

Ethiopia – Complex Emergency

JANUARY 8, 2024

SITUATION AT A GLANCE

3.5 MILLION	1 MILLION	15.4 MILLION	5.6 MILLION	1.5 MILLION
Number of IDPs in Ethiopia	Number of Refugees and Asylum-Seekers in Ethiopia	Number of People Projected to be Food Insecure	Number of People Targeted for Drought Response	Number of People Affected by Seasonal Flooding since October
<i>IOM – September 2023</i>	<i>UN – December 2023</i>	<i>UN – December 2023</i>	<i>UN – December 2023</i>	<i>UN – December 2023</i>

- The USG approved the resumption of USAID-funded food assistance in Ethiopia on November 14.
- Conflict has displaced 3.5 million people across Ethiopia, exacerbating existing humanitarian needs and restricting the delivery of assistance, according to IOM.
- Heavy rains and flooding in southern Ethiopia have affected approximately 1.5 million people, while drought conditions continue to worsen in other parts of the country, the UN reports.
- Humanitarian actors, including USAID/BHA partner WHO, have vaccinated more than 6.2 million people against cholera, as disease outbreaks continue to increase, according to the UN.



TOTAL U.S. GOVERNMENT HUMANITARIAN FUNDING

For the Ethiopia Response in FY 2024

USAID/BHA¹

\$8,680,355

For complete funding breakdown with partners, see detailed chart on page 6

Total

\$8,680,355

¹ USAID's Bureau for Humanitarian Assistance (USAID/BHA)

KEY DEVELOPMENTS

USG Resumes Food Assistance Countrywide Following Reform Agreements

The U.S. Government (USG) approved the resumption of food assistance to populations in need across Ethiopia on November 14, after a more than five-month countrywide pause on USG-funded food assistance due to the discovery of widespread diversion of in-kind food commodities. This decision follows the resumption of USG-funded food assistance to refugees on October 5. In response to diversion, the USG negotiated widespread reforms to Ethiopia's food aid system, in coordination with the Government of Ethiopia (GoE) and humanitarian partners, to ensure aid reaches those most in need. Reforms include improved beneficiary registration processes, enhanced commodity tracking, and more direct monitoring, as well as independent dispatch and distribution, and third-party monitoring. USAID/BHA partners the UN World Food Program (WFP) and the Catholic Relief Services (CRS)-led Joint Emergency Operation (JEOP) resumed food distributions during the week of December 11, and USAID/BHA and U.S. Department of State Bureau of Population, Refugees, and Migration (State/PRM) staff are continuing an intensive monitoring plan to ensure reforms are implemented countrywide. Since the resumption of food assistance, nearly 1.1 million Ethiopians in need of life-saving assistance and an estimated 612,000 refugees had received food distributions as of December 31, according to USAID/BHA partners and the UN.

Insecurity in Amhara and Oromia Threatens Aid Workers, Amplifies Needs

Ongoing conflict throughout Amhara and Oromia regions continued to place aid workers and civilians at risk, exacerbate existing humanitarian needs, and restrict the delivery of assistance to vulnerable populations in Ethiopia during late 2023, according to the UN. At least 479 deaths and nearly 180 incidents of political violence—more than 150 of which harmed civilians—were recorded countrywide during November, according to the Armed Conflict Location & Event Data Project. The majority of violent events took place in Amhara—where clashes between the Ethiopian National Defense Force (ENDF) and Fano militia have remained ongoing since August—and Oromia, where the Oromo Liberation Army (OLA) continues to clash with the ENDF and Fano militia. Conflict remains the primary driver of displacement in Ethiopia; an International Organization for Migration (IOM) report released in December identified 3.5 million internally displaced persons (IDPs) countrywide, with 2.2 million people—or 65 percent—displaced due to conflict specifically.

