

2019

# HUMANITARIAN NEEDS OVERVIEW

PEOPLE IN NEED

8.86M

FEB 2019

A group of Ethiopian children and a woman are looking out from a wooden window frame. The children are of various ages, some smiling and some looking serious. The woman is wearing a headscarf and a watch. The background shows green foliage.

ETHIOPIA





This document is produced by the National Disaster Risk Management Commission, Humanitarian Country Team and partners.

This document provides the humanitarian community's shared understanding of the crisis, including the most pressing humanitarian needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint humanitarian response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



[www.unocha.org/ethiopia](http://www.unocha.org/ethiopia)



[www.humanitarianresponse.info/en/operations/ethiopia](http://www.humanitarianresponse.info/en/operations/ethiopia)

# TABLE OF CONTENT

## PART I: OVERVIEW

Humanitarian needs & key figures	04
Humanitarian outcome	06
Impact of the crisis	21
Breakdown of people in need	31
Severity of need	42

## PART II: NEEDS BY SECTOR

Agriculture	46
Education	48
Emergency Shelter/Non-food Items	50
Food	52
Health	55
Nutrition	58
Protection	61
WASH	66

## PART III: ASSESSMENTS, INFORMATION GAPS & METHODOLOGIES

Assessments and information gaps	69
Methodologies	72

## HUMANITARIAN


## NEEDS &amp; KEY FIGURES

In 2018, Ethiopia faced a significant spike in conflict-induced displacement. Even though drought-related relief food needs have decreased due to the overall good seasonal rains received during the year; the relief food requirement is still significantly high due to new needs resulting from increasing conflict-induced displacement and IDP returnees. Many communities affected by drought in recent years have also yet to recover and, having exhausted their coping capacity, they still remain highly vulnerable to shocks. In total, 8.86 million people require humanitarian and protection assistance in 2019.

The number of people in need (PIN) in Ethiopia includes 3.19 million IDPs and IDP returnees and another 5.68 million people who are not displaced but have been affected by climate and conflict shocks. 51 per cent of the people in need (4.57 million people) are estimated to be in acute need, meaning that they are exposed to a range of humanitarian risk factors; have limited access to basic services; or face disruption in basic goods and services. They mostly belong to the lowest wealth group and are particularly vulnerable. There are 58 *woredas* in the country that face a convergence of different needs and are considered high severity areas, requiring multi-sector humanitarian response.

## HUMANITARIAN PRIORITIES

04



# 1


## Food insecurity & malnutrition

Food insecurity and acute malnutrition levels remain unacceptably high. Communities who suffered consecutive years of severe drought, lost productive assets, or took on significant debts to shoulder the brunt of the crisis, will continue to need sustained humanitarian assistance throughout 2019.

Conflict and displacement have also disrupted vulnerable households' access to food and livelihood activities, worsening food security and nutrition conditions in the country.

There are 8.13 million people in need of food assistance. Most of these people are in Oromia (52 per cent), Somali (25 per cent) and SNNP (9 per cent) regions. Most severe areas with regards to food insecurity are in Oromia and Afar regions.

Moreover, there are 5.91 million people in need of nutrition assistance. Most of these people are in Oromia (37 per cent), Somali (28 per cent) and SNNP (15 per cent) regions. Most severe areas for nutrition are in Somali region.




# 2

## Internal displacement

Ethiopia saw a significant increase in internal displacement in 2018 as a result of inter-communal conflict in several pockets of the country, with a near doubling of the IDP and IDP returnee population.

Displacement has a significant effect on people's lives and livelihoods. IDPs and IDP returnees are, amongst others, exposed to protection risks, are disrupted in their education and vocational training, and lack sustainable livelihood means.

There are 3.19 million IDPs and IDP returnees in need of assistance, out of which 30 per cent are in acute need. Most of the IDPs and IDP returnees are in Oromia (47 per cent), Somali (32 per cent) and SNNP (13 per cent) regions. Most severe areas are in Oromia and Somali regions.




# 3

## Morbidity from infectious diseases

Lack of access to safe water and sanitation coupled with poor hygiene practices continue to pose disease outbreak risks in parts of the country. The impact of poor sanitation practices on the health of IDPs and IDP returnees is particularly concerning, especially in areas where the infrastructure is weak and where depleted water tables limit access to safe water.

When communicable diseases are combined with other ongoing problems, such as malnutrition, food insecurity, conflict or displacement, the effect on the population is immense.

There are 3.51 million people in need of assistance in areas affected by disease outbreaks, who are more at risk than others due to the vicinity of these outbreaks. Out of these people in need, 42 per cent are in acute need. Most of the people in need are in Oromia (36 per cent), Somali (26 per cent) and SNNP (20 per cent) regions. Most severe areas are in Amhara, Oromia and SNNP regions.



# 4

## Loss of ability to ensure basic self-sustenance

Climatic shocks and conflict have affected or exacerbated people's ability to ensure basic self-sustenance.

Sporadic unrest often has devastating impact on basic service delivery, including the disruption of health and nutrition services, education, and food security. The more vulnerable rural population, unemployed, and people facing challenges with legal documents are particularly affected when facing shocks.

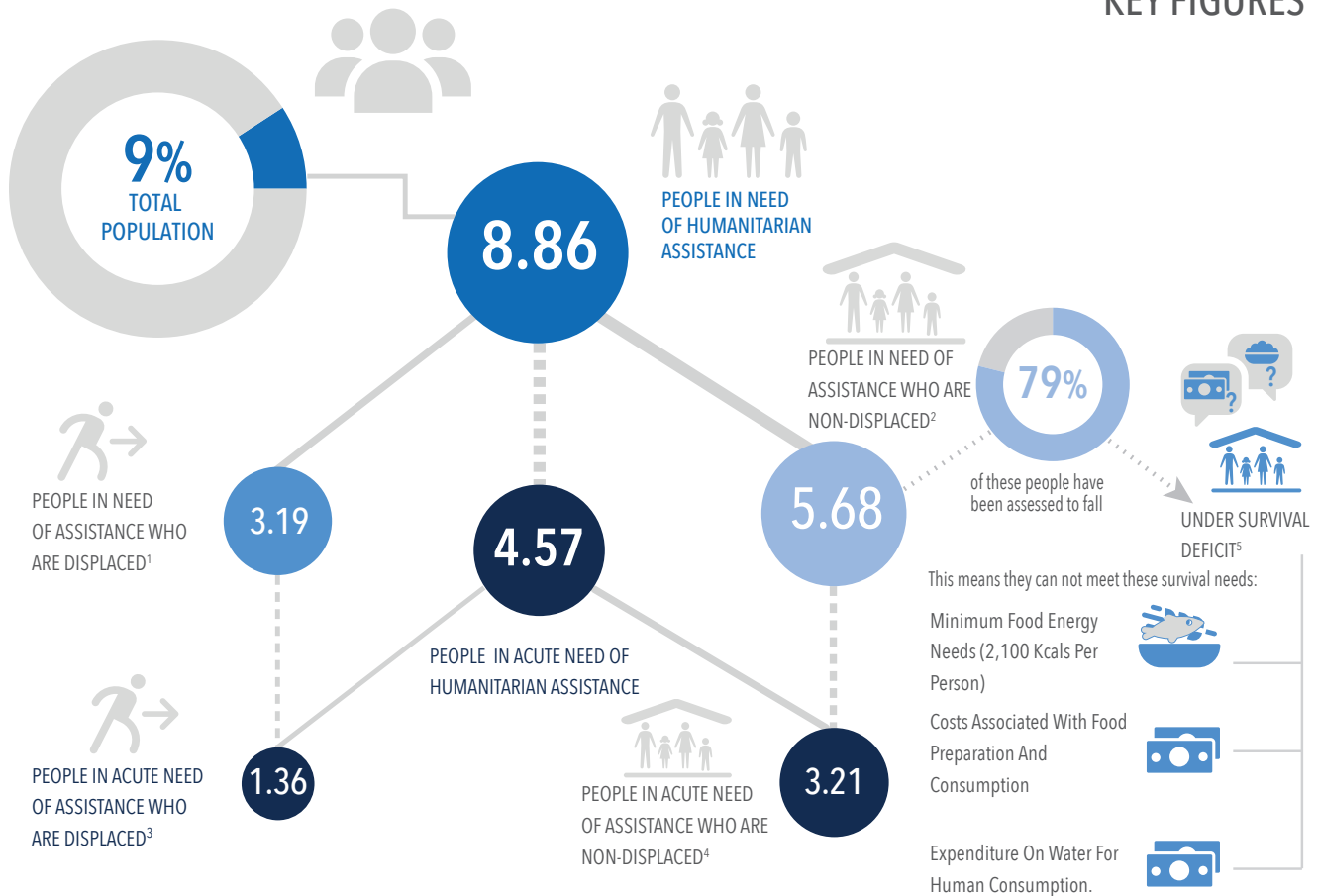
As is the case in most emergency contexts, women, adolescents and children are disproportionately affected. This concerns accessing legal, physical and material safety in displacement settings, notably documentation, and accessing basic services. The situation is further exacerbated in conditions with acute food insecurity and water-related diseases.



## PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE

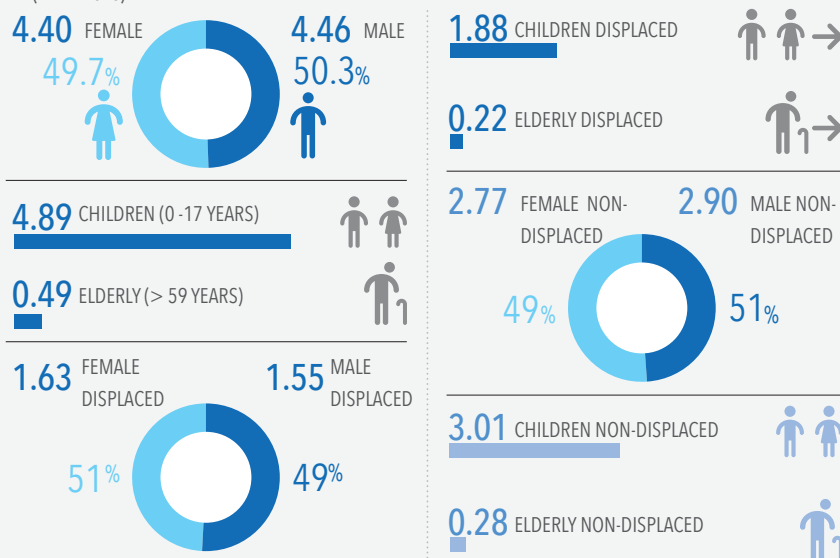
(in millions)

## KEY FIGURES

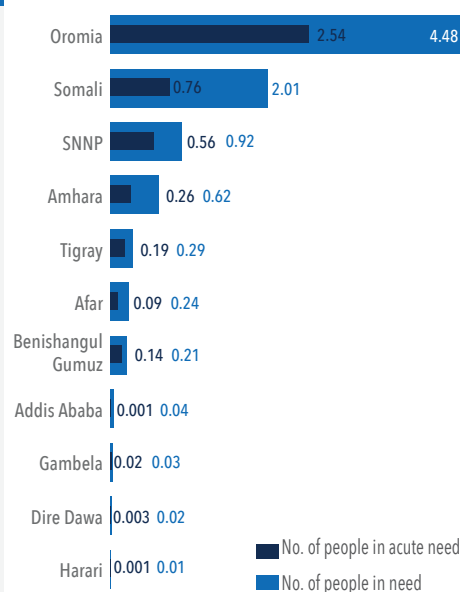


## BREAKDOWN OF PEOPLE IN NEED

(in millions)



## PEOPLE IN NEED BY REGION (in millions)

<sup>(1)</sup> This includes people displaced due to various crises and "IDP returnees" who are in need of humanitarian assistance.<sup>(2)</sup> People living in their area of residence are in need of humanitarian assistance due to shocks and exposure to crises'.<sup>(3)</sup> People internally displaced due to various crises' and who are in acute need of humanitarian assistance due to the different combination of vulnerabilities, such as age, sex, status, need, access and duration.<sup>(4)</sup> People living in their area of residence are in acute need of humanitarian and are unable to cover their survival needs and are in "very poor" or "poor" wealth group category.<sup>(5)</sup> People who do not have total food and cash income required to cover survival needs as determined during the meher seasonal assessment using the Household Economy Approach (December 2018).

## HUMANITARIAN

## OUTCOME

In Ethiopia, 8.86 million people are affected by adverse humanitarian outcomes and require humanitarian assistance in 2019. The main humanitarian outcomes are related to food insecurity and malnutrition, displacement, morbidity from infectious diseases, and the loss of the ability to ensure basic self-sustenance.

## Food insecurity and malnutrition

## Food insecurity

In Ethiopia, food insecurity has been a chronic challenge for decades and the country has consistently received food aid for nearly 50 years. The average household farm size in the country has declined from 1.43 hectares in 1977 to 1.03 in 2000, and has continued to decline ever since.

With the vast majority of the population depending on rain-fed agriculture or pastoralism for livelihoods, any significant changes in the level of rains can have ramifications on the food security of vulnerable households. This not only affects the amount of food available for household consumption, but also the ability to sell surplus crops to be able to afford other household or dietary needs. Inadequate rains can also have a domino effect on food insecurity when reduced harvests lead to price increases in local markets, in turn limiting the ability of vulnerable households to purchase basic food supplies and dietary needs.

The heavy dependence of Ethiopia's rural population on rain-fed agriculture or pastoralism for livelihoods also occasionally lead to conflict over access to food, water and pasture. These conditions are easily exacerbated by flooding and drought.

In 2018, food availability in some parts of the country remained

problematic despite the overall average to above average performance of the two major seasonal rains during the year. This is mostly attributed to below average rains in pocket areas in the eastern low-lands of Oromia and Somali, northern Afar and Tigray regions and the lack of recovery of people affected by previous droughts.

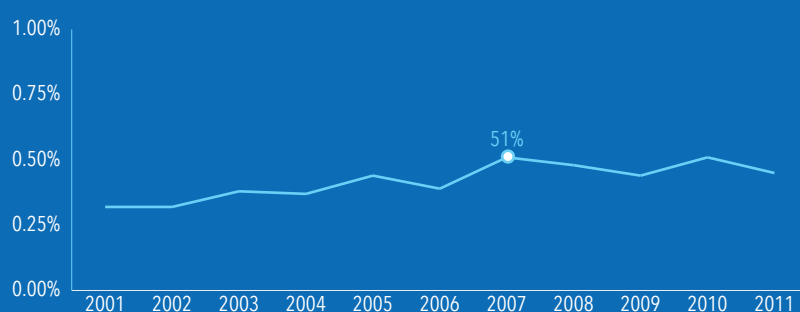
Most of the agricultural land in Ethiopia lacks irrigation systems or smart water techniques, and the sector is highly dependent on rainfall. At present, less than 1 per cent<sup>1</sup> of the agricultural land in the country is irrigated.

Poor or failed rains prevent crops from reaching their full maturity, subsequently reducing harvests and resulting in loss of food production and loss of income for farmers. Heavy rains, flooding, hailstorms and landslides also affect the agriculture sector, although to a lesser extent. Flooding during the 2018 *belg* season inundated fields in Afar, Oromia and Somali region, significantly reducing the expected harvest. Many of those affected are subsistence farmers, growing food crops to feed themselves and their families with little or no surplus production.

Poor or failed rains also affect the body condition and the availability of livestock, resulting in loss of livelihoods and causing food consumption gap. In September 2018, poor livestock body conditions in Afar, Somali (only in flooded areas) and Amhara regions required health interventions and

1. 0.45 per cent - World Bank Data

Agricultural irrigated land (% of total agricultural land)



Source: World Bank  
<https://data.worldbank.org/topic/agriculture-and-rural-development?end=2011&locations=ET&start=2001&view=chart>



provision of improved livestock feed. Milk production was the major concern in these regions, as well as in Oromia. Both Oromia and Somali regions highlighted shortages of pasture, cropland, water and market access in many areas due to the cumulative impacts of weather and conflict-induced pasture degradation.

Rainy seasons in rural areas also have an impact on road access. Many dirt roads become impassable, reducing access to markets for villagers, or humanitarian access for those delivering food assistance.

Localized incidents of inter-communal violence have forced farmers to flee, often abandoning ploughed fields, standing crops and missing harvest. Conflict in some cases also prevented pastoralists from accessing prime browse for their livestock, and in other circumstances diminishing resources have fueled conflicts between pastoralist and agro-pastoralists<sup>2</sup>. Crops and fields as well as homes have been destroyed in conflict-affected areas to discourage returns of displaced population. This was particularly visible in the Oromia-SNNP boundary dispute, which saw fields and crops destroyed to hamper Government attempts to return conflict-IDPs to their areas of origin ahead of the coffee harvest season, which is a valuable cash crop for Oromia region and the country.

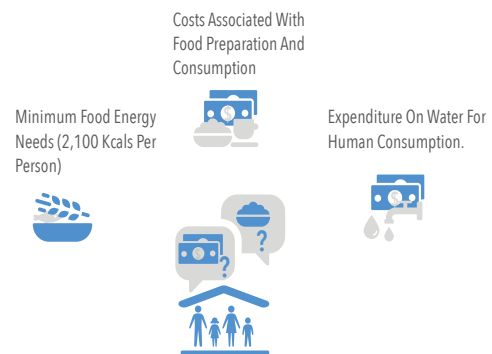
Mass displacement, due to inter-communal conflict, has also greatly hindered access to food, as families are forced to flee, leaving behind their livelihoods and assets. Lost too are the societal and family-related support networks, which many vulnerable households have become dependent on for sustenance. Once productive households are forced to flee, they become fully dependent on humanitarian food assistance, which is sometimes delayed or insufficient in quality and quantity to meet minimum nutritional requirements.

Conflict has also limited physical access to markets, as households fear the walk or trip to local markets, particularly women, who traditionally assume the role of purchasing household food and goods. Prolonged conflict has closed entire zones to commercial traffic over an extended period of time, which has dire consequence for the community. This was particularly the case in Kamashi zone in Benishangul Gumuz region, which witnessed a resurgence in fighting between the Oromo and Gumuz communities, essentially closing any private and commercial movements into the zone. The few reports coming from the zone indicate bare markets and skyrocketing prices for the few available items, further reducing access to food.

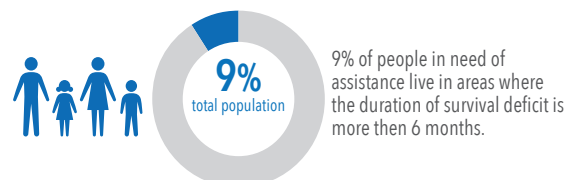
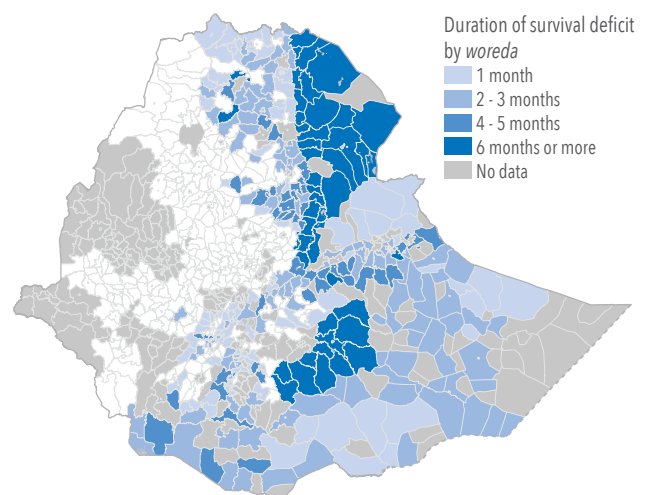
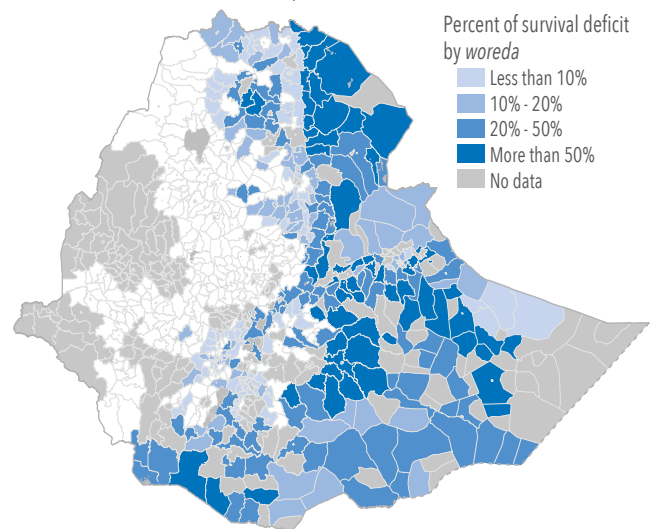
According to the *meher* seasonal assessment which utilized the Household Economic Approach (HEA), there are 4.48 million people below the survival threshold. Survival deficit beneficiaries include households whose total food and cash income do not cover the food and non-food items necessary for survival in the short term. It includes minimum food energy needs and the costs associated with food preparation and consumption. While the 2018 *kiremt* rains were generally good in most *kiremt* rain-receiving parts of the country, recovery from the loss of assets and diminished livestock health

