HUMANITARIAN RESPONSE PLAN

2021-2022

ETHIOPIA

CONTENTS

HUMANITARIAN RESPONSE PLAN

NOV 2021-DEC 2022

ETHIOPIA

1. INTRODUCTION

This document describes the humanitarian needs in the regions of Ethiopia not included in UNFPA´s Response Plan to Northern Ethiopia humanitarian crisis. This document presents UNFPA´s Response plan to the many ongoing humanitarian crises and the funding needed to meet this plan.

OUR VISION

UNFPA, the United Nations Population Fund, is the lead UN agency *delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled*. UNFPA expands the possibilities for women and young people to lead healthy and productive lives.

UNFPA is helping to reduce the number of preventable maternal deaths through programmes and interventions that reduce inequities in access to quality sexual, reproductive, maternal, and newborn health care, ensuring universal health coverage that includes sexual and reproductive health care and strengthening health systems. UNFPA coordinates the gender-based violence area of responsibility within the Protection Cluster. It aims that a more predictable, accountable, and effective response be given to gender-based violence in crisis and recovery contexts. It also ensures that survivors of gender-based violence receive appropriate and holistic care and that prevention interventions are multi-sectoral. UNFPA also works within the humanitarian system to generate data to enable evidence-based planning and appropriate humanitarian response.

TOTAL FUNDING NEEDED

US$ 14,030,888

OUR TARGET*

894,598
Women of Reproductive Age (WRA) in 65 of the targeted districts (50% of the total)

286,271
Currently pregnant women

42,941
Women with complications of pregnancy

143,135
Survivors of Sexual Violence who will seek care

357,839
Sexually Active Men (25% of the total)

65
Districts in **8** Regions

22
Hospitals

130
Health Centers

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

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BACKGROUND

2. BACKGROUND

Ethiopia is a country affected by various shocks such as violent conflicts, the COVID-19 pandemic, drought, desert locust, and floods. Since the end of 2017, violent conflicts have emerged as a significant driver of humanitarian need. Simmering ethnic tensions and violence, both intercommunal and by armed groups, is disrupting the country. According to IOM reports, there are currently an estimated 2,066,163 Internally Displaced Persons (IDPs) in Ethiopia [1].

While some areas in Ethiopia are highly impacted by floods, others are at risk of drought. Rural livelihoods in Ethiopia are highly dependent on seasonal cycles of rainfall. More than 80 percent of people in Ethiopia rely on agriculture and livestock for their livelihoods.

The shocks impact not only people but also systems and services. As a result of increased unemployment, the number of people living below the poverty line is expected to increase from 26 million in 2019/2020 to 31 million people in 2020/2021. Arising from the economic decline, protection concerns related to negative coping mechanisms and neglect are likely to increase humanitarian needs, particularly for those already marginalized and at risk, including displaced people, women, children, people with disabilities, and the elderly, among others.

SUMMARY OF FUNDING REQUIRED (USD) 2021-2022	
Activity	**Budget in USD**
A. Supplies and Commodities	3,819,657
B. Service Delivery	5,759,255
C. Human Resources	836,355
D. Capacity Building	515,082
E. Community-level Interventions	1,468,214
F. Coordination and Communication	593,000
G. Support Costs	1,039,325
Total	**14, 030,888**

According to the 2021 Humanitarian Response Plan of Ethiopia, the total estimate for People in Need (PIN) of humanitarian assistance in 2021 is 23,474,129. Details regarding PIN per region are listed in Table 1 [2].

8.8 million people are in need of health care services, including sexual and reproductive health services, out of which 4.6 million are targeted with a financial requirement of USD 140.1 million.

Ethiopia is also one of the largest refugee-hosting countries worldwide. The majority of refugees in Ethiopia are located in the Gambella Regional State and in four other regions of Ethiopia: Somali, Tigray, Benishangul Gumuz, and Afar. Refugees have continued to arrive in Ethiopia in 2021. It is projected that the total refugee population in Ethiopia will reach 884,216 by December 2021, mainly from South Sudan (400,000), Somalia (220,325), Eritrea (156,297) and Sudan (63,154) [3].

[1] IOM - Round 26 Assessment, from 1 June to 9 July 2021.
[2] Humanitarian Response Plan, Ethiopia 2021.

Table 1: Estimated People In Need of humanitarian assistance per region, 2021.

REGION	POPULATION					
	Overall PIN	Women of Reproductive Age (WRA)	Adolescent Girls	Pregnant women	Obstetric complications	# Of sexual violence cases who will seek care*
Afar	1,025,135	256,284	123,016	41,005	6,151	20,503
Amhara	3,376,703	844,176	405,204	135,068	20,260	67,534
Benishangul Gumuz	316,919	79,230	38,030	12,677	1,902	6,338
Gambella	90,256	22,564	10,831	3,610	542	1,805
Oromia	6,677,898	1,669,474	801,348	267,116	40,067	133,558
Sidama	741,050	185,262	88,926	29,642	4,446	14,821
SNNP	2,753,427	688,357	330,411	110,137	16,521	55,069
Somali	3,811,189	952,797	457,343	152,448	22,867	76,224
Grand Total	**18,792,577**	**4,698,144**	**2,255,109**	**751,703**	**112,755**	**375,852**

*According to the Interagency Working Group on Reproductive Health in Crisis (IAWG), an estimated 2% of Women of Reproductive Cases (WRA) will seek Clinical Management of Rape (CMR) during a crisis.

