AMHARA REGION DISASTER RISK MANAGEMENT COMMISSION

(DRMC)

2026 EMERGENCY PREPAREDNESS AND RESPONSE PLAN (EPRP)

March 2026

Bahir Dar

Executive summary

Emergency Preparedness and Response Plan (EPRP) has been being prepared and updated in every year with the leadership of the regional Disaster Risk Management Commission /DRMC/ and financial support of UNICEF since 2008 in Amhara Region. The plan is multi hazard and multi-sectoral prepared with the involvement of sectoral Bureaus, UN Agencies and NGOs operating in humanitarian response activities in the region. The plan is apparent to execute comprehensive preparedness and response measures and reduce the impacts of hazard induced disaster in the region. The region is prone to various hazards that have led to mortalities, morbidity, displacements and losses of properties among others. Drought, conflict, flood, human epidemics, livestock disease, crop pests and diseases are the major hazards that recurrently happening and causing significant socio-economic damage mainly inducing food insecurity and malnutrition in region. The overall objective of the 2026 EPRP is to strengthen standing capacities and identify gaps to ensure an effective and timely emergency response to the most pressing hazards. This will involve putting in place a comprehensive set of preparedness measures. A workshop brought together key stakeholders, including representatives from regional sector bureaus (Agriculture, Livestock, Education, Water, Health, Road & Tansport, Women, Children,Youth and Social Affairs, the Amhara Public Health Institute, Metrology, and partners like UNICEF, FAO, WFP, WHO, UNFPA, GOAL Ethiopia, CARE, FHI 360, PIE, CWW, MTI, SCI, FH Ethiopia, CRS and ORDA. These participants identified and prioritized tewenty potential hazards that could affect different woredas (districts) in the region.

For the 2026 EPR planning, the hazards requiring extraordinary support in the upcoming months were specifically identified and addressed. Twenty three potential hazards that will affect communities and livelihoods in different woredas in the region were identified by the workshop participants. Among the identified hazards only possible hazards that require extraordinary support for the next months are identified and exercised for the 2026 EPR planning. Based on the frequency, magnitude, and previous occurrences of these hazards, the top 18 hazards for 2026 were identified that include; conflict, drought, flooding, human epidemics (such as cholera, malaria, measles, scabies, rabies, and anthrax), crop pests and diseases, livestock diseases, and car accidents. Thus, this regional Emergency Preparedness and Response Plan (REPRP) covers the period from March 2026 to December 31, 2026.

The total estimated budget required for responding these emergencies will be **97,699,275,917 ETB as indicated in the table below.** Of which, **58,010,317,252** ETB is available or allocated by the government and partners working in the region and. Hence, a total of **39,688,958,665 ETB or 254,416,404 USD** remains a gap which will be filled through mobilization from the government and humanitarian partners.

Summary of Sectoral Requirements

S. No	Sector	Estimated Budget (ETB)			
		Required	**Available**	**Gap**	**Gap in USD**
1	Food	67,076,932,932	46,953,853,052	20,123,079,880	128,994,102
2	ES/NFIs	1,068,536,090		1,068,536,090	6,849,590
3	Agriculture	4,213,418,000	-	4,213,418,000	27,009,090
4	Health	684,821,270		684,821,270	4,389,880
5	Nutrition	1,561,986,304	289,856,575	1,272,129,729	8,154,678
6	WASH	3,950,768,981	2,312,240,000	1,638,528,981	10,503,391
7	Education	16,264,685,375	8,189,167,625	8,075,517,750	51,766,139
8	Protection	2,878,126,965	265,200,000	2,612,926,965	16,749,532
	Total	**97,699,275,917**	**58,010,317,252**	**39,688,958,665**	**254,416,402**

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Acronyms

AWD	Acute Watery Diarrheal
ANRS	Amhara National Regional State
ARRFO	Amhara Region Rehabilitation & Reconstruction Fund Office
BSFP	Blanket Supplementary Feeding Programme
BoWYSA	Bureau of Women, Youth & Social Affairs
CP	Child Protection
CBPP	Contagious Bovine Pleuropneumonia
CCPP	Contagious Caprine Pleuro Pneumonia
CGI	Corrugated Galvanized Iron
CFR	Crude fatal rate
CMR	Crude Mortality Rate
DRMC	Disaster Risk Management Commission
DRM-TWG	Disaster Risk Management Technical Working Group
EiE	Education in Emergency
EWTK	Emergency Water Treatment Kit
ENCU	Emergency Nutrition Coordination Unit
ECC	Emergency Coordination center
EOC	Emergency Operations Center
ESNFI	Emergency shelter & Non-food Items
EPRP	Emergency Preparedness and Response Plan
ENDF	Ethiopia National Defense Force
FEWS NET	Famine Early Warning Systems Network
FMD	Foot-and-Mouth Disease
GBV	Gender Based Violence
GAM	Global Acute Malnutrition
IMS	Incident Management System
JEOP	Joint Emergency Operation Project
HDW	Hand Dug Well
HH	Household
ICP	Incident Command Post
IRS	Indoor Residual Spray
ICU	Intensive Care Unit
IDPs	Internally Displaced Peoples
IYCF	Infant and Young Children Feeding
LLINs	Long-Lasting Insecticidal Nets
MCV	Measles Containing Vaccine
MHPSS	Mental Health and Psychosocial Support
MDA	Mass Drug Administration
MAM	Moderate Acute Malnutrition
MAC	Multi-Agency Coordinating body
MUAC	Mid Upper Arm Circumference
MYAP	Monitoring and Yield Assessment Program
NMAC	National multiagency Coordinating Body
NTD	Neglegated Tropical Disease
MHNT	Mobile Health and Nutrition Teams
MIRA	Multi-Cluster Initial Rapid Assessment
NCDs	Non-Communicable Diseases
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
ORDA	Organization for rehabilitation and Development Association
OTP	Outreach Therapeutic Program
PPE	Personal Protective Equipment
PHEM	Public Health Emergency Management

PPS	Population Proportional Sampling
PHEOC	Public Health Emergency Operations Center
PLW	Pregnant and Lactating Women
PSNP	Productive Safety Net Program
PEP	Post-Exposure Prophylaxis
PHEM	Public Health Emergency Management
RENCU	Regional Emergency Nutrition Coordination Unit
RNA	Rapid Nutrition Assessment
RTAs	Road Traffic Accidents
SAM	Severe Acute Malnutrition
SGBV	Sexual and Gender-Based Violence
SMART	Standardized Methodology and Assessment during Relief and Transition
TSFP	Targeted Supplementary Feeding Programme
TFP	Therapeutic Feeding Programe
TPR	Test Positivity Rate
TPLF	Tigray Peoples Libration Front
UNICEF	United Nation Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Aid
USD	United States Dollar
UAGs	Unidentified Armed Groups
WFP	World Food Programe
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WARDO	Woreda Agriculture and Development Office
WoHo	Woreda Health office

1. BACKGROUND AND SITUATION ANALYSIS

Amhara National Regional State (ANRS) is one of the twelve regional states of the Federal Democratic Republic of Ethiopia located in the North western part of the country and has a total land area of 170,152 km2 - 15% of the total landmass of the country. The region borders Tigray in the North, Afar in the East, Oromiya in the South, Benishangul-Gumiz in the South west and Sudan to the west. The region has 22 zones (14 rural and 8 urban administrative zones) with 254 woredas (152 rural and 102 urban). Of the 152 rural woredas, eighty-seven woredas are drought prone and chronically food in-secured (PSNP) woredas. The population of Amhara region was estimated to be 30,867,826 as per the UN Habitat 2014 E.C data. The region's topographic is dominated by highlands traversed with several high mountains and deep valleys. 28% of the land area is located in the Dega (highland, >2,300 mts a.s.l.), 44% is located in the Woina Dega (mid land, 1,500-2,300 mts a.s.l.) and the remaining 28% is located in the Kola (low land, <1,500 mts a.s.l.).

Conflict, drought, and floods are major regional hazards, causing significant socio-economic damage, particularly through food insecurity and malnutrition. The continued ongoing conflict's impact and the northern conflict and the ongoing conflict, conflicts in neighboring and other regions and Sudan as well as repeated intercommunal conflicts in some parts of the area coupled with less recovery and resilience interventions significantly affecting the region's socio-economic and humanitarian situations. According to the 2025 meher assessment report conducted by the RDRMC in December 2025, though the overall production is good, the effects of insufficient rainfall, combined with hazards such as floods, landslides, and hailstorms, affected 1,446,428 people across nine zones in 59 woredas, who now require emergency food assistance in addition to the 1,884,378 beneficiaries already covered by the PSNP.

The impact of the Northern conflict resulted multi-faceted mental, psychological and social trauma to the communities in general and to government staffs in particular. Furthermore, the movement restrictions have impacted the labor income of poor and very poor households and hindered the timely harvesting of crops in surplus-producing areas. The access challenge is due to their limited chance for labor income and livelihood means, and the unavailability of sufficient food commodities at their local market, though produced well elsewhere in the region. Inflation also exacerbated access challenges. In addition, most of these areas are impacted by the northern conflict and have experienced huge socio-infrastructure damage

In response to these challenges, the regional Disaster Risk Management Commission (RDRMC), with funding from UNICEF and in collaboration with sectoral bureaus, UN agencies, and NGOs involved in humanitarian efforts in the region, has developed the 2026 Emergency Preparedness and Response Plan (EPRP). This plan aims to pool resources to address the immediate needs of affected populations, helping to save lives and protect livelihoods. The plan is multi-hazard and multi-sectoral, designed to enhance preparedness and response efforts, thereby reducing the impact of various disasters on vulnerable communities and households.

2. OBJECTIVES OF R-EPRP

The overall objective of the R-EPRP is to establish standing capacities and identify gaps for effective and timely emergency response to the top hazards by putting in place a broad set of preparedness measures.

Specific objectives

- To provide a guidance note for a rapid emergency response in the region
- To map the available capacity at the regional level and gaps to respond to the top hazards
- To provide a ready-made tool for fund mobilization for humanitarian assistance
- To set areas of concern/priorities for the attention
- To provide a base for the development of the contingency plans, as the hazards become more eminent.

3. METHODOLOGY OF REGIONAL EPR PLANNING

The regional DRMC invited sector bureaus, NGOs, and UN agencies operating in the region to participate and provide input for the development of the 2026 EPRP. As a result, the plan was created with the active involvement of 46 participants from government bureaus, NGOs, and UN agencies. During the planning workshop, the Regional Emergency Nutrition Coordination Unit (RENCU) presented the current humanitarian situation. Additionally, the workshop covered key concepts and steps of EPR planning, coordination, leadership, and familiarization with the EPRP template.

A list of 23 potential hazards that could affect people and the environment was compiled by the workshop participants. These hazards were then prioritized using a risk analysis method. The risk analysis process helps identify hazards that may trigger a crisis and ranks them based on their likelihood and potential impacts. The steps used in the risk analysis/identification process included:

- list all the anticipated hazards
- evaluate the impact /consequence and likelihood
- quantify each risk based on its impact and likelihood
- assign each risk in risk graph
- categorize the level
- select possible hazards for 2026 planning purpose

4. AMHARA REGION 2026 EMERGENCY PROFILE

List of hazards that will affect communities in different woredas have been identified using the hazard by the workshop participants. Also, a total of twenty potential hazards were identified by the planning team as listed below in Table 1.

Table 1: List of hazards and likelihood in 2026

No.	Situations potentially requiring extraordinary action	Likelihood in 2025 (5-4-3-2-1)	Geographical Location	Potential Humanitarian Consequences
1	Conflict	5	All zones and in almost all woredas and town administrations in the region	Loss of life/human death, loss of household assets, loss of livelihoods and infrastructures, shortage of food, water shortage, shortage medicine, displacement, congested peoples' concentration in temporary shelters and with the host community
2	Drought	4	Waghimera, North Gondar, Central Gondar, South Gondar, North Wollo, South Wollo, Oromo, North Shewa and East Gojam zones and woredas	Food gap/shortage at HH level, malnutrition, loss of life, livestock migration and death, depletion, disease outbreak, school drop out
3	Flood	3	South Gondar, C/Gondar, East Gojam zone, S/Wollo. N/Wollo, Oromo special zone, N/Shewa zones. Totally 32 woredas and towns were flood risk areas in the region	Displacement, death of people and livestock, asset depletion, destruction of farm and pastor land, outbreak of water borne/related diseases, Malnutrition, Acute respiratory tract infection, Shortage of potable water supply, Damage of infrastructure
4	Cholera	5	All zones and woredas (in 58 woredas 108,000 persons are identified as a risk for choler)	• Increase mortality and morbidity rate (especially in children and women), • High load of cases at health service facilities • People may occupy schools for temporary shelter • Poor level of school attendance and dropout
5	Landslide	3	S/Wollo N/Wollo, N/Shewa, E/ Gojam zone in different woredas	Displacement, Resource/asset depletion, Death both human and livestock
6	Earth quick	1	In South Wollo, North Wollo and North Shewa zones	Loss of life, damage of infrastructure and livelihood
7	Crop pest	4	In all zones specially; N/Wollo, S/Wollo, N/Gondar, C/Gondar, N/Shewa, Oromo, Waghimera & East Gojam	Crop loss, reduced production, food insecurity, asset loss at household level, increased negative coping mechanism and hunger.
8	Crop disease	4	In all zones specially; North Wollo, S/Wollo, North Gondar, C/Gondar, N/Shewa, Oromo, Waghimera & East Gojam zone	Crop loss, reduced production, food insecurity, asset loss at household level, increased negative coping mechanism and hunger.
9	Malaria	5	All zones especially lowland woredas and towns	Increased mortality and morbidity, Effects on the nutritional status of vulnerable people, dysfunction the work force
10	Livestock disease	5	In all zones and woredas	Livestock loss, decrease livestock products and productivity, aggravate food insecurity, great asset loss at household level, decrease in herd size.
11	Hailstorm	2	S/Gondar, Awi, W/Gojam, E/Gojam, C/Gondar,	Crop loss, reduced production, food insecurity, livestock death, shortage of feed

No.	Situations potentially requiring extraordinary action	Likelihood in 2025 (5-4-3-2-1)	Geographical Location	Potential Humanitarian Consequences
			N/Wollo, S/Wollo, N/Shewa zone different woredas	
12	Frost	2	N/Wollo, S/Wollo, N/Shewa zone highland woredas	Crop loss, reduced production, food insecurity, loss of asset at HH level, increased negative coping mechanism and hunger
13	Scabies	3	Almost, all zones in the region however, drought affected woredas and woredas with high number of IDPs are more affected	High morbidity & complication /Organ failure, school dropout, discrimination & stigmatization, decrease productivity/income, burden on health service
14	Measles	3	All zones and towns and woredas 24,723,180 people will be at risk.	Increase childhood morbidity and mortality, malnutrition, disability/blindness, school dropout-rate
15	Rabies	3	All Zones in the region (30 Woredas)	Increase morbidity & mortality, increase burden the health facilities, social crisis (death of family heads, conflict with dog owner
16	Anthrax	3	All Zones in the region	Increasing morbidity and mortality
17	Car accident	3	All over the region	Death of human life, damage of asset/ properties, livestock death
18	Fire	2	N/Gondar, W/Gondar zones	Loss of natural resources, death of life, loss of property, asset/ properties, livestock death
19	Wind storm	2	S/Gondar, West Gondar and North Gojam areas	Loss of infrastructures, loss of property, livestock death
20	Self poising /Suicide	3	In all zones in the region	Death/high rates of mortality, morbidity, and long-term psychological consequences for individuals
21	Excess rain		In the Western Amhara areas and some parts of eastern Amhara areas	have devastating, multifaceted impacts on both agriculture and human life. It leads to severe disruptions, including crop failures, food insecurity, economic losses, and risks to human safety
22	Environmental pollution		In all zones in the region, especially town surroundings	widespread damage to human health, resulting in millions of premature deaths annually from respiratory diseases, heart disease, stroke, and cancers
23	Market Inflation	5	All Zones in the region	Reducing the purchasing power of money, asset depletion, higher cost of living, squeezing household budgets and often forcing people to change their lifestyles, reduce consumption, and dip into savings

(Rating scale: 5: existing or certain, 4: likely, 3: 50/50 chance, 2: possible but not likely, 1: very unlikely)

5. TOP HAZARDS IN THE REGION

Taking into consideration the area coverage, magnitude, and frequency of occurrence of hazards in previous years, as well as the anticipated likelihood of their occurrence in the coming months, the potential hazards requiring extraordinary support for the upcoming period have been identified for the 2026 Emergency Preparedness and Response Plan (EPRP). The selected hazards for the 2026 EPRP planning in the Amhara region include: conflict, drought, flood, landslides, crop pests and diseases, livestock diseases, human epidemics (such as cholera, malaria, measles, scabies, rabies, and anthrax), frost, hailstorms, environmental pollution, car accident and suicide, and hailstorm.

Multi-sectoral emergency response activities and an estimated resource plan have been developed for these 18 top hazards across all sectors.

Table 2: List of hazards identified by using quantitative risk analysis method

S.No	Type of Hazard	Risk Score	Risk Classification	Hazard selection for EPRP
1	Conflict	25	High	Selected
2	Cholera	25	High	Selected
3	Market Inflation	25	High	Selected
4	Drought	20	High	Selected
5	Crop Pest	16	High	Selected
6	Malaria	16	High	Selected
7	Flood	12	Medium	Selected
8	Car Accident	12	Medium	Selected
9	Environmental Pollution	12	Medium	Selected
10	Measles	12	Medium	Selected
11	Rabbis	12	Medium	Selected
12	Crop Disease	12	Medium	Selected
13	Livestock Disease	9	Medium	Selected
14	Scabies	9	Medium	Selected
15	Anthrax	9	Medium	Selected
16	Self-poising /Suicide	9	Medium	Selected
17	Landslide	8	Medium	Selected
18	Hail storm	8	Medium	Selected

In line with the likelihood and impacts of various hazards, the top eighteen (18) hazards for the 2026 Emergency Preparedness and Response (EPR) Planning were selected. Through the full participation of workshop participants, these hazards were ranked based on their risk categories: nine were identified as high-risk and six as medium-risk. Key sectoral preparedness and response activities, along with the required resources, have been estimated for the selected hazards as part of the 2026 EPR planning process.

This document represents the Amhara National Regional State Disaster Risk Management Commission's, as well as the regional government, Emergency Preparedness and Response Plan for 2026. The plan outlines the efforts and gaps of the Amhara Region's sectoral bureaus in ensuring preparedness, aiming to anticipate potential threats and needs, establish a foundation for ongoing readiness, and define the sectoral and collaborative responses to these challenges.

Table 3: Top 18 hazards identified for 2026 EPRP

S.No	Situations potentially requiring extraordinary action	Likelihood in 2026 (5-4-3-2-1)	Geographical Location	Potential Humanitarian consequence and planning figure
1	Conflict	5	All zones and in almost all woredas and town administrations in the region	1,000,000 peoples will be affected
2	Drought	4	Waghimera, N/Gondar, Central Gondar, South Gondar, North Wollo, South Wollo, Oromo, N/Shewa and E/Gojam zones and woredas	1,446,428 peoples will be affected and need emergency food support
3	Flooding	3	Fogera, Libokemkem, Dera, E/Dembia, W/Dembia, North Achefer, B/Dar Zuria, B/Dar town, Raya Kobo, Kobo town, Haberu, Mersa town, Woledeya town, Gubalafto, Ambasel, Tehulederie, Haik town, Kalu, Dessie town, Desse Zuria, Kombolcha town,Jille, Artuma, D/Chefa, Kemise town,Antsokia Gemza, Ataye Town, Mekoy town, Efratagidem, kewot, Shewarobit/. Totally 32 woredas and towns were flood risk areas in the region	350,000 people affected (20,000 will be displaced)
4	Landslide	3	S/Wollo /Desse Town, Ambasel, N/Wollo /Mersa, Woledeya, N/Shewa /Ensaro, East Gojam /Hulet Ejuenessie, Dejen, Awabel, W/Gojam /Quarit, Degadamot/	120,000 people will be affected
5	Crop pest	4	All zones specially; North Wollo, S/Wello, North Gondar, N/Shewa, Oromo, Waghimera & part of East Gojam zone	400,000 people will be affected
6	Crop disease		All zones specially; North Wollo, S/Wello, North Gondar, N/Shewa, Oromo, Waghimera & part of East Gojam zone	4,193,470 people will be affected
7	Hail storm	3	S/Gondar, Awi, W/Gojam, E/Gojam, C/Gondar, N/Wollo, S/Wollo, N/Shewa zone different woredas	Crop yield loss,
8	Livestock disease	4	In all zones specially; Sekota, Gazgebela, Dahena, zequala, Sahela and Abergele woredas of Waghemera zone, Lasta, Bugena, Gedane, Gubalafto woredas of North wolloand Janamora, East and West Belesa woredas of North Gondar	500,000 people will be affected
9	Cholera	5	All zones and woredas (in 58 woredas 108,000 persons are identified as a risk for choler)	12,212 people will be affected
10	Malaria	5	All zones especially lowland woredas and towns	925,996 people will be affected
11	Scabies	4	Almost, all zones drought affected woredas and woredas with high number of IDPs are more affected	32,430 people will be affected
12	Measles	4	All zones and 24,723,180 people will be at risk.	6,757 people affected
13	Rabies	4	All Zones in the region (30 Woredas)	9,672 people will be affected
14	Anthrax	3	All Zones in the region	1,300 peoples will be affected
15	Suicide	3	All Zones in the region	4,000 peoples will be died
16	Car Accident	3	All Zones in the region	10.977 peoples will be affected
17	Environmental pollution	4	All Zones in the region	120,000 peoples will be affected
18	Market Inflation	5	All Zones in the region	Many peoples will be affected in all the zones

6. MULTI SECTORAL PREPAREDNESS AND RESPONSE PLAN FOR TOP HAZARDS

Planning Assumptions

For the 2026 EPR Planning process 8 (eight) clusters were identified and the requirement plan has been prepared in each cluster. The planning figures used for each cluster for the 2026 EPRP are listed below. The detailed information is indicated in the requirement sections for each cluster.

1. Food cluster

- A total of **2,213,196** people will be targeted from the overall affected 9,141,498 population due to conflict, drought, flood, landslide, hailstorm, and pest & disease hazards in 2025.

2. Emergency shelter & Non-food Items (ESNFI) cluster

- A total of 1,470,000 peoples will be affected with flood, landslide & conflict and 12% of population (70,864) people will be targeted for ESNFI support

3. Agriculture & livestock cluster

- 3,967,205 peoples will be targeted for agriculture and livestock response
- Recovery seed provision
- Livestock feed and veterinary services

4. WASH cluster

- For WASH cluster a total of **2,283,196** people will require WASH and related support

5. Health cluster

- Cholera, Measles, Malaria, Scabies, Rabies and Anthrax were the major anticipated diseases and a total of 1,173,693 peoples will be targeted for health response

6. Nutrition cluster

- A total of 408,629 (242,146 U 5 SAM & MAM children & 166,483 MAM PLW)

7. Education cluster

- 2.8 million school-age children requiring Education in Emergencies support
- Reconstruct 218 severely damaged schools
- 500,000 students need school feeding service in the region.

8. Protection cluster

- From the total peoples to be affected with drought, flood, landslide and conflict,
- 20% (1,544,323) vulnerable groups including children, women, elderly people, and people with disability will need protection support

6.1. Emergency food requirement

Objective:

- To establish standing capacities and identify gaps for effective and timely emergency response to the top hazards by putting in place a broad set of preparedness measures.

Planning Assumptions

- By 2026 a total of **3,401,196 people** will be affected by major hazards in the Amhara region.
- From the affected population, **2,213,196 people** will need emergency food assistance.
- The response is to be covered by 70% by the region and 30% by the EDRMC.
- Humanitarian agencies will respond if the region and EDRMC's capacities cannot meet so.

Conflict

- Due to up-to-date conflict within the region and in neighboring regions, the Amhara region currently hosted 484,768 IDPs that need 12 months of emergency food assistance for 2026.
- By 2026, it is anticipated that conflict will affect an estimated **1,000,000 new people** across the region. Out of 1,000,000 people: -
- Approximately **25% (250,000 people)** are expected to be newly displaced, both within the region and arriving from neighboring regions. These internally displaced people (IDPs) will require urgent lifesaving food assistance in addition to other critical services.
- The remaining **75% (750,000 people)** may become trapped in conflict zones, most of which, located in zones bordered by the Tigray region. **Close monitoring is necessary** to ensure timely response in case of emergency food response and livelihood need escalation.

Drought

- According to the 2025 multiagency meher seasonal assessment findings, **1,446,428** beneficiaries need emergency food assistance for 6 - 9 months in 2026.

Flood

- Due to flooding 400,000 people will be at risk.
- From the affected population, 5% (20,000 people**)** will be displaced and may need 3 months of emergency food assistance.

Landslide

- Due to landslides **120,000 people** will be affected,
- From the affected population **10%** (**12,000 people)** will be displaced and may need 3 months of emergency food assistance.

Emergency food target beneficiaries

- A total of **2,213,196 people** will be targeted from the overall affected **3,401,196** population due to conflict, drought, flood, and landslide hazards in 2026.
- Last year, **5,442, 698** people were targeted in the EPRP for emergency food supply due to drought, conflict, flood, landslide, and pest and disease hazards. The cumulative impact of the continued conflict and the impact of drought and other hazards in several woredas in 9 zones

in the region contributed to the increased anticipated needy population. The 2025 Meher seasonal assessment findings at regional level indicate an improvement in crop production compared to the previous year or reference year and this contributed to less anticipated affected population in 2026 due to natural hazards compared with last year.

Conflict

Description of hazard

General context: - Taking into consideration the ongoing and anticipated contexts, the following are most likely to happen: -

- Current escalated tension between TPLF and Ethiopian Government may develop into conflict,
- There may be enhanced conflicts between gov't and NSAGs to affect elections within the region,
- Ethnic based inter-communal conflicts inside and outside the region may increase following fragility,
- Conflict impacts from Sudan crisis and current refugees hosting may continue to burden the region.

Overall, the Amhara region is currently grappling with severe political instability since the onset of northern conflict in November 2020 that continued with ongoing conflicts within the region and from influx of IDPs from neighboring regions, including refugees due to conflict impact in Sudan. This situation has been compounded with Ethnic based conflicts within and outside the region that led to several hundred thousand people suffering from the effects of displacement, food insecurity, and lack of essential services over the past six consecutive years. In 2025, approximately 2.7 million people were identified as emergency food assistance needy population, with significant numbers of children, pregnant and breast-feeding women requiring supplemental food and medical treatment.

By 2026, conflict remains the most severe and destabilizing hazards facing the Amhara region. Any further escalated security context within the region and or renewed hostilities between government and Tigray forces could once again may turn the region into an active conflict zone, significantly escalating humanitarian needs and placing additional pressure on already fragile populations that may affect at least 1,000,000 new population causing displacement to at least 25% (250,000) population with children, women, elderlies, people with disabilities and other similar vulnerable being the greater proportion. The remaining 75% (750,000 people) communities. Expected to stay not displaced are also likely to experience worsening food insecurity due to immediate home level food depletion, disruption of farming activities, destruction of crop fields and irrigation systems, breakdown of microfinance, cooperative and extension services, and inaccessibility to local markets to access essential agricultural inputs, and livelihood opportunities. This is in addition to possible collateral life loss and managing causalities of themselves and armed participants around. Transportation service disruptions further isolate these areas, cutting them off from possible Scio-economic and humanitarian assistance. Most of these affected populations may live in remote rural woredas and small densely urban centers, with significant proportion of such zones being located boarded with Tigray region with high probability to push deep in to the center of the region. As a result, this situation requires enhanced monitoring and rapid response mechanisms to ensure timely support in case emergency food assistance and livelihood need escalates.

Overall, the situation in Amhara is expected to remain highly volatile in 2026, with escalating military engagements and increasing capabilities of armed actors, with high likely of resumption of the northern conflict, where the continued conflict is likely to exacerbate existing vulnerabilities and create new affected populations. Immediate and sustained humanitarian interventions are critical to address the escalating food insecurity, provide essential humanitarian services, and support the region's recovery and stabilization efforts.

Influx of IDPs from neighboring region: - unless situation improves, instead if continue or even escalate, then there will be new influx of displaced persons (IDPs) from Oromia, Benishangul, Tigray and other regions, fleeing violence and conflict, which will continue to place an additional strain on food resources and humanitarian support systems in the region. Out of the total 484,768 IDPs currently hosted in the region, 350,006 IDPs **(62%)** are those displaced from other regions (Oromia = 221,651 IDPs (63%), Benishangul Gumiz = 72,799 IDPs (21%), Tigray = 46,455 IDPs (13%), Afar = 2,824 IDPs (1%) and from South Ethiopia = 6,277 IDPs (2%). In 2026, the EPRP estimated another new **250,000 IDPs** larger proportion of which will be from these regions, if the anticipated context happens.

Disruption of basic socioeconomic services: - As a result of the ongoing conflict, millions of people in the region are deprived of access to basic services, including education, healthcare, and agricultural extension services. The disruption of these essential services has further exacerbated the food insecurity situation and undermined the resilience of vulnerable populations in addition to the numerous casualties that impacted millions of individuals. Particularly, the education sector has been particularly hard hit, with over 3.1 million children now out of school in 2026 with the remaining students being uncertain to continue safe education environment. Basic economic services such as rural microfinance, farmers cooperatives, farmers training centers, agricultural extension services, veterinary services, irrigation structures, and similar other services are halted functioning in many rural woredas in the region. Rehabilitation of damaged infrastructures or new expansion of such critical rural economic infrastructures are very limited since the northern conflict that will impact continues food insecurity in the region.

Commodity and labor flow challenge: Conflict has also severely hindered the free movement of goods and labor both within the region and across borders, significantly affecting the outgoing flow and incoming flow of essential commodities and labor force in the region. These are driven mainly due to the limited transport access due to fear of diversion for repurposing of trucks and vehicles by armed actors, presence of excessive checkpoints and illegal taxations on routes imposing unplanned delay and high cost, fuel shortage, direct security risks including robbery and hostage, occasional movement restrictions during active conflicts, etc. All these directly affect the livelihood and food security contexts of the vulnerable populations through affecting access, availability, utilization and stability pillars.

Depletion of available food stock: - many individuals from lower- and middle-income households which used to sustain through labor opportunities migrating into better stable areas, now are trapped in their home and together with families continue to consume staying at home, rather than seeking new income sources, which will continue to deplete their existing food stocks without additional income as used to be during normal years. The armed forces around also deplete these households' readily available food stock including their livestock assets. The most vulnerable populations are those located in conflict-affected, drought-prone and remote areas from main asphalt road.

Impact of better off family's migration: - Overall in the region better families are migrating from rural areas and towns to better cities and to Bahir Dar city in the region and those form better cities and Bahir Dar to Addis Ababa. This trend continues as conflict continues and escalates leaving the vulnerable population behind without job opportunities and labor wage income from investments and business of such better-off families, which directly affects the food security of vulnerable depending on them.

Migration Caseload: - the Amhara region hosted over 32,800 migrants from Sudan and Eritrea in Metema (22,000) and Dabat (10,800) woredas. If conflict situations in Sudan not improved, then these and additional migrants and Ethiopian returnees will continue to add compounded burden to the challenges faced by the region, diminishing the ability to effectively respond to the growing food insecurity and humanitarian needs.

Geographical location:

The ongoing conflict between government forces and Fano militias affects several woredas across almost all zones in the region and will continue to have a severe regionwide impact, if not improved. Besides, if new conflict between TPLF and Government resumes, bordering zones such as North Wello, Waghimra, North Gondar and Central Gondar will be primarily affected with possibility of further expansion to South Wello and South Gondar zones as per previous experience. Ethnic-based conflict in the Oromia and Benishangul Gumiz region may affect notably bordering zones with these regions through massive influx of IDPs namely into North Shewa, West Gojjam, Awi zone, East Gojjam and up to South Gondar zone. Moreover, with continues fragility, inter-communal violence within the region may continue such as in Oromo zone, North Shewa, West Gondar vs Awi zone boarders in Jawi and Qauara area, in central Gondar zone in Chilga vs Dembia bordering areas, as well as in Waghimra zone with Tigray boarder woredas. Intercommunal conflict within contested areas may also increase, the cumulative of all will impact the whole Amhara region with increased humanitarian crisis and response burden.

In 2025, the Government and JEOP are responding emergency food assistance services in the Amhara region with specific operational areas per operator. JEOP covers most of the Tigray boarder zones of the Amhara region: North Wello zone, Waghimra zone, North Gondar zones 100% and 4 woredas (Laygaint, Tachgaint, Sediemuhja and Simada) from South Gondar zone. JEOP also covers contested areas: Alamata and its surrounding contested areas and Maytsebrie and its surrounding contested areas. The government covers the remining part of the region, including IDPs hosted in its operational zones including those displaced from other regions. Totally government serves 82% of all IDPs in the region. WFP transitioned its role to JEOP since 1st January 2025 after serving in North Gondar zone starting from January 2022. However, WFP in 2026 is on standby to resume relief food assistance operation in the Amhara region if situations worsen, become beyond the capacity of the government and invited by the government to respond.

For 2026, the Ethiopian government has enhanced its efforts to self-reliance with a new EDRMC strategic policy that focuses on building internal capacities to respond to shocks and emergencies in Ethiopia with a priority effort on food response efforts. In line with this, there are efforts of assigning land and engaging in farming for emergency food production per region, making in place different public cash collections approaches for emergency response purpose, restructuring the Disaster Risk Management Commission both at national and regional levels, and encouraging all local response capacities and efforts.

Given this context, the 2026 EPRP anticipates positively that the regional government and EDRMC will fully cover the 2026 emergency food assistance needs in Amhara. However, EPRP also anticipates implementing this important national strategy in the Amhara region in 2026, though on effort, may face challenge in the Amhara region, unless the ongoing political unrest and conflict crisis context is improved. As a result, JEOP will continue its current emergency food assistance operation in its existing operation areas and WFP will continue to be on standby for any escalated emergency food assistance need in the region in 2026. Specific geographic location for WFP will depend on location of emerging response needs and government request.

Early Warning Triggers:

Based on the experience of the past years conflict resumption between TPLF and the national government, conflict in neighboring regions (Tigray, Oromia, Benishangul) and intercommunal ethnic conflicts within the region will trigger massive displacements. Besides, there will be new internal displacements directly linked to the ongoing conflict between government forces and the "Fano militias" following shift of control over a specific area due to risk of causalities in the name of affiliation to the other parties.

Additionally, if the conflict in Sudan persists or escalates, the region may experience an influx of new Ethiopian returnees and refugees seeking safety and assistance. Movement restrictions, fuel shortages driven by both international, national and regional contexts, escalated hostilities between TPLF and government, expanded ongoing conflicts, loss of life, causalities, denial of access to essential services, destruction of infrastructure, including irrigation facilities, microfinance and cooperative services, veterinary clinics, water supply systems, healthcare, and transportation services, are all early warning triggers the compounded vulnerability of these communities towards a food insecurity that may led to emergency food assistance and rehabilitation and recovery interventions. Besides, the new anticipated conflict escalation between TPLF and the Government as well as the ongoing clashes between government forces and "Fano militants" in various woredas across the region may continue to increase military operations in the region, escalating the risks of further conflict, loss of life, and increasing casualties. This surge in hostilities is likely to impact millions more people, exacerbating the humanitarian crisis in the region and increasing the need for coordinated and sustained humanitarian support to address the growing needs of both IDPs and the broader affected population.

Security and Governance Challenges:

The federal and regional governments may face significant challenges in ensuring the security and safety of citizens in the region in the coming months in 2026, if conflict resumes between TPLF and Government, the ongoing violence in the Amhara region continues and expands, ethnic-based conflicts following fragility happens and if massive displacement and influx of IDPs from other regiones continues. The ability to restore order and guarantee peace and security in the region and at national level at large will therefore require substantial changes in political, governance and security strategies.

Food Availability and Access Issues:

Despite better production as compared to last year and reference year in the region as per 2025

Maher assessment, the movement of food from producing areas to scarcity zones is severely hindered due to several key challenges such as transport and access barriers, fuel shortage, and security risks to producers to access local markets. The high market price inflation, the limited labor wage opportunities and the reduced seasonal labor migration opportunities from western Gondar zone and Humera areas investment farms will significantly impact income level of most vulnerable to access food.

Impact on Vulnerable Populations:

The food security situation is particularly dire for the displaced populations (protracted or new) with IDPs in camps and camplike settings being the most severe, and to all low- and middle-income populations in the region, especially those in conflict trapped areas, drought-prone locations, and the urban poor who rely on purchasing food. Major drivers to increase hardship for these communities are conflict driven that include the disruption in transportation systems, limitations of free flow of commodities and labor, movement restrictions, market malfunctions, and the overall reduced livelihood means to the urban poor and landless rural population.

In addition, the extensive damage of socio-economic infrastructures and services, as well as the psychological toll of the conflict, causalities, trauma, injury, etc require significant recovery and healing process that will require extensive humanitarian support and resources over a prolonged period beyond 2026.

Conclusion

The current situation in the region remains dire, with a combination of security risks, economic challenges, and socio-economic and political instability leading to a worsening humanitarian crisis. Escalating insecurity, continues displacement, shrinking labor market, prohibited commodity flow, damage of socioeconomic infrastructures will continue to threaten the lack of access to food and the livelihoods and well-being of millions of people in 2026. Increased widescale government effort on conflict resolution and enhanced lifesaving and recovery humanitarian interventions, including the provision of emergency food assistance and psychosocial support, are crucial to alleviate the suffering of affected populations and prevent further deterioration of the situation.

