

2018

ETHIOPIA

Humanitarian and Disaster Resilience Plan



Joint Government and Humanitarian Partners' Document



TOTAL POPULATION OF ETHIOPIA

92.3*_M



PEOPLE TARGETED FOOD

7.88_M



PEOPLE TARGETED NON-FOOD

8.49_M



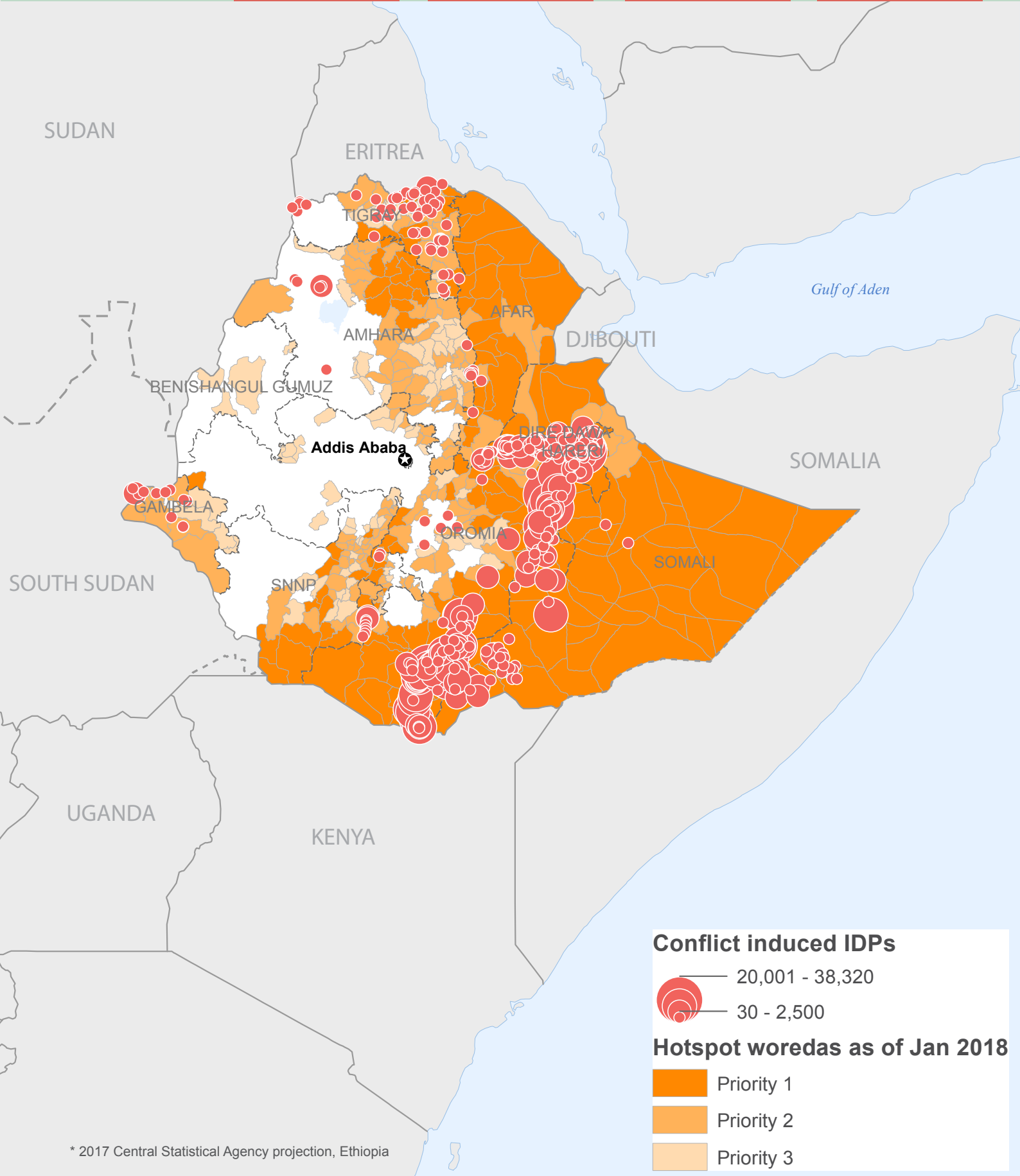
REQUIREMENTS (US\$)

1.658_B

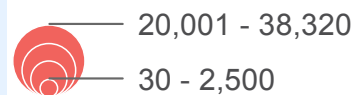


HUMANITARIAN PARTNERS

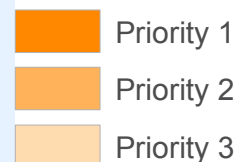
80



Conflict induced IDPs



Hotspot woredas as of Jan 2018




* 2017 Central Statistical Agency projection, Ethiopia

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ACRONYMS

AWD	Acute Watery Diarrhoea
Belg	Short rainy season from March to May (in highland and mid-land areas)
BSFP	Blanket Supplementary Feeding Programme
C4D	Communication for Development
CBN	Community Based Nutrition Programme
CHD	Community Health Days
CINUS	Comprehensive Integrated Nutrition Services
CMAM	Community Based Management of Acute Malnutrition
C-Warn	Community Based Conflict Early Warning
Deyr	Short rainy season from October to December (in Somali Re
DfID	UK – Department for International Development
DRMTWG	Disaster Risk Management Technical Working Group
DRR	Disaster Risk Reduction
DTM	Displacement Tracking Matrix
EDHS	Ethiopian Demographic and Health Survey
EiE	Education in Emergencies
ENCU	Emergency Nutrition Coordination Unit
EOC	Emergency Operations Center
EPHI	Ethiopia Public Health Institute
EPI	Expanded Programme on Immunization
ES/NFI	Emergency Shelter and Non-Food Items
ESDP	Education Sector Development Programme
EW	Early Warning
FAW	Fall Army Worm
FMoH	Federal Ministry of Health
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GDP	Gross Domestic Product
GoE	Government of Ethiopia
Gu	Main rainy season from March to June (in Somali region)
HDRP	Humanitarian and Disaster Resilience Plan
HEP	Health Extension Programme
HERAM	Health Resources and Services Availability Monitoring System
HEW	Health Extension Workers
HF	Health Facility
HIV	Human Immunodeficiency Virus
HLP	Household, Land and Property
HW	Health Workers

IASC	Inter-Agency Standing Committee
ICCM	Integrated Community Case Management
IDP	Internally Displaced People
IGAs	Income Generation Activities
IMAM	Integrated Management of Acute Malnutrition
IPC	Integrated Phase Classification
IYCF	Infant and Young Child Feeding
JEOP	Joint Emergency Operation Program
Kebele	Lowest Administrative Level
Kiremt/Meher	Long and heavy rainy season/post-kiremt harvest
MAM	Moderately Acute Malnourished
MHNT	Mobile Health and Nutrition Teams
MISP	Minimum Initial Service Package
NDRMC	National Disaster Risk Management Commission
NGOs	Non-Governmental Organizations
NMA	National Meteorology Agency
NNP	National Nutrition Programme
OTP	Outpatient Therapeutic Program
OWNP	One WASH National Programme
PHC	Primary Health Care
PHEM	Public Health Emergency Management
PLW	Pregnant and Lactating Women
PRIME	Pastoralist Areas Resilience Improvement through Market Expansion
PSNP	Productive Safety Net Program
Region	Highest Sub-National Administrative Level
RHB	Regional Health Bureau
RUTF	Ready-to-Use Therapeutic Food SAM Severe Acute Malnutrition
SBCC	Social and Behavioural Change Communication
SCs	Stabilization Center
SGBV	Sexual and Gender Based Violence
SNNP	Southern Nations, Nationalities and Peoples region
SRH	Sexual and Reproductive Health
TLC	Temporary Learning Centers
TSFP	Targeted Supplementary Feeding Programme
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization
YFV	Yellow Fever Virus

FOREWORD BY

THE GOVERNMENT OF ETHIOPIA

I have personally overseen the preparation of 18 consecutive annual humanitarian appeals for Ethiopia. The Government is of the view that the recurrent nature and scale of humanitarian needs requires an approach that goes beyond a conventional twelve months' humanitarian plan and appeal.

This first Humanitarian and Disaster Resilience Plan (HDRP) lays out some of our vision and ambition to take a more 'disaster risk management approach' to the somewhat predictable humanitarian challenges we continue to face.

The past three years show us once again that only by using a disaster risk management approach can we make a substantial difference in the lives of acutely vulnerable Ethiopians. In 2016, we felt the impact of the worst El Niño in 50 years. More than 10 million people depended on relief food assistance, household and community resilience was eroded while vulnerability increased. This was followed in 2017, with a deep Indian Ocean dipole-induced drought in south and southeastern Ethiopia and consequently 8.5 million Ethiopians needed relief food assistance.

Government is working with its partners to develop a vision and strategy for resilience and recovery in recurrently drought-impacted areas. Aspects of our new approach are introduced here – particularly the shift to planning through a three pillared model, covering: prevention and mitigation measures; preparedness and response; and, national system strengthening and recovery.

The immediate humanitarian needs outlined in this plan have arisen due to multiple exacerbating factors. Conflict, drought, disease outbreaks such as Acute Watery Diarrhea, the Fall Army Worm infestation and floods. This year, the most vulnerable Ethiopians living in the areas also prioritized for response in 2017 will continue to need relief assistance. It is also critical that further development investments are also mobilized to support in the mid-term.

The multi-agency Meher assessment conducted at the end of 2017 involved the participation of over 200 dedicated staff from Government and humanitarian partners, and has revealed that due to continued vulnerability, some 7.8 million Ethiopians will need relief food or cash assistance in south and southeastern Ethiopia, and in pocket areas throughout the country.

I hope the disaster risk management approach will equip us with the tools to collectively channel both development and humanitarian resources to address common root causes of high humanitarian needs and build resilient communities. Through implementation of the Disaster Risk Management Policy and enhanced capacity building from our partners, I am confident that the government will be able to handle future humanitarian needs. I envision a gradual phase out of humanitarian appeals over the coming years.

On behalf of the Government of Ethiopia I wish to express our gratitude for the continuing international solidarity and support. Collectively we ensured another successful response in 2017, and had one of the best funded appeals globally, thanks to contributions from Government and donors. Given the continuing severity of needs we count on continuing strong support, and commit to continue our co-financing of response and disaster risk management efforts. Towards this end the Government has already allocated contribution of 5 billion Birr (\$182M).

H.E. Mr. Mitiku Kassa,
National Disaster Risk Management Commission, Commissioner

FOREWORD BY

THE HUMANITARIAN COORDINATOR FOR ETHIOPIA

The humanitarian impact of recurrent drought crises in Ethiopia leads to highly predictable patterns of acute needs. Whilst this presents a huge challenge to Government and its partners, it also presents an opportunity to make targeted interventions to reduce current and future needs, and to reduce the costs involved in addressing them through predictable means.

Seizing this opportunity, humanitarian and development partners have come together under the leadership of the Government of Ethiopia's National Disaster Risk Management Commission (NDRMC) to prepare this Humanitarian and Disaster Resilience Plan (HDRP). The HDRP is informed by lessons from the past few years, as well as discussions between development and humanitarian partners with Government on how to improve analysis, planning, financing and delivery modalities. As such, activities and requirements are presented against three pillars, reflective of a disaster risk management approach. The pillars are intended as a first step in the further elaboration of a multi-year planning framework.

In addition to climate-driven needs there are also close to one million conflict-induced Internally Displaced Persons (IDPs), many of whom need relief and recovery/resettlement assistance. Whilst efforts to address the drivers of this displacement are underway, Government is rolling out ambitious plans for the voluntary return, resettlement or relocation of these communities; humanitarian and development partners are engaged, to support the implementation of durable solutions in a principled manner, and to avoid the situation becoming unnecessarily protracted.

The 2018 HDRP includes some description of suggested longer-term investments in resilience and recovery, and highlights the complementarity of ongoing development programmes; however, the requirements presented are all for immediate consideration by donors.

Government has already announced new funding towards drought response and rehabilitation of IDPs. Donors are requested to also ensure early support for critical humanitarian response activities – to ensure that pipelines of essential relief commodities don't break as they did in 2017; and, to ensure that humanitarian partners working in support of Government service provision in 'hotspot' areas can sustain operations through the year. Research shows us that early action - or at least indicative funding decisions - are critical in this regard, not least to ensure that the children of families facing food insecurity don't slide into acute malnutrition.

Donors are additionally requested to support actions detailed here that can 'enable' the current and future response, reduce humanitarian requirements over the course of 2018 and for years to come. Experience also shows that huge financial savings can be achieved through early resilience or prevention-type investments, along with associated improvements in human dignity for those affected.

Ms. Ahunna Eziakonwa-Onochie
UN Resident and Humanitarian Coordinator

THE HUMANITARIAN RESPONSE PLAN AT A GLANCE

STRATEGIC OBJECTIVE 1



Save lives and reduce morbidity due to drought and acute food insecurity

STRATEGIC OBJECTIVE 2



Protect and restore livelihoods

STRATEGIC OBJECTIVE 3



Prepare for and respond to other humanitarian shocks, including natural disasters, conflict and displacement

Cross-cutting:

Shared analysis guides disaster resilient investments in recurrently crisis hit areas.

PEOPLE TARGETED (FOOD)



7.88M

PEOPLE TARGETED (NON-FOOD)



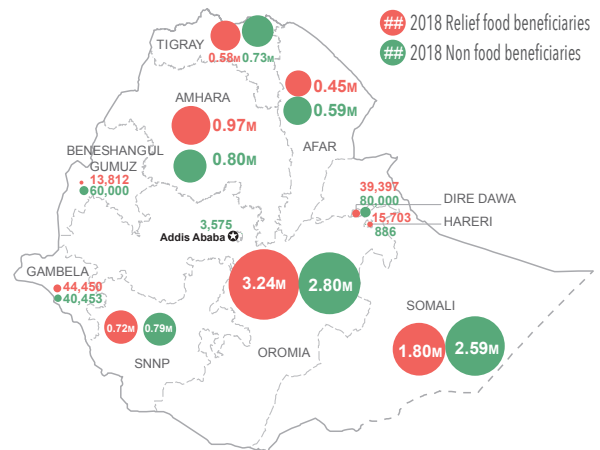
8.49M

REQUIREMENTS (US\$)



\$1.658B

PEOPLE WHO NEED HUMANITARIAN ASSISTANCE



The *meher* harvest assessment and projections for 2018 indicate the following priority needs:

- 2.4M households in need of livestock support
- 3.5M moderately acute malnourished
- 350,000 severely acute malnourished
- 6.05M without safe drinking water
- 1.1M displaced due to conflict*
- 0.5M displaced due to climate induced-shock

Key humanitarian issues

1. Continuing acute food insecurity, malnutrition and water shortages in lowland, mostly pastoral areas, likely to be exacerbated by the impact of La Nina on spring rains.
2. Conflict-driven displacement
3. Continued risk of life-threatening disease outbreaks
4. Acute food insecurity in highland areas
5. Protection concerns due to drought and conflict

SECTOR	# PEOPLE TARGETED IN 2018 (in millions)	FUNDING REQUIRED IN 2018 (US\$ million)	CARRY OVER FROM 2017 (US\$ million)	NET REQUIREMENTS (US\$ million)
Agriculture & Livestock	3.4 (HHs)	104.4	2.7	101.7
Education	2.2	34.5	1.0	33.6
Emergency Shelter/NFI	1.5	94.9	4.6	90.3
Food	7.9	1,036 (B)	121.6	913.9
Health	6.5	74.0	6.0	68.0
Nutrition	3.8	198.3	65.1	133.2
Protection	0.3	17.3	1.6	15.7
WASH	6.9	99.0	12.7	86.4
Total		1,658 B	215.3 M	1,443 B

* This includes displacement dating back to 2012. Government data suggests that 857,000 people were displaced due to the escalations in violence in border areas of Somalia and Oromia in 2017.

OVERVIEW

Given the recurrent nature of climate-driven humanitarian crises in Ethiopia, Government and partners have agreed that a significant shift in approach is required.

This Humanitarian and Disaster Resilience Plan (HDRP) represents a first step towards the development of a multiyear planning framework that will seek to: increase the quality and predictable delivery of required multi sectoral humanitarian response; mitigate future needs in areas that experience recurrent climate induced shock; support the strengthening of national service provision to address chronic and acute needs; and, the recovery of communities affected by drought and conflict.

The Government and partners are working to establish an overarching vision and strategy for resilience and recovery in many of the recurrently drought-prone areas.

Whilst this document focuses primarily on immediate response requirements for 2018, it also lays out the basis for a three-pillared model that will allow for further planning and development investments, in line with a disaster risk management approach.

Pillar 1 concerns prevention and mitigation: Some limited activities in this regard are already reflected here, particularly those that humanitarian partners believe to be immediately critical in the context of the required humanitarian response in 2018 – for support via humanitarian or development funding used flexibly. The need for broader, large-scale resilience-type investments are described (without requirements) in many of the sector chapters, though not presented in detail.

Pillar 2 concerns preparedness and response. Largely relief commodities and partners presence in hot-spot areas.

Pillar 3 concerns national system strengthening and recovery: Practically all humanitarian assistance in Ethiopia is delivered with or through national systems at point of delivery; some activities to increase the capacity of these systems within Line Ministries at Federal and local levels (particularly that enable

the overall response) are included here, along with some limited, sector-specific recovery activities. As with Pillar 1, major recovery investments are not presented, though some early recovery activities are incorporated.

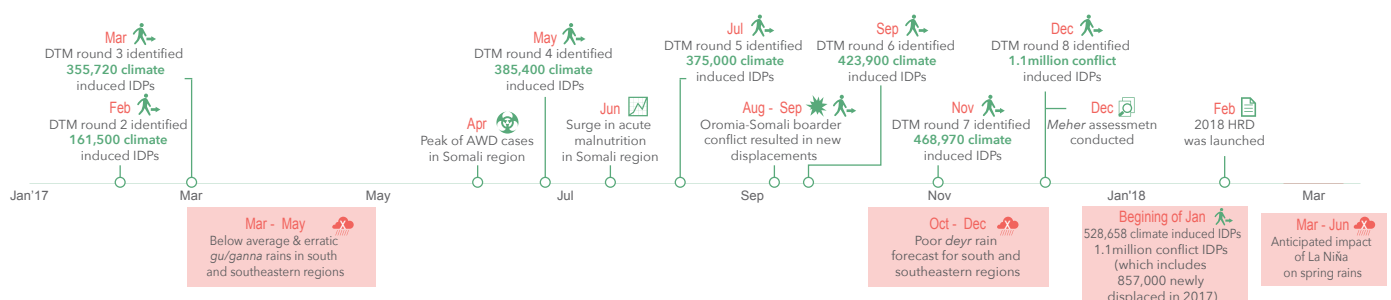
Ethiopia is entering a fourth year of exceptional drought emergency. In 2017, severe drought conditions continued in lowland, mostly pastoral areas, rendering hundreds of thousands destitute and displaced. The southern autumn rains again underperformed, though not at the level of 'drought', meaning that levels of food insecurity and acute malnutrition in the lowlands remain high. Meteorologists, including the National Meteorological Agency (NMA), are predicting that the current La Nina phenomenon may lead to reduced performance of spring rains, particularly over southern and eastern lowland areas.

The well-managed, Government-led, lifesaving response will need to be sustained across southern and eastern parts of the country through much of 2018. Across highland areas there was a generally strong meher harvest, with some pockets of poor performance. Disease outbreaks are further expected to continue in 2018.

Additional humanitarian needs have arisen due to conflict, with 857,000 Ethiopians displaced over the past year around the border areas of Oromia and Somali Regions. Many of those displaced over the course of 2017 are likely to require continuing relief assistance and recovery support in 2018.

Indicative modelling and projections show that humanitarian needs and financial requirements are likely to remain similarly high for the following two years (2019-2020), though could be mitigated through the introduction of some of the shifts in strategic and operational approach described here.