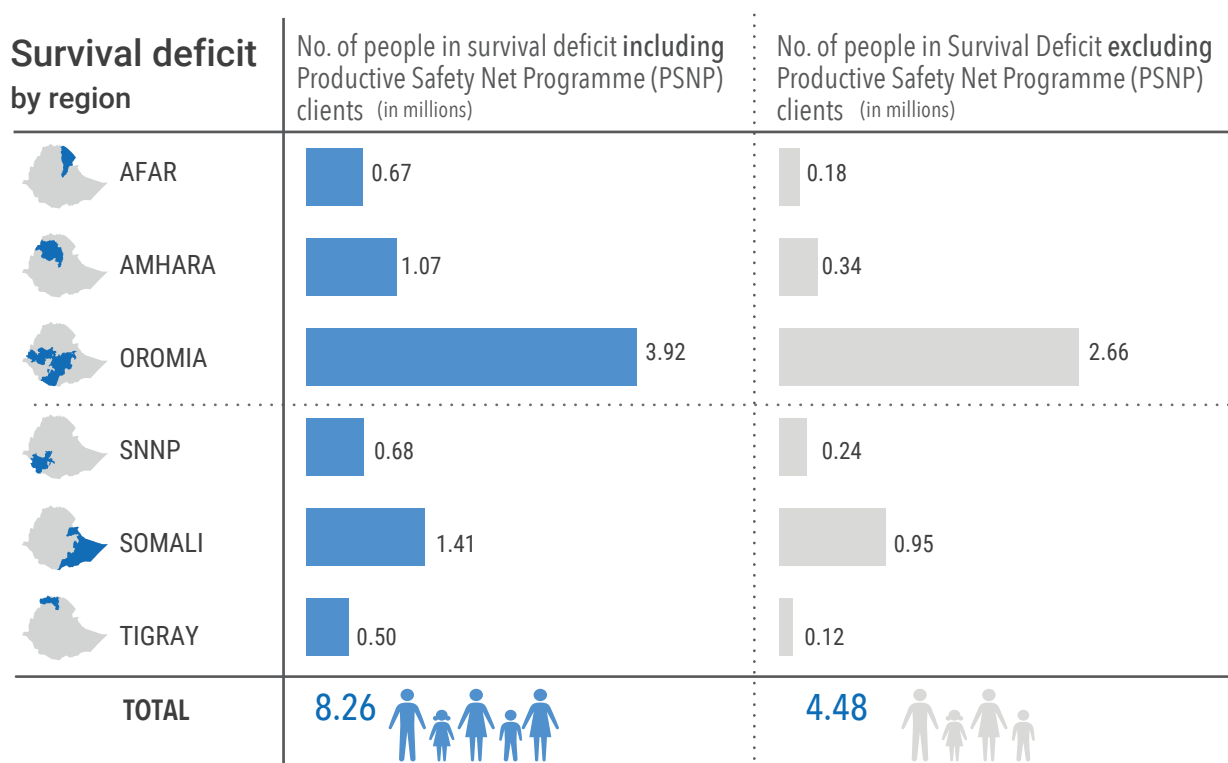
2. The case of the Kuraz and Hamer sub-districts of South Omo zone (2005) <https://www.saferworld.org.uk/resources/publications/106-addressing-pastoralist-conflict-in-ethiopia>

## SURVIVAL DEFICIT



Survival Deficit: People who do not have total food and cash income required to cover survival needs.





People in need includes people in survival deficit excluding the beneficiaries of PSNP

Source: World bank PSNP data, Seasonal Assessment HEA 2018

and productivity as a result of previous droughts takes time and considerable investment to rise above the humanitarian threshold.

More than half of the food insecure population (under survival threshold) are in Oromia region, followed by Somali (21 per cent), Amhara (7 per cent), SNNP (5 per cent), Afar (4 per cent) and Tigray (3 per cent).

In total, there are 8.13 million people<sup>3</sup> in need of food assistance in 2019. Amongst them are the 4.48 million people who are below the survival threshold and 3.19 million internally displaced persons.

## Malnutrition

A large proportion of the population has been undernourished over the past one and a half decade. The proportion of population who was undernourished was 64 per cent in 1995, which gradually improved to 40 per cent in 2010. However, the prevalence of undernourishment still remains at such a high level that concerted effort is required for further improvement. Even in a 'normal', non-drought year, there are approximately 2.2 million moderately malnourished children and pregnant and lactating women and 300,000 children under the age of five who fall into severe acute malnutrition, which is a life-threatening condition requiring additional specialized nutrition commodities and medicines to avert high child mortality.

Recurrent cycles of insufficient rainfall and resulting

drought continue to contribute to food insecurity and acute malnutrition in Ethiopia. Localized conflict and displacement have also disrupted vulnerable households' access to food and livelihood activities, worsening the food security and nutrition condition in the country. Conflict and related damage to market and health system infrastructure also affected the provision of healthcare and nutrition services in these conflict-affected areas throughout most of 2018.

Between January and November 2018, the cumulative new monthly Therapeutic Feeding Programs (TFP) admissions of severe acute malnourished (SAM) children under five years were 307,766 based on an overall reporting rate of 86.6 per cent. This is 83.18 per cent of the projected admissions for this period based on the annual target of 370,000. Admissions for acute malnutrition treatment in Somali and Oromia regions remain high, with approximately 112,956 SAM admissions in Oromia and 72,144 admissions in Somali region between January and October 2018, which is approximately 66 per cent of admissions in all of Ethiopia (280,892 children). A total of 11,340 and 6,673 admissions occurred in the month of October alone in Oromia and Somali regions respectively.

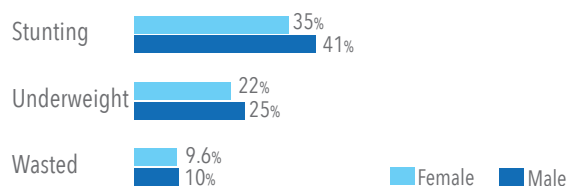
Across the country, total TFP admissions of malnourished children under 5 in October 2018 was 6.1 and 7.8 per cent lower than September and July. The level of admissions was similar to the same month of 2017 but 8.3 per cent higher than the five-year average.

Ensuring rapid response for Government-led Community Management of Acute Malnutrition (CMAM) with Targeted

3. Food Cluster PIN for HNO 2019



### Trends in Nutritional status of children percent of children under age five who are malnourished



Source: Demographic Household Survey 2016

Supplementary Feeding Program (TSFP), promotion of optimal Infant and Young Child Feeding (IYCF) practices, ensuring quality General Food Distributions (GFD), Water Sanitation and Hygiene and Health service provision to accompany the nutrition response will continue as the priority need in 2019, along with interventions to support recovery for those who have lost livelihoods or significant asset loss.

Expansion of multi-sectoral and multiyear programmes to build resilient health systems and communities, and address the underlying causes of malnutrition including poverty reduction and prevention will remain central in the effort to reduce the scale and impact of climatic shocks in communities where food insecurity and acute malnutrition remain unacceptably high.

There are 5.91 million people<sup>4</sup> in need of nutrition assistance in 2019.

## Markets

### Markets prices<sup>5</sup>

**Inflation:** The Central Statistical Agency updated the base year for calculating the Consumer Price Index changes from 2011 to 2016, based on the 2015/16 Household Consumption and Expenditure Survey. In December 2018, inter-annual general inflation stood at 10.4 per cent, an increase by 1.3 percentage points from last month, according to the recently rebased Consumer Price Index to December 2016. The year-on-year food inflation contributed to this inflation rise as it increased from 9.3 per cent in November 2018 to 11.4 per cent in December 2018.

4. Nutrition Cluster PIN for HNO 2019

5. Source: WFP Market Watch

**Food Prices:** Contrary to normal seasonal trends for main harvest period (October to January), wholesale and retail maize prices exhibited increasing or slightly decreasing trend over the past three months in most monitored markets, both in surplus and deficit areas. Similar pattern of price change was also observed for sorghum and teff while wheat prices seem to show a slight decline. Compared to the five year average for the month of December, the average nominal prices of cereals in December 2018 are much higher-maize (36.8 per cent), wheat (64.4 per cent), sorghum (48.7 per cent), and teff (46.8 per cent).

### Effects of conflict on markets

According to meher assessment results from December 2018, markets and pricing in few regions were affected due to conflicts.

In Oromia, conflicts in Borena and West Guji zones disrupted market functionality and decline of supplies led to soaring of food prices. It was reported that in West Guji, the price of maize, which is a staple grain, increased by 50 per cent. At the onset of the Gedeo-West Guji boundary dispute and ensuing conflict in April 2018, humanitarian cash-based interventions were postponed by both partners and regional government as required commodities were unavailable or deemed too expensive in the local markets. Only when commercial access was restored, and markets were able to restock months later, were cash interventions implemented.

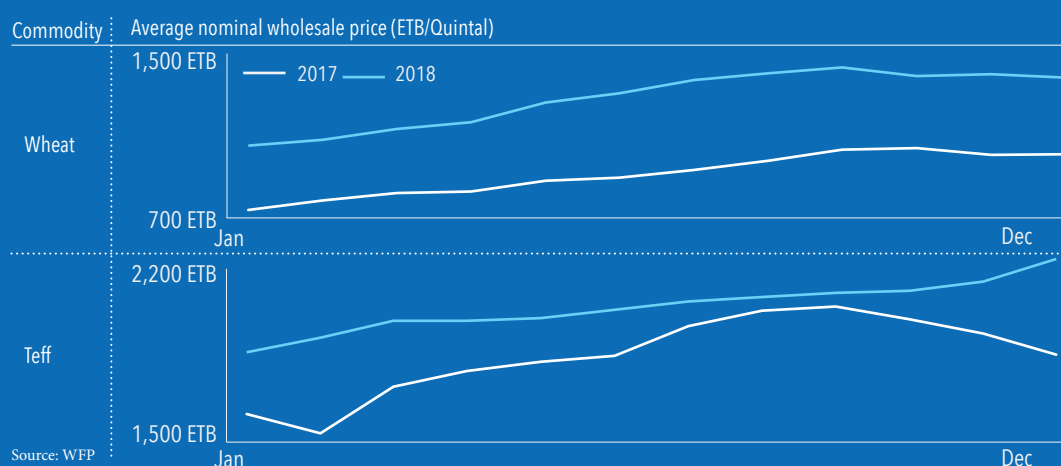
The conflict between Oromos and Somalis has also negatively impacted the formal and informal livestock trade between the two regions.

