

UNFPA ETHIOPIA HUMANITARIAN RESPONSE PLAN 2023



50 YEARS ENSURING RIGHTS AND CHOICES FOR ALL

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1 AT A GLANCE

FUNDING NEEDS



\$ 48,200,085 USD
UNFPA ETHIOPIA
 Overall appeal in 2023



\$ 45,000,000 USD
UNFPA ETHIOPIA HRP
 2023 Appeal



\$ 3,200,085 USD
UNFPA ETHIOPIA Sudan
 Crisis Appeal

KEY RESPONSE TARGETS



9,800,000

Overall UNFPA ETHIOPIA Target Population



2,450,000

Women of Reproductive Age (WRA)



49,000

Estimated number of cases of Sexual Violence who will seek care



588,000

Young adolescent girls (10-14)



222,095

Currently pregnant women



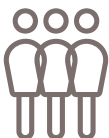
1,176,000

Adolescent girls (10-19)



296,127

Live births in the next 12 months



2,352,000

Adolescents (10-19)

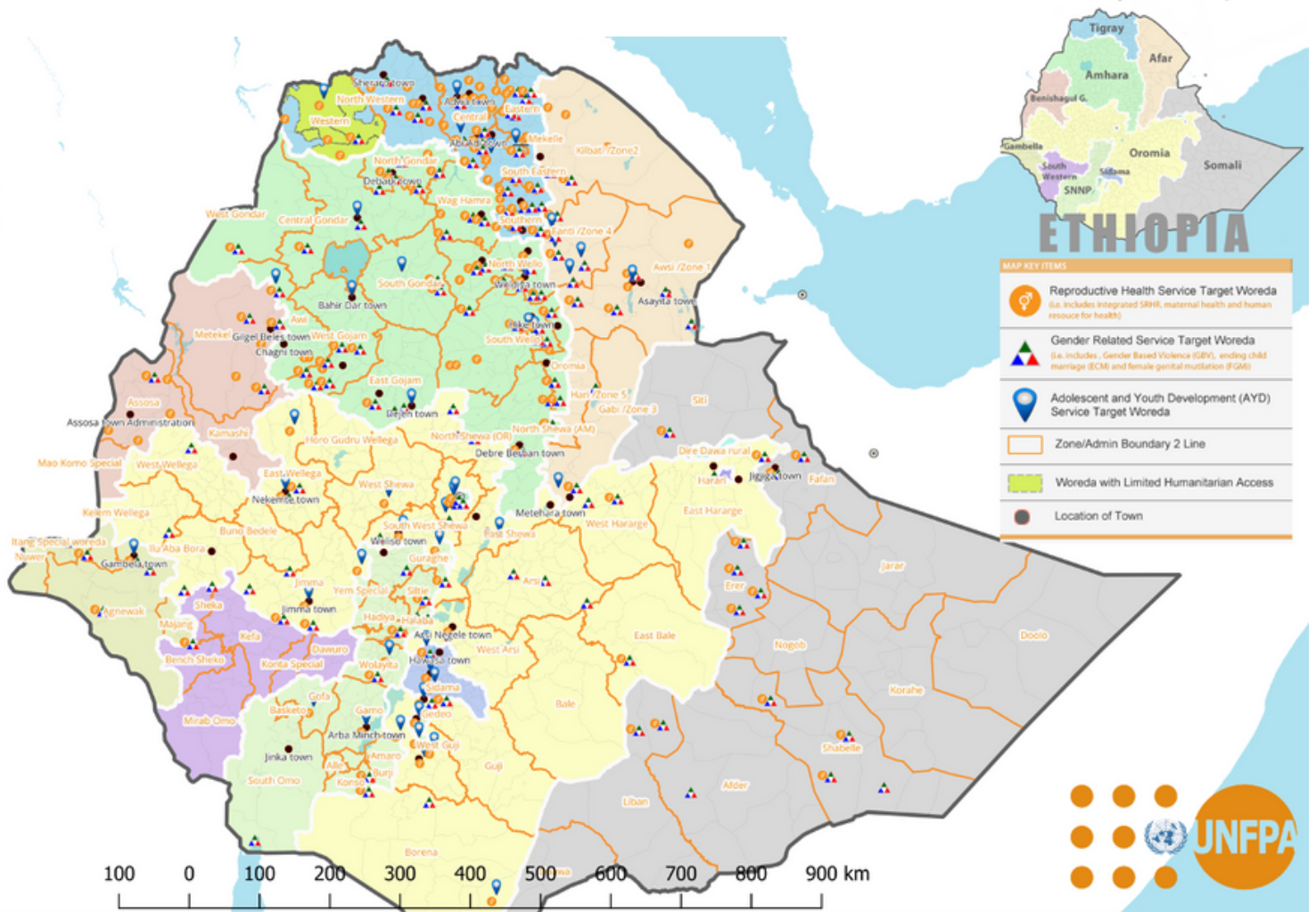


387,897

Adults living with a Sexually Transmitted Infection (STI)

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

2 UNFPA INTERVENTION SITES 2023



3 INTRODUCTION

This nationwide Response Plan is intended to contribute to tackling the enormous Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) needs as a consequence of multiple shocks, including the influx of refugees and returnees to Ethiopia as a result of the recent conflict in Sudan. It is informed by the system-wide Humanitarian Needs Overview 2023, the Humanitarian Response Plan 2023, Inter-agency assessments of Sudanese influx, UNFPA Strategic Plan (2022-2025), and UNFPA humanitarian commitments and policy guidance on preparedness, humanitarian, and resiliency programming. It will be a live document to allow for regular revision to incorporate emerging issues. The plan provides a brief analysis of core humanitarian issues at the national and regional levels, defining the SRH and GBV needs in humanitarian settings, and finally proposes UNFPA strategies to tackle the needs with corresponding funding needs.

4 NATIONAL CONTEXT

Ethiopia has been affected by various shocks, including conflict, locust infestation, disease outbreaks and climate-related hazards such as a recurrent drought, and floods. Conflict in northern Ethiopia - Tigray, Afar and Amhara regions - and the severe drought in the Oromia, Somali, Afar, and Southern Nations, Nationalities and Peoples regions have resulted in nearly 20 million people in need of assistance in 2023 across the country.

