

# Ethiopia

## Immediate Humanitarian Funding Priorities

3 August, 2018



HDRP

### Overview

The priority funding gaps presented here are intended to inform urgently required funding decisions by donors. The priorities have been reviewed and endorsed by the UN Humanitarian Coordinator a.i, Ethiopia Humanitarian Country Team and the Commissioner of the National Disaster Risk Management Commission (NDRMC). This latest prioritization exercise follows the exercise conducted in May 2018.

Following preparatory work at regional level (consultation with regional Disaster Risk Management Technical Working Group partners) and within sector-specific clusters (co-chaired by Government Line Ministries), Cluster Coordinators and key UN and NGO partners were convened by OCHA to consider response priorities and the most-critical funding gaps for the next three months in the context of the Humanitarian and Disaster Resilience Plan (HDRP).

This prioritization is framed around two types of crisis: a slow onset food security crisis, exacerbated by two years of consecutive droughts and lack of recovery, and rapid emergencies induced by conflict, diseases, and floods.

These crisis present various degrees of acuteness. They go from very severe (such as in the Gedeo-West Guji conflict where the needs are immense, and the crisis is at the eminence of further deterioration), to severe (such as in the Oromo-Somali conflict where more than a million people will soon be completing a year into displacement and are at risk of remaining in crisis in a protracted condition), to moderate (such as the drought and post-drought or recovery crisis that affect the food security and nutrition needs of millions of people).

During the prioritization exercise, particular consideration was given to the surge in humanitarian requirements following communal conflict between Gedeo zone of SNNP and West Guji zone of Oromia regions. The conflict left around one million people displaced since early June 2018. However, due attention must continue to adequately assist the more than 1.1 million people remain displaced due to the Oromia-Somali conflict since September 2017, and provide durable solutions where possible. Most recently, alerts of new displacement in




Dawa zone has become a major humanitarian concern. And finally, to avoid a deterioration of the malnutrition crisis it is important to sustain the food response to the almost 8 million people who still depend on assistance due to the two consecutive years of drought without a recovery follow-up and the current erratic Belg rains in some parts of the country.




During this exercise, several agreements on common approaches to planning and response were reached. These include: 1) humanitarian action needs to be further stepped-up for at least the coming six months (potentially longer) whilst plans for durable returns or relocation (dependent on further reconciliation between affected communities, and agreements on border demarcation between the regions) are being implemented; 2) humanitarian partners working in woredas hosting IDP sites need to increase the frequency of response and protection monitoring visits to sites being targeted; 3) clusters need to ensure 'minimum packages' of response to sites above a certain size; and 4) give due consideration to all IDPs regardless of whether they were drought or conflict-induced. A summary of all the cluster-specific plans are included later in this document.

Donors interested to fund in line with these priorities are encouraged to consult with relevant clusters, and with OCHA for the latest financial tracking information. Donors are also encouraged to consider channelling support via the Ethiopian Humanitarian Fund (EHF) - the humanitarian multi-donor pooled fund led by the UN Humanitarian Coordinator and managed on her behalf by OCHA - that enables the rapid and targeted disbursement of resources to UN and NGO humanitarian partners in line with this prioritization.

The total 'top priority' funding requirements to address critical gaps for the coming six months are \$277.5 million.

The prioritized requirements reflected here do not include a shortfall of \$102.8M in the integrated national food-cash plan, needed to ensure fulfilment in the NDRMC-implemented cash response to the end of the year.

Cluster	Activity	Funding	When needed	Comments
	Provision of livestock feed	\$6.8M	Immediately	Zone 1,2,3 and 5 in Afar, South East zone in Tigray, Borena zone in Oromia, Gamogofa, Dawuro and Wolaytta zones of SNNP, and Nogob, Erer, Dollo, Afder and Shebelle zones of Somali region.
	Animal health services	\$2.3M	Immediately	Zone 1,2,3 and 5 in Afar, South East zone in Tigray, North Wollo zone in Amhara, Guji, Borena and East Hararge zones in Oromia, Gamogofa, Dawuro and Wolaytta zones of SNNP, and Nogob, Erer, Dollo, Afder and Shebelle zones of Somali region.
	Provision of emergency seed	\$0.4M	Immediately	Zones 1,2,3 and 5 in Afar and Nogob, Erer, Dollo, Afder and Shebelle zones of Somali region.
	Fodder banks and forage production	\$1M	Immediately	Zones 1,2,3,4, and 5 in Afar and Nogob, Erer, Dollo, Afder and Shebelle zones of Somali region.
	Re-establishing schools destroyed by conflict	\$0.8M	Immediately	
	Psycho-social support training for teachers	\$0.4M	Immediately	Recognizing the conflict witnessed by the children and the trauma induced from sudden displacement across Gedeo and West Guji, the cluster will work to ensure that teachers deployed to schools either hosting displaced children or catering for 'returnee' children are able to provide the necessary psycho-social support in the first months of the coming academic year.
	Accelerated Educational Programmes	\$1.7M	Immediately	As the conflict erupted prior to the end of the previous school year the cluster will prioritize delivering catch up classes and accelerated alternative education programmes that will allow conflict-induced IDP children to successfully transition into the next school year.
	Establishment of Temporary Learning Centers (TLC)	\$1.9M	Immediately	With the assumption that the vast majority of IDPs across the two regions will remain in their current location until the end of the year, the cluster will maintain its response strategy and work to establish TLCs.
	Learning Materials	\$1.2M	Immediately	As the conflict has left a large number of IDPs without livelihoods, families will not have the capacity to purchase the learning materials needed for their children in the coming school year. Consequently, the cluster will target woredas with a high concentration of conflict affected IDPs for the distribution of learning materials.
	Rehabilitation and transitional shelter support, targeting 29,000 HHs under Pillar 3	\$18.9M	Immediately	Recovery activities to support 29,000 HHs with transitional shelter, rebuilding activities (flood and conflict) in Gedeo – West Guji, Oromia, Somali, and flood affected areas
	Shelter repair activities through shelter kits, tools and technical support targeting 29,000 HH under Pillar 3	\$10.9M	Immediately	Recovery activities for 29,000HHs with repair activities (flood and conflict) in Gedeo – West Guji, Oromia, Somali, and flood affected areas
	Distribution of ES/NFI support in kind and in cash for 104,973 prioritized HHs under Pillar 2	\$18.4M	Immediately	To cover conflict and natural disaster IDPs, primarily outside of the Gedeo – West Guji conflict caseload