As of 11 October 2021, there are a total of 354,476 confirmed COVID-19 cases and 5,990 deaths that have been reported since the beginning of the pandemic, with the widespread transmission of COVID-19 in communities [4]. Due to the various hazards coupled with the COVID-19 epidemic, the existing health and social systems have been further weakened to respond to the Sexual and Reproductive Health and Rights (SRHR) needs of women and adolescent girls and to prevent and respond to Gender-based Violence (GBV). Health facilities found in the crisis-affected areas are depleted of reproductive health commodities, Personal Protective Equipment (PPE), and medicines. Moreover, there is an increased workload for health workers due to the provision of services not only for host communities but also for Internally Displaced Persons (IDPs) and refugees. There are reports of pregnant women delivering in the bush, in IDP camps/sites, and at home due to lack of access to health facilities and health care providers. Health and protection service referral pathways are not functional and/or adequate to provide timely and appropriate linkages to other services due to the overwhelming number of PIN, particularly around the collective IDP and refugee sites. Furthermore, the lack of proper means of transportation such as ambulances that helps to strengthen the referral linkages are also not available.

[3] UNHCR, Ethiopia Country Refugee Response Plan January 2020 - December 2021. Updated for 2021, Ethiopia.
[4] Public Health Emergency Operations Center, COVID-19 SITREP#424, Ethiopia, 25 August 2021.

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3 SITUATION ON THE GROUND

3.SITUATION ON THE GROUND

AMHARA REGION

The Amhara region is vulnerable to several crises such as drought, flood, locust infestation, and landslides as well as disease epidemics and conflict. As of September 2021, the region is home to at least 1,707,039 IDPs among which 789,035 are displaced due to the new Tigray conflict [5]. The same report shows that in the last few years, ethnic conflict has increasingly become the main driver of displacement. Due to the recent ethnic conflict within the region, particularly in North Shewa and Oromo Nationality zones, the number of IDPs has increased to 270,000 in North Shewa and 101,922 in Oromo Nationality zones. Similarly and as the result of crises in the Oromia region (Wellega) and Benishangul-Gumuz region (Metekel), the number of IDPs is increasing in the West Gojjam zone (175,273) and Awi zone (113,946) which border the Oromia and Benishangul-Gumuz regions, respectively. In relation to the Tigray crisis, the number of IDPs is also increasing in North Gondar (74,590) and North Wollo (68,985) and this number has significantly increased in August due to the increased conflict in the bordering districts between Tigray and Amhara regions. The current conflict in the border areas of Tigray, mainly in the Raya and Wag Hemra zones, with the Tigray People's Liberation Front, has caused a large number of people to be displaced into adjacent districts. There are also tensions between the Kimant and Amhara communities in the Central and Western Gondar zones of the Amhara Region and the districts bordering Sudan. Recurrent drought is another hazard that affects the lives and livelihood of people in Amhara region's central, northern and eastern parts, particularly in Wag Himera zone. The region also hosts more than 10,000 Eritrean refugees relocated from Shimelba and Hitsats refugee camps in Tigray Region to Dabat in Amhara region.

In the Amhara region, it is estimated that the majority of IDPs are living within the host community in various conditions. There are only four officially recognized collective IDP sites namely, Kebero Meda (Azezo), Dabat, Mai-Tsebri, and Ranch (Chagni) IDP sites. A significant number of IDPs are also living in open areas which are not recognized nor protected by the local government as official IDP sites.

BENISHANGUL GUMUZ REGION

The main humanitarian crisis in this region is the ongoing conflict in Kemashi and Metkel zones with the presence of Unidentified Armed Groups (UAGs), which drives displacement and makes it difficult to access health facilities in some districts.

[5] Amhara Region Disaster Risk Management Commission Report, September, 2021.

Some health centers and health posts in Kemashi and Metkel zones have been destroyed and no longer provide services. There are also serious concerns that women and girls are at heightened risk of gender-based violence coupled with limited resources to respond to the needs of survivors. As of 10 June 2021, there are over 238,516 IDPs hosted within the region and neighboring districts of Amhara region due to the conflict in Kemashi and Metekel zones, though this number may be much higher and has not been confirmed due to the inaccessibility of key areas [6].

SOMALI REGION

The Somali region experiences cyclical hazards that affect households, infrastructure, and systems resilience, including droughts, disease outbreaks like Cholera, COVID-19, flood, and internal displacement because of mainly ethnic conflicts. 86 percent of the population have a pastoralist livelihood. Somali region has the highest total fertility rate of 7.2 births per woman compared to the national average which is 4.1 [7].

