



This report has been prepared under the auspices of the Federal Disaster Risk Management Technical Working Group, co-chaired by the National Disaster Risk Management Commission (NDRMC) and OCHA with participation of cluster co-chairs (Government Line Ministries and Cluster Coordinators). It covers the period from 1 to 28 February 2019.

Highlights

- The rapid spread of unforeseen emergency hotspots; partners' slow speed to scale-up in areas where there was no prior humanitarian presence, particularly in East and West Wollega zones; partners' inability to quickly divert funding from one operation to another; and localized insecurity and access constraints hampered adequate and impactful response to affected populations in 2018.
- Urgent additional funding (and funding flexibility) is required to allow rapid scale up, and to prevent the interruption of ongoing life-saving assistance for IDPs, returnees and host communities in Gedeo/West Guji, Benishangul Gumuz/East West Wollega, along the Oromia/Somali regional boundary, and in Amhara, as well as to address humanitarian needs from the impacts of years of back-to-back drought.
- Some NGO health and nutrition response coverage in priority locations ceased due to lack of funding. Cluster members flag the urgency of securing early funding to mitigate pipeline breaks given the lag time needed for international procurement/delivery.

Situation Overview

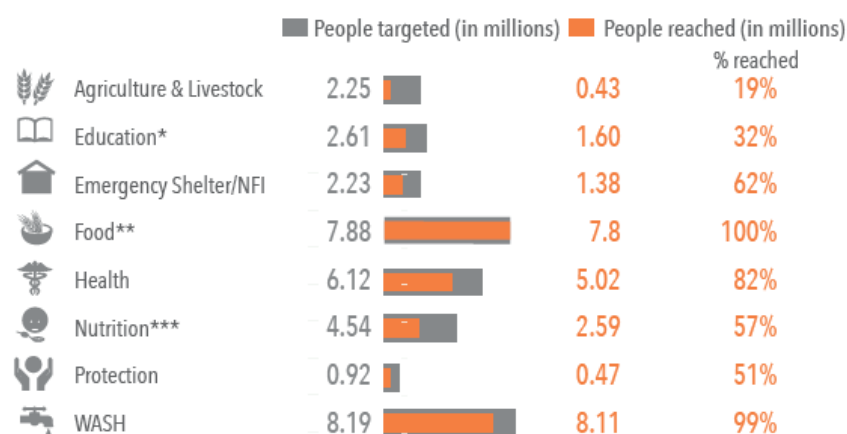
Urgent additional funding and funding flexibility required to address the complex and rapidly changing humanitarian situation in the country

Had 2018 been a "normal"/conflict-induced crisis free year, the humanitarian requirement in the country would have started to decrease from mid-2018 and well into the first half of 2019, due to the overall good seasonal rains received during the year. Humanitarian needs resulting from direct drought impact – which is traditionally the main driver of humanitarian crisis in Ethiopia – have decreased. However, the spike in inter-communal violence since April 2018 drastically changed the humanitarian landscape of the country.

As a result of this new humanitarian landscape, Government and partners adapted response strategies that are better suited to complex and sudden onset conflict-induced crisis, including by establishing zonal coordination platforms and by increasing protection interventions to address the needs of the displaced, returnees and host communities. Two Emergency Operations Centers (EOCs) were set up in Gedeo and in Bule Hora at the peak of the Gedeo/West Guji displacement crisis in order to strengthen local coordination and response capacity in these areas that have no prior experience in dealing with such crisis. Learning from the Gedeo/West Guji experience, a zonal-Government-led coordination structure (as opposed to a federally-led platform) was established in Nekemte, through strengthening existing zonal coordination mechanisms to oversee the response to the East/West Wollega displacements since September 2018.

By the end of 2018, an estimated 7.8 million people received humanitarian food assistance and thousands more received water, nutrition, protection and other life-saving assistance. Despite the huge humanitarian bill for the third year in a row, the overall resource mobilization in 2018 was commendable thanks to Government commitment and generous donor support.

2018 RESPONSE COVERAGE BY CLUSTER/SECTOR



The 2018 Ethiopia humanitarian appeal of US\$1.4 billion was 77 per cent funded, including \$342 million Government allocation, \$595 million donor funding and \$215 million carried over from 2017. The top four donors were the US (\$314.1 million), UK (\$61.3 million), EU (\$40.9 million) and the Central Emergency Response Fund – CERF (\$30.3 million).

However, humanitarian partners' response capacity was stretched and overall, the 2018 response was sub-optimal due to the rapid spread of unforeseen emergency hotspots; partners' slow speed to scale-up in areas where there was no prior humanitarian presence, particularly in East and West Wollega zones; partners' inability to quickly divert funding from one operation to another; or the inability to rapidly mobilize in-kind resources for immediate and effective dispatch to crisis areas, particularly emergency shelter and non-food items. These, coupled with access constraints in some areas due to ongoing insecurity, hampered adequate and impactful response to affected populations.

Partners are currently working with Government counterparts to scale up response operations, targeting the most prioritized needs. Despite a slow start in East and West Wollega zones for example, there are currently 44 UN staff deployed to support the ongoing IDP emergency response in the area, but the scale and quality of the response is still inadequate due to resource (financial and human) shortfalls.

In response to the newest displacement crisis in Amhara region, NDRMC dispatched initial relief food supplies to affected areas, and has assigned a dedicated staff to monitor the situation. Meanwhile, there has been almost no coordinated humanitarian partners response. The IDPs lack adequate access to basic services such as food, water and sanitation, education, health, shelter and livelihoods. The most pressing needs articulated by IDPs are security and protection, followed by food, shelter and household items. Preliminary assessment reports indicate that some health facilities in Central and West Gondar are facing health worker shortages because some staff left due to safety reasons. Please see the Amhara Flash Update on the OCHA website (<https://www.humanitarianresponse.info/en/operations/ethiopia>) for more detail on the Amhara conflict displacement situation.