The UN reports that violence has limited the capacity of health facilities to provide basic health services in Amhara due to the destruction of facilities and a lack of essential medicines, testing, and treatment kits. Amhara's East Gojam and West Gojam zones, which host approximately 30 percent of the region's IDP population, face a particular shortage of health services, increasing the vulnerability of IDP populations. Additionally, internet access remained intermittent throughout Amhara as of late December due to the conflict, impeding communication between health actors and restricting routine immunization efforts as disease outbreaks increased, according to the Health Cluster.² In Oromia, a rapid assessment conducted between November 19 and 26 across eight *woredas*, or districts, in Oromia's North Shewa Zone indicated significant gaps in food, education, health, shelter, and water, sanitation, and hygiene (WASH) services as response efforts face operational constraints due to ongoing violence in the area. The Famine Early Warning Systems Network (FEWS NET) also cites the impact of escalating conflict on agricultural production and livestock loss in Amhara and Oromia as a factor in the projected continuation of Crisis—IPC 3—and Emergency—IPC 4—levels of acute food insecurity through at least

² The Health Cluster is the coordinating body for humanitarian health activities, comprising UN agencies, nongovernmental organizations (NGOs), and other stakeholders.

early 2024.³

Climatic Shocks Increase Humanitarian Needs and Displacement

Above-average October-to-December *deyr* rains and subsequent floods and landslides—exacerbated by El Niño conditions and a positive Indian Ocean Dipole, both associated with above-average rainfall in the Horn of Africa—have resulted in at least 60 deaths, displaced more than 616,000 people, and negatively affected approximately 1.5 million people in Afar, Amhara, Gambela, Oromia, Somali, South Ethiopia, South West Ethiopia regions as of December 6, according to the UN. Floods have also damaged approximately 533,000 acres of crops and killed more than 21,500 livestock, increasing the need for food and nutrition assistance. Populations in Somali are particularly impacted, with more than 73 percent of those negatively affected by flooding—approximately 1.1 million individuals—located in the region, the UN reports.

Flood response efforts have faced access challenges due to high water levels due to the rains and ongoing insecurity. Despite these challenges, the UN reports that relief actors had provided life-saving assistance to more than 150,000 flood-affected individuals as of December 18. To assist the ongoing humanitarian response, USAID/BHA partner the UN Office for the Coordination of Humanitarian Affairs (OCHA) mapped all available resources in flood-affected regions, and OCHA is coordinating with partners to mobilize additional resources. Additionally, UN agencies, including USAID/BHA partner IOM, have prepared 5,000 emergency relief kits—including soap and water containers—for households in Somali.

Despite heavy rains in parts of southern and southeastern Ethiopia, the UN reports that some populations in northern, southern, and southeastern Ethiopia continue to face worsening drought conditions, amplifying the need for agricultural and food support. In Afar—where more than 883,000 people require urgent food assistance—the failure of July-to-September *kiremt* rains and the following below-average *meher* harvest exacerbated food insecurity; drought and depleted grazing lands had limited available pasture for more than 3.5 million livestock as of December, according to the UN. The Nutrition Cluster reports that the worsening food security situation in Tigray could increase malnutrition levels among already vulnerable populations. Furthermore approximately 1 million people in Amhara lack access to safe drinking water, as at least 1,500 water points have dried as of December 22, according to the UN.

Disease Spreads as Insecurity Continues to Impede Response Efforts

As drought, floods, and insecurity exacerbate humanitarian needs, the Health Cluster reports that Ethiopia is facing outbreaks of cholera, dengue fever, malaria, and measles. A cholera outbreak began in August 2022, and health actors have reported approximately 30,000 suspected cases and 449 cholera-related deaths as of December 29, with Oromia and Somali identified as the most affected regions of the country in December, according to the Health Cluster. Despite increasing cases, the number of *woredas* with active cholera outbreaks decreased from nearly 100 to less than 70 between November 29 and December 26, indicating that the outbreak is controlled in an estimated 230 *woredas* out of the approximately 300 *woredas* that reported cholera cases since the start of the outbreak. However, the Health Cluster reported an increase in the spread of malaria and measles during the same

³ The Integrated Food Security Phase Classification (IPC) is a multi-partner initiative that developed a standardized scale to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries and time, ranges from Minimal—IPC 1—to Famine—IPC 5—for acute food insecurity. IPC Phase 5 is referred to as “Catastrophe” when classifying a household and “Famine” when classifying an area. Famine conditions occur when at least 20 percent of the population in a given area face an extreme lack of food; the Global Acute Malnutrition prevalence, measured by weight-for-height z-score, exceeds 30 percent; and the mortality rate exceeds two people per 10,000 individuals per day.

period. Health actors recorded active malaria cases in more than 1,050 *woredas*, an increase from nearly 980 *woredas* between late November and late December. Health actors also recorded more than 65 *woredas* with active measles cases, a rise from the nearly 60 *woredas* over the same period. Laboratory-confirmed cases of measles rose by an estimated 155 percent in 2023 compared to 2022, largely due to an increasing number of children who had never received measles vaccinations.

