

1. Summaryⁱ

3	15.5 million	141 MSEK	61 MSEK	14,6 MSEK	216.6 MSEK
Humanitarian crisis ranking (Sida's mid-year allocation analysis) ⁱⁱ	Number of people with humanitarian needs (Sida's mid-year allocation analysis) ⁱⁱⁱ	Initial allocation for 2026	Additional allocation in 2026	Flexible funding in 2026	Total Sida funding in 2026

Ethiopia is one of the most complex humanitarian crises in Africa, with needs driven by multiple conflicts, disease outbreaks, worsening socioeconomic conditions and climate-related shocks such as floods and droughts. The crisis is multi-sectoral and affects most parts of the country, with overlapping needs including, protection, health, education, water, sanitation and hygiene, food security and nutrition. There are pockets of hard-to-reach populations in a few regions, especially Amhara and so-called contested areas between Amhara and Tigray, due to security risks for aid workers. Whilst the overall figure of people in need has not been officially published for almost two years, Sida estimates that 15.5 million people are in need of humanitarian aid.¹

Protection abuses are expected to continue at scale and funding for gender-based violence (GBV) response in particular is set to reduce. Outbreaks of epidemic diseases such as malaria, measles and cholera occur simultaneously; indicating symptoms of systemic breakdown of basic services such as water, sanitation and child-immunisations.

To respond to this crisis, Sida initially allocated SEK 141 million, divided between seven partners with a multisectoral response in 2026.

2. Humanitarian needs & affected population

International Rescue Committee (IRC) ranks Ethiopia fourth on its 2026 Emergency Watchlist, warning of further deterioration across existing conflict lines as well as climate-related issues such as droughts and flooding.²

¹ Figures come from unofficial reports by partners.

² International Rescue Committee, [2026 Emergency Watchlist](#) (accessed 16 December 2025)

Despite the signing of Cessation of Hostilities (CoHA) in November 2022, the situation in Tigray remains dire for millions of people due to limited access to basic services, disruptions of livelihoods, and displacements. The reconstruction and rehabilitation plan for the region is severely underfunded and there is a need to restore trust in the judicial system. Humanitarian organisations have limited access to disputed areas between Tigray and Amhara, and border areas where Eritrean forces are allegedly still present. Meanwhile, internal conflicts and ethnic tensions continue to cause displacements and protection risks in other parts of the country. Clashes between the Ethiopian National Defence Forces (ENDF) and Amhara militias (Fano) continue, causing significant harm to civilians. The security in Oromia region has improved but unlikely to change the access picture; notably in the Wollega, North Shewa, and Guji zones. There is continued threat of cross-border incursions by Al Shabab in Somali region, and inter-communal tensions along Afar and Oromia border. In the Somali region of Ethiopia, relatively recent refugee arrivals from the Republic of Somalia are recorded due to ongoing insecurity in that country. The conflict in neighbouring Sudan brought 98,000 refugees to Ethiopia in 2023-2025, hosted in the insecure regions of Amhara and Benishangul Gumuz.³ Conflicts drive disagreements over land rights, resources, and power between different ethnic groups, often resulting in violence targeting civilians and repeated violations of international humanitarian law (IHL).

The food insecurity situation has deepened by a rise in food prices over the last five years. According to UNICEF's HAC, an estimated 6.3 million children are expected to be reached, of whom approximately 764,000 will receive treatment for severe wasting, while 3.6 million children and women will require access to primary healthcare, as well sufficient water quantity and quality.⁴ The HAC however cannot provide the number of children in need within the nutrition, protection, WASH and health sectors. However, the figures of what has been implemented for the past year are sufficient indicators of expected needs. Food security and nutrition will likely deteriorate in the south and south-east and in hard-to-reach areas and will remain poor among 3.1 million internally displaced persons (IDPs)⁵ but will likely improve in other parts of the country not impacted by conflict. Inflation continues to be high but has decreased since last year⁶, further eroding purchasing power and Food Security, although the impact will be partly offset by expanded social safety net payments. For 2026, the figures are expected to remain largely the same or ideally decrease. It is estimated that 15.0-15.99 million people are in acute of food insecurity, with expected Integrated Food Security Phase Classification (IPC) 3 (Crisis) + IPC4 (Emergency) levels in parts of the country by July 2026.⁷

With over one million refugees, Ethiopia is the third-largest refugee-hosting country in Africa. The majority of refugees reside in 24 camps and sites around the country, in the least developed regions;

³ UNHCR [Country Data - Ethiopia](#) (accessed 15 December 2025)

⁴ [Ethiopia 2026 HAC Appeal](#)