	Distribution of ES/NFI top – up support in cash (or in kind where required) for 38,747HH under Pillar 2	\$3.5M	Immediately	To cover Gedeo – West Guji conflict IDPs that received only insufficient partial kits (in cash where possible)
	“Building back safer” and “Community - based Disaster Risk Reduction” activities in flood prone areas under Pillar 1	\$2M		Development of pilot programmes to be scaled up next year in flood prone areas
	Cash for round 3 to Round 5	\$57.6M	Immediately	NDRMC
	Food for IDPs in East and West Hararge	\$12.5M	Immediately	WFP
	Medicines and medical supplies for free of charge treatment of drought, flood and conflict-induced IDPs and close host communities	\$5.8M	Immediately	Medicines for Primary Health Care (PHC), AWD, Maternal and Reproductive Health (MRH), Trauma for IDPs; to enable the health activities of 83 MHNTs of NGOs and support Regional Health Bureaus (RHB).
	Access to essential Primary Health Centers (PHC) and nutrition services of drought, flood and conflict IDPs through Mobile Health and Nutrition Teams (MHNT)/temporary static clinics run by NGOs	\$1.9 M	Immediately	25 existing MHNT (Somali, Oromia and Afar for drought response and Oromia/Somali for conflict IDPs that will suspend services in September and October, and 11 additional MHNTs/temporary static clinics to fill critical gaps of IDPs services in Gedeo and West Guji (conflict)
	Continuation of UNOPs support to RHBs to deliver health and nutrition humanitarian activities	\$1.9M	Immediately	Resources required to cover from mid-October for six months in Somali, Oromia, Amhara and SNNP regions (drought, flood ad conflict IDPs)
	Meningitis vaccination campaign	\$0.4M	Immediately	In all IDP camps/sites and close host communities in Gedeo and West Guji IDPs
	Sustaining a flexible and scalable rapid response mechanism to health threats and crisis (support PHEM and RHBs temporary humanitarian services, prevention of LTRF, RRM)	\$1.4M	Immediately	All across the country with a focus on Somali, Oromia, SNNP regions
	Ensure continuation of 49 RHB run MHNTs	\$1.4 M	Immediately	Somali and Afar regions, mainly drought IDPs and affected communities
	Maternal and reproductive health services for conflict and drought affected IDPs	\$1.6 M	Immediately	Includes specific kits for ANC, delivery assistance at community and HP level, GBV, Family Planning, along with skills and capacity development for health workers
	Moderate Acute Malnutrition (MAM) treatment and management in all children 6-59 months with MAM and Pregnant and Lactating Women (PLW) with acute malnutrition in P1 woredas and for all and IDP individuals with MAM	\$22.6m	Immediately	Due to the increase in IDPs and expected deterioration in the nutrition situation in some pockets of the country, the Targeted Supplementary Feeding Program (TSFP) implementation will cost \$22.6 million (specialised nutritious foods and operations) and funds need to be secured immediately to avert a pipeline rupture.

Severe Acute Malnutrition (SAM) treatment, commodities and technical support nationally	\$13.6M	Immediately	With projected elevated caseloads of SAM, \$8.6M is required to avert a rupture in the commodity pipeline for treatment. An additional \$5M is required to procure BP5 Compact Food, as a last resort breakthrough ration for IDPs, and flood response, where inaccessibility temporarily disrupts Community Management of Acute Malnutrition (CMAM) service access. Due to procurement lead time, resources are required immediately.
NGO presence with additional outreach staff to manage screening support.	\$5M	Immediately	NGO CMAM service support for up to 50 P1 woredas with low capacity to manage a significant increase in acute malnutrition. Priority is given to extensions in drought affected Somali region, pockets of northern Amhara and southern Tigray and extended support for woredas with a high IDP presence in Oromia
Manage technical and treatment commodity needs of Stabilization Centres (SC)	\$2.3M	Immediately	WHO supports RHB to train, and pay incentives (DSA) for staff in each SC, provide full M-SAM kits and additional lifesaving medical equipment, SC supplies, deploy mentors for quality assurance and manage information and supervision at these sites-feeding into the RHB. This support will target a total of 48 SCs in three regions, to either maintain (33 Somali) or establish (8 SNNP, 7 Oromia) where needs are highest.