Assessment Requirements:

Conflict continuously affects the Amhara region's overall socio-economic and political wellbeing of the region's population particularly for the last 6 years. Its impact, however, is not comprehensively assessed and documented except for the northern conflict, which was done by the Amhara regional state government initiative of impact assessment of the northern conflict in Amhara that resulted in the establishment of Amhara Region Rehabilitation & Reconstruction Fund Office (ARRFO) the Amhara Region Rehabilitation & Reconstruction Fund Office. ARRFO is primarily responsible for leading the management of conflict-affected areas and rehabilitation efforts in the Amhara region. The region is appreciated for its ARRFO establishment initiative. However, ARRFO's current regional rehabilitation and reconstruction efforts are mainly based on conflict impact assessment based on impacts of the northern conflict in Amhara. Therefore, a similar regionwide comprehensive assessment of the impacts of ongoing conflict between Non-state armed groups (NSAGs) and the government is recommended to assess the needs of affected communities.

Drought

Description of Hazard

General context: -

The 2025 meher assessment indicates an improvement in production in the region compared to last year and the reference year. This has improved food availability at regional level and reduced the population facing emergency food insecurity. However, the situation in the Amhara region remains complex, with multiple natural and manmade factors undermining food security, particularly affecting access, utilization, and stability pillars. The 2025 meher assessment has been done by the government without participating partners and was done based on desk review accessing information from zones through available means of communication.

As per the 2025 meher assessment, though overall production is good, a total of 1,446,428 people in 59 woredas or part of them in 9 zones have experienced significant rainfall deficits, prolonged dry spells, delayed onset of rains, and/or early withdrawal of rains. Unfortunately, many of these vulnerable areas overlap with the areas in 2024 impacted by drought. This (compounded with conflict impact) has left communities in these drought-prone areas facing severe food insecurity leading to availability, access, utilization, and stability challenges. The access challenge is due to their limited chance for labor income and livelihood means, and the unavailability of sufficient food commodities at their local market, though produced well elsewhere in the region. Inflation also exacerbated access challenges. In addition, most of these areas are impacted by the northern conflict and have experienced huge socio-infrastructure damage including irrigation schemes, cooperative institutions, farmers' training centers, veterinary posts, nurseries, and microfinance institutions. These damaged socio-economic structures are up to date, without significant rehabilitation, by the government and humanitarian agencies due to continued ongoing conflicts and funding constraints imposed as USAID collapse. This continued erosion of their community and family assets is contributing to compounded food security impacts such as local drought or rainfall fluctuations in the onset, distribution or withdraw patterns happen.

Description of Hazard: Drought has been a significant driver of food insecurity in the region for many years, exacerbating the vulnerability of affected populations in Amhara and continues to affect this year in pocket areas. Woredas in Tekeze catchment covering North Wello, Waghimra, North Gondar, central Gondar and adjacent South Gondar woredas are usually drought prone since over 20 years. The 2025 Amhara Region Meher assessment report included most of these woredas and generally identified 59 woredas in 9 zones in the region. During the Maher season, these areas experienced a range of negative impacts due to rainfall deficits, including prolonged dry spells, delayed onset of rain, and early cessation of rainfall, hailstorm, flooding and landslide. The 2025 meher seasonal assessment identified a total of 1,446,428 affected population in 59 woredas or part of them in 9 zones and proposed 6-9 months emergency food assistance for 2026. However, the 2026 EPRP anticipates six-month assistance for these targets starting from April 2026 up to December 2026, in the past three months from the year already gone.

Geographical location:

The geographic location of these drought-affected areas as per 2025 meher season assessment report are the following:

- **Central Gondar zone (112,080 people in 5 woredas): -** East belesa (28,080), West belesa(20,000), Kinfaz begela (33,000), Wogera (18,000) and Gondar zuriya (13,000).
- **N/Gondar zone (320,720 people in 10 woredas):** Dabat (25,049), Debark (35,280), Adiarkay (30,035), Janamora (51,738), Beyeda (27,154), Telemit (58,361), East Telemit (34,653), West Telemit (19,973), Debark Town (21,952) and Maytsebrie Town (15,652).
- **S/Gondar zone (72,993 people in 5 woredas):** - Ebinat (11265), Menameketewa (30,823), Gunna(8,000), Laygaint (5,889) and Sediemuja (17,016).
- **Waghimra zone (269,686 people in 8 woredas):** - Sekota (50,991), Dahna (41,475), Gazgibla (14,895), Abergele (14,919), Ziquala (42,698), Sahila (25,557),Tsagbiji (35,062), Sekota Town (44,089).
- **North Wollo zone (372,092 people in 10 woredas):** - Gubalafto (26,887), Habru (27,066), Kobo (76,008), Gidan (40,139), Lasta (45,833), Bugina (42,281), Meket (38,795), Wadla (23,987), Dawint (24,630), and Gazo (26,466).
- **South Wollo zone (88,100 people in 5 woredas):** - Kutaber (12,100), Ambasel (24,000), Argoba (15,000), Mahal saint (11,000), and Werebabo (26,000).
- **East Gojjam zone (3974 people in two Abay valley woredas):** -Awabel (1,055) and Enbesie (2,919)
- **N/Shewa zone (136,783 people in 12 woredas):** - Efratagidim (15,510), Hageremariam (5,644), Tarmaber (10,000), Gishe-rabel (29,128), Menzkeya (238), Menzmama (27,864), Minjarshenkora (1,104), Antsokiagemiza (19,634), Midaweremo (3,213), Menzgera (21,581), Menz lalo (1,039), and Moretenajiru (1,828).
- **Oromo zone (70,000 people):** - woreda names not mentioned. Estimated from 2 woredas.

Early Warning Triggers: The delayed onset of the meher rains, along with insufficient or erratic rainfall and early cessation, leads to prolonged dry periods that significantly affect both crop and livestock production in these regions.

Trend Analysis: Historically, drought in this region occurred every 10 years, but over time the frequency has increased, occurring every 2-5 years. Even in years when drought conditions do not occur, insufficient or erratic rainfall and early cessation remain a recurrent issue, significantly affecting crop production and livestock, thereby contributing to food insecurity in the region. As per the regional ADRMC report 11,415,549 people 5,622,682 people, 3,504,791 people 3,995,75 people, 5,422,698 people, and 2,213,196 people were identified as emergency needy beneficiaries in the years 2021, 2022, 2023, 2024, 2025 and 2026 respectively. In 2026, there will be a total of 2,213,196 people in Amhara who need emergency food assistance planned for 2026 EPRP, taking into consideration the 2025 Meher assessment report targets (1,446,428), current IDPs (484,768), anticipated new IDPs (250,000), (flooding (20,000), and landslide (12,000).

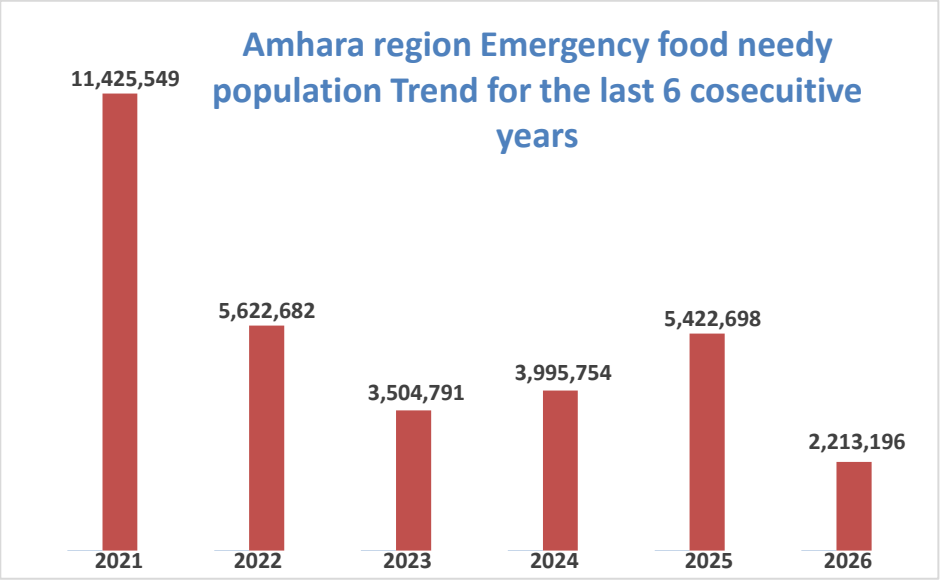


Figure 1: Trends of the Emergency Needy Population of Amhara Region (2021 - 2026)

Humanitarian consequences: Shortage of food, increased level of malnutrition, migration, disease outbreak, child labor and other negative coping mechanisms such as women may engaged in prostitution, school closure and school dropout, increased market price of staple foods, loss of livestock productivity and lower livestock market prices are the major consequences reported.

Planning Figure: Taking into consideration all drivers **2,213,196 people** are planned for emergency food assistance for the next six to nine months in the region for conflict, drought, flood and landslide related affected population.

Assessment Requirements: Drought induces slow onset emergency and hence seasonal multiagency need assessments, HEA analysis, and standard nutritional surveys should be conducted based on early warning information to respond to the affected population.

Other major hazards (Flooding and Land slide)

General context

Flooding and Landslide hazards are common in the region. They cause food insecurity by destroying crops, livestock, and infrastructure, disrupting local economies, and reducing food availability. Generally, they significantly disrupt food production and access. In 2026 the EPRP planning team anticipated that due to flooding 400,000 people may be affected and out of these affected population 5% (20,000 people) will need emergency food assistance. Similarly, due to land slide 120,000 people will be affected, of which 10% (12,000 people) will need emergency food assistance. **Flooding** can submerge crops, erode soil, and contaminate water supplies, leading to crop losses and making it difficult to transport food. Landslides can also berry farmland and infrastructure, killing livestock and obstructing supply routes, further isolating affected communities. Therefore, these hazards lead to immediate food shortages, higher food prices, and long-term disruptions to agricultural production among affected population. As a result, communities may face food insecurity, requiring emergency food assistance to meet immediate needs and support recovery efforts.

Description of Hazards

Flooding and landslides are common hazards in the Amhara region that usually occur in any given year.

Flooding: Flood water can inundate fields, wash away crops or cause them to rot. Crops that are already mature or nearing harvest, such as rice, maize, or vegetables, are particularly vulnerable. Flooding can also prevent farmers from planting crops on time or destroying newly planted fields. This delay can reduce the overall food supply for the upcoming season, leading to food shortages. Flood waters can lead also to the loss of livestock. Animals may drown, become stranded, or be exposed to diseases due to contaminated water, and affect communities' vital sources of income, milk, and meat. Even if the animals survive, they may not have enough food to sustain them, leading to malnutrition or death. Generally, flooding leads to food insecurity by damaging crops, livestock, food storage facilities, and transportation systems. It also creates contaminated water supplies, making it harder for affected populations to access or afford food. As a result, there is often a critical need for emergency food assistance to provide immediate relief, followed by longer-term support to help communities rebuild and restore their livelihoods.

Landslide: Landslide is a significant hazard in the region. It causes physical damage to infrastructures, loss of agricultural land, contamination of water sources, displacement of populations, and impact on local economy. In the wake of a landslide, many people may not be able to access their regular sources of food due to destroyed roads, blocked supply lines, or damage to local markets. This creates an urgent need for emergency food aid. Even after the immediate physical damage is cleared, the agricultural losses and economic disruptions can mean that local populations continue to face food insecurity for months or even years. Emergency food programs help provide essential nourishment until normal food production and distribution can be restored. Generally, landslides can severely disrupt food production, access to markets, and local economies, leading to immediate and long-term needs for emergency food assistance in affected areas.

Table 4: Impact of Other hazards (flooding and Landslide)

Zone	Flood	Landslide	Total Loss Qt
	Loss in Qt	Loss Qt.	
South Wollo	33,801	14,353	48,154
Central Gondar	121,741	2,427	124,168
North Gondar	318	68	386
South Gondar	1,189	1,154	2,343
East Gojam		20,049	20,049
North Shewa	9,754	6,228	15,982
Waghemira	25,744		25,744
Northwello	153,920	6,733	160,653
Total	346,467	51,011	397,478

This fact highlights the need to incorporate these hazards into the 2026 EPRP plan and ensure preparedness for providing emergency food assistance to the communities most affected.

Planning Figure

Usually 8 zones, 34 woredas, and towns, and 177 kebeles are at risk of flooding and landslides. Accordingly, during the 2026 summer season, an estimated 350,000 people are projected to be affected by floods, with 5% (20,000 people) expected to be displaced from their homes and in need of emergency food assistance for three months. In addition, landslides are anticipated to impact approximately 120,000 people, with 10% (12,000 people) likely to be displaced and requiring emergency food support for 3 months.

Assessment Requirements: Flooding, and landslides often occur suddenly and have an immediate, rapid impact on affected communities. As a result, a rapid assessment is recommended to evaluate the needs of these communities. Additionally, Rapid Assessment or Multi-Cluster Initial Rapid Assessment (MIRA) can be conducted to determine the level of humanitarian crisis.

Available resources and gaps

The regional government allocated and transferred 200 million ETB to RDRMC. As per the new EDRMC self-reliance strategic policy, the regional DRMC collected 130,312 Qt in kind emergency food or 781,872,000 ETB and 522,886,935 ETB in Cash from public. As a result, the available resource at the handoff RDRMC currently is **1,504, 758,935** ETB. Hence, the regional DRMC in addition to using the collected in kind food, it will purchase wheat from different cooperatives and unions and will store it in different warehouses for distribution to the affected people.

Therefore, 65,572,173,997 ETB or 420,334,449 USD is required for 2026, and this gap will be filled 30% by the EDRMC and 70% by RDRMC including available resources, through collecting in kind and in cash from local partners, private sectors, and the community. Also, in the 2019 EFY the RDRMC will collect food grains from the community and will cover 70% of from the total requirements (65,572,173,997 ETB). Hence 45,900,521,780 ETB is a gap that need to be filled by the government and food partners working in the region.

Considering the practical implementation to collect all these resources by RDRMC under the current regional context, JEOP will continue to deliver emergency food assistance in its operational areas and WFP will stay on standby to fill any gap beyond the capacity of the government and whenever requested to respond to the gap.

Budget requirement for emergency food support

The total amount of budget required for emergency food response will be **68,619,702,389 ETB. O**f which 47**,439,890,187 ETB** is available, and **21,179,812,202 ETB** or **135,768,027 USD** is a gap to be filled by the government and partners as indicated in table 5 below.

Table 5 : Budget requirement for emergency food and cash support in 2026

S. No	Sector	Estimated Budget (ETB)			
		Required in ETB	Available	Gap	Gap in USD
1	Emergency food	67,076,932,932	47,405,280,732	19,671,652,200	126,100,335
3	Running cost	1,542,769,457	34,609,455	1,508,160,002	9,667,692
	Total	**68,619,702,389**	**47,439,890,187**	**21,179,812,202**	**135,768,027**

Table 6 : Emergency food response requirements for the coming months

S.No	Hazard type	Intervention demand	Affected population	Needy population	Total assistance in month	Assistance in kind (qt)				Total need in qt	Estimated total cost required (ETB)	Available (ETB)	Total gap		Responsible Body
						Cereal	Pulse	Oil	CSB (35% of target)				ETB	USD	
1	Conflict														
1.1	Hosted IDPs	Very high	484,768	484,768	9	654,437	65,444	19,633	7,635	747,149	18,021,008,016	12,614,705,611	5,406,302,405	34,655,785	RDRMC including community 70%, EDRMC and JEOP 30%
1.2	Anticipated IDPs	Very high	250,000	250,000	6	225,000	22,500	6,750	23,625	277,875	7,161,750,000	5,013,225,000	2,148,525,000	13,772,596	
1.3	Anticipated at returnees	Very high	750,000	-	-	-	-	-	-	-	-		-	-	
2	Drought	Very high	1,446,428	1,446,428	6	1,301,785	130,179	39,053	136,687	1,607,704	41,435,822,916	29,005,076,041	12,430,746,875	79,684,275	
3	Flooding	Very high	350,000	20,000	3	9,000	900	270	945	11,115	286,470,000	200,529,000	85,941,000	550,904	
4	Landslide	Very high	120,000	12,000	3	5,400	540	162	567	6,669	171,882,000	120,317,400	51,564,600	330,542	
	Total			**2,213,196**	**0**	**2,195,622**	**219,563**	**65,868**	**169,459**	**2,650,512**	**67,076,932,932**	**46,953,853,052**	**20,123,079,880**	**128,994,102**	

6.2. Emergency shelter and non-food items (ESNFI) requirements

Flood and landslide

Description of Hazard: Flooding is a recurring issue in the Amhara region, affecting both the eastern and western parts annually. It causes significant damage to agricultural land, grazing areas, housing, infrastructure, and other essential facilities, while also contributing to the spread of waterborne diseases such as AWD and malaria. As a result, many individuals are displaced from their homes and seek protection in IDP camps. The provision of Emergency Shelter and Non-Food Items (ESNFIs) is a critical response measure to support the affected populations.

Geographical location: Flooding in the Amhara region is primarily caused by the overflow of rivers such as the Gumara, Megech, Rib, Dondor, Arnogarno,Dikala ,Mersa ,Jarra,Mile, Belch and Abay as well as the backflow of Lake Tana. These events have severely impacted the western parts of the region, particularly the surrounding woredas of Lake Tana, including Dembia, Fogera, Libokemkem, Dera, North Achefer, Bahir Dar Zuria, and Guangua. The flooding has led to significant damage to agricultural land, infrastructure, residential areas, and various institutions. Additionally, the eastern part of the region is also at risk, with woredas such as Raya Kobo, Gubalafto, Woldeya, Haberu, Mersa, Ambasel, Tehuledere, Desse Town, Kombolcha, Kalu, Kemisse, Dewachefa, Artumafursi, Antsokia, Efrata, Ataye, Kewot, and Shewarobit identified as flood-prone areas.

Early Warning Triggers: Past trends demonstrate that heavy rainfall in the highlands, leading to river overflows and the backflow of Lake Tana, has consistently been a key trigger for flooding in the region. Furthermore, environmental degradation caused by deforestation and unsustainable agricultural practices has intensified the flood risk.

Trend Analysis: Flooding is a recurring issue in the northwestern and northeastern parts of the region, particularly during the rainy season from June to September. Data from the regional DPFSPCC indicates that flooding impacted 98,000 people in 2013, 122,889 people in 2014 E.C, 82,255 people in 2015 E.C, 425,229 people in 2016 and 385,681 people in 2017 E.C. In 2017 E.C, the flooding caused damage to approximately 50,137 hectares of crop land. Additionally, an estimated 2,883 hectares of grazing land, 18,337 houses, and 298,524 individuals, along with 736 government institutions, will also be affected by this hazard.

Landslide

Description-Landslides are a significant hazard contributing to displacement, as many individuals are forced to flee their homes or places of origin. In 2016, landslides occurred across seven zones, affecting 71 kebeles in 22 woredas of the region. This resulted in the displacement of 1,344 households (6,101 individuals) in the North Gondar (Adiarkai, Debark, and Telemt), South Gondar (Libokemkem), North Shoa (Menzekeya, Menzemama, and Angolela Tera), Wag Himra (Gazgibila and Dehana), and West Gojam (Degagamot) zones. Additionally, 2,878 individuals were displaced due to landslides in the North Wollo (Gazu) and South Wollo (Dessie town) zones. Tragically, 12 people lost their lives due to the landslides in the Telemt and Beyeda woredas.

The landslides also caused significant damage to livestock, with 25 cattle, 90 sheep, and goats—totaling 115 animals—reported dead. In terms of agricultural losses, 753.2 hectares of cropland were damaged, with various crops and perennial vegetables suffering between 25-100% damage. Furthermore, property damage was reported, including the destruction of 224 individual homes, 2 institutions, and 12 food grain stores in 2016/17 kiremt season.

In the Waghimra zone, natural disasters such as floods and hailstorms have severely affected agricultural production, resulting in the destruction of essential food crops, livestock losses, and the destruction of cash crops, which has limited access to farming lands. According to the Multi-Sector Initial Rapid Assessment (MIRA, 2024), these disasters impacted 17,602 people, damaged 8,362.4 hectares of meher crops, and killed 731 livestock in the zone. These natural disasters have also disrupted food markets, decreasing food supply and driving up prices, which has exacerbated food insecurity in the region.

To mitigate flood risks in the region during the 2017 Ethiopian budget year, a survey was conducted across 9 zones and 32 districts, covering 385,681 individuals. The survey identified 50,137 hectares of cropland, 2,883 hectares of pastureland, 298,524 livestock, 18,337 houses, and 736 government institutions that needed protection from flood damage. A flood prevention plan was developed, and a budget request of Birr 426,086,361 was submitted by the zones. Flood prevention activities were implemented based on the available budget, with priority areas for flood mitigation identified. Budget allocations for these efforts were made in collaboration with the planning and budget directorate.

Due to the large, requested amount of 426,086,361 ETB for flood prevention, it was not feasible to distribute the entire amount across all areas. As a result, priority was given to highly vulnerable specific districts. A total of 122,760,000 Birr was allocated to 6 districts and city administrations for flood prevention and mitigation activities. Additionally, further budget allocations were made by the woredas, including both cash and in-kind contributions, to support the required flood mitigation activities.

Planning Figure: Over the past five years, various flood mitigation activities, including soil and water conservation efforts, have been implemented in flood-prone areas and across different watersheds. These physical measures are intended to reduce or mitigate flood risks and their impacts. Based on current trends and past experiences, it is estimated that more than 400,000 individuals will be at risk of flooding during the 2017 Kiremt season. Of this at-risk population, approximately with 300,000 people are expected to be affected by flooding, and 34,000 peoples (11%) likely to be displaced and requiring temporary shelter for at least three to four months, along with emergency food and ESNFI assistance. While the affected population will need essential household items, the primary focus of the ESNFI response will be to provide safe, appropriate, and life-saving emergency shelter and non-food items to displaced individuals in flood-affected woredas. Given the response timelines, logistical constraints, and available resources, priority will be given to the most vulnerable individuals for the provision of emergency shelter and non-food items.

Assessment Requirements: Flooding occurs unexpectedly, leading to sudden and rapid emergency impacts on affected communities. Therefore, a rapid assessment is recommended to quickly evaluate the needs of these communities in the aftermath of a flood.

Conflict

Hazard Description: Currently, ethnic-based conflict within the Amhara Region, as well as between different regions and neighboring countries, has become increasingly common and is considered a major driver of mass displacement. Conflicts have significant impacts on people, crops, housing, infrastructure, and various institutions. Internally displaced persons (IDPs) are facing severe challenges related to emergency shelter, non-food items (NFIs), and other urgent humanitarian needs. This humanitarian crisis is particularly critical for the substantial number of displaced individuals living in various areas of the host community, outside the designated camps or camp like setting. These individuals are especially vulnerable due to their unstable living conditions and limited and/or no access to essential services and support. Over the past years, various conflict mitigation initiatives

have been implemented in high-risk and hard- to- reach areas with the support of the regional government, NGOs, and UN agencies. While these efforts have helped reduce the impact of the conflict, the threat remains persistent, like previous instances.

Geographical Location: Ethnic-based conflict is a key factor contributing to displacement, with individuals fleeing from the Oromiya, Addis Ababa city, Benishangul Gumuz, and Tigray regions, as well as from Sudan. Furthermore, recent political unrest and ethnic conflict in North/West/Central/South Gondar, North/West Gojam, Awi, North /South Wollo, North Shewa and Oromo zones have led to significant displacement, with many, including women and children, being forced to leave their homes/place of origin and seek safety in other areas**.**

Early Warning Triggers: Based on recent experiences over the past few years, ethnic-based conflicts in other regions and the northern war have resulted in loss of life, displacement, and significant damage to infrastructure in the region. The ongoing conflict between government forces and Fano militants in various woredas is also predictable to lead to further loss of life, displacement, and damage to infrastructure. Additionally, internal conflict in Sudan and frequent ethnic attacks in other regions have contributed to a marked increase in the number of internally displaced persons, as well as the disruption of essential infrastructure and services.

Humanitarian consequences: The primary consequences include a lack of essential life-saving support such as food, limited access to clean water, inadequate shelter, and poor sanitation. Additionally, disease outbreaks and an increase in child labor are significant concerns within the IDP context. IDPs are often accommodated in makeshift shelters that offer insufficient protection from the elements, exposing them to numerous health risks. There are also serious protection issues, as these shelters lack adequate lighting, secure doors, and privacy for different family units, especially women and girls. Overcrowded conditions further amplify the risk of rapid transmission of communicable diseases, as families are forced to share limited household items in small, cramped spaces.

Planning figure: In 2025, it is projected that 5,200,000 individuals will be affected by the ongoing conflict across various areas in the region. Of the affected population, 10% (520,000 people or 104,000 HHs) will be displaced and will require emergency shelter and non-food items (NFIs). Specifically, in the region, an estimated 15 % of the total affected population, 78,000 individuals (15,600 HHs) including PWD, PLW, elders and persons with chronic diseases will need support with shelter and NFIs. The goal is to target these individuals in order to improve their living conditions, protect their health, security, privacy, and dignity, with a combination of in-kind and cash assistance.

Conflict-induced displacement creates a substantial demand for emergency shelter and non-food items (NFIs). During times of crisis, the lack of basic necessities such as blankets, plastic sheets, and bedding exacerbates the sense of desperation and inequality among displaced communities. The competition for limited resources often results in disputes, further destabilizing already fragile environments. IDPs, forced to leave their homes, have urgent needs for protection and adequate shelter. The uncertainty surrounding ongoing conflicts leaves IDPs uncertain about the duration of their displacement. As conflicts eventually subside, many IDPs return to their homes, only to find their houses destroyed and facing significant needs for shelter repairs or support for returnees. To address this, repair materials such as corrugated galvanized iron (CGI) sheets and nails, along with construction skills training, are critical to facilitating their recovery.

Assessment Requirements: Conflict and war, along with their associated emergencies, rapidly impact entire communities within a specific woreda and bordering areas. Therefore, a rapid assessment is the recommended approach to evaluate the needs of the affected populations.

Budget summary for ESNFIs

The ESNFIs primary focus will be on providing emergency shelter and non-food items, either in-kind or through cash assistance, to enhance physical protection, mitigate overcrowding, and minimize health risks. Should IDP households' shelters sustain severe damage, the focus will be the option of supplying Emergency Shelter repair kits. Furthermore, the ESNFI response will prioritize the requirements of vulnerable groups, including women, children, and individuals with special needs, ensuring their safety and well-being.

The total budget required for ESNFIs response is estimated to be **1,068,536,090 ETB** (6,849,590 USD) that need to be mobilized and covered by the government and partners. During the planning phase, there was no available cash to respond the emergency shelter and NFIs requirements.

Table 7: ESNFI requirements and budget estimate

S.No	Activity	Unit	Target Households				Total Budget required (ETB)	Available (ETB)	Gap (ETB)	
			Drought	**Flood**	**Landslide**	**Conflict**			**ETB**	**USD (156)**
			14,464	4,000	2,400	50,000				
1	Provision of Emergency Shelter (Plastic sheet, Rope and Wooden poles)	kit	7,232	2,000	1,200	2,632	37,171,376		37,171,376	238,278
2	Provision of Non-food Items (Blanket, Bed mat, Kettle, Plate, Cup, Cooking pot, Cooking Ladel, Washing basin, Jerrycan, Handwashing jug and basin and Soap)	kit	10,120	2,400	1,100	32,000	916,364,714		916,364,714	5,874,133
3	Provide rental support to IDPs living in host communities to offset risks deriving from hiking rents @ the rate ETB 4000/HHs	HHs	-	-	-	88,400	115,000,000		115,000,000	737,179
	Total		**70,864**				**1,068,536,090**	**0**	**1,068,536,090**	**6,849,590**

6.3. Car Accident

Car accidents in the Amhara Region have continued to be a critical public health and safety issue, with high rates of mortality and injury reported every year, particularly involving passenger buses and trucks on interstate highways. Reports indicate that road traffic accidents are a growing problem, driven by factors such as driver behavior, poor infrastructure, and weak enforcement of safety regulations.

According to the Regional Road and transport bureau report, car accident has left many people dead and others injured in different years. In Amhara region for the last five years (2021 -2025) 7,713 road accidents were reported in different woredas and 3,817 peoples were died, 7160 injured (3,513 heavy injured). From this accident 664,954,907 ETB estimated resources were damaged. Though there are different reasons for the incidence, the major ones were negligence with the drivers (80%), vehicle technical problem (4.38%), road problems (0.8%), pedestrian problem (.62%), others (5.82% and with unknown problems (7.38%) were reported.

Table 8 : Type of accidents and their effects (2021-2025)

Type of accident	**Years**					
	2021	**2022**	**2023**	**2024**	**2025**	**Total**
Human Death	1,097	853	947	435	485	**3,817**
Heavy Injury	990	674	856	456	537	**3,513**
Light Injury	1,086	830	806	450	475	**3,647**
Total	**3,173**	**2,357**	**2,609**	**1,341**	**1,497**	**10,977**
Property damage	**69,025,407**	**57,968,546**	**157,739,725**	**131,980,169**	**248,241,060**	**664,954,907**

Major causes of accident in 2025

Based on 2025 reports and data-analysis, the primary drivers of accidents in the Amhara Region include:

- **Driver Behavior:** The main cause, accounting for the majority of accidents, includes over-speeding (especially on asphalt roads), overconfidence in young drivers, mobile phone use, and driving under the influence of alcohol, fatigue, and failing to give priority to pedestrians are the primary drivers.
- **Inexperienced Drivers:** Young, moderately experienced drivers are particularly vulnerable to severe accidents due to overconfidence.
- **Road Hazards:** Dangerous areas known as "black spots" exist around Burie, Finote Selam, and Banja are notorious high-risk spots.
- **Vehicle Condition:** High prevalence of mechanical failures (up to 48% in some areas) and the use of aging commercial vehicles contribute significantly to crashes. Freight vehicles and passenger buses are heavily involved in high-fatality accidents.
- **Environmental & Infrastructure Issues:** poor road surface conditions /infrastructure, particularly during rainy months, inadequate signage, and high-speed driving on narrow rural roads and lack of separation between pedestrian and vehicular traffic contribute to high mortality exacerbated by dangerous conditions. Accidents are surprisingly high during the day due to heavy traffic movement, though nighttime driving increases severity. A high percentage of accidents occurs during rainy months

- **Pedestrian Vulnerability:** Lack of designated pedestrian pathways leads to high casualties in both urban and rural settings

Among the numerous factors contributing to road traffic accidents (RTAs), over-speeding and failure to yield to pedestrians (ለእግረኛ ቅድሚያ አለመስጠት) are consistently identified as the primary causes of fatalities, injuries, and property damage.

Also, research suggests that enhancing enforcement of these two factors—speeding and pedestrian right-of-way—is crucial for reducing the high mortality rate on Ethiopian roads

Effects and Impact in 2025

- High Mortality and Morbidity: reports indicated that in 2025 estimate the pooled prevalence of death due to road traffic accidents in the region at around 33%, with injury rates nearing 48%.
- Pedestrian Vulnerability: In urban areas, pedestrians face high risks, while passengers are the main victims of regional, inter-city accidents.
- Economic Impact: The accidents lead to significant economic loss through premature deaths, injury treatment costs, and damage to vehicles/property.
- Emergency Service Pressure: The high volume of casualties puts immense pressure on local hospitals, requiring emergency support from the community and the Red Cross.

Proposed Interventions

Police and Road & transportation bureaus in the Amhara Region are urged to implement stricter enforcement of traffic laws, including targeting speeding, enforcing seat belt use, improving driver licensing processes and improving road signage at all levels.

Proposed interventions to prevent car accidents in the Amhara region, should focus on a "safe systems approach," targeting improvements in infrastructure, stricter enforcement of traffic laws, and increased public awareness, particularly on high-risk corridors.

Budget Requirements

Seeking trauma care after a road traffic injury poses a substantial financial threat to Ethiopian households due to lack of strong financial risk protection mechanisms. Ethiopia's government should enact multisectoral interventions for increasing the prevention of road traffic injuries and implement universal public finance of trauma care. Budget required for reducing and preventing human deaths and economic impacts due to the car accidents will be covered by the respective private owners and with the community themselves.

6.4. Agriculture and livestock

The agricultural sector has been significantly impacted by multiple hazards, including drought, conflict, flooding, landslides, crop pests and diseases, and livestock diseases. These shocks have severely disrupted production systems and livelihoods. In nine zones, vast areas of cropland are currently out of production, while large numbers of livestock have perished. The combined effects of these hazards have left farming households highly vulnerable, with diminished capacity to recover without immediate external support. Hence, to stabilize food security and protect livelihoods over the next six months, urgent interventions are required like emergency seed distribution to restore crop production, livestock emergency drugs and vaccines to prevent further animal losses, complementary agricultural inputs and services (fodder, veterinary care, and extension support) and targeted assistance to affected households to ensure survival and recovery.

Objectives

1. To Provide Essential Agricultural Inputs

- Deliver emergency seed and other critical inputs to the most vulnerable farming households.
- Work in close collaboration with humanitarian partners to ensure equitable access and effective utilization.

2. To Provide Emergency Livestock Support

- Supply livestock feed to sustain surviving herds and prevent further losses.
- Provide veterinary drugs and services to control disease outbreaks and protect animal health.
- Stabilize the livestock sector as a cornerstone of rural livelihoods.

Priority /Top Hazards for Agriculture and Livestock (2026 EPRP)

Based on assessments of area coverage, intensity, past frequency, and forecasts for the upcoming months, the following hazards have been identified as requiring urgent support in the next six months:

- **Drought** – Prolonged dry spells reducing crop yields, shortage of animal forage and water availability.
- **Conflict** – Disruptions to farming activities, displacement of communities, and loss of assets.
- **Flooding** – Damage to croplands, infrastructure, and increased risk of waterborne diseases.
- **Hailstorms** – Sudden crop destruction and localized livelihood losses.
- **Crop pests and disease** – Disease like yellow rust and pest outbreaks like desert locust, quila bird army worm and ball-worms
- **Landslides** – Loss of arable land, destruction of property, and displacement of households.
- **Livestock diseases** – High mortality rates, reduced productivity, and weakened resilience of communities.

These hazards represent the key challenges facing the agriculture and livestock sector in 2026. Without timely interventions, they will exacerbate food insecurity, undermine recovery efforts, and deepen vulnerability among farming households.

Drought

The Amhara region is currently experiencing shortage of rainfall /drought emergency affecting nine zones, with an estimated 1,446,428 people requiring urgent humanitarian assistance. In addition to the drought, the region is facing multiple, compounding agricultural challenges, including crop pests and diseases, livestock diseases, and a critical shortage of animal feed.

Description of Hazard: Drought is the major hazard in the Amhara region and remains the leading cause of disasters and human suffering. It is distinguished by its high frequency, wide geographical coverage, and the large number of people affected each year. The cumulative effects of recurrent drought have severely undermined livelihoods, depleted household assets, and strained the region's resilience. During the 2025 production year, the drought has impacted nine zones across the region, namely, Waghimera, North Wollo, South Wollo, North Shewa, Oromia special Zone, North Gondar, South Gondar, Central Gondar and East Gojam. Most of these zones except for North Wollo, South Wollo, and North Shewa are meher-dependent areas, relying almost entirely on the main rainy season for crop production and pasture regeneration. Although North Wollo, South Wollo, and North Shewa typically benefit from both the meher and belg seasons, several woredas within these zones have also experienced severe dry spells, resulting in conditions similar to those of fully meher-dependent areas. The drought has affected both crop and livestock systems, contributing to reduced agricultural productivity, heightened food insecurity, and increased humanitarian needs across all the affected zones. The performance of the 2025 meher season in the Amhara region was characterized by normal to above-normal rainfall distribution in most areas. However, despite the generally favorable rainfall amount, the late onset of the rains significantly disrupted agricultural activities. As a result, timely crop farming operations were delayed, affecting both planting and subsequent crop development. Livestock production has also been negatively impacted. In particular, feed and water shortages have become critical problems in several woredas. The most affected include: Ebinat, Meketewa , Gunna, East Belessa, West belessa, Telemt, Beyeda, Bugna, Gidan, Gubalafto, Janamora, Sekota, Gazgibila, Dahna, Ziquala, Sehala Abergele and other woredas in the North Shewa zone. These shortages have led to deteriorating livestock conditions, reduced productivity, and growing pressure on pastoral and agro-pastoral livelihoods. Without timely interventions—including provision of feed, water, and veterinary services—livestock-related losses are likely to increase, further exacerbating food security challenges in the affected areas.

Geographical location: - The 2025 drought affected the Eastern & Western parts of the region, Waghimera, North Gondar, Central Gondar, South Gondar, North Wollo, South Wollo, Oromo, North Shewa and East Gojam. The drought and the current insecurity situation and conflict that reported in different woredas affected the whole agricultural activities. Due to these and associated affects many peoples in the region can't feed their family more than six months.

Early warning triggers: The delayed onset of meher rains, coupled with insufficient or erratic rainfall and early cessation that creates prolonged dry periods, has significantly affected crop and livestock production performance in several areas of the region.

Trend analysis: Drought induced disaster was apparently higher in the previous successive years in Amhara. Both February- May (*Belg*) and June- September rain (main rain season) in most woredas the performance was poor in timeliness, area coverage and intensity. In Amhara region *meher* production contributes 93% and *belg* contributes only 7%. Because of early/normal onset of rain and good rainfall anticipated in belg 2025 season; for land preparation and planting was reported timely in almost all areas of the region however, some woredas in wag and North Gondar zones late onset. In According to meher 2025 season on set and cessation of the meher season was normal except some areas of the region. In some areas of the region significant production loss is recorded that resulted the food security of the areas deteriorated. In addition, IDPs hosted in the region need humanitarian

relief food assistance. This urges the government and humanitarian agencies for timely and appropriate emergency response.

Humanitarian consequences: Shortage of food, seed, loss of livestock productivity, feed shortage and lack of veterinary services were the major consequences reported.

Assessment requirements: Drought induces slow onset emergency and hence seasonal multiagency need assessments and standard nutritional surveys should be conducted based on early warning information to respond the affected population.