Over 828,125 internally displaced people are living in 416 sites across the region [8]. Most of the displacement are triggered by inter-communal conflicts along Somali-Oromo and Somali-Afar ethnic lines and followed by drought. The highest number of IDPs are found in Koloji 1 and Koloji 2 IDP sites with 31,566 and 42,764 displaced persons respectively. A total of 9,703 households have reportedly been displaced due to armed conflict between Somali and Afar regions and have fled to eight different sites (Afcase, Beerta Haji, Danlahelay, Candufo, Birta Dher, Tareena, and Adhidhale). Access to health, including maternal and sexual reproductive health services for these IDPs is very limited and there are reports that women give birth in the IDP temporary shelters attended by non-skilled birth attendants. The nearest health center for IDPs and host populations is more than 100 km away (Afdem) which is supported by UNFPA. Flooding has affected all districts of the Shabelle zone, but has severely affected those districts located along the river, including Kelafo, Mustahil, Ferfer, East Imey, Addadle and Berano. A total of 177,082 households have been affected and displaced. Finally, the number of COVID-19 confirmed cases have significantly increased.

GAMBELLA REGION

Gambella is a region experiencing several types of humanitarian crises, including flooding, which occurs every year and affects the livelihood of the community by destroying crops and increasing pests, dry spells, as well as ethnic conflict.

[6] Benishangul Gumuz region Disaster Risk Management Commission Report, 10 June, 2021.
[7] EDHS 2016
[8] IOM-DTM Round 25, 2021.

Flooding is the major hazard that occurs every year resulting in displacements and losses of properties. The region has experienced an incidence of floods due to the overflow of major rivers such as Baro, Akobo, and Gilo that cross different woredas causing humanitarian crises hindering people from having basic social services, including SRH. On average, an estimated 25,000 people have been displaced every year and more than 42,000 people have been affected by flooding [9].

Moreover, the region hosts the largest number of refugees in the country. As of June 2021, 372,961 South Sudanese refugees are hosted in the region and sharing the under-developed and stressed health and social systems. [10]. 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 reported since 2017.

OROMIA REGION

Oromia Region is facing various hazards that include drought, conflict, flooding, desert locust infestation, and COVID-19. As of 30 April, 946,540 people have been internally displaced in the region due to conflict, drought, and flood [11].

According to the East Wellega zone Disaster Risk Management Office (DRM), security in Limmu, Gida Ayana, Haro Limmu, and Sasiga woredas remains a challenge due to the presence of unidentified armed groups. The Government has continued its operation in these woredas. The number of displaced populations due to insecurity in Yaso and Mizyiga Woredas of Kamashi Zone has reached 9,825 Households (HH) or 55,163 individuals. The office also reported 1,945 displaced persons from Yaso Woreda of Kamashi to Nekemte town. Similarly, the West Wellega 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 affected the neighboring Benishangul Gumuz, Amhara and Gambella regions.

SOUTHERN NATIONS, NATIONALITIES AND PEOPLES' REGION (SNNPR)

Intercommunal conflict, drought, flood, fire accidents, and cholera outbreaks are the major causes of hazards in the Southern Nations, Nationalities, and Peoples' Region (SNNPR). The intercommunal violence in Gedeo and West Guji zones led to the rapid displacement of 958,175 people between April and July 2018.

[9] Gambella Region Flood Contingency Plan, July 2021.
[10] UNHCR Ethiopia Fact Sheet, June 2021.
[11] Oromia region Disaster Risk Management Commission (DRMC), April 30, 2021.

The conflict in Konso zone, Alle, Derashe (with a population of 244,703 and Amaro with population of 230,676) occurred in mid-November 2020 and displaced 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, the Derashe and Amaro special woredas also claimed zonal status. Likewise, there was also a request for self-administration by some Kebelles 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 Kebelles in Segen areas.

The most recent conflict that erupted in July 2020 has claimed the lives and displaced many people from Alle and Derashe woredas. In addition to the death and displacement of people, there was also damage to government offices, schools, individual houses and other property. Most importantly, the conflict resulted in the damaging of many health facilities, as well as looting materials from the health facilities.

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 of settlement patterns between woredas. Currently, some IDPs are living with host communities while others have returned to their places of origin.

There are high tensions leading to the eruption of clashes in the Segen woreda between the government and anti-government forces. The health center and health post in Gelabo kebele of Derashe special woreda was 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 that they don't know where they would seek support if/when they face violence.