Urgent additional funding (and funding flexibility) is required to allow rapid scale up, and to prevent the interruption of ongoing life-saving assistance for IDPs, returnees and host communities in Gedeo/West Guji, Benishangul Gumuz/East and West Wollega zones, along the Oromia/Somali regional boundary, and in Amhara, as well as to address humanitarian needs from the impacts of years of back-to-back drought. Some NGO health and nutrition response coverage in priority locations ceased due to lack of funding. Similarly, gaps in nutrition supplies to address moderate and severe malnutrition were also reported. Cluster members flag the urgency of securing early funding to mitigate pipeline breaks given the lag time needed for international procurement/delivery.

The detailed sector requirements for 2019 is captured in the 2019 Humanitarian Response Plan, to be released in early March. The development of the Humanitarian Needs Overview (HNO) was finalized, also for release in early March. The HNO was introduced for the first time in Ethiopia by OCHA, in collaboration with NDRMC, to improve data analysis and need-based targeting of humanitarian response.

Improvement in access in major emergency-affected areas

According to the OCHA monthly access reports that capture access constraints identified by implementing partners, there has been better movement of relief assistance in February as a result of improved security in major conflict hotspots. In Kamashi zone of Benishangul Gumuz region for example, improved security has allowed partners to conduct needs assessment during February for the first time since the conflict erupted in September 2018. The area remained inaccessible to humanitarian partners until February, and the limited humanitarian assistance delivered was made possible through a military escorted Government convoy.

Similarly, critical relief supplies are being delivered to vulnerable communities in Dawa zone of Somali region through Moyale after more than a year, without the need for military escorts. Poor road access and security concerns in Dawa zone restricted humanitarian actors from delivering life-saving assistance to some 350,000 IDPs in 2018. A high-level peace conference planned for early March 2019, will also look into ways to ensure safe movement through the Negele-Dawa route.

The Federal Government – through the Ministry of Peace and NDRMC- and humanitarian partners continue to closely work with relevant local Government structures to address localized humanitarian access constraints.

Funding Update (as of 15 January 2019)

Ethiopia Humanitarian Fund (EHF) funding update:

In 2018, the Ethiopia Humanitarian Fund (EHF) - an OCHA-managed humanitarian pooled fund - allocated more than US\$72 million supporting 132 multi-sector projects through 39 implementing partners (International NGOs, UN agencies and National NGOs). In addition, the EHF issued the Second Round Reserve Allocation in December 2018 for a total allocation of US\$14.2 million to 1) support the establishment of an Essential Humanitarian Supplies Pipeline Project; 2) to ensure nutrition pipeline commodities and the continuation of critical NGO-implemented nutrition projects and; 3) to support Protection against Sexual Exploitation and Abuse (PSEA) training, reporting and monitoring capacity. At present, the EHF is finalizing the review of submitted proposals. The Fund had a total income of \$87.3 million in 2018, including \$72.6 million mobilized from donors and an additional \$10.2 million carried over from 2017. Contributions were received from Denmark, Ireland, Germany, South Korea, Sweden, Switzerland, the United Kingdom and the United States of America.

The EHF is a mechanism that enables the rapid and targeted disbursement of pooled donor resources to UN and NGO humanitarian partners working in areas acutely affected by crisis; and supporting national service provision at point of delivery. EHF allocations are primarily made in support of agreed priority humanitarian response gaps, as established by the Inter-Cluster Coordination Group and endorsed by the Humanitarian Country Team.

2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review funding update:

As of 15 January 2019 (latest endorsed update available), the 2018 HDRP mid-year review of US\$1.494 billion was 77 per cent funded, including \$342 million Government allocation, \$598 million committed by international donors and \$215 million carry-over resources from 2017. An additional \$1 million are committed in soft pledges. Pillar 1 (Prevention & Mitigation) and Pillar 3 (National Systems Strengthening & Recovery) of the HDRP were significantly underfunded (see Figure 1)

Requirements and funding per pillar- \$million

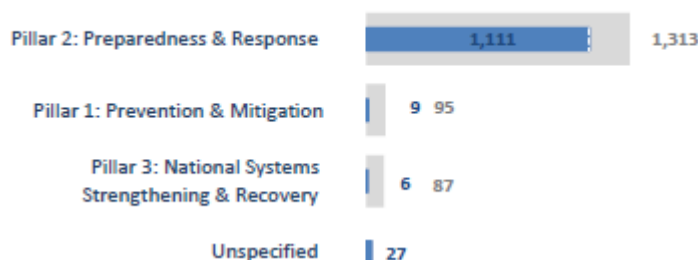


Figure 1 Funding towards the 2018 HDRP per Pillar.

Contributions and Pledges by donor - \$million



Figure 2 Donors who funded the 2018 HDRP. Source: Donors, recipient agencies, clusters, FTS

All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA Ethiopia of cash and in-kind contributions by e-mailing at ocha-eth@un.org

Humanitarian Response (NB: 2019 humanitarian needs are being consolidated for release in early

March 2019)



Food

Needs:

\$ 750.8m
Food requirement, MYR

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review targets 7.95 million people until the end of the year (up from 7.88 million people at the beginning of the year). The overall food requirements were also revised to US\$750.8 million (down from 1.036 billion) due to reduced number of food rounds to be implemented in 2018.
- Based on the National Food-Cash Integrated Plan, more than 2 million beneficiaries will be assisted through cash transfers, and the remaining 6.22 million will receive in-kind food assistance. NDRMC is planning to assist 1.54 million beneficiaries through cash transfers in areas where conditions are feasible for cash transfers. WFP is also targeting 193,000 HDRP beneficiaries in two zones (Siti and Fafan zones, Somali region) through the PSNP-Cash Pilot. Some 269,000 PSNP Public Work (PW) clients will also be assisted through cash transfers in the two zones of Somali region. In addition, food operators will provide support to 3.3 million PSNP-PW clients who will be facing food consumption gaps during the hunger period (Round 5 and Round 6). NDRMC will aim to distribute cash transfers to 536,000 PSNP-PW transitory beneficiaries.
- A rapid assessment conducted in February in Afdem *woreda*, Somali region identified 7,079 newly displaced households in the *woreda*, including 4,380 households in Dalahelay, 1,471 households in Adhadhile and 1,225 households in Qarafey *kebeles*.
- According to the Famine Early Warning Systems Network (FEWS NET), food security in areas worst affected by the 2016/2017 drought in Somali region will be at Crisis level (IPC Phase 3) during December 2018 and May 2019, similar to areas in northern Afar and lowlands of East and West Hararge zones of Oromia region. Meanwhile, food security is expected to deteriorate from Minimal (IPC Phase 1) to Stressed (IPC Phase 2) in eastern Amhara and Tigray regions.
- Approximately 8 million people are projected to be in need of emergency food assistance in 2019, one third of whom are conflict IDPs.

Response:

- A recent mission in East and West Wollega zones of Oromia region indicated the viability of multi-purpose cash assistance to IDPs in these areas due to functioning markets. An inter-cluster meeting will discuss this possibility.
- Food operators are currently distributing the fifth round relief food assistance to beneficiaries in their respective areas of coverage. As of the end of January (latest data available) NDRMC distributed 73 per cent of Round 5 relief food allocations (30,973Mt out of 42,189Mt) to some 1.7million beneficiaries. Food dispatches are on-going for Round 6. In addition, NDRMC transferred to the regions ETB369million for distribution in Round 5. As of 13 February, WFP distributed 16,400Mt of relief food (~ 65 per cent of Round 5 allocation) to 900,000 beneficiaries in Somali region. In addition, 994,839 PSNP Public Work are receiving two rounds of food allocation, with 90 per cent of the first round and 47 per cent of the second round distributed as of the 13 February. Some 620,000 PSNP-HDRP beneficiaries in 10 *woredas* targeted for cash assistance in Siti and Fafan zones also received cash transfers. As of 10 February, JEOP distributed some 23,628Mt of relief food (99 per cent of Round 5 allocation) to 1.4 million beneficiaries in Amhara, Dire Dawa, Oromia, SNNP and Tigray regions. JEOP also allocated 6,070Mt of food to 358,000 PSNP transitory beneficiaries in Amhara, Oromia and Tigray regions, of which 3,920Mt were distributed benefitting 231,292 people.

IDP response update

- As of the end of January, at least 69 per cent of the NDRMC food allocation (2,910Mt of 3,329Mt targeting 221,937 IDPs) for the East and West Wollega IDP response were dispatched to distribution points. Logistics challenges however caused incomplete food basket distributions. NDRMC has also made at least three rounds of food distribution – with military escorted convoys – to Kamashi zone. In Amhara region, NDRMC delivered a one-month food ration to IDPs in Central and West Gonder zones. Meanwhile, the Amhara Regional Government allocated ETB35 million for the response effort, and has requested urgent additional support from the federal Government, humanitarian partners as well as to all Ethiopians to address the growing needs.
- WFP is providing monthly food assistance (partially cash transfers) to 381,000 conflict-IDPs in East and West Hararge zones of Oromia region. In Somali region, WFP is assisting 64,000 IDPs in Koloji camps.

Meanwhile, following improved access, WFP delivered food rations (at full food basket) to at least 88,000 people in Dawa zone, through Filtu transshipment centre.

- As of 18 February, JEOP dispatched 6,431Mt of relief food commodities under Round 4 (89 per cent of total allocation) to IDPs in West Guji and Gedeo zones, of which 81 per cent was distributed to 346,676 Insecurities in Kercha *woreda* caused delays in food dispatches and distributions in the *woreda*. Meanwhile, Round 5 relief food dispatches are ongoing in both zones, with 46 per cent of allocations distributed as of 18 February, benefitting 226,184 IDPs.

Gaps & Constraints:

- At present, food operators are implementing the fifth round relief food distribution. The sixth round will be the bridging round to the 2019 response plan. However, the implementation of the first round for 2019 will likely be delayed due to the re-targeting exercise planned in March 2019.
- Given current resources, the food pipelines for NDRMC (for pulses and cereals) are projected to break from Round 2 of 2019 and for WFP (for cereals) from Round 1 of 2019.
- Shortage of cash resources will likely affect the implementation of the National Food-Cash Integrated Plan in 2019.
- Ensuring that programmatic capacity is available to ensure consistent general food distribution in Dawa zone is a high and time-bound priority given the upcoming rainy season.



Agriculture

Needs:

\$83.3m

Agriculture requirement,
MYR

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review targets 2.2 million households for agriculture (crop and livestock) interventions (down from 3.43 million households targeted at the beginning of the year).
- 589 IDP and IDP returnee sites hosting 1.4 million people (of the 1,083 sites identified throughout Ethiopia) are pastoralists and agro-pastoralists. Both conflict and climate-induced IDPs and IDP returnees require dedicated agriculture assistance to support their food security and livelihoods. More than a third of the IDP and IDP returnee have livestock, and only one third of the sites have access to land for cultivation.

Response:

- Overall, the cluster reached 19 per cent (424,186 households) of the 2.2 million households targeted for assistance, and provided assistance for over 6.5 million heads of livestock in Afar, Amhara, Dire Dawa, Oromia Somali, SNNP and Tigray regions.
- The intervention focus of the cluster was primarily the provision of livestock feed and animal health service in regions reporting high livestock mortality or deteriorating livestock body condition, particularly Oromia, SNNP and Somali regions. As of October 2018, the sector reached 18 per cent of the targeted 1.82 million households with livestock interventions, including 34,802 households who received livestock feed support benefitting 152,852 heads of livestock; 311,267 households benefitted from animal health service and vaccination reaching 6.5 million heads of livestock. At least 5,827 displaced households received animal feed, emergency seed and farm tool support and were assisted through restocking of small ruminants.
- Meanwhile, the sector reached 27 per cent of the 0.39 million households targeted with crop interventions in areas that registered poor crop performance in Amhara, Oromia and Tigray regions, including 100,791 households who received emergency seed and farm tools support and 63,169 households who benefitted from resilience building interventions such as feed production and storing, water scheme development and rehabilitation.
- The cluster is currently preparing a strategic document to better approach the priorities and needs of IDPs, returnees and host communities. The cluster is also preparing roadmap for crop and livestock Interventions in a humanitarian setting. Both document will be shared with all stakeholder once finalized.