Flood

Description of hazard: Flooding is a recurrent phenomenon in the Amhara Region, affecting many areas every year. Both the eastern and western parts of the region experience flood hazards. Flood events damage extensive crop fields and grazing lands, destroy houses and infrastructure, and disrupt the functioning of various institutions. This year alone, an estimated 450,000 people have been affected, of whom 20,000 are expected to be displaced. Over the past years, various flood mitigation measures have been implemented in flood-prone areas with support from the regional government, NGOs, and UN agencies. These structural interventions have helped reduce the severity of flood impacts compared to previous years. However, flooding continues to pose serious risks in several woredas of the region. Currently, 7 zones, 32 woredas/towns, and 177 kebeles are classified as flood and landslide risk areas. Regarding rainfall performance, most parts of the region received normal to above-normal rainfall—particularly from July to August—with generally sufficient amounts and relatively even distribution. However, drought-prone areas continued to face deficits, while some highland areas experienced waterlogging and flooding that affected crops during vegetative and fruit-setting stages. According to the zonal team assessment reports, in the 2025 meher season heavy rainfall, flood & water logging damage 11,440 ha of crop land due to excessive rainfall that reduced 228,781 Qt yields, Flood hazard on 13,859 hectares of land were damaged and reduction 346,467qt, in which 90,000 HH heads has been affected.

Geographical location: - The region has various rivers and lakes including Abay, Beles, Tekezie, Angereb, Mille, Kesem, Jamma, Lake Tana and tributary rivers such as Rib, Gumera, Megech, and Diremma, originating from the highland areas flow to Lake Tana. Overflow of Gumara, Megech & Rib rivers and the back flow of Lake Tana have been affecting Western parts of the region and has been devastating many crop lands, houses, infrastructures and institutions in Lake Tana surrounding woredas of East Dembia, Fogera, Libokemkem, Dera, North Achefer and Bahir Dar zuria. Also, different rivers originated from the highland areas in the eastern parts of the region flow in to Awash and Chefa valley. In the eastern parts of the region woredas like Raya kobo, Gubalafto, Woldeya, Haberu, Mersa, Ambasel, Tehuledere, Desse town, Kombolcha, Kalu, kemisse, Dewachefa, Artumafursi, Antsokia, Efrata, Ataye, Kewot and Shewarobit are flood risk areas.

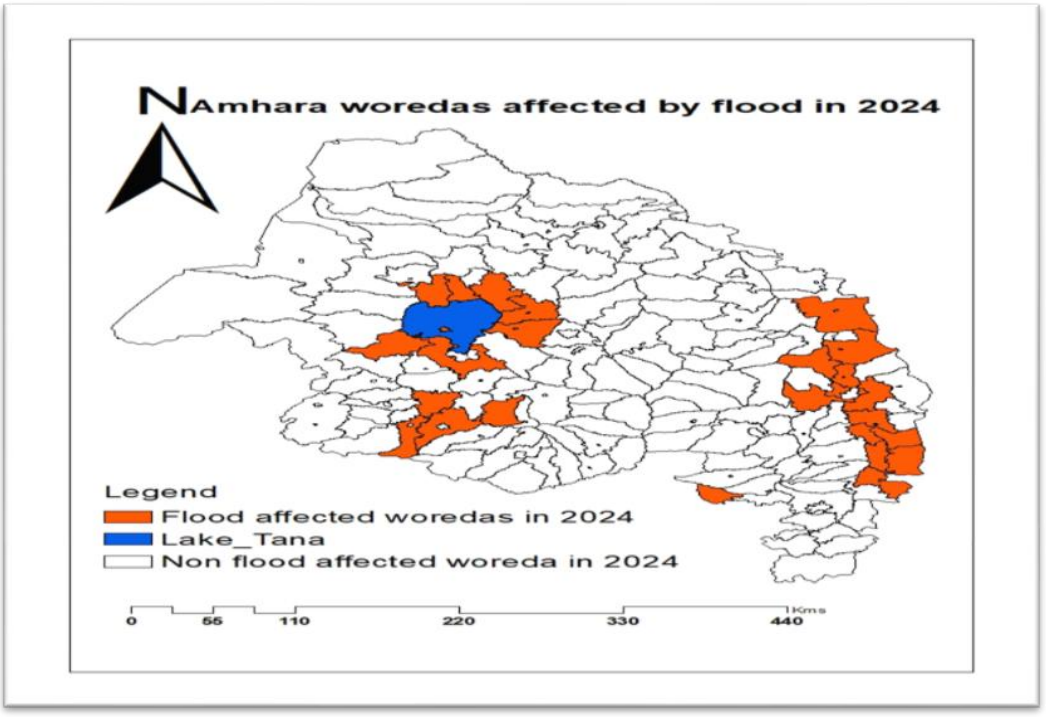


Figure 2: Map of flood hazard areas in Amhara region

Early warning triggers: over the years, heavy rainfall in the highland areas combined with the overflow of rivers, backflow from Lake Tana, and extensive environmental degradation resulting from successive deforestation and unsustainable agricultural practices—has consistently triggered flood hazards across the region.

Trend analysis: - Flooding is a common phenomenon in North West and North East parts of the region during June- September rain seasons. As per the regional DRMC data, 603,991 people, 98,000 people, 122,889 people, 82,255 people, 490,655 and 450,000 people were affected with flooding in the year 2018, 20121, 2022 2023, 2024 and 2025 respectively. Due to the flood incidence in 2018 about 68,840 ha of crop lands; 1,107 houses were damaged and 2,169 livestock death were reported. Moreover, in 2020 kiremt season more than 18,000 peoples were displaced in South Gondar and Central Gondar zone different woredas, the 2021 flooding affected 14,112 ha crop land, affected 132,284 peoples and displaced 1,863 people and death of 53 individuals and 465 livestock. Similarly, in 2022 flooding 24,388 farmland and 153,500 livestock were affected in the region. In 2024 meher season 16,357 hectares of crop land has been damaged and 860 animals were dead, also in 2025 meher season 11,440-hectare crop land and 2400 livestock death had occurred.

Assessment requirements: - Flood events often occur suddenly, and their associated impacts emerge rapidly within affected communities. Because of this abrupt onset, a rapid assessment is the recommended approach to quickly determine the immediate needs and priorities of populations impacted by flooding.

Table 9: Agricultural top hazards identified and population to be affected in 2026

No	Situations potentially requiring extraordinary Action	Likelihood in 2026 (5-4-3-2-1)	Geographical Location	Potential Humanitarian consequence and planning figure
1	Drought	4	Waghimera, North Gondar, Central Gondar, South Gondar, North Wollo, South Wollo, Oromo, North Shewa and East Gojam	1,446,428 affected population
2	Conflict	5	Almost all zones, woredas and town administrations in the region	1,000,000 peoples will be affected
3	Flooding	3	S/Gondar zone (Fogera, Libokemkem, Dera), C/Gondar zone (E/Dembia, Gondar zuria), W/Gojjam (Degadamot, Jabitehinan, Bure zuria) N/gojjam (North Achefer, B/Dar Zuria), S/Wollo zone /Ambasel, Tehulederie, Kalu, Dessie town, Desse Zuria,/ N/Wollo zone /Raya Kobo, Haberu, Mersa town,/ Oromo zone /Jille, Artuma, D/Chefa, Kemise town/, N/Shewa zone/ Antsokia Gemza, Ataye Town, Efratagidem, kewot, Shewarobit, Ansaro/	450,000 people affected (20,000 will be displaced)
4	Landslide	2	S/Wollo /Desse town, /N/Wollo /Mersa, Woledeya, N/Shewa /Ensaro, Angolelatera, Menze mama, Asgirt, Baso worna, tarima bere/ East Gojam /Hulet Eju enessie, Dejen, Awabel, N/wollo /telemt,beyeda , adarkay/,W.gojam/Quarit,Degadamot/	120,000 people will be affected
5	Crop pest and disease	4	All zones specially; North Wollo, S/Wello, N/Shewa, Oromo, & central Gondar zones woredas)	600, 000 people will be affected
6	Hailstorm	3	Waghimera, North Wollo, South Wollo, North Shewa, North Gondar, South Gondar, East Gojam and Central Gondar zones	300,000 people will be affected
7	Livestock disease	4	North shewa zone four weredas (Kewet, Mojana-wedera, Shewa-robit and Minjar-shenkora) Ebinat, Meketewa , Gunna, East Belessa, West belessa, Wogera, gondar Zuria, kinfaz begela, Telemt, Beyeda, bugna, gidan, gubalafto, Janamora, sekota, gasgibila, dahna, zequala, Sehala Abergele, Gondar Zuria, Wegera, and Kinfaz Begela woredas	500,000 people will be affected

Planning Assumptions

1. Drought

- As per 2025 meher season assessment findings, 1,446,428 (including 484,768 IDPs) people were considered for the emergency support
- 484,768 IDPs will be decreased from the above number due to land access
- 961,660 people or 192,332 HHs will be considered for agricultural inputs support in 2026 production year (IDPs were deducted)

2. Flood

- Due to the flood and hailstorm 450,000 people were affected
- Out of the affected people 5% (22,500) is expected to be displaced from their original place and needs humanitarian support
- And also 20% of the affected people were considered for Agricultural inputs, which is 90,000 people or 18,000 HH needs support of inputs

3. Landslide

- As per the given information, 120 ,000 people will be affected by landslides.
- Out the total affected people 10% (12,000) of the population supposed to request Agricultural inputs

- So that, 2400 HH will be in need of support Agricultural inputs

4. Conflict

- Because of conflict 1,000,000 people is expected to be affected
- Out of these, 250,000 people will be displaced and needs humanitarian support
- 250,000 people or 50,000 HH people required agricultural support

5. Crop pest and disease

- Due to crop pest and disease, 600,000 people will be affected
- Out of the affected people 25% or 150,000 people in need of Agricultural inputs
- Which is 30,000HH in need of support
- On average 75,000 ha will be damaged by pests and diseases

6. Livestock diseases

- 500,000 people affected
- 500,000 livestock will be vaccinated and treated for two times in a year

Final emergency response requirement of Agriculture & livestock sector

1,963,660 people or 392,732 HHs will be affected and need of agricultural input provisions

- Recovery seed and fertilizer provision
- Livestock feed and veterinary service
- Provision of farm tools
- Provision of chemicals

Emergency Seed Requirements

With the significant livelihood and production losses caused by drought and other weather-related adversities, some households are unable to sustain agricultural production in the coming season due to shortages of seed. To ensure that these households can continue engaging in agriculture, emergency seed support is essential. The required seed types and varieties, along with the quantities of seed and fertilizer needed (in quintals) and the corresponding area to be covered, are summarized in table 10.

Emergency livestock health and feed requirement: - High numbers of livestock have been severely affected by the ongoing drought and flood hazards, creating a critical need for emergency interventions such as animal feed, veterinary services, and related support. Several major livestock diseases including anthrax, blackleg, sheep and goat pox, contagious bovine pleuropneumonia (CBPP), contagious caprine pleuropneumonia (CCPP), non-communicable diseases (NCDs), foot-and-mouth disease (FMD), and rabies are expected to be reported and are likely to significantly impact the livestock sector.

Due to the drought, livestock feed shortages have become acute, requiring urgent provision of feed and forage seed to sustain the remaining herds. As a result, there are ongoing emergency requests to ensure at least basic veterinary services across affected woredas. To continue delivering the necessary veterinary support to farming communities in the region, various quantities of antibiotics, vaccines, and essential veterinary supplies will be required.

Activities to be implemented

- Advocacy and consultative meeting at the regional level about the situation
- Request potential partners to support emergency seed, fertilizer, feed and veterinary services
- Awareness creation /capacity building training and familiarization workshops will be provided for government and humanitarian partners
- Joint supportive supervision and monitoring will be conducted to assess the functionality of coordination structure at regional, zonal and woreda levels at least on quarterly basis
- Strengthening and establishment of taskforces and technical committees at all levels
- Regular review meetings to assess and respond the emerging hazards

Available resource and gaps

Due to the available resources problem, it is not yet indicated in the agricultural and livestock sector during the planning process.

Budget required for agriculture and livestock

The total amount of budget required for agriculture and livestock emergency response will be **4,213,418,000 ETB or 27,009,089 USD** as indicated in the table below.

Table 10: Budget requirement for agriculture and livestock emergency response

S.No	Required Input	Estimated Budget (ETB)			Gap (USD)
		Required	Available	Gap	
1	Emergency seed & fertilizer	2,694,131,000		2,694,131,000	17,270,070
2	Livestock feed & veterinary	15,387,000		15,387,000	98,634
3	Chemicals /pesticides	1,503,900,000		1,503,900,000	9,640,385
	Total	**4,213,418,000**		**4,213,418,000**	**27,009,089**

Table 11: Agriculture and livestock emergency response for the coming six months

Hazards	Intervention demands	Affected population	Needy population	Recovery seed) quintal (50%)	Pulses Qt (40%)	Amount	Fertilizer Qt	Seed qt	Seed cost (ETB)	Fertilizer cost (ETB)	Total Budget (ETB)	Budget in USD (1 $=156)
Drought	Seed and Fertilizer (2026 Meher season)	1,446,428	961,960	72,321	36,160		108,481	43,393	477,323,000	1,139,050,500	1,616,373,000	10,361,365
livestock and disease	purchasing of forage qt	1,500,000	500,000			1,127					6,762,000	43,346
	veterinary support in dose					750,000					8625,000	55,288
Conflict	Seed and fertilizer	1,000,000	250,000	15,000	10,000		12,000	74,443	818,873,000	126,000,000	944,873,000	6,056,878
flood	Flood recovery seed (450000*.10%)	450,000	45,000	5,400	3,789		9,450	2,700	29,700,000	99,225,000	128,925,000	826,442
Land slide	Emergency seed	120,000	12,000					360	3,960,000		3,960,000	25,385
crop pest & disease	Chemical	600,000	75,000			1,253,250					1,503,900,000	9.640.385
						Total			**1,329,856,000**	**1,364,275,500**	**4,213,418,000**	**27,009,090**

6.5. Health

Background and Situation analysis

Amhara Region remains highly vulnerable to recurrent public health emergencies, driven by a combination of complex humanitarian crises, climatic shocks, and underlying structural vulnerabilities. The region has been repeatedly affected by El Niño-induced drought, which has significantly increased the risk of disease outbreaks. Over the past several years, the region has experienced multiple disease outbreaks, including Mpox, cholera, malaria, measles, rabies, scabies, and anthrax affecting large populations across diverse geographic areas. Based on the 2026 EPRP prioritization exercise, the most frequent and high-impact hazards identified are war/conflict, cholera, malaria, measles, rabies, scabies, anthrax, and chemical poisoning.

General Objective

The overall objective of the health sector emergency preparedness and response plan is to strengthen and sustain regional capacity for the prevention, early detection, timely response, and effective recovery from public health emergencies. This will be achieved through close collaboration with government sectors, humanitarian partners, and communities to mitigate risks to life and health.

Specific Objectives

- To identify, prioritize, and profile major public health hazards affecting the communities, health and health systems in the Amhara Region.
- To strengthen prevention and preparedness capacities for prioritized public health emergencies through risk-informed planning and targeted risk reduction measures.
- To foster multi-sectoral coordination and collaboration between health and other sectors to ensure a "One Health" approach to disaster risk management.
- To quantify the gap between required resources (supplies, trained personnel, logistics) and current regional stockpiles for the prioritized risks.
- To strengthen continuity of essential health services during emergencies
- To minimize morbidity, mortality, and social disruption caused by public health emergencies.
- It provides a base for resource mobilization and the development of contingency plans

Key Drivers of Health Emergencies

Several interrelated factors continue to drive the region’s vulnerability to health emergencies:

- Complex emergencies: Ongoing conflict and internal displacement have disrupted health services, including routine immunization and essential primary care, increasing the risk of vaccine-preventable and communicable disease outbreaks.
- Environmental and social risks: The presence of numerous holy water sites, agricultural investment corridors, irrigation schemes, mass gathering events, and major points of entry contribute to heightened disease transmission potential.
- Climatic shocks: Recurrent drought and flooding exacerbate food insecurity, malnutrition, and water scarcity, further elevating the risk of outbreaks such as cholera, measles, and other drought related public health emergencies including Anthrax.

Despite the challenging operational environment, the region benefits from several enabling factors that support effective emergency management including availability of well-trained public health and emergency response experts, established multi-sectoral coordination platforms, functional Public Health Emergency Management (PHEM) system at all administrative levels, and strong intersectoral collaboration mechanisms.

However, critical challenges remain, including persistent financial constraints and shortages of essential logistics and supplies, which continue to hinder the full implementation of coordinated preparedness and response activities.

Planning assumptions: conflict, cholera, malaria, measles, rabies, scabies, anthrax, and chemical poisoning are identified as the major health hazards anticipated to affect communities during the planning period. In addition to these disease-specific risks, drought and floods remain significant, underlying drivers of health emergencies across the region. Accordingly, a total of **5,492,890 people** is estimated to be at risk and **1,976,917** will be targeted for life-saving health interventions under the 2026 EPRP.

Table 12: Estimated affected population based on the zone and districts for 2026 EPRP.

Potential health hazards	**Zones**	**Number of *Districts* to be affected**	**Estimated affected population / Potential Scale**	**Observations**
War/Conflict	All zones	All district	1,000,000 new	No peace agreement between Gov.t and OLF Shene and Amhara Fano militants
				Wolkait and Raya kobo identity question
				Ethnic violence in some regions of the country
Cholera	All zones	120	2,212	Previous years and recent trend analyses
				The continuous flow of IDPs from Oromia and other regions and within region, drought, and flooding
				Poor sanitation and WaSH at HHs and Holy water site
Measles epidemic	All zone	83	1,307	Previous year's trend analyses
				Presence of IDPs and Drought
				Disruption of the Health Service and routine vaccination in war/conflict-affected areas
Malaria epidemic	All zones	110	925,996	Previous years' trend analyses
				Decrement of IRS supply
				Delayed LLIN replacement and poor utilization.
				Health service interruption (due to conflict)
Scabies	All zones	120	32,430	Previous year's trend analysis
				The current case surge may contribute for the increased case burden
				Presence of IDPs and Conflict (affect WaSH services)

Rabies	All zones	156	9,672	Previous year's trend analyses
				Poor dog vaccination practices &high no of street dogs
				Low awareness of the community
Anthrax	16 zones	52	1,300	Previous year's trend analyses
				Poor animal vaccination practice
				Drought and conflict (interrupt basic services)
Chemical poisoning/ Suicide	All zones	156	4,000	Previous year's trend analyses
				Economic burden and inflation
Total			**1,976,917**	This is the number of peoples that will be directly affected by the anticipated public health events.

Conflict

Hazard description: The Amhara Region is currently facing serious political instability and ongoing conflicts both within the region and from neighboring areas, including Sudan. Rising political tension between Eritrea and Ethiopia has increased the risk of a new war between the two countries. In addition, unresolved political and boundary issues between Tigray regional forces and the federal government have created fear of renewed civil war despite the Pretoria Peace Agreement.

The security situation in the neighboring Benishangul-Gumuz Region—particularly in Metekel Zone—has recently deteriorated following the expansion of Shene forces into multiple woredas. This escalation increases the likelihood of further conflict and displacement, with potential spillover effects on the Amhara Region. Within Amhara Region, conflict has emerged across several zones, presenting a heightened risk of further escalation. These incidents have already resulted in significant damage to health infrastructure and essential medical supplies. For instance, the recent conflict in South Gondar Zone led to the complete destruction of the zonal health department's storage facility, the burning of ambulances, and the looting and damage of medicines and medical equipment. Additionally, the national elections scheduled for May 2026 may further elevate tensions and increase the risk of conflict within the region and surrounding areas.

Over the past five years, persistent insecurity has driven widespread displacement, increased food insecurity, and severely limited access to essential health services. In 2024, an estimated 3.9 million people were identified as requiring urgent humanitarian assistance—among them large numbers of children, pregnant women, and lactating mothers who face critical shortages of food and medical support (DRMC, 2025 EPRP). The overall humanitarian situation continues to worsen due to disruptions in basic services, including health facilities, markets, fuel supply, internet connectivity, road transportation, and population movement. Many people have been killed or injured, and millions more have been affected in various ways. The health sector has been particularly hard hit, with numerous health facilities damaged or rendered non-functional.

Conflict has also constrained the delivery of medical supplies to health facilities and restricted the mobility of health workers both within the region and across regional borders. Damage to infrastructure, housing, businesses, and transportation networks—combined with large-scale displacement—has further reduced access to essential health services. The most affected populations are those living in remote, conflict-affected, drought-prone, and other high-risk areas. The conflict has

also severely hindered the free movement of goods and labor both within the region and across borders, significantly affecting the availability of essential commodities. Limited transport access, combined with security risks, has hindered many individuals from lower- and middle-income households from migrating in search of labor opportunities in more stable areas. This situation has impacted on food security, as many families, rather than seeking new income sources, have opted to remain at home and deplete their existing food stocks. The most vulnerable populations are those located in remote, conflict-affected, and drought-prone areas. These areas are also more prone to drought, further complicating food production. The influx of displaced persons (IDPs) from Oromia, Benishangul, and other regions, fleeing violence and conflict, has also placed an additional strain on food resources and humanitarian support systems in the region.

Looking ahead to 2026, given the ongoing and intensifying nature of the conflict, with escalating military engagements and increasing capabilities of armed actors, the Emergency Preparedness and Response Plan (EPRP) team has projected that around one million people will be newly affected by the conflict. In addition to this, the region is already hosting 484,664 IDPs and 783,578 returnees who have been displaced for extended periods and recently returned to their village. As of February 21, 2026, about 484,768 displaced people, including children under five, received free essential health services. Among them, 21,782 people with mental health conditions and 6,725 survivors of sexual and gender-based violence received specialized support through mobile health and nutrition teams and nearby health facilities. Overall, the total population in need of emergency food assistance due to conflict impact will reach 734,768 people (DRMC, meher seasonal Assessment). The humanitarian community must prioritize urgent interventions, including food assistance, health services, protection, and support for displaced populations to mitigate the impact of this protracted crisis. Since the start of the conflicts, the health system has been heavily affected by facility damage and looting, service interruption, attack and displacement of health workers, disease outbreaks such as cholera, malaria, mpox, and measles, increased chronic disease burden, mental health problems, sexual and gender-based violence, and malnutrition.

The Northern Ethiopia conflict caused large-scale destruction of public services, including 1,850 health posts, 450 health centers, 40 hospitals, more than 4,700 schools, and 1,341 water points. Many of these facilities have not yet been fully restored. Continued regional conflict has further damaged 488 health posts, 194 health centers, and 15 hospitals, along with significant loss of health commodities. As a result, more than 75% of the population faces difficulty accessing basic health services. Due to ongoing conflict in the region, many facilities have been fully or partially damaged, health commodities have been looted, and access to health services and supplies has been restricted, thereby affecting and compromising access to quality healthcare for millions of people in the region.

Although efforts are being made by the government and partners, many health facilities remain unrepaired and cannot provide full services in conflict-affected areas. Due to the Sudan conflict, 172,456 refugees and returnees crossed through the Metema point of entry by till February 21, 2025. Among them, 65,677 were Ethiopians and 106,779 were foreign nationals. All arrivals were screened for diseases, and as of February 21, 2026, about 202,690 medical consultations and services were provided. Refugee influx has further strained already limited health resources.

Geographical location: The ongoing conflict between government forces and Unidentified Armed Groups (UAGs), affecting several woredas across nearly all zones of the region, continues to have a severe humanitarian and socio-economic impact. Additionally, the ethnic-based conflict in the Oromia region, combined with the current unrest in Amhara—including sporadic inter-communal violence in

areas such as Chilga, Ataye, Jawi, Quara, and Tsegabji—has led to significant displacement, loss of life, injuries, and widespread damage to infrastructure. In March 2026, armed confrontations intensified markedly across various parts of the region, particularly in South Gondar, North Wello, and Wag Hamra zones. The situation has become highly aggravated, with reports of intensified clashes in key areas of South Gondar, including Guna Begemidir, Nefas Mewcha (Lay Gayint), Dera, Hamusit town, Farta, and Fogera.

Early Warning Triggers: The situation in Amhara is expected to remain highly volatile throughout 2026. Continued fighting between Unidentified Armed Groups (UAGs) and government forces is likely to exacerbate existing vulnerabilities and create new affected populations. A potential military confrontation between Ethiopia and Eritrea would further deteriorate the humanitarian environment, leading to increased casualties, displacement, damage to health facilities, disruptions to essential services, and interruptions in supply delivery and referral systems. Zones bordering Tigray are anticipated to face heightened risks due to their proximity to active conflict areas.

Widespread destruction of infrastructure, including healthcare, education, and transportation—has significantly deepened community vulnerabilities. Intensifying military operations, coupled with the growing capacity of UAGs, continue to elevate the risks of expanded conflict, increased loss of life, and rising casualty figures. This escalation is expected to affect millions more people, further aggravating the humanitarian crisis and increasing the need for coordinated, sustained assistance for both internally displaced persons (IDPs) and the widely affected population. Based on previous conflict patterns, an estimated 143,512 people may sustain injuries. Of these, more than 11,723 individuals are likely to require orthopedic care and blood transfusions, while over 440 may need intensive care unit (ICU) admission. Many health facilities are at risk of damage, and more than **15,000** health workers could face displacement. Disruptions to disease surveillance systems may delay outbreak detection and response. Additionally, movement restrictions, reduced productivity, and rising inflation have further weakened livelihoods, contributing to increased food insecurity and malnutrition. Immediate and sustained humanitarian support will be essential to mitigate these challenges.

Furthermore, if the conflict in Sudan persists or escalates, the region may face an influx of returnees and refugees seeking safety and assistance. The impact of ongoing conflict on populations trapped in inaccessible or active conflict areas within the region remains severe and continues to require urgent attention.

Planning assumptions: The conflict and tensions in the region are expected to persist throughout 2026, further deteriorating social, economic, and humanitarian conditions. Ongoing insecurity has resulted in deaths, injuries, displacement, and restricted access to essential services. Damage to health, education, and transportation infrastructure has heightened community vulnerability and increased humanitarian needs. As a result, existing challenges, particularly food insecurity, are likely to deepen in affected areas.

Security and Governance Challenges: The federal and regional governments are expected to face significant challenges in ensuring the security and protection of citizens in the coming months. Ethnic-based conflicts, along with the ongoing violence in the Amhara region, will likely remain difficult to contain without meaningful political reforms or a comprehensive peace agreement. Restoring stability and ensuring the safety of communities particularly in conflict-prone areas will require substantial adjustments in governance approaches and security strategies. Tension, frequent Pressure, and Impulses to conflict between Tigray peoples liberation force (TPLF) forces and the Ethiopian national

defense force (ENDF); This appears ongoing political tensions in Tigray and bordering zones of Amhara region which could trigger renewed violence, affecting neighboring districts and health facilities. Divergent views on social media and political elites' sayings regarding the conflict's causes and consequences further complicate the situation.

Tension between Eritrea and Ethiopia: Military movements and political tension may lead to war, resulting in large-scale displacement, casualties, health facility damage, disease outbreaks, disruption of supply chains, attacks on health services, and increased mental health and Sexual and Gender-Based Violence (SGBV) cases.

Access Issues: Several key challenges contribute to this issue:

- **Transport and Access Barriers:** Private transport companies are reluctant to operate in the region due to security risks, including the potential diversion of vehicles by armed groups, risk of asset loss, excessive taxation along transport routes, and the threat of kidnapping for ransom. The sporadic road blockages and movement restrictions further exacerbate these issues, leading to increased transportation costs. This is especially problematic in remote areas, where commodities and essential supplies struggle to reach local markets.
- **Fuel Shortages:** A significant fuel shortage in oil stations is a major barrier to the timely delivery of medical supplies, food and other goods. This shortage is compounded by delays in oil transportation and the use of fuel as contraband, further limiting mobility in the region.

In summary, assessments are essential at various stages of conflict to inform response efforts, prioritize needs, and ensure that interventions are effective in addressing the challenges faced by affected populations.

Cholera

Description of the Hazard: Cholera is an acute watery diarrheal disease caused by infection of the intestine with the gram-negative bacteria *Vibrio cholerae*, either type O1 or O139. Both children and adults can be infected. It is one of the key indicators of social development and remains a challenge to countries where access to safe drinking water and adequate sanitation cannot be guaranteed. Cholera has the potential for an explosive pattern of outbreaks than other categories of acute watery diarrheal (AWD) diseases. Unless treated promptly, it quickly leads to severe dehydration and death. The case-fatality rate in untreated cases may reach 30–50%. If the cases are treated properly, the case fatality rate lowers to below 1%.

Geographic distribution: Cholera remains a major public health challenge in many African countries, including Ethiopia. In 2025, the WHO African Region reported outbreaks in 19 countries. Ethiopia has experienced recurrent devastating outbreaks, with the current outbreak beginning on August 27, 2022. Between January 1, 2024, and April 27, 2025, a total of 31,090 cases and 312 deaths were recorded.

The Amhara region is among the high-risk areas for cholera in Ethiopia, with contributing factors present across various districts. The region has a long history of recurrent outbreaks. Available data show that in 2006, 2007, 2008, and 2009, Amhara recorded 13,337, 5,989, 2,289, and 3,037 cases, respectively. After a seven-year lull, an outbreak was reported in Debre Birhan town in the first week of July 2016, subsequently spreading to woredas in North Shewa zone and Bahir Dar Zuria (Andassa Holy Water site). By November 2016, the outbreak had expanded to 102 woredas, representing 68% of the region. Another outbreak began in the second week of February 2017 and continued until November 2017, affecting 76 woredas, most of which had also experienced cholera in 2016. In 2018,

an outbreak was reported in West Armachiho woreda on August 24 and lasted until October 26. Additional outbreaks emerged in late April 2019 in Wag Himra (Abergele) and North Gondar (Telemet, Beyeda). Between 2023 and 2025, Amhara region experienced three distinct outbreak episodes. The first began in July 2023 in West Gondar Zone (Bermil St. George Holy Water site), the second in April 2024 in the Oromo Special Zone, and the third in January 2025, again in West Gondar Zone (Bermil St. George Holy Water site). The first episode spread to 58 woredas across 16 zones.

As of December 18, 2023, it had resulted in 4,983 cases and 90 deaths, with a case fatality rate (CFR) of 1.81%. After 110 days with no reported cases, the second episode emerged in the Oromo Special Zone and expanded to 44 woredas across 20 zones or city administrations. As of December 9, 2024, it accounted for 4,685 cases and 67 deaths (CFR 1.43%).

Following 23 days with no reported cases, the third episode began in January 2025 in the Quara district of West Gondar Zone. As of December 15, 2025, this episode had resulted in 4,056 cases and 30 deaths (CFR 0.7%).

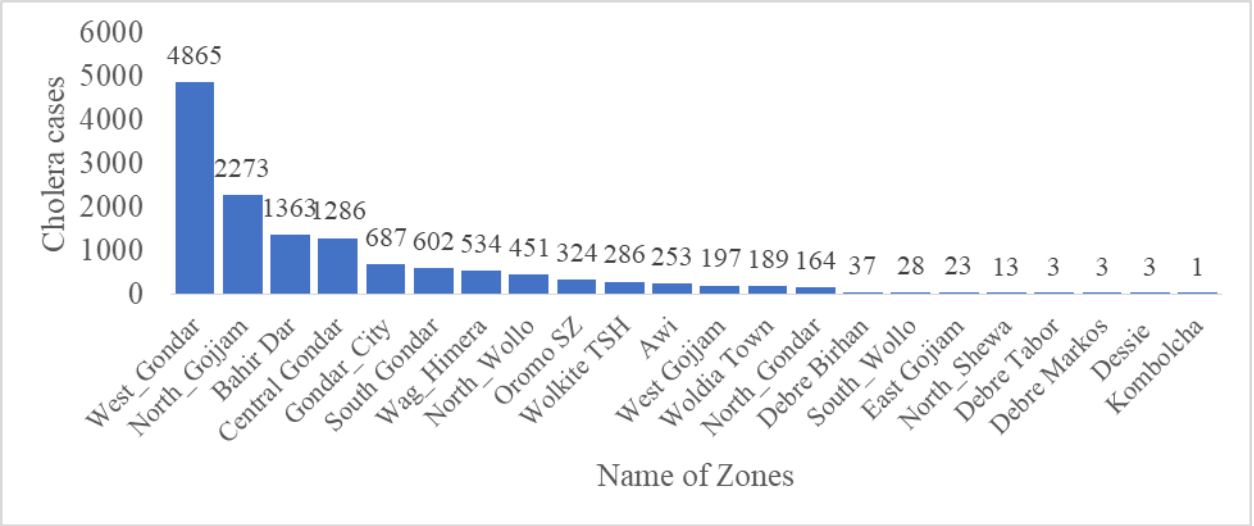


Figure 3:Cholera Cases by Zone, Amhara Region, Ethiopia, July 2023-2025.

Hotspots and risk areas for cholera outbreak:

- **Previous history of cholera outbreak (having local transmission):** In the last three episodes of cholera outbreak in 45 woredas, an estimated of 7,750,651 people were at risk.
- **Holy water sites**: The region is home to numerous holy water sites that attract large numbers of people, yet access to safe water and sanitation remains inadequate. Accordingly, holy water sites with a history of cholera outbreaks and/or an average of 500 or more attendants per day include the following: in Bahir Dar Zuria, Andasa, Abunehara, Tikurit Medhanialem, Arsema, Gordema, Negede Mariam, Zerabiruk, Wereb, and Shimbit Michael holy water sites; in Bure Town, Baguna Hana holy water site; in Sekela, Zera Biruk holy water site; in Dera, Wonkeshet Gebriel, Wanzaye, Gena Cherkos, and Arsema holy water sites; in Fogera, Sirara Mariam, Alember Abo, and Tankua Gebreal holy water sites; in Mojana Wodera, Tsadkanie Mariam, Debre Mitmak, Dinshiq Medhanialem, and Ajana Michael holy water sites; in Menze Lalo Midir, Zebir Gebriel, Trnawenz, Egua, and Chelemit holy water sites; in Minjar Shenkora, Shenkora Yohannes holy water site; in Debre Birhan City, Seminesh Kidanemiheret, Alesas, Siwurua Mariam, and Kuke Yelesh Mariam

holy water sites; in Debre Markos Town, Arsiema holy water site; in Kallu, Harbu Felwuha holy water site; in Enarej Enawega, Jiru Gebreal holy water site; in Awabel, Tsabit Georgis holy water site; in Enemay, Dima Giorgis and Yetmen Abo holy water sites; in Libo Kemkem, Tara Gedam holy water site; in Yilmana Densa, Abune Zera Biruk and Kidest Arsema holy water sites; in North Achefer, Gug Ambo holy water site; in North Mecha, Kirkagna Tkeste, Yichali Arsema, Dil Betigl Nada Mariam, and Deremeni Mariam holy water sites; in Guna Begemidr, Megendi Georgis holy water site; in Estie, Estie Yohannes holy water site; in Quara District, Beremil Giorgis and Mirt Kidanemihret holy water sites; in Beyeda, Kidus Yared and Finzerara Kidanemihret holy water sites; in Janamora, Mekorie, Tetekoch, and Chenek Medhanialem holy water sites; in Quarit, Segodi holy water site; in Fagita Lakoma, Ashewa Medhanialem holy water site; in East Dembia, Kidanemihret holy water site; in Lay Armachiho, Gind Metaya holy water site; in Tach Armachiho, Ashere holy water site; in Woldiya, Woldiya Teklehaymanot and Mamecha Teklehaymanot holy water sites; and in Gubalafto, Mecharie Georgis, and Arsema, Gordema, Negede Mariam, Zerabiruk, Wereb and Shimbit Michael holy water sites in Bahir Dar.

- **Farm investment areas:** include West Armachiho, Metema, and Quara woredas in West Gondar zone; Tegede woreda in Central Gondar zone; Debre Elias, Basoliben, and Gozamen woredas in East Gojjam zone; Jawi and Ayehu Guagusa in Awi zone; Tegedie, Kafta Humera, and Wolkait woredas in Wolkait Tegede Setit Humera zone; and Jabitehnan woreda in West Gojjam zone. A large number of daily laborers travel to these areas for harvesting, with an estimated 1,005,066 individuals.
- **Internally displaced peoples (IDPs):** currently 484,768 IDPs are living in host communities and collective sites. As of epidemiological week 7, 2026, a total of 56,270 (11%) IDPs reside in 32 collective sites across 25 woredas, while the remaining 89% live within host communities. Collective IDP sites lack standard shelter and adequate water, sanitation, and hygiene (WASH) facilities, resulting in visible open defecation and poor waste management. This situation places these woredas at high risk for a cholera outbreak, with the at-risk population in collective IDP sites.