From conflict to climate shocks, women and children are disproportionately affected making up more than two-thirds of the people in need in 2023 in Ethiopia. They face greater threats to their survival and are particularly vulnerable to protection risks, including violence, neglect, exploitation, and abuse.

In 2023, the **Humanitarian Response Plan** targets to assist more than 20 million crisis affected Ethiopians with life-saving assistance including food, nutrition, and health, including SRH and protection services to survivors of GBV. To fulfill this goal, the 2023 Humanitarian Response Plan for Ethiopia requires USD 3.99 billion.

- 9.8 million people including women and girls require life-saving health services, including SRH. **UNFPA is appealing for USD20 million to respond to SRH needs.**
- 2.7 million people are targeted for GBV. **UNFPA is appealing for USD 25 million to respond to acute GBV needs across the country.**
- Over 1 million refugees and returnees are hosted in the country, including the recent influx from Somalia and Sudan. It is estimated that Ethiopia will receive in the following months nearly 130,000 people from Sudan following the current crisis. Most of them will be Ethiopian returnees (100,000), and the other 30,000 will be refugees of other nationalities. The majority of these are anticipated to be women and girls. **UNFPA is appealing for USD 3,200,085 to respond to this influx.**

5 IMPACT OF THE NORTHERN ETHIOPIA'S CONFLICT ON THE HEALTH SYSTEM

Across northern Ethiopia, reports indicate that the primary healthcare system has been severely damaged or collapsed in most of the conflict-affected districts/woredas. There was massive looting of medical equipment, medicines, medical commodities, office furniture and equipment leaving centers practically empty. Among others, damage and looting have affected over 42 hospitals, 637 health centers, and 2,939 health posts across the three conflict-affected regions in the north. 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, of which 124 (62%) were damaged or looted from the Amhara region alone. The impact on staff and staff morale across the affected regions remains evident, with a high number of facilities functioning with limited professionals and limited healthcare services.