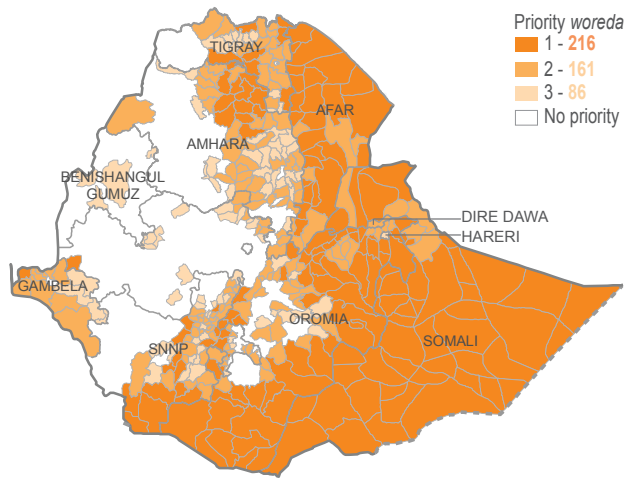
CRISIS TIMELINE



ASSESSED NEEDS FOR 2018

The meher assessment findings revealed that two previous years of consecutive drought, compounded with weak rains at the end of 2017 left hundreds of thousands destitute in southern and south-eastern Ethiopia. Poor pasture regeneration and limited water source replenishment for livestock have resulted in acute humanitarian needs and will reduce traditional recovery processes among pastoralist households. Consequently, the food security situation in the lowland agro-pastoral areas is not expected to improve significantly in 2018. Overall, the good harvest in highland areas, is expected to reduce large scale needs in the northern highlands, however reduced harvest and crop loss were experienced due to erratic rainfall in some potential areas. The multi-sector humanitarian response operation established over the course of 2017 will need to be sustained in 2018. The extent of needs and the corresponding humanitarian operation will be reviewed during the belg/gu/ganna assessment in June/July.

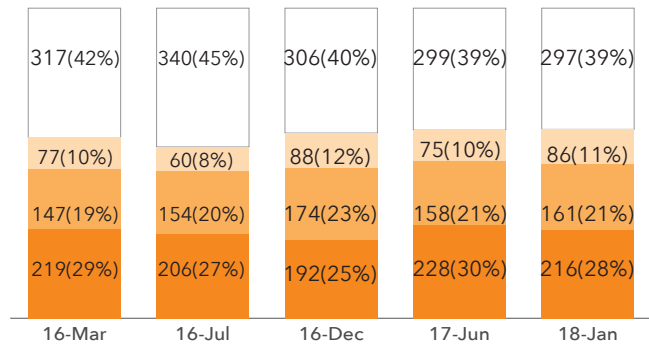
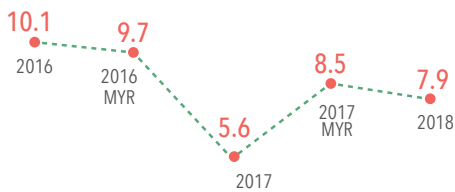
HOTSPOT AREAS



PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE



TREND OF PEOPLE IN NEED OF FOOD ASSISTANCE (IN MILLIONS)



NUMBER OF PEOPLE IN NEED, BY REGION

	Food	Agriculture**	Education	ESNFI	Health	Nutrition	Protection	WASH	Non-Food***
Addis Ababa	0	0	0	3,575	0	1,000	0	0	3,575
Afar	446,881	65,428	86,100	68,156	585,742	273,412	0	493,122	585,742
Amhara	976,928	798,507	313,600	29,607	800,048	590,217	0	639,742	800,048
Benishangul	13,812	0	0	0	60,000	2,627	0	0	60,000
Dire Dawa	39,397	0	0	1,177	80,000	718	0	0	80,000
Gambella	44,450	0	24,500	40,453	7,572	6,514	18,250	28,500	40,453
Harari	15,703	0	651	0	0	886	0	0	886
Oromia	3,240,385	1,716,149	814,743	618,283	1,581,897	1,180,200	138,350	2,799,495	2,799,495
SNNP	718,337	788,623	411,243	11,000	510,400	719,301	0	709,791	788,623
Somali	1,799,679	1,525,150	336,038	649,831	2,594,248	861,495	182,400	1,818,243	2,594,248
Tigray	584,889	734,591	206,939	74,734	280,094	198,731	0	372,000	734,591
Total	7.88M	5.63M	2.19M	1.50M	6.50M	3.84M	0.34M	6.86M	8.49M

* Hotspot woreda classification is derived from expert judgment using six multi-sector indicators that are agreed upon at zonal, regional, federal levels. The hotspot classification, along with the Woreda Capacity matrix, are used to prioritise where additional support from NGOs is needed to manage spikes in malnutrition treated by the Government CMAM and TSPF.

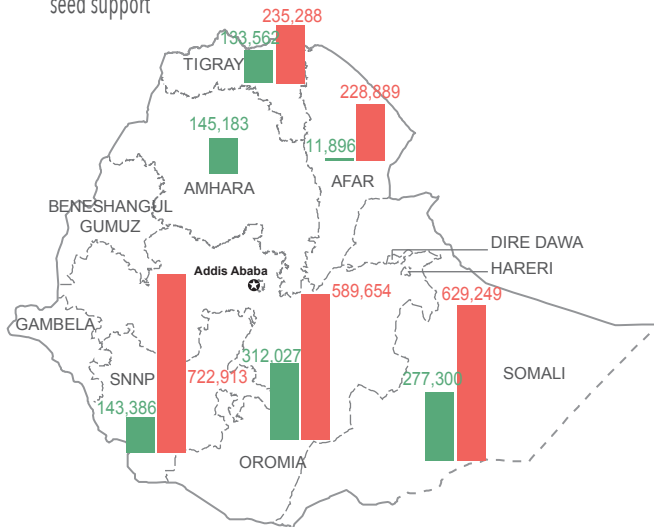
** For Livestock interventions, the Agriculture and Livestock Cluster calculate households based on an average herd size. This makes it difficult to include these beneficiaries in a calculation of the overall non-food beneficiaries. Hence, for the Agriculture and Livestock Cluster, only the Agriculture interventions are taken into account when calculating the overall targeted non-food beneficiaries.

*** Following recommendations by the IASC Information Management Working Group, a bottom up approach is used to estimate the non-food inter-sectoral number of people targeted by taking the highest sectoral estimate for each region as a proxy for the total number of people targeted in that respective region. The total number of people targeted in the non-food sectors is the sum of these regional highest sectoral estimates. For more information on the methodology used, see https://www.humanitarianresponse.info/system/files/documents/files/humanitarianprofilesupportguidance_final_may2016.pdf

NEEDS PER SECTOR

AGRICULTURE AND LIVESTOCK NEEDS PER REGION

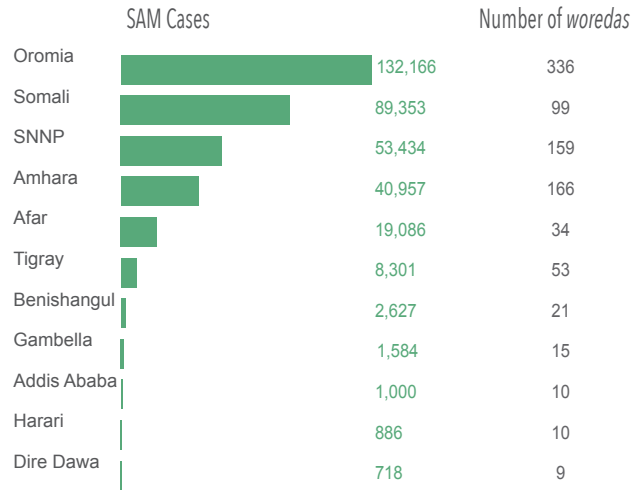
1.0 million HH need agriculture and emergency seed support
2.4 million HH need livestock support



■ 2018 agriculture household beneficiaries
 ■ 2018 livestock household beneficiaries

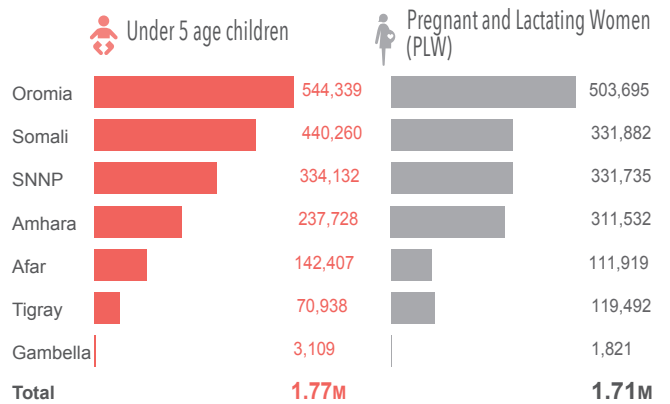
PROJECTED SAM CASELOAD PER REGION

350,112

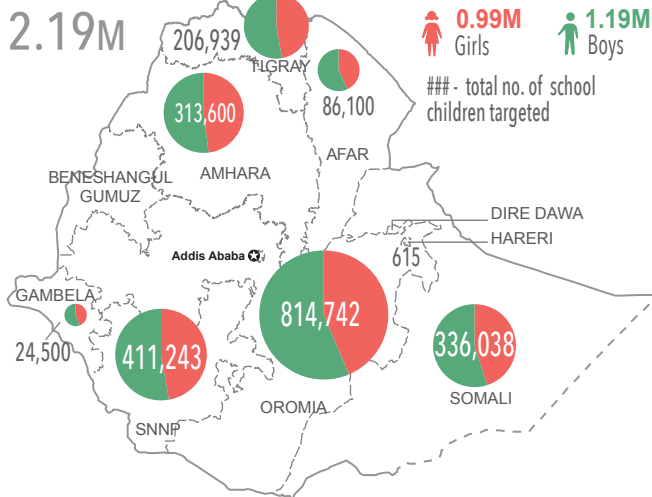


PROJECTED MAM CASELOAD PER REGION

3.5 Million



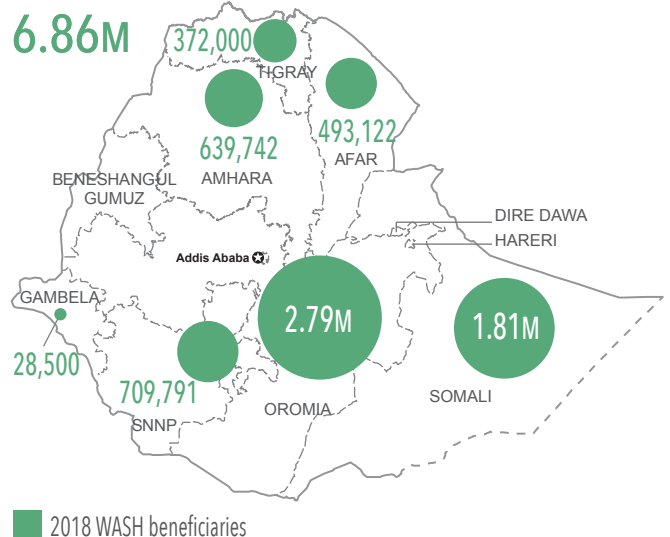
EDUCATION NEED PER REGION



PROTECTION NEED PER REGION

	Child protection	Gender Based Violence (GBV)	General protection	Total
Gambella	-	18,250	-	38,250
Oromia	45,000	43,350	50,000	138,350
Somali	45,000	87,400	50,000	182,400
Total	90,000	149,000	100,000	339,000

WASH NEED PER REGION



STRATEGIC APPROACH TO KEY HUMANITARIAN ISSUES

The following three overarching Strategic Objectives have been retained from the past two years.

1 Save lives and reduce morbidity due to drought and acute food insecurity

2 Protect and restore livelihoods

3 Prepare for and respond to other humanitarian shocks – natural disasters, conflict and displacement

Cross-cutting: Shared analysis guides disaster resilient investments in recurrently crisis hit areas*

Five ‘key humanitarian issues’ for 2018 are presented here along with aspects of the multi-sector humanitarian response strategy and related ambitions for the three-pillared approach.

1. Continuing acute food insecurity, malnutrition and water shortages in lowland, mostly pastoral areas, likely to be exacerbated by the impact of La Nina on spring rains

Hundreds of thousands of people have been rendered destitute by two years of consecutive drought. In the absence of good rains and recovery opportunities, the expansive multi-sector humanitarian response operation established over the course of 2017 will need to be sustained well into 2018.

Humanitarian partners are assisting Government to deliver relief food and (a growing share of) cash; and, supporting regional line bureaus to deliver emergency services in an integrated manner to affected communities, including emergency livestock feed and health services to keep core

breeding stock alive, emergency nutrition and health services, and shelter and non-food items and emergency education facilities for the displaced.

To mitigate future humanitarian needs and requirements (under Pillar 1) partners and government have developed area-specific plans including digging bore holes, establishing emergency fodder banks, and increasing support for vulnerable households displaced by flooding on a recurrent basis by supporting shelter recovery activities, DRR and awareness raising to build back safer.

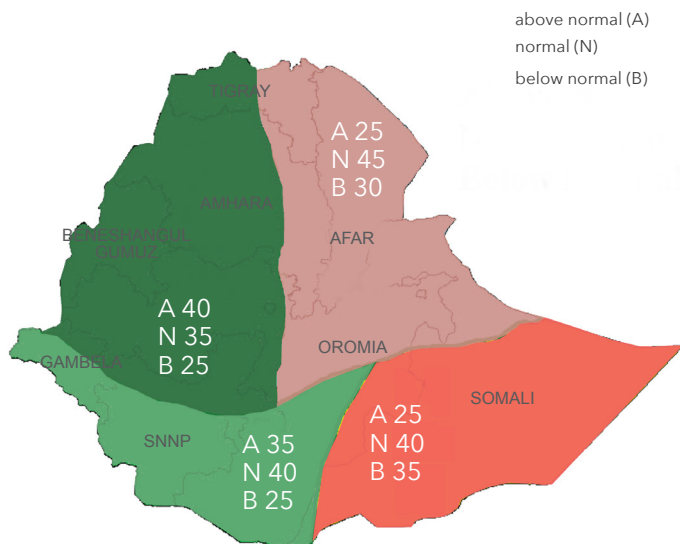
Data from past droughts in pastoral areas show that on average it can take affected households well over four years to recover lost livelihoods, during which time they ‘will likely require sustained relief assistance. Humanitarians have suggested that many of those recently rendered destitute should now be considered as newly chronically food insecure.

The DRMTWG has agreed that weather forecast from the National Meteorological Agency (NMA), complemented by FEWSNET, constitutes clear Early Warning to the Government and its partners for the likely impact of La Niña during 2018. Early Action is now required across multiple sectors, by Federal and Regional Government entities, by donors, humanitarian and development partners.

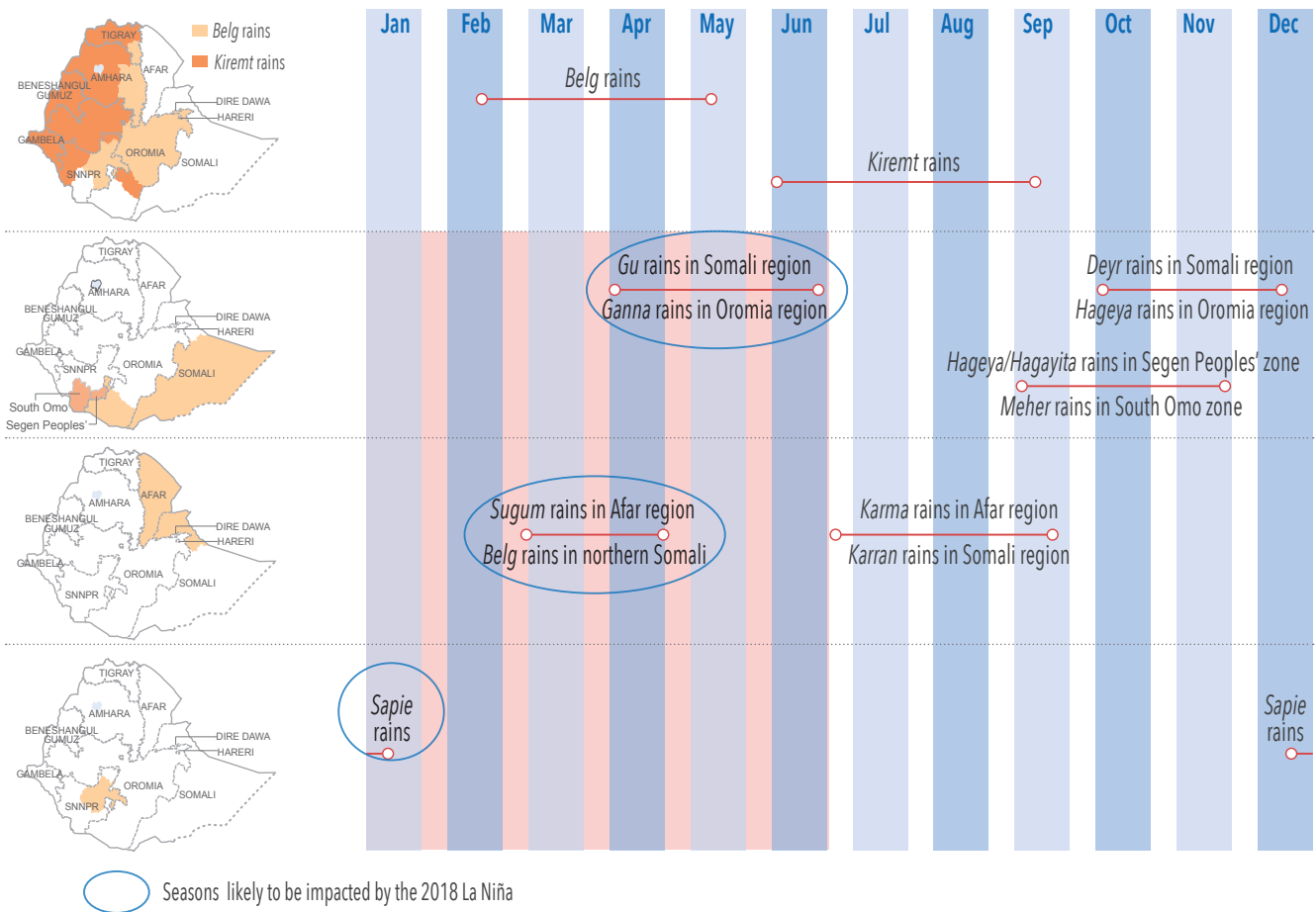
Some meteorological experts (FEWSNET in particular) are suggesting that spring rain performance in 2018 is likely to be analogue with 2017 – when there was a near total failure of the *gu/ganna* that typically provide 70% of annual rainfall rains in lowland areas and erratic performance of the *belg* in some highland areas.

Given the early warning information a series of early actions will be triggered by Government entities, humanitarian and development partners.

LONG RANGE NMA FORECAST (AS OF JANUARY 2018)



* in line with agreements from the World Humanitarian Summit on the New Way Of Working



Government and partners will ensure that regularly updated information on meteorology and pasture conditions is shared with communities, Regional and Zonal Government officials and coordination platforms, and partners in affected areas.

Given the experience of past drought years Government and partners will not wait for seasonal assessments before mobilizing / re-calibrating response efforts to the likely impact of a La Niña driven drought. Scenario modeling will

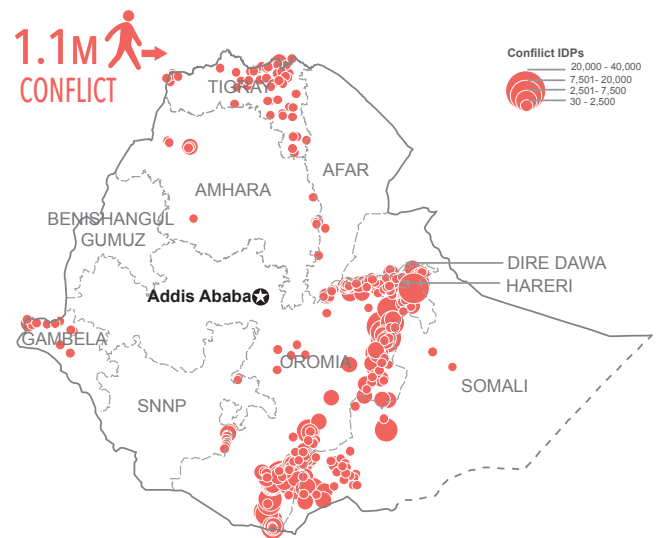
be routinely used to immediately inform planning within and between sectors / clusters and be updated on a regular basis. For instance, emergency fodder production in locations close to the pastoralist areas that will be most-impacted by the La Niña drought will be scaled up. Partners with development activities in these areas will be requested to see what can be done to 'pivot / flex' existing programmes in this regard.

2. Conflict-driven displacement

The Government of Ethiopia has put in place a plan to respond to the needs of all IDPs in the country, both conflict and climate induced. Around 1 million people are displaced by the conflict around the border areas of Oromia and Somali regions (this includes displacements prior to the August-September upsurge). The plan encourages (1) voluntary return to areas of origin; (2) voluntary integration with host communities; and (3) voluntary resettlement to selected areas. While some 584,000 IDPs who were displaced from border areas (and remain close to their areas of origin) will be supported to voluntarily return to their areas of origin, others are planned to be provided with alternate integration and resettlement options.