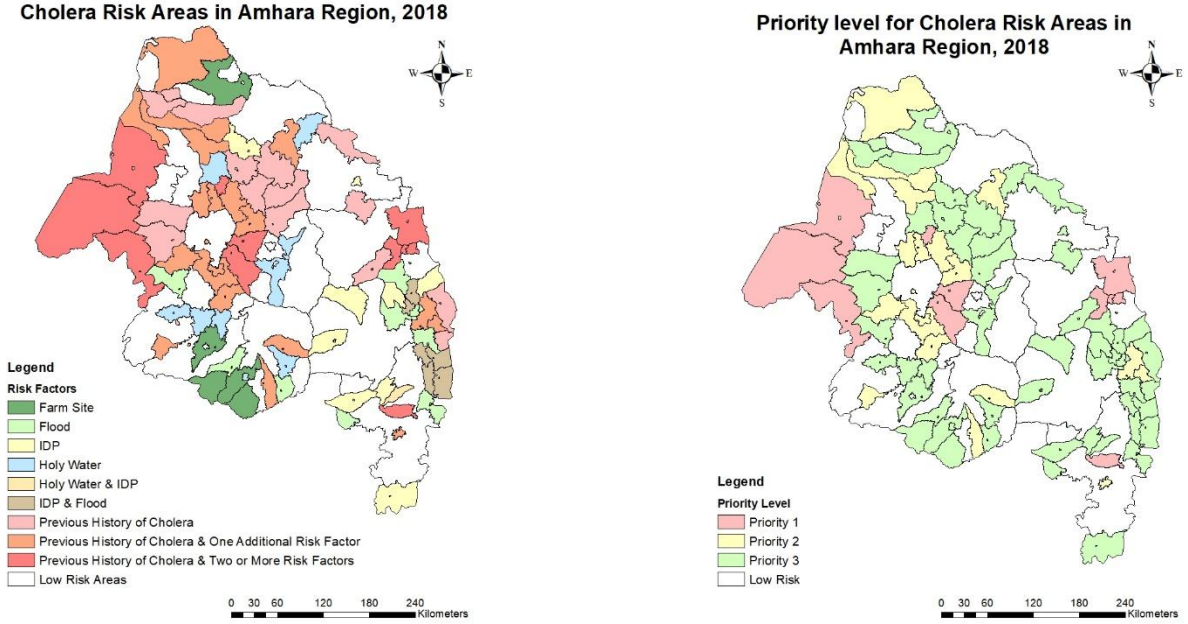


Figure 4:Woredas by risk level of cholera and its priority level, Amhara region, 2026.

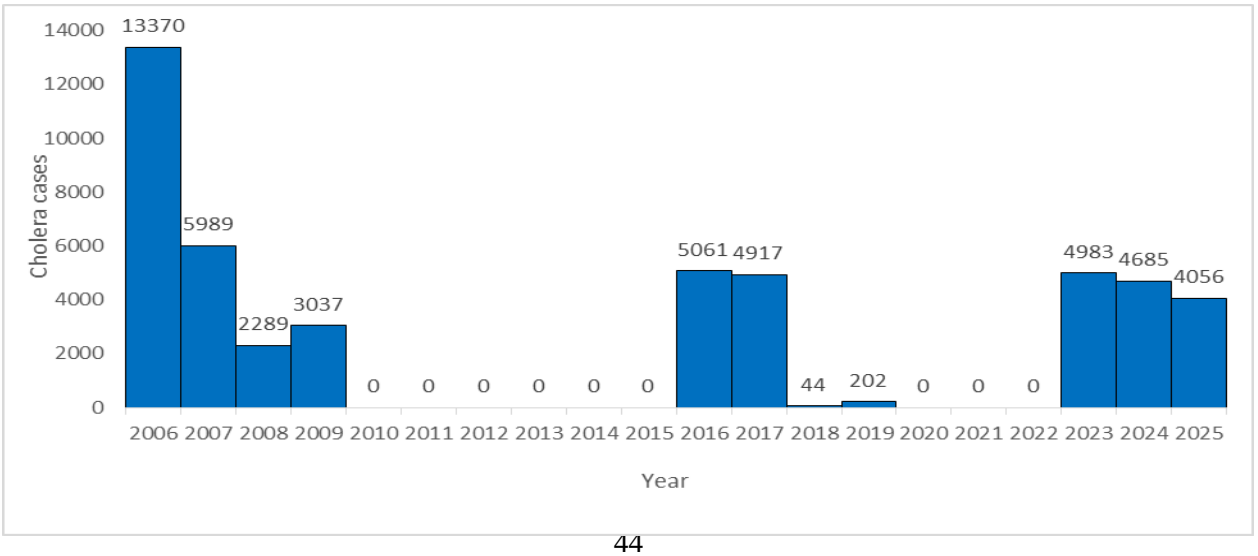
Triggers:

- Contaminated water sources
- Poor sanitation infrastructures with low hygiene and sanitation practices
- Poor hygiene practice mainly open defecation
- Natural disasters and climate change (Drought and water scarcity)
- Internal displacements
- Population movements (to farm sites and holy water sites)
- Overcrowdings
- Inadequate safe water access
- Contaminated food (Eating raw fruits and vegetables)
- Environmental reservoirs
- Malnutrition
- Chronic illness
- Conflict

Trend: Over the past twenty years, the region has experienced recurrent cholera outbreaks. Between 2006 and 2009, a total of 24,652 cases were reported, though no mortality data are available for that period. In 2016, 5,061 cases and 45 deaths were recorded, with a case fatality rate (CFR) of 0.9%. The outbreak recurred between February and November 2017, resulting in 4,917 cases and 71 deaths (CFR: 1.4%). Subsequent outbreaks were reported in 2018 (44 cases, no deaths) and 2019 (202 cases and 14 deaths), with a notably higher CFR of 6.9% in 2019.

On July 15, 2023, a new outbreak began in Quara District, West Gondar Zone, at the Bermil St. George Holy Water site. The outbreak subsequently spread to 58 woredas across 16 zones. As of December 18, 2023, a total of 4,983 cases and 90 deaths had been reported, corresponding to a CFR of 1.81%. After 110 days with no reported cases, a second outbreak episode began in the Oromo Special Zone and expanded to 44 woredas across 20 zones and city administrations. As of December 9, 2025, this episode had resulted in 4,685 cases and 67 deaths (CFR: 1.43%). Following 23 days with no reported cases, a third episode was reported from Quara District in West Gondar Zone, beginning in January 2025. As of December 15, 2025, this episode accounted for 4,056 cases and 30 deaths (CFR: 0.7%).

Figure 5:Trend of cholera cases by year from 2006 to 2025



Humanitarian consequence

Cholera outbreaks pose serious humanitarian challenges, particularly in communities with limited access to safe drinking water, adequate sanitation, and healthcare services. Without prompt treatment, the disease can cause severe dehydration, potentially leading to death within hours. This often results in elevated mortality, especially among children, while placing significant strain on already fragile health systems.

During such emergencies, immediate support is critical, including access to safe water, hygiene supplies, and proper sanitation facilities to control the spread of the disease. Populations in displacement camps, conflict-affected areas, and disaster-hit regions are especially vulnerable. These communities frequently face additional hardships, including reduced household income due to illness or caregiving responsibilities, increased medical expenses, and disruptions to livelihoods, local markets, farming activities, and trade. Beyond the immediate health impacts, cholera outbreaks can also have long-term consequences, such as economic strain on affected regions, interruptions in education, and lasting social and psychological effects on communities.

Planning Figure and Assumptions

Considering the factors outlined above, a total of 10,381,233 individuals from the general population and 72,833 internally displaced persons (IDPs) residing in collective sites have been identified as at risk for cholera in 2026 (2018 EFY). The attack rate (AR) was calculated using 2025 cholera cases, resulting in an AR of 0.04% for the general risk population. For the IDP population, an AR of 0.37% was applied based on 2024 cholera case data from Jara IDP site. Using these attack rates, an estimated 4,423 individuals are projected to be infected with cholera in 2026.

This Emergency Preparedness and Response Plan (EPRP) cover the subsequent six months, during which it is anticipated that 50% of the estimated annual cases will be addressed. Accordingly, approximately 2,212 individuals are expected to be infected between January and June 2026. Recent outbreak data indicate that 52% of reported cholera cases were classified as severely dehydrated. Based on this proportion, it is projected that around 1,151 individuals will experience severe dehydration during this period.

Assessment requirements: - Cholera outbreak may occur with a sudden onset when there are risk factors and cholera outbreak in neighboring regions. Therefore, a seasonal assessment of risk factors and investigation of suspected cases will be done.

Malaria

Hazard description: Malaria is the most important vector-borne parasitic disease and an acute febrile illness caused by Plasmodium parasites, which are spread to people through the bites of infected female Anopheles mosquitoes. There are five parasite species that cause malaria in humans. Plasmodium falciparum (P. falciparum) and Plasmodium vivax (P. vivax) is the major cause of Malaria. P. falciparum is the deadliest malaria parasite and the most prevalent in the African continent. In areas with high transmission of malaria, children under five years and pregnant mothers are particularly susceptible to infection, illness and death. More than 75% of all malaria deaths occur among children under five years of age in WHO African Region.

Geographical distribution: - Globally, an estimated 282 million malaria cases were reported in 2024 across 80 endemic countries, representing an increase of approximately 9 million cases (3%) compared to 2023. The WHO African Region continues to bear the heaviest burden, accounting for an estimated 94% of malaria cases and 95% of malaria deaths worldwide. The main contributors to the global

increase in cases were Ethiopia (+2.9 million), Madagascar (+1.9 million), and Yemen (+378,000). Ethiopia remains one of the most malaria-endemic countries in Africa, with 69% of its population at risk of malaria.

Amhara Region is among the leading high-burden regions for malaria in Ethiopia, accounting for approximately 26% of the national caseload. Within the region, 80% of the landmass is favorable for malaria transmission, and 82% of the population lives in malaria-risk areas. During the first six months of 2026/27, Amhara Region reported 925,996 malaria cases, with a case fatality rate (CFR) of 0.002%. Among these cases, children under five years accounted for 117,400 (12.7%), and pregnant women accounted for 12,525 (1.4%). *Plasmodium falciparum* was the predominant species, comprising 521,926 cases (56.6%). Of the total reported malaria cases, 213,887 (23.1%) were reported from development corridors.

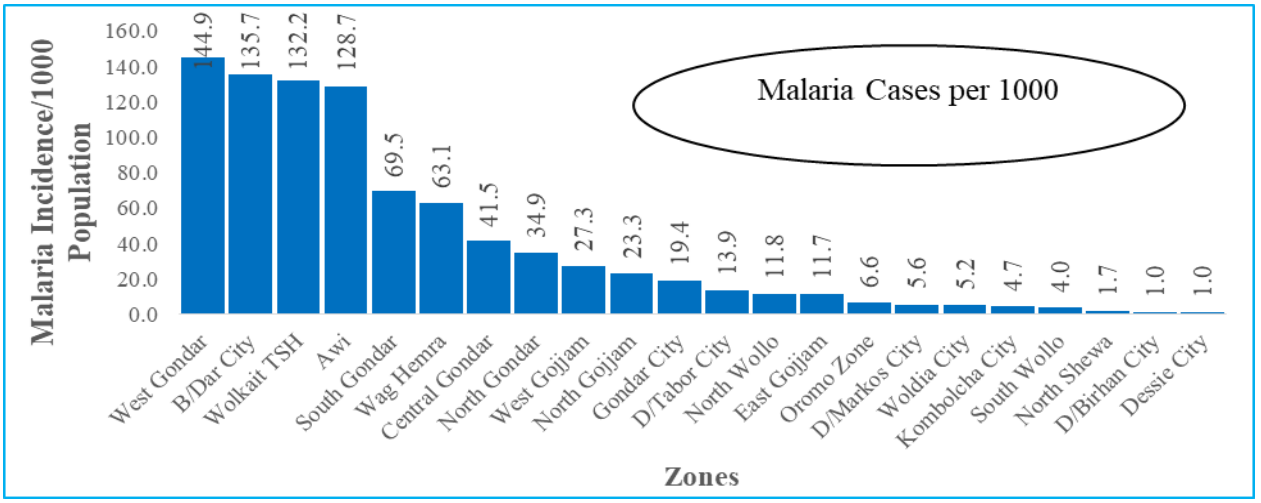


Figure 6: Distribution of Malaria cases per 1000 population by zones, Amhara Region, 2025/26

Malaria responses are challenged by ongoing conflict, internal displacements, low utilization of long-lasting insecticidal nets (LLINs), late LLINs replacement, low coverage of Indoor Residual Spray (IRS), low performance of environmental management, shortage and stock out of antimalaria drugs and supplies, last mile delivery problem and access restrictions and expansion of agricultural irrigation sites.

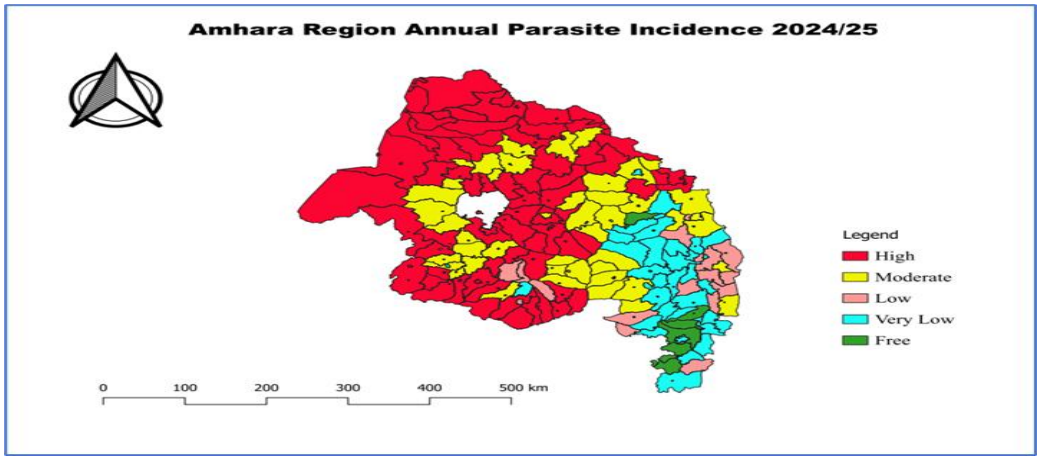


Figure 7:Woreda stratification based on malaria cases/1000 population, Amhara Region 2025/26.

Early Warning Triggers:

A malaria early warning system helps detect and predict outbreaks early, enabling timely response and reducing disease burden.

Key **triggering factors** that can cause an increase in malaria transmission includes:

- **Climate factors:** Heavy rainfall, high temperature, humidity, and unusual weather patterns.
- **Environmental changes:** Deforestation, flooding, drought, and poor water management creating breeding sites.
- **Population movement & behavior:** Migration, and daily laborers' movement from low burden to high burden areas increased outdoor exposure, and low bed net use.
- **Weak health systems:** Limited access to diagnosis, treatment, and preventive tools as well as the declining health post level malaria services. The 2018 EFY report (first seven months) shows that only 23% of suspected malaria cases were tested at health posts, far below the expected ≥70%.
- **Resistance:** Mosquito resistance to insecticides and parasite resistance to drugs.
- **Socio-political factors:** Poverty, conflict, displacement, and weak program support.
- **Vector dynamics:** Increased mosquito population or introduction of new species (e.g., *Anopheles stephensi*).
- **Low population immunity:** Reduced immunity in low-transmission areas.
- **Weakened surveillance:** The ongoing conflict resulted in weakened surveillance and delayed detection and response capacity.

Trend: - In the last five years (2021/22 to 2024/25), a total of 5,990,026 malaria cases were treated with anti-malaria drugs from 19,471,988 malaria-suspected outpatients diagnosed in the region with the average annual confirmed malaria cases of 1,198,005. A total of 112,164 cases were treated clinically in these years. From the malaria confirmed cases, 3,800,685 (64%) were identified by microscopy, whereas 2,126,158 (36%) cases were diagnosed by RDT.

Even though some districts are not fully reporting malaria cases in 2025/26 due to conflict and related emergencies in the region, the number of malaria cases is not decreasing as expected. Despite malaria cases being reported throughout the year, there was a fluctuating trend of malaria in the region (see figure below).

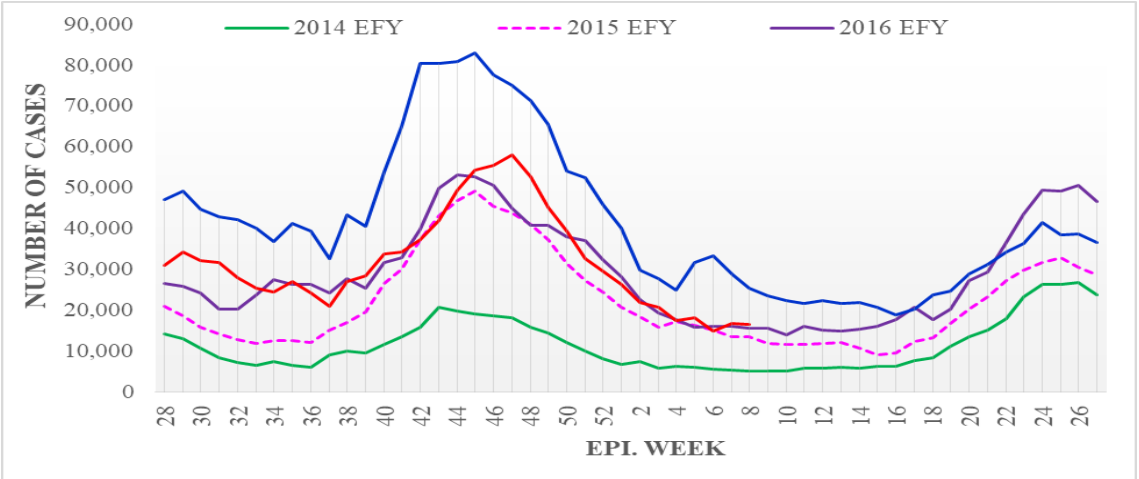


Figure 8:Trend of malaria cases by Epi-week from 2014 to 2018 EFY

Humanitarian Consequences: - Increased mortality and morbidity, increased burden on the health care system, dysfunction in the working force of the region and Loss of productivity due to illness, and impact education, as children may miss school due to illness or caretaking responsibilities for sick family members.

Planning assumption

Scenario one (transmission continued in constant situation)

Malaria is seasonal and unstable in the country as well as in Amhara Region. The risk population, hotspot areas, proportion of malaria in of Under five children and pregnant mother, Test Positivity Rate (TPR), Microscopy and RDT proportion, PF, P.V and Mixed cases proportion, and attack rate were considered for planning based on the previous year's data. Annual parasite incidence is the most important criterion for malaria intervention. Districts or Kebeles having annual parasite incidence greater than or equal to 50 are eligible for IRS. In our region, 422 kebeles in 16 districts with 929,505 houses are eligible for IRS in 2026. Considering LLINs distribution, all woredas with annual parasite incidence greater than ten and less than 50 are eligible for LLINs distribution. Accordingly in 2026 a total of 1,430,195 households are expected for LLINs replacement. In addition, 4,250 liters of Aquatin larvicide chemical was planned based on the number of permanent mosquito breeding sites and the total area covered in meter square.

Scenario two (Districts and kebeles shifts from moderate to high transmission): A large number of confirmed malaria cases per 1,000 population are reported in the upcoming six months as compared to the last five years in the minor season. The test positivity rate exceeding 40 percent in at least 25% of the districts indicates intense and ongoing transmission within the community. Parasite prevalence is 20 percent or higher among children, demonstrating widespread infection, particularly in vulnerable age groups.

Scenario three (Districts and kebeles shifts from low to high transmission): A large number of malaria transmissions occur throughout the year in an increasing manner during the peak rainy seasons. The burden of disease is especially high among children under five years of age and pregnant women, who are at greater risk of complications. Reports of severe malaria frequently occur, leading to an increase in hospital admissions and a rise in malaria-related mortality.

By considering this fact and based on different situational conditions, the number of malaria cases expected to occur in the next six months is 213,506 with the minimum and maximum weekly cases of 9,155 and 29,664 respectively. (See the Figure below).

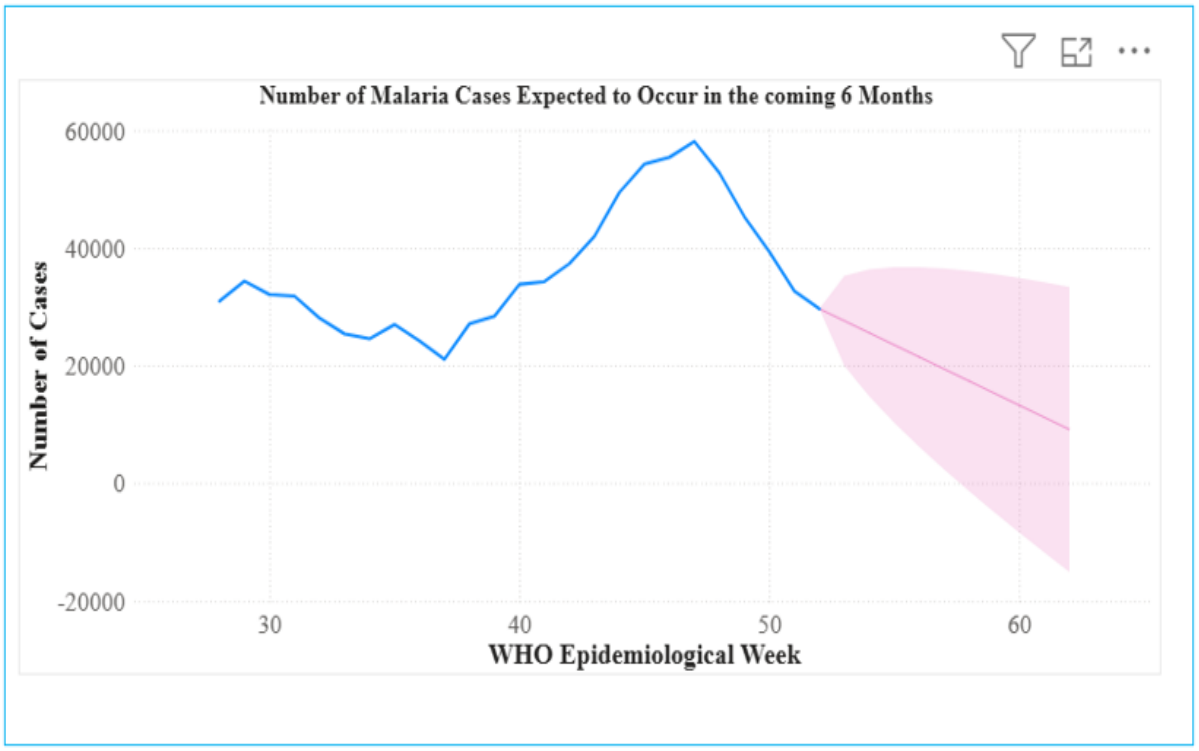


Figure 9:Number of Malaria cases expected in the next 6 months (from February to July), 2026

Assessment requirements: - Malaria cases increase seasonally in a varying level of transmission. So, seasonal assessment of malaria should be done in high malaria-risk areas.

Measles

Hazard description: Measles is a highly contagious viral disease transmitted through respiratory droplets and remains a major global public health challenge despite the availability of effective vaccines. In 2024, an estimated 11 million cases and over 95,000 deaths were recorded worldwide, with cases increasing even as mortality declines. The disease can cause severe complications, including blindness, pneumonia, and encephalitis, and is particularly prevalent in low-income countries with weak health systems. Ethiopia is among the countries where over 95% of measles cases and deaths occur. In settings characterized by high malnutrition and limited healthcare access, up to 10% of cases may result in death. Outbreaks primarily affect unvaccinated or under-vaccinated populations, and effective control requires maintaining at least 95% coverage with both the first and second doses of the measles-containing vaccine (MCV1 and MCV2) at national and subnational levels.

Geographical distribution: Measles remains endemic in Ethiopia, with frequent and widespread outbreaks, particularly in areas characterized by low vaccination coverage, poor infrastructure, and high population mobility. Amhara Region is among the most affected, experiencing recurrent measles outbreaks and high disease incidence.

In the 2017 Ethiopian fiscal year (EFY), 128 woredas (73%) reported at least one suspected measles case, with confirmed outbreaks occurring in 22 woredas. A total of 2,214 cases and five measles-related deaths were recorded during this period.

In the 2018 EFY (six-month report), eight woredas across four zones reported measles outbreaks, with a total of 108 cases and no deaths. The leading zones contributing to the caseload were Central Gondar, with 53 cases (49.1%), and Oromo Special Zone, with 28 cases (25.9%).

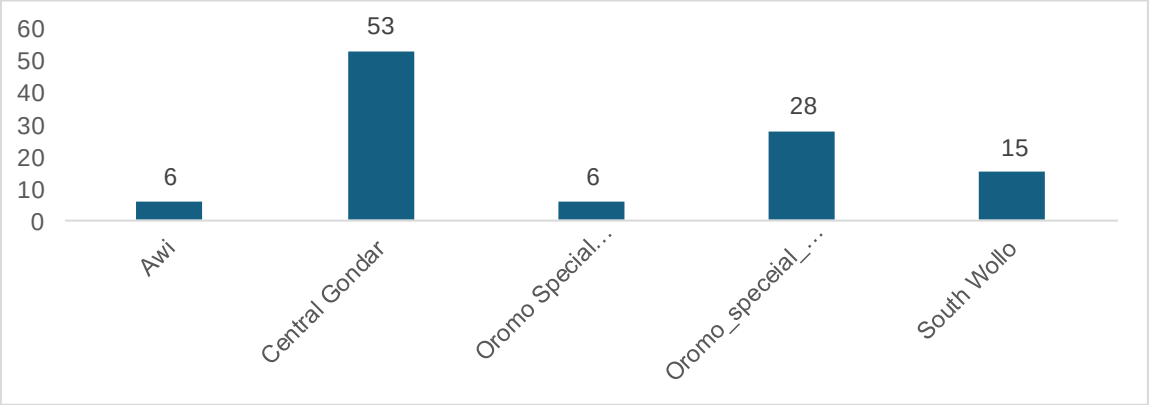


Figure 10:Number of measles cases reported by zone in 2025/2026

The regional measles attack rate was 0.4 cases per 100,000 population (from line-listed cases). Children between 1-4 years old were more affected by the disease, with an attack rate of 1.6/100,000 in population. Of all reported cases, 67 (65.7%) were male and 41 (40.2%) females.

Table 13: Number of line listed measles cases and age-specific attack rate per 100,000 population.

Age Category	Number of measles cases	Population by age group	ASAR (Per 100,000 population)
<1	6	752,837	0.8
1-4	33	2,050,855	1.6
5-14	53	6,734,619	0.8
15+	16	14,668,686	0.1
Total	**102**	**24,206,997**	**0.4**

Analysis of measles cases by vaccination status reveals that 29 cases (27%) were unvaccinated and 23 cases (21%) had received only one dose of MCV demonstrating immunity gap as a strong risk factor for measles outbreak. Gondar Zuria, Wogera, and Worebabo woredas are the region's top three measles cases reported woredas during the 2018 EFY (2025/26).

Triggers:

Early warning triggers help public health officials detect and respond to potential outbreaks before they spread widely. These includes:

- Low vaccination coverage: Routine measles-containing vaccine (MCV) coverage falling below 95% which resulted in accumulation of unvaccinated children is a major programmatic trigger for preventive campaigns.
- War/conflict: health services are interrupted, supply chains for vaccines break, and community engagement falls. This creates a perfect storm where children miss their routine vaccines.

- Presence of IDPs and refugees: These populations, often living in crowded camps with limited access to healthcare, act as a pocket for Measles outbreak. If measles is introduced into these settings, it spreads like wildfire.
- Presence of malnutrition is a major triggering factor of a measles outbreak: A malnourished child has a weakened immune system, making them far more likely to die if they contract measles. The virus and malnutrition form a vicious cycle, turning what might have been a small cluster of cases into a deadly public health emergency.

Once a threshold in the number of notifications is reached (i.e. five reported clinical measles suspected cases during a 30-day period within a woreda) or a single laboratory-confirmed measles case should trigger a public health response.

Trends: The graph shows fluctuating trends over the period 2008–2017, with several notable peaks and declines. The values start relatively low in 2008 and increase slightly in 2009, followed by a declining trend in 2010. From 2011 onward, there is a strong upward trend, reaching a major peak in 2012. This is followed by a steep decline in 2013, then a moderate rise in 2014. The highest peak occurs in 2015, indicating a significant number of people affected. After this peak, the trend declines again in 2016 and drops further in 2017.

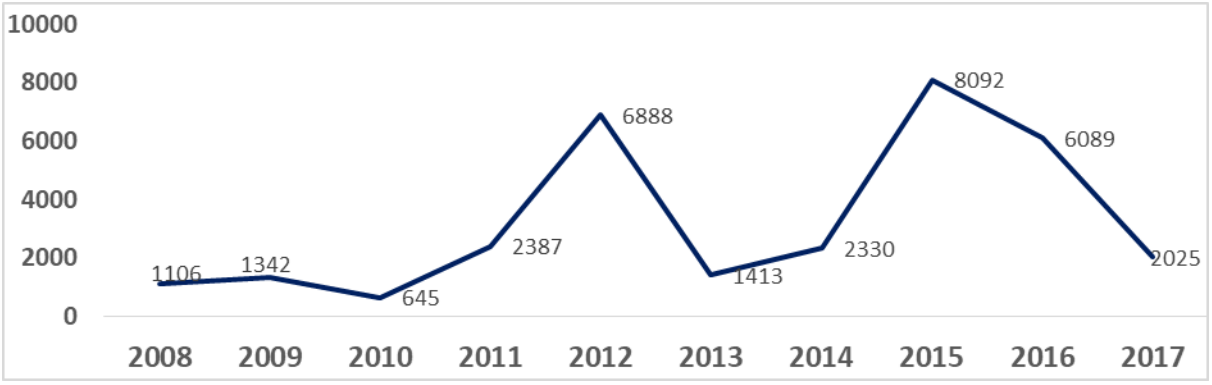


Figure 11:Trend of measles cases from 2008-2015 EFY (2016-2024/25).

History and current measles outbreak, vaccination coverage, presence of IDPs, and malnutrition are considered to classify Woredas as a measles risk. We identified 42 high-risk and 61 medium-risk woredas for the measles outbreak.

Humanitarian Consequence

In humanitarian settings such as conflict zones, refugee camps, and areas with severe malnutrition, measles outbreaks have rapid and devastating consequences, resulting in high morbidity and mortality. The virus spreads easily in crowded, unhygienic conditions, infecting up to 90% of non-immune contacts. The severity of the crisis is compounded by low vaccination coverage, malnutrition, high population density, and overwhelmed health systems.

Key humanitarian consequences include:

- High mortality and morbidity: Approximately one-third of measles cases result in at least one complication, including diarrhea, pneumonia, malnutrition, blindness, and encephalitis. In developing countries, the case fatality rate is estimated at 3–5%, but in humanitarian settings it can range from 10% to over 30%, compared to less than 1% in developed nations.
- Impact on malnourished populations: When combined with acute malnutrition, measles becomes highly lethal, accounting for over 70% of child deaths in some crises.
- Long-term disabilities: Survivors may face permanent complications such as blindness, hearing loss, and neurological damage.
- Overwhelmed health systems: Outbreaks deplete scarce medical resources and divert attention from essential services like maternity care and routine immunization.
- Rapid spread in vulnerable communities: Overcrowded conditions in camps, displacement sites, and urban slums facilitate explosive transmission, particularly among displaced populations.
- Economic impact: Outbreaks generate significant costs related to emergency response, treatment, and household income loss.

Mitigation Efforts

- Vaccination response: Immediate mass vaccination campaigns, typically targeting children under five, are prioritized in humanitarian emergencies.
- Vitamin A supplementation: Essential for reducing mortality and preventing blindness in affected children.
- Strengthening routine immunization: Targeted outreach to unvaccinated children, especially in zero-dose areas, is critical for reestablishing herd immunity.

Planning figure: The total at-risk population is 6,893,563 and the attack rate is 0.4 cases/10,000 population. The estimated number of measles cases in the next six months is 1,307.
Assessment Requirements: Measles may occur in confined living situation and in food insecured or hotspot areas. So regular assessments should be conducted in IDP and refugee-hosting areas and drought-affected areas.

Overall Planning Assumptions

The RDRMC, RHB and APHI in collaboration with local and international NGOs and UN agencies, will exercise ownership in mobilizing resources for emergency health response. The human and animal health sectors will strengthen coordination to ensure prevention and control measures are in place. The RHB and APHI, together with partners, will ensure the timely availability of minimum stocks of life-saving supplies and operational resources in the right quantities and locations.
The following assumptions should be considered before, during, and after an emergency:

- All units, departments, and activated functions will work in a coordinated manner under the direction of the Incident Commander, sharing resources toward a common goal.
- Any emergency requiring activation of the Emergency Operations Center (EOC) will be managed according to the currently active regional Incident Management System (IMS).
- The Public Health Emergency Operations Center (PHEOC) will be activated and adequately staffed, with sub-regional PHEOCs strengthened or established and assigned clear responsibilities within the emergency management structure.

- Partners, UN agencies, and private or public entities may integrate into response operations depending on the event's size and scope.
- Available stock and local resources will be utilized first; if an event overwhelms local capacity, regional assets or mutual aid agreements will be activated.
- Critical infrastructure, equipment, and supplies may be unavailable due to disasters such as conflict, floods, or landslides, potentially complicating, delaying, or reducing response effectiveness.
- Resources deployed during an emergency may necessitate the activation of health and nutrition service continuity operations.
- Emergencies may disproportionately affect at-risk and vulnerable populations, including internally displaced persons (IDPs), women, children, youth, the elderly, persons with disabilities, and people living with HIV/AIDS.
- Rumors and misinformation may spread as the public seeks information about the hazard.

Rabies

- Hazard Description: Rabies is a zoonotic viral disease that causes acute and severe central nervous disease in humans and other mammals. It is a neglegated tropical disease (NTD) that primarily affects poor, marginalized populations in Africa and Asia, causing tens of thousands of deaths annually, with 40% being children under 15. Once symptomatic the case fatality is 100%. However, rabies deaths are preventable with prompt post exposure prophylaxis (PEP. Dog bites and scratches cause 99% of the human rabies cases, and can be prevented through dog vaccination and bite prevention (WHO,2024)
- Geographic Distribution: Rabies is estimated to cause 70,000 human deaths annually in over 150 countries, with 95% of cases occurring in Africa and Asia. Due to under reporting and uncertain estimates, this number is likely a gross underestimate (CDC, 2024). In Ethiopia, dog-mediated human rabies is an endemic disease. Ethiopia accounts for the second largest number of rabies deaths of all African countries (Coetzer et al., 2016). More than 2,900 human rabies deaths occurred every year (Beyene et al. 2018).
- In Amhara region, rabies is a top-priority "immediately notifiable" disease for both human and animal health officials. Over the last seven months, nearly 87% of woredas have reported at least one case or exposure. Data from the last five years (2013–2018 EFY) reveals the scale of the crisis: over 44,000 cases or exposures and 200 deaths were recorded, highlighting a persistent and widespread public health threat.
- Furthermore, ten hospitals and eight woredas collectively account for 62.5% of the total regional caseload, indicating significant geographic clustering of cases. However, a major limitation in the surveillance data is that many cases reported through hospitals lack clear documentation of the patients' residential woreda. This gap restricts accurate geographic mapping and hampers detailed
- epidemiological analysis by place of occurrence, making it difficult to precisely identify transmission hotspots and prioritize targeted prevention and control interventions.

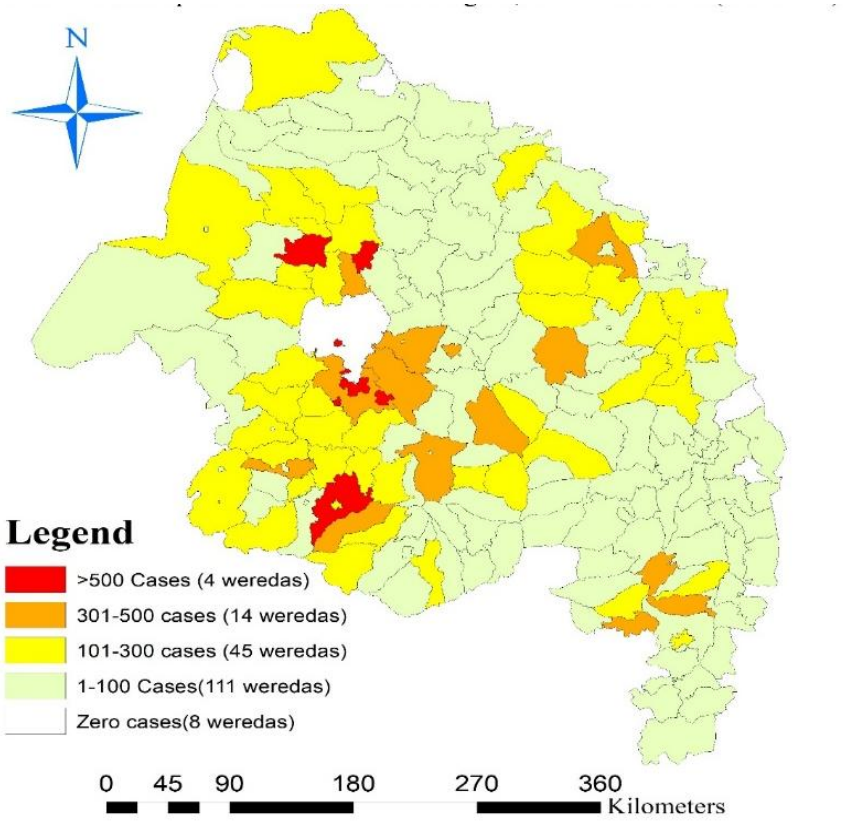


Figure 12:Human Rabies/exposure case distribution by woreda

Trend analysis

Human Rabies Trend: The yearly trend in Human Rabies shows that an increasing pattern from 2012 EFY (2019/ up to 2015 EFY (2022/23) and decreased in 2016 (2023/24). Latter starting 2017(2024/2025) the trend started an increasing patter. In the first seven months of 2018 EFY (2025/26) a total of 6,472 Human Rabies and Rabies exposure cases and 36 deaths reported in the region.