Establishment of multi-purpose safe spaces	\$2.2M	Immediately	Establishment of multi-purpose safe spaces and associated Child Protection (CP) and Gender Based Violence (GBV) services for women, children and youth linked with existing structures, where possible e.g. TLCs, TFCs, CFS, health centres etc.
Trainings on basic protection principles and standards, human rights in humanitarian action, as well as site management	\$ 1M	Immediately	ToTs will be critical for reaching as many protection partners and government officials as possible. Improved analysis and reporting expected with a view to better targeting of protection interventions
Establishment of accountability mechanisms	\$ 0.5M	Immediately	Establishment of two-way communication with IDP populations to enhance accountability, including institutional and capacity development, effective use of feedback and complaints mechanisms.
Capacity development	\$ 2.4M	Immediately	Strengthening the capacity of Bureaus of Women and Children Affairs, Bureaus of Labour and Social Affairs, Health and Justice sectors to provide case identification and management, family tracing and reunification, coordination and referral pathways to ensure integrated services. Strengthening the capacity of the Disaster Preparedness and Prevention Bureau (DPPB) and other relevant government partners in IDP site planning, organization and management with a protection lens.
Psychosocial support, psychological first aid and Clinical Management of Rape (CMR)	\$ 0.8M	Immediately	Provision of psychosocial support. Activities will require capacity development of service providers to best address the needs of persons, including children, with specific psychological needs. TOTs will have to be undertaken
Distribution Core Relief Items (CRIs)	\$2.9M	Immediately	Distribution should target persons with specific needs, including survivors of GBV, female-headed HHs, Unaccompanied and Separated Children among others to address protection risks and incidents

Protection and human rights monitoring and analysis	\$1.9M	Immediately	Joint field missions and advocacy efforts will be crucial in addressing protection and human rights issues
Strengthening of community-based structures both within the host communities and IDP sites to prevent, mitigate and respond to protection risks by providing appropriate community-level support and referral pathways	\$1M	Immediately	Capacity development of IDP communities and service providers through TOTs and case management principles
Expansion of mobile Site Management Support services to ensure full coverage of IDP population in sites in Gedeo/West Guji	\$ 0.8M	Immediately	Expand current SMS services to ensure full coverage of all sites in Gedeo/West Guji.
Support mobility tracking and intention surveys	\$ 0.4M	Immediately	Through DTM, increase tracking of mobility of IDP population between sites and in areas of return, and conduct intention surveys.
Decommissioning and consolidation of sites to allow better SMS support and reopening of schools and other public services/facilities.	\$ 0.6M	Immediately	Support decommissioning in 35 critical sites, following consolidation of sites and returns.
Launch of SMS in Somali/Oromia region.	\$ 2.5M	Immediately	Target 50 sites in Somali/Oromia region with SMS services, including site management for service mapping and coordination, site improvement and capacity development.



Provision of water supply to IDPs and host communities through alternatives to water trucking (durable piped solutions)	\$16.8M	Immediately	For those IDP sites along the Oromia-Somali border in existence for an extended amount of time, durable pipe solutions would be more cost effective, as the construction of durable pipe solution is equivalent of 6-months of water trucking in Oromia (8 months in Somali region). The construction of alternatives to water trucking as an emergency response would significantly reduce the resources needed in the near-future (when rain stops and water trucking needs to scale up) and will reduce the risk of using unsafe water sources.
Installation of sanitation facilities specifically in IDP sites	\$17M	Immediately	To prevent AWD and other disease outbreaks, the installation of sanitation facilities in IDP sites is a critical response. Types of sanitation facilities vary in IDP sites but this amount is the minimum required to initiate an initial emergency response in Oromia, Somali and SNNP regions. It is anticipated that emergency latrines will need to be decommissioned and reconstructed, particularly in shallow water table areas where elevated barrel latrines and desludging are required. Regular cleaning and maintenance of these emergency latrines will be required for the duration of the displacement in these centers.
Hygiene promotion (social mobilization)	\$3M	Immediately	Hygiene promotion will be conducted in combination with the sanitation campaigns and is related to AWD/outbreak prevention. Hygiene promotion needs to be carried out extensively in Gedeo and West Guji zones.

Water trucking	\$13.5M	Immediately	Due to high density of IDPs in Gedeo and West Guji zones, water trucking needs have increased significantly as to ensure a minimum level of water supply to collective centers which are currently utilizing shallow wells and handpumps located in the host communities (Gedeo zone). In addition, continuous water trucking is required in Somali, Oromia, Afar, Amhara and Tigray regions.
Procurement of essential WASH NFIs and water treatment chemicals	\$ 5M	Immediately	NFI requirements increased slightly due to recent displacement (i.e. Gedeo-West Guji IDPs). To avoid pipeline breaks of critical supplies such as household water treatment chemicals, jerrycans and soap, there is need to invest a minimum of \$5 million before October.
Rehabilitation and O&M	\$7M	Immediately	In line with Pillar 3 of the HDRP 2018, there is a need to rehabilitate some infrastructure damaged by conflict and/or infrastructure which can provide WASH services to affected people in Oromia and Somali regions. In Gedeo zone many of the IDP collective center are in schools, health facilities, churches, and government buildings. Where possible, the first priority is to connect collective centers to existing pipe networks where they exist, rehabilitate existing schemes, and develop new sources that can be utilized for water trucking and to supplement the demand of the extensions.