In Oromia region, the resettlement program is being implemented in a phased manner following an IDP intention survey conducted by Haromaya University, which identified site locations, places of origin, and whether IDPs preferred return, reintegration or relocation. During the first phase, some 86,000 persons are scheduled to settle in 11 towns in the region based on the findings of ongoing IDP verifications and a regional committee has been set up to follow up on the implementation of the plan. To date, a study was conducted in four IDP sites in East Hararge zone and preliminary findings indicate a majority of the IDPs prefer to be settled within Oromia region.

Somali regional authorities are exploring a similar approach to that taken in Oromia – as it provides strong evidence to inform regional policies / planning processes as well as valuable inputs into the ongoing Federal Government-led reconciliation process – and plan to conduct an intention survey with Somali IDPs, via Jijiga University, to inform the implementation of reintegration and relocation programs.



As opportunities for return are established for the conflict IDPs, Federal Government is anticipating the need for support in the delivery of a return, rehabilitation and recovery programmes.

Whilst efforts at community reconciliation are ongoing partners will continue efforts to support Government in the scale-up of the much-needed humanitarian response including relief, basic services and protection services for these IDPs. Humanitarian partners seek (where possible) to accommodate response to this group as part of the broader emergency drought response operation. Given the potential for further displacement, partners will also work with Government to undertake response preparedness actions – to stockpile relief items and undertake market analysis to inform opportunities for the expansion of multi-purpose, unconditional cash.



3. Continued spread of life-threatening disease outbreaks

The effect of prolonged drought, nutritional insecurity and scarcity of water are the main drivers of health risks within vulnerable communities. In addition, the lack of sustainable and dedicated health intervention compounded by weak *deyr* rains, increased numbers of IDPs unable to access basic sanitation, existing demand for emergency water trucking in health facilities further exacerbate the risk of opportunistic disease outbreak notably AWD. Partners will continue to strengthen the capacity of the FMOH in the emergency response, surveillance and prevention at facility and community level including through rapid response team deployment and emergency immunization, as well as supporting mitigation measures needed to prevent outbreaks at the scale seen in 2017. The Health Cluster will ensure that adequate medicines, medical supplies and increased access to basic public health services in order to reduce the risk to vulnerable households and communities.

4. Acute food insecurity in highland areas

According to the *Meher* assessment findings, the *meher* harvest in most highland areas has been generally good, though there were patches of erratic performance. This will necessitate the provision of relief food or cash assistance to those acutely affected, along with humanitarian support to integrated nutrition, health and WaSH service provision in

areas where Government capacity may be stretched – albeit stronger than in many lowland areas. A further group of Ethiopians living in the highlands and previously impacted by drought will require sustained relief assistance, due to the now chronic nature of their food insecurity.

Concerning Pillars 1 and 3, the nature of recurrent humanitarian needs during non-major drought emergency years in highland areas is highly predictable. Investments to reduce needs – for example improving access to drought resilient water supplies; and strengthening national systems that are routinely required to deliver an emergency response (for example the screening and treatment of moderate and severe acute malnutrition in regular ‘hotspot’ *woredas*, and provision of emergency seeds) are required to mitigate the need for predictable and expensive humanitarian interventions.

5. Protection concerns due to drought and conflict

Access to services remain limited, increasing the susceptibility of women, children, elderly, disabled and IDPs to different protection risks. The displacement has also put women, children and elderly people at risk such as family separation, sexual violence and labor abuse/exploitation. Community based protection structures, including women centers and child friendly spaces, will be established. These structures will ensure that persons with specific needs, including women and older persons at risk, persons with disabilities and children without appropriate care are identified and provided with emergency protection services.

Cash based programming

The use of cash transfer programming (CTP) is expected to be explored and further expanded during 2018, particularly to address the humanitarian needs of the estimated one million conflict-induced IDPs. The use of multi-purpose cash (MPC) has proven to be an effective response mechanism in meeting the needs of those displaced by drought and conflict, specifically for those displaced from and to urban areas since September 2017. Based on analysis of needs and market functionality, the uptake of MPC will be encouraged to address the varying needs of targeted groups where appropriate. The use of MPC will be considered in supporting the Government’s voluntary IDP return efforts, acknowledging that when used in the right context, CTP has the potential to provide a timely and cost-efficient response to needs, offering dignity, flexibility and, depending on the modality, the freedom of choice to beneficiaries while supporting local markets. CTP can contribute to self-reliance and facilitate the resumption of livelihood activities. In 2018, cash assistance will remain

a significant component of the humanitarian response, by providing immediate assistance to displaced people, to food insecure households as well as productive safety net beneficiaries, and will create a viable linkage to early recovery efforts to support the rebuilding of household resilience and livelihoods.

The CTP coordination will continue to be led by the Ethiopia Cash Working Group (ECWG), co-chaired by WFP and Oxfam, with technical support from IOM. The ECWG’s priority in the first quarter of 2018 will include the expansion of ECWG members to include more development partners and reach consensus regarding the value of a Minimum Expenditure Basket to increase harmonization of transfer values among targeted groups in different regions across Ethiopia. As a sub-group of the inter-cluster coordination group the ECWG coordinates cash programming across clusters, ensures uniformity of standards and provides technical and strategic guidance to implementing partners. The ECWG will continue to provide a platform for cross learning, sharing best practice, guidance and harmonization of cash transfer mechanisms.

A THREE-PILLARED APPROACH









Unlike in most other countries that experience regular humanitarian crises, in Ethiopia there has been a strong history of humanitarian partners planning together with Government and delivering with and through national systems; Government has also provided funding to joint Humanitarian Requirements Documents (HRDs).

The three pillars

The framework below reflects agreements reached between the Commissioner of the National Disaster Risk Management Commission (NDRMC) and the Resident / Humanitarian Coordinator on the conceptual framework for the new approach.

Whilst it is anticipated that appeals for international humanitarian funding under 'Pillar 2' will need to be continued for several years to come, there is agreement on the need to step-up programming under Pillars 1 and 3 – to give affected communities greater opportunity to achieve self-sufficiency, to achieve significant financing efficiencies and reduced requirement for humanitarian appealing.

2018 REQUIREMENTS BY PILLAR

SECTOR	PILLAR 1	PILLAR 2	PILLAR 3	TOTAL
 Agriculture & Livestock	14.2M	81.5M	8.7M	104.4M
 Education	15.9M	18.6M	0.03M	34.5M
 Emergency Shelter/NFI	8.7M	43.1M	43.2M	94.9M
 FOOD	-	1.036B	-	1.036B
 Health	18.4M	53.6M	2.0M	74.0M
 Nutrition	1.8M	188.2M	8.3M	198.3M
 Protection	1.6M	15.7M	-	17.3M
 WASH	35.3M	58.7M	5.0M	99.0M
Total	95.9M	1.495B	67.2M	1.658B

Indicative requirements presented in this document fall primarily under Pillar 2, though within the sector response

plans are several urgent actions falling under Pillars 1 and 3 that will contribute to the reduction of humanitarian needs and associated financial requirements. A summary breakdown is included in the table on the right.

The ultimate aim is to populate this framework with agreed activities and related costs, reflecting a gradual shifting of activities and predictable requirements out of 'Pillar 2'. As can be seen in the analysis on the next page, many of the humanitarian needs are predictable.

Shifting the approach

International funding and financing to tackle chronic and acute needs (and to address underlying causes) is generally programmed through one of three channels:

Channel 1. Resources programmed via Treasury / Ministry of Finance as direct budget support

Channel 2. Resources programmed via Sectoral Line Ministries, with technical support from international partners

Channel 3. Resources programmed via humanitarian and development partners, working in support of Government at point of delivery

Government has a stated ambition of being supported to gradually shift response to predictable humanitarian needs through Channels 1 and 2 (along with work on mitigation and recovery), leaving Channel 3 for response to unanticipated shocks.

National Systems Strengthening

Pillar 1

Prevention and Mitigation

Activities to be undertaken immediately that will reduce humanitarian needs and requirements in 2018 and beyond – i.e. new emergency borehole drilling (with clear area-based targeting), development of fodder banks in pastoral areas, etc.

Pillar 2

Preparedness and Response

Largely relief commodities and partners presence in hot-spot areas.

Pillar 3

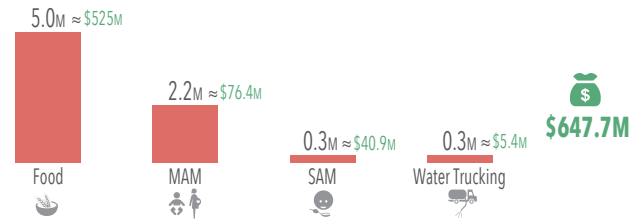
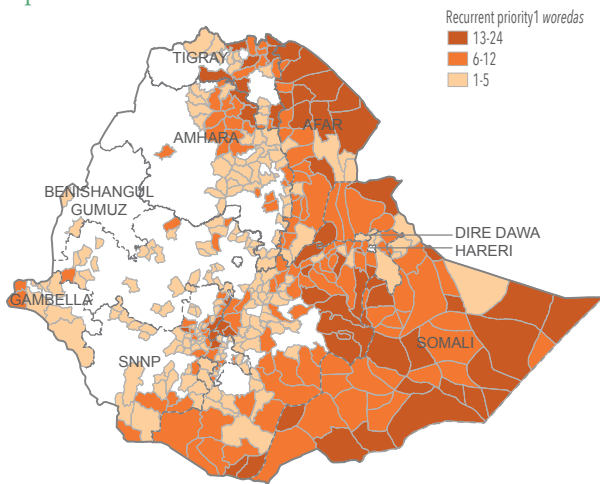
National Systems Strengthening and Recovery

Activities to increase the capacity of national response systems and some limited, sector-specific early recovery activities, notably for conflict IDPs.

According to the Ethiopian DRM policy, national systems strengthening is an umbrella that cuts across all the pillars. However to present financial requirements for the purpose of this document it is presented under Pillar 3.

ANALYSIS AND PROJECTION OF NEEDS AND REQUIREMENTS IN NON-EXCEPTIONAL YEARS

Analysis of the humanitarian needs and requirements in non-exceptional years, prior to the 2015-16 El Niño, for some of the key humanitarian interventions indicates that there is a certain caseload that can be expected even in 'good' years for these respective sectors.



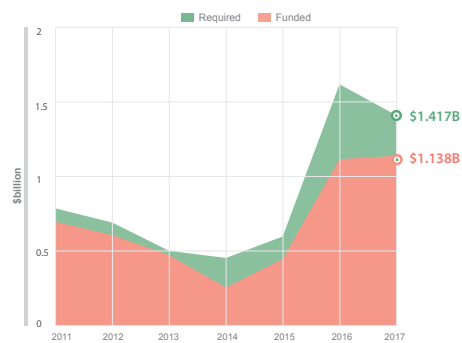
A modeling of the likely needs and humanitarian requirements, even in the absence of severe drought, is reflected in the above figure and **totals nearly \$650 million per year** (emergency food and cash assistance, SAM and MAM treatment and water trucking).

Considering humanitarian requirements in the past seven years, it can be seen that since 2011 they varied from a minimum of \$452 million in 2014 to a maximum of \$1.6 billion in 2017. In these last seven years a total of \$4.7 billion were generously provided by the Government of Ethiopia and international donors as funding to Humanitarian Requirements Document (HRD). On average the humanitarian appeal has been equivalent to 1.4 per cent of GDP and equivalent to 8.9 per cent of government revenue over the last 6 years.

This recurrent and predictable nature of the humanitarian challenges demanded a different approach to response. Government and Partners recognize the need for Disaster Risk Management (DRM) approach beyond the conventional twelve months' humanitarian plan and response. Therefore, under Pillar I and Pillar II, this HDRP includes both prevention & mitigation and recovery activities.

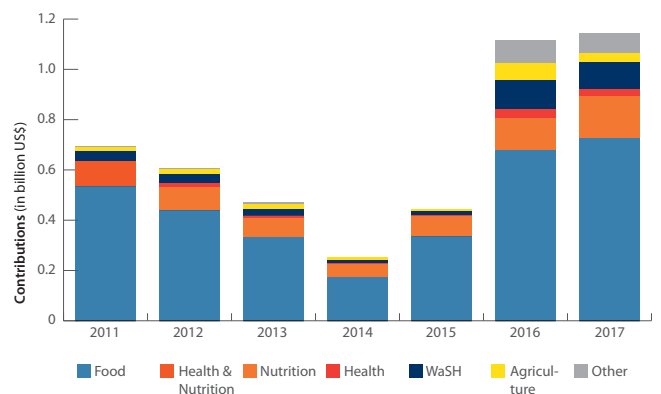
When analyzing the national 'hotspot' classification results since 2009, it can be seen that many *woredas* are repeatedly classified as being the highest priority.

HUMANITARIAN REQUIREMENTS AND CONTRIBUTIONS, 2011-2017



Over the course of 2011-2017, an average of 5.3 million people required emergency food assistance on an annual basis due to recurrent drought shocks or mild climate departures. In non-exceptional years, the number of people in need of emergency food assistance amounted an average of 2.9 million. Given the level of destitution following three consecutive years of drought, and in the absence of other food security mechanisms, a minimum caseload of 5 million people for emergency food assistance might be expected in the coming years.

CONTRIBUTIONS TOWARDS THE HRD, BY MAIN SECTOR (2011-2017)



Food assistance represented an average cost to the Government of Ethiopia and international donors of \$460 million annually, or 70 per cent of the total humanitarian contributions in the last seven years (see graph on the right). Emergency nutrition, WASH, and health interventions came with an average cost of \$163 million, or 24 per cent of the total humanitarian contributions. Albeit a robust and successful humanitarian response, these recurrent climatic shocks, although predictable and preventable, stripped vulnerable households of their productive assets (i.e., livestock, financial savings, harvests) and reduced income opportunities (i.e., migration and seasonal labor opportunities).

PLANNING ASSUMPTIONS

A number of unpredictable variables remain beyond the control of Government and humanitarian responders that will affect needs and the ability of partners to address them over the coming year, most notably the weather. The following planning assumptions have been agreed as a basis for humanitarian operations:

- i) **Government capacity in southern and eastern parts of the country needs to be strengthened.** Responding partners need to ensure sustained investments in this area to ensure robust and timely response.
- ii) **Areas experiencing drought are large and sparsely populated geographic areas with limited infrastructure. Access to some areas may occasionally be challenging due to insecurity.** Limited road networks, warehouse capacity and availability of water schemes in the affected areas will challenge the response efforts. These effects can be somewhat mitigated through augmenting warehouse capacity in the affected areas and by pre-positioning humanitarian relief items.
- iii) **The spring 2018 *belg/gu/ganna* rains could be below-normal in south and southeastern parts of Ethiopia.** A range of weather forecasts including the National Metrological Agency (NMA) forecast indicate that the spring *belg/gu/ganna* rains may be below-average in drought affected lowland areas. Should this happen, the recovery of pastoralists and farmers will be delayed further given three consecutive failed major rainy seasons and asset depletion in the area.
- iv) **Continued three-month lead times for the procurement and delivery of food and other humanitarian assistance.** New funding contributions will take up to three months to translate into concrete assistance delivered to beneficiaries.
- v) **The Productive Safety Net Programme (PSNP):** The PSNP will provide monthly food and cash transfers to 7.9m people as planned. A majority of the public works clients will receive transfers in the first six months of 2018. Those living in areas where transfer schedules were shifted (Somali Region, Borena Zona and the lowlands of Bale) will receive three months of transfers in the first quarter of the year and a second set of three transfers in the second half of the year.

PRIORITIZATION

The prioritization of activities has been undertaken by humanitarian partners during the development of the sector specific strategies outlined in this plan.

Regular prioritization exercises will be undertaken to guide the funding decisions of donors, and allocations from the Ethiopia Humanitarian Fund (EHF) (OCHA-managed pooled fund overseen by the Humanitarian Coordinator).

As has become a routine practice in Ethiopia, and following consultation with the NDRMC, the Inter-Cluster Coordination Group (ICCG) convenes together with representatives of major humanitarian partners (UN and NGOs) to: review changes in the context and level of need; consider the status of the ongoing response, including pipelines for major relief commodities and the presence of partners where needs are greatest (and Government services need support).

Prioritized resource gaps are agreed across sectors in a geographic and activity / pipeline specific manner, reviewed by the Humanitarian Coordinator and presented to the Humanitarian Country Team for endorsement.

As well as priorities for immediate humanitarian financing, the HCT and DRMTWG regularly consider priorities for critical development investments (or the 'flexing' of existing development programmes) to support activities that might mitigate humanitarian needs and requirements in the short and longer-term.



**PART II: SECTOR
RESPONSE PLANS**



AGRICULTURE AND LIVESTOCK

HOUSEHOLDS TARGETED

 **3.43M**
(HH)

REQUIREMENTS (US\$)

 **104.4M**

AGRICULTURE AND LIVESTOCK OBJECTIVE 1:

1 Saves lives and reduce morbidity due to drought and acute food insecurity through protecting the key livelihoods of the vulnerable households and ensuring milk availability and reducing the likelihood of families requiring emergency food.

AGRICULTURE AND LIVESTOCK OBJECTIVE 1:

2 Livelihoods are protected and restored through provision of emergency Feed, Seeds and Animal Health services.

AGRICULTURE AND LIVESTOCK OBJECTIVE 1:

3 To prepare for and effectively respond to humanitarian shock through implementation of mitigation activities like irrigation, Crop, vegetable and fodder production.

The weak rains during 2017 exacerbated an already critical situation following the weak 2016 rains, causing devastating drought conditions in southern and south-eastern Ethiopia, resulting in poor pasture regeneration and limited water source replenishment for livestock. While these conditions generated immediate humanitarian needs, they also delayed recovery of the livelihoods of pastoralist and agro pastoral households.

The outlook in 2018 for vulnerable pastoral, agro-pastoral and farming communities in Ethiopia remains bleak. The prospect of a La Nina event indicates that a fifth consecutive below-average rainy season will affect lowland area, causing another shock to populations that are exhausting their coping mechanisms. Large parts of pastoral and agro-pastoral populations that have managed to survive two years of drought are now at the brink of destitution: one additional shock will mean loss of their livelihood assets, thus displacement, food insecurity, malnutrition and increased risk of conflict.

Throughout 2017, smallholder *belg* dependent farmers planted and replanted due to weak and inconsistent rains. Field reports from meher crop dependent parts of Ethiopia, including from eastern Amhara and areas of Oromia and SNNP regions indicate reduced yield due to crop wilt, frost and inconsistent rains. Regional governments have subsequently requested emergency seed support.

Resources to address immediate livelihood support are critical to protect livelihood assets of households that have reached levels of extreme vulnerability and completely exhausted their coping mechanisms. Failure to provide adequate livelihood support will have an immediate impact on food insecurity, malnutrition and population displacement in 2018, thus further increasing the humanitarian bill. The timeliness of resources is also a critical element considering the time-sensitivity of agricultural activities.

Moreover, as climate-induced shocks increase in frequency and magnitude, investments to strengthen local production systems, improve rangelands and thereby strengthen the resilience of communities are similarly critical and time-sensitive. Failure to adequately support this program component will contribute to the increased cost of emergency response in 2019.

US \$80.5 million is required during the first

half of 2018 to target approximately 2.4 million households and reach more than 40 million livestock. Key interventions will include continued support for supplementary animal feed provision, fodder production and spate irrigation in drought-affected pastoral and agro-pastoral areas, as well as large-scale animal health campaigns and destocking, as needed.

An estimated \$15.2 million is needed to provide more than 1 million households with crop seed (predominantly cereals, legumes, vegetable and root crops) for the next *meher* season in Amhara, Oromia, SNNP and Tigray.

Strategy

Two successive years of below average rainfall in lowland areas of Ethiopia have left hundreds of thousands of pastoral and agro pastoral population destitute and in need of humanitarian assistance. Many households who have managed to keep their livelihoods despite the recurrent shocks and coping mechanisms put in place are now at the brink of destitution having exhausted their assets and coping strategies. The most effective way to keep these households from becoming destitute is to protect their livelihood assets. Therefore, the protection of core-breeding animals (through supplementary feeding, delivery of animal health services, etc.) of the most vulnerable households remains a priority for the sector. Failing to do so will inevitably lead to an increase of food security, malnutrition and population displacement. Ultimately, this will mean that other sectors will have to deal with an increased IDP population, increased food requirements and increased needs for MAM and SAM treatments.