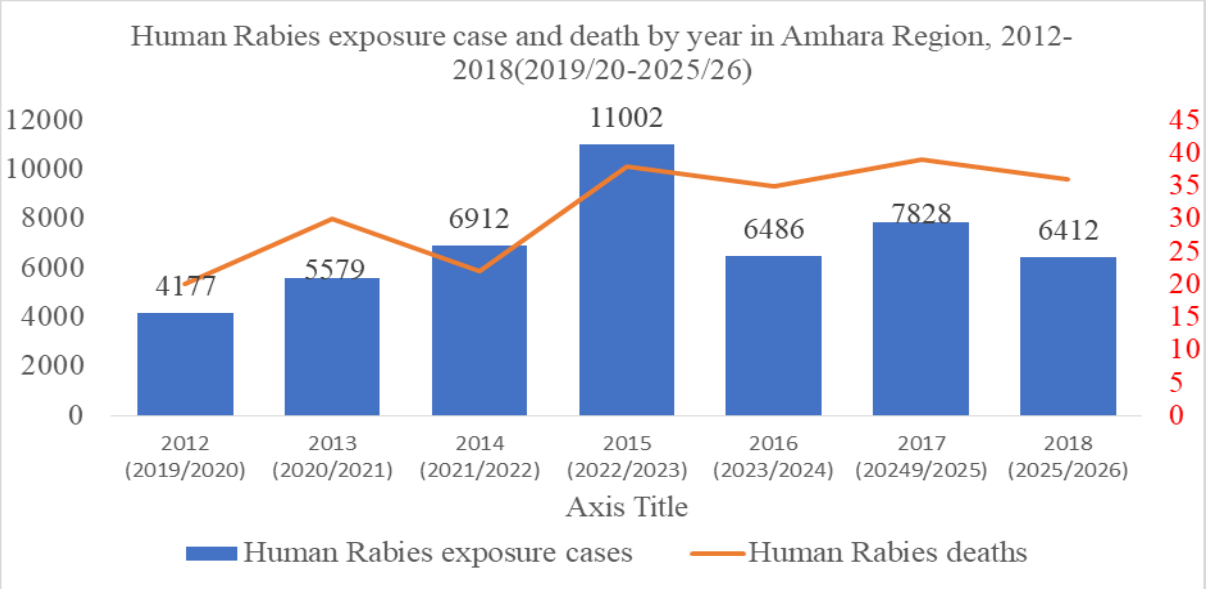


Figure 13:Trend of human Rabies/exposure cases and deaths by years

Early warning triggers

- High number of dogs including stray dogs
- Inadequate dog vaccination rates
- Lack of community involvement in prevention and control of rabies
- Limited access to health care
- Inadequate dog management practices
- Low availability and high cost of post exposure prophylaxis

Humanitarian consequence

The high incidence of rabies especially in underserved and rural communities leads to significant economic hardship and social disruption, often with long-term consequences for affected families. Despite its serious impact, rabies remains a critical but frequently overlooked humanitarian issue in Ethiopia

- **High Mortality and Child Vulnerability:** Due to limited access to Post-Exposure Prophylaxis (PEP) and poor surveillance, the disease is underreported, but it severely impacts communities resulting in fatalities, more than 60% of them are children.
- **Economic Impoverishment and High Treatment Costs:** Rabies places a significant economic burden on affected individuals and families, particularly in rural areas. The cost of a full five-dose Post-Exposure Prophylaxis (PEP) regimen ranges from approximately 7,770 to 9,000 ETB per person, which is prohibitively expensive for many households living in poverty. In addition to high out-of-pocket expenses, patients often incur substantial transportation costs due to limited local availability of vaccines, requiring travel to urban centers. Health facilities also face financial and logistical challenges, frequently traveling to Addis Ababa or regional hubs to procure PEP, further increasing overall costs and delaying timely access to lifesaving treatment.
- **Lost Livelihoods and Food Security:** Rabies is a significant threat to livestock (cattle, equines, goats). Livestock deaths directly impact on the livelihoods of pastoralists and farmers; rabies causes an average annual loss of USD 274.07 per household. (Azalu, etal 2025).
- **Limited Access to Care and Vaccines:** Dog vaccination is limited mostly to urban areas. The lack of widespread vaccination for pets, combined with limited, often unavailable, human PEP, creates a high-risk environment.
- **Psychological Distress and Ineffective Local Treatment:** The high fatality rate leads to severe psychological impact on families. Furthermore, reliance on traditional, ineffective, and potentially dangerous treatments instead of modern medical PEP is common due to, lack of awareness and in accessibility.

Humanitarian Gaps:

- **Surveillance and Diagnostic Systems:**

  Rabies surveillance remains weak and fragmented, with significant gaps in both coverage and data quality. Although a surveillance system exists, many cases are likely to go unreported, and the lack of detailed, disaggregated data limits accurate understanding of the disease's epidemiology and targeted intervention planning. In addition, fragile diagnostic systems characterized by inadequate sample collection and transportation to regional laboratories, shortages of trained and vaccinated

personnel, and limited budget for specimen transport further undermine timely detection, confirmation, and response

- **Weak One Health Collaboration:** Although efforts are increasing, there is a need for stronger, coordinated, intersectoral, in some cases, collaboration between animal and human health sectors for effective control.
- **Lack of legal framework: -** There are currently no enforced regional laws regarding mandatory dog registration, Vaccination, licensing, or owner accountability, which are essential for long-term dog population management
- **Low Public Awareness and Traditional Beliefs:** A significant portion of the population initially seeks treatment from traditional healers rather than medical facilities after a bite. Misinformation, shortage of Post-Exposure Prophylaxis (PEP) and a lack of knowledge about the fatal nature of the disease lead to dangerous delays in seeking medical care.
- **Inadequate Dog Vaccination Coverage:** Mass dog vaccination is the primary control method, yet regional coverage not known. Reports from the Amhara Livestock and Fishery Resource Development Bureau indicate that 89,835 dogs were vaccinated against rabies during the 2017 EFY.
- **Geographic Inaccessibility:** To optimize the limited supply and prevent artificial shortages treatment centers are often located in 14 sites only throughout the region.
- **Supply Inconsistency:** Inconsistent availability of modern cell-culture vaccines and a total lack of rabies immunoglobulin (RIG) within the region further hinder effective treatment

Planning figure/assumption

- By considering the previous seven months trends, and existing risk factors (number of stray dogs and coverage dog vaccination), 22,611,594 people are at risk and by considering the current year past seven-month Rabies exposure and rabies cases and deaths 9,672 people might be exposed by human rabies demanding PEP.

Anthrax

- Hazard description: Anthrax is a serious bacteria disease caused by Bacillus anthracis. The bacteria are found naturally in soil around the world and often affect livestock and wild animals. People usually get sick if they come in contact with anthrax spores in infected animals, contaminated animal products and work exposure. People can get anthrax spores in a cut or scrape in the skin, breathe them in, or eat food or drink water contaminated with spores and using contaminated needles. Livestock and wild animals can become infected when they breath in, eat, or drink spores in contaminated soil, plants, or water. (CDC, about Anthrax)
- There are four clinical presentations of Anthrax in humans (Cutaneous, Gastrointestinal inhalation, and injection anthrax) and 95% of anthrax cases are cutaneious form. Anthrax is an important but neglected zoonosis in many parts of the world. The disease is mainly endemic in developing countries. In Ethiopia the disease mainly occurs in May and June every year (‘anthrax season’) in several farming localities, causing disease both in humans and livestock. It is also one of the top five important livestock diseases and the second top priority zoonotic disease, next to rabies. It is still a significant risk in most regions and outbreaks frequently occur in humans and animals. Studies indicate that the disease is well recognized by rural communities, but little is known about its prevalence, epidemiology, and public health significance. Implementation of anthrax surveillance activities at all levels of the health system with prompt laboratory confirmation of circulating pathogens is an essential strategy for early detection of anthrax outbreaks.

- **Geographical Distribution:** Anthrax is one of the major public health problems in the region. From 2013 EFY (2020/21) to 2018 EFY (2025/2026), a total of **6,207** Anthrax cases and 34 deaths were reported in the region. about **95%** of Anthrax suspected cases were reported from **six** zones, Wag Himera Zone (53%), North Gondar zone (22%), Central Gondar zone (7%), South Wollo and south Gondar zones (5% each), and East Gojjam zone (4%). Furthermore 21 woredas and one hospital share 90% of the regional burden.

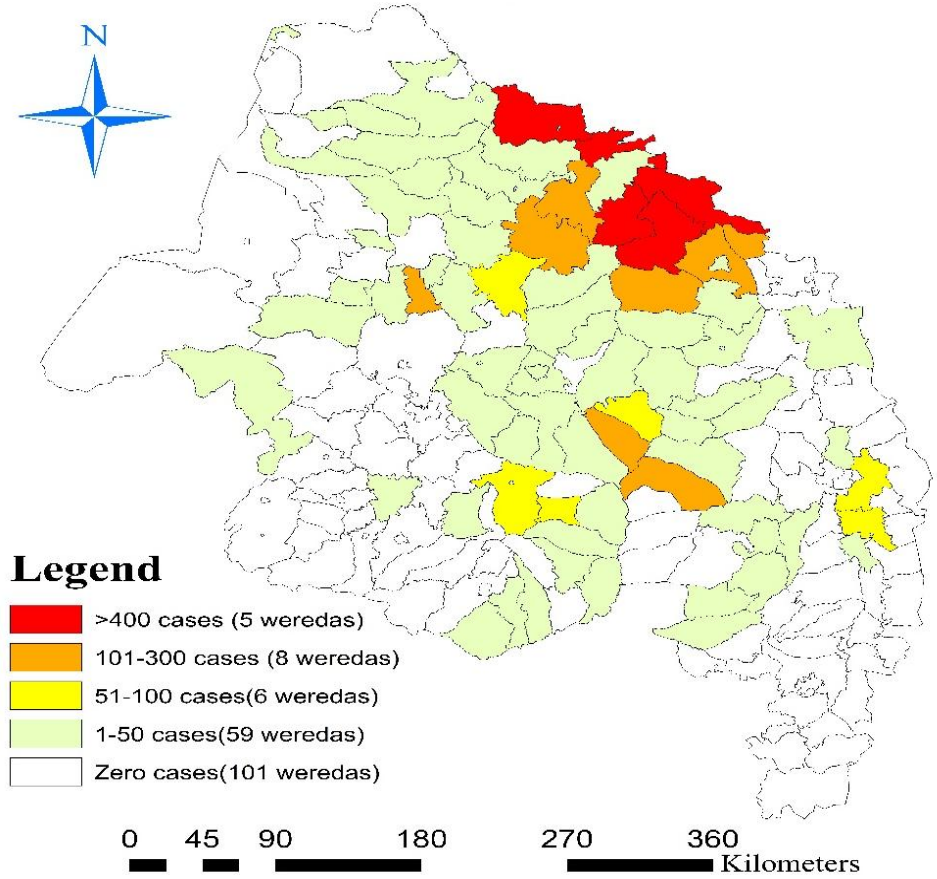


Figure 14:Human Anthrax case Distribution in Amhara region,

Human Anthrax Trend: The data show an initial decline (2012–2014 EFY), followed by a significant case increase (2015–2017), peaking in 2016. This pattern may suggest outbreak amplification during the middle years, possibly linked to gaps in vaccination coverage, surveillance, environmental factors, or livestock movement. In the first seven months of 2018 EFY a total of 877 cases and Four deaths were reported.

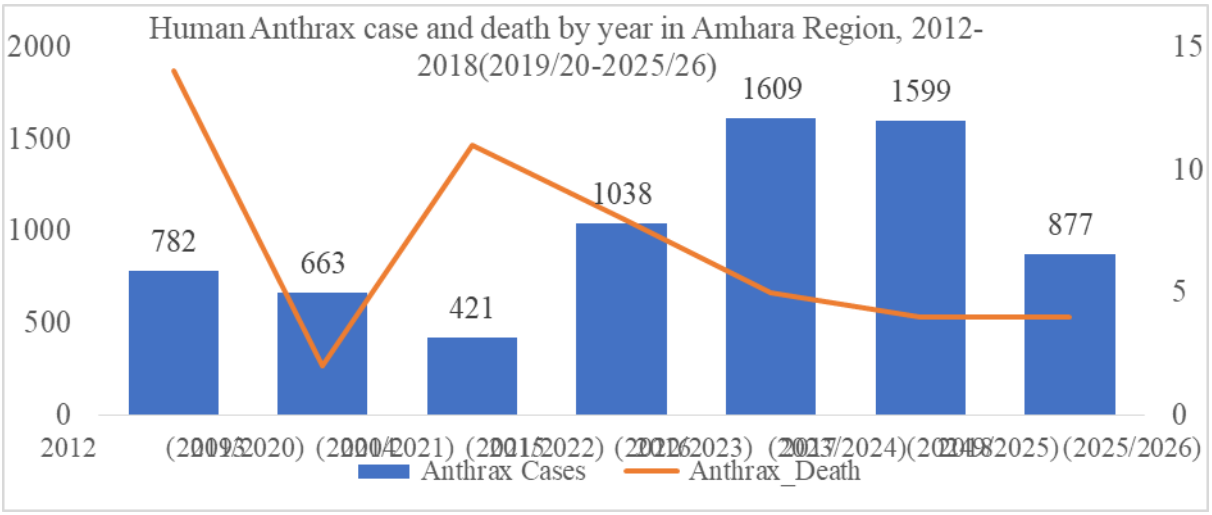


Figure 15:Human Anthrax case and death trends in Amhara Region

Early warning triggers

In Ethiopia, anthrax outbreaks in livestock, particularly cattle, are commonly linked to heavy rains followed by hot, dry conditions that Favor the survival of Bacillus anthracis spores. The wet dry cycle disturbs soil and vegetation, increasing animal exposure. Drought worsens the situation by raising livestock mortality and increasing human contact with infected carcasses. Food insecurity during drought may also lead to consumption of diseased animals, elevating human risk.

Triggers:

- Poor livestock husbandry Practices
- Presence of favorable environmental Conditions: Flooding or drought can disturb these spores, increasing the risk of infection
- Close interaction between humans and Animals
- Inadequate Veterinary Services
- Cultural Practices: Certain cultural practices, burial rituals, or consumption of animal products may contribute to the spread of anthrax.
- Increased livestock movement due to drought or market pressures.
- Drought conditions increasing carcass exposure and unsafe slaughter.
- Limited community awareness in endemic areas.
- Food insecurity leading to risky coping mechanisms.
- Laboratory diagnostic capacity gaps.
- Weak one health coordination mechanisms especially at the lower-level structure
- Delayed outbreak reporting or surveillance data gaps.

Humanitarian consequence

- **Public health impacts:** Human infections (cutaneous, gastrointestinal, inhalational) can cause severe illness or death, while weak health systems may be overwhelmed by increased caseloads.
- **Livestock losses & economic hardship:** Rapid animal deaths reduce household income, assets, and food sources, pushing vulnerable families into deeper poverty.

- **Food insecurity & malnutrition:** Loss of livestock products (meat, milk) and income worsens food access, particularly for children and vulnerable groups.
- **Market & trade disruption:** Fear of infection reduces demand for animal products, disrupts livestock trade, and weakens local food systems.
- **Ongoing transmission risks:** Unsafe carcass handling and consumption of infected meat increase environmental contamination and human exposure.
- **System & social strain:** Limited surveillance, low vaccination coverage, and weak One Health coordination compound fear, stigma, and community disruption.

Major Gaps regarding Anthrax prevention and control

- **Weak Surveillance and Early Detection:** Delayed reporting, underreporting of livestock deaths, limited real-time data sharing, and inadequate laboratory confirmation capacity delay outbreak detection and response.
- **Weak One Health Coordination and Emergency Preparedness and response:** Week multi-sectoral coordination (integration between human, Environment and animal health systems), Delayed RRT activation, limited/absence of standardized SOPs, and weak joint outbreak investigation lead to fragmented response efforts.
- **Fragile Laboratory and Diagnostic Systems:** Limited rapid diagnostic availability, weak specimen collection and transport mechanisms, budget shortages, and insufficient trained personnel result in many clinically diagnosed but unconfirmed cases.
- **Limited Veterinary and Livestock Health Capacity:** Shortage of animal health professionals, low vaccination coverage, weak cold chain systems, insufficient emergency vaccine stockpiles, and limited livestock surveillance sustain animal outbreaks and spillover to humans.
- **Low Community Awareness, engagement and Risky Practices:** Consumption of meat from sick or dead animals, unsafe carcass disposal, cultural exposure practices, and weak community-based surveillance contribute to ongoing transmission.
- **Environmental and WASH Challenges (unsafe slaughtering Practice):** unavailability and poor utilization of abattoirs increase direct contact with infected tissues and blood, which is the primary route of Bacillus anthracis transmission to humans. Skinning, evisceration, and handling carcasses without protective equipment greatly raise infection. Poor carcass management, contaminated grazing areas, and flooding that spread spores allow environmental persistence of anthrax. This
- **Logistics, Access, and Supply Constraints:** Antibiotic stockouts, limited PPE, absence of pre-positioned emergency kits, disrupted supply chains, and insecurity-related access challenges delay effective case management and vaccination activities.
- **Data, Risk Mapping, and Funding Gaps:** Lack of updated hotspot mapping, weak seasonal risk analysis, limited use of historical data, inadequate integration of climate and livestock movement data, and insufficient dedicated funding result in reactive rather than proactive response.

Planning Assumption

This plan takes into consideration and includes 22 woredas in Six zones that share 90% of the regional burden. Waghimera, North Gondar, central Gondar, South Gondar, South Wollo and East Gojjam zones are included in this plan. In the plan a total 3,167,971 population is considered as at-risk population from the above-mentioned zones. Taking into consideration the data of the past seven months, a total the 1,300 cases will be considered as planning figure for case management and medical supply consideration.

Assessment Requirements

High-burden areas of drought-affected Districts will be assessed and integrated with other public health outbreak diseases. The assessment team will be considered the one health team member.

Scabies

Hazard description: Scabies is a highly contagious, intensely itchy skin disease caused by the microscopic mite *Sarcoptes scabiei*, affecting people of all ages but more common among children and the elderly. It is primarily transmitted through prolonged skin-to-skin contact and less commonly through shared items like clothing or bedding. Globally, about 130 million cases occur annually, with higher prevalence in resource-poor, tropical settings where overcrowding and poverty are common. The risk of outbreaks increases during natural or manmade disasters and in crowded environments such as schools, refugee camps, and prisons. Vulnerable groups, including the elderly and immunocompromised individuals, may develop a severe and highly contagious form known as crusted scabies, which carries a higher risk of complications and greater burden on health systems.

Geographical Distribution: In Amhara region, scabies has remained a significant public health concern over the past decade. During the first six months of 2018 EFY, the region experienced a severe and widespread scabies outbreak affecting all zones. Most of the cases 9,719 (16.5%) were reported from North Wollo zone followed by South Wollo, East Gojjam and North Gondar in the 1st six-month of 2018 EFY.

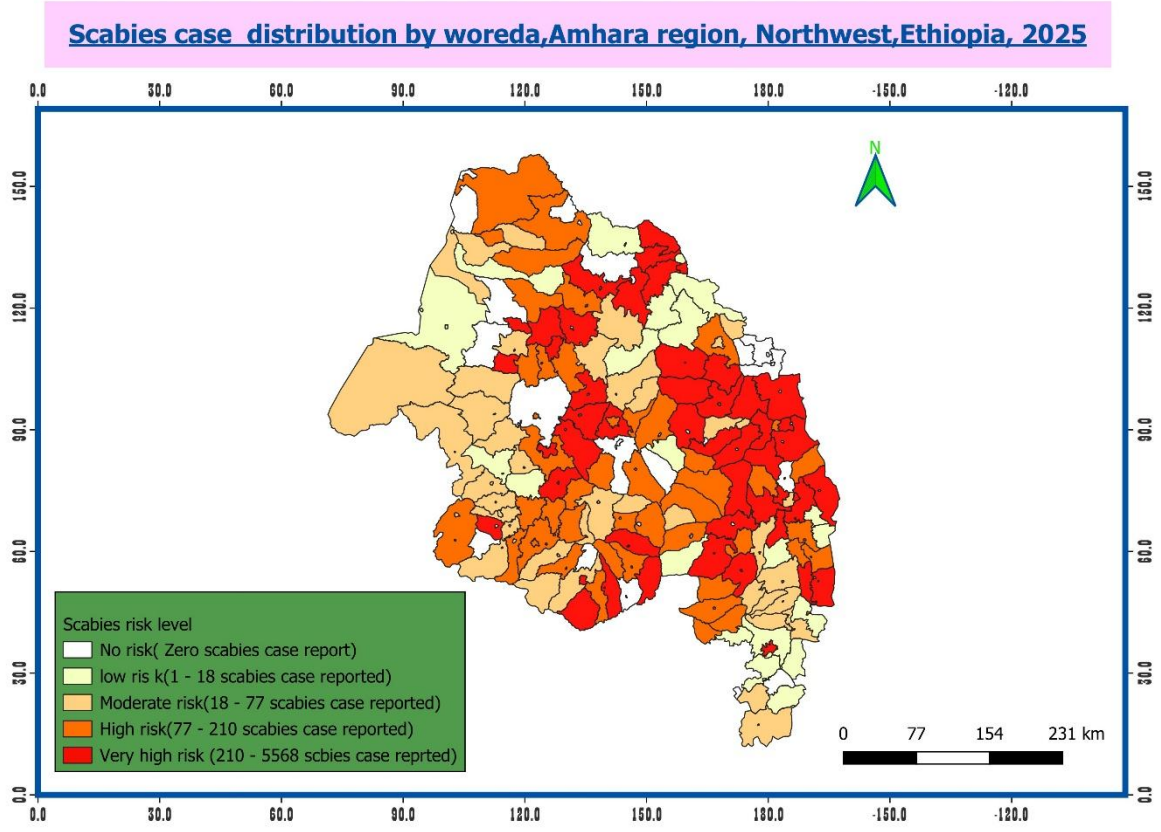


Figure 16: Scabies distribution by woreda, Amhara region (2020/2021-2025/2026)

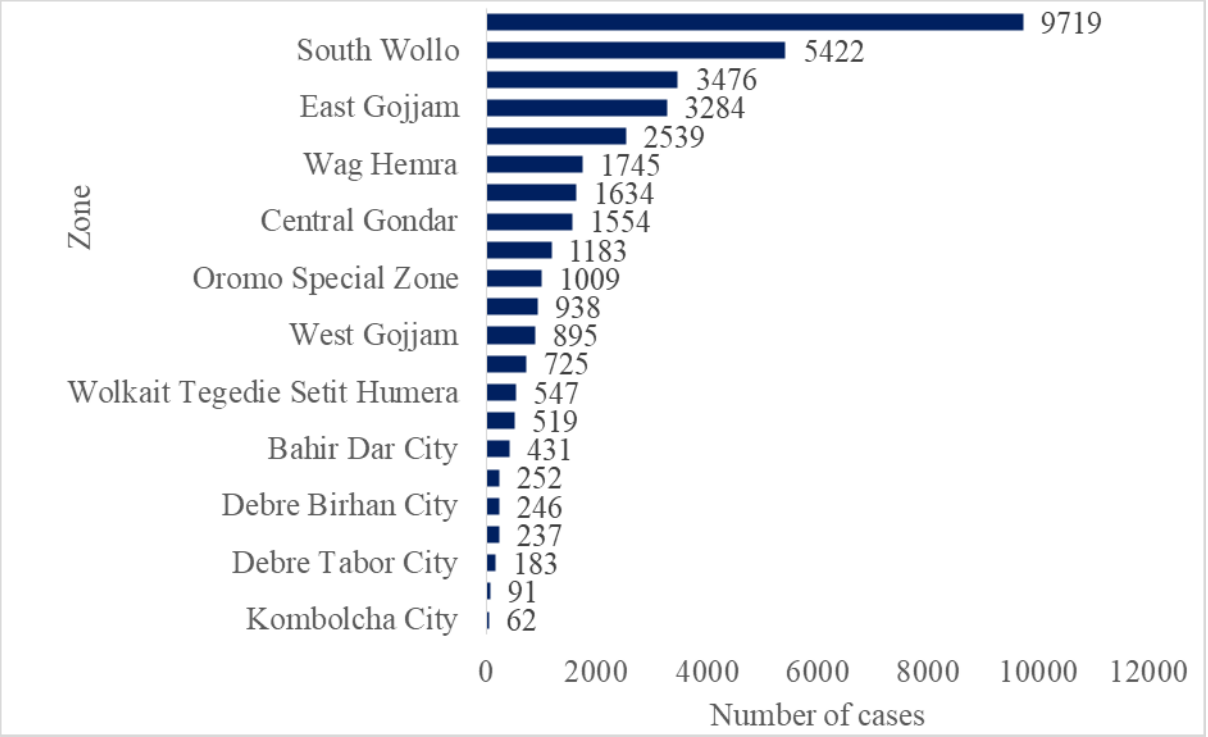


Figure 17:Scabies case distribution by Zone in the first half year

Thirty (30) woredas reported more than 300 cases in the last six months and contributed 60% of the region's scabies case burden.

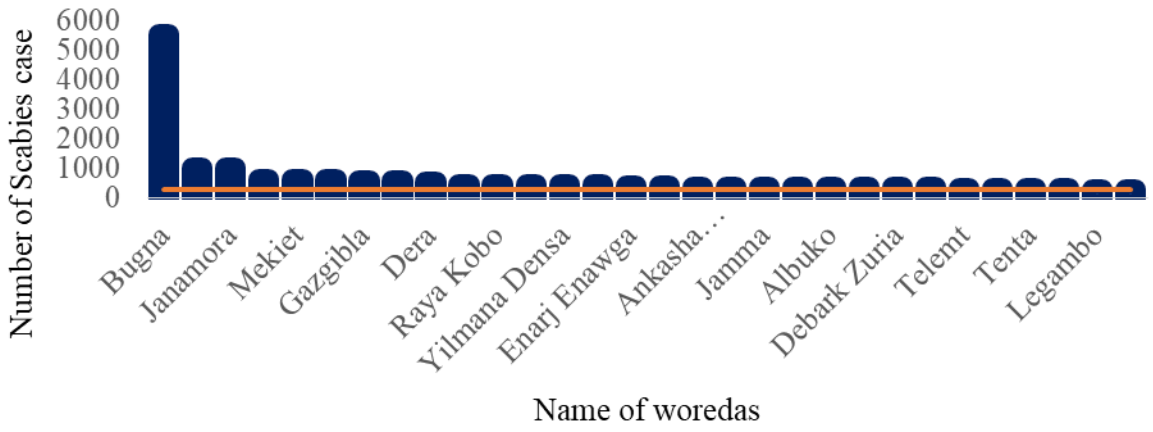


Figure 18: Top 30 woredas that reported more than 300 scabies cases in the first half of 2018 EFY

Trends: Despite the problem has been highly overlooked, around 387,197 scabies cases (an annual average of 77,439) have been reported in the region over the past five years. In 2017 EFY, a total of 58,931 cases were reported, of which 10,778 were line-listed, representing the lowest burden recorded during the five-year period. However, in 2018 EFY, scabies resurged and worsened across most woredas of the Amhara Region, including Bugina woreda. During the first six months of 2018 EFY alone, 32,430 cases were reported from majority woredas of all zones, affecting 171 woredas (95%). The disease has therefore continued to pose a significant and persistent public health challenge in the region

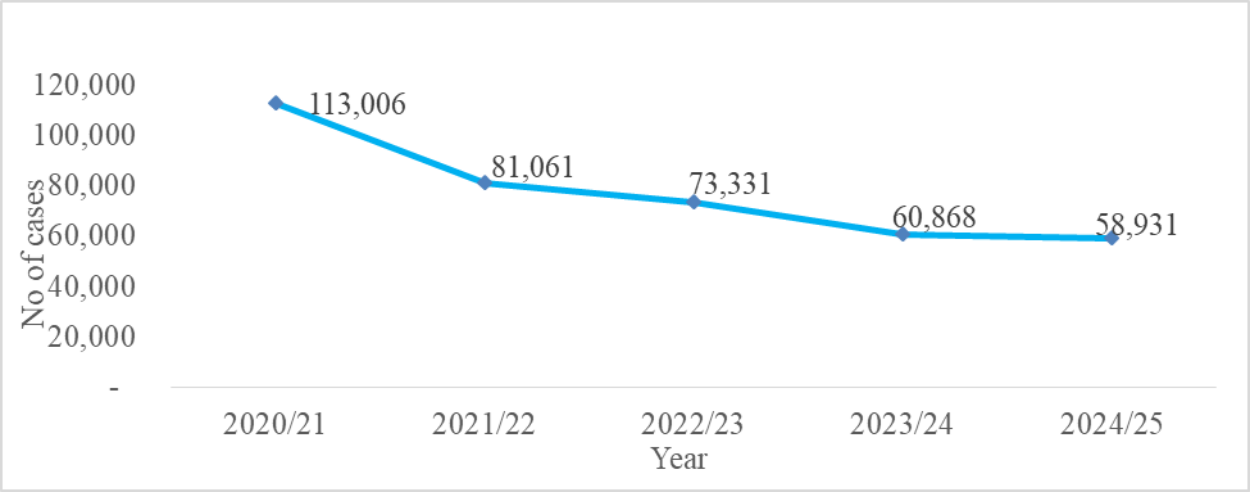


Figure 19:Scabies case trend in Amhara region from 2020/21-2024/25, Ethiopia

Triggers: Some of the most common triggers of scabies are:

- Poor personal hygiene practice
- Poor housing conditions and Overcrowding
- Drought and or Malnutrition
- Shortage of safe water supply
- Household food insecurity and poor feeding practices
- Other disease outbreaks
- Conflict/IDP

Planning figure and assumption**:** Case management for scabies focuses on providing treatment for cases and contacts using the appropriate scabicide treatment based on the recommended approach. It also includes management of secondary bacterial infection using the appropriate antibiotics. Treatment might be: -

A) Case and Contact Treatment (Prevalence<15%)

- Treat all confirmed and suspected scabies cases promptly.
- Treat all household members and close contacts simultaneously, regardless of symptoms.

B) Mass Drug Administration (MDA) (Prevalence >=15 %)

Implement mass treatment to ensure high treatment coverage across affected communities.

Generally, in the coming six months considering the previous trends, existing risks of food insecurity, lack of WASH facilities, conflict, high number of IDPs, 194,580 (32,430 case and 162,150 contact) people might be infected by scabies and need multi-sectoral responses like hygiene sanitation, provision of WASH NFI, mass drug administration etc.

Assessment requirement: Scabies outbreaks can occur in a variety of situations and settings, particularly in environments where there is close physical contact between individuals and limited access to hygiene facilities. Even though scabies occurs at any time of the year, they may be more common in situations where drought, conflicts, or other humanitarian crises happen. Therefore, prompt identification of outbreaks through timely assessment is very important to implement effective scabies control measures.

Chemical Poisoning

Hazard description: Chemical Poisoning is any chemical agent that can alter or harm humans' normal physiology through general or local cell damage or death by its chemical activity. Poisoning is becoming a major public health problem in many countries. It is the most common reason for a visit to the emergency department, with severe consequences such as morbidity, hospitalization, mortality. CDC categorizes poisoning into two distinct types based on intent: *unintentional* and *intentional* poisoning. Unintentional poisoning refers to accidental exposures to chemical agents for a brief or long period, without any deliberate purpose or forethought. The CDC tracks intentional poisonings not only as a health issue but also as a critical indicator of mental health crises and violent behaviour, necessitating targeted interventions such as mental health support, crisis hotlines, and law enforcement action. Pesticide poisoning kills about 300,000 people per year around the world. Pesticide self-poisoning accounts for approximately 20 % of all suicides worldwide and is mostly linked to growing widespread use in agricultural areas in low and middle-income countries. According to research evidence, unmet expectations, changing or breaking down of local cultures, chronic disease states, business loss, love failure, sexual violence, illiteracy, younger age, gender, marital status, and living alone are the reasons for intentional poisoning. Chemicals are part of our daily lives; they are used in household products, cosmetics, agriculture, water treatment, mining, the food industry, jeweller manufacture, the automobile industry, pharmaceutical production, machinery manufacture, the metal industry, and other chemical industries. Although useful in human life, some chemicals can be hazardous and negatively affect the environment and human health if not managed in a safe manner.

It is important to identify the cause of the poisoning, the source of a chemical, as well as its composition to ensure that appropriate intervention measures are undertaken. Swift public health intervention is important to prevent, detect and respond to chemical poisoning

Geographical Distribution: - The pattern of poisoning varies between countries and geographical areas.

In Ethiopia, the commonest poisoning agents are;

- **Pesticides**: Malathion, Organophosphate, Chlorpyrifos, DDT, Carbamate, Insecticide, Rodenticide, Herbicide, Fungicide, Larvicides, Parathion, Fumigants,
- **Methyl Phosphate**: Aluminium Phosphide, Zinc phosphide, Magnesium phosphide)
- **Household Chemicals:** Detergents, Bleach, Kerosene, Disinfectants
- Pharmaceuticals / Drugs (Drug overdose)
- **Gases and Vapours**: Carbon Monoxide, Chlorine gas, Ammonia, Hydrogen sulfide
- Others: Amitraz, Fenitrothion, Brodifacoum, Zinc phosphide, Mancozeb, Glyphosate, Tebuconazole, 2,4-D dimethyl amine salt, Bendiocarb, Alcohol Intoxication, plant poisoning, Snake bite.

In countries with an agrarian economy, organophosphates are the most common farming insecticides, herbicides, and pesticide agents that remain as poisoning agents. It also accounts for the majority of suicide attempts in many under-developing countries including Ethiopia. Acute intentional chemical poisoning remains a pressing and widespread medical emergency in the Amhara Region, often linked to deliberate self-harm. In young adults, this form of suicide is frequently a response to emotional distress. Pesticides, particularly organophosphates, are the most commonly ingested poisons due to their widespread availability.

Chemical poisoning is also one of the priority events required to be notified and investigated by the International Health Regulation (IHR, 2005). Chemical poisoning surveillance is established in 2021/2022-line list based in Tibebe Gion and Felege Hiwot Comprehensive Specialized Hospitals as a pilot and in 2022/23 considered as part of public health surveillance at all health facilities in 2022/2023. During 2017 EFY, A total of 5494 (4,111 outpatient, 1383 inpatient) cases including 405 deaths with a case fatality rate of 7.4% were reported due to chemical poisoning. Of them, 825 cases and 105 deaths (CFR 12.5%) were reported in the line-listed reports. In addition, a total of 3569 cases including 36 deaths (CFR 6.1%) reported in the last first six months in 2018 EFY. Among weekly reported, 358 cases (58% were females) including 36 deaths with 10.1% case fatality rate were line listed. From total weekly reported cases; majority of cases were reported from East Gojjam (14.7%) followed by South Gondar (11%) and Bahir Dar City (8.6%) in 2017 EFY and in the last first six months of 2018 EFY; majority of cases were reported from East Gojjam (15.2%) followed by South Gondar (8.9%), North Shewa (8.3%) and Bahir Dar City (8.4%).

The case distribution highlights differences in the prevalence of chemical poisoning incidents; possibly influenced by factors such as population density, industrial activity, agricultural practices, community awareness (mal practice and in appropriahemicals) and access to healthcare.

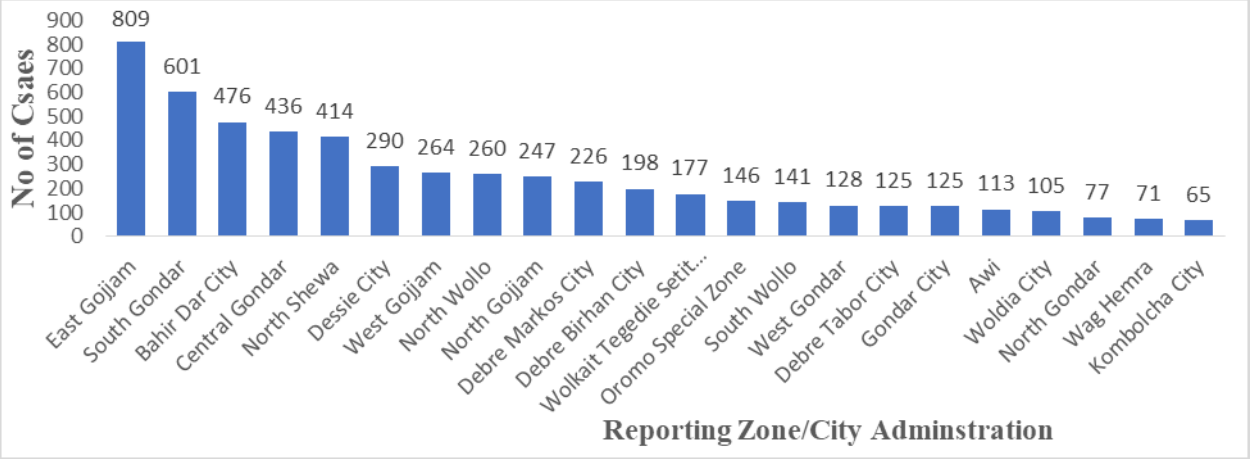


Figure 20:Chemical poisoning case distribution by reporting zone, Amhara Region, 2017 EFY.

Trends: - Since 2021/22, a total of 12,852 (in four consecutive years, 259, 2760, 4339 and 5494 respectively) chemical poisoning cases with 879 (CFR 6.8%) deaths were reported. In 2018 EFY first six months; a total of 3569 cases (58% females) including 36 deaths (CFR 6.1%) were reported. The cases are being increased in the region from time-to-time since 2021/2022. In the last four years, a total of 1914 (63.5% of female) line listed cases with 11.4% case fatality rate were reported from Tibebe Gion, Felege Hiwot, Dessie, Debre Birhan and Woldia Comprehensive specialized Hospitals. Of them, 92% (research evidence 98%) of chemical poisoning cases were due to intentional ingestion. According to line listed cases; nearly 71% (research evidence 98%) cases took Organophosphate and Methyl phosphate chemicals.