In Tigray region, the second part of 2018 has seen major fluctuations in the market mainly due to road closures, and irregular supply demand from neighboring Eritrea.

In Gambela, conflicts in neighboring Oromia and SNNP regions affected free movement, and thereby impacted the availability of commodities and supplies in the market.

In Benishangul Gumuz, the *meher* assessment findings indicate that major cereal prices have increased. However, this was not attributed to the conflict that has grappled the

### Market price fluctuations in 2018 compared to 2017 for main staple foods



Source: WFP

region, but more so, a normal seasonal increase until the *meher* harvest reaches the markets. It should be noted though, that movement restrictions into the region due to the conflict as well as displacements from and within the region might have negative effect on the market in the near future.

### Regional highlights from meher assessment

**Afar:** Crop is mainly supplied from neighbouring meher producing regions (Oromia, Amhara, Tigray). At the time of the assessment, crop prices were high compared to the same period last year. It is expected that price should go down as supply increases from the neighboring regions as meher harvest progresses. Following the unseasonal rain received in October and November, livestock body conditions observed near normal as compared to normal year. Livestock supply is expected to increase in the upcoming months, thus reducing the price on the market.

**Amhara:** At the time of assessment, the meher season harvesting was not completed. Current prices of main staple crops show a considerable increase compared to average prices. It can be expected that prices would go down as supply of crops from the meher harvest arrive on the market from the region as well as neighbouring Oromia region.

**Dire Dawa:** Current prices of main staple crops shows an increase of 13 per cent compared to last year prices. As the Dire Dawa market is supplied mostly from Oromia region, it can be expected that prices would go down as new supply from the meher harvest arrive on the market. Livestock prices were reported to be higher than last year. It can be expected to decline in the coming months due to high supply and low body condition. The high grain prices and a declining livestock price is expected to affect negatively the purchasing power of rural households.

**Gambela:** Most markets in the region depend on crop supplies from Oromia and SNNP regions. As mentioned previously, conflict situation had impact the supply from these regions leading to increased prices. The increase in the refugee population has also increased the cost of some items in the region such as fish and fruits (mango) by 120 per cent as compared to last year.

**Harari:** At the time of the assessment, the supply of staple grain was normal and prices were stable but high. The price of livestock and livestock product was also found to be normal.

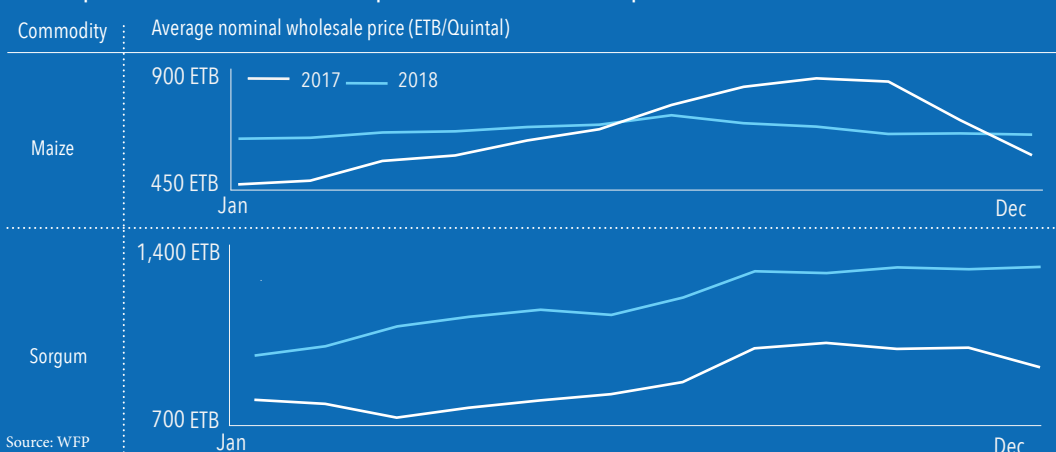
**Oromia:** At the time of the assessment, prices for staple grains were reported of being high as the eastern part of the region suffered shortage of supply. High demands for staple grains were reported in East Shewa and West Hararge districts as a result of poor *meher* production. The prices are expected to decline in the coming months as *meher* harvest arrives on the market. The livestock supply was reported normal and stable in North Shewa, Bale, and Arsi zones. However, high supplies were observed in East Shewa and West Hararge zones. Pastoralists increase the price of livestock to increase their purchasing power and offset the increased cereal prices.

**SNNP:** Local markets for both grain and livestock are accessible in all *woredas* of the region. Supply rate of staple foods has been improving as the *meher* crops harvest has already started in several areas of the region and other adjacent areas. Prices of food crops in different parts of the region reported to have been higher compared to average and last year.

**Somali:** The market reported low (below average) availability of both commercial livestock and milk, mostly due to the below-average *Deyr* rain performance between October -December 2018. However, the livestock price is expected to decline during *Jillal* (January-March 2019), with more livestock supply in the market. The market also indicated a shortage of cereals. A large portion of the population relies on relief food distribution for their access to wheat cereal. Market conditions in many areas benefited from the construction of the asphalt road from Jijiga to Gode which traverses key towns such as Kebridahar, Degahbur and Birkod, leading to growing capacity and importance of the Gode and Degahbur markets in particular.

**Tigray:** As mentioned previously, road closures in the country as well as with neighbouring Eritrea, has affected the markets in the region. In addition, the presence of IDPs in all *woredas* and high refugee influx from Eritrea particularly in the North-western zone had effect on available food crops and other items. It should also be noted that local inflation had an impact on the price fluctuation/increase.

Market price fluctuations in 2018 compared to 2017 for main staple foods





## Displacement

Until a few years ago, internal displacement was not a major humanitarian challenge in Ethiopia and was not particularly in the discourse of Government and the humanitarian community. The few internal displacements were mainly driven by natural disasters, and were mainly seasonal and temporary.

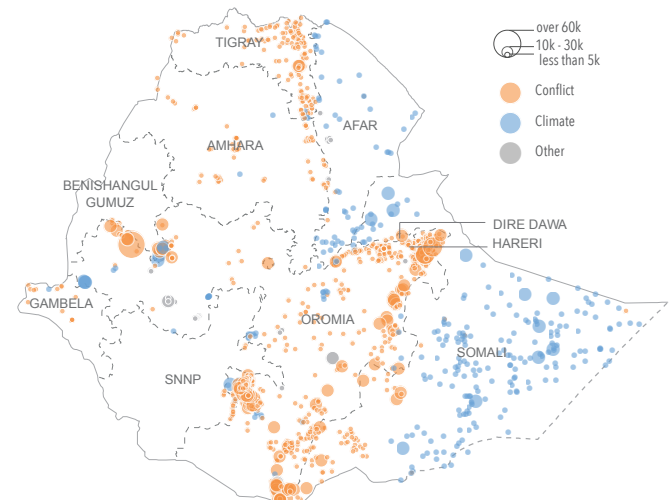
Following extensive advocacy led by IOM, in mid-2015, DTM was initiated to track the failed *belg* and subsequent El Niño drought-induced displacement in 2016. Government (regional and federal) and international partners debated how best to characterize IDPs as regional authorities established “IDP Congregation Sites” along seasonal pastoralist migration routes. It became increasingly evident that the scale of livestock losses (more visible among the small-scale pastoralists) and the increasing numbers of IDPs in the Government-managed sites was a different definition of displacement. Despite a robust Government and international community system to address natural disasters, the scale of need surpassed the ability of partners to adequately respond, and a support to government surge system was introduced to reinforce the points of delivery.

During this time, the characteristics of pastoralist drought IDPs was discussed at great length, given the importance of mobility of the pastoralist lifestyle. The so-called “destitute” pastoralists had lost most or all their herd and had essentially settled without any livelihood. Other pastoralists had lost some of their livestock and safeguarded core breeding animals to enable recovery once rains and pasture were available.

In the context of conflict displacement, the mobility of pastoralist communities and thus their classification as IDPs, became central to the discourse on vulnerability and needs. The rapid spread of conflict along the disputed Oromia-Somali boundary during the second half of 2017 resulted in the immediate displacement of communities along the inter-regional boundary. As the conflict ebbed and flowed pastoralist IDPs moved, challenging the monitoring of the IDP population as well as the response to their needs.