⁵ [Global Internal Displacement Database | IDMC - Internal Displacement Monitoring Centre](#) (accessed 14 January 2026)

⁶ [Ethiopian Statistical Service | Official Statistics & Data For Ethiopia | Ethiopian Statistics Services](#)

⁷ [January 2026 FEWS NET's projected population in need \(PIN\) of urgent food assistance in July 2026*](#) (accessed 15 January 2026)

characterised by harsh weather conditions, poor infrastructure and low administrative capacity. Conflicts with host communities occur, especially in Gambella region where refugee influxes in 2025 have brought the refugee population to almost the same level as the local population. Refugees in Ethiopia come mainly from South Sudan, Somalia, Eritrea and Sudan. As of August 2025, there are around 1.9 million IDP, and 2.8 million returnees, mostly from the recent northern conflict. IDPs are scattered over at least five regions, and require proper shelter, protection and access to livelihoods in and around some 4,500 host community settings. IDPs often reside in congested sites, makeshift camps, schools and communal buildings. Returns are often not possible due to ongoing insecurity in areas of origin and lack of resources.

The crisis in Ethiopia disproportionately affects women and girls, and fuels pre-existing gender inequalities. Risks such as GBV, child-marriages and female genital mutilation have increased. Sexual violence as a means of warfare is used by several warring parties in Ethiopia. Opportunistic conflict-related sexual violence also occurs frequently, for example during village raids. Women and girls are at risk of engaging in negative coping strategies such as survival sex, begging, and selling of relief items. Men and boys are also exposed to risks of violence and recruitment to armed forces. According to UNICEF⁸, education is severely disrupted, and millions of children have been out of school for nearly three years due to conflict, flooding and windstorms. Protection risks are increasing, compounded by multiple armed conflicts, climate shocks and restricted access to services. This insecure environment has increased child protection cases immensely. Furthermore, conflict-affected people risk being killed or injured by unexploded ordinances, often left in and around school buildings used by armed groups as temporary sites.

3. The humanitarian response

There is no officially recognised Humanitarian Planning Cycle by the UN system for Ethiopia. The Humanitarian Needs and Response Plan (HNRP) is unlikely to be published for 2026, as was the case in 2025. The response planning

10 mn⁹	\$X bn	xx%
People targeted in the response plan (OCHA 2025)	Required to reach the target	Of the funding secured

has been in a state of delay, despite ongoing negotiations between the Humanitarian Country Team (HCT) and the government counterpart represented by the Ethiopian Disaster Risk Management Commission (EDRMC). The government wishes to respond to the humanitarian needs on its own initiative and through national efforts. There are tentative, yet unofficial figures, that currently guide the response but these are not officially verified, and at times even contested, by the government.

Ethiopia was the second-largest recipient of non-military U.S. foreign assistance in recent years, with the U.S. historically contributing nearly two-thirds of the HRP, much of which was as in-kind food assistance. The freeze of early 2025, followed by humanitarian waivers, termination orders, and

⁸ [Ethiopia 2026 HAC Appeal](#)

⁹ Hyper-prioritised 2025 figures from OCHA. No HNRP has been published for 2026.

partial rescindments, has had a significant impact. While life-saving programmes were nominally exempted, ongoing issues with the payment system have prevented NGOs from paying staff and vendors (including transporters of lifesaving commodities). Impacts include staff reductions, programme scale-downs, suspended partnerships, and office closures. Sectors that hardest hit are health, protection, WASH, nutrition, and agriculture. In December 2025, the US was still the largest donor with approximately USD 187 million, a 29 per cent of the total funding according to OCHA FTS.

As humanitarian needs in Ethiopia exceed available funding, partners are forced to further prioritise the most acute needs. OCHA has launched the chock-based response and area-based coordination in order to increase efficiency and effectiveness of the response, as part of the humanitarian reset. Likely, there will be need to target population groups and areas that suffer from extreme severity, in accordance with valid and impartial needs assessments. Additional priorities include cholera prevention and control, nutrition, and support to facilitate voluntary returns of displaced populations in a safe and dignified manner. Particularly, GBV is under-addressed while the needs are escalating, due to sensitivity and lack of awareness.