6 REGIONAL HUMANITARIAN CONTEXTS

TIGRAY

The signing of the 'Cessation of Hostilities Agreement' (CoHA) in Tigray has brought about relative peace and improved access in the region. However, SRH and GBV humanitarian needs continue to be highly influenced by sporadic returns of IDPs. The conflict in the region resulted in the destruction of social protection systems and damaged about 79% of health facilities, which remain non functional. Women and girls in the region are disproportionately impacted by the effects of conflict and the dire economic situation, pushing many to adopt negative coping mechanisms which further expose them to risks of GBV, sexual exploitation, unintended pregnancies, STIs/HIV and infectious diseases, among others. As a result of limited access to maternal health services during the conflict, the region also faces an increase in maternal mortality and morbidities such as obstetric fistula cases. Pregnant and lactating women are suffering great nutritional deficiencies and increased risks of obstetric complications, including giving birth to under-weight babies. In addition, the mental and psychosocial health of the population, particularly GBV survivors, has been severely impacted leading to a rise in suicide cases.

AMHARA

The spillover of conflict from Tigray, inter-communal conflict in Oromia and Benishangul Gumuz regions, climate shocks, locust infestation and epidemics continue to be the main drivers of SRH and GBV needs in Amhara Region. While the signing of the CoHA Agreement in November 2022 has brought some relative peace and has led to the return of IDPs from Amhara Region, ongoing conflict in Oromia region continues to prompt new displacement and increased humanitarian needs within the region. In January 2023, armed groups' attacks in the North Shoa and Oromo Special Zone of the Amhara Region caused massive and forced displacement of over four hundred thousand people from their homes. According to mid-February 2023 updates by the regional Disaster Risk Management and Coordination Office, there were 658,722 IDPs still remaining in the region. The majority (86%) of IDPs are concentrated in seven zones, namely, West Gojjam, North Gondar, Waghimra, North Wollo, North-Shoa, South Wollo, and Oromo Special Zone. While 246,773 IDPs who had previously fled due to the northern crisis have returned to their homes, they are still in need of humanitarian assistance. Continued fighting, especially in the Oromia region, is hampering the return process. Additionally, the conflict that erupted in Sudan in April 2023 has added to the existing large-scale humanitarian needs in the region. So far, Amhara Region has received the bulk of the people who fled to Ethiopia due to the escalation of clashes in Sudan, with over 29,995 refugees, asylum-seekers and third country nationals registered crossing the Metema border as of May 2023 (OCHA).

BENISHANGUL GUMUZ

The main driver of SRH and GBV needs in Benishangul Gumuz is the ongoing conflict within the region, bordering areas, and the security situation in Sudan. The recurrent conflicts in Kamashi and Metekel zones continues to constrain access to the limited SRH and GBV services. Around 138,000 IDPs who returned to Kamashi Zone after a two-year conflict-induced displacement and crop production interruption, are currently unable to sustain their livelihoods [1].

The current situation in Sudan has also created an impact on the humanitarian assistance provided to the region. In addition to the existing Sudanese refugees hosted in the refugee camps in the region, Benishangul Gumuz is experiencing new influxes of refugees from Sudan, coming through Kumruk and Almahal corridors. As of 15th May, more than 5,300 recent arrivals in Almahal require urgent assistance. As a result, additional financial resources are required to meet the urgent needs of the recent arrivals and existing refugees from Sudan in the region.

SOMALI

The Somali region experiences cyclical hazards that affect households, infrastructure, and systems resilience, including climate-related shocks such as drought and floods, and epidemics. Internal displacement, mainly induced by ethnic violence and climate change, is also a main driver of humanitarian needs. Reportedly, the region hosts a total of 910,958 IDPs, with the highest number of IDPs found in Koloji 1 and Koloji 2 IDP sites in Fafan zone. Access to health, including maternal and sexual and reproductive health services for these IDPs is very limited with reports indicating women giving birth in the IDP temporary shelters assisted by non-skilled birth attendants.