**Total** \$277.5M



## AGRICULTURE AND LIVESTOCK

### Priority requirements: \$10.5M

Despite the benefit of recent belg rains, recovery of pastoral and agro-pastoral livelihoods will not be spontaneous and require concerted assistance. Consecutive years of drought eroded the capacity of households to utilize recent rains to recover their livelihoods. Pastoralists have either sold or lost their breeding stock to disease or ill-health, leaving them with no means to re-establish their herds for years to come. Remaining livestock are in poor condition, requiring health interventions and improved feeding. Crop farmers need access to improved seeds to re-establish their fields. Furthermore, many pockets in Afar and Tigray regions received little or no rain during the belg season. For farmers in these areas, the challenges of drought continue.

Of the 2.2 million IDPs recorded in Ethiopia, 44 per cent are residing predominantly with host communities and families and 40 per cent in spontaneous camps and sites. While not all IDPs have access to land for livestock or crop cultivation, the agriculture sector is working with IDPs who are in a position to benefit from these activities. For instance, 54 per cent of spontaneous and dispersed camp sites have livestock onsite, and 47 percent have access to land for cultivation.

Support for livelihoods, restocking of livestock and food crop production are essential for assisting IDPs to return or reintegrate into their new communities. For example, 81 per cent of IDP sites in Somali region identified having no livelihood to return to as an obstacle to their return<sup>1</sup>. Furthermore, 79 per

cent of sites in Somali region identified livestock restocking support to facilitate return or reintegration of IDPs. In Gedeo and West Guji, DTM Rapid Response Assessment in July 2018 found 822,187 displaced people in Gedeo zone, and zonal authorities have confirmed at least 188,747 displaced people across West Guji. Agricultural assessments are necessary to identify the number of these households needing priority assistance to identify where activities can facilitate return or reintegration.



## EDUCATION

### Priority requirements: \$6M

Nearly 300,000 school-aged children are displaced due to the Gedeo - West Guji conflict. The Education Cluster has further received reports that 13 schools in Gedeo and 14 schools in West Guji were destroyed as a direct result of the conflict and that at least 28 schools across the two zones are currently sheltering IDPs. If the situation does not improve before the beginning of the new school year, nearly 300,000 children between the ages of 4-14 years will have their schooling disrupted due to their displacement.

Given the fluid emergency situation and recently announced plans to decongest IDP sites before the beginning of the new school year, the cluster will focus on a flexible Education in Emergency (EiE) response that can be delivered regardless of the physical location of the affected population.

According to DTM Round 11 data, Somali and Oromia are currently host to more than 1 million displaced children, of which the cluster estimates more than 600,000 are between the ages of

<sup>1</sup><https://displacement.iom.int/system/tdf/reports/Round%2011%20Somali.pdf?file=1&type=node&id=3925>

<sup>2</sup>OCHA Gedeo-West Guji Displacement Crisis Update - Number 6

4-14 years. The DTM data further reveals that more than 40 per cent of the displaced school age population are not attending school and are without any access to education. The zones within the two regions with the highest concentration of children with no access to educational facilities will be the cluster's first priority in the response to the Oromia-Somali conflict.

With the assumption that the vast majority of IDPs across the two regions will remain in their current location until the end of the year, the cluster will maintain its response strategy for conflict and work to establish temporary learning centres, provide training in psychosocial support to teachers and deliver accelerated educational programmes for displaced children.

In total, the Education Cluster requires \$6,020,147 to provide an EiE response to the conflict-induced emergencies in Gedeo-West Guji zones and Oromia-Somali regions. Currently the cluster has \$4.5 million in confirmed funding or pipeline, leaving a funding gap of \$1.5 million.



**ESNFI**

### **Priority requirements: \$53.7M**

Cluster partners previously agreed on several criteria to guide prioritisation including: 1) type of emergency, 2) duration of displacement, and 3) sub-standard shelter conditions including IDPs hosted in collective centers and open-air sites. Thresholds for the criteria were also agreed upon, and in the subsequent analysis, the cluster identified IDP hosting woredas mostly in Oromia and Somali regions, as well as Tigray, Gambella and Addis Ababa municipality. A total of 369,736 HHs are in need of urgent shelter and NFI assistance, even after 83,206 HHs already received assistance. At present, the cluster has a total of 134,275 ES/NFI kits and cash equivalents in stock and pipeline. As such, the cluster requires urgent funding to address the needs of 235,461 HHs that are living in desperate displacement conditions across the country. This caseload is predicted to increase as flooding intensifies in the coming months and conflict/displacements continue.

In terms of priority activities for the coming months, the ES/NFI Cluster will prioritise recovery activities that fall under Pillar 3 to support the return of displaced populations, but also to improve the situation for the most vulnerable along the Oromia – Somali border and flood affected populations. This regularly neglected activity requires immediate funding to repair 29,000 homes (20,000 in Gedeo – West Guji, plus 9,000 for current and expected flood damage) and to support 29,000 HHs with rebuilding / temporary shelters. Considering capacity constraints, the aim is for 10,000 HHs in Gedeo – West Guji, 10,000 HHs on the Oromia-Somali border to support the most vulnerable from a much larger caseload displaced for over a year, and 9,000 HHs for current and expected flood damage.

