk assessment, baselines in emergencies, needs assessments during emergencies as well as post-disaster needs assessments; and
8. **Ensuring provision of sexual and reproductive health and gender-based violence services, including mental health and psychosocial support (MHPSS), and protection from sexual exploitation and abuse (PSEA).**

## 5.3. Protection-GBV Interventions for 2022



*\*Source: Protection Cluster, OCHA Ethiopia.*

UNFPA will continue promoting, coordinating and providing lifesaving integrated GBV services following the survivor-centered approach to address GBV in line with IASC (Interagency Minimum Standards) for emergency programming including all guidelines and measurements for COVID-19 prevention and response. The Women and Girls' Friendly Spaces (WGFS), selected One-Stop Centers (OSC), and government service entry points will be offering integrated SRH-GBV services. The services will include GBV case management, mental health and psychosocial support and services, clinical management of rape, family planning services and counselling, and treatment of sexually transmitted infections. They also involve emergency referrals for GBV survivors and vulnerable women and girls. GBV risk mitigation and prevention activities will be ensured by a community-based approach where men and boys will be heavily engaged in line with IASC principles and guidelines. Life-skills programmes will be in place and through an interagency partnership and referral mechanism context-based livelihood and self-reliance programmes will be onboard. Social cohesion and community mobilization will be supported through various approaches.

As women and girls continue to face protection risks, advocacy and communication for change will be implemented to guarantee their dignity and safety. Accountability towards the community will be prioritized for the safeguarding of beneficiaries. As co-chair of the PSEA Network at the national level, UNFPA will continue to lead the PSEA Network and work with PSEA Network in the regions to ensure a robust and multi-sectoral implementation of Sexual Exploitation and Abuse reporting and response mechanisms. Under the leadership of UNFPA, the GBV AOR will enhance engagement with other sectors. National and regional governments will be involved for the integration of GBV prevention, mitigation and response programming using IASC guidelines.

The GBV AoR will expand comprehensive GBV prevention and response programmes for women and girls focusing on case management and multi-sectoral referral systems. Capacities will be enhanced on the GBV Minimum Standards, GBV handbook, and IASC GBV Guidelines for sector leads, government stakeholders, and implementing partners to foster effective coordination in planning, implementing and monitoring essential GBV risk mitigation actions in all humanitarian responses and services. This will be supported by regular community-based GBV risk monitoring and joint safety audits. The AOR will deliberately target disability inclusion in GBViE response.

## 5.4. Sexual & Reproductive Health Interventions for 2022



*\*Source: Health Cluster, OCHA Ethiopia.*

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

1. 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;
2. **Provision of emergency SRH kits** to equip health centers and hospitals for SRH and GBV clinical service provision;
3. **Equipping conflict and drought-affected health facilities with medical supplies and equipment** to enable them to provide basic and comprehensive emergency obstetric care services;
4. **Establishment or strengthening of mobile health units;**
5. **Provision of infection prevention supplies** and personal protective equipment (PPE);
6. **Building capacity of service providers** on emergency SRH programming (MISP for SRH, clinical management of rape, postpartum family planning, post-abortion care and BEmONC);
7. **Supporting mobile community outreach activities** and disseminating of messages on available SRH and GBV services and on COVID-19 prevention measures;
8. **Supporting awareness creation activities** as part of a demand creation initiative that will be carried out 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 services;
9. **Deploying local consultants to build surge capacity to provide technical support**, coordination and project facilitation;
10. **Deployment of midwives** to the crisis-affected health facilities based on an identified need; and
11. **Provision of ambulances** to selected health facilities in the crisis-affected areas to increase access to emergency obstetric care by strengthening referrals.

## 5.5. UNFPA Presence

UNFPA is present in all the regions affected by crises and works with various humanitarian actors to ensure access to SRH and GBV information and services.

- **Afar**

Zones: Awsi/Zone 1 and Fanti/Zone 4

- **Amhara**

Zones: Central, North, East and West Gondar, North and South Wello, West Gojam, Wag Hamra, Awi, Oromia and North Shewa.

- **Benishangul Gumuz**

Zones: Metekel and Kamashi

- **Oromia**

Zones: East Wollega, West and East Hararge, Borena and West Guji

- **SNNPR**

Zones: Gedeo, South Omo, Derashe and Konso

- **Somali**

Zones: Siti, Fafan, Erer and Shabelle

- **Tigray**

Zones: North Western, Central, Eastern, Southern, Western, South Eastern and Mekelle



## 5.6. Budget Summary

UNFPA Mode of Engagement	Priority Area		Subtotal \$
	SRH	GBV	
Support the provision of effective, safe, comprehensive, life-saving and high-quality reproductive health and GBV services, supplies or commodities	9,578,912	10,538,572	20,117,484
Capacity development of implementing partners	1,914,437	3,679,677	5,594,114
Partnership and coordination including generation and dissemination of quality SRH and GBV data to aid humanitarian response planning	1,036,925	1,599,806	2,636,731
Support advocacy and any SRH and GBV policy-related issues	1,470,000	180,000	1,650,000
<b>Total</b>	<b>\$14,000,274</b>	<b>\$15,998,055</b>	<b>\$29,998,329</b>

## For more information:

- Sarah Masale

UNFPA Country Representative a.i  
masale@unfpa.org

- James Okara Wanyama

UNFPA Humanitarian Programme Coordinator  
wanyama@unfpa.org

- Paula Fernández Seijo

Humanitarian Communication Specialist  
pfernandez@unfpa.org