GAMBELLA

Gambella is a region experiencing several types of humanitarian crises, including flooding and inter-ethnic and armed conflicts. As per DTM (March - April 2023), there are a total of 26,861 IDPs in the region distributed across 15 IDP sites, 2 zones and 5 woredas. On average an estimated 25,000 people are displaced and more than 42,000 people affected by flooding every year [2]. 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 [3].

OROMIA

The Oromia Region is facing various hazards, including climate shocks such as drought and floods, conflict, desert locust infestation and disease outbreaks. As per the DTM (March - April 2023), there are a total of 754,203 IDPs across the region distributed in 615 IDP sites, 17 Zones, and 129 woredas. The highest caseloads of IDPs were reported in Borena, Guji and East Wallaga zones, altogether accounting for 71% of IDPs displaced in the last 12 months [4]. Borena zone also has the highest caseload of IDPs in any zone nationwide, with a total of 213,565 IDPs across 36 sites. The remaining 31% of IDPs in Oromia region were displaced between 1 and 4 years, and 28% have been displaced for over five years. The crisis in the Oromia region has also affected neighboring Benishangul Gumuz, Amhara and Gambella regions. The region has also experienced extensive destruction and looting of health facilities as a result of conflict.

SOUTHERN NATIONS, NATIONALITIES AND PEOPLES' REGION

Inter-communal conflict, drought, floods, wildfires and cholera outbreaks are the major causes of humanitarian needs in the region. The region has also been affected by disease outbreaks - mainly, malaria, measles, and cholera - and agricultural infestation such as pests, and livestock diseases. Poor rainfall performance has significantly reduced crop production to 35% in Burji, Konso and South Omo in the past years. As per DTM (March - April 2023), 190,790 IDPs are distributed in 249 IDP sites, 14 Zones and 52 woredas across the region.

AFAR

In the Afar Region, floods, drought, inter-communal conflict, and desert locusts are the main drivers of humanitarian needs. These stressors have made more than 80% of the population dependent on humanitarian assistance. According to the health and nutrition task force assessment report by the Afar Regional Health Bureau in September 2021 [5], 30 health posts, 10 health centres and one hospital were totally or partially damaged in the midst of the conflict. Furthermore, the looting of medicines, medical equipment, and ambulances has severely impacted the provision of healthcare in the region. Afar is host to 61,423 IDPs and 54,903 returnees.

[1] MOH, Health Emergency Recovery Plan in Conflict areas (2023).

[2] Gambella Region Flood Contingency Plan (July 2021)

[3] UNHCR Ethiopia RRP, 2022.

[4] Oromia Regional Health Bureau Administrative Report.

[5] Afar Regional Health Bureau Report: Conflict-related damage and loss assessment.



7 UNFPA'S ROLE IN THE SYSTEM-WIDE HUMANITARIAN RESPONSE PLAN 2023

Whereas the UNFPA interventions in humanitarian response require mainstreaming across the various response clusters, the UNFPA response is fully linked and aligned with two major clusters: Protection and Health. In the protection cluster, UNFPA is the lead for the GBV Area of Responsibility (GBV AOR), while in the health cluster, UNFPA leads the Sexual and Reproductive Health Working Group (SRH WG). Therefore, UNFPA's programmatic role and targets are fully aligned and linked to the two clusters.

8 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)****; 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; **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 Minimum Standards in Emergencies.
3. **Increased resilience in high-risk locations** of the country through reduced humanitarian needs, speedier **recovery** and more **robust local delivery systems** that serve women and girls as well as young people and contribute to sustainable development objectives.
4. **Reduced levels of inter-communal violence, rebuilt social cohesion** based on increased trust, confidence and positive interaction between conflict-impacted regions among young people.