Construction of temporary shelters and repair of damaged shelters can support the peace building and recovery efforts in conflict areas. In the Somali and Oromo caseload, by now a protracted crisis, there is lack of a clear and concrete plan for all IDPs and the cluster will target the IDPs not being relocated by the government, while for the current and projected flood case load, there is also a need for serious shelter support.

The financial breakdown is \$10,875,000 for shelter repair activities and \$18,850,000 to rebuild or establish temporary transitional shelters that provide immediate life-saving shelter for those HHs that have completely lost their homes due to conflict and flooding. Funding for these activities will reduce the need for recurring funds to be spent on emergency relief items on an annual basis as shelter assistance directed towards recovery shelter interventions will provide households with longer-term shelter solutions and a reduction in overall funding over time.

The next priority is Pillar 2, covering response activities, where the cluster still requires ES/NFI support for 369,736 HHs displaced due to flood and conflict primarily in Oromia and Somali regions, but also for example, in Gambella. Contingency stocks are also required for expected floods.

Out of 369,736 HHs in need, the cluster has prioritised 239,248. Even when considering only these priority households, and taking the current stocks and pipeline into account, the cluster still requires urgent full ES/NFI support for 104,973 Priority 1 HHs and top ups for 38,747 HHs (12,788 in West Guji and 25,959 in Gedeo) that received partial kits.

Since the Gedeo and West Guji caseload is relatively covered compared to the other caseloads (considering the anticipated but unconfirmed incoming assistance) going forward, the cluster will prioritise conflict and flood affected HHs in other parts of the country under Pillar 2 (especially as a portion of the response to Gedeo and West Guji was shifted away from other areas and needs to be replenished). This excludes the top-ups for partial kits as this is still seen as important to ensure coverage in Gedeo and West Guji.

Financially this means that the cluster urgently requires \$18,370,275 for the 104,973 Priority 1 HHs and \$3,487,230 for 38,747 HHs that received only partial kits in Gedeo and West Guji for a total of \$21,857,505 under Pillar 2.

In addition, under Pillar 1, to prevent and reduce the risk of future displacement and subsequent humanitarian requirements in disaster prone areas, ES/NFI Cluster partners are seeking priority funding to support “building back safer” and “community based disaster risk reduction” activities at an estimated cost of \$2M to develop pilot programmes that can then be scaled up in the coming year.

Overall the cluster urgently requires a total of \$54M (\$30M under Pillar 3, and \$22M under Pillar 2 and \$2M under Pillar 1).

As of 27 July 2018, the cluster supported a total of 83,206 HHs (35,575 full ES/NFI kits, 35,641 partial kits and 11,990 cash grants). Market assessments were conducted in four regions across the country revealing that woredas in both Tigray and Gambella regions as well as Shebelle, Sitti, Fanfan, Doolo, Liben, Koraha of Somali region, East and West Hararge zones of Oromia region, and Dire Dawa are locations where cash is a feasible modality for ES/NFI interventions. A market assessment in West Guji and Gedeo also confirmed cash feasibility for these zones. The cluster is supporting the increase in cash based programming to ensure integrated market based recovery for displaced households which will also benefit hosting communities in the IDP hosting woredas. Additionally, this is a practical way to ensure acceptable ES/NFI support to households where only partial

NFI kits were distributed in Gedeo – West Guji.



## FOOD

### Priority requirements: \$70.1M

Ethiopia has not yet fully recovered from the previous negative impact of El Niño-induced drought that resulted in massive live-stock loss in pastoral and crop failure in agro-pastoral areas. The HDRP launched on 13 March 2018 estimates that 7.88 million people will require food assistance in 2018. In addition, 3.6 million people from the Productive Safety Net Programme (PSNP) public works clients are estimated to need food assistance during the transitory period from April to December 2018. The food security situation is aggravated by the on-going conflict along the border between Oromia and Somali regions and recent inter communal conflict in West Guji and Gedeo. In addition to responding to the needs of HDRP beneficiaries, operators have re-directed resources to support the emergency food needs in these conflicts affected areas. In East and West Hararge, WFP is already providing food assistance to 302,000 IDPs due to the current border conflict, that reduced household access to sustainable livelihoods and income. In Somali region, an additional 300,000 people are also receiving food assistance from WFP due to displacements from Oromia-Somali border areas. In West Guji and Gedeo zones, JEOP partners started providing food assistance to 1,046,372 people for a period of six months, from July to December - 634,124 IDPs will receive food assistance for four rounds and remaining 412,248 will receive three rounds. IDPs that receive support for three rounds from JEOP will be assisted by NDRMC, and eventually will be provided with four rounds.

The mid-year review of the national integrated cash-food plan indicates significant shortfalls in cash resources for both NDRMC and WFP pipelines that will affect the strategic decision to provide cash in identified woredas. In NDRMC areas, a shortfall of \$101.5 million is projected for the remaining five rounds from Round 3 to 7, for an average of 2.7 million beneficiaries. This includes transitory beneficiaries who will be assisted from Round 5 to Round 7. In Somali region, WFP will require \$27.5M if cash assistance will be provided to HDRP and PSNP transitory beneficiaries from Round 3 to 7.