However, while the protection of livelihood assets is necessary, different types of activities are essential in order to increase the resilience of affected populations and decrease the need for humanitarian intervention in the future or decrease the cost of it. The availability of fodder for livestock is the main factor leading to food insecurity, malnutrition and population displacement. The transport of fodder and livestock feed from distant places comes at a high cost and to the detriment of local producers and economies. Supporting local production systems is a way of increasing the availability of feed and fodder locally, thus decreasing the cost of humanitarian intervention. Moreover, supporting local economies and production

systems contribute to increasing the resilience of communities, who will not require humanitarian assistance in case of future shocks and will be able to recover faster. For example the preliminary estimates suggest that bringing 500 hectares under spate irrigation could cost between USD\$350,000 and USD\$400,000 including survey and design works though the costs obviously vary depending on the topographic nature of the specific site. While the average pasture production under natural conditions is less than a ton/hectare, the average production under spate irrigation is about 5 tons per hectare. So using the 500 hectares under spate irrigation, it is estimated to produce a total 2,500,000 kg which is sufficient to feed 7,937 cattle for 3 months. However, if we consider to provide fodder to these cattle for three months, it will cost an estimate of \$950,000.

The third pillar of the strategy is the reinforcement of systems around the response and preparedness/ disaster mitigation. The systems referred to are aimed at keeping the actions on the other pillars together and ensure that appropriate decisions based

on sound analytical work are being done. This means having sound food security and nutrition analysis (based on the Integrated Phase Classification – IPC), strengthening animal health services and linkages between destocking and markets, etc. The third pillar is critical for evidence-based decision making (also for other sectors such as food and nutrition), thus optimizing the use of available resources. The timeliness of funds availability and intervention remains critical for the sector.

Funding for seed intervention must be made available before March/May 2018 in order to have enough time to finalize the procurement processes and support land preparation. Funding for livestock feed must be made available by June 2018, so that feed can be distributed during the dry season that is expected to be very harsh: failure to provide feed during the July-September period will result in additional livestock losses, directly impacting food insecurity, malnutrition and displacement of hundreds of thousands of people.

PILLAR	ACTIVITY	BENEFICIARIES (HH)	REQUIREMENTS US\$
1: Prevention and mitigation	Commercial and slaughter destocking	0.05 M	2,200,000
	Resilience interventions (eg. rehabilitation of livestock water points such as ponds, Ellas and Birkas, irrigation support, crop and vegetable production, strengthening community seed banks, irrigated fodder production, establishing feedlots and construction of molasses stations)	0.1M	12,000,000
Subtotal Pillar 1			14,200,000
2: Preparedness and response	Livestock feed provision	0.9 M	59,847,496
	Animal health support	2.4 M	6,451,626
	Emergency seed distribution	1 M	15,164,703
Subtotal Pillar 2			81,463,825
3: National Systems Strengthening and recovery	Strengthening of livestock and agriculture systems enhancing animal health services delivery and disease surveillance, strengthening linkages between destocking and livestock markets and achieving nutrition outcomes through milk production, capacity building trainings and enhancement of early warning analysis and planning		1,000,000
	Supporting vulnerable communities in diversifying livelihood activities through activities such as climate solutions (crop and livestock insurance), Strengthening coordination and early warning system and use the analysis of IPC and IGA interventions		3,000,000
	Restocking the most vulnerable households (10% of the total IDP population in Somali region) with small ruminants	5,900	4,700,000
Subtotal Pillar 3			8,700,000
Grand Total			104,363,825



EDUCATION

PEOPLE TARGETED



REQUIREMENTS (US\$)



EDUCATION OBJECTIVE 1

1 Ensure that emergency affected school-age girls and boys (including IDPs) continue to have access to safe, quality and inclusive learning opportunities.

The December 2017 *Meher* Assessment revealed that the main determinants which prevent emergency affected children from attending educational services are the unavailability of schools for displaced children in temporary settlements, the lack of water availability for schools and students not being able to furnish the required learning stationaries. The assessments noted that as household income in emergency affected areas has become increasingly depleted, families are unable to afford educational expenditures and the indirect costs of their children attending schools. Conversely, the assessments noted the direct positive impact of school feeding on children's retention in schools. Over the 2016/17 academic year, the number of schools closed due to drought reduced from 400 to 158 in Somali region and from 137 to 45 in Oromia region after the provision of school feeding. In Amhara and Tigray regions where school feeding and water were provided, there were far fewer student dropouts.

Approximately 3.1 million school children in 212 *woredas* are currently affected by drought and conflict induced emergencies. Amongst these are 444,839 displaced school-age children residing in temporary settlements, of which 125,035 have no access to any educational services.

Strategy

The cluster will focus efforts on responding to the needs of 2.2 million school aged children (4-14 years) within 150 Priority 1 *woredas*. The cluster will further tailor its support between those *woredas* affected by both drought and conflict, located in the South and South Eastern parts of Oromia and Ethiopia Somali regions, and those which are affected by recurrent drought (Amhara, Tigray, Afar and SNNP).

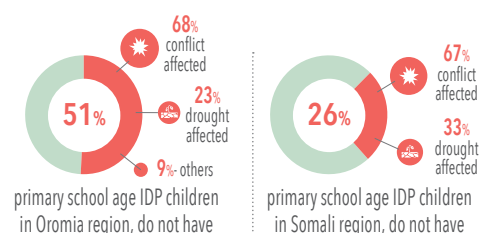
Providing emergency education service for school age children affected by both drought and conflict is a critical priority within the humanitarian response (Pillar 2). This will be undertaken through the establishment of temporary learning spaces within temporary settlement sites as well as the provision of extended learning spaces in schools which are hosting displaced children. The provision of temporary educational services will allow for better monitoring of displaced children's

situation and also serve as a platform for delivery of other essential services (health, nutrition, social welfare). As a means of ensuring that displaced children are best able to reintegrate schools as of the 2018/19 academic year, the cluster will also prioritize the implementation of accelerated educational programmers over the summer period. With the highest proportion of children unable to continue their education due to the effects of drought coupled with the impact of conflict, Somali and Oromia regions require dedicated humanitarian support through the provision of an emergency school feeding intervention alongside the provision of student stationary materials.

There are a number of recommended investments to be made within the education sector as well as in other sectors to mitigate the impact of the current humanitarian situation on children and young people's education. The implementation of the national 'home-grown school feeding' programme in *Woredas* which face chronic drought will directly support the retention of students. Further, the establishment of durable water connections to schools in the drought affected *woredas* will decrease the frequency of school closures (Pillar 1).

In recognition of the greater efficiencies achieved through water provision in a consolidated multi-sectoral approach, school WaSH will be delivered through the WaSH Cluster emergency response. In line with the national Education Sector Development Plan V (2015/16-2019/20) commitments, there will be an effort to strengthen decentralized education management information and capacity building systems that will allow improved targeting of humanitarian investments and recovery (Pillar3).

IDP CHILDREN AND THEIR ACCESS TO EDUCATION IN OROMIA AND SOMALI REGIONS (SOURCE: EDUCATION CLUSTER)



Across the education sector's humanitarian interventions, the cluster adheres to an inclusive approach which considers children with disabilities, and proactively integrates identification and referral systems for children requiring greater protection and support.

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PILLAR	ACTIVITY	BENEFICIARIES	REQUIREMENTS US\$
1: Prevention and mitigation	Education risk analysis to inform ESDP VI		
	Integrate peace education/EiE in curriculum reform		
	Realize homegrown school feeding for 1,017,882 children in drought emergency affected schools in Amhara, Tigray, Afar and SNNP (total cost: \$21,497,668, out of which \$5,583,124 has been funded by the development sector)	1,017,882	15,914,544
	Connect community water points to drought emergency affected schools in Amhara, Tigray, Afar and SNNP, targeting 1,017,882 children (cost: \$4,500,000)		N/A
Subtotal Pillar 1			15,914,544
2: Preparedness and response	Establish Temporary Learning Centers (TLC) for IDP children where there are no schools	12,504	437,623
	Capacity building on psycho social support for teachers teaching in IDP sites	370	25,900
	Support summer make up classes/accelerated learning for IDP children	43,880	52,656
	Provide emergency school feeding for 1,150,781 children affected by both drought and conflict in Ethiopia Somali and Oromia (including IDP children) (total cost: \$24,304,495, out of which \$6,232,164 has been funded by the development sector)	1,150,781	18,072,331
	Provide learning stationary for 1,150,781 drought and conflict affected children in Ethiopia Somali and Oromia (including IDP children) (cost: \$ 5,753,905)		N/A
Subtotal Pillar 2			18,588,510
3: National Systems Strengthening and recovery	Develop capacity development system on EiE		25,000
	Develop national and sub-national electronic data collection and sharing systems in EiE (cost: \$500,000)		N/A
Subtotal Pillar 3			25,000
Grand Total			34,528,054

 Activities (partially) funded through development programmes which will complement the humanitarian response.



EMERGENCY SHELTER AND NON-FOOD ITEMS

PEOPLE TARGETED

 1.50M

REQUIREMENTS (US\$)

 94.9M

EMERGENCY SHELTER AND NON-FOOD ITEMS OBJECTIVE 1:

1 Provide immediate life-saving assistance to displaced and affected households through different modalities

EMERGENCY SHELTER AND NON-FOOD ITEMS OBJECTIVE 2:

2 Reinforce disaster risk mitigation, safe building practices and rehabilitation and recovery efforts for disaster affected households

In 2017, Ethiopia has seen a significant increase of its IDP population. By the end of 2017, humanitarian partners through the IOM-DTM activities identified 1.69 million displaced persons across 861 sites in the country. As it currently stands 1,078,429 individuals of the IDP caseload (64%) are displaced due to conflict, 528,658 (34%) individuals are climate-change induced IDPs displaced by drought, floods, mudslides and flooding, and a further 82,913 (2%) are displaced due to other factors such as economic/development linked displacement, social tensions and protracted displacement due to volcanic eruptions. The displaced require multi-sector support to address immediate needs with a view to ending their displacement. Immediate relief efforts also need to be complemented with increased efforts to support prevention and mitigation of displacement caused by both natural hazards and conflict, together with activities that support longer term durable solutions for the displaced. At present, IDPs' vulnerability levels are increasing due to insufficient humanitarian assistance received so far, and the depletion of host communities' assets to support existing and potential new IDPs.

It is estimated that some 230,000 displaced households will require immediate SNFI assistance in 2018. This caseload includes existing displaced households that have not received emergency relief support in 2017 and is reflected in DTM8, other partner assessments from recent displacements that have occurred since the increase in conflict from September along the Somali Oromia border and with the needs identified in the recent *Meher* assessments carried out in January. The SNFI cluster is engaged in continuing its mapping and meeting the needs to support households with life-saving support and since July 2017, has been prioritizing needs, as identified through assessments, including the Displacement Tracking Matrix surveys, and requests by the authorities, on a bimonthly basis, to plan a timely an efficient life-saving response and mobilize the appropriate resources.

In addition to responding to immediate life-saving activities, the SNFI Cluster is liaising with the government and partners that are identifying transitional and durable solutions strategies to resolve displacement. Guided by the UN Guiding Principles for IDPs on durable solutions (Article 28-30) and IASC framework on durable solutions

for IDPs (8 Criteria and 9 Key Principles), the SNFI cluster will support the GoE in the development and implementation of its "Sustainable Peace Plan" to progressively prevent, respond and address the short to long term needs of its' displaced citizens as well as risks that may lead to the displacement of others through technical and material support, capacity building, information sharing and coordination activities. A durable solution is achieved when IDPs no longer have any specific assistance and protection needs that are linked to their displacement and can enjoy their human rights without discrimination on account of their displacement.

Strategy

In 2018, the SNFI cluster will increase its efforts to support both prevention and mitigation activities, as well as longer term durable shelter strategies, with a focus on reducing overall immediate relief support that will be required.

Under Pillar 1, the Cluster will seek to engage in prevention activities through awareness raising, capacity building, the development of guidelines and good practices for safe-building and supporting mitigation activities for flood displaced households. In addition, The SNFI Cluster will increase investment in conflict-resolution / peace-building as prevention/mitigation factor for displacement, thereby reducing the need for humanitarian emergency and shelter recovery assistance. Support will be provided to the Ministry of Federal and Pastoralist Development Affairs and its regional and local level counterparts as well as local community structures in the reconciliation, peace dialogue/conference, capacity building, and community based conflict early warning (C-Warn) and community peace dividend initiatives to put in place and strengthen effective systems and structures that prevent and timely address conflict and subsequent displacements with the aim of reducing the loss of shelter.

Under Pillar 2, the response of the Cluster will continue to consist of the distribution of the Standard Emergency Shelter/Non-food Items kit through an environmentally friendly and economically sustainable in-kind response as well as through cash support. The SNFI Cluster will increase its effort to expand cash-based response activities, where feasible, safe

and appropriate, with an understanding of the changing context and in light of supporting displaced households longer-term needs. It will also continue to support partners through its SNFI Cash WG, that was established mid 2017. Under Pillar 2, the SNFI Cluster will endeavor to increase its preparedness efforts through the pre-positioning of stocks in order to provide immediate relief support for newly displaced households.

The Cluster aims to increase its recovery and capacity building activities under Pillar 3 and will endeavour to increase its support to affected families through house repair, recovery and rehabilitation efforts, and provide technical support through its Shelter Technical WG. In addition, in the context of progressive resolution of displacement/durable solutions, the SNFI Cluster will support returnees or resettled IDPs with shelter support through transitional shelter solutions as well as cash support for families being relocated in urban areas. DTM activities trigger the ability to provide response activities and in 2018, the SNFI Cluster aims to increase its monitoring activities to include data collection on returnees to support recovery activities.

The following broad activities are embedded in the SNFI cluster response plan to ensure the sector's activities contribute to ensuring the GoE's Sustainable Peace Plan align with the standard framework on durable solution to IDPs.

The following four broad tasks are embedded in the SNFI cluster response plan to ensure the sector's activities contribute to ensuring the GoE's Sustainable Peace Plan align with the standard framework on durable solution to IDPs.

- Displaced communities (with particular attention to the most vulnerable) who are voluntarily making choices to return, resettle or integrate will be assisted to restore their housing, land and property

(HLP), access to personal and other documentation (*kebele* ID, land/house ownership certificates and other lost documents), participate in public affairs and social organizations which are some of the key factors/criteria for achieving durable solutions and closely linked with residency particularly to those resettled to urban areas. Relevant government authorities and entities will be actively engaged to facilitate the fulfillment of these conditions such local administration, municipalities, urban planning and development, justice and law enforcement, vital event registration to mention a few.

- Government authorities both at federal through region to *kebele* level will be assisted in identifying, documenting and timely sharing information regarding durable solution choices and preferences of IDP through community mobilization, intention survey, household registration and informed consent, in a collaborative and participatory process, to help authorities and partners lead the "rehabilitation" initiative in accordance with the choices of IDPs through evidence-based planning, organizing and execution.

Inform policy making on prevention and resolution of internal displacement at macro level through strategic dialogue and proper documentation of lessons learned, good practices and challenges.

Accountability towards beneficiaries, protection and GBV mainstreaming and coordination with other clusters will be reinforced to ensure the quality and efficiency of the response. Given the life-saving nature of shelter and NFI assistance and the need to ensure multi-sectoral longer term strategies, the SNFI Cluster will remain fully engaged in targeting and addressing critical needs and to this end, will aim at reinforcing its decentralized coordination mechanisms, notably through increasing its capacity building activities.

PILLAR	ACTIVITY	BENEFICIARIES (HH)	REQUIREMENTS US\$
1: Prevention and mitigation	Conduct risk reduction activities in disaster-prone areas including support for house repair and strengthening as well as awareness raising to promote safe-building practices.	22,000 HH (25 % of flood displaced population estimated for 2017)	8,250,000
	Support to organize reconciliation and peace dialogue/conference, capacity building, and community based conflict early warning (C-Warn) and community peace dividend initiatives, systems and structures that prevent and timely address conflict and subsequent displacements and loss of shelter	N/A	200,000
	Inform policy making on prevention and resolution of internal displacement at macro level through strategic dialogue and proper documentation of lessons learned, good practices and challenges.	N/A	200,000
Subtotal Pillar 1			8,650,000
2: Preparedness and response	Distribute Emergency shelter/Non-food items kits and cash grants to affected and displaced households respectfully of humanitarian principles	230,000 HH	40,250,000
	Increase preparedness efforts through pre-positioning of ES/NFI stocks to support newly displaced households	20,000 HH	2,800,000
Subtotal Pillar 2			43,050,000
3: National Systems Strengthening and recovery	Strengthen overall response capacity through capacity building activities and the reinforcement of regional coordination structures	N/A	1,000,000
	Support return and re-integration shelter activities, including cash support in urban areas and support for house repair & rehabilitation efforts as well as temporary shelter construction for returnee families (in the context of progressive resolution of displacement/durable solutions)	81,000 HH	41,512,500
	Increase monitoring and data collection of returnee households to be integrated into DTM tracking to support recovery initiatives	N/A	250,000
	Assist IDPs access personal and vital documents to restore their housing, land and property (HLP) rights, and to participate in public affairs and social organizations which are closely linked with residency particularly in urban setting.		100,000
	Collect, document and timely share information regarding durable solution choices and preferences of IDP through community mobilization, intention surveys, household registration and informed consent to inform evidence-based planning of durable solutions.		300,000
	Subtotal Pillar 3		
Grand Total			94,862,500



FOOD

PEOPLE TARGETED

 7.88M

REQUIREMENTS (US\$)

 1.036B*

FOOD OBJECTIVE 1

1 To save lives and protect livelihoods of food insecure households through the provision of food assistance

FOOD OBJECTIVE 2

2 To prepare for and effectively respond to humanitarian shock related food needs.

FOOD OBJECTIVE 3

3 To ensure that adequate food needs for the most affected people are met to improve food consumption, dietary diversity and reduce the number of people adopting negative coping mechanisms needs

In 2017, contributions from the Government of Ethiopia and the Donors helped partners to provide food assistance to about 8.5million relief beneficiaries and nearly 850,000 IDPs from Ethiopia Somali and Oromia border conflict.

While waiting for finalization of the 2018 HRD, partners have already responded to the food needs of relief beneficiaries through the distribution of about 120,000MT MT of food assistance in round 8, starting from January 2018.

Ethiopia's vulnerable regions have not fully recovered from 2015-2016 El Niño induced droughts that resulted in massive livestock losses in pastoralist areas and reduced harvests in crop producing regions. There are still gaps in household livelihood sources affecting both access to income and food. The *meher* harvest is projected to be above previous year's levels in the western, northern regions due to normal to above normal rains received in these areas. However, regions in the south, eastern and central parts of the country will still experience food gaps in first half of 2018 due to delayed and early cessions of the June to September rains, outbreak of pests and diseases including the Fall Army Worm (FAW). In regions that have improved harvest, Meher assessments findings indicates that some households may still experience food gaps during the lean season. Areas of concern will be in the southern-eastern regions of the country as the

Meher assessment indicates that reduced crop production, massive livestock losses in these areas have continued to limit coping capacity of affected households including most areas in the Somali region.

The seasonal outlook for the Belg indicates that the southern and south eastern parts of the country will experience below normal rains, which will affect the food security situation in these already vulnerable areas.

As of November 2017, there were already indications of increases in staple food prices in areas that are projected to have food deficits. For example, the *Meher* assessment findings noted that maize prices in Somali region, Gode market were already 37 percent above last year's prices and 50 percent higher than the five-year averages. These prices are expected to increase further in the dry season, between January and March.

In 2017, about 857,000 were displaced from the conflicts at the borders of Oromia and Somali regions. These households will likely continue facing food deficits in the first half of 2018, due limited access to income and food sources. Reduced border trading between these regions will also contribute to limited movement of food commodities in the first half the year, and this may result in increase in prices of commodities in the southern markets, that normally rely on trade with the northern areas. In addition, areas prone to flooding and other climate hazards, will experience some displacements, and partners will provide the support to the affected households.

Underperforming October-December 2017 Deyr/hagaya rains in the already vulnerable southern belt of Ethiopia (lowlands of Bale, Borena, Guji zones in Oromia region southern Somali, and South Omo zone in SNNP), compounded by displacements, depletion of productive assets, limited agriculture inputs and employment opportunities, reduced purchasing power, fragmented markets and infrastructure, and localized market inflation, are expected to erode household food security further.

The hot-spot priority ranking of *woredas* was completed in January based on indicators – market (commodity supplies and prices), agriculture, health and nutrition. Results from this process will inform partners on *woredas* that will be prioritized in case of limited resources in 2018.

Main partners

The Government of Ethiopia, through the National Disaster Risk Management Commission (NDRMC), the World Food Programme (WFP) and Joint Emergency Operation Program (JEOP) are the main partners providing food assistance in the country. These food cluster partners, will support in distributing food assistance to households in ten regions.