Ongoing insecurity in Amhara, Benishangul Gumuz, Oromia, and Tigray regions continues to impede the delivery of basic health services, resulting in increased risks of undetected disease outbreaks, according to the Health Cluster. Moreover, as El Niño conditions are expected to continue until mid-2024, the subsequent floods are likely to further aggravate severe malnutrition resulting in increasing mortality and morbidity. Despite these challenges, humanitarian actors, including USAID/BHA partner the UN World Health Organization (WHO), had vaccinated more than 6.2 million people against cholera in 54 *woredas* in Amhara, Oromia, Sidama, and Somali regions, as well as in Central Ethiopia Regional and South Ethiopia Regional states as of December 18, the UN reports.

KEY FIGURES



612,000

Refugees reached by food distributions after the resumption of USAID-funded food assistance



19

USAID/BHA partners providing health services to populations in Ethiopia



1.5 Million

People assisted through malnutrition treatment by USAID/BHA partner WFP in October

U.S. GOVERNMENT RESPONSE

FOOD SECURITY

To address acute food insecurity in Ethiopia, USAID/BHA supports WFP and two international NGOs to provide emergency food assistance—including U.S.-sourced peas, vegetable oil, and wheat to populations in greatest need. USAID/BHA partners also provide cash transfers to food-insecure households, enabling them to purchase food from local markets where available.

HEALTH

USAID/BHA supports 15 NGOs and four UN agencies providing critical health care services in Ethiopia by providing life-saving medical supplies and medicines, supporting mobile health units, and training community health care workers to address urgent health needs, often integrated with nutrition and WASH programming. USAID/BHA partners also support integrated mobile health and nutrition teams (MHNTs), which provide critically needed health and nutrition services to remote and hard-to-reach areas. MHNTs serve an essential function in areas where most health facilities have been damaged and ongoing insecurity continues to impede crisis-affected populations' access to health services.

NUTRITION

USAID/BHA partners are leading efforts to prevent and treat wasting—the deadliest form of malnutrition—across Ethiopia. Working with 15 NGOs and four UN agencies, USAID/BHA supports community-centered and evidence-based programs aimed at decreasing malnutrition-related illnesses and mortality by strengthening prevention efforts, as well as the identification and treatment of wasting, particularly among children and pregnant and lactating women. USAID/BHA nutrition partners in Ethiopia implement life-saving nutrition services within local health systems and

integrate nutrition assistance with food security, health, livelihood, and WASH interventions to prevent excess mortality and improve resilience among conflict- and drought-affected households. State/PRM supports two implementing partners providing nutrition programming for refugees in Gambela and Afar regions.



18

USAID/BHA partners providing protection services to populations in Ethiopia

PROTECTION

While partners integrate protection concerns into all USAID/BHA- and State/PRM-supported activities, USAID/BHA is also supporting 18 implementing partners responding to conflict-, drought-, and flood-generated protection needs across Ethiopia. Partners are expanding gender-based violence (GBV) case management support, training social workers and community-based case workers, and providing dignity kits—containing items to address the specific needs of women and girls—to GBV survivors. Implementing partners are also providing mental health and psychosocial support services to conflict-affected communities. In addition, State/PRM supports implementing partners in Ethiopia to provide protection services to IDPs and refugees.



14

USAID/BHA partners providing shelter and settlements support in Ethiopia

SHELTER AND SETTLEMENTS

USAID/BHA continues to support crisis-affected populations in Ethiopia with emergency shelter assistance through 14 implementing partners. With USAID/BHA funding, IOM provides construction, maintenance, and repair assistance for emergency shelters at IDP sites, as well as site management capacity building and emergency shelter kits. Partners are also distributing relief commodity kits—which include bed mats, blankets, and wash basins—to recently displaced individuals. In addition, State/PRM supports the Office of the UN High Commissioner for Refugees (UNHCR) to provide shelter assistance to refugees and IDPs.