By early 2018, some 950,000 people were internally displaced, some 100,000 of whom were evicted from Somali region on 12 September 2017. An analysis of IDP livelihoods based on DTM data found that nearly 80 per cent of IDPs along this regional boundary were rural agro-pastoralists, who moved away from areas along the regional boundary, with existing livestock to areas inhabited by agro-pastoralists. For the most part, given the ethnic kinship, hosting communities were hospitable to the IDPs. However, as displacement persisted, host community resources were depleted while the limited response was directed to IDPs, localized frictions emerged in some IDP hosting areas. Although many of the areas of origin of the IDPs are contested by the regional authorities, the fact that most IDPs did not cross a regional boundary increases the likelihood of spontaneous return. Conversely, suitability of organized return is challenged by divergent views on suitability of return and concerns regarding the pull and stay factor humanitarian

## SITES HOSTING INTERNALLY DISPLACED PERSONS



Source: DTM and Federal/Regional Governments

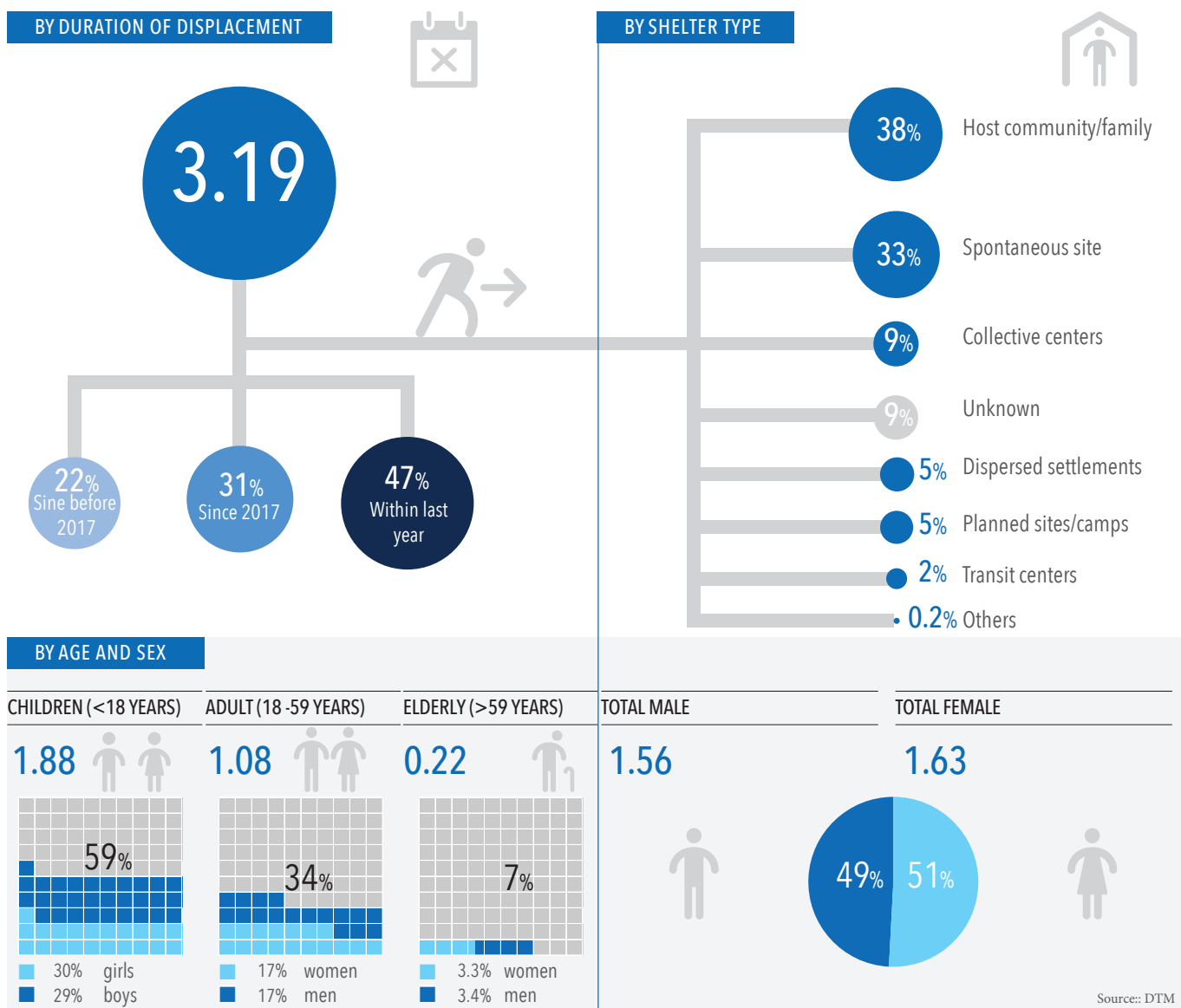
assistance has on people's decision to return or remain in areas of displacement. However, the risk that underlying tensions, triggered by localized events, develop into conflicts that generate new and repeat displacement, lack of documentation of properties, and fear for personal safety have been highlighted as barriers for returning to areas of pre-conflict residence.

### Status and effects

In Ethiopia, communities living along disputed boundaries are most likely to be displaced by conflict. In low-land areas, the effect of climate change-induced livelihood shocks severely undermine coping strategies of the dominant agro-pastoralist and pastoralist livelihoods along these fault lines. These are further compounded by insufficient assistance that aims to address the needs associated with multiple shocks and supplement systemic shortcomings in sparsely populated resource poor parts of the country. In addition, increasing resource scarcity in recurrently drought-affected lowland pastoralist and agro-pastoralist areas rendered these areas more prone to resource-based conflict. This corresponds to the fact that the Oromia and Somali regions inhabited by large groups of pastoralists and agro-pastoralists remain the largest group affected by internal displacement.

Meanwhile, women and youth were disproportionately affected as well. Accounting for 51 per cent of the displaced population, according to DTM Round 14, women were exposed to several protection risks including domestic violence. In the case of youth (15-17 years), constituting 14 per cent of the IDP population, the immediate and long term impact of disrupted education, including vocational training, is high and unless addressed, result in a dearth of sustainable livelihood means. A comprehensive and sustainable IDP assistance should therefore include addressing gender-based violence, provide education support as well as livelihood opportunities.

## INTERNALLY DISPLACED PERSONS (IDP) AND IDP RETURNEES (in millions)



There are currently 3,188,677 IDPs and IDP returnees<sup>1</sup> living in different parts of the country. More than a third (38 per cent) of these IDPs and IDP returnees have been displaced within the last year; 31 per cent have been displaced since 2017 and another 31 per cent have been displaced since before 2017.

When looking at the shelter types of the IDPs and IDP returnees, 9 per cent live in collective centres, 5 per cent in dispersed settlements, 37 per cent with host communities/families, 5 per cent in planned campsites, 33 per cent in spontaneous settlements, 2 per cent in transit centres, and 9 per cent in others or unknown places. The characteristics of each are summarized below based on IOM DTM round 14 information.

**Host community/family (37 per cent):** 86 per cent of these IDPs or IDP returnees are in locations with access to livelihood, few have incomes (12 per cent of households). Shelter quality is not adequate; 52 per cent households have electricity, and 32 per cent have less than 5 litres of water per person per

1. IDP returnees are IDPs who have returned to their area (usually *kebele*) from which they were displaced, i.e., those who returned to their home and those who returned to their village/kebele but not to their home.

day. Sanitation is poor with 38 per cent evidence of open defecation. The majority (60 per cent) rely on food assistance from government or local community. A little more than half have access to health facilities (53 per cent); and the majority have access to primary education (83 per cent).

**Spontaneous settlements (33 per cent):** Most (96 per cent) sites are within reach of a form of livelihood, yet the vast majority of IDPs and IDP returnees remain without income (12 per cent of households). 97 per cent rely on food assistance from government or local communities. The majority of IDPs and IDP returnees live below standard shelters, almost all (96 per cent) have access to electricity, and 35 per cent have less than 5 litres of water per person per day. Most sites are considered to have poor sanitation with open 83 per cent open defecation. Most (70 per cent) of sites have access to health facilities, and 67 per cent have access to primary schools.

**Collective Centres (9 per cent):** Collective centres provide temporary accommodation until longer-term solutions are found. Some of the IDPs and IDP returnees (12 per cent) intend to relocate. Only few IDPs and IDP returnees in

Source: DTM



collective centres have an income (12 per cent of households) and almost all (78 per cent) are reliant on food assistance. Most collective centres (79 per cent) have accessible health facilities and most (93 per cent) have accessible primary schools. The majority have no adequate shelter standards and around half have access to electricity (49 per cent - ranging below 25 per cent to over 75 per cent access). Just under 20 per cent of collective centres have less than 5 litres of water per person per day, and almost all have poor sanitation facilities and evidence of open defecation (96 per cent).

**Dispersed settlements (5 per cent):** Dispersed settlements are in rural areas. Only 1 per cent of IDPs and IDP returnees living in them intend to relocate. Most (85 per cent) locations are accessible to a form of livelihood and 59 per cent of households have an income. Just over a third (38 per cent) live in locations where the majority of shelters are substandard; almost all households (96 per cent) lack electricity and most (77 per cent) have less than 5 litres of water per person per day. Almost none have access to adequate sanitation and open defecation is prevalent (96 per cent of sites). All rely on food assistance (100 per cent of sites). Most are located within reach of health facilities (87 per cent) and have access to primary education (88 per cent).

**Planned camp sites (5 per cent):** more than half (64 per cent) of sites are considered by IDPs and IDP returnees to be located within access to a form of livelihood. Most claim to have inadequate shelter with no electricity (96 per cent); 40 per cent reported to have damaged infrastructure. Most sites have access to water, and only few (1 per cent) of sites have less than 5 litres/person/day. While in most sites IDPs and IDP returnees deem toilet facilities to be inadequate, Majority of sites (68 per cent) have evidence of open defecation. All IDPs and IDP returnees rely on food assistance (100 per cent). All sites have access to health facilities and most have access to primary education (77 per cent).

**Transit centres (2 per cent):** Only few (4 per cent) have incomes and all rely on food assistance. IDPs and IDP returnees in the majority of sites claim that most shelters are inadequate, and most sites have access to electricity (67 per cent). 15 per cent of sites have less than 5 litres of water per day. Sanitation is poor and most sites (96 per cent) have evidence of open defecation. All sites have access to health facilities, but none (only 1 per cent) having access to primary schools..

## Flow and trends

Ethiopia saw a dramatic increase in internal displacement since September 2017 as a result of inter-communal violence in various pockets of the country. Localized small-scale displacements have always existed in the country, mainly resulting from clashes between communities over pasture and water rights in pastoralist and agro-pastoralist areas along regional boundaries.

As of March 2018, there were at least 1 million people displaced by inter-communal violence in Ethiopia, mainly between the Oromos and Somalis over territory and access to resources. The number of conflict-displaced people has been gradually increasing, going from 147,000 in September 2016 (DTM

1) to 1 million in March 2018 (DTM 10). The largest spike was registered following the escalation of violence along the Oromia-Somali boundary in September 2017.

An unforeseen conflict-induced displacement occurred when historical tensions over land and boundary between the Gedeos (SNNPR) and Gujis (Oromia) escalated in April 2018. This violence led to mass displacements, injuries and deaths. At the peak, nearly 1 million people were displaced in both zones, bringing the number of conflict IDPs in the country to 2.2 million as of May 2018 (DTM 11).

Another wave of mass displacement occurred when inter-communal violence erupted along the Benishangul Gumuz - Oromia boundary on 26 September 2018, resulting in the displacement of nearly 250,000 persons. In the last few months, displacements resulting from inter-communal violence continue to be reported in various pockets of the country.