Analysis of resources available for each operator indicates the following: The NDRMC will urgently require cash for an average of 2.7 million beneficiaries to be assisted through cash-based transfers from Round 3 through 7. The commodity pipeline of cereals, CSB, which substitutes for pulses, and vegetable oil for an average of 3.4 million beneficiaries predicts a pipeline break of 78,472 metric tons (MT) of cereals (valued at US\$58.9M) starting from Round 6. CSB and vegetable oil are available for all the remaining rounds. The NDRMC pipeline of CSB and vegetable oil is secured for all the rounds. In cash woredas, NDRMC is also facing a shortfall of US\$101.5M, from Round 3 through 7.

For WFP cash transfers in the Somali region covering 1.6 million people in 34 woredas, the shortfall is \$27.5M for Rounds 3 to 7. WFP already provided in-kind food rations to non-cash pilot beneficiaries in Round 1 and Round 2. An additional \$12.5M will be required in East and West Hararge, Oromia region, to provide food assistance to conflict IDPs for a period of four months - September through December. The overall gap for WFP is \$40M

for cash transfers in Somali region and the response to IDPs in East and West Hararge. JEOP is resourced for all rounds up to December 2018, including support to conflict IDPs in West Guji, and Gedeo zones.

Implementation of Rounds 1 and 2 was delayed in some regions due to challenges in targeting for the 2018 HDRP. This resulted in delays in implementation of various food assistance activities. There were also interruptions in commodity dispatch in some areas, including Dawa Zone and parts of the Oromia-Somali border, due to insecurity and flooding in Somali region. In Round 1 for Somali region, WFP also assisted about 165,000 flood affected people, including some who were displaced.



## HEALTH

### Priority requirements: \$14.4M

The number of people in need of direct humanitarian health services increased by 1.07 million additional conflict induced IDPs in West Guji and Gedeo, adding to the existing IDP caseload (September 2017 Oromia-Somali conflict) and drought IDPs. Consequently, there is an increase of health risks especially in new displacement sites with AWD, measles, meningitis, Relapsing Fever outbreaks as the main threats. Since last the prioritization exercise, around \$2M was raised for the procurement of medicines, reducing the gap (drought and Somali/Oromia conflict) to \$4M.

However, \$5.88M, including the needs for new displacement in Gedeo and West Guji zones, are urgently required to address the present stock rupture and to establish a health pipeline for the next six months. The supplies will support the humanitarian health response of 82 NGO supported MHNTs/temporary static clinics (EHF and bilateral donors). Resources for AWD medical kits is essential to immediately complement the contingency stock in Somali, Oromia, Amhara, Afar, SNNPR, Gambela, Tigray and Dire Dawa, but a \$280,000 gap for logistics and sanitation required for the establishment of temporary CTCs will hamper a rapid and appropriate response while risks increase in West Guji and Gedeo. The cluster and the FMOH/PHEM, based on the analysis of available information, identified measles, meningitis and LTRF as major and imminent risks amongst the new wave of IDPs; measles vaccination with CERF support will start soon, and \$400,000 for meningitis vaccination and \$350,000 are immediately required.

By the end of September, 25 existing MHNTs, (17 for the drought response in Somali and Afar, and eight for Somali/Oromia conflict) will cease activities. An additional 11 MHNTs/temporary static for the IDP response (five in Oromia and six in SNNPR) are needed to fill immediate gaps for the West Guji and Gedeo response.

A total \$ 1.97M is immediately needed to maintain the current NGO presence and fill urgent coverage gaps. Increased focus will be placed on the delivery of an integrated standardized PHC package, to include full maternal and reproductive health services support. So far \$300,000 has been ensured for MRH emergency services, and \$1.6M is needed immediately for prioritized gaps.

Sustaining and expanding a flexible rapid response mechanism,

implementing of control measures for LTRF and capacity building of RHBs to scale up emergency services covering newly affected communities are essential for the consolidation of prevention, control and response to multiplied health risks. WHO remains committed to continue this support and bridge the \$2.5M gap with \$1.4M received. For continuation and additional control measures \$ 1.35M is needed as a high priority. Related to maintaining an essential regional surge and response capacity, UNOPS reports an immediate gap of \$1.9M for continuation of activities in Oromia, Somali and Amhara regions, and to expand in Gedeo zone.

In addition, UNICEF reported a gap of \$ 1.4M for the continuation of the 49 MHNTs run by the RHBs of Oromia and Afar.

The cluster urgently requires a total of \$14.5M to address the above-mentioned priorities during the next six months.



## NUTRITION

### Priority requirements: \$43.5M

Despite productive belg and kiremt rains in much of the country, the effect of flooding is expected to affect 2.5 million people and displace up to 638,000. With a lack of recovery and protracted drought among pastoral communities coping with three years of consecutive drought and the significant spike in the number of IDPs in the country to nearly 2.2 million, the nutrition situation in Ethiopia remains highly concerning. It is likely that the annual SAM and MAM caseload projection for 2018 will rise mid-year.