Gaps and Constraints:

- With only 18 per cent of the required \$83.3 million (initially \$104.4 million) for the agriculture sector in 2018 funded, the number of households reached with drought recovery assistance was limited. Failing to support these at-risk households is likely to exacerbate food insecurity, malnutrition, population displacement and conflict over access to the limited resources.
- The cluster continues to advocate for an increase in support for Pillar 1 of the HDRP (prevention and mitigation), to support essential activities to build the resilience of affected communities, and decrease the need for humanitarian interventions in the future.



Emergency Shelter and Non-Food Item (NFI)

Needs:

\$132.3m

ES/NFI requirement, MYR

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review targets 2.8 million internally displaced people for Emergency Shelter and Non-Food Item (ES/NFI) assistance.
- The needs have long surpassed the mid-year review target, and the number of internally displaced people in the country continue to rise. The crisis in Benishangul Gumuz region and adjacent areas of Oromia has displaced an estimated 250,000 people since the mid-year review, while inter-communal conflict in Amhara region has displaced at least 60,000 people. IDPs are also on the rise in Dire Dawa, Harar and Tigray regions.
- A rapid assessment conducted in February in Afdem *woreda*, Somali region identified 7,079 newly displaced households in the *woreda*, including 4,380 households in Dalahelay, 1,471 households in Adhadhile and 1,225 households in Qarafey *kebeles*.

Response:

- UNHCR, together with Dilla and Bule Hora Universities are currently conducting a comprehensive Loss and Damage Assessment of communities affected/displaced by the Gedeo/West Guji violence.
- In all interventions, the cluster is cautious to ensure conflict-sensitive programming and a do-no-harm approach every step of the way. The cluster will continue to support needy returnees with durable shelter solutions where peace, land tenure, reliable registration and a principled approach is demonstrated. Returns must be voluntary, safe, dignified and durable, based on consultation and informed consent.
- Despite a slow start, there are currently 44 UN staff deployed to support the ongoing IDP emergency response in East and West Wollega zones. Partners are working with Government counterparts to scale up response operations, targeting the most prioritized needs. Transitional shelter (which provides adequate shelter from heavy rains) is necessary ahead of the upcoming rainy season, as the plastic sheets initially distributed are already worn out
- Overall, the cluster only reached 62 per cent 2.23 targeted people with ES/NFI support during the year, including through in-kind and cash grants.
- In terms of more substantial and durable shelter programming, one agency has built 75 temporary shelters and 10 dome-shaped traditional houses in Dire Dawa, as well as 146 CGI-covered transitional shelters in Deder.
- A number of capacity building activities have taken place to increase sector knowledge in support of Pillar 1 and Pillar 3 interventions, including a 'flood mitigation technical workshop' and a technical training on durable shelter solutions.

Gaps & Constraints:

- Insufficient funding continues to impede full coverage of all identified needs. The lack of prepositioned stocks limits the ability to mount immediate responses in new flood and conflict emergencies. Analysis indicates that very few individual organizations possess a comprehensive stock that enable an ES/NFI package response. Regardless of the willingness of the separate organizations to contribute their stock, it has been difficult to mobilize these items quickly and effectively in response to an emergency.
- As of 27 February, ES/NFI Cluster members operating in Gedeo/West Guji reported a stock of 10,000 NFI kits with a three-day lead time. There is a likelihood of the availability of an additional 10,000 but with a greater (unspecified) lead time. The stock is not sufficient to cover needs in the area.
- Shelter and household NFIs for at least 100,000 displaced households and clothing pipelines for 250,000 IDPs are urgently needed for the Benishangul Gumuz/East and West Wollega IDP response.



Health

Needs

\$114.8 m

Health requirement, MYR

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review targets an estimated 7.5 million vulnerable people (up from 6.47 million people at the beginning of the year) in need of emergency health services and at risk of communicable disease outbreaks until the end of the year.

- The massive conflict-induced displacement since April 2018 in different parts of the country has stretched water and health services in host communities, which were already inadequate prior to displacement.
- There is a potential outbreak of acute watery diarrhea (AWD) with the onset of the spring (March-May) rains. Meanwhile, a measles outbreak is reported in several *woredas* of Amhara, Oromia and Somali regions, while scabies caseload is increasing in Amhara and Oromia regions. Measles outbreak in several zones flags concern that routine EPI coverage has dropped due to overstretched health system. Regional Health Bureaus, with support from WHO, UNICEF and NGO partners, will continue to strengthen surveillance of measles cases, ensure appropriate case management and vaccinations for under 15 or 30 years.
- Millions of drought, flood and conflict-affected people and host communities continue to require access to essential life-saving health services, including curative consultations, medicines, vaccination for children and pregnant women, mental and psychosocial health, HIV/TB, non-communicable diseases (NCD) and sexual and reproductive health (SRH). IDPs and host communities are particularly at risk of infectious diseases and outbreaks due to poor living conditions and inadequate access to basic services such as water.