The Internal Displacement Monitoring Center (IDMC) estimates that 2,894,841 people have become newly displaced between 1 January and 31 December 2018. This is based on comprehensive analysis (which ensures no double-counting) of data from regular DTM rounds (9, 10, 11, 12, 13, 14), DTM's rapid response assessments for Gedeo and West Guji, and information from secondary sources on IDP movements in between rounds of DTM and in areas where DTM did not capture displacements.

## Displacement and food insecurity

In a displacement setting, households are almost entirely reliant on relief food assistance, and access to any type of employment as a coping mechanism is usually not available. Data shows that in a drought year, even in a non-displacement setting, farming households receiving emergency food assistance still faced a 30-40 per cent gap in their monthly food requirements as rations were shared extensively with other community members. Coupled with an increase in price of staple foods – particularly maize, wheat and sorghum which have seen an upward sloping price difference from 2017 to 2018, which are now stabilising at elevated levels – further exacerbates the vulnerability of poor and drought-affected households. In 2017 and 2018, aggregate retail prices of staple cereals, maize, sorghum and wheat, had respectively shown an increase of 31, 23 and 15 per cent as compared to aggregate mean prices between 2012 and 2016.

In drought-induced displacement conditions that dominated much of 2017, pastoralist households in the lowlands often lose their livestock and are unable to continue with their 'pastoralism', congregating in displacement sites and becoming fully dependent on relief food. Low assets and human capital endowments are important sources of vulnerability.

Furthermore, milk from livestock in a good year provides about two-thirds of the mean energy required and 100 per cent of the protein required by a child. But this is reduced by over 70 per cent in a drought year, often leading to a nutritional crisis. Local institutions, that ensure different community groups receive assistance when in need – like traditional 'go arounds' that ensure women have access to day-to-day support (in food and similar consumable resources), when village-level

resources are thinly stretched – are no longer accessible nor able to be easily formed, all of which have adverse effects on the coping strategies and on health and nutritional statuses.

DTM data shows that 231 of the drought IDP sites that were formed in 2015/16 and of those that came about in 2017 are still open today. This indicates that return to pastoralist lifestyle without significant levels of external assistance is nearly impossible for a significant portion of IDPs in the lowland areas of Ethiopia (mostly Somali region). In other lowland areas (of southern Oromia in particular), rangeland degradation, drought and cattle die-offs, conflict and other socio-economic factors induce cattle to be increasingly owned by the better-off, with many of the poor households having no livestock at all; and engaging in other income generating activities such as poultry production, livestock and petty trading and the collection and sale of forest products. This has adverse effects on the environment and facilitates a conflict-bearing ground along communal lines in these ethnically mixed areas with long history of resource-based strifes. And whilst access to land and livelihoods upon return is fairly easier for those internally displaced by drought, ability to resume livelihoods is dependent on loss of assets and distance of displacement sites from areas of origin.

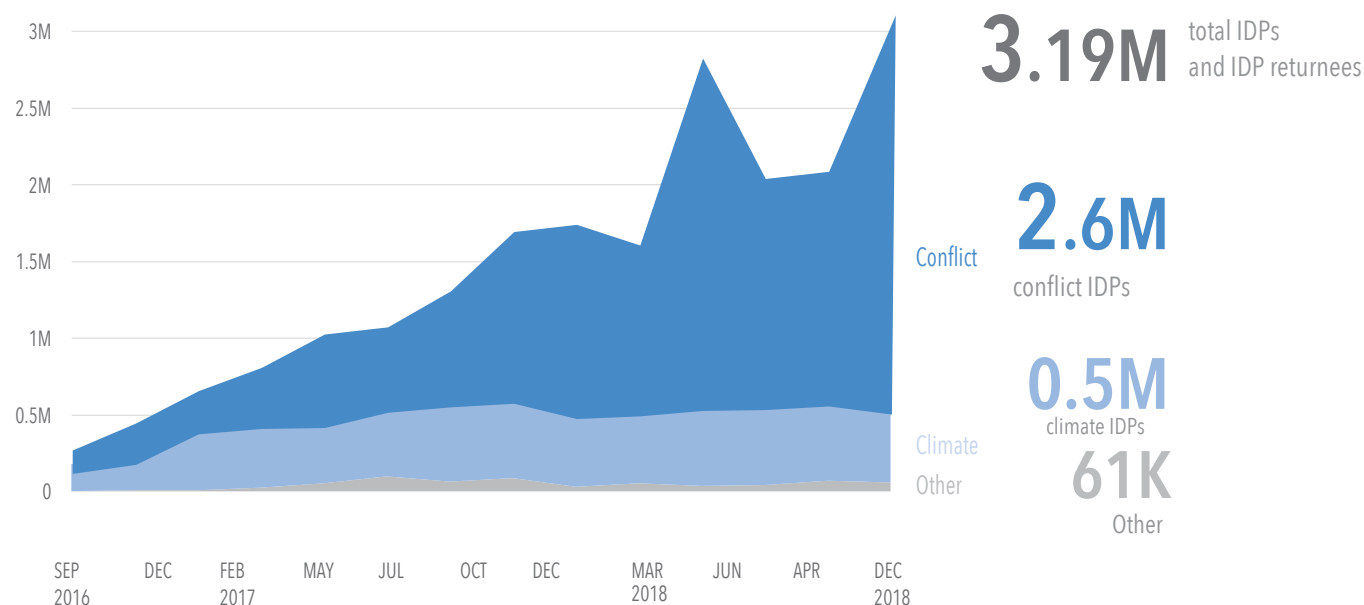
### Intentions

An analysis of IDP livelihoods based on DTM data found that nearly 80 per cent of IDPs along the boundary were rural agro-pastoralists, who moved away from areas along the regional boundary, with existing livestock to areas inhabited by agro-pastoralists. For the most part, given the ethnic kinship, hosting communities were hospitable to the IDPs. Although many of the areas of origin of the IDPs are contested by the regional authorities, the fact that most IDPs did not cross a regional boundary increases the likelihood of return. However,

the risk that underlying tensions, triggered by localized events, develop into conflicts that generate new displacement, lack of documentation of properties, and fear for personal safety have been highlighted as barriers for returning to areas of pre-conflict residence.

In 2018, funded by the United Nations Central Emergency Response Fund (CERF), IOM conducted IDP household (HH) intention surveys in a total of 299 sites, alongside village assessment in 20 sites in the Oromia and Somali regions with a sample size of 37,127 HHs representing 204,197 displaced individuals. While majority of the surveyed HHs - 37 per cent in Oromia and 99 per cent in the Somali region - chose local integration as the most preferred option, they viewed partial or incomplete access to basic services, resources and sustainable livelihood means as challenges to this solution. Access to housing was considered the most urgent need, followed by access to food and water, safety and security, and access to integration allowance in Oromia; and access to health service, access to clean and adequate water, and integration allowance in the Somali region. Firstly, scarcity of food and clean water has been driven by climate change-induced shocks, decreasing resilience of IDPs and host communities. Secondly, safety and security were considered essential condition in Oromia not least because most surveyed HHs in the region had been displaced by the 2017 Somali-Oromia boundary conflict. Lastly, the respondents expected the provision of an integration allowance to help them recover livelihood assets lost during displacement or left behind in a place of origin and lessen their dependence on host communities. Thus, there is a need to help displacement-affected communities to meet the identified humanitarian needs complemented by support for community stabilization, which will build their resilience altogether.

### TREND IN NUMBER OF IDPs



Source: DTM and Federal/Regional Governments

## Morbidity from infectious diseases

Ethiopia has made remarkable progress in water and sanitation coverage over the last two decades. Despite the progress seen in Ethiopia, 41 per cent of the population does not have access to an improved water source<sup>2</sup> and 27 per cent practice open defecation. In rural areas, 59 per cent of the population reported using improved drinking water sources, a quarter of which are piped. The most common types of improved sources in rural areas are protected springs, tube wells, and dug wells. The National WASH Inventory (NWI) report of 2012 also indicates that the majority of health facilities in Ethiopia lack access to clean water and only about 32 per cent have access to safe water.

Moreover, 17 per cent of childhood deaths are associated with diarrhea (EDHS 2011) which remains the third leading cause of under-five mortality attributed to poor water, sanitation and hygiene. In Ethiopia, acute watery diarrhea (AWD) was first reported in districts of Oromia and Somali regions close to the Ethio-Kenyan border in February 2016. After that, it continued spreading east and north reaching many parts of the country including the capital city and the northern parts of the country. Despite an ongoing effort to contain the outbreak, it continued spreading to large areas of the country affecting a large number of people; its course remained protracted and kept many people at risk.

In 2018, there were 3,357 cases of AWD reported in Afar, Oromia, Somali, Tigray regions and Dire Dawa, with a case fatality rate of 0.83. This was a marked decrease from the 48,865 cases reported in 2017. Tigray (55 per cent) and Afar (33 per cent) suffered the bulk of the cases, unlike the previous year when most cases were in Addis Ababa, Somali and Oromia. Sixty-seven woredas reported cases, including 42 in Tigray, 8 in Afar and 10 in Somali regions.

Measles is one of the most contagious vaccine-preventable viral diseases and represents an important cause of child mortality in sub-Saharan Africa. Measles epidemics reflect weakness of health systems. Despite considerable progress has been made during the last decade in measles mortality reduction, the persistent circulation of measles in the WHO African Region reflects the challenge of achieving sufficiently high herd immunity levels in areas with limited financial resources. Measles is a highly contagious and quite fatal disease, which is spread through the air. The disease is caused by a virus and

2. Drinking Water Quality Report Ethiopia 2016 - JMP  
<https://washdata.org/sites/default/files/documents/reports/2018-07/Drinking-water-quality-ethiopia-ESS-2016.pdf>

tends to spread very fast among unvaccinated young children resulting in epidemics, mostly in congested settlements. Though no treatment is available, the disease can easily be prevented by use of the highly efficient, readily available and quite affordable vaccines. Babies should get the measles, mumps and rubella vaccine as a routine immunisation, but the WHO estimated that globally 21 million infants did not get their shots in 2017.

Nationally, measles decreased from 17,745 cases in 2015 to 1,512 cases in 2018. However, the cases are still high, mostly in Somali (21.5 per cent of cases), Oromia (21.4 per cent), Addis Ababa (19.7 per cent) Amhara (16.4 per cent) and SNNP (12.3 per cent) regions. The most affected were children 5-14 years (42.5 per cent) and 1-4 years (30.5 per cent), with 22.3 per cent of the cases aged 15 years and above.