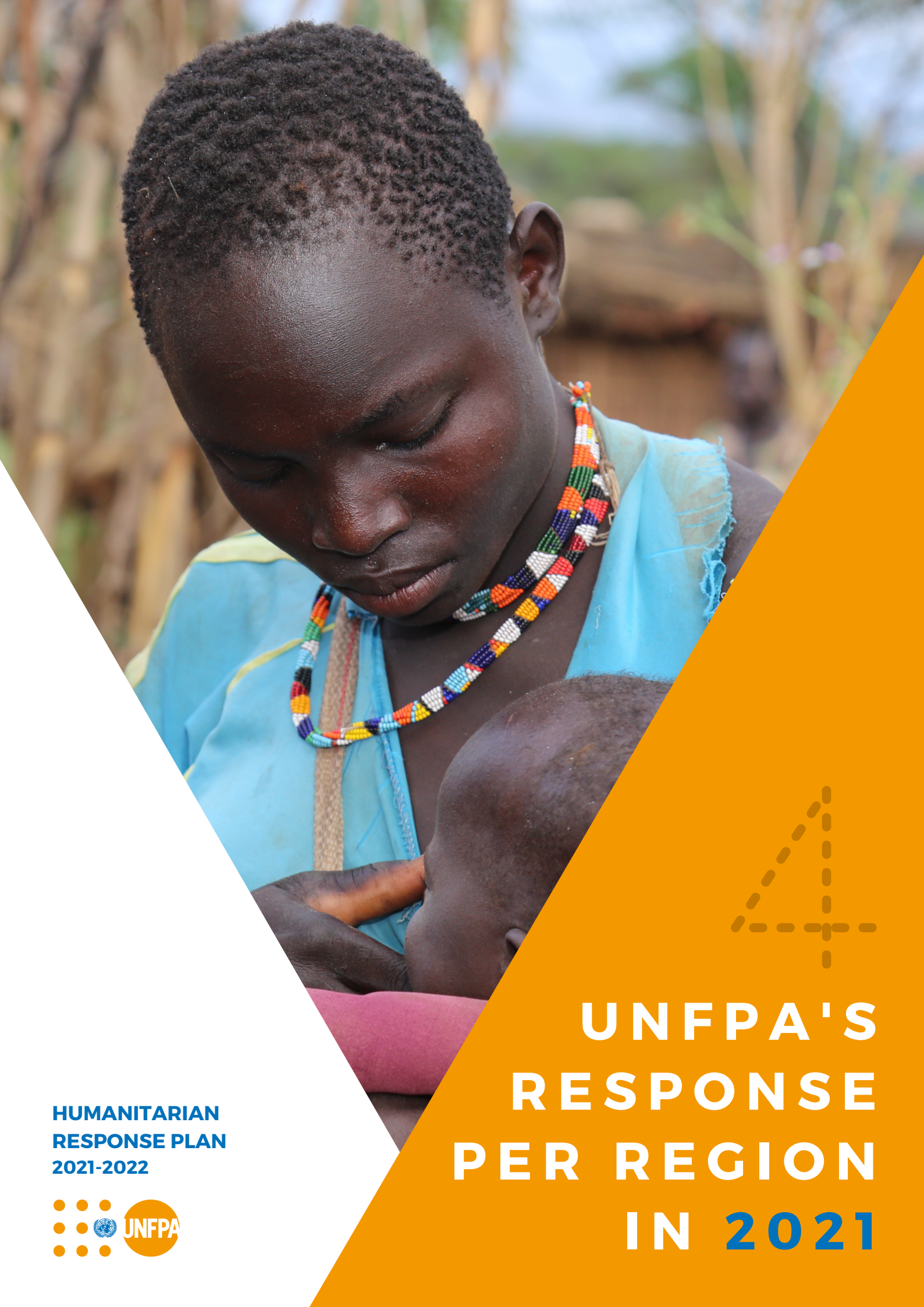
AFAR REGION

The Afar region is among the regions in Ethiopia identified as emerging regions challenged by high poverty prevalence and social indicators lagging significantly behind national averages.

In the region, flood, drought, inter-communal conflict, desert locust, and COVID-19 are

currently identified as humanitarian challenges by the regional government that need immediate responses from government, NGOs and development partners.

Approximately 765,971 people are highly food insecure due to the impacts of drought, COVID-19, conflict, desert locusts, and floods [12]. Due to the frequent conflict between the Afar and Somali/Issa communities, more than 35,000 people were recently displaced in zone 1 and zone 3 of the region. 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 19 July 2021 situation overview update, since 16th July, forces of the Tigray People Liberation Front (TPLF) attacked and controlled areas in Yallo Woreda of Fanti Rasu zone. Following this, conflict broke out and spread in the all Fanti- Rasu zone in Yallo, Golina, Awra, Ewa, and Teeru Woredas. A total of 54,000 people were displaced in the three Woredas (Yallo-25,000, Golina-16,000, Awra-13,000), and an additional 500,000 people are at high risk of displacement in three zones (Awsa Rasu, Kilbati rasu and Fanti-Rasu) of Afar Region.



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UNFPA'S RESPONSE PER REGION IN 2021

4.UNFPA'S RESPONSE PER REGION

2021

SOMALI REGION

UNFPA responded to the drought-induced crisis in the Somali region through a nexus project (2018-2021) which integrated SRH/Family Planning (FP) in humanitarian interventions in partnership with the World Food Programme (WFP). The project was implemented in the zonal administrations of Siti and Fafan in a total of 8 woredas (Awabre, Babile, Harshin, Gursum, Afdem, Meiso, Erer, and Shinile) and Jigjiga city council.

The achievements include:

- A total of 39,759 beneficiaries received sexual and reproductive health and family planning information from outreach teams during WFP's food distributions.
- A total of 1,592 influential religious leaders and clan leaders in the IDP sites and host communities received awareness on SRHR/FP in order to support outreach activities.
- Mother-to-mother support groups reached 1,521 women of reproductive age with SRHR/FP information and were linked to health facilities.
- A total of 1,500 dignity kits were distributed to women of the reproductive age group in the target woredas, including in Koloji IDP camp.
- Ten health facilities (8 health centers and 2 hospitals) were equipped with emergency reproductive health kits, commodities and medication, including modern contraceptives.
- A total of 568 community dialogue sessions were conducted (including in IDP settlements, youth, and community leaders) on SRHR/FP as well as norms that support use of these services.
- UNFPA has two programme staff and one consultant in the field to support programs implementation.
- UNFPA leads the GBV Area of Responsibility (GBV AoR) coordination group and works with GBV partners including UN agencies, INGOs, local NGOs, and government.