Response

- AWD response, prevention and control activities are ongoing in all areas reporting and at risk of an outbreak. Given the potential outbreak of acute watery diarrhea (AWD) with the onset of the spring (March-May), an AWD Technical Working Group was formed, constituting members of the Health and WaSH clusters, and an AWD preparedness and response plan is being finalized. As a result of strengthened early warning system, the number of AWD cases reported in 2018 were lower compared to the 2017 outbreak.
- The cluster conducted an assessment of health needs of IDPs in Central and West Gonder, Amhara region from 25 to 28 February 2019.
- At least 1.8 million drought and conflict IDPs benefitted from curative consultations through the Regional Health Bureaus and NGOs-run Mobile Health and Nutrition Teams – MHNT, supported by UNICEF. Some 2.2 million people were also reached through risk communication and health promotion on communicable diseases.
- IOM-supported MHNT is providing basic primary health care services (PHC) to Gedeo/West Guji IDPs. At least 2,343 IDPs received PHC services in January alone. Also in Gedeo/West Guji, the INGO World Vision International is providing emergency health assistance for IDP, returnees, and host communities in Kochere and Gedeb *woredas* of SNNPR. Essential medicines and medical supplies were purchased and distributed to health facilities to fill some gaps
- In Somali region, the INGO Mercy Corps is working with regional authorities to provide various health services in 13 *woredas* of Fafan, Jarar and Shebele zones
- Meanwhile, MCMDO-supported MHNT reached 11,254 beneficiaries in various areas with consultations and treatment, including 3,492 children under five years of age. MDM trained 245 health workers on different topics, and distributed 2,400 hygiene kits to affected communities, and supplied 3 hospitals and 13 health centres with AWD treatment kits
- Overall, the cluster reached 82 per cent of the 6.1 million people targeted with various health interventions during 2018.

Gaps & Constraints:

- Threat of diseases outbreak and malnutrition among IDP and the host communities, inadequate operational funds to support MHNT and health facilities, Rapid Response Teams, surveillance staff and core pipeline of essential medicines and medical supplies remained the major challenges during the reporting period.
- Other challenges include unavailability of mental health and psychosocial care for IDP.
- Insecurity continues to hinder Regional Health Bureau (RHB) and health partners' support for IDPs in parts of Kamashi zone, Benishangul Gumuz region, East and West Wollega zones of Oromia region, Central and West Gonder of Amhara region, parts of Gedeo/West Guji as well as some areas along the Oromia/Somali border.
- NGO health response coverage in priority locations could cease in the first week of March due to lack of funding.



Needs:

\$218.3m
Nutrition requirement,
MYR

- The annual projection for children treated for severe acute malnutrition (SAM) in 2018 was increased from 350,000 to 370,000 during the 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review. Similarly, the projection for children and pregnant and breastfeeding mothers treated for moderate acute malnutrition (MAM) was increased from 3.5 million to 4.16 million, with increased coverage of support provided for IDPs living within and beyond priority one *woredas*.
- Food insecurity and malnutrition remain a high concern due to protracted drought conditions and massive internal displacements resulting from inter-communal conflict in various pockets of the country. Continued monitoring and pipeline top up is needed to enable scaled-up nutrition support beyond the moderate malnutrition targets reflected in the mid-year review.
- Continued support for the Government CMAM/IMAM program is still needed in order to ensure high coverage of quality CMAM services to treat severe and moderate malnutrition. According to the Government Emergency Nutrition Coordination Unit (ENCU), in collaboration with the most affected regions, at least 120 *woredas* will continue to need NGO support for a minimum of six months, specifically to improve coverage of CMAM/TSFP in hard-to-reach areas; to ensure IDP access to MAM treatment; and to continue to promote health system strengthening, including support for IMAM where relevant. The estimated cost of NGO continued/new support from December 2018 through May/June 2019 is \$13 million. This will be revised in the 2019 Humanitarian Response Plan.
- *Woredas* hosting high IDP populations remain a priority as the risk of deterioration in the nutrition and health status of the most vulnerable is a concern – Oromia (East and West Hararge, Bale, Borena, West Guji, Guji, East and West Wollegas), SNNP (Gedeo), Benishangul Gumuz (Kamashi zone and Oda Biligidu *woreda*) and collective sites in Amhara

Response:

- The Oromia Regional Health Bureau conducted nutrition screening (MUAC) in West Wollega zone in January 2019. Of 4,417 children under five years (27 per cent) screened, 309 children (7 per cent) were identified as MAM cases and 50 children were identified as SAM cases (1.1 per cent). Meanwhile, of 1,203 pregnant and lactating women screened (35 per cent), 419 (35 per cent) were identified with acute malnutrition based on MAUC <23cm. Acceptable coverage level of >80 per cent was not achieved.
- UNICEF lobbied for exhaustive nutrition screening campaign to be included in Measles SIA. Accordingly, the exercise in the 3rd week of February in West Wollega and 4th week of February in East Wollega.
- Between January and December 2018, the cumulative monthly admissions of severely malnourished (SAM) children under five years to therapeutic feeding (TFP) centers was 332,132 (86.4 per cent reporting rate). This constitutes 89 per cent of the projected SAM admissions for 2018 (370,000 reported in HDRP mid-year report in August 2018).
- TFP admissions in December alone was 24,369 (82 per cent reporting rate). This constitutes 85.7 per cent of the projected SAM admissions for this month. TFP admissions dropped between November and December 2018 in all regions, except in Somali region. Somali admissions rose from 6,371 (80.3 per cent reporting rate) in November to 6,883 in December (88.1 per cent reporting rate).
- The proportion of SAM admissions requiring inpatient medicalized treatment in December was 9 per cent.
- SAM case management performance in December remains very high and above the international standards with reported cure rate at 90.7 per cent, death at 0.2 per cent and default rate at 1.8 per cent (Stabilization Center/Outpatient Therapeutic Program combined) (SPHERE >70% cure, <10% death, <15% default).
- NGO coverage for Government-lead CMAM/TSFP response has dropped in 123 Priority 1 *woredas* due to funding shortfall. NGO nutrition programs will need to continue to support short interventions to mitigate spikes in moderate malnutrition (MAM) and loss of life. The cluster is conducting further analysis of priority needs based on where Government capacity is unable to manage high coverage of quality CMAM/TSFP services, and where development interventions can /cannot pivot to support the additional technical and logistic needs.
- Regional Health Bureaus, with WHO support, trained 85 health workers on SAM management in 3 zones of Somali and 2 *woredas* in SNNP regions, including 24 (28 per cent) medical doctors, 4 (4.7 per cent) health officers and 57 (67 per cent) nurses. Trainees identified areas of improvement such as organization of stabilization centre as per the standard, improvement in the case management practices in wards, improvement of nutrition assessments and training of facility staff through regular short morning sessions. The trained health workers will be monitored by respective zonal and *woreda* health bureaus.