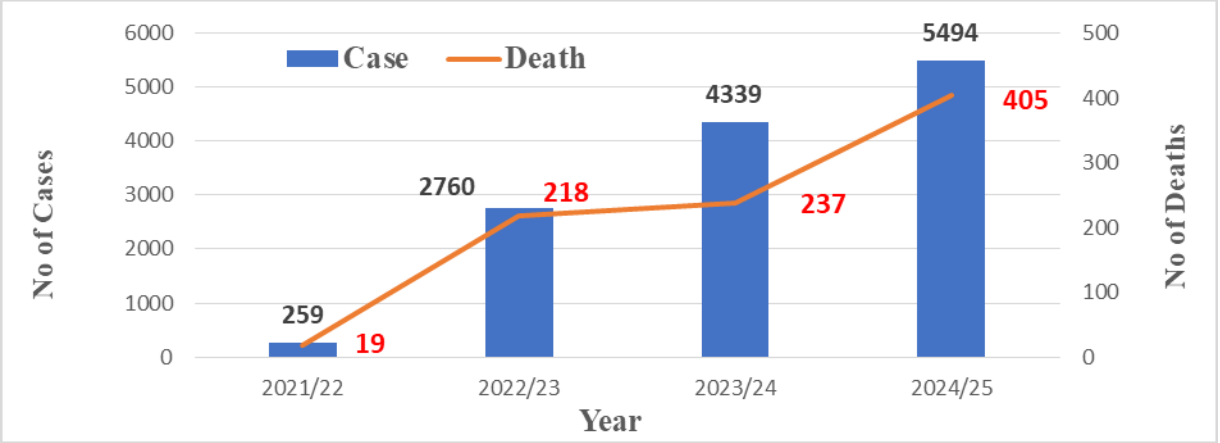


Figure 21:Chemical poisoning case and death trends in Amhara Region

Triggers: Some of trigger factors for chemical poisoning are listed below;

- Being Jobless, Financial Inflation, Currency Crisis and Economic Hardship
- Recent Trauma or Conflict: Exposure to violence, displacement, or humanitarian crises increases risks. conflicts with family members/friends, illness of family members, death of family members/friends are the common one.
- Mental health disorder
- Social isolation (lack of social support and feelings of loneliness)
- Chronic illness or accidental physical disability
- Exposure to hazardous chemicals in workplaces (Workers in agriculture, chemical industries, or healthcare settings with easy access to toxic substances)
- Substance Abuse (Alcohol, drugs…. etc.)
- Access to Chemicals (presence of pesticides, industrial chemicals, or pharmaceuticals in large quantities)
- Improper storage of chemicals

Planning Figure: Chemical poisoning cases have been increasing time to time as indicated on the above trend analysis figure due to surveillance improvement and increased trigger factors. The maximum (5494) cases reported in 2025/2026; which was increased by 27% as compared to 2024/2025. Therefore, considering this factor with 15% contingency; we have assumed 4000 cases (8000 cases per year with 0.03% attack rate) will be reported in the next six months of 2025/2026.

Activities to be implemented

Table 14: Activities to be done based on the thematic areas

Program	Type of emergency	Activities
Health	Cholera Measles Malaria Rabies Scabies Anthrax) Conflict Chemical poisoning/suicide	**1. Strengthening coordination and multi-sector collaborations** • Strengthen task force at all levels • Actively engage in ECC and ICP • Coordinate health and nutrition responses through PHEOC/IMS at APHI • Activate PHEOC/IMS based on hazard threshold level. • Strengthen/activate regional and sub-regional (Zonal and district) PHEOC. • Establish/strengthen technical working groups based on prioritized hazards • Partner mapping and resource mobilization • Revitalize RRT at all level **2. Strengthening human work forces** o Mapping and rostering of experts from different organizations (sectors, university and collage staffs and partners) based on the nature of hazard o Mobilize volunteers o Deploy/mobilize surge team/EMT/RRT based on hazard level and type. o Mobilize/deploy advanced FETP residents o Ensuring availability of adequate human workforce for public health emergency preparedness and response. o Provide different capacity building training for expertise based on hazard type. o Deployment of mobile health and nutrition teams **3. Information and knowledge management** • Conduct rapid need assessment on Selected priority districts, orient and share standardized data collection tools. • Collect data from districts • Conduct vulnerability and risk assessment • Conduct rapid need assessment • Identify risk area and population • Prioritize risk areas **4. Early warning and surveillance activities** ✓ Communicate public health emergency alerts timely. ✓ Conduct an active case search based on the identified risk areas and nearby catchment. ✓ Detect any public health emergencies and report timely. ✓ Avail of the recording and reporting tools (rumor logbooks, report formats, case-based formats line lists, etc.) including necessary guidance documents for public health surveillance and response systems. ✓ Generate evidence and communicate the findings to the concerned bodies (bulletins, Situational reports). ✓ Record and verify all rumors ✓ Maintain functionality of the toll-free call center 24/7.

Program	Type of emergency	Activities
		✓ Conduct media scanning (mainstream and social media) regularly and share it to the responsible body by assigning a focal person at the regional level. ✓ Investigate any public health emergencies with 7-1-7 approaches. **5. Public health laboratories, diagnostics, characterization** • Map testing sites • Capacitate medical laboratory professionals by providing training • Avail necessary logistics • Ensure collection, storage, and transportation of specimens based on standards • Enhance the detection and characteristics of epidemic-prone microorganisms at all level • Monitoring health facility laboratories to ensure quality laboratory service • Equip health facility laboratories to detect and characterize epidemic prone diseases • Notify laboratory results timely **6. Risk Communication and Community Engagement** o Identify appropriate communication channel o Prepare and distribute IEC materials by local languages o Conduct advocacy and social mobilization workshop o Arrange/facilitate media briefings. o Develop/prepare hazard specific key message for Radio, TV spot and audio mounted o Developed evidence based key messages (leaflet, banner, poster,) for different target audiences and distribute to HFs and Communities o Media monitoring (misinformation, disinformation, rumor management) o Facilitate the engagement of community on emergency prevention and response o Utilize social media platform for RCCE. o Tailored risk communication for emerging public health issues (Chemical poisoning, cholera, malaria, Rabies…….) **7. Health infrastructure and logistics** • Establish temporary clinic/ treatment center in the areas where emergencies happened • Establish quarantine and isolation centers in emergency affected and risk areas (Point of entry, border areas, big holy water sites etc…) • Select and prepare list of commodities for public health emergency and trauma management • Demand estimation and gap identification • Resource mapping and mobilization • Procure emergency health commodities based on identified gaps • Stockpiling, warehousing, prepositioning and transportation of supplies • Prepositioned logistics for health facilities and IDPs that will be locked due to any emergency • Monitor stock status of logistics and supplies for the response of identified hazards **8. Health and Health related Services** o Ensure essential health services during emergencies such as: - Reproductive, Maternal, Neonatal Child and adolescent Health service, emergency and critical care, Non-Communicable Diseases management, Surgical and injury care, multi-sectoral

Program	Type of emergency	Activities
		intervention, major communicable diseases management, RCCE or health education and BCC, Neglected Tropical diseases management and hygiene and environmental health services o Enhance health facilities capacity to manage diseases outbreaks and causalities o Facilitate referral linkage o Avail ambulance services for referral cases. o Strengthen capacities of medical rehabilitation centers o Ensure availability uninterrupted delivery of blood and blood products across the hot spot areas o Ensure the availability medical oxygen o Provide proper case management (injury and trauma care, sexual and reproductive health, mental health & psychosocial support and SGVB and palliative cares) are the major activities that will be done during the response phase. o Enforcing Public and Private health facilities to report timely o Conduct regular inspection in hotels and restaurants during outbreaks o Enforcing hotels and restaurants to implement appropriate hygiene and sanitation practices o Ensure all services given are registered and reported timely using standards formats **9. Water, sanitation, hygiene/WASH and Infection prevention and control** • Ensure availability of sufficient and safe water supply based on the sphere standards. • Ensure the availability of safe, adequate (number of pits per individuals) and gender based (separate for male and female) latrine considering the vulnerable groups. • Ensure the availability of hand washing and shower room facilities (water containers, soap, water) • Ensure the availability of menstrual hygiene management/MHM/ materials and facilities. • Promoting good hygiene practices, drinking water handling and appropriate sanitation facilities utilization. • Reducing environmental health risks • Monitor access to and use of WASH facilities, and how hygiene promotion activities affect behavior and practice. • Ensuring water quality at HHs, communities, IDPs and refugee site including large scale treatment facilities • Follow proper utilization of latrines and hand-washing facilities • Ensure the availability of IPC materials or PPE (googles, apron, protective shoes etc.) and supplies (chemicals such as, chlorine etc.), and safety box, dust bin. **10. Health care and other general waste management-** ✓ Ensure the availability of solid and liquid waste disposal including heath care waste management systems and conduct regular follow up ✓ Conduct regular sanitary campaign based on the need and the disaster type. ✓ Conduct proper handling of infectious and non-infection wastes at the mobile clinic ✓ Construction/Maintenance of Solid waste management (Dust bins, pits), Liquid waste management pit and incinerators, as per the sphere standards.

Program	Type of emergency	Activities
		✓ Apply appropriate vector control methods like environmental management and LLINs distribution. ✓ Advocate, educate, and facilitate the proper & continuous use of WASH services for the prevention & control of communicable diseases both at Facility & Community level. **11. Recovery** • Conduct post disaster need assessment • Develop health system and community recovery plan. • Building institutional capacity and reinforcing local systems • Reconstruct damaged health facilities with build back better principle • Restore interrupted health services • Ensure the long term physical and mental well-being of the affected community • Rebuild, restore, and rehabilitate the community following an emergency • Establish one stop and rehabilitation center • Make best use of the post disaster assessment finding **12. Vaccination and Mass Drug Administration** o Continue routine immunization services for <1 children and pregnant women o Provide reactive campaign of oral cholera and measles vaccines o Conduct catch up campaign for zero dose and under vaccinated children o Conduct mass drug administration for scabies highly affected areas o Mobilize and avail anti-rabies PEP.

Budget Summary

The total budget required for the health cluster will be 684,821,270 ETB (4,389,880 USD) as indicated in the table below. During the planning time there was no available budget indicated by the sector, but partners working in the region are implementing different emergency public health emergencies in the region in different areas.

Table 15: Total budget required for each identified hazard for 2026

Sr. No	Budget need by Hazard type	Total budget required (ETB)	Total budget required (USD)
1	Conflict	193,844,843	1,242,595
2	Cholera	60,497,341	387,803
3	Rabies	97,608,013	625,692
4	Malaria	130,240,070	834,872
5	Chemical Poisoning	26,304,828	168,621
7	Measles	23,339,051	149,609
8	Scabies	51,757,392	331,778
9	Anthrax	14,259,483	91,407
	Sub total	**597,851,020**	**3,832,378**
	Total Cost including PSM	**684,821,270**	**4,389,880**

6.6. Nutrition

Introduction

The Amhara region has been facing a complex multifaceted humanitarian crisis, driven by multiple factors such as drought, conflicts, displacement, disease outbreaks, and economic situation due to inflation. These factors have adversely affected unprecedented levels of hunger and malnutrition especially in children under five, pregnant and lactating women, and other vulnerable groups. The region has been facing elevated malnutrition problems with rates of wasting (15%) and stunting (40%) surpassing the national average in both indicators. Prioritizing interventions to address these nutritional challenges is imperative to safeguard the wellbeing of children and PLW (FNS baseline survey, March 2023). Children with severe acute malnutrition are nearly 12 times more likely to die than well-nourished children. The cost of inaction will result in excess child mortality due to malnutrition.

Related to this, drought is severely impacting agricultural productivity and exacerbated food insecurity in the Amhara region. Forty-three woredas found in 9 zones have been adversely affected with a total of 1,846,895 individuals; including 250,805 under five children (government led multisectoral rapid assessment, Oct 2023). Currently, there is also report of sign of drought and report food shortage some woredas of North Wollo zone and some woredas of Waghimera zone and malnutrition reports aggravated by ongoing conflict in most areas of the region. This critical situation demands urgent and lifesaving responses to address the immediate needs of the affected population. A multifaceted crisis is pushing children at risk with unprecedented levels of hunger and malnutrition. The Polio Integrated Find and Treat campaign done with good screening coverage in Waghimera Zone, North Gondar, North Wollo, and South Wollo Zone with 89% average screening coverage, revealed increased malnutrition among children under five with proxy GAM rates of 24%, 20%, 18%, and 16% respectively (RHB, Dec 2024). While the nutrition situation continues to worsen especially in areas affected by conflict, there has been a decline in the number of children with SAM cases treated with therapeutic feeding programs. This decrease is attributed to the disruption of life-saving nutrition services in health facilities located in conflict and drought affected areas. Despite the efforts of partners to support emergency nutrition interventions in collaboration with government, the insecurity situation has impeded their ability to operate at full capacity and address the nutritional needs of people found in affected and hard-to-reach areas.

From January to December 2025, a total of 107,967 children with severe acute malnutrition received treatment, SAM admission was increased by 10% compared with the same period of last Year.

Objective

- To ensure nutritional intervention to most vulnerable groups during emergencies in close collaboration with humanitarian organizations and promote access and utilization to essential and quality health and nutritional services
- To strengthen implementing partners and agencies for timely response based on technically plausible nutrition assessments and survey.

Description of the hazard: Malnutrition is a serious and life-threatening condition that occurs when a person does not consume balanced nutrients, or when the body is unable to absorb or utilize the nutrients consumed. Drought, flood, conflict, cholera and malaria are hazards that contribute to the development of acute malnutrition. Drought is a natural phenomenon that occurs when there is a prolonged period without sufficient precipitation to meet the needs of plants, animals, and humans.

When experiencing a drought, communities often suffer from food insecurity, which leads to a lack of nutrients and can cause acute malnutrition. Drought can have a direct impact on food production, depriving people of their access to food sources, which can lead to malnutrition. In addition, drought will limit access to clean water and sanitary facilities, creating a more challenging environment for people to maintain proper nutrition. Malnutrition has severe consequences on human health and development, particularly in children. Acute malnutrition causes stunted growth, weakens the immune system, increases the risk of developing chronic diseases, and can lead to premature death. Malnourished populations are also more vulnerable to the spread of infectious diseases and to the effects of climate change.

Conflict can have a devastating impact on the ability of individuals and communities to access adequate food and nutrition. One of the main ways in which conflict causes malnutrition is by disrupting availability and accessibility pillars of food security as well as causing displacement of populations. When people are forced to flee their homes due to violence, they often lose access to their land, homes, and other resources, including food. This can make it difficult for them to find and purchase enough food to meet their basic needs. Another way in which conflict can cause malnutrition is by preventing people from cultivating their land or accessing markets to buy food and movement restrictions from searching for other income source activity to fill the household food consumption. When violence and insecurity are prevalent, it can be too dangerous for people to leave their homes or farms to tend to their crops or travel to markets to buy food. This can result in crop failures and food shortages, leading to malnutrition and other related health problems.

Furthermore, conflict can also lead to destruction of infrastructure, including roads, bridges, and transportation systems, making it even more difficult for people to access food and other necessities. Floods can have a significant impact on food systems and can lead to a loss of crops, which can result in food insecurity and malnutrition. When flood waters inundate fields and farmland, they can destroy crops and make it difficult for farmers to access their land.

Lastly human epidemics can significantly contribute to acute malnutrition or disrupt malnutrition services due to several interrelated factors. Firstly, epidemics often strain healthcare systems, diverting resources and attention away from routine nutritional support services. As healthcare facilities become overwhelmed, preventive measures such as nutritional screenings and supplementary feeding programs may be deprioritized or suspended. Moreover, mobility restrictions imposed to control the spread of disease can hinder access to markets, food supplies, and livelihood opportunities, exacerbating food insecurity. In addition, fear of contagion may deter people from seeking essential health and nutrition services, further limiting access to necessary care. The combination of these factors can lead to a sharp increase in acute malnutrition rates, especially among vulnerable populations such as children and pregnant and lactating women (PLW).

Planning assumptions for nutrition related hazards

Priority nutrition related hazards are identified and considered in this emergency preparedness and response plan such as conflict, drought, flood, and human disease outbreaks like cholera, Malaria and measles. Hence, the nutrition target based on identified nutrition related hazards will be 3,725,943 people to be affected with a total of 630,057 vulnerable groups for malnutrition such as 504,493 under-five children (13.5%) and 125, 564 PLW (3.4%). Therefore, there will be 16,648 Severe Acute Malnutrition (SAM) cases and 166,483 Moderate Acute Malnutrition (MAM) cases among under five children, and 59, 015 cases of MAM Pregnant and Lactating Women (PLW).

The detailed target assumption is explained below:

Based on the 2025 meher seasonal assessment, a total of 1,985,202 people has been identified as in need of emergency food assistance in 2026. This includes vulnerable populations affected by conflict, climate variability, and livelihood disruptions across the region.

Despite improved meher production, estimated at 111,150,732 quintals, food security remains fragile due to recurrent shocks, limited access to livelihoods, and displacement. The assessment highlights that approximately 1,446,428 people require emergency food assistance, in addition to 538,774 internally displaced persons (IDPs) who need sustained support, bringing the total population in need to 1,985,202.

Furthermore, the presence of over 538,774 IDPs and about 725,000 returnees continue to exert pressure on already strained resources, services, and coping capacities, limiting the ability of households to fully benefit from the improved production season.

These beneficiaries targeted in the region considering the impact of drought emergency is 1,446,428. Accordingly, the estimated vulnerable groups to be affected by drought and related hazards are 195,846 children under five (13.5%) and 48,745 PLWs (3.4%). Hence, the target severely acute malnourished (SAM) under five years will be 6,463, moderately acute malnourished (MAM) children under the age of five will be 64,629 and pregnant and lactating women (PLW) with MAM will be 22,910.

The conflict is expected to affect 1,000,000 individuals in the region. This accounts for 135,400 under-five children (13.5%) and 33,700 (3.37%) which will result in estimated 4,468 SAM U 5 children, 44,682 MAM children under the age of five, and 15,839 MAM PLW. The flood is also expected to affect 350,000 people, accounting for 47,390 under five children (13.5%) and 11,795 PLW (3.37%). Consequently, it will contribute for expected 1,564 SAM U 5 children, 15,639 moderately MAM U 5 children and 5,544 PLWs MAM. Moreover, disease outbreaks particularly malaria, cholera and measles are anticipated to put a total of 929,515 people at risk and will affect 125,856 under-five children (13.5%) and 31,325 PLWs (3.4%). Hence, the estimated SAM children under the age of five will be 4,153, MAM children under the age of five will be 127,576, and MAM PLW will be 41,533.

Hence, a total of 242,146 (183,131 U 5 SAM & MAM children & 166,483 MAM PLW) will be targeted for nutrition responses

Table 16: Target population to be supported in nutrition response

Potential Hazards selected for Nutritional Planning	**People to be affected**	**Vulnerable Groups**		**Nutrition Target**		
		<5years	**PLW**	**Under Five**		**PLW MAM (47%)**
				SAM (4.6%)	**MAM (33%)**	
Conflict	1,000,000	135,400	33,700	4,468	44,682	15,839
Drought	1,446,428	195,846	48,745	6,463	64,629	22,910
Flooding	350,000	47,390	11,795	1,564	15,639	5,544
Disease Outbreak	929,515	125,856	31,325	4,153	127,576	41,533
Total	**3,725,943**	**504,493**	**125,564**	**16,648**	**166,483**	**59,015**

Early warning triggers: Early warning triggers for malnutrition include slow onset of food and nutrition insecurity, poor health conditions, limited food supply, inadequate access to quality health services, and poor or inappropriate care and feeding practices. Malnutrition is often considered as a lagging indicator, meaning it is not detected until it is too late. However, malnutrition is being detected before it becomes a crisis using early warning systems such as the Famine Early Warning Systems Network (FEWS NET). FEWS NET has developed a series of guidance on scenario development to identify malnutrition early and respond so timely. In addition, the USAID-supported Famine Early Warning System (FEWS) and the Monitoring and Yield Assessment Program (MYAP) incorporate information on how shocks of concern would likely affect food security. Effective monitoring of nutrition and early warning indicators can help to mitigate the worst effects of malnutrition.

The following are some of the most common triggers for malnutrition particularly under nutrition:

- Erratic rainfall (drought and flood) and storms
- Climate change and lack of safe drinking water
- Mass displacement due to conflicts
- Disease outbreaks
- Desert locust and pest outbreaks
- Market inflation
- Decreased crops and livestock production
- Poor feeding practices
- Low household income
- Occurrence of flood in flood prone areas

Trend analysis

SAM admission Trends

From January to November 2025, a total of 107,967 children with severe acute malnutrition received treatment, SAM admission was increased by 10% compared with the same period of last Year.

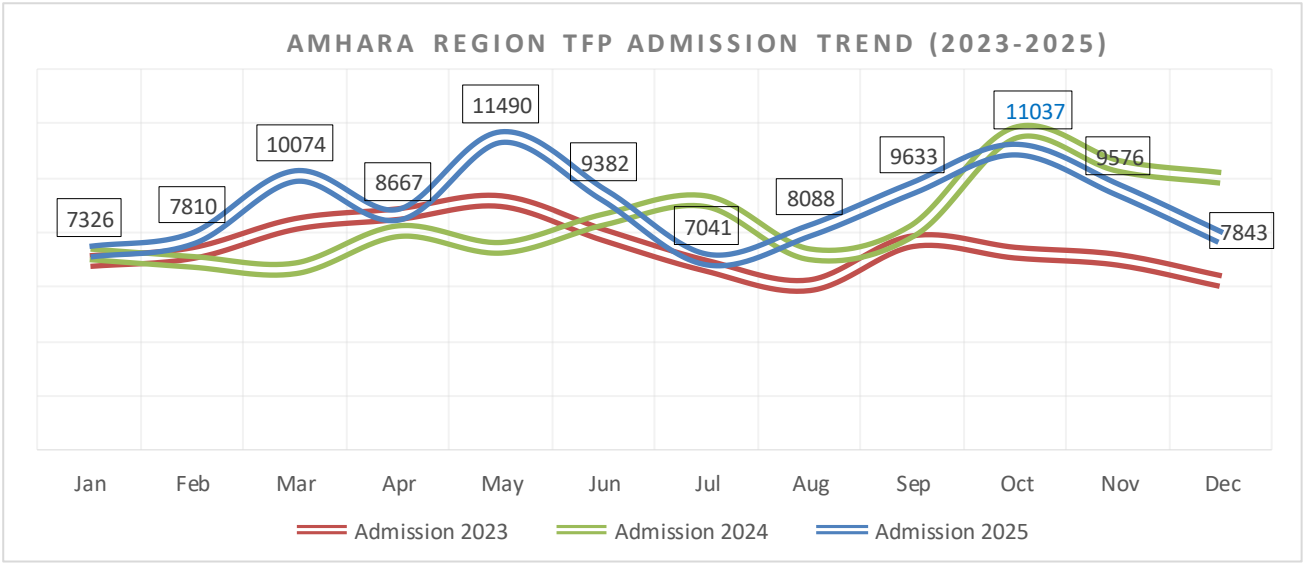


Figure 22: Amhara region TFP admission trend

The number of sever acute malnutrition cases have increased from year to year due to the emerging hazards. As per the reports of DRMC, 58,018, 47,104, 97,934, 83,362, 91,247 and 100,069 SAM cases were identified in 11 months (Jan-Nov) of 2020, 2021, 2022, 2023, 2024, 2025 years, respectively.

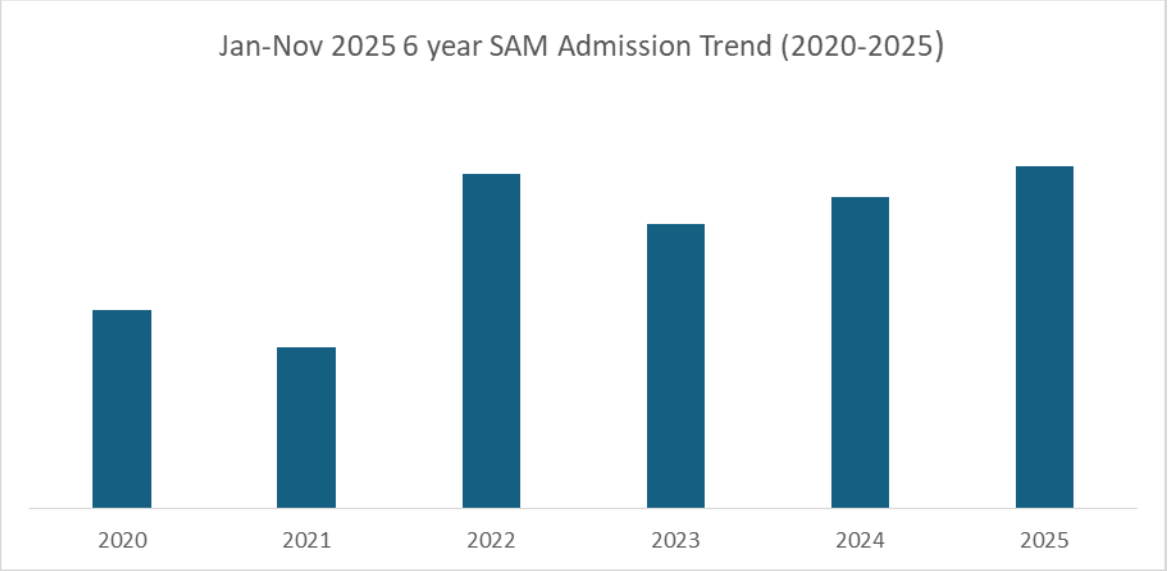


Figure 23: Amhara Region SAM admission (2020-2025)

Humanitarian consequences of malnutrition: Acute malnutrition in Ethiopia has serious humanitarian consequences. It is a major contributor to child mortality and can lead to increased morbidity, impaired physical and cognitive development, and decreased economic productivity. According to a study conducted in 2019, acute malnutrition was found to be a major cause of death in Ethiopia, accounting for 28.1% of all deaths in children under five years old. In addition, acute malnutrition is associated with poorer school performance, slower recovery from illness, and increased health-care costs.

The prevalence of acute malnutrition in Ethiopia is also associated with numerous factors, including food insecurity, poor maternal and child feeding practices, high incidence of infectious diseases, and inadequate access to healthcare. These factors are particularly prevalent in rural areas, which often lack basic infrastructure and services. Furthermore, poverty and socio-cultural beliefs can limit access to treatment for acute malnutrition. The humanitarian consequences of acute malnutrition in Ethiopia are severe. Malnutrition increases the risk of mortality, especially in the very young, and can have long-term effects on physical and mental development. In Ethiopia, the prevalence of stunting is estimated to be 38.7%, and 17.2% of children under five ages suffer from wasting.

Malnutrition can also lead to increased susceptibility to infectious diseases, impaired cognitive development, and a greater risk of death due to infectious diseases. Additionally, household food insecurity is a major contributor to malnutrition, and Ethiopia is one of the countries with the highest rates of food insecurity in the world. In 2014, the Ethiopian government introduced the Productive Safety Net Programme, which aims to provide relief to households affected by food insecurity. However, the Programme has not been successful in reducing the levels of malnutrition, with the prevalence of acute malnutrition remaining high.

Hotspot priority woredas

The hotspot classification is intended for classifying food insecurity to highlight areas that require close monitoring and also to support emergency resource allocation and prioritization of woredas in case of resource shortages. Hotspot woreda classification is derived using multisectoral indicators including agriculture, nutrition, health, WASH, education, protection and market. The hotspot classification report is produced two times a year, January and July following meher and Belg assessments, respectively.

A number of natural and manmade hazards had resulted on the sharpen rise of the hotspot priority one woredas in the region every year (2018-2025) as indicated in the below graph. In the year 2024/25 due to the drought, disease outbreak, conflict and related hazards resulted in the increase of hotspot priority one woredas in the region.

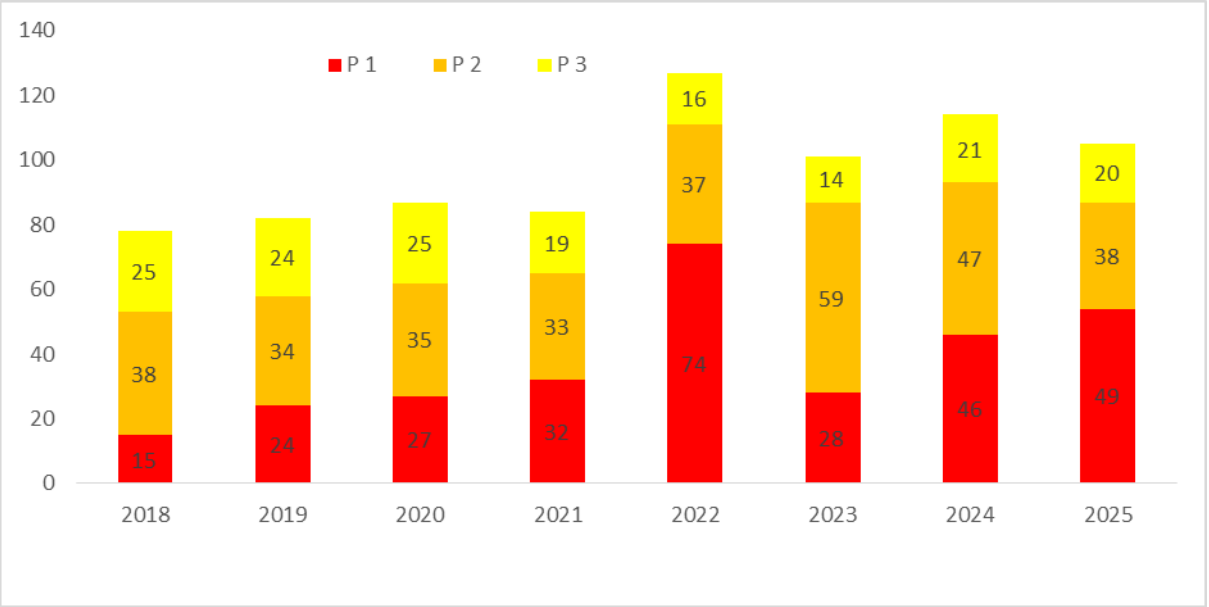


Figure 24: Hotspot priority woredas (2018-2025)

Key nutrition activities during emergencies

1. Effective leadership & coordination established and functional at regional and sub-regional levels
    - Staffing and capacitating nutrition cluster/sector coordination and leadership functions adequately at regional and sub-regional levels.
2. Monitoring and information systems for nutrition, including nutrition assessments, provide timely and quality data and evidence to guide policies, strategies, programs and advocacy
3. Prevention of stunting, wasting and micronutrient deficiencies in children aged under five years through diets, practices and services that prevent stunting, wasting, micronutrient deficiencies.
    - Caregivers of children aged 0-23 months are supported to adopt recommended infant & young child feeding (IYCF) practices, including both breastfeeding and complementary feeding.
    - Children aged 0-59 months have improved nutritional intake & status through age-appropriate nutrient-rich diets, micronutrient supplementation & home-fortification of foods.
4. Prevention of under nutrition micronutrient deficiencies, and anemia in pregnant women and

breastfeeding mothers through diets, practices and services that protect them from under nutrition, micronutrient deficiencies and anemia.

- Pregnant women and breastfeeding mothers - with special attention to pregnant adolescent girls and other nutritionally at-risk mothers – have access to a package of interventions that includes at a minimum: iron and folic acid/multiple micronutrient supplementation, deworming prophylaxis, weight monitoring, nutrition counseling, and nutrition support through balanced energy protein supplementation, according to context.

5. Nutrition care for wasted children aged under five years through early detection and treatment of severe wasting and other forms of life-threatening acute malnutrition in early childhood
   - All children aged under five years in affected areas are screened regularly for the early detection of severe wasting and other forms of life-threatening acute malnutrition and are referred as appropriate for treatment services
   - All children aged under five years suffering from severe wasting and other forms of life-threatening acute malnutrition in affected areas benefit from facility- and community-based services that provide effective treatment assuring survival rates >90%, recovery rates >75% and default rates <15%.
6. System strengthening for maternal and child nutrition services to prevent and treat malnutrition in children, adolescents, and women through facility- and community-based delivery mechanisms in ways that strengthen health systems at all levels.
   - Deliver evidence-based interventions with a workforce supported in their knowledge, skills, and capacity in nutrition
   - Procure and deliver essential nutrition supplies in a timely manner through facility- and community-based platforms
7. Community engagement for behavior and social change through timely access to culturally appropriate, gender- and age-sensitive information and interventions that promote the uptake of diets, services and practices and contribute to improve nutritional status of at risk and affected populations
   - Aware children, adolescents, caregivers, and communities on available nutrition services and how and where to access them
   - Engage children, adolescents, caregivers, and communities through participatory behavior change interventions to improve their nutritional status
   - Empower and support caregivers and communities to prevent malnutrition, as well as identify and refer children with life-threatening forms of under nutrition.

Specific key activities of emergency nutrition response

- Strengthen regional and sub-regional coordination mechanism & mobilize more emergency fund/Resources for multisectoral and an integrated response to mitigate risk of children and women to be severely malnourished
- Advocate for increased humanitarian funding to support integrated nutrition response, ensuring the full deployment of partners to hotspot priority 1 woredas
- Blanket Supplementary Feeding Programme (BSFP) and Targeted Supplementary Feeding Programme (TSFP) provision for preventing moderate acute malnutrition of under five children and PLW in drought affected areas of Amhara region
- Strengthen and closely working with other clusters such as food, health, and WASH clusters to enhance services that will alleviate the food and nutrition insecurity in the region to keep children and mothers strong and resilient in the face of disease and disaster

- Enhance screening coverage and service linkages, providing up-to-date nutrition information to inform decisions at all levels
- Enhance prevention efforts, including activities related to IYCF-E, deworming and vitamin A supplementation
- Support functionality of therapeutic feeding programs which are affected due to the ongoing conflict and drought in the region
- Deploy Mobile Health and Nutrition Teams (MHNTs) to ensure access of nutrition services for IDPs and affected communities
- Conduct a SMART survey better to know the malnutrition problem and find and treat campaign to detect malnourished cases as early as possible and link to appropriate nutritional services.

Assessment requirement: SMART Survey, Rapid nutrition assessment and seasonal food security assessment are the type of assessment recommended to assess the nutrition situations and to assess the aggravating factors of malnutrition with aim of indicating the needs of the affected communities. The assessment will plan to conduct immediately after the disaster or as per the plan based on the behaviors of the hazard.

Available resource and gaps

No available budget or resources have been indicated or identified in the nutrition sector during the planning process. Hence a total of 1,295,558,612 ETB will be required and there is a gap for nutrition emergency response activities to be filled by the government and partners.

Budget requirement

For nutrition sector a total of 1,561,986,304 ETB will be required to respond the emerging needs in different hazards as summarized and indicated in table below. During the planning time a total of 289,856,575 ETB were allocated by different partners and has been implementing different nutrition emergency responses. Hence, a total of 1,272,129,729 ETB (8,154,678 USD) will be required for the 2026 EPRP responses. The total budget required will be allocated by the government, NGOs and UN Agencies working in the region.