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 capacitated through training, technical assistance, emergency reproductive health kits, PPE, and dignity kits.

- A total of 169 health workers from Afar and other regions received training in the areas of SRH, Minimum Initial Service Package (MISP) for SRH 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 the referral system.
- UNFPA actively participates in and collaborated with humanitarian clusters and working groups (such as Protection, Health, and Nutrition, Mental Health and Psychosocial Support, GBV sub-cluster) and Inter-Cluster meetings.
- UNFPA has one programme staff and three consultants at the field level to support program implementation, including providing technical assistance for GBV mainstreaming in the sector plans for the Anticipatory Action Project (AAF).

BENISHANGUL GUMUZ

UNFPA, in partnership with the Ethiopian Red Cross Society, provided three health facilities - Manbuk and Mankush Health centers and Pawi hospital - with lifesaving Emergency Reproductive Health (RH) kits, including kits for clinical management of rape, and dignity kits for survivors of sexual violence.

- UNFPA, in collaboration with the local NGO, Mujejegua Loka Women Development Association, supported GBV prevention, risk mitigation, and response services, including shelter for survivors.
- UNFPA works closely with the Regional Health Bureau, and the Bureau of Women, Youth, and Children.

AMHARA REGION

- Emergency RH kits were distributed to ten health facilities (nine health centers and one 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, and Chagni, Dembia, and Aykel Health Centers for the prevention of COVID-19 infection among staff and to ensure the continuity of SRH and GBV services in the health facilities.
- 7,300 dignity kits were distributed to the Bureau of Women, Youth, and Children Affairs offices in Chagni town, Dembia, and Chilga woredas for use in their outreach. Health information focusing on personal hygiene, COVID-19 prevention measures, and how to use the various items in the dignity kits were provided to the beneficiaries before and during the distribution.
- GBV service mapping was conducted in the Chagni TA and Guangua districts of the Awi zone and the findings were shared during the CP/GBV AoR regional cluster meeting with partners, including BoWCYA.
- UNFPA actively participates and contributed to ICCG meetings, CP/GBV AoR sub-cluster bi-weekly meetings, the Weekly Incident Management System (IMS) meeting, and Disaster Risk Management (DRM) meeting
- UNFPA has deployed two programme staff and one consultant at the field level to support implementation.

SNNPR

UNFPA has supported a total of 17 health facilities with Emergency Reproductive Health Kits (Kit 1 to 10 for 13 health centers and kit 11 and 12 for four hospitals) 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.

- A total of 10 health facilities of Gedeo zone were selected and provided with needs-based furniture, equipment, and supplies to establish/strengthen 10 adolescent and youth-friendly corners. As a result, the targeted health facilities were able to provide adolescent and youth-friendly integrated SRH services.
- UNFPA donated two ambulances to Yirgachefe and Gedeb woredas in the Gedeo zone.
- UNFPA provided technical support and monitoring to service providers and trained government staff on Family Planning (FP), Minimum Initial Service Package (MISP) for SRH, Clinical Management of Rape (CMR), Basic Emergency Obstetric and Neonatal Care (BEmONC) Post-abortion Care (PAC).

SNNPR

- The first One-Stop Center (OSC) in the Dilla Zone was fully established with funding from KOICA. Health, psychosocial support, legal, and police services are being provided under one roof free of charge. Full-time midwives, prosecutors, police, Woreda Women, Children and Youth Office staff are assigned to the OSC. Moreover, referral linkages have been established with Dilla University Referral Hospital and the UNFPA supported safe house in Hawassa.
- A total of 3,700 dignity kits and personal protective equipment, which included hand sanitizers, were provided to vulnerable in-and-out of school adolescents and young girls.
- Post rape treatment kits were supplied to 17 health facilities in the Gedeo and West Guji zones.
- Capacity building and training were provided for frontline GBV service providers and OSC staff on GBV case management.
- Technical support by UNFPA-deployed consultants continued.
- UNFPA is represented in regular sub-national coordination platforms (emergency coordination center, protection, Health and Nutrition Task Force (HNTF)) and provides updates and guidance on GBV prevention and response services and SRH services.
- UNFPA has deployed two programme staff and one consultant at the field to support implementation.