- WHO plans to train 157 health care workers on SAM management in Oromia, SNNP and Somali regions, and to distribute M-SAM kits and medical equipment to the higher level reference stabilization centres.
- Through WHO nutrition officers and SC mentors, a total of 72 on-site mentorship sessions were conducted. At least 124 health workers were mentored to improve the management of children admitted for SAM with medical complications and Infant and Young children feeding practices among caregivers. The health workers provided IYCF counselling for caregivers, while 34 stabilization centres were supplied with 50 IYCF counselling cards, with support from WHO.
- In Somali region, UNICEF is implementing nutrition screening, Vitamin A supplementation and deworming for children under five years of age, and screening for pregnant and lactating mothers through the Enhanced Outreach Strategy (EOS) campaign approach to maximize coverage. This is an activity delayed since October 2018 due to the unrest.
- The Cluster continues to promote integrated programming, and joint targeting across specific clusters, notably health and WaSH.
- Additional emergency nutrition response will continue to be generated based on early screening and service status update followed by tailored response in areas where sudden onset crisis arises.

Gaps & Constraints:

- Pockets of insecurity in various parts of the country limited access to deliver core nutrition commodities and technical support to *woredas* where needs remain critical.
- NGO coverage in priority areas is now depleted. NGO nutrition support in 123 P1 *woredas* has stopped in February due to expired 2018 grants. The lack of sufficient funding to bridge 2018-2019 extended support and mitigate NGOs' complete phase out is concerning.
- There is an increased need for therapeutic feeding commodities and Specialized Nutritious Foods (SNF), training of health workers and improved logistics capacity to manage the increased caseload projected in 2019.
- UNICEF reports a gap of 423,986 cartons of RUTF and a total financial gap \$30 million (supplies, technical staff, operations support). WFP reports a gap of 92,307Mt of Specialized Nutritious Foods (SNF) costing \$183.7 million (operations and technical costs included). Both WFP and UNICEF flag the urgency of securing early funding to mitigate pipeline breaks given the lag time needed for international procurement/delivery.
- Shortfalls in relief food/cash performance, low coverage of sufficient WASH and Health response due to shortfalls in funding continues to undermine the emergency nutrition response due to the impact of illness on nutrition status and due to the impact of family sharing of specialized nutritious foods and therapeutic food intended to treat acute malnutrition to promote optimal recovery and rehabilitation.



Needs:

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review targets 0.9 million people (up from 0.34 million people at the beginning of the year) with protection interventions.
- Spikes in inter-communal violence and related displacements have increased the need for protection interventions. Women and the youth account for 51 per cent of the displaced population according to the displacement tracking matrix (DTM 14) covering November-December 2018.

\$11.3m

Protection requirement,
MYR

Response:

Addis Ababa

- 25 UN and I/NGO partners received a three-day Basic Site Management Support (SMS) training. The training was jointly organized by UNHCR and IOM. Separately, UNHCR-IOM provided a five-day SMS Training of Trainers (TOT) (25 February to 01 March) to 25 Government, UN and INGO partners from Somali, Oromia, SNNP and Addis Ababa.

Gedeo- SNNPR

- UNHCR, UNICEF and ZoWCYA conducted a joint field visit in Gedeb and Kochere *woredas* from 23-24 January and provided mentorship to ZoWCYA social workers on CP and SGBV case management. UNICEF supported Plan International to start a child protection program in Kera site, Dilla Town. The translation of CP case management templates from English to Amharic version was also finalized. UASC's

identification, registration, documentation, assessment and care plan processes are underway. A first draft of the Gedeo zone CP referral pathway was developed. Likewise, GBV referral pathway document is being translated into Amharic. A draft protection referral pathway was also prepared by the cluster. UNFPA procured and distributed reproductive health kits to one hospital and 10 health centers.

- Two newly appointed ZoWCYA focal points joined the Protection Cluster in February 2019. UNFPA deployed five GBV consultants to Gedeo, while the hiring of seven GBV M&E consultants is in process.
- UNHCR has extended its partnership agreement with local partners for community-based protection and shelter. UNHCR is also supporting Dilla University to conduct a Damage and Loss Assessment.

West Guji - Oromia

- Identification, registration and documentation of UASC is underway. During February 2019, 38 unaccompanied children (16 girls) were placed in foster family care arrangement. A total of 31 potential foster parents were selected in 12 targeted *kebeles*. Foster parents attend weekly and bi-weekly positive parenting education sessions organized by Imagine One Day.
- In February, 210 children (86 girls) accessed child friendly space activities organized by Imagine One Day social workers. Response service for one GBV (rape) victim was provided. The victim received health care services, as well as NFI and logistics support. Reproductive health kits were distributed to one hospital and six health centers in the area.
- UNICEF is finalizing the recruitment of six protection monitors for West Guji, while UNHCR has extended its partnership agreement with local partners for community-based protection and shelter interventions.