Some areas remain hard to reach, notably western Tigray and areas bordering Eritrea. In Oromia's Wollega zones, Benishangul-Gumuz, Gambella and Amhara, remain hard to reach. On a national level, access restrictions include bureaucratic impediments such as taxation of imported goods and visa restrictions for aid workers, poor transport infrastructure, and frequent road closures due to insecurity. National forces and armed groups have been accused of often acting without concern for humanitarian staffs' safety and security, consequently hampering the affected populations' access to assistance and services and disregarding IHL. According to Aid Worker Security, since the beginning of 2024, 16 aid workers have lost their lives in Ethiopia, 8 has been kidnapped and 16 wounded.¹⁰

Local actors are essential for the implementation of the humanitarian response. Foremost, the local administrations of woredas and kebeles bear much of the responsibility and credit for cooperating with humanitarian actors. In addition to local governments, there are strong local NGOs on whom the UN and INGO's rely for implementation. The Ethiopia Humanitarian Fund has successively increased its share of standard allocations to local partners, and plans to reach almost 80 per cent in 2026. International Committee of the Red Cross (ICRC) has partnership with Ethiopia Red Cross Society, to whom capacity and certain inputs are channelled, e.g. ambulance service in Amhara.

4. Sida's humanitarian allocation

In light of evolving needs, Sida is allocating an additional 61 MSEK to Ethiopia in September 2026. The allocation will focus on food security, refugee response, child protection and malnutrition through WFP, UNHCR, UNICEF and NRC.

¹⁰ [Aid Worker Security Database | Aid Worker Security Database](#)

Sida's portfolio addresses lifesaving needs of women, men and children affected by climate-driven shocks, disease outbreaks, conflict and violence. Sida requires that all interventions are informed by up-to-date needs assessments and it will be essential that partners have established accountability mechanisms and meaningful engagement with affected people.

Priority will be on protection, health, food security, malnutrition, and water, sanitation and hygiene (WASH). Cash transfers is a key modality for access to food and other services, as a counter-weight to in-kind food distributions. Sida prioritises partners that have protection as a core component of their programme or have stand-alone protection interventions, with special attention on preventing and addressing GBV, sexual and reproductive health and rights (SRHR), risks for young women and girls and child protection.

Sida further expects all partners to contribute to strengthening the humanitarian system, i.e. through constructive participation in clusters and other coordination fora. The needs analysis and data quality must be continuously assessed in order to make objective prioritisation of Ethiopia within Sida's global humanitarian allocation process; to close the gap between reported needs and actual needs. This is done systematically through close monitoring of information by Sida's analyst, desk officers, and the Embassy.

PARTNER	INITIAL ALLOCATION
Ethiopia Humanitarian Fund (EHF)	24,000,000
International Committee of the Red Cross (ICRC)	25,000,000
International Rescue Committee (IRC) (incl prot co-lead and HINGO)	22,000,000
Norwegian Refugee Council (NRC)	20,000,000
Premier Urgence Internationale (PUI)	10,000,000
United Nations Children's Fund (UNICEF)	20,000,000
United Nations High Commissioner for Refugees (UNHCR)	20,000,000
TOTAL	141,000,000

FLEXIBLE FUNDING & ADDITIONAL ALLOCATIONS (SEK)		
PARTNER	FLEXIBLE FUNDING ¹¹	ADDITIONAL ALLOCATION
World Food Programme (WFP)	-	40,000,000
United Nations High Commissioner for Refugees (UNHCR)	-	8,000,000
United Nations Children's Fund (UNICEF)	-	8,000,000
Norwegian Refugee Council (NRC)	-	5,000,000
Première Urgence Internationale (PUI) ¹²	2,216,806	-
OCHA Field Coordination ¹³	3,900,000	-
The Swedish Civil Defence and Resilience Agency (MCF)	8,435,000	-
TOTAL	14,551,806	61,000,000

ⁱ The 2026 mid-year allocation of humanitarian funding is based on Sida's humanitarian allocation analysis methodology. The analysis reflects the current humanitarian situation across crises and is being updated continuously with the latest available data. The information in the HCA is based on reports, data, and information from partner organisations and other entities, as well as observations from field visits and dialogue with partners.

ⁱⁱ Sida's mid-year allocation analysis consists of three dimensions that are assessed for each of the 25 crisis-affected countries that were included in the initial allocation for 2026: 1) magnitude and severity of humanitarian needs 2) capacity of the humanitarian system to respond to needs and 3) capacity of the crisis-affected country to respond to needs. The qualitative and quantitative analysis produces an index scoring for each country, where the highest ranked country is found to have the greatest proportion of unmet severe humanitarian needs, based on available data. For more information, please see Mid-Year Allocation Methodology.

ⁱⁱⁱ Sida uses the most inclusive estimate of humanitarian needs which is available from recent sources and supported by triangulation. For Ethiopia, the source is FEWSNET.

¹¹ Flexible funding includes a mix of allocations such as Rapid Response Mechanism and other flexible funding mechanisms.

¹² RRM

¹³ Sida provides flexible funding to OCHA's field coordination, and this preliminary allocation is therefore subject to change.