OROMIA REGION

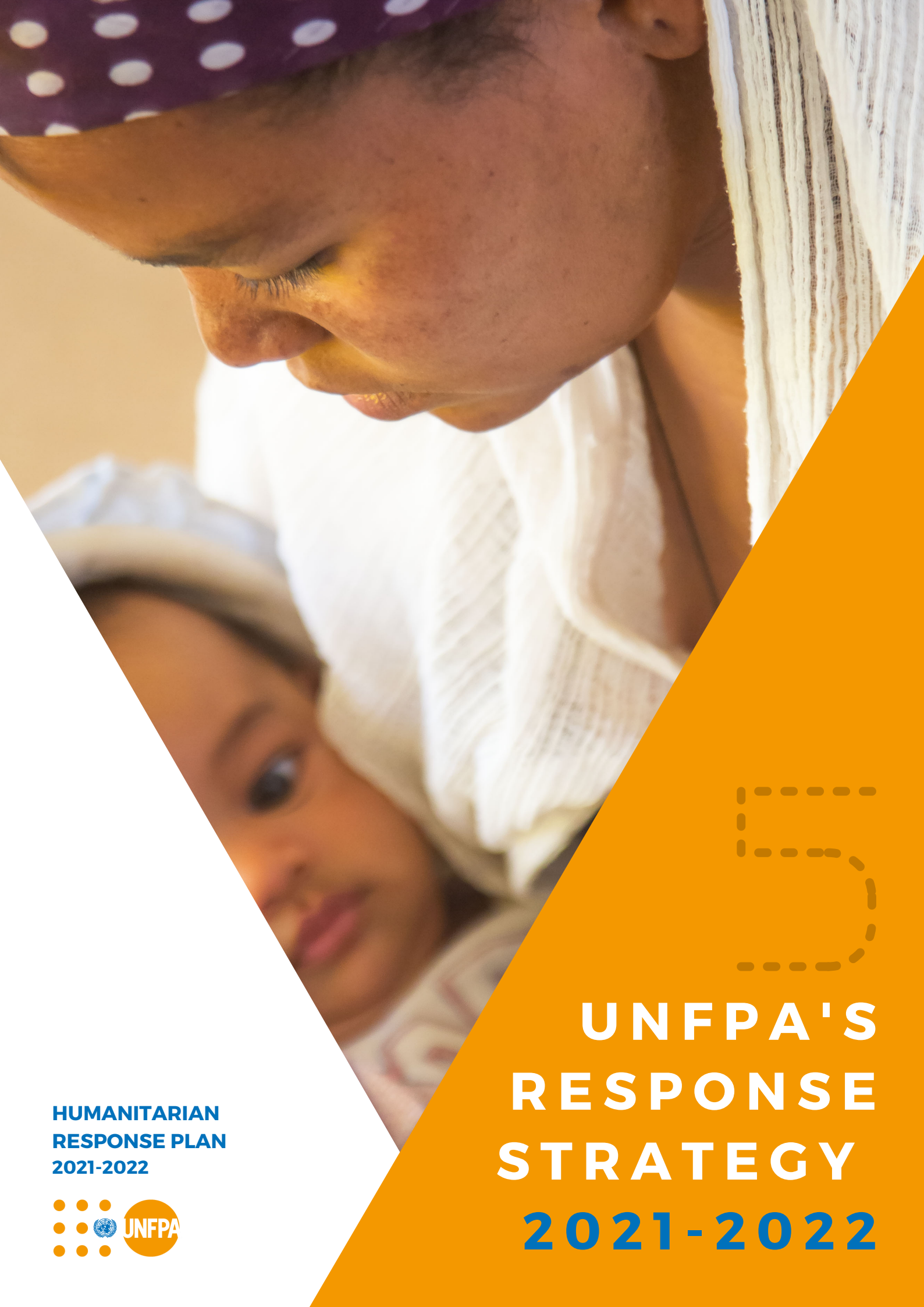
- UNFPA procured and distributed Emergency RH kits (1A, 2A, 2B, 3, 4, 5, 6A, 6B, 7, 8, 9, and 10) to four health facilities found in Fedis and Jarso districts of East Hararghe zone, and Doba and Chiro Zuriya districts in West Hararghe zone of Oromia region.
- A total of 2,300 dignity kits were distributed- 900 to beneficiaries in West Guji Zone woredas (Gelan, Kercha, and Bule Hora, were 3 health centers, benefited) as a response to intercommunal conflict-induced displacement in the Gedeo-West Guji zones, and 1,400 dignity kits were distributed in West and East Wollega (700 for each Zone, where the Balo, Harkumbe, Sagro and Gida Health centers benefited).
- UNFPA donated one ambulance to the Hora woreda of the West Guji zone to increase access to emergency obstetric care by strengthening the referral system
- Emergency RH kits, which equipped 6 health centers and three hospitals, have been distributed to West Hararghe and East Wollega zones to ensure emergency SRH services.

OROMIA

- UNFPA actively participates and contributes to the Child Protection (CP) and the GBV AoR sub-cluster meetings (UNFPA is a co-chair), and the Disaster Risk Management (DRM) meetings.
- UNFPA has deployed two programme staff and one consultant at the field level to support implementation.