East and West Wollega – Oromia

- Identification and documentation of UASC continued in four UNICEF-targeted CPIE operational *woredas*. A total of 19 UASC cases were identified and documented. Preparation for community-based psychosocial support services in four *woredas* is underway.
- From 6 to 9 February, key sectors working on child protection (BoWCA, BoLSA, Education) in the two zones were trained on child protection in emergency (CPIE). Cascading of similar training continued at *woreda* level.
- UNICEF is operationalizing CPIE programs, specifically PSS, case management of UASC, CSF establishment and GBV management in four *woredas*. UNFPA is establishing a One Stop Center through its development program supported by Canadian fund. The Center will serve GBV referrals of IDPs in East Wollega. 430 hygiene kits are being distributed in East Wollega.
- IOM, together with Government, is in the process of identifying sites most in need of SMS services.

Somali

- With technical support from CP/GBV sub-cluster, *woreda* level child protection and GBV coordination mechanisms were established and operationalized in Babile, Adadle and Dekasufu *woredas*. Four GBV survivors were supported to access multi-sector response services.

Gaps & Constraints:

Where the cluster is present, there is an overall capacity gap to respond adequately and at-scale to the many protection concerns identified in all IDP settings.

SNNPR:

- Unavailability of food assistance for new arrivals in some collective sites where the master list for food provision targets only a few number of IDP's.
- Lack of educational opportunities for IDP children. The difference in medium of instruction (language) is a barrier to enroll them in host community schools. IDP students with no documentation or school certificate are facing difficulties to enroll in school.
- Limited livelihood support and economy recovery programs for specific groups in need, such as foster families, children between the ages of 14-18 who are child caregivers or Child-Headed Households (CHH), children living on the street and children with disabilities. This need also applies to Oromia.
- Inadequate GBV prevention and response interventions and programs.

Oromia: West Guji

- The new movement of returnees in West Guji has negatively affected tracing of families for UASC.
- Lack of referral pathways and services for GBV survivors.
- Shortage of food and shelter has become a serious concern affecting child protection in emergency work.

Oromia: East and West Wollegas

- Limited technical capacity of the government system to provide child protection services.
- Lack of dignity kits. IRC provided 6000 dignity kits in Sasiga and there is a plan for more support in other *woredas*. However, the needs are not commensurate to current response capacity.

Amhara

- Shortage of funding to start response.

Somali:

- Social workers facing transportation challenge to IDP site for the follow-up on cases.
- GBV cases are under reported due to cultural barriers
- People with specific needs lack specialized services.



Water, Sanitation and Hygiene

Needs:

\$142.3m

WaSH requirement, MYR

- The 2018 HDRP mid-year review targets 8.2 million people (up from 6.86 million people at the beginning of the year) with WaSH interventions.
- WaSH intervention needs are continuously increasing with the rising number of displaced population. In East and West Wollega for example, several water schemes need to be rehabilitated or extended to provide safe drinking water not only for IDPs in collective sites but also in host communities. In addition, the number of constructed latrines is limited, and many latrines constructed about 3 months ago need desludging and rehabilitation for further use.
- In all regions, rehabilitation of water supply systems and expansion of water pipeline network to IDPs are given a priority as a more sustainable and cost-effective solution.
- Approximately 1.8 million people in 90 *woredas* across Somali region are experiencing critical water shortages, according to the regional Disaster Prevention and Preparedness Bureau (DPPB). 774 *kebeles* require urgent water trucking support. The Regional Water Bureau deployed 78 water trucks to support 270 *kebeles* out of the 774. The regional DPPB has earmarked 22 *woredas* and 156 *kebeles* as highly critical, and requiring urgent support. Meanwhile, there are at least 100 broken boreholes in the region that needs to be repaired to minimize water trucking needs. The regional water bureau has deployed only one mobile maintenance team due to budget limitations
- According to Oromia Regional Water Bureau (RWB), 3.1 million people need water trucking support in Oromia. The Oromia RWB does not have adequate budget to meet all water trucking needs, and of 278 water trucks required, only 148 trucks are operating. WaSH Cluster has been encouraging Oromia RWB to consider durable water supply schemes to minimize water trucking needs.
- There are many health centers, health posts and schools that have no proper WaSH facilities. Latrine construction in close coordination with health administrations at zonal level and new construction at the institutional level (schools and health facilities) are promoted. In principle, development program such as One WaSH National Program is expected to address WaSH needs at those institutions. However, due to high density of IDPs and huge risk of AWD, WaSH Cluster partners are urged to urgently respond such WaSH needs. This would contribute to AWD preparedness and response activities in the long run.

Response:

- The cluster has initiated an AWD Preparedness Strategy Technical Working Group, which aims to develop an AWD preparedness strategy to support regional and zonal stakeholders to strengthen preparedness.
- With support from UNICEF, the cluster has prepositioned stock of WaSH non-food items at Regional Water Bureau and Regional Health Bureau warehouses, which can be used for distribution to outpatients at strategic institutions (health centers, OTP/SCs).

Dilla - SNNP

- The INGO Save the Children International provided water trucking service to IDPs in Kera site from mid-December 2018 to mid-February 2019. The INGO CARE has taken over the water trucking support from 15 February, while the INGO Norwegian Refugee Council work to connect water pipe from unutilized boreholes in surrounding areas to Kera site as a sustainable solution.
- UNICEF agreed with Gedeo Zonal Water Bureau and WaSH partners on distribution modality of multiple WaSH NFIs.

Filtu - Somali

- Upon the request from the WaSH Cluster, CARE started water trucking operation in Filtu Town, until the town's water problem is solved and the town's population start accessing safe drinking water.