Strategy

In 2018, food assistance beneficiaries under the HDRP are expected to participate in community asset building activities to facilitate access to livelihood and income generation. Based on initial projections, approximately 3.6' million PSNP ex-public work clients are projected to be assisted though emergency food assistance during

* Requirements based on the regular relief food basket (cereals, pulses and vegetable oil) in WFP and JEOP operational areas. NDRMC is planning to provide CSB to 35% of targeted beneficiaries.

the transitory/ extended support period: July to December in five regions and also in Somali region which has two extended support periods for *keran* (April – September) and Dyer (April – June, October to December). An estimated \$86 million will be required to address the transitory needs. Food/cash assistance to the PSNP and HRD beneficiaries will be harmonized.

To maximize the positive impact of food assistance activities, cluster partners will focus on the following strategies:

1. Distribution of relief food assistance in synergy with other interventions including livelihood activities, supplementary and therapeutic feeding and WASH interventions;
2. To monitor the food security situation and associated risks that increase both food and

nutritional insecurity of vulnerable groups. This will encompass working with early warning partners to develop plans to timely respond to effects of predictable shocks.

3. To strengthen commodity management in HRD supported areas through capacity building including trainings.
4. To support cooperating partners in household targeting, monitoring of food assistance activities (on-site, post distribution, outcome monitoring) and sensitization on beneficiary feedback mechanism.
5. In areas with cash modality for HRD beneficiaries, the food cluster partners will aim to harmonize the support with PSNP implementation strategy including the payment system.

	HDRP			PSNP- transitory support		
	Beneficiaries	Requirements	Months	Beneficiaries	Requirements	Months
Tigray	584,889	\$70,745,734	9	197,398	\$4,415,363	3
Afar	446,881	\$55,954,182	9	407,950	\$9,412,174	3
Oromiya	3,240,385	\$396,669,579	9	1,097,784	\$24,386,253	3
Amhara	976,928	\$119,882,805	9	332,366	\$7,245,267	3
Diredawa	39,397	\$4,513,519	9	-	\$-	3
Harari	15,703	\$1,966,180	9	-	\$-	3
SNNPR	718,337	\$88,792,898	9	254,092	\$5,882,095	3
Somali	1,799,679	\$206,180,315	9	1,340,561	\$34,669,544	3
B/Gumuz	13,812	\$1,152,938	6	-	\$-	3
Gambela	44,450	\$3,710,404	6	-	\$-	3
Total	7,880,461	\$949,568,554		3,630,151	\$86,010,695	



Activities funded through development programmes which will complement the humanitarian response.

* To be confirmed by the Ministry of Agriculture

PILLAR	ACTIVITY	BENEFICIARIES (HH)	REQUIREMENTS US\$
1: Prevention and mitigation	Supporting vulnerable communities in diversifying livelihood activities through activities such as climate solutions (crop and livestock insurance) and market support to small holder farmers.	N/A	N/A
	Implementation of early warning systems and use the analysis for action (LEAP, LIAS)	N/A	N/A
2: Preparedness and response	Providing emergency food assistance to relief beneficiaries through the implementation of development activities.	7,880,461	949,568,554
	Implementation of food security monitoring system.	N/A	100,000
	Emergency food assistance for PSNP ex-public work clients during the transitory/ extended support period	3,630,151	86,010,695
Subtotal Pillar 2			1,035,679,249
3: National systems strengthening and recovery	Supporting chronically food insecure households through expansion of Productive Safety Net Programme (PSNP), to rehabilitate land and water resources and developing community infrastructure, including rural road rehabilitation and building schools and clinics.	N/A	N/A
	Food Quality and safety capacity strengthening to NDRMC, the Ethiopian Food, Medicine and Health Care Administration and Control Authority of Ethiopia (EFMHACA) and the food suppliers, in collaboration with the Ethiopian standards agency (ESA)	N/A	N/A
	Warehouse construction, rehabilitation and strengthening of supply chain management systems	N/A	N/A
Grand Total			1,035,679,249



HEALTH

PEOPLE TARGETED

 6.47M

REQUIREMENTS (US\$)

 74.0M

HEALTH OBJECTIVE 1

1 Ensure access to integrated Primary Health Care (PHC including reproductive health) for 2.6 million drought and conflict affected population (including IDPs), promoting complementarity relationship with the nutrition, WASH, food and protection sectors to save lives and reduce morbidity.

HEALTH OBJECTIVE 2

2 Protect around 6 million people at risk from communicable diseases outbreaks (focus on AWD) through effective early warning, flexible rapid response mechanisms, and timely access to appropriate case management to support FMOH and RHBs.

HEALTH OBJECTIVE 3

3 Strengthen the coordination and incident command mechanisms at all levels (Federal to *woredas*) including preparedness and surge delivery capacity for natural and man-made disasters.

The Federal Ministry of Health (FMOH) and regional health bureaus (RHBs) are the main actors in the delivery of humanitarian health services through permanent and temporary health facilities and Health Extension Workers (HEWs) network. FMOH coordination and surge capacity needs to be improved through the strengthening of the Emergency Operations Center (EOC) in the Ethiopia Public Health Institute (EPHI) and the implementation of EOCs at the regional level. To date, the FMOH in collaboration with partners has allocated some \$10 million from the health SDG fund to bolster the response to health emergencies including through the surge of health staff to outbreak affected areas. Humanitarian partners, NGOs and UN agencies, fill the capacity (human and logistical) gaps and enhance the quality and coverage of outbreak and displacement response. Partners provide technical, operational, supplies and logistical support to the FMOH and RHBs. The health emergency response in pastoralist, IDP and IDP-hosting communities will inform sustainable health system strengthening and institutionalize the surge capacity.

Underlying factors for AWD remain the same, 320 *woredas* have been affected in 2017, with some areas aggravated by new waves of population displacement with some 6.5 million people at risk; increased surge and timely response capacity for community transmission control is essential. The response to the AWD outbreak required massive collaborative efforts of multiple partners, while the AWD plus complicated SAM cases also pose significant challenges

Other sporadic disease outbreaks attributed to the drought that occurred in 2017 including Measles (a total of 203 *woredas* are identified as highly measles epidemic prone area based on Public Health Emergency Management (PHEM) report and IDP sites). In 2017, a total of 4,831 suspected cases were reported from 440 *woredas* and estimated that over 33 million people are at risk. As Ethiopia lies in the African Meningitis Belt, in 2017, 185 *woredas* have reported 1,924 suspected meningitis cases and more than 6.5 million people are at risk.

According to the 2015 FMOH Yellow Fever risk

assessment report, 3 of the 5 of the assessed zones in the country showed YFV positivity and decline in prevalence of YFV antibody therefore Yellow fever outbreak can be reported in pocket areas of the *woredas* in the above mentioned Zones hence the estimation of 600,000 people are at risk. Severe drought impact which lead to shortage of safe water for both drinking and personal hygiene aggravated the Scabies situation in the country and as a result 152,569 cases have been reported from 259 *woredas* are still at risk, in addition, 550 cases of Dengue fever were reported.

The mortality rate in children under-5 is likely to increase given the vicious cycle of poor nutrition/malnutrition therefore increasing susceptibility to infection and illnesses. Severe malnutrition causes more children with MAM to fall into SAM and further medicalization of SAM care. The health coverage of drought-induced displaced people and pastoralist communities is insufficient and fails to meet basic requirements.

An additional 600,000 newly displaced people in Oromia and Somali regions overburden existing health facilities in host areas and there is great risk of disease outbreak.

1.7 million displaced persons across 861 sites. As it currently stands 1,078,429 individuals of the IDP caseload (64%) are displaced due to conflict, 528,658 (%) individuals are climate-change induced IDPs displaced by drought, floods, mudslides and flooding, and a further are displaced due to other factors such as economic/development linked displacement, social tensions and protracted displacement due to volcanic eruption.

Only 33% and 5% of the IDP sites nationwide have access to Sexual and Reproductive Health and Clinical Management rape survivor's respectively. In addition to the IDPs, there are drought affected population including vulnerable groups such as pregnant and lactating women, adolescent girls, newborn and children. Malnutrition amongst pregnant women and lack of access to lifesaving SRH services has increased the risk of pregnancy related complications. In the *Meher* assessed area, 6,324 people tested positive for HIV,

15,127 women sought post abortion emergency

care service, 11,277 pregnant women with obstetric complications required cesarean section, 77 cases suffered from depression, 385 maternal deaths and 156 newborn deaths in the first seven days were recorded contributing to increased maternal and neonatal morbidity and mortality. It is estimated that a total of 1,398,000 women in reproductive age group are in urgent need of lifesaving interventions on emergency sexual and reproductive health including essential newborn care requiring implementation of the minimal initial service package for reproductive health and another 1 million emergency affected women for comprehensive reproductive health which has been previously overlooked.

Strategy

The Government and humanitarian health partners will focus on several health response strategies and activities in at-risk *woredas*. These include:

1. To improve access to an integrated and affordable primary health care (PHC) for 2.6 million drought and conflict affected people (including IDPs) through existing health facilities (HFs), mobile and outreach service delivery for improved coverage.
2. To maximize service delivery in food insecure contexts including the screening of children and PLW (for malnutrition and other illnesses), providing specific interventions e.g. deworming, Vitamin A and ferrous/folic acid supplementation, malaria prophylaxis (pregnant women) and measles vaccination as part of a holistic health package.
3. To reduce the stock outs of lifesaving curative care medicines and medical supplies (reproductive, maternal, new born and child health commodities and RH kits); and stop the use of medicines dedicated for MAM and SAM treatment to cover stock out gaps through improved supply chain systems and processes.
4. Implement lifesaving Minimum Initial Service Package (MISP for RH) and Integrated Community Case Management of Childhood Illness (iCCM) to reduce the excess maternal, new born and child morbidity and mortality.
5. Implement lifesaving adolescent and youth responsive sexual and reproductive and mental health services to prevent and respond to HIV infection, unwanted pregnancy and unsafe abortion.

6. To strengthen inter-sector coordination to ensuring (a) a hygienic environment in all health and nutrition treatment sites for the protection of patients, staff and communities, (b) improved social mobilization; for prevention and control of outbreaks.

7. To maintain and improve early outbreak detection and rapid response mechanism including case management in all at risk *woredas*.

Priority actions

Strengthening the health system capacity to integrate health and nutrition activities at the health facility and community levels through availability of sufficient staff and quality inputs (medicines, equipment, WASH facilities among others).

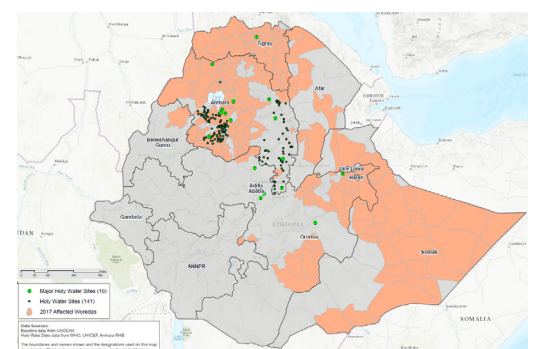
Expand the coverage (and number) of NGO and RHB-run mobile health and nutrition teams to increase access of remote communities to basic health and nutrition services. This will complement surge support to permanent health facilities to address increased caseloads.

Support access to around the clock case management during outbreaks and in the stabilization centers, including additional bed capacity and trained health staff to complement the FMOH and RHBs response efforts.

Procure and dispatch medicines and medical supplies for PHC and outbreak response to health facilities to complement the FMOH pipelines.

Integrate emergency reproductive, new born and child health services into emergency health response. Provide training on MISP for managers and health providers, procurement

DISTRIBUTION OF HOLY WATER SITES & AWD AFFECTED WOREDAS IN 2017 (SOURCE: WHO)



of reproductive medical supplies and kits, ensure availability of qualified staff/midwives for provision of institutional deliveries and management of emergency obstetric complications.

Support health emergency information to improve early warning and strengthen the gathering (HERAMS, 4Ws, Partners link to rapid response mechanisms, Reporting) and epidemiological data collection.

Mobilize communities using an integrated health and nutrition approach.

Investments in prevention are aimed at addressing the risk factors of public health events in Ethiopia. On the other hand, investments in preparedness focus on enhancing capacity of the health system to quickly scale up when health emergencies occur aimed at saving lives hence achievement in building a resilient, shock responsive health system through development of community to Hospital referral system, refresher training for WASH, IPC , Case Management, Risk Communication and Surveillance).

PILLAR	ACTIVITY	BENEFICIARIES	REQUIREMENTS US\$
Pillar 1: Prevention and mitigation	Health information gathering systems and improved links to development systems	N/A	2,000,000
	Social and behavioral change communication (SBCC) including community mobilization (for response and prevention);	6.5 M	2,000,000
	Strengthen early warning and rapid response mechanisms	N/A	5,000,000
	Prepositioning of medicines and medical supplies at health facilities by end of February 2018	6.5 M	2,900,000
	Outbreak Response Vaccination	6.5 M	6,500,000
	Vaccination-Covered and funded in the routine EPI program	N/A	N/A
Subtotal Pillar 1			18,400,000
Pillar 2: Preparedness and response	Mobile Health and Nutrition Teams, outreach and surge support to static health facilities – NGOs and RHBs	2.6 M	15,000,000
	Emergency reproductive health and MISP integration into emergency health service delivery	1.4 M	5,000,000
	Procurement and dispatch (to health facility) of medicines and medical supplies	2.6 M	13,600,000



Activities funded through development programmes which will complement the humanitarian response.

	Strengthen early warning and rapid response mechanisms (surveillance, operational support to investigations and training of rapid response teams)	N/A	7,000,000
	Emergency logistics and surge staff for outbreaks and crisis response	N/A	6,000,000
	Social and behavioral change communication (SBCC) including community mobilization (for response and prevention); health education and sensitization.	6.5 M	3,000,000
	Emergency health information gathering systems and improved links to development systems (includes support of setting up Emergency Operational Center at FMOH and Command Centre in the Regions)	N/A	4,000,000
Subtotal Pillar 2			53,600,000
Pillar 3: National systems strengthening and recovery	School health and nutrition programs (complementing the existing emergency health and nutrition)	N/A	N/A
	Establish a national logistics system	N/A	N/A
	Health information gathering systems and improved links to development systems	N/A	2,000,000
Subtotal Pillar 3			2,000,000
Grand Total			74,000,000



NUTRITION

PEOPLE TARGETED



REQUIREMENTS (US\$)



NUTRITION OBJECTIVE 1

1 350,111 SAM cases (children under five years) and 3.48 million MAM cases (children under five years and pregnant and lactating women) identified and treated for severe and moderate acute malnutrition, ensuring the beneficiaries have access to IYCF-E support and expanded access to a continuum of care for SAM-MAM case management.

NUTRITION OBJECTIVE 2

2 Integrated response with WASH, Health, WASH and food or cash is promoted to mitigate against nutrition vulnerability.

NUTRITION OBJECTIVE 3

3 Approximately 20,000* acutely malnourished children from internally displaced population timely identified and treated with MAM and SAM management services to prevent further impact of the experienced shocks. (* 13.5% population of U5 in 1 million IDP X 20% GAM estimated).

Ethiopia has made impressive gains in achieving several key nutrition and health outcomes in the last 15 years notably with child stunting reduced from 58% per cent to 38 per cent, child mortality from 166 per 1,000 live births to 67 per 1,000 live births and malnutrition among pregnant and nursing mothers reduced from 30 per cent to 22 per cent, for example (EDHS, 2016). However, the prevalence of acute malnutrition (wasting) among children under five years has remained unacceptably high, at just under 10 per cent, showing little change in the last decade. Moreover, the inequity in levels of child wasting remains alarming with highest levels presented across the developing regional states such as Somali 23 per cent, Afar 18 per cent, Gambella 14 per cent and Benishangul Gumuz 12 per cent. These states have to date benefitted less from the development investment and are frequently affected by large scale humanitarian crisis due mainly to recurring droughts, which undermine their resilience and communities' capacity to recover from significant loss of assets and livelihoods resulting in poverty, high food insecurity and high malnutrition especially among young children and women. This must change. Under the strong lead of the Government with support from partners, the commitment to eradicate to zero all forms of child malnutrition by 2030 (Seqota Declaration, 2016) there is clear direction from all line ministries to act together to improve the nutrition status of children enabling them to reach their full health and economic potential in future years.

Such a bold intention requires a solid Strategy and Framework in place. This is provided by the National Nutrition Programme (NNP II, 2016-2020) which provides the framework and platforms for the implementation of nutrition specific and nutrition sensitive interventions across the country. These interventions incorporate the best essential nutrition actions (what works) to improve both curative and prevention services children, adolescents and PLW. The interventions delivered by the Government with support from partners aim to address the immediate causes of malnutrition (disease and insufficient food and nutrition) and the key underlying causes of malnutrition which are: inadequate household food and nutrition insecurity; inadequate caring practices

for mother and child and insufficient access to health services and unhealthy environment. Clearly to achieving these ambitious targets will need multisectoral strategies and programmes throughout the country to deliver on poverty reduction and links to the social safety net programme (PSNP4), improved access to nutrition (acceptable diet) throughout the year (nutrition sensitive agriculture, better farming practices with higher yielding crops even in water stressed environments and links to off farm livelihood initiatives), improve access to safe water and sanitation, reduce gender inequity to enable women to fulfil their economic and social potential and ensure access to quality health services at all levels. Uptake of preventative and curative health services and adoption of best practices needs community awareness, acceptance and behavior change. Communication for development (C4D) is cross cutting in all interventions. Context specific interventions need to be in place to best fit the needs of communities across very different livelihoods and contexts. The FMOH will continue to roll out the Comprehensive Integrated Nutrition Services (CINUS) currently in 100 *woredas* intervention incorporating community based nutrition interventions such as nutrition screening and referral, nutrition education to improve knowledge and best practice on child care, maternal health and nutrition, promote links to PSNP, and provide essential micronutrient supplementation targeting infants and young children, adolescent girls and pregnant and nursing mothers. To make clear links between the humanitarian and ongoing development interventions, Pillar one-Mitigation and Prevention- incorporates the preventative and curative interventions under CINUS/CBN targeting 316 *woredas* which are chronically food insecure and where nutrition vulnerability remains high. All 316 benefit from PSNP support. In addition coordination and management of nutrition information, both to inform programming and to alert early warning and response has become a routine activity under the NDRMC/EW directorate, Emergency Nutrition Coordination Unit.

The FMOH flagship Health Extension Programme (HEP) has routine services to treat and manage SAM embedded in all health facility services (Community based Management

of Acute Malnutrition, CMAM). Access and quality of CMAM services has dramatically improved over the last ten years to effectively treat SAM with high quality care to prevent mortality, one of the largest national CMAM programmes in the world. Improved access and service quality continues to reach more children affected by wasting and save lives. This commitment by the FMOH enables a rapid scale up of emergency nutrition response in times of acute humanitarian crisis, which are frequently caused by drought and flood in Ethiopia. Under Pillar two – Preparedness and response -therefore are the key initiatives that need to be elevated beyond the routine service delivery to manage and treat moderate and severe acute malnutrition among children, pregnant women and nursing mothers who present the highest mortality risk in times of crisis.

Strengthening the health system to effectively manage periodic spikes in acute malnutrition caseloads caused by shocks and acute food insecurity is an important part of Pillar 3. Pillar three incorporates a range of interventions that are designed to improve the health system and includes the rolling out of routine services to treat both MAM and SAM at health facilities. This is an innovative approach that the FMOH and NDRMC are keen to expand on in 2018 to improve reliable access to MAM treatment for PLW and children under five in chronically food insecure woredas thus mitigating the deterioration to SAM. Treating children early improves the nutrition outcomes and greatly reduces the risk of mortality which is 9 fold for children with SAM and 3 fold for children with MAM compared to healthy children.

This document outlines key strategy and priority actions needed to deliver an effective nutrition response, noting the essential contribution needed by the mitigation and prevention activities as well as the system strengthening activities delivered under Pillars one and three respectively.

The emergency nutrition response (Pillar 2) is primarily delivered by the Government with support from humanitarian partners. Emergency nutrition coordination is led by the Emergency Nutrition Coordinating Unit (ENCU), which sits under NDRMC. The National community-based management of acute malnutrition (CMAM) programme continues to extend under the leadership of the FMOH with over 18,000 health facilities now treating and managing SAM- 1,934 acilities providing inpatient care for children with SAM and medical complications and

16,102 health facilities providing outpatient therapeutic feeding program (OTP) services. Over 38,000 trained Health Extension Workers (HEWs) work at the *kebele* level providing basic preventive and curative health services including the prevention and treatment of acute malnutrition. Nutrition partners play a crucial role in supporting the Government's nutrition response in the priority *woredas* and overall response quality enhancement. The NGO partners provide technical and logistical support to the Regional Health Bureaus, including delivery of CMAM supplies in times of increased need.