Another fatal disease present in Ethiopia is Yellow Fever. The Yellow fever is a potentially highly fatal, vector-borne, viral hemorrhagic fever disease common in tropical Africa. It is a vaccine-preventable disease, but because of being expensive, most third world countries do not include the vaccine among the routine Expanded Program on Immunization (EPI) vaccines. For that matter, it is always reserved for travellers in these countries. Yellow fever was reported in Ethiopia in 2013/15, in South Omo zone of SNNPR. In August 2018, another outbreak erupted in Wolayita zone of the same region. This outbreak had 35 suspected cases and ten deaths, signifying the case fatality rate of 28.6 per cent. In November 2018, the World Health Organization was releasing more than a million doses of yellow fever vaccine from its emergency stockpile after the deadly mosquito-borne disease killed ten people in southwestern Ethiopia, a WHO report said Monday. To control the outbreak, a mass vaccination campaign was implemented in November 2018. A total of 1,342,918 (103 per cent) people above the age of 9 months were vaccinated in Wolaita and Gamo Gofa.

While not as fatal as the other, scabies is an intensely pruritic, highly contagious skin infestation and was added to the World Health Organization's list of neglected tropical diseases in 2013. Although it remains common across the world, it is a major health issue in the developing world. Human scabies is a parasitic infestation caused by *sarcoptes scabiei* var *hominis*. The mite, barely visible to the naked eye, burrows into the epidermis and lays eggs, triggering a host immune response that leads to intense itching in response to just a few mites. Globally, it affects more than 130 million people at any time. Improved personal hygiene plays an important part in the prevention and control of scabies and depends on access to adequate water supply. 324,459 cases of scabies were reported

Among the top 10 causes of morbidity affecting more females than males : 2014-2015



Among the top 10 causes of morbidity affecting more males than females: 2014-2015





across the country in 2018, involving hundreds of woredas. Most of the cases occurred in Amhara (40 per cent), Oromia (31 per cent) and SNNP (22 per cent). Scabies is not an immediate threat to life, but long term complications can lead to death. The disease is not confined to a few localities or households. Hence the control requires a properly implemented and supervised combination strategy of both medical and hygiene interventions.

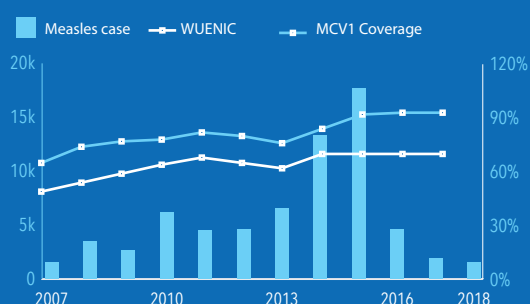
There are 3.51 million people in needs of assistance in areas affected by the burden of these diseases. They may not be directly affected by diseases but require some form of humanitarian assistance. These people in need are certainly more at risk than the others due to the vicinity of these outbreaks. Once communicable diseases are combined with other ongoing problems, such as malnutrition, food insecurity, conflict or displacement, the effect on the population is immense.

### Water, hygiene and sanitation

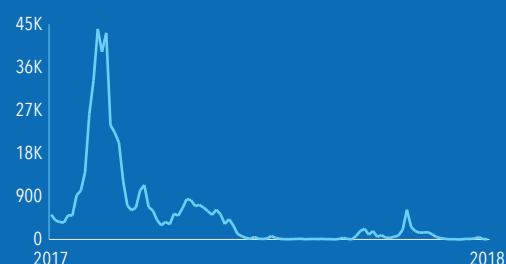
Access rate to safe drinking water in Ethiopia is 65 per cent and access to improved sanitation is limited only to 6.3 per cent. 60 to 80 per cent of communicable diseases are attributed to limited access to safe water and inadequate sanitation and hygiene services.

The majority of the displaced population (98 per cent) cannot access sustainable safe drinking water and are highly dependent on water trucking. As displacement is prolonged, more sustainable and long-term water supply needs to be addressed. Besides, there are many holy water sites where in many cases there is a risk of contamination of water.

Confirmed measles cases, SIAs and vaccination coverage by year 2007 - 2018



National AWD outbreak (2017 - 2018)



## Loss of ability to ensure basic self-sustenance

Over the past decades, Ethiopia has seen heavy state and international investment in the development sector. Most development investments are concentrated in areas with high population density (higher lands of central, northern and western parts of the country).

As one of the fastest growing economies<sup>3</sup> and one of the poorest countries in the world, Ethiopia's population may not see its growth reflected in current living conditions for years. For the last seven years, the country realized a two-digit economic growth while a third of the population lived below the poverty line. Moreover, its GDP reached close to 10.9 per cent in 2017. This has been attributed to a number of elements that are shifting the living conditions such as the expansion of agriculture, construction and services, as well as modest manufacturing growth.

The average household size in Ethiopia is 4.6 persons. Urban households are smaller than rural households (3.5 vs 4.9 persons), albeit household size in Somali region is in excess of 6 persons. Men head three-quarters of Ethiopian households.

Urban settings are relatively better off than rural settings in access to basic services, living conditions and hygiene and sanitation. The wealthiest households are concentrated in urban areas (89 per cent), whereas nearly half of the rural population (46 per cent) falls in the lowest two wealth quintiles.

The most prominent means of transportation<sup>4</sup> in Ethiopia is road transport. Ninety per cent of freight transportation, both in the import and export sectors, and 95 per cent of the public transportation services are carried out by the road sector. While a majority of the urban population covers only short to medium range distances on foot, in rural areas people for the most part travel on foot except for the few instances that they use draught animals.

The relatively high unemployment rates, especially for youth, hinder Ethiopia from growing even more. Despite the public sector's efforts to reduce unemployment and create jobs, there is a need for the private sector's contribution, since it is considered a longterm source of most jobs. The private sector can create new jobs in new areas such as IT, which can be a sustainable solution for the nation's unemployment challenges.

### Basic services

Due to a myriad of challenges including prevailing poverty, lack of quality health care (including access to basic services and comprehensive reproductive health care services and frequent stock outs of reproductive health supplies), and challenges in accessing water and sanitation, many of rural communities in Ethiopia are susceptible to preventable diseases with the most prevalent being intestinal parasites, acute respiratory infections, diarrhoeal diseases, HIV, malaria, and tuberculosis,

amongst others, affecting a significant percentage of rural communities in Ethiopia. This issue, in addition to the health system being underdeveloped, is a result of the aforementioned issues including a lack of access to clean water and sanitation, poverty, migration, and droughts. These conditions make the population vulnerable to contracting an otherwise preventable disease<sup>5</sup> and lead to preventable maternal deaths and morbidity and also impacts negatively on child survival.

Whilst access to education has shown significant improvement over the last years in Ethiopia, still, only 51 per cent of females and 65 per cent of males age 6 and over have ever attended school and only 4 per cent of women and 5 per cent of men have completed secondary school or gone beyond secondary school. Urban residents are much more likely than rural residents to be educated. Addis Ababa has the lowest proportions of both females and males with no education (16 per cent and 8 per cent, respectively), while the Somali Region has the highest proportions (66 per cent and 51 per cent, respectively). Fifteen years ago, only 25 per cent of boys and 20 per cent of girls went to school, while today 90 per cent of children go to school. The main causes for this change include building more schools in rural areas, training more teachers and giving room for local communities to have a say on how their children get educated. Furthermore, the Ethiopian government has put a focus on primary education that has the advantage of increasing the number of students going to school<sup>6</sup>.

Similarly, urban households fare better as compared to rural households in accessing drinking water (97 and 57 per cent respectively), although 25 per cent of the urban households rely on shared (public/neighbour) water pipes. While the overall number of Ethiopians with access to clean water has doubled in the last 20 years, statistics show that 61 million people still do not have access to water and 65 million live without a proper sanitation system and 27 million practice open defecation. One in three households in Ethiopia has no toilet facility (39 per cent in rural areas and 7 per cent in urban areas) with more than half of those in rural areas using unimproved toilet facilities according to the Government Ethiopia Demographic and Health Survey.<sup>7</sup>

An Oxfam study<sup>8</sup> looking at drought and effects of the El Niño phenomenon in 2015 provides good evidence of how climate induced disasters can affect the services. According to the study, the education system was seriously affected due to flooding, schools were destroyed in regions like Afar and Somali and drought forced families to abandon their homes in search of food, water and protection. Where schools still exist, parents are not able to cover education fees. Education is being affected in the drought-prone regions where inadequate food intake limits the capacity of children to stay in class. In all affected schools, there is a high rate of absenteeism, especially among girls due to their involvement in domestic responsibilities such as walking long distances to fetch water, caring for younger

3. WorldBank Ethiopia Overview: <https://www.worldbank.org/en/country/ethiopia/overview>

4. <http://article.sciencepublishinggroup.com/pdf/10.11648.j.sjph.20160404.15.pdf>

5. [http://www.who.int/countries/eth/coop\\_strategy/en/index1.html](http://www.who.int/countries/eth/coop_strategy/en/index1.html)

6. <https://www.voanews.com/a/ethiopia-cited-for-gains-in-access-to-education-103239769/126222.html>

7. <https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf> (Ethiopia Demographic and Health Survey Pages 10-11)

8. Consolidated gender analysis for the Ethiopian drought response - OXFAM 2016

siblings at home and trying to generate income. Some of these findings would still be relevant for population

According to the findings of the meher seasonal which utilized the Household Economic Approach (HEA), 5.86 million people are in “livelihood protection deficit”, implying that they do not have the income required to sustain their livelihoods in the medium and long term. They struggle to access basic public services, including health and education; to purchase basic seeds or veterinary drugs; and to maintain the minimum standard of living. At least 43 per cent of people in this category are in Oromia region - which covers the largest and most fertile territory in Ethiopia - followed by SNNPR (23 per cent), Amhara (13 per cent), Tigray (7 per cent), Somali (7 per cent) and Afar (1 per cent).

Households employ a number of coping strategies to sustain their lives and protect livelihood assets during hunger seasons, including purchase of cheaper food, labour migration, reduction of meal size and frequency, sale of firewood and renting of land. Better-off or middle-income households also sell their small ruminants and livestock. Others are forced to take on additional debt from local money lenders to cover basic household needs. Studies<sup>9</sup> indicate that following the El Niño driven drought of 2015-2016, the average debt increased by almost 60 per cent among farming households in the highlands, who took on a total outstanding debt to between \$271 and \$310. Overall, during drought years, opportunities for coping measures to expand income (such as labour migration) become limited.