GAMBELLA

- 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 was provided for frontline GBV service providers from refugee camps and host community districts on GBV case management, GBV Information Management System (GBVIMS), CMR, and Psychological First Aid (PFA).
- Over 3,000 dignity kits were distributed to the most vulnerable women and girls from refugee camps and the districts.
- Community dialogues and awareness creation activities were supported in refugee and host communities in the Women and Girls' Friendly Spaces (WGFS), schools, and villages.
- UNFPA supported the establishment of toll-free hotlines for SRH counseling, SRH, and GBV referrals.
- Procurement and distribution of emergency obstetric and newborn care (EmONC) supplies to refugee camps and targeted host community health facilities.
- UNFPA co-chairs the subnational level CP/GBV sub-cluster and actively contributes to cross-cutting clusters and working groups -UNFPA has deployed one programme staff in the field to support implementation



HUMANITARIAN RESPONSE PLAN 2021-2022

UNFPA'S RESPONSE STRATEGY 2021-2022

5.RESPONSE STRATEGY 2021-2022

UNFPA's response to the humanitarian crises beyond Tigray and the affected border areas in Afar and Amhara will focus on implementing the priority interventions described in this plan. These activities are tailored to ensure continuity of sexual and reproductive health and gender-based violence services, including mental health and psychosocial support (MHPSS), and the protection from sexual exploitation and abuse (PSEA). These priority interventions are aligned with UNFPA and partners' response capacity and access to the affected populations. UNFPA aims to address the immediate needs of the crisis-affected populations in these regions, including those in the refugee settings, while also focusing on developing relevant longer-term, sustainable strategies, in alignment with the humanitarian-development-peace nexus continuum.

Special focus will be made to address the needs of women and adolescent girls in the crisis-affected woredas/districts. In the targeted population of 7,156,786, there are 1,789,196 Women of Reproductive Age (WRA), 858,814 adolescent girls, and 286,271 currently pregnant women in need of life-saving SRH information and services. An estimated 42,941 women will experience complications of pregnancy and will need EmONC services to deliver safely. By providing EmONC and the Minimum Initial Services Package for Reproductive Health in crisis (MISP), maternal deaths and disability will be averted. Men and boys who are sexually active are estimated to be 1,431, 357 needing access to health education and condoms to prevent transmission of Sexually Transmitted Infections (STIs), including HIV, and to avoid unwanted or unplanned pregnancies.

UNFPA will continue its proactive role in coordination platforms at national and regional levels, including leading the GBV Area of Responsibility under the protection cluster, the SRH sub-working group under the health cluster, and the MHPSS working group. Our contribution will ensure availability of SRH/Maternal Health services to avert SRH ill-health and maternal mortality and morbidity.

PRIORITY INTEGRATED GBV RESPONSE INTERVENTIONS

1. **Establishment/improvement of One-Stop Centers**
2. **Establishment/improvement of Women and Girls' Friendly Spaces**
3. **Provision of MHPSS and case management to survivors of GBV**
4. **Provision of dignity kits to vulnerable women and girls at high risk of GBV**
5. **Community engagement and sensitization**

The above interventions will be facilitated by way of:

a) Procurement and prepositioning of supplies and furniture; 65,000 dignity kits and furniture and supplies for 60 semi-permanent women-friendly space
b) Enhanced information management/ethical data generation and utilization, including using rapid assessment approaches
c) Institutional and individual capacity development:

- Support 7 Sub-national GBV AoR coordination bodies
- Establish and update 65 GBV referral pathways
- Disseminate information on humanitarian assistance and availability of GBV services through group discussions and community outreach campaigns
- Increase awareness and response mechanisms to SEA

PRIORITY SRH INTERVENTIONS

1. Provision of life-saving services for the affected population:

- Establishment of 22 Mobile Health Units (one per zone).
- Deployment of midwives and Health Extension Workers (HEWs) to IDP/refugee sites and host communities.
- Revamping of health facilities to deliver integrated service delivery to the affected population, particularly women and girls.

The above interventions will be facilitated by way of:

a) Institutional and individual capacity development:

- Activate and operationalize the SRH working group and task force for the joint rapid needs assessments.
- Capacitate 567 service providers on SRH in emergencies programming (MISP for RH, clinical management of rape, post-abortion care, and BEmONC).
- Deploy 9 local consultants to provide technical support in the area of coordination and implementation.
- Deploy Mobile Health and Nutrition Teams (MHNTs) to assist governmental health offices, at all levels, on early detection, referral, and emergency case management.
- Provide 8 ambulances to selected health facilities in the crisis-affected areas to increase access to emergency obstetric care by strengthening referral systems.

b) Procurement and prepositioning of emergency RH kit, medical equipment, and PPEs

- Equip at least 130 health centers and health posts and 22 hospital

c) Deployment of 87 midwives and HEWs to the crisis-affected health facilities.
b) Community engagement and sensitization to enhance uptake/demand for services.

- Disseminate messages on available integrated SRH and GBV services and on COVID-19 infection prevention measures via mobile community outreach activities.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

- Build the capacities of the government and humanitarian actors to Prevent Sexual Exploitation and Abuse (PSEA).
- Provide victim assistance and referral pathways services.
- Conduct awareness-raising activities, etc.