Between January and May, over 100 per cent of the monthly projected caseload for SAM was reached, with a cumulative total of 138,635 children treated for SAM, and 70 per cent of the MAM projected caseload was reached during the six-month period January to June 2018. This suggests that the projected caseloads remain in line with the number of individuals treated for SAM and MAM/AM. Zones affected by IDPs face challenges in ensuring full CMAM/TSFP services are delivered to all host communities and IDPs to avert child mortality and a further rise in acute malnutrition. While ensuring support for the government's national CMAM service provision in over 18,000 health facilities remains a priority, in Priority 1 woredas and woredas where high populations of IDP now exist, WFP has scaled up the MAM treatment response, and NGOs have mobilised to support the additional technical and logistical support needs to the health services to ensure full CMAM/TSFP targeting in hard to reach areas and where the CMAM service capacity is low.

The package of CMAM/TSFP response remains the same with boosted Infant and Young Child Feeding (IYCFE) promotion, community awareness on optimal childcare, feeding practices and hygiene promotion as well as support for zonal coordination. The new addition of NGO MHNTs in SNNP and Oromia in 2018 to quickly respond to emergency health and nutrition needs of IDPs is highly valued as a first response. Though ultimately the full package of support is required, these take time to establish on the ground. Priority locations include all Priority 1 woredas of Somali region and several Priority 2 woredas where IDP caseloads are high; six zones of Oromia with high populations of IDPs (East Harerge, West Harerge, Bale, Borena, Guji and West Guji); two zones of SNNPR (Gedeo, Segen); drought affected communities in 25 Priority 1 woredas of Afar; drought

affected communities in northern Amhara (Wag Hamra, North Gondar, South Gondar); and pocket areas of Tigray where belg rains were suboptimal with expected significant loss of belg yields.

The emergency nutrition response package is well defined and continues to form a key component of the overall response package providing sufficient relief food (full basket cereal/pulse/oil or cash as appropriate), health services (effective essential PHC services through static, outreach, MHNTs) and WASH (latrine and clean water access, hygiene promotion and awareness). Protection and education support cross cuts the nutrition response. Ensuring additional logistic and staff support is availed to static health facilities during periods of crisis, is an essential component of the response. Unless the full general food distribution is provided, along with comprehensive WASH and health services with quality screening to identify wasting early, the nutrition situation will deteriorate among the most vulnerable children and pregnant and lactating women.

UNICEF remains committed to ensure commodities for effective SAM treatment and required technical and coordination support is delivered to the government to manage the national SAM caseloads. So far, UNICEF has mobilised \$17.1M but reports a gap of \$8.6M to procure the specialised treatment commodities (RUTF, therapeutic milk, essential drugs) to secure the SAM treatment through to the end of the year, based on an elevated caseload. As provider of the last resort, UNICEF will also seek to replenish the buffer stock of BP5 used as a break through ration in extreme conditions when government CMAM services cannot reach communities usually in rapid onset crisis. UNICEF faces a gap of \$5M in BP5 procurement, which brings the UNICEF supply gap to \$13.6M. Additional nutritionists providing technical and coordination support were recruited to target areas to support the nutrition response.

WHO has extended support to stabilisation centres in priority areas where admission of serious complications associated with SAM require upgraded medical and treatment skills, materials and higher-level medication provided on a 24-hour basis in a hospitalised environment. Advancing on the support provided in 33 SCs in Somali region (ongoing), WHO will scale up support in 17 additional SCs, eight in SNNP and seven in Oromia region where needs are highest. The total requirement for this SC support is \$2.6M, \$300,000 has recently been secured with WHO reporting a gap of \$2.3M requiring immediate funding.

WFP currently procures the specialised nutritious foods to effectively treat MAM in children aged 6-59 months and in PLWs with acute malnutrition living in Priority 1 woredas. WFP extends this TSFP support to all IDPs with MAM residing in and beyond Priority 1 woredas.

Given the rise in IDP populations, MAM treatment needs have risen and WFP has also elevated the support needs through to the end of the year. WFP expanded the modelling of MAM treatment support to include provision of MAM treatment through government health facilities where feasible and through MHNT managed by NGOs in priority areas with high IDPs caseloads (Gedeo and West Guji zones and zones of Somali and Oromia Regions). WFP has deployed technical and operational staff to target zones and woredas to monitor the TSFP delivery and performance, ensuring linkages with OTP and the response of other

sectors. WFP has so far mobilised \$33.2M from various donors. The remaining shortfall of \$22.6M needs to be addressed immediately to cover the cost for procurement of specialised nutritious foods and operational costs until end of the year - preventing a pipeline rupture and disruption of the national TSFP services.

The work of international and national NGOs to ensure full CMAM/TSFP services reach the most vulnerable host communities and IDPs living in hard to reach areas, and where the static health system is overstretched, is of high value in the overall response. A total of 144 Priority 1 woredas currently have ongoing NGO support, and a projected gap of up to 50 woredas is planned for. The proposed gap is \$5 million. The overall gap of the cluster against the 2018 HDRP remains \$198 M (\$188M under Pillar 2 Response).



## PROTECTION

### Priority requirements: \$17M

Since the latest prioritization exercise, the number of IDPs in Gedeo and West Guji increased significantly. According to the recent rapid protection assessment conducted by the Protection Cluster in Gedeo and West Guji zones, IDPs in both zones live in precarious conditions without access to basic and life-saving services. They are exposed to different protection risks, in particular GBV-related. The number of unaccompanied and separated children is unknown and a sustainable and effective family tracing and reunification mechanism has not yet been established.