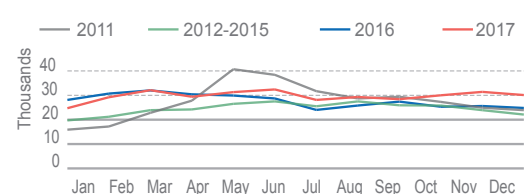
The epicenter of the 2018 drought response will remain in the southern belt of the country, with the entire Somali Region greatly impacted by the protracted drought and parts of Afar, southern lowlands of Oromia and SNNP and parts of Amhara also presenting high food insecurity concerns, Strategies to improve the emergency response in pastoral communities with emphasis on health system strengthening, learning and adopting what works will be central to the response to promote longer-term benefit of the system.

Strategy

The Government and partners have agreed to focus on key nutrition strategies and activities in the at-risk *woredas*. These include:

1. Ensure access to quality community management of acute malnutrition (CMAM) services countrywide (severe acute malnutrition treatment) and in priority *woredas* moderate acute malnutrition (MAM) treatment for children and acute malnutrition treatment for pregnant and lactating women (PLW). This includes capacity strengthening of Government health staff and health system strengthening for effective management of acute malnutrition. Should ample resources be mobilised, a Blanket Supplementary Feeding programme (BSFP) intervention rather than TSFP could be introduced in priority areas if the nutrition situation has deteriorated severely and rapidly. Additional nutrition support for families of children under OTP treatment will be provided in targeted *woredas* of Somali Region. All

TRENDS IN SAM ADMISSIONS, 2010-2017



IDPs will be prioritized during targeting for BSFP and TSFP interventions.

2. Improve early case detection of acute malnutrition through community level nutritional screening in children under-5 years and PLW. This includes periodic screening exercises for acute malnutrition, and screening by outreach and mobile health and nutrition teams (MHNTs) in remote and hard to reach and IDP- hosting communities to improve coverage and service access. Emphasis will be given by RHBs to strengthening effective pastoralist-specific service delivery.

3. Enhance delivery of infant and young child feeding in emergencies (IYCF-E) promotion in all nutrition services through capacity strengthening of health workers, provision and use of appropriate information, education and communication materials during the engagement of community and religious leaders and peer support groups. The optimal coverage of vitamin A supplementation services will be provided to highly vulnerable and de-worming for children under-5 will also be sustained.

4. Under the FMOH leadership increase the number of *woredas* with resources and capacity to deliver integrated MAM and SAM treatment services at health facility level, and create linkages between outpatient therapeutic feeding programme (OTP) and targeted supplementary feeding programme (TSFP) in *woredas* that do not have this integration.

Priority actions

Support Government to effectively treat and manage SAM in children under-5 years, provide technical and logistical support for CMAM services with additional technical and coordination support in high risk zones and *woredas* of Afar, Oromia, SNNP, Amhara and Somali regions to manage spikes in malnutrition. Infant and Young Child Feeding in Emergencies (IYCF-E) is a cross cutting component of CMAM

in all *woredas*, with tailored activities in pastoral communities and among IDPs where IYCF practices are weakened due to the severity of the crisis and acute shortage of milk for children.

Facilitate continued NGO response in up to 163 P1 *woredas* to manage technical, logistic and reporting support, provide outreach and mobile health and nutrition services for remote communities where needed and promote effective links to WASH, Health and food/cash response. Management of MAM in children under-5 years and PLW, including technical and logistical support in all P1 *woredas* and (includes support for second generation supplementary feeding programme and IDP response beyond P1). Continued support for Government to scale up health services that provide integrated management of acute malnutrition (IMAM), targeting chronic areas of acute food insecurity. Should TSFP resources be made available, additional protection ration will be considered to highly food insecure *woredas* of Somali region for families of children attending OTP for SAM management to promote adherence to the treatment protocol, by reducing sharing of therapeutic foods among the family due acute food shortfalls at home.

Malnutrition screening including Vitamin A supplementation (VAS) and deworming (DW) in 413 *woredas* as a routine service, in 308 *woredas* as quarterly community health days (CHD) and in 159 *woredas* where biannual EOS campaigns still operate to ensure mass screening and VAS, DW delivery. Support malnutrition screening managed bimonthly under crisis response in target regions.

Early warning and coordination at federal and regional levels with the Emergency Nutrition Coordination Unit (ENCU) as Cluster Coordination Lead at Federal level and R-ENCU in six regions. Strengthening of multisector zonal coordination platforms in key zones will remain with nutrition central to steering this.

	ACTIVITY	BENEFICIARIES	REQUIREMENTS US\$
Pillar 1: Prevention and mitigation			
Community based nutrition programme and Comprehensive Integrated Nutrition service promotion for prevention and nutrition promotion through the life cycle	Ensure CBN/CINUS preventive, and curative services are established and strengthened in highly food insecure woredas (316 PSNP woredas target)	5,773,080 U5, 1,236,412 PLW, 9,385,832 women	1,774,000*
	Micronutrient supplementation routine (including Vit A, Iron/folate, Deworming) and nutrition screening and referral	aged 15-49, 6,345,077 adolescent girls; 10,308 HW and 13,977 HEW	
	Growth promotion for infants IYCFE for children 6-23 months		
	Curative service strengthening and referral support Maternal health service promotion and nutrition screening and counselling Community nutrition knowledge promotion and linkages to PSNP, Livelihood and agriculture interventions for diet diversity, nutrition sensitive agriculture promotion Communication and coordination platforms for nutrition at all levels		
	Prepositioning of SAM treatment Commodities at health facilities	N/A	N/A
	WFP food vouchers for 11,000 households to support diet diversity, SBCC (cost: 4.3 million)	N/A	N/A
Subtotal Pillar 1			1,774,000
Pillar 2: Preparedness and response			
SAM treatment and management	Effective provision of treatment and management of SAM, • provision and distribution of RUTF, F75/100, essential treatment drugs and materials, • Additional tailored CMAM training for health professionals target areas;	350,111 children 6-59 months	39,600,000
	• Enhanced support for 75 referral Stabilisation centres in 6 Regions	N/A	4,725,000
	• C4D / SBCC for emergency nutrition Scaled up IYCFE support for community and	N/A	500,000
	• Additional MN provision, routine screening and referral	N/A	2,000,000
	• Nutrition assessments (42 SMART or Coverage surveys)	N/A	1,050,000
	Provision of high emergency biscuits prepositioned in regional hubs (10 day emergency ration)	198,000 children 6 to 59 months, 36,000 PLW	3,600,000
MAM treatment and management	Effective treatment and management of MAM in children aged 6-59 months and PLW • Provision and distribution of RUSF, Super cereal plus, provision of essential drugs and materials and operations costs for TSFP, • Targeted training for health professionals • Supply chain support and management for timely delivery and distribution of MAM treatment for target beneficiaries	3,480,000 individuals nationwide P1,2,3 (1,772,912 children 6-59 months, 1,712,076 PLW)	104,200,000
	Prevention BSFP • Finalize BSFP in January-March which was part of the 2017 response		8,798,194**

* Total budget requirement for this activity is 2.5 million, out of which 726,000 has already been funded by the development sector

** This cost is completely covered by carry-over resources.

NGO	<ul style="list-style-type: none"> • NGO response interventions for supporting Govt SAM-MAM treatment • Estimated 163 P1 woredas 8 months 	N/A	22,770,000
	Emergency Coordination at national and regional levels <ul style="list-style-type: none"> • Gap analysis and response mobilization, • data management, 	N/A	916,000
Subtotal Pillar 2			188,159,194
Pillar 3: National system strengthening			
	Scaled up IMAM in 100 <i>woredas</i> to ensure treatment and management of acute malnutrition is provided at health facilities for children 6-59months and PLW (total cost: 1,244,000, out of which 622,000 has already been financed by the development sector)	N/A	622,000
	Emergency coordination and early warning support <ul style="list-style-type: none"> • Routine Information Management for emergency nutrition • Training partners and government on nutrition response in EW system 	N/A	1,000,000
	Guideline development for AM, with HDRP and PSNP linkages incorporated for better nutrition outcomes	N/A	N/A
	Health system strengthening activities under Community Based Nutrition Programme (CBN) in 316 highly vulnerable <i>woredas</i> <ul style="list-style-type: none"> • Capacity building for technical and supply system management • IM system and reporting 	N/A	6,700,000
Subtotal Pillar 3			8,322,000
Grand Total			198,255,194



Activities (partially) funded through development programmes which will complement the humanitarian response.



PROTECTION

PEOPLE TARGETED



0.34M

REQUIREMENTS (US\$)



17.3M

PROTECTION OBJECTIVE 1

1 Targeted vulnerable groups, including women, girls and boys, elderly and persons with disabilities receive lifesaving protection interventions in response to GBV, neglect, abuse, exploitation and other protection risks.

PROTECTION OBJECTIVE 2

2 The protection needs of IDPs and other vulnerable groups are identified, recognized and addressed by government, humanitarian and development actors.

The *Meher* assessments identified access to services remain limited increasing the susceptibility of women, children, elderly, disabled and IDPs to different protection risks. Findings showed that most IDPs are not accessing basic services such as health care, WaSH, proper living condition, woman and child friendly spaces and other services. In Oromiya Region, it was highlighted that Women and Children IDPs are not provided with psychosocial support services, which may result in high level of trauma. The issue of elderly left behind following families' or care takers' movement to other places in search of livelihood has also been recorded. Child marriage and engagement in labour activities have been reported in the majority of the areas assessed as a way of coping with the depletion of household assets. In Oromiya Region, 368 cases of child marriage have resulted in children dropping out of school. Concerns regarding children migrating to other places without parents in search of livelihoods have been identified as the other reasons for school dropout which in turn exposes them to different protection risks including sexual violence and labour abuse/exploitation. In the Somali Region, some 380 separated children and another 120 unaccompanied children were identified in one Zone alone. Increased psychosocial distress among the conflict and drought affected community including internally displaced persons has also been evidenced.

With respect to GBV, most *woredas* have confirmed the existence of GBV due to the current emergency which was mostly reported as sexual violence, psychosocial distress and domestic violence. In the assessed *woredas*, 295 cases of sexual violence, 742 cases of physical violence, 26 cases of abduction and 628 cases of denial of opportunities and services have been recorded.

Strategy

In 2018, the Protection Cluster will scale up its activities throughout Ethiopia mainly in the Somali and Oromiya Regions, in order to respond to current and new internal displacements arising due to drought, flood and conflict.

Social, child protection and GBV personnel will

be trained and deployed to ensure community-based protection mechanisms are established/ among the displaced populations. Community-based protection structures, including women centres and child friendly spaces, will be established. These structures will ensure that persons with specific needs, including women and older persons at risk, persons with disabilities, persons with elevated medical conditions, and children without appropriate care are identified and provided with emergency protection services. Government and partner personnel will also be supported to ensure the delivery of psychosocial counseling, GBV case management and referral to service providers, family tracing, interim care, and reunification of separated children, and support for survivors of gender based violence. In addition, women of reproductive age will be supported with protection services including dignity kit distribution and case management services. Community members will also be called upon to assist with the identification and referral of vulnerable persons, awareness raising on protection/GBV risks, and with local conflict resolution. The Protection Cluster will also strengthen the capacity of cluster service providers through the mainstreaming of concepts related to accountability, best practices in targeting, and programming which addresses gender inequities.

The Protection Cluster will adopt a multi-year approach which seeks to build on rather than replicate past successes, and which ensures that internally displaced persons are kept at the centre of decisions which affect their lives. Emergency protective services will be complemented by efforts to build the capacity of Government officials to address needs directly, at each of the Federal, Regional and Local levels. Ratification of the Kampala Convention for the Protection and Assistance of Internally Displaced persons is a key component of the protective response. The cumulative effect of drought and conflict has exacerbated the vulnerability of affected population.

PILLAR	ACTIVITY	BENEFICIARIES	REQUIREMENTS US\$
1: Prevention and mitigation	Vulnerable groups mainly women and girls are provided with GBV prevention and risk reduction services	26,950	1,617,000
Subtotal Pillar 1			1,617,000
2: Preparedness and response	Survivors of GBV are provided with multi-sectoral comprehensive response.	53,050	3,383,000
	Vulnerable elderly and people with disabilities are identified and provided with protective support or referral services	100,000	500,000
	Vulnerable woman and children are provided with psychosocial support services through child and women friendly spaces	60,000 (50% GBV, 50% CP)	2,400,000 GBV 2,500,000 CP
	Provide dignity kits to vulnerable women and girls in reproductive age group affected by emergencies	24,000	1,000,000
	Unaccompanied/separated children are reunified with their families or placed in appropriate alternative care	5,000	1,500,000
	Children at risk or victims of sexual abuse are identified and responded to	70,000 direct (30,000 girls, 25,000 boys, 10,000 women, 5,000 men)	3,300,000
	Protection risks and gaps are identified and addressed through protection monitoring and analysis.	N/A	800,000
	Enhance access to basic services to IDPs through strengthened coordination, operational standards and advocacy actions	N/A	300,000
Subtotal Pillar 2			15,683,000
Grand Total			17,300,000



WATER, SANITATION AND HYGIENE

PEOPLE TARGETED



6.86M

REQUIREMENTS (US\$)



99.0M

CLUSTER OBJECTIVE 1:

1 Save lives by responding to emergencies through improved coordination at all levels, to deliver water, sanitation and hygiene promotion assistance to affected populations.

CLUSTER OBJECTIVE 2

2 Prepare for humanitarian shocks – flooding, drought and displacement and be well-positioned to provide WASH services during the response phase of an emergency.

CLUSTER OBJECTIVE 3

3 Assist the recovery process of affected population by rehabilitating non-functional WASH infrastructure.

The need for a large-scale humanitarian response in WASH is expected to continue in 2018 with limited recharge of groundwater sources and an increased likelihood of below normal *Gu/Ganna* rains. Following a year of large scale water trucking operation in 2017, an exit strategy must be implemented alongside alternative solutions to ensuring access to safe water for IDPs, highly impacted areas by climate change and other vulnerable groups while minimizing health risks such as AWD associated with the low WASH Coverage.

The recent *Meher* assessment shows that population affected by a shortage of water is above 9 million, out of which 6.9 million are proposed to be targeted under this appeal document and the remaining 2.1 million are expected to be reached with development-funded interventions.

By securing key water sources (rehabilitation of wells, upgrade and maintenance), developing new water source alongside continued provision of safe drinking water to IDPs, vulnerable groups and targeted institutions by installing permanent and/or semi-permanent water points and sanitation facilities, and distribution of WASH NFIs, the sector aims to reach 6.9 million people with WASH services. As an interim measure, also considered as a last resort, the sector will continue to ensure water trucking interventions in key institutions (i.e. stabilization centers, CTCs, health facilities, schools), IDP sites not receiving other forms of safe water supply, and drought affected communities at risk or with active AWD cases.

Strategy

With the overall objective of saving lives minimizing public health risks associated with the low WASH coverage, the WASH Cluster notes that the focus of WASH 2018 response strategy will be framed around:

1. To secure key water sources through the rehabilitation of wells, upgrade and improvement of the operation and maintenance and new water source development.
2. To provide safe drinking water to IDPs

and other vulnerable groups/institutions through extending water pipe network and construction of permanent/semi-permanent water points. As a critical part of the water trucking exist strategy, IDP sites where people are drinking water from unprotected water sources should be prioritized.

3. Installation of sanitation facilities specifically at IDP sites and other densely populated areas including mass gathering places (i.e. Holy water sites) which represent high risks of water-borne disease outbreaks, accompanied by intensive hygiene promotion.

4. To procure and distribute essential WASH Non-Food Items (NFIs) including hygiene Kits and water treatment chemicals for drought affected, displaced and water-related diseases affected or at risk communities. A bulk procurement will be mainly done through identified WASH Cluster partners.

5. For an initial emergency phase and as a last resort, water trucking interventions targeting key institutions (i.e. stabilization centers, CTCs, health facilities and schools), IDP sites not receiving other forms of safe water supply, and drought affected communities at risk of or with active AWD cases will be implemented with the same modality as the year 2017. The leading responsibility will be divided according to geographical locations agreed by WASH Cluster.

6. For the prevention of water-borne disease outbreaks, water quality monitoring with main focus on capacity building will be implemented in target areas in collaboration with Ministry of Health and WHO.

Priority actions

1. Rehabilitation of non-functioning water points (i.e. boreholes) including infrastructure damaged by conflict and flooding, preventative maintenance of critical water supply systems (i.e. deep boreholes in lowland areas), trainings of communities for improvement of water point operation and management capacity and drilling new boreholes near IDP sites without alternative water sources.

2. Extension of existing water schemes to increase access to IDP sites, vulnerable communities and/or institutions including health facilities and schools dependent on water trucking and installation of water points (tap stands), storage tanks and pipe network.

3. Construction of latrines in IDP sites and also in other key areas (i.e. holy sites) with a large concentration of people and promotion of self-construction of latrines in rural/urban areas affected by drought or water-related disease outbreaks.

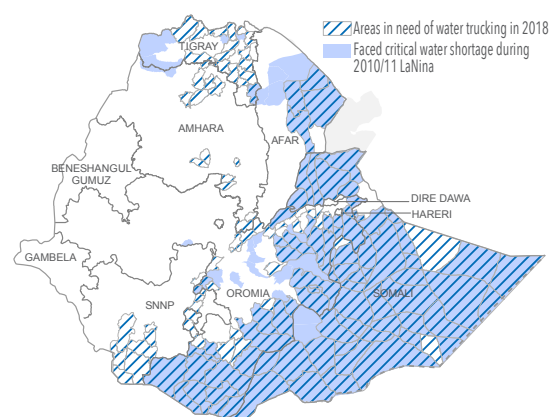
4. Procurement and distribution of essential WASH NFIs to affected populations, with special emphasis on displaced population and at-risk population of water-related disease outbreaks; procurement and distribution of water treatment chemicals to households and water committees/ utilities; post distribution monitoring and sanitation and hygiene promotion services.

5. Continue water trucking to key institutions without access to sustainable water supplies,

including Stabilization Centers (SCs), AWD treatment Centers, health posts and schools as well as communities severely affected by drought, at risk or with active AWD cases that do not have alternative safe water supply systems.