96,000

People provided access to safe drinking water by USAID/BHA partner UNICEF in October

WASH

USAID/BHA and State/PRM support WASH programming across Ethiopia to prevent and respond to communicable disease outbreaks and to avert acute malnutrition in children and mothers. USAID/BHA supports IOM, the UN Children's Fund (UNICEF), and 26 NGO partners providing critical WASH assistance in Ethiopia, including conducting hygiene awareness-raising sessions, providing safe drinking water to people in need, and rehabilitating water systems destroyed by conflict. USAID/BHA partners are also training local health workers to prevent and treat suspected cholera cases in their communities.

CONTEXT IN BRIEF

- Populations across Ethiopia struggle with the confluence of recurring climatic shocks, persistent conflict, widespread food insecurity, and reduced access to livelihoods. These ongoing challenges contribute to sustained humanitarian needs.
- USAID/BHA continues to respond to acute needs resulting from persistent dry weather in parts of Ethiopia, with five consecutive seasons of poor rainfall between 2020 and 2022 leading to severe drought. Critical water shortages in drought-affected areas have significantly undermined food security, livelihoods, and livestock conditions. Moreover, El Niño-induced heavy rainfall and associated flooding in late 2023 have destroyed critical infrastructure, displaced households, heightened the risk of waterborne disease transmission, and led to the loss of livelihoods.
- Intercommunal conflicts in Ethiopia have exacerbated humanitarian needs, generated displacement, and impeded humanitarian access since 2018. Current conflict in northern parts of Ethiopia stems from fighting between the Tigray People's Liberation Front (TPLF) and the ENDF in several locations across Tigray from 2020 to 2022 that later expanded to neighboring Afar and Amhara. On November 2, 2022, GoE and TPLF officials signed the Cessation of Hostilities Agreement (CoHA)—as well as a follow-up agreement on November 12, 2022—outlining steps for establishing unfettered humanitarian access to Tigray by air and road. Security conditions in northern Ethiopia have improved following CoHA and follow-up agreement, allowing for the resumption of robust humanitarian assistance operations across Afar, Amhara, and Tigray. However, armed group activity continues to restrict access in some areas, such as in Amhara, where clashes between the ENDF and Fano militia have been ongoing since August, and Oromia, where the OLA continues to clash with the ENDF and Fano militia.
- Sustained life-saving assistance and interventions aimed at building resilience are critical to help conflict-affected households meet their basic needs and rebuild assets.
- On October 20, 2023, U.S. Ambassador Ervin J. Massinga renewed the declaration of humanitarian need (DHN) for Ethiopia for FY 2024 to assist vulnerable populations adversely affected by armed conflict and climatic shocks, including ongoing drought and flooding.

USG HUMANITARIAN FUNDING FOR THE ETHIOPIA RESPONSE IN FY 2024¹

IMPLEMENTING PARTNER	ACTIVITY	LOCATION	AMOUNT
USAID/BHA			
iMMAP	Humanitarian Coordination, Information Management, and Assessments (HCIMA), Humanitarian Policy, Studies, Analysis, or Applications	Amhara, Oromia, Sidama, Tigray	\$1,500,000
OCHA	HCIMA	Countrywide	\$3,000,000
UN Development Program (UNDP)	HCIMA	Addis Ababa, Amhara, Tigray	\$999,914
Vétérinaires Sans Frontières/Germany (VSF/G)	Agriculture, Multipurpose Cash Assistance, WASH	Afar	\$3,000,000
	Program Support		\$180,441
TOTAL USG FUNDING FOR THE ETHIOPIA RESPONSE IN FY 2024			\$8,680,355

¹ Year of funding indicates the date of commitment or obligation, not appropriation, of funds. Funding figures reflect publicly announced funding as of January 8, 2024.

PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at [interaction.org](https://www.interaction.org).
- USAID encourages cash donations because they allow aid professionals to procure the exact items needed, often in the affected region; reduce the burden on scarce resources, such as transportation routes, staff time, and warehouse space; can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietarily, and environmentally appropriate assistance.
- More information can be found at:
 - USAID Center for International Disaster Information: [cidi.org](https://www.cidi.org)
 - Information on relief activities of the humanitarian community can be found at [reliefweb.int](https://www.reliefweb.int).

USAID/BHA bulletins appear on the USAID website at [usaaid.gov/humanitarian-assistance/where-we-work](https://www.usaid.gov/humanitarian-assistance/where-we-work)