9 UNFPA'S STRATEGIES

- Delivering substantially expanded availability of lifesaving Sexual and Reproductive Health (SRH) and Gender-based Violence (GBV) services for crisis-affected populations;
- Significantly 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 quickly with a focus on those furthest behind;
- Facilitating transitions to resilient systems delivering quality comprehensive SRH and GBV services where emergencies have occurred or risks are high;

- Involving young people in decision-making for preparedness and during the humanitarian programme cycle;
- Delivering services to young people in crises-affected regions of the country and engaging them meaningfully in peacebuilding;
- 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;
- Ensure sexual and reproductive health and gender-based violence services, including mental health and psychosocial support (MHPSS), and protection from sexual exploitation and abuse (PSEA); and
- Support sustaining peace, including by directly contributing to SDG 16 on promoting peaceful and inclusive societies for sustainable development.

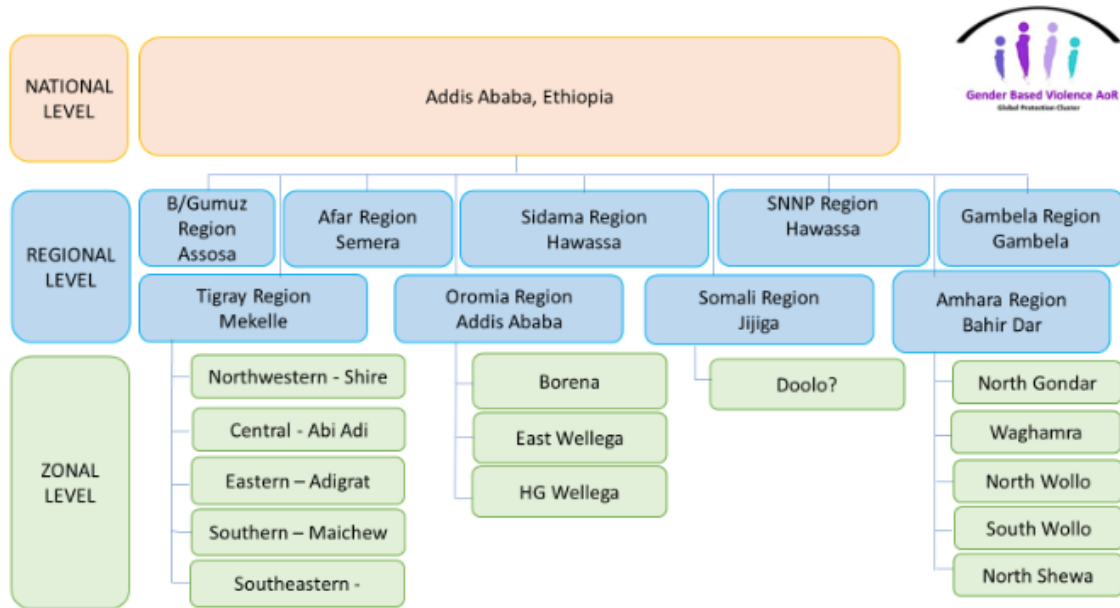
10 UNFPA INTER-AGENCY LEADERSHIP

GBV AOR

The GBV AOR in Ethiopia has a membership of 76 entities, including the Federal and Regional Government counterparts (2%), INGOs (52%), national NGOs (40%), UN agencies (8%), and donors. The GBV AOR Coordination decision-making is supported by a Strategic Advisory Group (SAG) consisting of representatives of 2 UN agencies (UNFPA & UNICEF), 2 INGOs, 2 national NGOs, and the Ministry of Women and Social Affairs (MoWSA). In strengthening sub-national coordination scale-up efforts, the GBV AOR now has an active role at regional level with coordination in 9 regional capitals, co-led with the regional Bureaus of Women and Children Affairs (BoWCA), and at zonal level in 13 zones across Tigray (5), Afar (1), Amhara (4), and Oromia (3), co-led by NGOs and Zonal Women Affairs Offices. The GBV AOR is also coordinating the One-Stop Centre Support Working Group and a Case Management Working Group in Tigray.