6. Water quality monitoring, rapid testing and capacity building activities will be given emphasis.

WATER TRUCKING NEEDS IN 2018



PILLAR	ACTIVITY	BENEFICIARIES	REQUIREMENTS US\$
1: Prevention and mitigation	Development of resilient water sources (i.e. deep boreholes in the lowland areas) in complementarity to other development interventions (i.e. Climate Resilient WASH programme, OWNP).	450,000	22,500,000
	Installation of sanitation facilities in densely populated areas (i.e. holy sites and in commercial agricultural sites)	222,222	4,000,000
	Hygiene promotion (social mobilization)	2,622,500	3,147,000
	Procurement of essential WASH NFIs and water treatment chemicals	1,866,800	4,667,000
	Water quality monitoring (equipment, reagents, training)		1,000,000
Subtotal Pillar 1			35,314,000
2: Preparedness and response	Provision of safe drinking water to IDPs and other vulnerable groups/ institutions by extending pipe systems from existing water points (exit strategy from water trucking)	700,000	14,700,000
	Rehabilitation and Operation & Maintenance	642,857	9,000,000
	Installation of sanitation facilities specifically at IDPs sites	277,778	5,000,000
	Hygiene promotion (social mobilization)	3,277,500	3,933,000
	Procurement of essential WASH NFIs and water treatment chemicals	2,333,200	5,833,000
	Water trucking	1,500,000	20,250,000
Subtotal Pillar 2			58,710,000
3: National Systems Strengthening and recovery	Rehabilitation and Operation & Maintenance	357,143	5,000,000
Subtotal Pillar 3			5,000,000
Grand Total			99,024,000



**PART III: REGIONAL
SUMMARY**

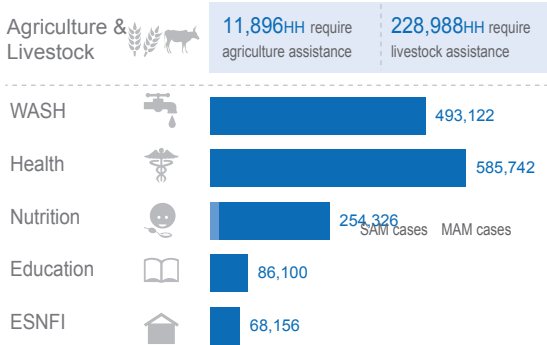
Afar region: Meher assessment summary (December 2017)



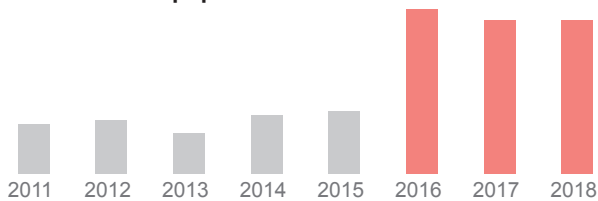
KEY FIGURES



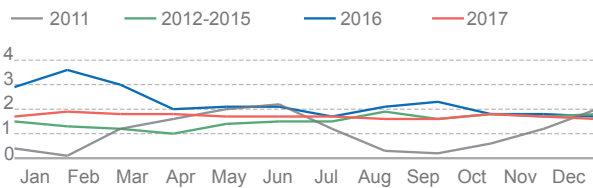
People in need per sector



Food insecure population trend



Trends in Severe Acute Malnutrition admissions (in thousands)



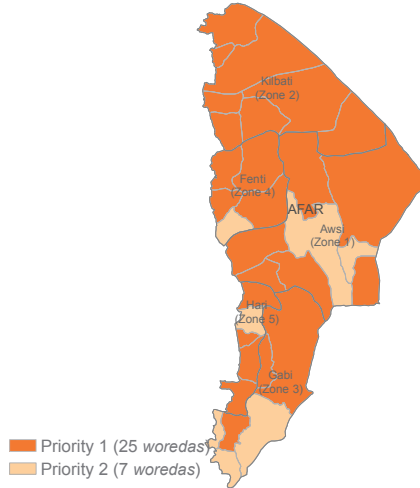
SEASONAL PERFORMANCE

Livelihood: 92% pastoralists and agro-pastoralists living in rural areas

Rainfall *Sugum* (March - April)
Calendar: *Karma* (July - September)

The 2017 summer *kiremt/ karma* rains in Afar region started late, was erratic in distribution, good to below average in amount and ceased early. More specifically, the rains were below normal in Chifra and Elidaar *woredas*/districts of Zone 1, most of Zone 2, Teru *woreda* of Zone 4 and Telalak and parts of Dalifage *woredas* of Zone 5. The regenerated browse and pasture is rapidly depleting and water sources are drying up again. Livestock body condition has deteriorated and herd size has reduced at household level.

PRIORITY WOREDAS



KEY CHALLENGES

- Lack of adequate and quality data, especially on child marriage, child labor, and GBV incidences.
- Inaccessibility of basic services, particularly for IDPs.
- Lack of referral mechanisms and inadequate service provision for GBV survivors.

COPING MECHANISMS

- Pastoralist and agro-pastoralist households migrate, destock their livestock, share their meagre resources and rely on relief assistance.
- Students drop out from school and girls are married off to deal with depleted household assets.
- Children engage in child labour in Konnaba, Berahleand and Argoba Special *woredas*.

KEY RECOMMENDATIONS

- Timely emergency food assistance, at full food basket, with a robust monitoring system.
- Emergency livestock feed provision during peak dry period/s.
- Supply of veterinary drugs and vaccines for livestock health emergencies during dry periods.
- Construction of new water supply schemes, rehabilitation of existing water harvesting structures, with water trucking limited to severely drought-affected kebeles.
- Establish pastoralist-centered one stop referral pathways, link with social, health and legal services and capacitate service providers.

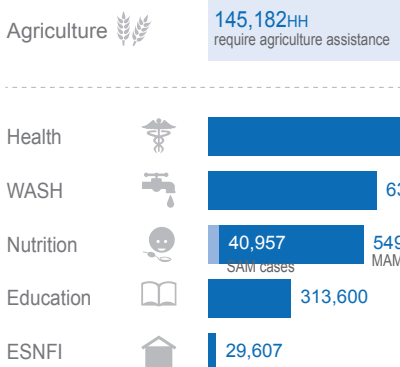


Amhara region: Meher assessment summary (December 2017)

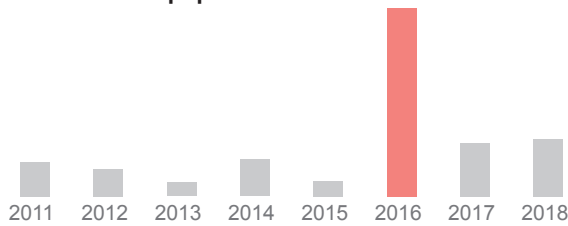
KEY FIGURES



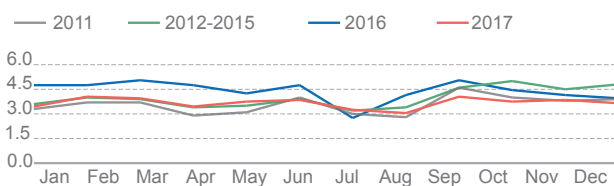
People in need per sector



Food insecure population trend



Trends in Severe Acute Malnutrition admissions (in thousands)



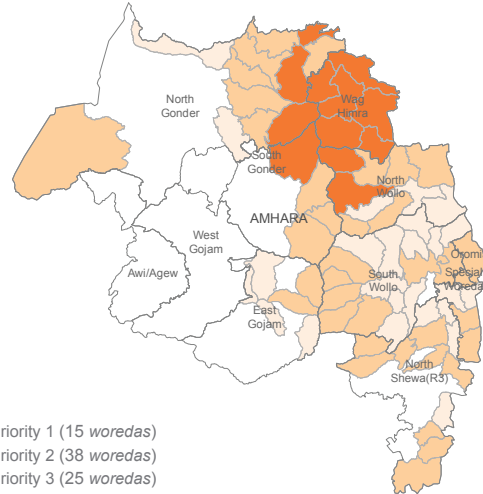
SEASONAL PERFORMANCE

Livelihood: 100% agrarian (mixed cropping and livestock) | Rainfall: belg (March-May) and kiremt Calendar: (June-September)

The *kiremt* rains were overall normal to above normal, except in some lowland areas where the rains underperformed. The rains were suitable for crop production, pasture and water regeneration in most parts of the region, except in some of the lowland areas, notably in Wag Himra, North Gonder, North Wollo and Oromia zones.

Overall, the food security prospect of the region for the coming 6-12 months looks stable, except in some lowlands. Close monitoring of the situation and immediate food and nutritional assistance will be required in areas located along the Tekeze and Abay basins.

PRIORITY WOREDAS



KEY CHALLENGES

- Inadequate or poor quality data across different administration layers.
- Lack of preparedness and unavailability of previous seasonal assessment data in newly created woredas.
- Increased number of sexual violence, child marriage and abduction, coupled with absence of legal, medical and psychosocial services.

COPING MECHANISMS

- Sell of livestock, firewood, charcoal, borrowing money, purchasing and consumption of cheap food, reduced number of meal per day and wild food consumption.
- Girls are also married off by families in response to the household assets that are significantly reduced.
- Labor migration, particularly women and girls move to nearby towns in search of "paid work" and they engage in small handicraft production.

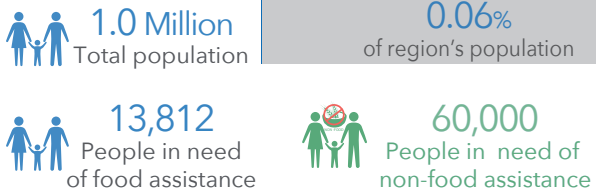
KEY RECOMMENDATIONS

- Timely and adequate emergency food and nutritional assistance for drought-affected people especially in lowland areas.
- Safe water provision in areas affected by acute water shortages and rehabilitation and maintenance of non-functional water schemes in drought and Acute Water Diarrhea (AWD)-affected areas.
- Provision of essential medical supplies to prevent and control malaria, AWD and scabies disease outbreaks.
- Timely provision of emergency seed for drought-affected areas, ahead of the next planting season.
- Strengthening community-based women and child protection mechanisms with relevant *woreda* structures and ensure proper documentation of protection-related cases.

Benishangul region: Meher assessment summary (December 2017)



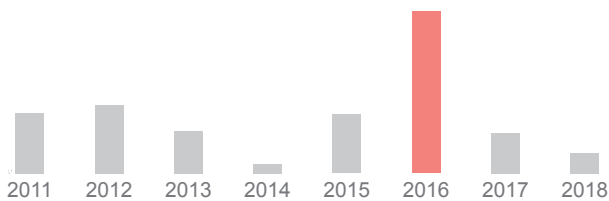
KEY FIGURES



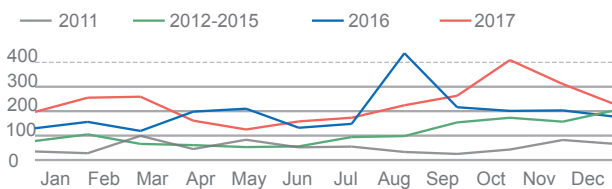
People in need per sector



Food insecure population trend



Trends in Severe Acute Malnutrition admissions

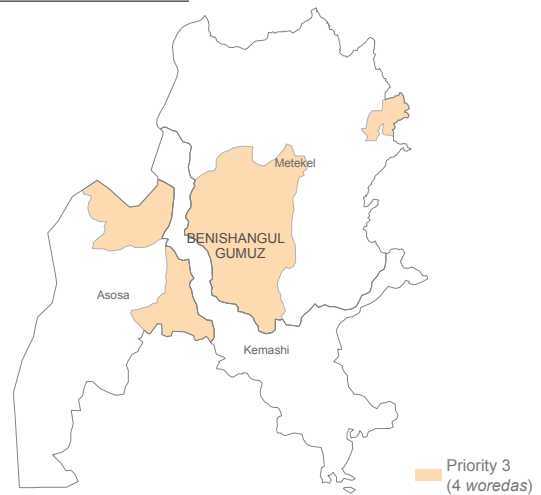


SEASONAL PERFORMANCE

Livelihood: agriculture (100%)	Rainfall Meher (June-September) Calendar:
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- The 2017 summer *kiremt* season started on time in all the zones of the region. The rains were good in amount and distribution in most of the woredas. As a result, the major cereal crops performed well in the three zones and Mao Komo Special *woreda*.
- Hailstorm in Bambasi and Oda bidigulu *woredas* of Assosa zone in August and October 2017 negatively affected crops in the areas.
- Similarly, in Metekel zone, a three weeks-dry spell in Guba and Wombera *woredas* in June and hailstorm in Dibate, Pawi and Wombera *woredas* affected various crops on 1,981 Ha of cropland.

PRIORITY WOREDAS



KEY CHALLENGES

- Lack of data and data management especially on cultivated area and pre-harvest estimations.
- Lack of referral system among service providers to provide timely services to reported protection cases.
- Lack of formal government structure to deal with protection concerns with respect to women and children

COPING MECHANISMS

- Consumption of cheaper or low quality food, reduction of frequency and size of meal, intensification of traditional gold mining, agricultural labor, hunting and gathering of wild food/roots
- Adolescent boys and girls engage in child labour, exposing them to various forms of abuse. Girls also engage in risky behaviors, including survival sex.

KEY RECOMMENDATIONS

- Emergency food assistance to 13,812 people who lost their crops due to hailstorm and the dry-spell in June.
- Strengthen sectoral coordination and information flow by activating the regional early warning taskforce.
- Construct/promote water harvesting structures in Sedal and Guba *woredas* to alleviate water shortage for livestock consumption.
- Establish strong referral systems to provide timely and appropriate services to cases of violence and other protection-related incidences.
- Strengthen structures that are accessible by the community to respond to protection concerns.

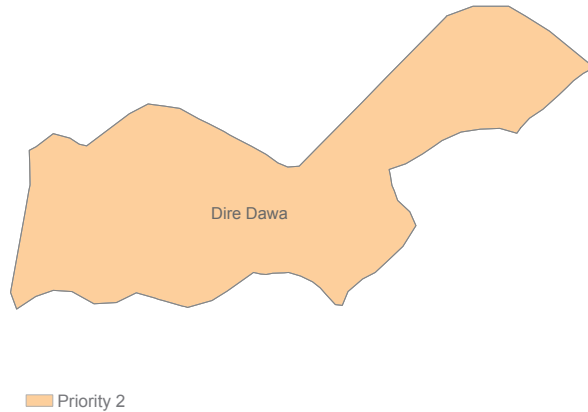


Dire Dawa region: Meher assessment summary (January 2018)

KEY FIGURES



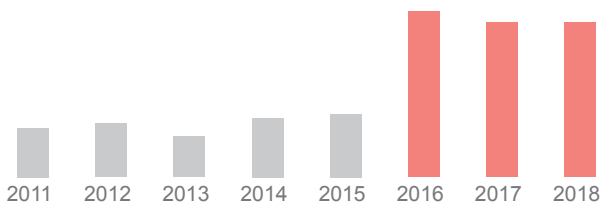
PRIORITY WOREDAS



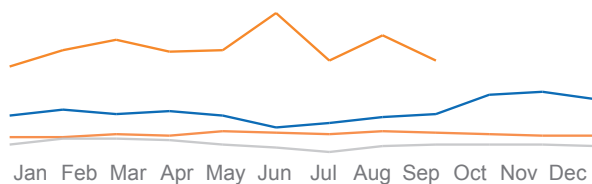
People in need per sector



Food insecure population trend



Trends in Severe Acute Malnutrition admissions



SEASONAL PERFORMANCE

Livelihood: 92% pastoralists and agro-pastoralists living in rural areas	Rainfall <i>Sugum</i> (March - April) Calendar: <i>Karma</i> (July - September)
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The summer *kiremt* rains were delayed by three to four weeks, were erratic and uneven in distribution, and below normal in amount. The rains ceased five weeks earlier than expected, at the critical time for crops. Earlier in the year, the spring *belg* rains were also delayed by a month, followed by an initial good performance which enabled land preparation and planting of long-cycle crops.

KEY CHALLENGES

- Recurrent drought drastically eroded communities' coping capacity, including reduced income from cash crops like chat and sell of cereals and livestock products.
- Lack of coordination forums, preparedness for emergencies and knowledge about emergency management system, absence of local government budget for emergency response activities.

COPING MECHANISMS

For the poor and very poor groups of households who have limited land holding and crop production, the remaining income/-food sources are wage labor, sale of firewood and charcoal, remittance and food assistance. Therefore, negative coping strategies such as reducing the size and number of meals are being practiced. Moreover, herding cattle by poor households for better off families is exercised. In addition, reducing nonfood expenditure and shifting it to food purchase has started

KEY RECOMMENDATIONS

- Timely and adequate relief food assistance. Provision of standard emergency shelter and non-food items for 3,967 IDPs in Dire dawa city administration.
- Establishment of permanent shelter for camp-based IDPs in Dire dawa town, separating women, female youths and families from the communal living arrangement.
- Facilitate formal school access for school age IDP students and provision of school materials
- Nutrition related drugs and supplies should be distributed on regular bases

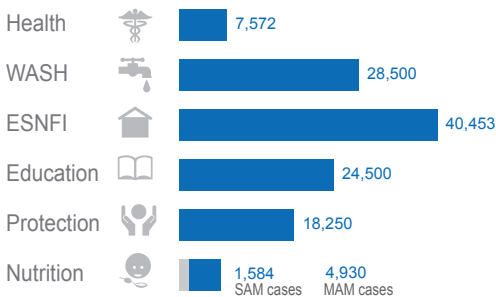
Gambella region: Meher assessment summary (December 2017)



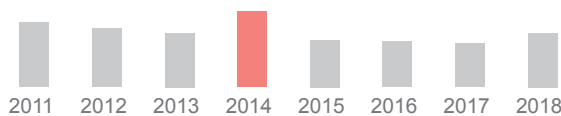
KEY FIGURES



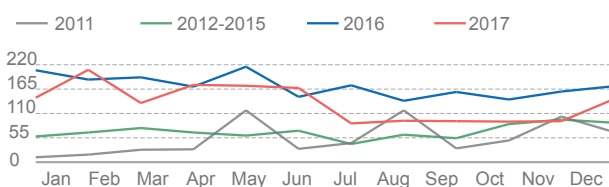
People in need per sector



Food insecure population trend



Trends in Severe Acute Malnutrition admissions

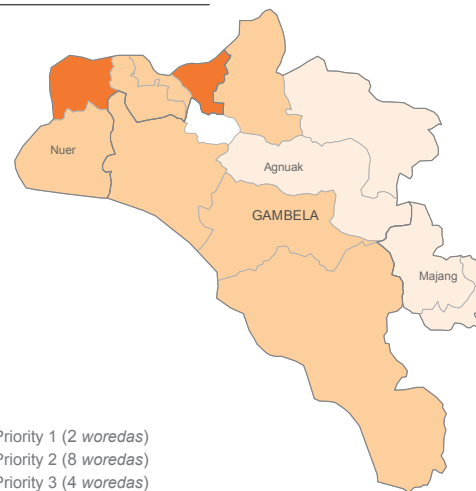


SEASONAL PERFORMANCE

Livelihood: mixed agriculture (100%) | **Rainfall:** Belg (March-May) and Calendar: Meher (June - Sept.)

- The summer *kiremt* rains started on time and overall, performed well early in the season (with regional variation). However, late cessation has damaged crops in Majang and Anywaa zones.
- Of 63,690.5 ha of cropland planted during the season, 12,570 hectares of maize crops were damaged (213,316 quintals of yield loss) due to localized pest infestation (fall armyworm and black beetle like pest), flood and dry spell.

PRIORITY WOREDAS



KEY CHALLENGES

- Lack of data and data management in most *woredas* of the region
- Access constraints due to security problem (cross-border attacks) particularly in some areas of Anywaa zone
- Lack of potable drinking water in Jikaw, Wanthoa, Lare and Makuey *woredas*.

COPING MECHANISMS

- Intensification of livestock sale, purchase and consumption of cheaper food (sweet potatoes, cassava) and intensification of fishing activities, consumption of wild fruits, roots and leaves, and sale of charcoal, grass, fire woods.
- Very poor households depend on gifts from relatives and seasonal migration to neighboring *woredas* and *kebeles* in search of food.
- Some of the kebele population consume untreated surface water, where water systems are broken.

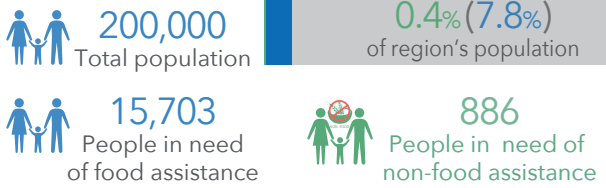
KEY RECOMMENDATIONS

- 44,450 people will need emergency food assistance for 6 months starting from January.
- Farmers who suffered crop failure should be provided with locally suitable emergency seeds for the next planting season.
- Livestock emergency intervention such as provision of veterinary drugs and regular vaccination campaigns in all kebeles of targeted *woredas*.
- Diversified agricultural practices such as livestock husbandry, beekeeping, and root and fruit crops production should be introduced.
- In the face of the Guinea Worm outbreak, WASH intervention is required, including provision of safe water, WASH NFIs and social mobilization.

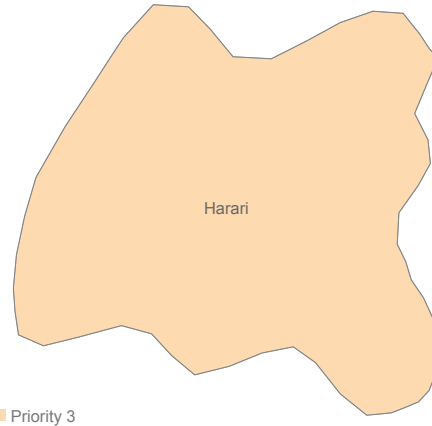


Harari region: Meher assessment summary (January 2018)

KEY FIGURES



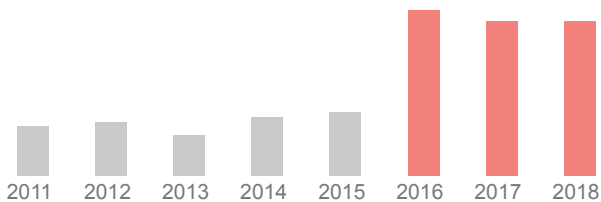
PRIORITY WOREDAS



People in need per sector



Food insecure population trend



SEASONAL PERFORMANCE

Livelihood: 92% pastoralists and agro-pastoralists living in rural areas	Rainfall Calendar: <i>Sugum</i> (March - April) <i>Karma</i> (July - September)
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The onset of the 2017 spring *belg* rains, which is mainly used for land preparation for summer *kiremt* season and planting of long-cycle crops, was delayed by 3 weeks and ceased one week earlier than normal. The rains were characterized by erratic spatial and temporal distribution across the region.