Table 17: Budget requirement for nutrition section

Hazard	Activates	Vulnerable Population	Timeline				Unit	Quantity per child/ Person	Resource Estimate (ETB)
		1,000,000	Q1	Q2	Q3	Q4	Unit		
Conflict	Vitamin A supplementation to children 6-59 months	337456		X		X	Tablet	3.6	1,214,842
	Deworming treatment to children 24-59 months of age	222438		X		X	Tablet	3.4	756,289
	Conduct monthly screening to under five years children	354748	X	X	x	X			0
	Nutritional screening to pregnant and lactating mothers	88294	X	X	x	X			0
	Antenatal follow up to pregnant mothers and provide IFA achieve 90 plus	88294	X	X	x	X	Tablet	15	1,324,410
	Provide GMP sevice for Under two years children	132310	X	X	x	X		0	0
	Support hospitals and HCs for SC expected complicated SAM cases for training staff and supply	40	X		x			6,500	260,000
	Ensure the availability of OTP service at HCs/HPs to manage uncomplicated SAM cases of U5 children	9933	X	X	x	X	child	9,900	98,336,700
	Ensure the availability of TSFP service for MAM cases children and PLW	99329	X	X	x	X	child	6300	625,772,700
	Provide IYCF-E services in emergencies (IYCF-E) support for care takers/ mothers of U5 children.	132310	X	X	x	X	per HHs	100	13,231,000
	Capacity building training on SAM management and IYCF-E	200	X	X	x	X	# of HWS/HEWS	5200	1,040,000
	Conduct joint supportive supervision and provide technical support at field level.	4	X	X	x	X	# of Participants	6500	26,000
	Conduct review meeting to monitor the performance of nutrition activities	4	X	X	x	X	# of Participants	6500	26,000
	conduct find and treat campaign for those under 5 children and PLW	2		X		X	round	4,257,000	8,514,000
	Strengthen coordination and nutrition information management system through capacity building training.	40	X		x		# of Participants	4550	182,000
	Provision CASH for 1,063 caretaker who stay at hospital and health centre	1670	X	X	x	X	per HHs Birr	400	668,000
	Total								**751,351,941**

Table 18: Response plan for drought _EPRP 2026

Hazard	Activates	Estimated Vulnerable Population (1446428)	Timeline				Unit	Quantity per person	Resource Estimate (ETB)
			Q1	**Q2**	**Q3**	**Q4**			
Drought	Vitamin A supplementation to children 6-59 months of age	186300	×	x	×	X	Tablet	3.8	707,940
	Deworming treatment to children 24-59 months of age	122802	×	x	×	X	Tablet	3.4	417,527
	Conduct monthly screening to under five years children (< 5 years)	195846	X	x	x	X			-
	Nutritional screening pregnant and lactating mothers	48745	X	x	x				-
	Antenatal follow up to pregnant mothers & provide IFA achieve 90 plus	48745	X	x	x	X	Tablet	15	731,175
	Provide GMP service for 140466 Under two years (< 2 years) children	73045	X	x	x	X			-
	Ensure the availability of SC service at HCs/HPs to manage expected complicated SAM cases of U5 children	969	X	x	x	X	child	9900	9,593,100
	Ensure the availability of OTP service at HCs/HPs to manage expected uncomplicated SAM cases of U5 children	6463	X	x	x	X	child	11243	72,663,509
	Expanding TFP sites with complete CMAM opening kit for expanded sites	20		x	x	X	# of Health Faclities	75000	1,500,000
	Ensure the availability of TSFP service for MAM cases children & PLW	87539	X	x	x	X	child	6300	551,495,700
	Provide IYCF-E services in emergencies (IYCF-E) support for 6 care takers/ mothers of U5 children	73045	X	x	x	X	per HHs	100	7,304,500
	Capacity building training on CMAM management and IYCF-E	50		x	x	X	# of HWs	6500	325,000
	Conduct joint supportive supervision and provide technical support at field level	4	X	x	x	X	# Of Participants	18200	72,800
	Conduct review meeting to monitor the performance of nutrition activities	2	X	x	x	X	# Of Participants	5200	10,400
	conduct find and treat campaign for those under 5 children and PLW in drought affected woredas	2		x		X	round	4257000	8,514,000
	Strengthen coordination and nutrition information management system through capacity building training	40		x			# of HWs/HEW	4550	182,000
	Provision CASH for caretaker who stay at hospital and health centre	1864	X	x	x	X	per HHs	400	745,600
	Conduct Rapid nutrition assessment (RNA) and 2 SMART survey in that drought affected woredas	1		x		X	# Of Participants	10000000	10,000,000
	Deploy Mobile Health and Nutrition Teams (MHNTs) to priority areas	44	X		x		team	46800	2,059,200
	Provide capacity building training for HWs on emergency nutrition	200	X		x		# of HWs/HEW	3900	780,000
	Total								**667,102,451**

Table 19: Response plan for flood _EPRP 2026

Hazard	Activates	Total Population	Timeline				Unit	Quantity per child/person	Resource Estimate (ETB)
		350000	Q1	Q2	Q3	Q4			
Flood	Vitamin A supplementation to children 6-59 months	45080	X	x	x	x	Tablet	3.6	162,288
	Deworming treatment children 24-59 months of age	29715		x		x	Tablet	3.4	101,031
	Conduct monthly screening U 5 years children	47390	X	x	x	x			-
	Nutritional screening to pregnant and lactating mothers	11795	X	x	x	x			-
	Antenatal follow up pregnant mothers and provide IFA achieve 90 plus	11458	X	x	x	x	Tabs	15	171,870
	Provide GMP service for Under two years (< 2 years) children	17675	X	x	x	x		0	-
	Support hospitals and HCs for complicated SAM cases for training staff and supply	25	X	x	x	x	child	6500	162,500
	Ensure the availability of OTP service at HCs/HPs to manage uncomplicated SAM cases of U5 children	1564	X	x	x	x	child	9900	15,483,600
	Ensure the availability of TSFP service for MAM cases children and PLW	15639	X	x	x	x	child	6300	98,525,700
	Provide IYCF-E services in emergencies (IYCF-E) support for care takers/ mothers of U5 children.	17170	X	x	x	x	per HHs	200	3,434,000
	Capacity building training on SAM management and IYCF-E	25		x			# of HW	5200	130,000
	Conduct joint supportive supervision and provide technical support at field level.	4	X	x	x	x	# Of Participants	18200	72,800
	Conduct review meeting to monitor the performance of nutrition activities	2		x		x	# Of Participants	5200	10,400
	Strengthen coordination and nutrition information management system through capacity building training.	25	X	x	x	x	# Of Participants	6500	162,500
	Total								**118,416,698**

Table 20: Response plan for Disease Outbreak (Malaria, Cholera and Measles) _EPRP 2026

Hazard	Activates	Vulnerable Population 929,515	Timeline				Unit	Quantity per child/Person	Resource Estimate (ETB)
			Q1	Q2	Q3	Q4			
Disease Outbreak (Malaria, Cholera and Measles)	Vitamin A supplementation to children 6-59 months	119722	X	X	X	x	Tablet	3.6	430,999
	Deworming treatment to children 24-59 months of age	78916	X	x	X	x	Tablet	3.4	268,314
	Conduct monthly screening to under five years children	125856	X	x	X	x		0	-
	Nutritional screening to pregnant and lactating mothers	31325	X	x	X	X			-
	Antenatal follow up to pregnant mothers and provide IFA achieve 90 plus	94460	X	x	X	x	Tablet	15	1,416,900
	Provide GMP service for Under two years (< 2 years) children	46941	X	x	X	x		0	-
	Support hospitals and HCs for SC to complicated SAM cases for training staff and supply	60	X	x			# HW	6,500	390,000
	Ensure the availability of OTP service at HCs/HPs to manage uncomplicated SAM cases of U5 children	227	X	x	X	x	Child	9,900	2,247,300
	Ensure the availability of TSFP service for MAM cases children and PLW	2265	X	x	X	x	Child	6300	14,269,500
	Provide IYCF-E services in emergencies (IYCF-E) support for care takers/ mothers of U5 children.	22648	X	x	X	x	Child	200	4,529,600
	Conduct joint supportive supervision and provide technical support at field level.	4	X	x	X	x	# participants	65000	260,000
	Conduct review meeting to monitor the performance of nutrition activities	2		x		x	# participants	514800	1,029,600
	Strengthen coordination and nutrition information management system through capacity building training.	60		x	X		# of HW	4550	273,000
	Total								**25,115,214**

6.7. Water Sanitation and Hygiene

The Amhara region has been experiencing critical humanitarian situations over the last 4 years as a result of the region's long-running conflict, ethnic violence, and natural disasters such as drought, flood, landslide, and disease outbreaks. All of this has resulted in multifaceted effects and diminished capacities. As a result of water schemes dry and massive damage to WASH services, including pumps, generators, and diminished capacities at all levels, institutional and community, access to WASH services has been declined. Due to man-made and natural disasters, a large number of people have been displaced from various parts of the country and are being housed in temporary shelters and in the host community. Due to an increase in displaced people and damage to WASH infrastructures in the region, water supply, sanitation, and hygiene services have been declined.

Furthermore, natural and manmade disasters like drought, flood, conflict, diseases outbreak, are the challenges that most of the community in the region are facing every year. This coupled with the aforementioned problems deteriorated water, hygiene and sanitation services creating huge unmet needs for timely and comprehensive humanitarian response. According to the report from the 2025 *Meher* assessment and ARDRMC, the overall WASH situation in most parts of the region was near critical as a result of conflict-induced displacements, a high case load of IDPs/returnees, drought, disease outbreak and increased WASH needs among non-displaced people. There is also a critical shortage of water in drought, disease outbreak hotspot areas and conflict affected areas. Based on the Meher assessment on the water coverage of nine zones, only five (5) zones namely North Showa, North Wollo, Central Gondar, South Wollo and East Gojjam have the water coverage above 50%., the remaining four zones is below 50%. Accordingly, especial attention should be given to improve the water coverage of North Gondar, Waghimra, Oromo Special and South Gondar zones. The assessment also shows there is a critical wash gap in the region. The low coverage areas given high WASH priority in terms of access, water supply Coverage, sanitation coverage by this EPRP. In addition to drought, disease outbreaks, flood, conflict damage; non-functionality of water schemes are triggers for Water supply service in the community.

Table 21: Drought affected zones and their water coverage (meher assessment, 2025)

Zone	Water Coverage (%)		% of population Use improved water	% of population Use Unimproved water	Type of Unimproved water	% of population with enough water	How long it takes to access	Problems to access water
	Actual	Access						
N/Wollo	62.1	63.6	48.45	51.55	River, pond, unprotected spring			Lack of budget and sources, lack of enough containers, impact of drought, poor management
N/Shewa	65	65	64.2	35.8		35.8	45 Min	
Oromo	48.8	48.8	33	15			35 min	
E/Gojam	55.92	550.54	55.92	44.08			< 1 KM	
C/ Gondar	57.57	58.78	61.1	38.8		55.8	0,5_7Km	
S/ Gondar	49.7	49.7	49.7	50.2				
S/ Wollo	56.05	56.05	55.86	44.14				
N/ Gondar	36.6	41.9	38.4	61.08			36.12 Km	
Waghimra	40.7	40.97	41.18	58.82				

Based on the assessment findings in the 9 zones of the region, it has been determined that there are a total of 56871 water schemes and 15,169,328 beneficiaries. When we classify the total scheme based on their type there are 30,338 HDW, 19,713 spring, 4,257 shallow well, 723 Borehole, 78 Deep well, 686 RPS and 1076 water point. Out of these 46,979 schemes are functional and 9892 schemes are

non-functional which results in the non-functionality rate of 17.39 %. This high rate of non-functionality results in a shortage of water for drinking, hygiene and sanitation practice.

Table 22: Non-Functional Rate of 9 targeted zones with population and existing water schemes

Zone/Woreda	Total Population	Water Schemes Data				Non-fun rate%
		Total # of water schemes	FUN	NON-FUNC	Damaged schemes	
North Wollo	1,504,367	4,398	3,734	664		15
South Wollo	2,815,754	11,408	9,518	1,890		17
East Gojam	2,083,112	10,859	9,940	919		8
Central Gonder	2,293,260	7,122	5,642	1,480		21
Wag Himera	548,996	1,867	971	896		48
North Gonder	882,720	2,311	1,680	631		27
Oromo	493,373	1,354	1,077	277		20
South Gonder	2,621,962	10,054	7,744	2,310		23
North Showa	1,925,784	7,498	6,673	825		11
Total	**15,169,328**	**56,871**	**46,979**	**9,892**	**-**	**17**

Objective

The WASH Emergency preparedness and response plan have the following objectives:

- To provide adequate and safe drinking water supply for drought, conflict, flood, land slide and cholera out breaks affected population, IDPs, Returnees and Host communities.
- To improve access to appropriate Sanitation and hygiene facilities for IDPs, Returnees and Host community
- To provide the necessary WASH NFIs and hygiene kits to the affected people.
- To Rehabilitate and restoration of WASH systems for rapid emergency responses.

Planning Assumptions

WASH related hazards: The following WASH related hazards are considered in this plan such as conflict, drought, flood, land slide and disease out breaks such as diarrheal diseases/ cholera and Scabies.

WASH Targets based on WASH related hazards: The total targets is 8,476,954 people (sum of the above 5 Regional 2025 WASH Target Hazards)

- Conflict Target: 734,768 (1,000,000 people assumed to be affected by ongoing conflict and 25 percent, i.e., 250,000 will be displaced and 484,768 IDPs in the region)
- Drought Target: 1,446,428 people (100 percent will be considered as a target for drought response)
- Flood Target: 20,000 people (5 percent of the 350,000 people will be considered as a target)
- Diseases outbreak/ diarrheal disease or cholera Target: 4,424 people (100 percent will be considered as a target)
- Diseases outbreak/ Scabies: 70,000 people (50 percent of 140,000 people will be considered as a target)
- Land slide Target: 12,000 people (10 percent of 120,000 people will be considered as a target) 2283196

Table 23: WASH target population for 6 selected WASH related hazards

WASH related hazard	Total target population	WASH targeted population No. and % from the region target							
		water supply		water treatment chemical access		Hygiene and sanitation access		WASH NFI provision	
		Target popn	%	Target popn	%	Target popn	%	Target popn	%
Drought	1,446,428	578,571	40	289,285	20	144,642	10	144,642	10
Conflict	734,768	734,768	100	734,768	100	734,768	100	734,768	100
Flooding	20,000	6,000	30	12,000	60	2,000	10	2,000	10
Cholera outbreak	4,424	4,424	100	4,424	100	4,424	100	2,212	50
Scabies Outbreak	70,000	35,000	50	14,000	20	35,000	50	70,000	100
Landslide	12,000	600	5	3,600	30	1,200	10	1,200	10
Total	**2,283,196**	**1,359,363**		**1,058,077**		**922,034**		**954,822**	

Priority activities

- **Emergency Water supply:** Provision of life saving water tracking, Rehabilitation and maintenance of non-functional water schemes(heavy, medium), expansion of existing water supply, new construction of small to medium level water schemes (shallow wells and Hand dug wells), Solarization of water schemes both existing and newly constructed ones, installation of water treatment kits tracking water using back animals.
- **Provision of water treatment chemicals:** provision of house hold water treatment chemicals for 3 month /calculated emergency water supply of 7.5litre per person/, provision of HTH chlorine for IDPs camp, woreda and utilities /calculated minimum 3 month continuous treatment/ ,provision of water quality test kits/gaps identified and filled/ and provision of water supply and quality monitoring.
- **Provision of WASH NFIs:** Provision of WASH NFIs should be in partial or full package including water storage tanks, jerry can/buckets, 250g laundry and body soap, washing basin, dignity kits, water treatment chemicals, and so on, for IDPs/returnees, host community, Critical water shortage and WASH priority areas.
- **Sanitation and hygiene promotion:** Construction of emergency latrines, construction of shower and hand washing facilities, solid or liquid waste management, Hygiene promotion (sanitation and hygiene messages) and provision of hygiene or dignity kits.
- **Monitoring:** It is important to monitor the WASH needs and response periodically to identify gaps and effective response to the WASH related hazards.
- **Coordination:** Strengthen WASH cluster coordination system, orient zone and woreda/site level implementers, and mobilize resources, strengthening the WASH taskforces, technical guidance, monitoring and Information sharing.

Implementation strategy

Strategies identified includes but are not limited to the following

- **Coordination with key stakeholders** -The response will involve the active engagements and partnership with key sectorial stakeholders in the region and within the zone with experiences in dealing with IDP responses.
- **Comprehensive WASH response** -In order to maximize the effort or the outcome of the response and/or the recovery, it is important to provide compressive WASH response including safe drinking Water supply, Provision of sanitation facilities and hygiene promotion intervention.

- **Integrated response** -WASH Emergency Response will integrate with other sectors like NFI, gender and protection, health and other relevant sectors.
- **Information management** -The response will strongly and actively work on information management.
- **Need based capacity building at all levels** – the planned activities will be addressed through well aware and able partners, professionals, volunteers and communities
- **Monitoring, evaluation and accountability**: So as to ensure the quality, effectiveness and efficiency of response and recovery activities, standard monitoring, evaluation and accountability systems will be in place.

Response Monitoring

The overall monitoring of the implementation of the 2026 WASH response and/or recovery plan will fall under the WASH cluster, chaired by the regional Water and Energy Bureau and Co-chaired by UNICEF. As such, the cluster has defined its objectives and linked them to the strategic and specific objectives and a series of indicators have been defined with their needs and targets. Each month, the sub national WASH cluster will be responsible for reporting the achievements (overall and by indicator) through the available online reporting systems. The response achievement data will be reported at the woreda level and will be disaggregated by population group (IDPs, non-displaced and returned migrants), by sex and by age, as well as by people with disability Clusters.

Moreover, humanitarian partners will submit proposed projects to be implemented in 2026, which will then be reviewed by the cluster against the Cluster's strategic objectives, priority geographic areas and priority activities.

Expected challenges:

Depending on the urgency and magnitude of the problem the following challenges would happen or increase:

- Shortage of finance and supplies
- Low partners' involvement and delayed response.
- An unstable security situation, as well as increased humanitarian needs
- Poor coordination between WASH sectors and partners.
- Provision of WaSH NFI out of package.
- Un adequate promotion and awareness on water treatment and hygiene and sanitation
- Lack of fund for monitoring continues water supply, fluid and solid waste removal, toilet and shower cleaning and avail water.

Table 24: Financial Requirements for WaSH EPRP plan of 2026)

S.No	Major Activities	Total	Unit	Quantity	unit price	Available	Funds Required(birr)	Responsible
	A. Emergency water supply							
1	Emergency Water trucking: an estimated of people requires water trucking (25 percent form total IDPs) with minimum standard 7.5 l/p/day, at least for 3 months.	183,692	Number trucks	68 trucks/day or 6,120 trucks for 90 days	6,120 * 15,000		91,800,000	RBoWE, Zone, woreda and Partners
2	Maintenance and rehabilitation of non-functional water schemes including pipe extension (10%)	9,892	No of schemes	989	750,000		741,900,000	" "
3	Electromechanical and pipe extension serve 1 percent of the affected population	13,593	No.	98	1,400,000		118,704,000	
4	Construction of new water schemes with full solarization in 9 zones (minimum 27 bore wells, with full solarization)		No.	27	56,000,000		1,512,000,000	" "
5	Pack animals for water transport road in accessibility (serve 5 percent of the affected population)	67968	No back animals	1500	12000		18,000,000	
6	Emergency water supply using installed Emergency water treatment kit (EWTK)	10	No.	10	1,500,000		15,000,000	
	Sub Total						**2,497,404,000**	
	B. water treatment chemicals							
7	Provision of household water treatment chemicals (Aqatabs,PUR, etc.) for people using unsafe drinking water and IDP sites (10,580 HH 5 percent of from the total target)	211,615	Pcs	1,785,504	20		35,710,098	" "
8	Provision of household Water treatment chemicals (HTH) 10 percent	423,230	Dirham	150	80,000		12,000,000	" "
9	Water quality test kits and reagents	0	Lsm				4,500,000	" "
10	Water fee for water trucking sites and water quality monitoring	0	Lsm (birr)				2,500,000	woreda and Partners
	Sub Total						**54,710,098**	
	C. Provision of WASH NFIs							
11	Provision of WASH NFI (atleast partial WASH NFI packages 1 Jericans, 1 bucketand 1 washing basin/household 250g laundary and body soap,diginity kits and others as posible) (Recomondation WASH NFI shuold be full package)							Government, Partners (NGO Civic Society) and Private sectors
A	Provision of 1 storage bucket for storage and 1 jerican for fetching and temporary storage per house hold.	211,615	HHs	211,615	400		84,646,000	" "

S.No	Major Activities	Total	Unit	Quantity	unit price	Available	Funds Required(birr)	Responsible
B	Provision of Laundry 1and body soap 1 /person/month)	423,230	Pcs	6,348,450	150		952,267,500	" "
C	Washing basin (1 washing basin / household)	211,615	PCS	211,615	100		21,161,500	" "
D	Hygiene or dignity kits including underwear, sanitary pads for IDP sites	529,037	Kits	529,037	200		79,355,550	" "
12	Procurement and Installation of water storage tanks with accessories (10 M3,5M3, and 20 M3 Lit capacity)		Number	170	110,000		18,700,000	“ ”
	Sub Total						**1,156,130,550**	
	D. Sanitation and Hygiene							
13	Community sensitization or hygiene promotion IEC/BCC materials)	922,034	Lsm				1,300,000	
14	Construction or rehabilitation of emergency Latrines (6 stances) 50 % considered	461017	Block	1536 latrine	100000		153,672,333	" "
15	Installation of hand washing facilities 2 per latrine	461017	number	3072	3500		10,752,000	
16	Construction or rehabilitation of emergency shower facilities	461017	Block	1536	50,000		76,800,000	" "
	Sub Total						**242,524,333**	
	Grand Total						**3,950,768,981**	

6.8. Education

Overall objective of the education in emergency response

To ensure access to quality, inclusive, and protective education and learning opportunities that meet the physical, psychosocial, and cognitive needs of school-age children affected by multiple emergencies in the Amhara Region, including man-made hazards such as conflict and market inflation, and natural hazards such as disease outbreaks, drought, floods, hailstorms and windstorms, and landslides.

Planning assumptions: Conflict and insecurity are expected to continue disrupting education service delivery through school closures, delayed reopening, displacement, and interruptions to teaching and learning. Climate-related shocks, including drought, floods, landslides, and seasonal hazards such as hailstorms and windstorms, are also likely to recur, causing damage to education infrastructure, disrupting access routes, and increasing learning interruption and dropout risks. These impacts will be compounded by market inflation, which reduces purchasing power and increases the cost of essential education inputs such as learning materials, WASH and MHM supplies, classroom furniture, and rehabilitation resources, with the highest cost impacts in hard-to-reach and conflict-affected areas due to transport constraints and insecurity. Outbreak risks, including cholera and other epidemic-prone diseases, are expected to persist, particularly in displacement settings and areas with weak WASH conditions, potentially increasing absenteeism and triggering temporary school closures. Overall, the combined effect of these risks is expected to continue undermining access, retention, and learning outcomes, with girls, children with disabilities, displaced children, and children in hard-to-reach areas facing the highest barriers.

Table 25: Estimated affected population based on the zone and districts for 2026 EPRP

Potential emergencies	**Zones**	**Number of *Districts* to be affected**	**Estimated affected population/ children**	**Observations**
Conflict	All zones	All district	2,800,000	No peace agreement between the government and Fano militants.
				Continued tensions in Wolkait, Telemet, and Raya Kobo.
				Ongoing ethnic violence in other regions driving further instability and displacement.
Cholera	All zones	20	10,000	Previous trend analysis indicates recurrent outbreak risk.
				Continued IDP influx and overcrowding
				Poor hygiene and sanitation in IDP sites and holy water areas
				Inadequate hygiene practices and WASH conditions in schools
Market inflation	All zone	All district	24,000	Previous year's trend analyses
				Increased supply and transport costs due to fuel shortages and rising fuel prices linked to the Middle East crisis
				Reduced purchasing power of ETB limits coverage
Drought	9 zones	41	275,000	Previous years' trend analyses
				Rising food insecurity and livelihood stress
				Increased risk of absenteeism, dropout, child labor, and mobility in drought-affected communities.
Flood, Hailstorm / Windstorm	4 zones / All zones	12 / All district	63,260	Previous year's trend analysis
				Flooding risk driven by backflow from Lake Tana, overflow of major rivers, and flash floods after intense rainfall
				Poor condition of school infrastructure increases vulnerability to damage
Landslide	3 zones	9 districts	3,900	Previous year's trend analyses
				Saturated soils and fragile terrain in hotspot areas
Total			**3,176,160**	

Description of hazards that have impact on education response

The education sector in Amhara has been severely affected by overlapping emergencies over the past five years. The section below summarizes the prioritized hazards that are expected to continue affecting education access, continuity, safety, and quality in the region.

Conflict

The Amhara region has experienced multiple and recurrent conflicts in recent years, including the ongoing conflict, the northern Ethiopia conflict, and internal conflicts in Central Gondar, North Shewa, Oromia Special Zone, and Awi Zone. Education remains among the most affected sectors. Conflict has disrupted education access through damage to schools and related infrastructure, destruction and looting of education materials, and interruption of basic education administration and supervision. These shocks undermine the delivery of quality education in affected areas. Conflict has also triggered displacement of teachers, learners, school leaders, and education personnel, resulting in teacher shortages, disrupted school management, and weakened learning continuity. Displacement and repeated exposure to violence, loss of family members, injury, and destruction of property have contributed to severe psychosocial distress across the school community, reducing readiness to teach and learn and increasing dropout risk. In the 2025/26 academic year, more than 3 million children in Amhara are out of school due to conflict-related disruption.

In addition, at least 567 schools have reportedly been repurposed as shelters for internally displaced persons (IDPs) and used by armed actors. This not only prevents schooling but also accelerates damage and loss of teaching and learning materials and creates unsafe learning environments. Where schools are used for military purposes, there is also heightened concern about explosive remnants of war and other safety risks, which complicate school reopening and require clearance and safety verification prior to resumption of learning. The conflict has further heightened protection risks for children. Prolonged school closures and disrupted learning increase exposure to child labour, early marriage and early pregnancy, sexual violence, secondary displacement, and potential recruitment by armed actors. Teachers and school leaders also face increased protection threats, including reported risks of abduction and intimidation, which further undermines education service delivery.

Overall, conflict has caused extensive damage to education infrastructure across the region. A total of 6,250 schools have been damaged in Amhara over the past five years due to the combined effects of the northern conflict, the current conflict, and other localized conflicts. Of these, 1,994 schools were reportedly damaged due to the current conflict alone. In addition to conflict within the region, insecurity and conflict in other parts of the country, including Oromia, the former SNNP regions, Benishangul-Gumuz, and other contested areas, have continued to drive displacement into Amhara region. As a result, the region is hosting close to half a million IDPs, many of whom are school-age children and youth in need of education services. This influx increases pressure on already strained schools and education system, contributing to overcrowding, shortages of teachers and learning materials, and increased demand for non-formal education modalities and temporary learning spaces. It also heightens protection and psychosocial risks for displaced learners, reinforcing the need for integrated EiE responses that include safeguarding, mental health and psychosocial support (MHPSS) support, and inclusive education measures.

Scenarios and triggers

Scenarios

The 2026 planning scenario assumes that the ongoing conflict will continue and remain the primary driver of education disruption in Amhara region. Destruction and looting of education facilities and supplies are expected to persist, while repurposing of schools for non-education purposes, including use as shelters for IDPs or by armed actors, will continue to delay school reopening and reduce the availability of safe learning spaces. Displacement of teachers, learners, and education personnel is also likely to remain significant, contributing to teacher shortages, weakened school management, irregular learning schedules, and reduced supervision and support. As a result, school closures and interrupted learning will continue in many woredas, leaving over 2.8 million children out of school and exposed to heightened protection risks, including child labour, early marriage and pregnancy, exploitation, trafficking, and potential recruitment by armed actors. In parallel, the restoration of previously damaged and looted schools will require substantial investment and sustained effort, including safety verification, rehabilitation of classrooms and school WASH facilities, replacement of furniture and learning materials, and support to re-establish staffing and school management systems, with recovery needs expected to remain high throughout 2026.

Triggers: Escalation of the ongoing conflict between Fano and government forces, as well as renewed ethnic violence in other regions, is expected to trigger additional displacement into and within Amhara and to further disrupt education service delivery. Key triggers include increased insecurity along transport routes, attacks on schools, looting and destruction of education facilities and supplies, and the repurposing or occupation of schools for non-education purposes. Violence, intimidation, and abduction risks affecting teachers and school leaders are also likely to increase, contributing to absenteeism and breakdown of school management. These conditions will intensify protection and mental health risks for children and adolescents, accelerate school closures, and increase the number of out-of-school children across affected woredas.

Humanitarian consequences: The major consequences of conflict for the education sector include destruction and looting of schools and education supplies, interruption of teaching and learning, and large-scale displacement of learners, teachers, and education personnel, which delays school reopening and weakens education administration and supervision. Insecurity and road blockages restrict access for students and teachers, limit partner movement and supply delivery, and reduce regular monitoring and support. Conflict also increases injury, disability, and loss of life, while exposing children and school communities to severe mental health and psychosocial distress. These factors collectively reduce access to safe, protective, and inclusive education and contribute to prolonged school closures and rising numbers of out-of-school children.

Planning figures and assumptions: For 2026, the EPRP planning team has set a planning figure of 2.8 million school-age children requiring Education in Emergencies support. This estimate is based on the expectation that access to schooling will remain significantly constrained in many parts of Amhara region due to the following assumptions:

- The escalation of the ongoing conflict between Fano and government forces is expected to continue, leaving many schools closed or only partially functional and sustaining large-scale displacement. This will keep protection risks high and intensify mental health and psychosocial needs among learners, teachers, and education personnel.

- Increasing tensions in Wolkayt Tsegedie Setit Humera, Telemet, and Raya Kobo may drive renewed instability and trigger additional displacement and humanitarian influxes.
- While major hostilities associated with the northern conflict have declined, several woredas are likely to remain hard to reach and operationally constrained, limiting school reopening, supervision, and the delivery of education service.
- Ongoing insecurity and violence in other regions, particularly Oromia and surrounding areas, will likely continue to generate displacement into and within Amhara, adding pressure on already overstretched schools and education services.
- Many displaced children and caregivers will continue to face trauma linked to violence, bereavement, injury, and repeated displacement, requiring sustained psychosocial support and the integration of MHPSS within protective learning environments.

If these conditions persist, more than 2.8 million children (51% girls) are likely to remain without reliable access to education and will require EiE assistance, including individual learning materials and education services delivered through either in a formal approach (where safe and feasible) or non-formal modalities.

Assessment Requirements: To understand the impact of conflict on education and to design an appropriate EiE response, comprehensive assessments are required, preferably through joint, multi-sector approaches complemented by education-specific assessments where necessary. These assessments are essential to identify priority needs, set realistic response targets, and inform evidence-based recommendations.

Needs Assessments: Rapid and periodic needs assessments are required to determine immediate EiE needs, including the number of out-of-school children, school functionality, safety and access constraints, availability of teachers, learning space gaps, learning materials needs, and priority groups (girls, children with disabilities, and displaced learners). Assessments may be joint or education-sector specific depending on the context and access.

Monitoring and Evaluation: Continuous monitoring is needed to track changes in access, attendance, retention, and learning continuity, and to assess the effectiveness and coverage of EiE interventions in conflict-affected areas. This should include feedback mechanisms and routine reporting aligned with cluster standards.

Impact Assessments: Periodic assessments are required to measure results of EiE interventions, including improvements in enrollment and attendance, restoration of learning spaces, learning progress, and effectiveness of protection and MHPSS integration. Findings should be used to adjust programming and strengthen accountability.

In summary, assessments are required at multiple stages to inform prioritization, guide resource allocation, and ensure EiE interventions remain responsive, effective, and aligned with evolving needs.

Drought

Description of Hazard: Amhara region has faced recurrent drought affecting multiple zones, with significant impacts on education access and learning outcomes. Drought is among the most frequent and wide-reaching hazards in the region and is a major driver of humanitarian need due to its scale and the number of people affected. In drought-affected communities, households face acute pressure on livelihoods and food security, which reduces the ability of families to cover education-related costs such as learning materials, transport, and basic school needs. This contributes to delayed enrollment, irregular attendance, and increased dropout, particularly among the most vulnerable children. Drought

also affects learning quality by increasing absenteeism, reducing concentration and participation due to hunger and stress, and placing additional burdens on children through household responsibilities and livelihood coping strategies.

Geographical location: Drought and rainfall shortages recur in several drought-prone parts of Amhara, particularly Waghimera, North Gondar, Central Gondar, South Gondar, North Wollo, South Wollo, Oromia Special Zone, East Gojjam, and North Shewa. Based on 2024 data, 41 woredas across these drought-prone areas were affected, indicating a sustained risk of education disruption through reduced attendance, increased dropout, and heightened demand for Home-Grown School Feeding and learning support measures in these locations.

Early warning triggers: Delayed onset of the meher rains, insufficient rainfall, and early cessation that leads to extended dry spells are key early warning signals for drought conditions that can disrupt education. These triggers often precede worsening food insecurity and livelihood stress, which are associated with reduced school attendance, increased dropout, and higher demand for education support interventions in affected woredas.

Planning figure: Based on recent drought patterns in Amhara and current early warning signals, the 2026 education planning assumes continued vulnerability driven by rainfall deficits, repeated dry spells, and livelihood and food security shocks in drought-prone woredas. These conditions are expected to reduce attendance, increase dropout, and worsen learning outcomes through hunger, household economic stress, and increased child labour and mobility. Considering these risk factors, the education sector estimates that 275,000 school-age children in drought-affected areas are at heightened risk of drought-related disruption to education in 2026 and should be prioritized for preparedness and response measures, including learning continuity support and integrated protection and MHPSS.

Market Inflation

Description of Hazard: Market inflation remains a significant risk to education service delivery in the Amhara Region. Inflation driven by declining purchasing power of the Ethiopian birr and rising prices for goods and services increases the cost of implementing education interventions, including learning materials, school supplies, WASH and MHM items, and school rehabilitation inputs. Fuel shortages and rising fuel prices linked to disruptions associated with the Middle East crisis further increase transportation and logistics costs, resulting in delayed delivery and higher operating expenses. As a result, education partners may be forced to reduce the scope of planned activities or compromise quality. Inflation also increases household economic pressure, limiting the ability of families to meet basic education-related costs and contributing to delayed enrollment, irregular attendance, and increased dropout. Impacts are typically more severe in hard-to-reach and conflict-affected areas where transport constraints and insecurity amplify price increases.

Geographical location: Market inflation affects all woredas in the Amhara Region. However, its impact is most severe in hard-to-reach and conflict-affected areas where insecurity and transport limitations raise prices and reduce availability of essential supplies and services.

Early warning triggers: Key early warning signals include sustained month-to-month increases in prices of staple commodities and education-related supplies; sharp increases in fuel prices or prolonged fuel shortages; rising transport fares and freight costs; widening price differences between accessible markets and hard-to-reach areas; repeated procurement delays due to supplier price

revisions or stock unavailability; and increasing reports of household economic distress linked to absenteeism or dropout.

Planning figure: Based on current inflation dynamics and the heightened cost impact in hard-to-reach areas, the education sector planning assumption for 2026 is that 24,000 school-age children are at heightened risk of education disruption due to market inflation and should be prioritized for mitigation measures, including targeted learning supplies, learning continuity support, and retention-focused interventions.

Humanitarian consequences: Market inflation increases the cost of education delivery and reduces the purchasing power of both households and implementing partners. Rising prices for learning materials, WASH and MHM supplies, classroom furniture, and rehabilitation inputs can delay activities, reduce coverage, and compromise service quality. For households, higher living costs limit the ability to afford education-related expenses such as uniforms, stationery, transport, and basic school needs. This contributes to delayed enrollment, irregular attendance, and increased dropout, particularly among vulnerable children. The impact is typically more severe in hard-to-reach and conflict-affected areas where insecurity and high transport costs further inflate prices and restrict supply availability.

Assessment requirements: To identify EiE needs in inflation-affected areas, a targeted market and education access assessment is required in coordination with relevant partners. The assessment should review price trends and availability of key education inputs (learning materials, scholastic supplies, WASH and MHM items, rehabilitation materials, and fuel/transport services), including price differences between accessible and hard-to-reach locations. It should also assess programmatic implications, including procurement feasibility, anticipated cost increases, supply chain delays, and risks to implementation quality and coverage. On the demand side, the assessment should examine household affordability constraints and education impacts, including enrollment and attendance trends, dropout risk factors, coping strategies (child labour, early marriage, displacement), and the minimum support package needed to sustain learning and retention for vulnerable learners.

Cholera

Description of the Hazard: Cholera outbreaks remain a significant risk to education service delivery in Amhara region, particularly in areas where access to safe drinking water and adequate sanitation is limited. During outbreaks, schools may be forced to close temporarily or delay reopening to reduce transmission, disrupting learning continuity and increasing absenteeism among learners and teachers. Effective prevention and safe operation of schools require functional school WASH facilities, including adequate latrines, handwashing stations, and a reliable water supply, which remain a major challenge for many schools and often require substantial investment for rehabilitation and operation. Cholera can lead to severe illness and, if not treated promptly, can result in death, further affecting attendance, teacher availability, and overall education system functioning.

Geographic Distribution: Cholera remains a recurring public health risk in Ethiopia, and Amhara is among the regions with heightened outbreak susceptibility due to gaps in safe water and sanitation, population movement, and overcrowding in specific settings. Within Amhara, higher-risk locations include holy water sites, woredas hosting IDPs and refugees and areas with high water shortage, where congestion and limited WASH services increase the likelihood of transmission. Based on recent patterns, potential hotspot areas include parts of Debre Birhan, South and North Wollo, West and South Gondar, and North Gojjam zones. If an outbreak occurs in these areas, it is estimated that more than 15,000 school children could experience disrupted schooling through increased absenteeism,

temporary school closures, or delayed school opening. The region has experienced repeated cholera episodes over recent years, indicating a persistent risk and the need for strong prevention and preparedness measures linked to school WASH and health promotion.

Early warning triggers: Cholera risk for the education sector is likely to increase when the following conditions occur:

- Large population movement to high-traffic areas (for example, holy water sites, schools, and market areas), which can increase transmission and lead to spillover into school communities.
- Overcrowding and poor hygiene and sanitation in IDP and refugee sites, increasing exposure among school-age children and disrupting attendance and learning.
- Interruption of health and WASH services due to conflict or access constraints, limiting prevention, case management, and hygiene promotion in school catchment areas.
- Flooding, water shortages, or reliance on unsafe water sources, which increases the likelihood of waterborne disease and can trigger temporary school closure or delayed reopening.
- Schools with inadequate WASH services, including lack of safe water, functional latrines, handwashing facilities, soap, and hygiene supplies, which increases transmission risk and reduces the ability to keep schools safely open during an outbreak.

Humanitarian consequences: Cholera outbreaks can lead to widespread school absenteeism when learners, teachers, or family members fall ill, and when communities avoid gathering due to fear of infection. Learning time is reduced, and school calendars may be disrupted, and already vulnerable learners can fall behind and fail to return once schooling resumes. School staffing is also affected as teachers become ill, or are unable to travel, reducing instructional quality. Household pressures increase as caregivers spend time seeking treatment and supporting sick family members, which can limit children time for school and increase the likelihood of withdrawal from education. Community stress and grief can also intensify psychosocial needs among learners and teachers, requiring supportive messaging, safe school routines, and strong coordination with health and WASH actors to enable continued learning where feasible.

Planning figure: Based on recent cholera patterns in the region and current risk factors, the 2026 education planning assumes continued vulnerability linked to population movement and displacement, overcrowded IDP and refugee settings, the presence of high-traffic holy water sites, periodic flooding and water shortages, and persistent gaps in school WASH facilities and hygiene practices. Considering these conditions, the education sector estimates that 10,000 school-age children, including displaced children in collective sites, are at heightened risk of cholera-related disruption in 2026 in Amhara and should be prioritized for preparedness and response measures.

Assessment requirements: To identify EiE needs in cholera-affected areas, including schools, a joint assessment is required in collaboration with the Health and WASH clusters. The assessment should review school WASH functionality and readiness, including access to safe water, availability and condition of latrines, handwashing facilities, soap and hygiene supplies, and hygiene promotion practices. It should also identify education-specific gaps and priorities, such as the risk of school closure or delayed reopening, learner and teacher absenteeism, continuity of learning options, and the support required to keep schools safely operational during an outbreak.