The GBV AOR is currently engaged in key strategic commitments with the Federal Ministry of Women and Social Affairs (MOWSA), and the Ministry of Health (MOH) in: a) Developing National GBV Standard Operating Procedures (SOPs), and the GBV AOR Coordination Strategy; b) Roll out of the GBV Information Management System (GBVIMS); c) Training of Trainers on Case Management Capacity Building Initiative (GBV CB CBI); d) UNICEF - a core GBV AOR member - is supporting MoWSA in the development of the GBV Case Management Training Manual, and e) Revision of the GBV Sexual Violence guidelines and training package (2016) for health workers. In the area of evidence-based practices, the GBV AOR Ethiopia Secondary Data Review was published in February 2023. To enhance efficiency and collective response monitoring, HRP/HNO 2023 Response Performance Monitoring - [GBV AOR Dashboard](#) migrated to Reliefweb, and 5Ws reporting to ActivityInfo. The GBV AOR conducts self-review retreats with GBV AOR partners, regional focal points from both UNFPA and the regional Bureau Heads at the national level, as a follow-up to the regional level bi-annually reviews in Afar, Amhara, and Tigray regions.

GBV AOR PRESENCE MAPPING IN ETHIOPIA



SRH COORDINATION

SRH Working Groups have been established at the national level as well as at regional levels in Afar, Amhara, and Tigray regions. With secretarial support provided by UNFPA, the SRH Working Groups are co-chaired by the Ethiopian Public Health Institute (EPHI) and UNFPA at the national and regional level. The SRH Working Groups meet regularly and coordinate closely with the health cluster at the national and regional levels providing updates on SRH response as a standing agenda in the overall Health Cluster Coordination meetings. The SRH WGs also coordinate closely with the GBV AoR to facilitate access to CMR for GBV survivors by establishing common referral pathways and standard operating procedures.

11 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 decisions affecting them, and strengthen their ability and leadership to advance human rights and development issues such as health, education and employment. In a humanitarian context, UNFPA supports those affected by crises and living in fragile contexts with age-tailored strategies focusing on their sexual and reproductive health and rights, gender-based violence prevention and mitigation and youth participation and leadership in peacebuilding response.

In response to the needs expressed by young people during the recent youth consultations on

peace and security held by the UNFPA team in April 2023, UNFPA will support the Government and youth organizations to organize peacebuilding activities in Tigray, Afar and Amhara regions. As part of this commitment, four main activities - targeting IDPs and host communities, youth with disabilities, and youth with trauma and dire psychosocial needs due to the conflict - will be supported:

- Socio-therapy sessions to reduce pain and the feeling of hatred in favor of forgiveness and reconciliation;
- Inter-generational dialogues (young people, administration, police, army and religious leaders) and peacebuilding roadmap in each region;
- Trainings on social skills and self-resilience development (targeting those young people most affected by the crisis);
- One Inter-regional Forum on Peace, Trust and Social Cohesion among young people from Amhara, Afar and Tigray regions.

12 PRIORITY GENDER-BASED VIOLENCE INTERVENTIONS FOR 2023

In 2023, UNFPA will continue to promote, coordinate and provide integrated lifesaving GBV services across affected regions of Ethiopia following the 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 be offering integrated SRH-GBV services such as GBV case management, mental health and psychosocial support (MHPSS), clinical management of rape, family planning and counselling, treatment of sexually transmitted infections and emergency referrals to 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 strongly engaged in line with IASC principles and guidelines. Life-skill, and context-based livelihood and self-reliance programmes will be in place through an inter-agency partnership and referral mechanism. Social cohesion and community mobilization will be supported through a number of approaches.

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

Under the leadership of UNFPA, the GBV AOR will enhance engagement with other sectors, and the national and regional governments for the integration of GBV prevention, mitigation and response programming for quality services for GBV survivors. The AoR will expand comprehensive GBV prevention and response programmes 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 fostering effective coordination in planning, implementing and monitoring of 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 the GBViE response.

13 PRIORITY SEXUAL & REPRODUCTIVE HEALTH INTERVENTIONS FOR 2023

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 centers and hospitals and strengthen SRH and GBV clinical services.
- Equipping conflict and drought-affected 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 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.

14 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 or 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 youth & 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 and GBV 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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