The summer *kiremt* rains also started late by 3 weeks and ceased in the first week of October. The June-July period was predominantly dry with long dry spells up to 4 weeks in June. This has negatively impacted crop growth in the midlands. Maize, sorghum and ground nuts faced moisture stress at vegetative, seed filling and flowering stages.

KEY CHALLENGES

- Income access of rural households from chat sale is significantly due to the recent Oromo - Somali conflict. The purchasing ability of the rural community is highly limited due to low income and price hikes of staple cereals.

COPING MECHANISMS

Increasing rural-urban migration is reported as the major coping mechanism, mostly young school children. The dependence on casual labor is also increasing but the demand remains low leading to very cheap daily labor price. The usual coping mechanisms like sell of cash crops like Chat is no more applied by the community depending on chat market.

KEY RECOMMENDATIONS

- Timely and adequate relief food assistance.
- Provision of adequate ES/NFI for the 3,500 displaced people.
- Provision of permanent shelter for the IDPs in Harari region, who cannot return to their places of origin.
- Strengthening community structures and other partners to identify, document and refer children and women affected by different emergencies.
- Strengthening Women and Children Affairs Bureau capacity in data collection, management, documentation and evidence-based intervention.
- CP/GBV issues should be included in emergency preparedness and response interventions.
- Ensuring the establishment and strengthening of regional and *woreda* CP/GBV taskforces.

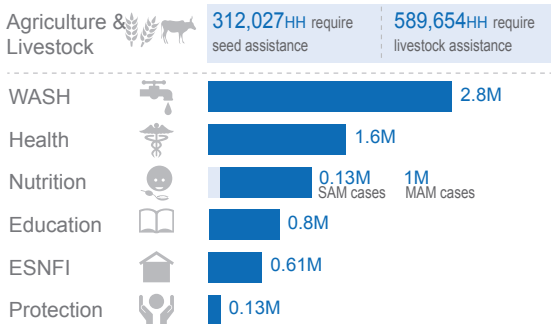
Oromia region: *Meher* assessment summary (December 2017)



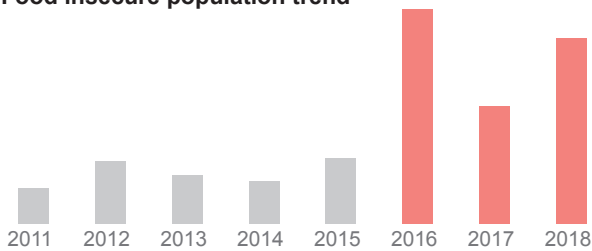
KEY FIGURES



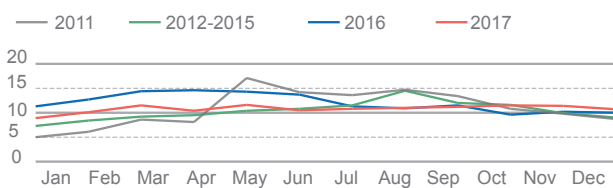
People in need per sector



Food insecure population trend



Trends in Severe Acute Malnutrition admissions (in thousands)

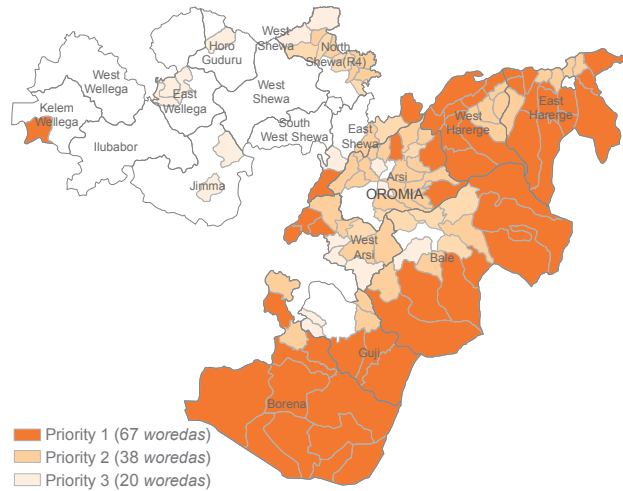


SEASONAL PERFORMANCE

Livelihood: agrarian (85%) and pastoralist (15%)	Rainfall <i>Ganna/belg</i> (April -mid-June), <i>Kiremt</i> (July - October), <i>Hagaya</i> (October-November)
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The summer *kiremt* rains performed well in central and eastern high- and mid-lands. Meanwhile, the summer rains known as *hagaya* in the pastoralist areas were average, while they were poor in the lowlands of Arsi, Bale, East Shewa, East and West Hararge and West Arsi zones mainly because of the late (up to 4 weeks) onset, erratic distribution and below normal amount. Long dry spells of 1 to 2 months in June-July adversely affected the *meher* crops, particularly in east and West Hararges.

PRIORITY WOREDAS



KEY CHALLENGES

Inadequate lifesaving response and protection services to the ever increasing number of IDPs. Most IDPs do not have access to basic services. In the lowlands, people are severely affected by market failure.

COPING MECHANISMS

Urban migration is reported as the major coping mechanisms, mostly young school children and child marriage. Increasing engagement in firewood and charcoal sale, despite low demand. The IDPs depend on the host community, which further exacerbates their already fragile livelihood. The IDP influx also adds pressure on the available WASH resources.

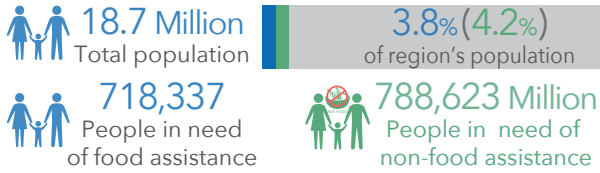
KEY RECOMMENDATIONS

- Emergency food assistance for 3,866,942 people.
- Provision of multi-sector response to IDPs.
- WASH support for the IDPs and host communities as well as for the drought-affected communities in the lowlands.
- Timely emergency agriculture and livestock support in the upcoming season
- Strengthening market linkages for lowland and insecure areas
- Strengthening government and community-based structures to identify, coordinate, care and support and facilitate referral services for protection cases.
- Provision of multi-sector GBV response services for GBV survivors.

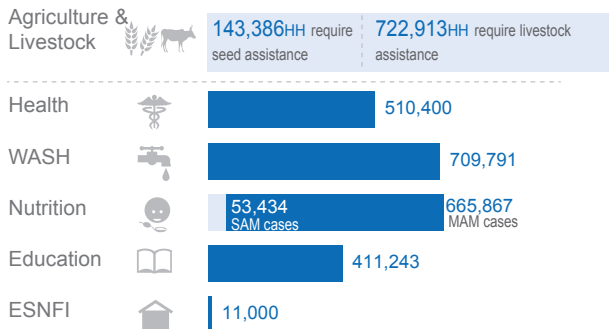
SNNP region: Meher assessment summary (December 2017)



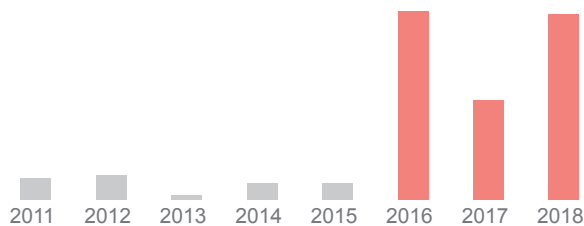
KEY FIGURES



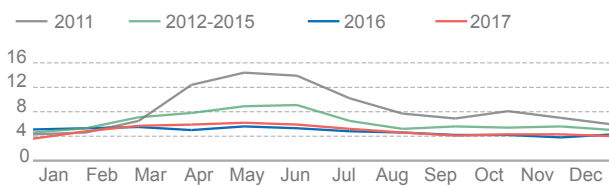
People in need per sector



Food insecure population trend



Trends in Severe Acute Malnutrition admissions (in thousands)



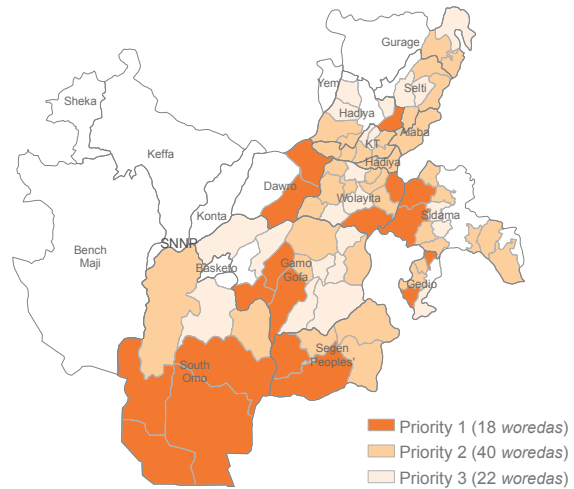
SEASONAL PERFORMANCE

Livelihood: cropping (88%), agro-pastoralism (4%) and pastoralism (8%)	Rainfall Belg (March-May) and Calendar: Kiremt (June-September)
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Most parts of the region received normal summer *kiremt* rains in 2017. However, very poor to poor seasonal performance was registered in the dry midlands and lowlands significantly affecting crop production. Long cycle high-yielding crops suffered up to 60 per cent yield loss in the affected areas. Cash crops like coffee and pepper production were also adversely affected.

Meanwhile, livestock physical condition improved following the normal *kiremt* rainfall in most parts of the region, and the overall food security situation has improved except in the localized drought-affected areas.

PRIORITY WOREDAS



KEY CHALLENGES

- Moisture stress, long dry spells, high staple food prices and reduced coffee production causing income and food gaps in dry midland and lowlands.
- Expected higher malnutrition rates in coming months.
- Prevalence of AWD, malaria, measles and scabies.

COPING MECHANISMS

- Increased sale of firewood and charcoal, intensified local and migratory labor, child marriage, reducing number of non-essential expenditures and daily meals by poor and very poor households. They also rely more on relief food assistance and remittance from families.

KEY RECOMMENDATIONS

- Timely and full package relief food (general food and supplementary food) provision for identified vulnerable population groups.
- Provision of therapeutic and supplementary foods to timely address moderate and severe acute malnutrition cases.
- Ensure availability of essential drugs at *woredas* and zones.
- Rehabilitation of the non-functional water schemes and provision of spare parts.
- Adequate delivery of water treatment chemicals.
- Implementation of school feeding program in the targeted 42 primary schools.
- Provision of timely emergency seed and livestock inputs (feed, animal health) for the coming spring belg season.
- Capacity building for regional officials on protection in emergencies
- Equipping health facilities with medicines and supplies for the treatment of sexual violence survivors
- Provision of psychosocial support for survivors of sexual violence.

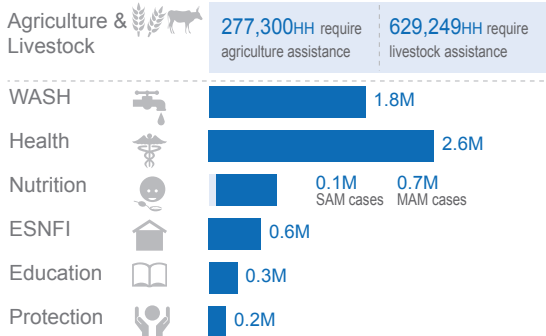
Somali region: Meher assessment summary (December 2017)



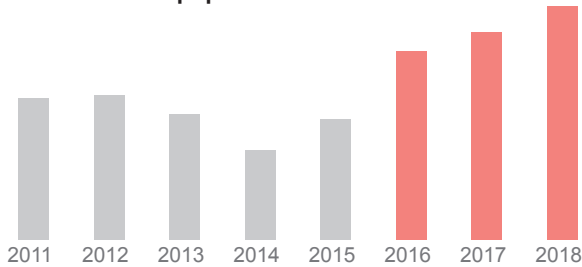
KEY FIGURES



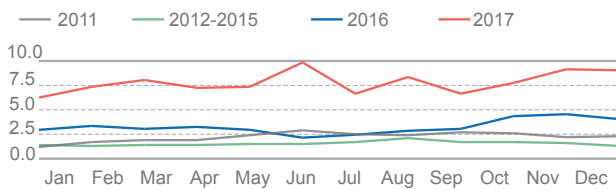
People in need per sector



Food insecure population trend



Trends in Severe Acute Malnutrition admissions (in thousands)



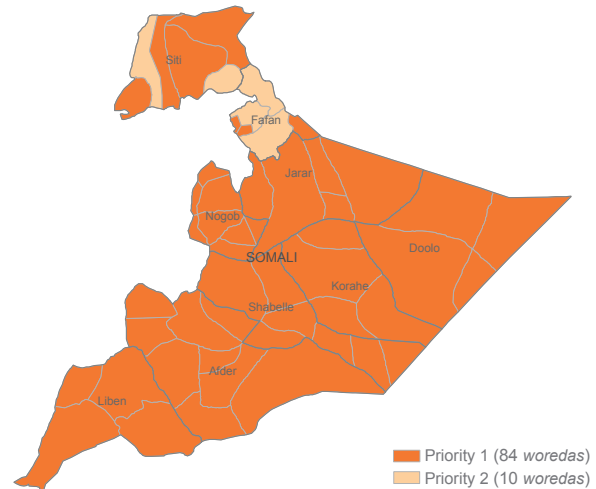
SEASONAL PERFORMANCE

Livelihood: agro-pastoralist (30%), pastoralism (60%), sedentary (10%)

Rainfall Gu (April -June)
Calendar: Deyr (November - December)

The 2017 summer deyr/karan rains were below normal in seven out of the 11 zones, including Afder, Dawa, Erer, Jerer, Liban, Nogob and Shabelle. The remaining four zones received relatively good rains with good pasture that can sustain pastoralist families up to the end of the coming long dry season between January – March 2018. Areas where the performance was below normal are expected to face shortage of both pasture and water with further migration of livestock expected and require close humanitarian monitoring and interventions.

PRIORITY WOREDAS



KEY CHALLENGES

Spontaneous inter-communal conflicts leading to increased IDPs influx; the cash-relief dilemma compounded by deteriorating food security; multiplicity of emergencies; high risk factors for outbreaks; closure of high number of schools, dropouts and absenteeism. The possibility for further migration to neighboring Oromia region in search of better pasture and water for livestock is unlikely owing to the current conflict between Oromia and Somali regions.

COPING MECHANISMS

Pastoral migrations; sell of livestock to purchase essential commodities; sell of charcoal and firewood; increasing number of low-income families join the relief food caseload; decreasing the number of meals consumed by the affected families to offset food shortage; increased migration to urban areas in search for jobs, collection and sell of gum and incense; child marriage and child labour.

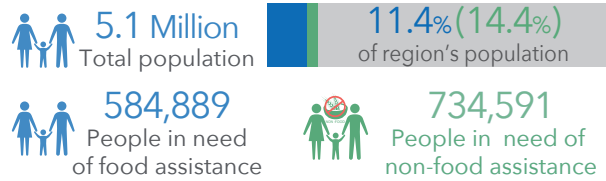
KEY RECOMMENDATIONS

- Food assistance to affected households, including conflict IDPs.
- Integrated livelihood activities for pastoralist drop-out households.
- Supplementary feeding for core breeding animals in areas facing critical pasture shortage.
- Livestock health support in terms of vaccination and treatment.
- Timely supply of emergency seeds to agro-pastoralist areas.
- Lifesaving water trucking in 440 kebeles until March 2018.
- Increased access to education for school age IDPs and drought-affected pastoral children.
- Strengthened preparedness, disease surveillance and response through coordination by health cluster.
- Psychosocial support to women and children, particularly those affected by the conflict and drought.
- Support be provided to the Bureau of Women and Children's Affairs to increase staff capacity to undertake Family Tracing and Reunification to respond to parents and children who have been separated by the ongoing Oromia-Somali border conflict.

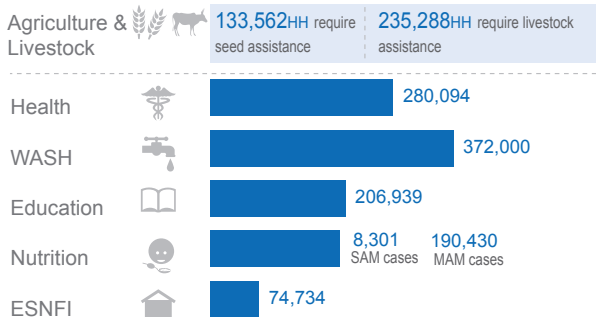
Tigray region: Meher assessment summary (January 2018)



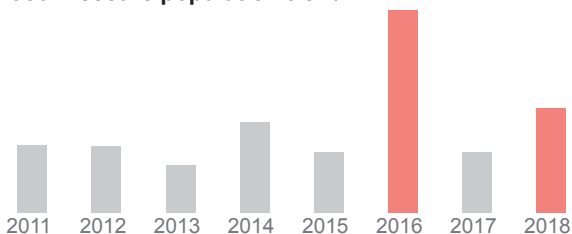
KEY FIGURES



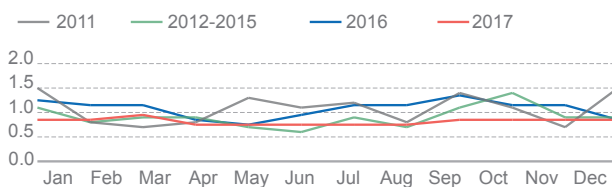
People in need per sector



Food insecure population trend



Trends in Severe Acute Malnutrition admissions (in thousands)

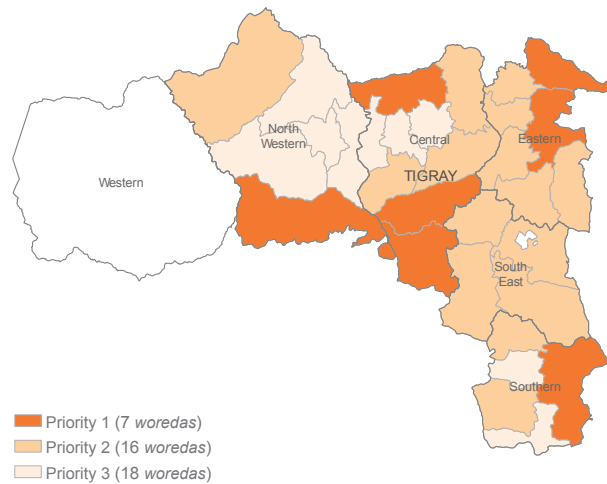


SEASONAL PERFORMANCE

Livelihood: agriculture (100%)	Rainfall Belg (January-May), Calendar: Azmera (April to end of May), and Tsediya (June-September)
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- Overall, the summer kiremt rainfall was below normal amount and distribution, started late and ceased early. Though, the Azmera (long-cycle planting period) seasonal rain started timely in most areas of the zone; it was followed by prolonged dry spell and erratic Tsediya (short-cycle planting period) rain. Similarly, the Tsediya rain started late and the spatial and temporal distribution during June and July was very poor.
- On the other hand, normal to above normal rainfall was received during late July and August which favored overall planting of short-cycle crops (teff, wheat, Bbarley, pulse etc.)
- Despite the normal onset in most area of meher producing zones, the rainfall ceased 1 to 3 weeks earlier than normal

PRIORITY WOREDAS



KEY CHALLENGES

- Decline in market price of cattle and shoats affecting coping mechanism of communities.
- The poor and erratic rains in affected kebeles impacted groundwater recharge, and regeneration of water sources (mainly springs, hand-dug wells, ponds), leading to water shortages.

COPING MECHANISMS

- Relief/PSNP, cash/food assistance; sell of livestock and livestock products; sell expensive crops such as teff and pulse to purchase cheaper crops; expand labor income; minimize expenditure on non-food items; changing food consumption pattern and support through CCC (Community Care Coalition).
- Engaging young boys and girls in labor work.
- Migration to nearby towns in search of livelihoods.

KEY RECOMMENDATIONS

- Immediate emergency food support in identified woredas starting January 2018.
- Coordinated nutritional support, including support through Targeted supplementary feeding should be made in identified drought-affected areas.
- Supply of potable water, sanitation and hygiene service.
- Livestock emergency interventions are required in the affected areas (animal feeds, livestock vaccine and supportive drugs)
- Provision of timely emergency seed for the coming spring belg season.
- Keep updated data on protection incidents and the impact on vulnerable groups.
- Strengthen and use the existing local community protection mechanism to foster community participation to enhance protection