Humanitarian consequences: Drought-related food insecurity and loss of livelihoods reduce the ability of households to keep children in school. As families face shortages of food and income, children are more likely to miss classes, arrive late, or drop out due to increased household responsibilities, migration in search of work, or engagement in child labour. Learning quality also

declines as hunger and stress reduce concentration and participation, and schools may experience higher teacher absenteeism and increased demand for support such as learning materials and school feeding.

Assessment requirements: Because drought is a slow-onset emergency, periodic and seasonal assessments are required to anticipate and respond to education impacts. Based on early warning information, joint multi-sector assessments should be conducted to identify education risks and needs, including enrollment and attendance trends, dropout drivers, school functionality, availability of teachers, and the scale of learning support required. Education findings should be aligned with food security and nutrition analysis to guide targeting, prioritization, and timely EiE interventions in drought-affected woredas.

Flood, Hailstorm/ Windstorm, and Landslide

Description of hazards: Floods, hailstorms and windstorms, and landslides are recurrent seasonal hazards in the Amhara region, particularly during the main rainy season. Flooding occurs through backflow from Lake Tana and overflow of major rivers, as well as flash floods following intense rainfall. These hazards disrupt education by damaging school infrastructure, including classrooms, roofs, libraries, fences, and WASH and MHM facilities, often resulting in temporary school closures and learning loss. In recent years, the combined effects of floods, hailstorms and windstorms, and landslides have damaged 84 schools, including 22 severely damaged and 62 partially damaged, further constraining safe access to learning. Floods and landslides also affect access to education by damaging roads, blocking routes, and creating unsafe travel conditions, which increases absenteeism and dropout. Floods further raise the risk of waterborne disease outbreaks, while repeated shocks can heighten psychosocial distress among learners, teachers, and communities, reducing learning engagement and school functioning. In addition, when homes are damaged, schools may be used as temporary shelters for displaced households, which can delay school reopening and prolong interruptions to learning.

Geographical location: Hazard exposure varies by type and location. Hailstorms/windstorms can affect all zones and districts across the Amhara region. For preparedness planning, flood risk is prioritized in 12 hotspot districts, particularly in areas along the shores of Lake Tana, around major river basins, and in flood-prone lowlands and valley areas. Landslide risk is prioritized in 9 districts, mainly in mountainous and steep-slope areas where saturated soils and unstable terrain increase the likelihood of slope failure.

Early warning triggers: Key triggers include meteorological forecasts and alerts for heavy rainfall, severe storms, strong winds, and hail; rising river levels and overflow; reports of saturated soils, ground cracks, or minor slope failures in landslide-prone areas; and early disruption signals such as damaged bridges, blocked roads, community displacement, and reports of school compound flooding or structural damage to school buildings and WASH facilities.

Planning figure: For 2026 preparedness and response planning, the education sector estimates that 67,160 children are at heightened risk of education disruption due to the combined effects of floods, hailstorms/ windstorms, and landslides. Of these, 63,260 children are at increased risk due to floods and hailstorms/windstorms, while the remaining 3,900 children are at increased risk due to landslides.

Humanitarian consequences: These hazards reduce safe access to education through physical damage to schools and WASH facilities, disruption of learning spaces, and displacement of learners and teachers. They increase absenteeism and dropout when routes become unsafe, transport costs rise, or schools remain closed for repairs. Learning quality declines as students lose instructional time and

schools operate without safe, functional facilities and essential learning materials. Flood-related health risks, including waterborne diseases, and heightened psychosocial distress linked to repeated shocks further reduce attendance, participation, and concentration. Resources diverted to emergency response and repairs also constrain funding for education recovery and quality improvements. In severe incidents, accidents may result in deaths or injuries among students and teachers, intensifying psychosocial distress across the wider school community.

Assessment requirements: A rapid joint assessment is required with local DRM structures and relevant sectors, including WASH and protection, to determine school functionality and safety. The assessment should map affected schools, verify infrastructure and WASH damage, confirm accessibility of routes, and identify displaced learners and teachers. It should also assess education impacts, including enrollment and attendance trends, dropout risk, learning material losses, and immediate learning continuity options such as temporary learning spaces, alternative schedules, and catch-up support. Findings should guide prioritization of minor rehabilitation, WASH restoration, replacement of learning materials, and risk mitigation actions to enable safe reopening.

Available resource and gaps

Based on the planning team analysis, the total budget required to address Education in Emergencies (EiE) needs for crisis-affected children in Amhara region is **16,264,685,375 ETB** or 104**,260,804 USD**. Of this, **8,189,167,625** ETB is currently available through the Education Cluster (REB and partners). The remaining **8,075,517,750** ETB or **51,766,139** USD represents the funding gap to be mobilized through the Federal Government and partners, as indicated in Table 25 below.

Table 26: Multi-sectoral priorities and budget estimate for education sector

Activity	Time line				Estimated Budge (ETB)			Gap in USD (1 USD= 156)
	Q1	Q2	Q3	Q4	Required (ETB)	Available (ETB)	Gap (ETB)	
Reconstruct 218 severely damaged schools (by norther conflict, current conflict and natural disaster)	X	X	X	X	5,450,000,000	3,815,000,000	1,635,000,000	10,480,769
Rehabilitate partially damaged schools (by norther conflict and current conflict and natural disaster)	X	X	X	X	4,125,000,000	1,237,500,000	2,887,500,000	18,509,615
Rehabilitate and furnish 45 damaged and looted zonal education departments and woreda education offices	X	X	X	X	225,000,000	-	225,000,000	1,442,308
Provide education supplies for 750 schools operating in dire situation	X	X	X	X	1,087,500,000	652,500,000	435,000,000	2,788,462
Provide school feeding & supplementary school feeding services for 500,000 affected children to address nutritional needs (for 6 months)	X	X	X	X	3,960,000,000	1,980,000,000	1,980,000,000	12,692,308
Provide dignity kts for 280,000 conflict affected adolescent girls	X	X	X	X	439,600,000	163,760,000	275,840,000	1,768,205
Conduct advocacy meetings to vacate schools used as a camp	X	X	X	X	-	-	-	-
Provide scholastic materials for 300,000 emergency affected children	X	X	X	X	471,000,000	141,300,000	329,700,000	2,113,462
Provide 5 days ToT training on MHPSS and PFA to 25 teachers and school leaders to cascade the training down to school level.	X	X	X	X	2,865,250	859,575	2,005,675	12,857
Provide 3 days TOT 500 school gender clubs leaders on Life skills training to cascade the training to 200,000 children	X	X	X	X	4,125,000	2,475,000	1,650,000	10,577
5 months' salary for 650 ALP facilitators	X	X	X	X	17,875,000	10,725,000	7,150,000	45,833
Provide training for 5,025 conflict affected teachers, ALP facilitators & school leaders on basic pedagogy & condensed curriculum	X	X	X	X	431,220,125	172,448,050	258,772,075	1,658,795
Develop spots & disseminate information and key messages through various media channels, including radio, TV, social media, and print	X	X	X	X	20,000,000	6,000,000	14,000,000	89,744
Organize back to school campaign in all zones and city administrations	X	X	X	X	22,000,000	6,600,000	15,400,000	98,718
Strengthen EiE taskforces at region, zonal and woreda level	X	X	X	X	8,000,000	-	8,000,000	51,282
Conduct joint monitoring and evaluation	X	X	X	X	500,000	-	500,000	3,205
Total					**16,264,685,375**	**8,189,167,625**	**8,075,517,750**	**51,766,139**

6.9. Protection

Objective and vision

The overarching vision of the protection sector is to ensure children, women, elderly people, persons with disabilities, and other vulnerable groups within the affected population are protected from violence and their rights, safety and dignity are respected in accordance with international humanitarian and human rights law.
The objective of protection sector in this EPRP is to prevent protection risks, mitigate their harmful consequences and respond to protection needs of population affected by conflict and natural disasters such as drought, flood and landslide.

Implementation Strategies:

- Improve access to multi sectorial, lifesaving services for conflict and disaster-affected women and girls, men and boys, including survivors of conflict related sexual violence (CRSV) and gender-based violence (GBV) survivors/at risk.
- Strengthen child protection case management, alternative care arrangements and referral services to multi sectoral responses for children at risk or experiencing Child Protection (CP) concerns.
- Strengthened services to persons with specific needs, people with disabilities, older people, and ensure protection services for anyone experiencing or at heightened likelihood of experiencing a protection risk.
- Intensify coordination mechanisms and platforms at all levels (regional, zonal, and woreda) by enhancing technical capacity and institutional engagements of government sectors, humanitarian partners and relevant CSOs
- Enhance advocacy efforts and resource mobilization to strengthen interventions for vulnerable groups during and after emergencies.
- Support community structures in priority areas of the region to enhance protection mechanisms and ensure that the rights of children, women, elderly people, and persons with disabilities are upheld during emergency situations.
- Build on the achievements of the 2025 child protection and GBV interventions.

Description of Hazard and humanitarian consequence:

The protection risks in Amhara Region are shaped by a complex and protracted humanitarian crisis driven by the combined effects of armed conflict, climate-induced shocks such as drought, large-scale displacement, and disease outbreaks including cholera and malaria. These overlapping hazards have severely weakened already fragile protection systems, disrupted essential services, and eroded traditional coping and community support mechanisms. As a result, vulnerable populations—particularly women, children, persons with disabilities, and the elderly—are increasingly exposed to multiple and intersecting protection risks. Women and girls face heightened exposure to gender-based violence (GBV), including conflict-related sexual violence, intimate partner violence, and exploitation, while children are at increased risk of family separation, recruitment, child labor, child marriage, and various forms of abuse and neglect. The prolonged crisis has also contributed to widespread psychological distress and trauma, with limited access to mental health and psychosocial support services.

The humanitarian consequences of the crisis are severe and multifaceted. Affected populations face increased exposure to violence, exploitation, and abuse, with women and girls disproportionately affected by GBV and children facing heightened protection risks. The number of unaccompanied and separated children continues to rise, placing additional strain on already limited child protection systems. Access to life-saving, multi-sectoral protection services—including health, psychosocial support, legal assistance, and safe shelter—remains inadequate, particularly in hard-to-reach and conflict-affected areas. As a result, many individuals resort to negative coping mechanisms, which further exacerbate their vulnerability and risk of harm. The crisis has also led to widespread mental health challenges, including trauma, anxiety, and depression, with limited availability of appropriate support services. Vulnerable groups such as persons with disabilities and the elderly face additional barriers to accessing services, increasing their risk of exclusion. Weak referral systems and coordination challenges further hinder timely and effective response to protection needs.

Trend Analysis

Trend analysis indicates that the protection situation in Amhara has progressively deteriorated over time due to the cumulative impact of recurrent and overlapping shocks. The ongoing conflict remains the primary driver of protection risks, compounded by climatic shocks and economic instability. There has been a notable increase in GBV incidents, particularly sexual violence, with a significant proportion of survivors being children according to latest APHI data a total of 4628 sexual violence survivors has been reported from below 6% of health facilities since the beginning of the current conflict July 2023. Of these 2095 (45.28%) are children and the rest 2535 (54.72%) are adults. However, the true scale of GBV remains largely underreported due to stigma, fear of retaliation, limited awareness of available services, and barriers to access, including distance, insecurity, and lack of transportation. Similarly, child protection risks are increasing, with more cases of family separation, psychosocial distress, and harmful coping strategies observed across affected communities. Despite the growing needs, the availability and coverage of protection services remain limited and uneven, with significant gaps in underserved areas.

Geographical Location

Geographically, protection concerns are widespread across the Amhara Region, with varying levels of severity depending on the intensity of conflict, displacement patterns, and access to services. The geographical areas identified for protection, CP and GBV interventions include both intra- and inter-regional conflict-affected areas particularly, West, East and North Gojjams, Awi, North, Central and South Gondar, North Wollo, South wollo, Waghemra, and North Shewa, where insecurity and limited humanitarian access persist. Border areas such as Metema in West Gondar, serve as entry points for refugees, asylum seekers, and returnees, further increasing protection needs.

In addition, drought-prone woredas that face compounded vulnerabilities due to food insecurity and water scarcity in Northern Gondar (Beyeda woreda), Wag Himra, North Shewa, South Wollo, North Wollo, and the Oromia Zone of the region, are considered under this EPRP. Additionally, the protection sector will prioritize rapid response in areas affected by floods/landslides to respond to emerging needs. Furthermore, internally displaced persons (IDPs) are present across the region in both collective sites and host communities remain among the most vulnerable, often lacking access to basic services, protection assistance, and safe living conditions. This displacement is mainly driven by ethnic-based violence and armed conflict in neighboring regions, particularly Oromia Region, Benishangul-Gumuz Region, and Tigray Region, which has further increased the demand for humanitarian assistance and protection services. Therefore, IDPs residing in collective sites, informal

settlements, and host communities particularly in North Shewa, North Wollo, Waghimera, South Wollo, all Gojjams, all Gondars, Oromo special and Awi zones are prioritized for response.

Early warning triggers

Early warning triggers for deteriorating protection conditions include the escalation or spread of armed conflict and insecurity, which may lead to new or secondary displacement and increased militarization of civilian areas. A rise in reported GBV incidents—particularly sexual violence and cases involving children—serves as a critical indicator of worsening protection risks. Additional warning signs include an increase in the number of unaccompanied and separated children, as well as the disruption or closure of schools, health facilities, and protection service delivery points. Furthermore, outbreaks of communicable diseases can further strain already limited services and heighten vulnerabilities. Environmental stressors such as prolonged drought, crop failure, floods, and water shortages contribute to food insecurity and economic hardship. These conditions often drive negative coping mechanisms, including child marriage, child labor, and transactional sex. Restrictions on humanitarian access, insecurity affecting service providers, and the breakdown of community-based protection systems also signal escalating protection concerns.

Planning assumptions:

Considering the significant number of children and women have been victims of the adverse impact of conflict and associated displacement, drought, and other natural and man-made hazards in the region in the past, the 2026 Emergency Preparedness and Response Plan (EPRP) exercise has identified the main hazards that could trigger emergency in the region. Accordingly, conflict was identified as one of the top hazard with the potential of adversely impacting up to 1,000,000 people (with 250,000 people likely to be newly displaced) whereas drought is estimated to affect 1,446,428 people. Similarly flooding and landslide are estimated to affect 400,000 (5% likely to be displaced) and 120,000 peoples to be affected respectively. Furthermore, a total of 484,664 existing IDPs will require humanitarian assistance. Hence, more than 3.4 million people might be adversely impacted, as per the 2026 EPR planning exercise with the prioritized four shocks plus existing IDP caseload. From the above assumption figure, the protection sector estimates that, more than 45% (1,544,323) vulnerable groups including children, women, elderly people, and people with disability will need to be reached during emergency and after the onset of emergency in the region in a multi - sectoral approach. However, the issues of unaccompanied and separated children, GBV survivors and the needs of PWD and elderly people will make the main part of this protection input of the EPRP.

The EPRP for 2026, from Protection/child protection and GBV response perspectives builds upon the intervention in 2025 and in consideration with ongoing program intervention as implemented by BoWYSA and its partners, namely UNICEF, UNFPA and other UN agencies, governmental and non-government partners in the region. To highlight some of the major undertakings of 2025, a total of 341,219 (children, women, elderly people, people with disability and other vulnerable segments of the community), were reached and provided with various supports including, alternative care arrangement for unaccompanied and separated children, expansion of mental health and psychosocial support (MHPSS), provision of dignity kids, cash assistance, and recovery support for their basic needs and to respect rights, and deployment of community service worker.

Similarly in 2025, the GBV prevention, risk mitigation and response interventions reached over 504,150 individuals through implementation of awareness, GBV case management, Psychosocial support, cash assistance, dignity kits provision, economic empowerment and community led prevention approaches.

Available resource and gaps

During the planning process nearly 1.7 million USD (an estimated of 265,200,000 ETB) was allocated by the Ethiopian Humanitarian Fund to support protection, GBV and child protection response in the region. More than 31 protection (CP and GBV) partners are contributing to addressing at risk children and women in 48 Woredas and 11 Zones.

Budget required

To respond the protection, GBV and child protection, a total of **2,878,126,965 ETB or 18,449,532 USD** is required. Considering the available fund (265,200,000 ETB), a total of 2612,926965 ETB (16749532 USD) is the gap to be filled by the government, NGOs, UN Agencies and other concerned bodies for protection in emergency response activities.

Table 27 : Activities to be implemented and budget requirement for protection sector

S.No	Activities	Timeline				Targets	Estimated Resources		Responsible Bodies
		Q1	Q2	Q3	Q4		ETB	USD (156)	
1	Conduct quarterly Protection cluster, CP-GBV coordination meetings and advocacy workshops/events	X	X	X	X	4 Meetings, 3 Advocacy workshops	1,000,000	6,410	BoWYSA, UNICEF, UNFPA, Protection, CP and GBV partners
2	Conduct rapid assessment, to identify CP, GBV issues and the needs of PWD and the elderly	X	-	-	-	1	665,791	4,268	
3	Establish CFS & deploy service providers & coordinators at severely affected woredas in IDPS.	2	2	3	3	10 IDP Sites	9,157,232	58,700	
4	Provision of cash assistance (Multipurpose Cash assistance & Child Protection Risk Related assistance, Shock responsive cash transfer)	X	8500 HH	8750 HH	7500 HH	12,000 HH	249,600,000	1,600,000	
5	Strengthening protection help desk in IDP collective sites	-	X	X	X	5 PHD	22,314,956	143,045	
6	Facilitate the provision of psychosocial support for UASC, and other vulnerable community groups in disaster-affected areas.	X	X	X	X	1500 individuals	4,875,000	31,250	
7	Conduct family tracing, identification & reunification for UASC, & provide grants and kits to affected children & their families impacted by rapid-onset shocks	X	X	X	X	500 children	11,441,731	73,344	
8	Awareness and Capacity building training about MHPSS (CSW, LAW Enforcement bodies, and 100 volunteers in most affected woredas)	X				200 CSW&LEB	1,752,000	11,231	
9	Organize PSEA Training at all levels in IDP collective sites.	X				232	1,357,800	8,704	
10	Provide comprehensive GBV case management services to survivors.	X	X	X	X	10596	295,950,043	1,897,116	
11	Deliver psychosocial support services to GBV survivors and vulnerable groups, including appropriate referrals for specialized Mental Health care	X	X	X	X	37088 individuals	575,458,416	3,688,836	
12	Distribute Dignity Kits to women and girls of reproductive age to meet their essential protection and hygiene needs.	X	X	X	X	79474 individuals	431,593,812	2,766,627	
13	Conduct regular Multi-sectoral Participatory Safety Audits/assessments with other sectors to identify GBV risks.	X	X	X	X	32 IDP sites	9,930,240	63,655	
14	Establish and strengthen Women and Girls Friendly spaces including static and mobile GBV/protection team deployment	X	X	X	X	40 WGFS	726,725,840	4,658,499	
15	Strengthen existing 10 OSC with essential medical and non-medical supplies and equipment and preposition CMR kit		X	X	X	10 OSC	162,388,904	1,040,955	
16	Establish 8 new safe houses in E/West Gojam, North Wello, Waghimera, North and West Gondar, Awi, Oromo special zones - at least one per zone			X	X	8 safe house	372,384,000	2,387,077	
17	Conduct monitoring and evaluation		X		X	31 site	1,531,200	9,815	
	Sub-Total						**2,878,126,965**	**18,449,532**	

7. TOTAL SECTORAL BUDGET REQUIREMENT

The total budget estimated for the 2026 sectoral EPRP will be **97,699,275,917** ETB of which **58,010,317,252 ETB** estimated budget /resource is available in different clusters /sectors and **39,688,958,665 ETB or 254,416,402 USD** is a gap that needs to be mobilized from Government, Humanitarian partners, private sectors and from the communities.

Hence, as a humanitarian agency and part of the solutions local and international NGOs and UN agencies will play their ownership role in mobilizing resources required for the implementation of the 2026 EPRP in their respective clusters.

Table 28: Total sectoral budget requirement for 2026 EPRP

S. No	Sector	Estimated Budget (ETB)			
		Required	Available	Gap	Gap in USD
1	Food	67,076,932,932	46,953,853,052	20,123,079,880	128,994,102
2	ES/NFIs	1,068,536,090		1,068,536,090	6,849,590
3	Agriculture	4,213,418,000	-	4,213,418,000	27,009,090
4	Health	684,821,270		684,821,270	4,389,880
5	Nutrition	1,561,986,304	289,856,575	1,272,129,729	8,154,678
6	WASH	3,950,768,981	2,312,240,000	1,638,528,981	10,503,391
7	Education	16,264,685,375	8,189,167,625	8,075,517,750	51,766,139
8	Protection	2,878,126,965	265,200,000	2,612,926,965	16,749,532
	Total	**97,699,275,917**	**58,010,317,252**	**39,688,958,665**	**254,416,402**

8. OPERATIONAL PRIORITIES

For effective and timely responses, prepositioning emergency supplies, locating and identifying warehousing facilities, and putting in place a practical transportation plan are the major components of a well-designed operational strategy. These are crucial for properly and efficiently handling any emergencies that may arise. These operational tasks are typically completed with the coordinated efforts of all relevant government agencies and partners.

Review of preparedness /pre-positioning emergency supplies in the region

The pre-positioning of required emergency supplies at strategic locations before the occurrence of the emergency is very critical to ensure adequate and timely responses. It is useful to know the type and amount of emergency response supplies required to respond the emerging crises on a timely bases and identify the strategic location of the warehouses where the supplies to be prepositioned and stored.

Warehouses available in the Region

Ethiopian Disaster Risk Management Commission (EDRMC) has two warehouses at Woreta and Kombolcha towns. Amhara Regional DRMC has also three additional regional warehouses in Bahir Dar, Gondar and Debrebirhan town. These warehouses will serve for prepositioning of supplies in different centers for different zones of the region. Kombolcha and Debrebirhan warehouses have been

serving to the eastern parts of the region woredas and the Bahir Dar, Woreta and Gondar town warehouses will serve to preposition emergency supplies to the western parts of the region.

Also, ORDA and some NGOs has warehouses in different woredas and are additional capacities and have been used as an alternative warehouse to address the emergency issues in the region on nearby areas.

Review of Access

In general, in all the fourteen (14) zones and almost in all woredas of the region road will not be a major problem to address the needy population on a timely base. For the last years with the budget support from the federal and regional government and with the community participation rural access road has been constructed in different woredas and kebeles. These will improve the accessibility and timely responses in all the woredas and kebeles. However, owing to the nature of the hazard such as flooding in some areas access will be a problem to address such type of fast onset disasters and emergencies in remote areas. To this effect the regional DRMC has a good lesson on how to address the needy population during such type of fast onset disasters through the already established structures and task forces at all levels.

9. COORDINATION OF EMERGECY PREPAREDNESS AND RESPONSE ACTIVITIES

Emergency Preparedness and Response Plan has been updated in every year with the leadership of the Regional Disaster Risk Management Commission with the technical and financial support of UNICEF since 2008 in Amhara Region. The plan is multisectoral and multi-hazard and is an important initiative aimed at improving the region's capacity to manage disasters effectively. The initiative /EPRP seeks to build resilience against emergencies, ensuring swift and efficient responses to humanitarian crises. A well-structured EPRP hinges on a robust coordination system, ensuring collaboration among government bodies, local authorities, and stakeholders to prepare adequately and respond in a timely manner to any emergency. This comprehensive coordination system will contribute to minimizing the impacts of disasters and improve the region's overall disaster management capacity.

The plan is multi hazard and multi sect oral and thus involvement of sectoral Bureaus, UN Agencies and NGOs operating in humanitarian response is apparent to execute comprehensive preparedness and response measures and reduce the impact of hazard induced disaster in the region. However, implementing the plan remains a challenge that needs repeated advocacy and higher officials level briefing on the importance of EPRP in the region. Strong follow up, monitoring and evaluation and coordination are the major focus areas to be implemented with full participation of stakeholders /sectoral bureaus and partners for the effective and efficient implementation of 2026 EPRP.

Coordination of emergency response is vital to improve the efficiency and effectiveness of emergency response activities to save lives and livelihoods. Coordination is assumed to be come out for improved information sharing, enhance joint assessment, undertake identification of more vulnerable and prioritize, avoid duplication of efforts, avoid missing of coverage, develop common strategies to address common problems, organizing coordination forums to make participatory, and enable comprehensive response implementation.

9.1. Review of existing humanitarian architecture in the region

Amhara regional state has established a regional multiagency coordinating body /Steering Committee (MAC/SC) and Regional Emergency Coordination Center (RECC). The Coordination Body (MAC) is the decision maker over what the ECC presents and its members are heads/deputy heads of sectors. The Amhara Region Disaster Risk Management commission is expected to serve as a secretary for the MAC. RMAC are expected to regularly report on progress and performance in regional humanitarian response implementation to the National multiagency Coordinating Body (NMAC). The regional ECC which meet on a monthly basis, support the MAC/SC to mainstream humanitarian activities in to sectoral programming and implementation. RMAC overseas all the regional emergency issues and report on progress and performance in regional humanitarian response implementation to the National multiagency Coordinating Body (NMAC).

Furthermore, the regional government focuses on disaster risk management for the encouragement of all humanitarian actors coordinating by the Regional DRMC through Disaster Risk Management Technical Working group or Regional Emergency Coordination center (RECC) amenities established from the Sectors, NGOs and UN agencies to address various DRM issues in the Region.

The Regional DRMC has been striving to play its coordination role and pulled up, insist and discharge of all humanitarian partners operating in the Region to their respective responsibilities and role in supporting of preparedness and response activities through the regional ECC. Cognizant of the exposure of the region to the consequences of different potential hazards, especially conflict and the direction of the Government in place to implement effective disaster risk management practices, the DRMTWG /ECC has started to meet to review and plan emergency preparedness and response measures. The UN agencies, NGOs and Sectors, needs high focuses to coordinate in the Region to gear all partners and stakeholders to system and one pipe line through the hot participation to be accountable for their role and responsibilities. The Regional DRMC has been striving for the concerned Government bureaus and NGOs to strictly handover the tasks and responsibilities in the emergency response as per the Emergency Preparedness Response Plan and to attend the meetings called at a time for the humanitarian emergency response.

The humanitarian architecture in the Amhara Region is a collaborative network involving government agencies, international organizations, NGOs, and community groups, all working together to address the region's needs. Led by the DRMC, the system facilitates disaster preparedness, response, and recovery, with key roles played by different organizations. Engaging as many partners as feasible, as well as building good networking and coordination with all key stakeholders, are therefore critical components in disaster management that can be achieved through information sharing, improved joint assessments, prioritization and identification of the most vulnerable, avoiding duplication of effort, reducing gaps, developing common approaches to problems, establishing coordination forums to encourage participation, and a comprehensive response.

9.2. Coordination platforms

In the region there are hierarchy of Government administrative levels which are Region, Zonal and Woreda levels. Therefore, DRM steering committee chaired by Region, Zonal and Woreda administrators with the member of sectoral cabinets has established DRM-TWG /ECC/ led by sectoral heads. Woreda coordination bodies are expected to report to their respective Zonal coordinating body chairs as well as to the zonal DRMC. The Zones also expected to report to the Regional respective coordinating bodies' chairs as well as to the Regional DRMC through incorporating the Woreda report and the Zonal level findings, decision and responses. Therefore, Regional DRM-TWG /ECC/ is

mandated to organize the Zonal issues obtained from the report and initiate to verify through joint assessment, use early warning data based on weekly report, sectoral report, meteorological data etc.to develop ideas including remedial mechanisms for the availability of response resources and addressing mechanism for emergency response and decision-making higher officials (decision makers) in the existing structural bodies.

Similar to the region, there are also zonal and woreda level DRM steering committee chaired by zonal/woreda administrator and incident Command Posts (ICPs) led by sectoral coordination platforms. Zonal coordination bodies are expected to report to their respective regional coordinating body chairs as well as to the zonal steering committee. Furthermore, woreda level DRM coordination bodies chaired by the respective woreda administrators are available at woreda levels. The woreda coordination bodies are expected to report to zonal DRM coordinating body chairs. The woreda level technical committees are expected to report regularly on their plans and performance to the appropriate chairperson in the cluster coordination body. In the Amhara region, the EPRP is coordinated at many levels of government, from the regional to the kebele level. By maintaining efficient coordination at all levels, the Amhara region develops a strong and comprehensive EPRP to manage disasters and enhance community resilience. The following table summarizes the coordinating structure from the regional to the kebele level.

Table 29. Summary of Coordination System (Region to Kebele Level)

Level	Coordination Body	Key Functions	Structure
Regional	Regional Emergency Coordination Committee (RECC)	• Strategy and guideline development • Declaration of disasters • Resource mobilization • Coordination with national authorities and humanitarian partners. • Monitoring & evaluation • Reporting	• Regional Disaster Risk Management Commission (DRMC) Coordinates disaster response and preparedness at the regional level. • Regional Task Forces/clusters/: Comprised of key stakeholders, including sectoral bureaus (e.g., Agriculture, Health, Nutrition, WASH, Education, protection, etc.), humanitarian organizations and community representatives
Zonal	Zonal Emergency Coordination Committee (ZECC),	○ Local coordination and implementation	○ Zonal Emergency Coordination Committee (ZECC): Oversees disaster response and preparedness within the zone.
		○ Resource distribution	○ Zonal Disaster Risk Management Office Implements disaster management policies & coordinates efforts with local authorities and partners
		○ Communication with regional level ○ Reporting	○ Sectoral offices & NGOs: Ensure sector-specific coordination and interventions (health sector, education, water and sanitation, agriculture, women and social affairs etc.)
		• Risk assessment and planning • Response coordination	• Woreda Incident command post (WICP): Oversees disaster risk management within the wored • Woreda Agriculture Office: Coordinates disaster response and preparedness actions.
		• First aid team preparation • Community engagement • Reporting	• Local Stakeholders: This includes local government authorities, health facilities, schools, religious institutions, and NGOs that play a key role in managing emergencies at the woreda level.
		• Community level early warning • Resource management • Local mobilization • Community based training and Beneficiary targeting • First aid and emergency response • Reporting	• Kebele Disaster Risk Management Committee (KDRMC): Coordinates disaster preparedness and response within the kebele • Kebele Disaster Risk Management Focal Person (Kebele FTC office head): Responsible for coordinating emergency activities at the kebele level, ensuring the community is prepared for emergencies. • Community Volunteers: Local volunteers trained in first aid, emergency response, and other critical skills to support disaster management efforts.
Integration and Coordination Mechanisms Across Levels			
Effective coordination across all levels is essential for a well-functioning EPRP. Some mechanisms for coordination include:			
• **Communication Channels:** A well-established communication system (e.g. mobile phones, internet) at all levels, with a clear flow of information from kebele to woreda-zone to regional authorities.			
• **Regular Meetings:** Periodic meetings at each level (kebele, woreda, zone, and region) to share information, and resolve any challenges.			
• **Community Involvement:** Incorporating local communities in preparedness and response efforts through participatory planning and consultation.			

9.1. Key Coordination Activities

The Regional DRMC has been working to make sure that the appropriate government agencies and non-governmental organizations coordinate, follow the assigned roles and responsibilities, and attend the meetings that are convened during a humanitarian emergency response. The unpredictability, intensity, and frequency of disasters increase over time, however, necessitating careful consideration of emerging concerns, challenges, and lessons learned. The current operational environment is very challenging, making it necessary to assess the coordination mechanisms that are in place and adjust them to the evolving dynamics to optimize the speed and volume of emergency response to crises, and the following activities will be carried out during the fiscal year 2026.

- The Regional Disaster Risk Management Commission should seek the regional government for guidance in order to get sector bureaus to commit to playing key roles in humanitarian coordination and effective service delivery, as well as to foster accountability and responsibility.
- DRMC will advocate for high-level regional government representatives to have sector bureau heads regularly chair their relevant sectoral cluster meetings and attend DRM-TWG sessions in order to strengthen the current coordination structures.
- DRMC and OCHA will work closely with the security/military apparatus through a Civil-Military Coordination mechanism to facilitate the information exchange on humanitarian activities and challenges, address access constraints that require specific troubleshooting, and facilitate the essential dialogue and interaction between humanitarian and armed actors.
- Under the support of the current Amhara Region Humanitarian Coordination structures, DRMC and OCHA will collaborate closely to establish and/or strengthen area-based coordination to support decentralized coordination platforms that will enable effective coordination and response at the lower level.
- DRMC will promote strong linkages among the different coordination mechanisms in the region through establishing meeting calendars, effective information sharing and collaboration.
- Continue to improve humanitarian coordination in the region by conducting regular monthly meetings, supporting all sub-national clusters in doing so, and conducting assessments and response activities.
- DRM will ensure that sectoral leads and sub-national clusters report to the regional DRMC and national clusters on all activities and action items monthly and/or as appropriate.
- DRM continue to plan and conduct assessments to assess the impact of emergencies and identify the needs of the affected people.
- DRMC will collaborate closely with partners to organize advocacy workshops on the prevailing humanitarian crises to raise awareness and mobilize resources.
- Every three to six months as appropriate, DRMC will work closely with partners to jointly monitor and follow up on the implementation of EPRP by/with sectoral clusters. Each cluster should report and discuss the matter with the regional DRMC, which will then share the information with the regional government and partner organizations.
- OCHA may facilitate capacity building support for Amhara regional authorities/institutions pertaining to emergency/humanitarian coordination (e.g. assessments, reporting, advocacy, IM, access, capacity building needs/plan.

9.2. Cross- sectoral or inter-regional coordination mechanism

Amhara Region borders with Sudan, Benishangul gumuz, Oromia, Afar and Tigray Regions, which is the cause of treat and fear due to the unrest political conditions that triggers for displacement and needs additional solution apart from drought and its secondary effect, for preparedness and response. Depending up on the nature of hazards and severity level of disaster, there could be a need to build cross-sectoral linkages with the help of possible discussion strategy and operational issues of mutual concern. Cross-sectoral meetings or discussions help for information exchange between clusters/sectoral issues to identify and facilitate linkages in between to ensure a comprehensive humanitarian preparedness and response. It also helps to prepare contingency planning and multi-sectoral needs assessment among each other's.

The current internal and external conflict in Amhara Regional state all over its areas and there may be also outside displacement from other Regions due to the ethnical based and other interest, there may be health, nutrition, shelter, food, WASH and other non-food items, livestock feed and treatment, emergency seeds and floods needs high focus. So, concerning of affecting Amhara and transmittable effects which require joint planning, assessing and emergency response; coordination efforts of all stakeholders, officials and technical bodies in the Regions shall be considered as very necessary by the inter-regional coordination mechanism.

10. COCLUSION

The overall objective of the REPRP is to establish standing capacities and identify gaps for effective and timely emergency response to the top hazards by putting in place a broad set of preparedness measures. Hence, the regional DRMC and RENCU staffs were thoroughly discussed on how to organize the 2026 R-EPRP planning session and to improve the quality of the plan through the participation of bureaus, NGOs and Un Agencies. Invitation letter was sent to regional bureaus, NGOs and UN Agencies and thus the plan was prepared with the active participation of regional bureaus representatives, Regional DRMC, NGOs and UN Agencies working in humanitarian response activities in the region as planning is the first and most important step in addressing the emerging humanitarian needs.

On the other hand, planning by itself is not an end process to address the root causes of any disaster that impact the local community. So, for the implementation of the 2026 EPRP all concerned bodies and agencies should participate and allocate the necessary amount of budget so as to address the needs of vulnerable groups of the community.

During the workshop, presentations was made on the regional humanitarian situation, overview of the belg season meteorology for caste, concepts and steps of EPR planning including EPRP implementation challenges and familiarization of the EPRP template. The actual planning exercise was started by hazard profiling, setting of likelihoods of hazards and prioritizing of the top hazards. Following the identification and rating of hazards, top priority hazards and planning figures were identified and key sectoral preparedness and response activities were identified.

Hence, the amount of budget required for the implementation of sector specific emergency response activities were estimated in each sector. Hence, a total of **39,688,958,665 ETB {254,416,404 USD}** is estimated for the year 2026 emergency response activities in all sectors.

11. RECOMMENDATION

The existed early warning system and its output shall be an input for the emergency response coordination mechanism as per the emergency preparedness and response plan. The Regional DRM-TWG /ECC shall be undertaking every month biweekly bases at the DRMC. This coordination mechanism shall be cascaded to Zones and Woredas to be implemented as per the DRM policy. The zonal and woreda level coordination meeting will be chaired by the respective administrators and zonal DRMCO and woreda agriculture head is the secretary body.

In light of the main coordination gap discussed, the following recommendations are forwarded for consideration by RDRMC, its partners and government actors leading coordination platforms at regional, zonal and woreda levels.

- Establishing and strengthening multisectoral joint planning, monitoring, reporting and accountability systems and frameworks: Existing humanitarian coordination mechanisms at all levels need to be strengthened through institutionalizing standard system for multisectoral joint planning, performance monitoring, reporting, feedback and accountability. Selected indicators need to be built into the multisectoral plans at all levels and monitored regularly
- The representation and role of Government sectors in coordination platforms/ mechanisms need to be improved through high level advocacy to influence government sectors and UN agencies leading coordination platforms to expand membership opportunities for bbureaus. Furthermore, Gov't staff technical capacity to engage in effective advocacy within the DRM coordination platforms need to be enhanced
- Regional DRM sector and secretariat: Once established, the DRMC will become the highest governing body for all DRM pillars/cycles related issues at regional level. The DRM partners needs to play active role in supporting the establishment and operationalization of the regional DRM and secretariat at regional levels
- DRM with partners and key stakeholders needs to engage in high level advocacy targeting key government actors to allocate budget for routine activities of the DRM coordination platforms at all levels
- For the implementation of the 2026 EPRP, all the responsible organizations including EDRMC, regional government, bureaus, NGOs, UN Agencies, private sectors and the community through the initiatives- self- help approaches started by the regional government need to allocate the necessary amount of budget.
- Strong follow up, monitoring and evaluation of emergency response activities for the timely implementation of EPRP should be in place

12. ANNEXES

List of 2026 EPRP preparation participants in the region

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