The current SMS efforts for the Gedeo/West Guji crisis are focusing on the largest collective centres, while most of the over 100 sites assessed by DTM, have smaller numbers of IDPs and yet equally concerning gaps in terms of services being provided. In order to ensure full coverage of SMS services for all temporary sites and collective centers, the cluster identifies the expansion of SMS mobile teams for identification of needs, coordination and monitoring of services, as a key priority. In addition to this, in light of the ongoing peace talks and the assessed high mobility of the displaced population among sites, an increased tracking of displaced population at sites, as well as the launch of intention surveys are also identified as key priorities. Finally, as the displaced population start returning or moving between sites, and considering the need for schools to reopen, the Cluster will also support decommissioning and consolidation of sites.

Overall, in both conflict and climate-induced IDP situations, individuals or groups with specific needs such as women, children, persons with disabilities and older persons, among others, are at heightened risk of protection incidents. Different assessments throughout the country and results of protection monitoring conducted by the Protection Cluster and Mobile Protection Teams in Oromia and Somali regions have identified lack of access to basic services, lack of Site Management Support to IDPs in collective centers, lack of psychosocial support services for survivors of violence, including through safe spaces, separation of children from their families, GBV and absence of documentation to access services as the main protection concerns identified. Lack of government capacity and community outreach to support children affected by the conflict and drought/floods was also identified.

The response will prioritize conflict-affected IDP locations, how-

ever, will extend services to drought and flood-affected areas as identified, if and when deemed necessary. Woredas have been prioritized using the criteria of having either an IDP site with 3,000 or more people, or a collective centre. In total, 64 woredas fulfil these criteria. The Protection Cluster has prioritized all 64 of these woredas.

The identified 64 woredas include 187 IDP sites with at least 3,000 IDPs, and/or collective centres. As some services are funded at woreda level, it will not be possible to provide a budget for all services at each of the 187 sites. Consequently, the Protection Cluster decided to use woredas as the unit for the below budget calculation. During the implementation of protection activities, partners will be able to make further decisions on the budget allocation to specific IDP sites on the basis of identified needs.

The following prioritization is developed to make efficient use of available resources for IDP protection responses through application of a holistic approach and by maximizing limited funding available.



## WASH

### Priority requirements: \$62.3M

The Cluster urgently requires \$62.3M to ensure the provision of basic services to conflict and drought induced IDPs; AWD preparedness and rapid response during outbreaks; and provision of emergency WASH services to key institutions such as health centers, CTCs and schools and/or vulnerable groups.

The priority activities include installation of sanitation facilities specifically in IDP collective centers; hygiene promotion (social mobilization); the provision of water supply to IDPs and host communities through alternatives to water trucking (durable piped solutions); water trucking; procurement of essential WASH NFIs and water treatment chemicals; and rehabilitation and O&M of water schemes. WASH response needs to be prepared for potential flood affected areas in the Somali, Amhara, SNNP and Afar region.

The geographic priorities where these activities will be implemented are conflict-induced IDP collective centers in Gedeo and West Guji zones as well as those around the Somali and Oromia borders, health facilities without WASH services in Oromia and Somali where overlapping priority needs for health and nutrition (I.e. entire Somali with special focus on woredas with IDP presence), hotspot Priority 1 woredas in Oromia such as Bale, hotspot Priority 1 and 2 woredas in Borena, lowlands of Arsi, Guji, East and West Hararge zones of Oromia region.

The WASH humanitarian response in Gedeo and West Guji zones needs to be extended to meet the humanitarian needs of a significantly large number of IDPs. Due to the temporary nature of the collective centers in permanent centers (schools, health facilities), continued maintenance, cleaning, decommissioning, and construction are required to prevent public health risks. Bathing facilities for dignified hygiene practices are required in collective centers. While sanitation and hygiene promotion are prioritized activities for both IDP sites and host communities, water supply was identified as the most critical need of both groups. In Gedeo zone, many of the collective center sites are located in government buildings, schools, and health centers. The first priority is

to connect these collective centers to piped networks, where possible, by connecting these centers to centralized reservoirs with tap stands. Where not feasible, water trucking will be required. The WASH Cluster is prioritizing durable solutions to repair of existing schemes but recognizes that emergency measures for collective centers are required due to the large number of IDPs in these sites. Additional drilled water sources are required to supplement the piped systems where shallow wells cannot fitted with pumps cannot meet the increased demand.

The major change of situation is that flooding in the Somali region is considered and that durable solution must be addressed, especially exit strategies for water trucking. Besides there are new conflict induced IDPs in Somali and Oromia. The targeted population in the coming prioritization is 967,4381 conflict induced IDPs for emergency sanitation and 500,000 conflict induced IDPs for water supply. The standard for water trucking is 5 liters per person per day and for new or rehabilitated water scheme the standard is 15 liters per person per day.

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<sup>3</sup> Although one of the criteria for selection of priority areas is IDP figure of 3,000 or more, the Protection Cluster notes that areas, where protection projects that are to be completed/have been completed will be considered for the purpose of continuity, although these locations may not necessarily have 3,000 or more IDPs.

<sup>4</sup> Woreda level prioritization has been agreed to enable effective planning (to provide response coverage both at Woreda and site level as deemed fit) and also to come up with a practical budget requirement.