BUDGET SUMMARY

ACTIVITY	BUDGET IN USD
Supplies and Commodities	
Provision of emergency RH kits, which will equip at least 130 Health centers and 22 hospitals to strengthen SRH and GBV clinical services	1,863,665
Provision of infection prevention supplies and Personal Protective Equipment (PPE) which will equip 152 health facilities (82,080 facemask, 22,800 goggles protective, 22,800 face shield, 22,800 coverall and 68,400 alcohol-based hand sanitizers	641,592
Provision of 65,000 dignity kits	1,314,400.00
Service Delivery	
Deployment of 87 midwives to the crisis-affected health facilities based on an identified need	913, 500
Provision of 8 Ambulances to selected health facilities in the crisis-affected regions to increase access to emergency obstetric care by strengthening referral systems	520,000
Establish and run 60 Women and Girls' Friendly Spaces (WGFS)	2,829,495
Establish and support 14 One-Stop Centers (OSC)	1,086,400
Provision of Psychosocial support (PSS) and GBV Case management services and creating linkage for additional services through strengthening the GBV referral pathway	1,323,360.00
Human Resources	
Deployment of 9 SRH consultants to support the UNFPA Country Office in targeted emergency-affected regions	337,155
Support Program implementation through deployment of GBV Individual Consultants (11 IC for 16 Months)	499,200
Capacity Building	
Build the capacity of 567 health services providers on emergency SRH programming (MISP for RH, clinical management of rape, post abortion care and BEmONC)	235,082.40
GBV capacity development training for service providers on GBViE, CMR, GBVIM, GBV case management and PSS	280,000
Community level interventions	
Support mobile community outreach activities in dissemination of messages on available SRH and GBV services and on COVID-19 infection prevention measures	612,000
Support awareness creation activities as part of a demand creation initiative that will be carried out to promote institutional delivery among pregnant women, increase use of family planning and use of facility based safe motherhood services, and GBV prevention and response services	341,250
Quarterly community mass awareness campaigns for 65 districts	117,000
Mass media information campaigns (TV, social media and radio) for 7 regions	70,000
Development of Information, Education, and Communication (IEC) materials	50,000
Information sharing through women and men group discussions on GBV	208,000
Conduct joint GBV rapid assessments	69,964
Coordination and Communication	
Support the regional health bureau's and partners to activate and operationalize the SRH working group/task force and to participate in the joint rapid needs assessment.	100,000
Support 7 Sub-national GBV-Coordination forums through human resource, capacity building and information management system	463,000
Communication and advocacy on SRH and GBV in crises (see Communication Plan in the Annex section)	30,000
TOTAL	12,991,563
UNFPA SUPPORT COST (8%)	1,039,325
GRAND TOTAL	14,030,888

HUMANITARIAN RESPONSE PLAN 2021-2022

UNFPA

ANNEX

6.COMMUNICATION PLAN

The communication plan for the period (Oct. 2021 to Dec. 2022) is developed to provide visibility for the UNFPA response to humanitarian crises across Ethiopia. Through this plan, UNFPA commits to providing timely and reliable information that would amplify its work in saving the lives of women and adolescent girls, ensuring safe delivery, providing protection, and restoring dignity during emergencies.

Information in emergency situations is critical and should be an integral part of all humanitarian activities. It is important to communicate internally for effective coordination, but also externally to inform the media and the general public, including development partners, about UNFPA's work. This allows for increased visibility and awareness, which affects the organization's short and long-term image by ensuring that our efforts are recognized as widely as possible.

The activities in the communication plan will focus on highlighting the threat and the impact of the disaster on communities we serve and support.

Objectives:

- Advocate for the provision of life-saving sexual and reproductive health and gender-based violence response and prevention services by highlighting the particular vulnerabilities of pregnant women and adolescent girls in the affected communities and the UNFPA response;

- Position UNFPA as a key humanitarian player by raising the organization's visibility through multiple communication channels and products, including traditional and social media.

INTERNAL			
Activities	**Frequency**	**Audience**	**Responsibility**
Internal Situation Report	monthly	CO, RO, HQ, EHCT, and development partners	Humanitarian colleagues and Communications team
Inputs to OCHA humanitarian digest	Weekly	Donors/humanitarian community	Humanitarian colleagues and Communications team
Inputs to ESARO digital platforms - Website and micro site.	Monthly	RO	Communications team in consultation with Humanitarian colleagues
Voices write up	Once a quarter	All staff	Communications team in consultation with Humanitarian colleagues

EXTERNAL			
Activities	**Frequency**	**Audience**	**Responsibility**
Key messages	Updated weekly	Social media	Humanitarian colleagues and Communications team
Press releases for traditional media (print, broadcast)	When major announcements are necessary	Media/donors	Communications team in consultation with Humanitarian colleagues
Fact sheets	As needed	Humanitarian community/donors	Humanitarian colleagues
Infographics	As needed	Humanitarian community/donors	Communications team in consultation with Humanitarian colleagues
Visual materials (photography/video)	As needed	Social media / CO, RO, HQ websites	Communications team in consultation with Humanitarian colleagues
Social Media updates	Daily based on new information	Social media	Communications team in consultation with Humanitarian colleagues
Media interviews (national and international)	Every 2 months	National/International community	Communications team
Human interest stories	Monthly	CO/RO/HQ websites, Relief web, OCHA Humanitarian Bulletin, One UN website	Communications team
Journalists field trips	Once a quarter	National/international media	Communications team

For more information, please contact the following:

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DELIVERING A WORLD WHERE EVERY PREGNANCY IS WANTED, EVERY CHILDBIRTH IS SAFE AND EVERY YOUNG PERSON'S POTENTIAL IS FULFILLED

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