Gaps & Constraints:

- The massive conflict-induced displacement since April 2018 in different parts of the country has stretched water and health services in host communities, which were already inadequate prior to displacement. There is a potential outbreak of acute watery diarrhea (AWD) with the onset of the spring (March-May) rains.
- There are many IDP collective sites with no adequate latrines. Many IDP hosting communities are also facing chronic water shortage and have limited access to safe water and sanitation.
- Current WaSH operational partner commitment so far received will cover half of the needs of IDPs in the Wollegas. However, most partners are still waiting for funds to start implementing the committed water supply and latrine construction interventions. Meanwhile, despite distributions made since November 2018, there is still a significant gap in WaSH NFIs, according to the zonal WASH coordination meeting held in Nekemte.
- There are gaps in WaSH NFIs, water treatment chemicals, personal and communal hygiene and sanitation kits as well as services in Gedeo.
- Of 278 water trucks required for 3.1 million people in need of water trucking in Oromia, only 148 trucks are operating.
- More attention and funding needs to be directed towards rehabilitating and maintaining existing water supply schemes, particularly in areas requesting water trucking interventions.



Education

Needs:

\$40.6m

Education requirement

- The cluster targeted 2.6 million pre-primary and primary school age children for Emergency in Education interventions in 2018, including more than 700,000 displaced school age children. Planned interventions included school feeding and provision of learning stationary, as well as the construction of 64 temporary learning centers, Accelerated School Readiness, Accelerated Learning Program and Psychosocial support for displaced students.
- Some 1.4 million pre-primary and primary school age children (46 per cent girls) were targeted for direct humanitarian response.
- According to DTM 14, some 935,163 school age children are displaced in 1,191 sites (589,208 pre-primary and primary and 345,955 secondary school age children), with 80% in Oromia and Somali regions. Among these, 149,019 school-age children do not have access to any form of education.
- Significant number of schools are closed and damaged in Central and West Gonder zones in Amhara region. As a result, the education of 51,094 school children is interrupted in Ayimba, bihona, Aykel, Azezo, Kola diba and Chahit areas. Consequently, 1,054 teachers (930 primary school teachers) are out of work. Temporary Learning Spaces need to be built in the IDP settlement areas, and learning stationeries as well as training for teachers will have to be provided urgently.

Response:

- The majority of the fund received by the cluster – a significant portion of it from the Government - was utilized for school feeding programs.
- UNICEF hired a Federal Education Cluster Coordinator and one Education in Emergency (EiE) specialist for Oromia region in order to improve the cluster's coordination capacity.
- With funding from UNICEF, the Ministry of Education prepared a draft EiE training guideline. Two rounds of consultative and ToT EiE training guideline workshops were organized by the Ministry. Twenty participants from Addis Ababa, Oromia, Benshangul Gumuz and Amhara regions, including zonal experts from emergency-affected zones in those regions, attended the workshop. The next round of training will be provided for Somali, SNNP, Afar and Tigray regions and some 25 participants are expected to attend.
- With funding from EHF, Plan International is constructing 22 Temporary Learning Spaces (TLC) and is providing School Mats, which is expected to benefit 14,473 IDP children in Guji zone of Oromia. Similarly, NRC has been constructing 20 TLS and conducting ASR and ALP for about 10,000 displaced children. However, due to security and access reasons, the projects are not progressing as per the time frame. The cluster recommended another three months to finalize the projects.

Gaps & Constraints:

- Limited response in school feeding beyond the MoE's allocation. Additional funds are required to ensure school feeding is continued in high-risk areas and WaSH is availed in schools. Some 2 million school children remain in need of school feeding services, impacting their learning process.
- Urgent funding is required to scale and reach all identified school children in need of EiE support.

General Coordination

The overall humanitarian coordination in Ethiopia is led by the Government's National Disaster Risk Management Commission (NDRMC). The NDRMC leads federal and regional level Disaster Risk Management Technical Working Groups (DRMTWGs) and hosts a series of specialized task forces that work jointly with the cluster lead agencies. The DRMTWG is the umbrella forum that brings all actors together at the technical level, including government and donor representatives. With the development of the crisis, the Government and humanitarian partners are working to strengthen regional DRMTWGs. At a higher level, NDRMC Commissioner and the Humanitarian Coordinator co-chair a Strategic Multi-Agency Coordination (S-MAC) forum to deliberate on humanitarian response operations and address challenges.

Response coordination for the conflict-induced displacements in Gedeo-Guji since April 2018

The Government and partners have taken several measures to enhance response coordination and to boost response capacity at site level. Two Emergency Operation Centres (EOCs) were established in Dilla Town in Gedeo zone and in Bule Hora Town in West Guji zone. The EOCs have four sections: 1) Management, which is responsible for the overall response management under the leadership of NDRMC and Zone Administration, 2) Planning, which is responsible for collecting, evaluating and disseminating information, 3) Logistics, which is responsible for identifying and procuring resources and serving as the link with partners to ensure effective and timely delivery, and 4) Operations, which is responsible for coordinating all operations to support the response. The National Disaster Risk Management Commission (NDRMC) and humanitarian partners have deployed staff to support the EOCs. While the humanitarian context in both Gedeo and West Guji zones has been rapidly changing due to the dynamics of return since August 2018, the EOCs continue to coordinate emergency response and support return. *Woreda*-level coordination meetings were established in all *woredas* to coordinate the response to the returnees.

Response coordination for the conflict-induced displacements along the Oromia-Benishangul Gumuz regional boundary since October 2018

A regional emergency technical committee established in Assosa town in mid-October has been coordinating the response. A regional and zonal-Government led coordination and information hub was established in Nekemte, through strengthening existing zonal coordination mechanisms to oversee the response. OCHA has recently set-up a sub-office in Nekemte with three key staff to help Government authorities in coordinating the response efforts. There are currently 44 UN staff deployed to the area to oversee cluster-specific interventions.

Response coordination for the conflict-induced displacements in Amhara region

Regional Government-established coordination structures in Bahir Dar and Gondar are currently overseeing the IDP response. OCHA has also deployed a field staff to Amhara to support the coordination. Meanwhile, on 18 February, 2019, the Ministry of Peace and NDRMC representatives went to Bahir Dar, the regional capital, to assess the situation and to consider the possibility of restoring peace and prepare a rehabilitation plan for the displaced population. The intention of the region is to enable the return of the IDPs in two months time.

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