### Access to the registration of vital events and documentation

Children in urban centres (particularly Addis Ababa and Dire Dawa) are much more likely to have their birth registered (24 per cent and 19 per cent, respectively) than children in other regions (5 per cent or less) and other vital events in general. Because of this, in humanitarian contexts, it is difficult to place IDPs and allow for their legal pursuit of rights and properties as they did not possess vital events certificates, even prior to conflict or drought situations. In Gedeo-West Guji displacement settings, very few sampled IDPs and IDP returnees indicated that they had possessed these documents even prior to the conflict.

An individual's identity card and all vital events certificates are registered with a serial number composed of the numeric identifiers for their kebele, woreda, zone, and region of origin. When individuals move between kebeles, they must present proof that they possess land and are required to have an identity card (and in some areas, a guarantor with title deeds can be considered in lieu of this). It is not yet clear, even to Government authorities, on how these rules should apply to climate IDPs, many of whom have never possessed an identity card and who do not possess property. In Somali Region, the Vital Events Registration Agency (VERA), who has been operating in the region since 2016, has adopted the approach of issuing temporary three-month identity cards to climate-induced IDPs, with discussions underway to revise these

instructions so that pastoralist IDPs can be provided with permanent identity cards. But this comes with challenges in implementation - i.e. providing identity cards to IDPs who do not reside in a specific kebele, but rather on the outskirts of town, and who may decide to move or return to their area of origin. This is even more complicated for conflict IDPs who have been displaced from farther woredas, zones, and regions. The current system does not allow an individual to obtain an identity card when displaced out of their woreda of origin, and creates limited options for local integration for those who do not want to return to areas of origin.

### Shelter and housing

In Ethiopia, the land is of public ownership. The State controls the lease of urban land and land is provided free of lease charge for low-cost housing developments. Around 80 per cent of the population lives in rural areas and laws guiding rural land tenure indicate that “peasants have right to obtain land without payment and the protection against eviction from their possession and pastoralists have the right to free land for grazing and cultivation as well as the right not to be displaced from their own lands withholding certificates issued to the land-holders”. The land is allocated considering the number of household members.

When a person or a group of people become displaced, access to land is challenging depending on how ‘central’ their displacement is from boundary areas. However, mostly in conflict cases, conflict-affected individuals lose their land tenure documents either having left them behind when they fled the violence or with the documents being destroyed along with their houses. This combined with the lack of knowledge on how to attain these documents and the lack of capable systems to re-issuing these documents does not allow for a comprehensive damage and loss compensation scheme for IDPs and IDP returnees nor advancing transitional and durable solutions. Over three-quarters of IDPs and IDP returnees sampled in Gedeo-West Guji zones show that they did not have access to information about land tenancy documents.

Even if migrating to urban areas is a preferred option for IDPs and IDP returnees, a set of socio-economic constraints pose challenges.

### Water, hygiene and sanitation

A combination of mainly systematic chronic issues such as low maintenance of water supply systems and effects of the last drought including climate variability are some of the factors for the water shortage in the country. Open defecation and access and availability of latrines have improved over the years however sanitation and hygiene remain main factors for related diseases. About 17 per cent of childhood deaths are associated with diarrhoea (EDHS 2011) which remains the third leading cause of under-five mortality attributed to poor water, sanitation and hygiene.

The Oxfam study<sup>10</sup> looking at drought and effects of the El

9. <http://www.agri-learning-ethiopia.org/wp-content/uploads/2016/01/AK-LDP-Indebtedness-study.pdf>

10. Consolidated gender analysis for the Ethiopian drought response OXFAM 2016



Niño phenomenon in 2015 provides good evidence of how issues related to water, sanitation and hygiene have affected the population. Qualitative evidence in the study suggests that the drought increased the health problems related to sanitation, which are further exacerbated by water scarcity, pollution and contamination. Poor water availability, lack of sanitation, decreased food availability and displacement were the factors that significantly heighten the risks of increased mortality and morbidity, including from malnutrition and due to outbreaks of communicable diseases. It was noted that open defecation is prevalent in all kebeles analysed in Somali and Afar regions; due to unavailability of latrines. Hand washing was not practised by the majority of community members, with no significant variation between Somali and Afar regions. Women and girls lacked access to appropriate water and sanitation services, including access to menstrual hygiene material. These findings are still relevant in most cases.

For people displaced in the country, most (98 per cent) of them do not have access to reliable safe drinking water and depending on water trucking provided by humanitarian responses. Humanitarian WASH responses up to date contributed to providing sanitation facilities to 38 per cent of IDPs and IDP returnees according to DTM Round 14. However, there are many collective sites where there is no adequate latrines. Besides, many host-communities where many IDPs and IDP returnees reside have been also facing chronic water shortage and limited access to safe water and sanitation.

According to the recent meher seasonal assessment (December 2018), in Tigray, the scarcity of potable water supply, low latrine coverage and poor hygienic practices is aggravating the incidences of waterborne diseases. There are about 12 per cent of the 8,240 water schemes are non-functional. The main reason for the non-functionality of water supply schemes are due to lack of spare parts, low water well yields, poor technical capacity and the shortage of budget for operation and maintenance.

In Oromia, where there is no water supply system or non-functional schemes, people have been serving unprotected sources from the distant location. However, the volume of unprotected sources mainly rivers, ponds and unprotected springs are overused both by IDP and host communities and also declining in drought-prone lowland woredas.

There are significant areas where people are facing water shortage currently and will deteriorate further after a few weeks and needs close monitoring and urgent response to the life of people and their livestock.

In Gambela, shortage of safe and potable water was also reported. The main reason for the shortage of water in those woredas was the non-functionality of most water supply schemes. Poor sanitation conditions had also been noticed during the assessment.

### Access to information

The most commonly found item in all households is a mobile phone (56 per cent); 88 per cent of urban households and 47 per cent of rural households own a mobile phone. IDP households, on the other hand, have limited access to information as they do not have mobile phones. In Gedeo-West Guji displacement setting, nearly all IDPs and IDP returnees indicated that their cell phones had been destroyed and that they are not able to access information on services, land and documentation matters, neither through SMS or limited internet facilities. In Somali Region, there are significant information gaps amongst IDPs on the aforementioned elements as well, mostly owing to the remoteness of many of the IDP sites with only 28 per cent of drought-affected IDPs, and 27 per cent of conflict-affected IDPs able to regularly obtain information about the services that are available to them. This is also capped by access to electricity – where only 8 per cent of rural house households have access to electricity (mainly via generators and solar panels). The difference is quite stark with urban households, 93 per cent of which have access to electricity albeit intermittent.

### Gender and protection considerations

Men head the majority (three quarters) of Ethiopian households. Despite legal frameworks providing equal rights to land, property ownership/transfer, etc., 2014 OECD and 2017 UNDP statistics ranked Ethiopia as one with high levels on gender discrimination (with lower levels of women's access to land, credit, other property, and inheritance practices, and overall restricted civil liberties for women) and high variance in human development outcomes between men and women. This is particularly true in areas where land reforms have not yet been fully endorsed because of traditional patriarchal practices or beliefs centred on male domination. Despite making up 45 per cent of the agricultural labour force and 77 per cent of all economically active women), only 19.2 per cent of agricultural holders are women and most not owning any formal leases to the land. Furthermore, women who work in agriculture make up the highest among those who are currently married, those with five or more children, those living in rural areas, those with no education, and those in the lowest wealth quintile. Generally, women tend to be less educated than men in Ethiopia with primary school is the highest level of schooling attended or completed a – but the margins are not that wide – Ethiopia Demographic and Health Survey statistics indicate that about half of women (48 per cent) and 28 per cent of men age 15 - 49 have no formal education. Moreover, men are more literate than women; on average 69 per cent of the men are literate against 41 per cent of women.

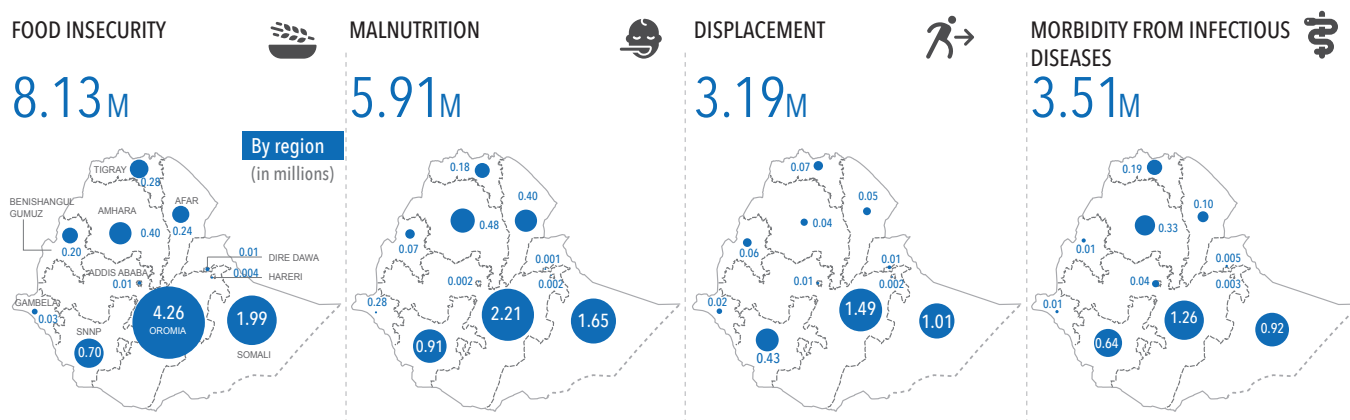
As is the case in most emergency contexts, women, adolescents and children are disproportionately affected. This is the case in accessing legal, physical and material safety in displacement settings, notably documentation. For instance, in Gedeo-West Guji displacement situation, some 77 per cent of sampled IDPs who had indicated having identification cards were male. In Somali Region, hosting nearly 1 million IDPs (a sixth of its population), very few IDPs possess legal identity documents (8 per cent of drought-affected IDPs and 32 per cent of conflict-affected IDPs of some 572 sampled) possess these documents,

and less than 1 per cent of these are birth, marriage and death certificates. Similar to the Gedeo-West Guji displacement case, the ability to obtain legal identity documents for marginalized sub-groups was far less than the rest. Approximately 90 per cent of drought-affected IDPs who possess legal documents are male and male leaders or elders are more likely to have documentation.

This is also the case in accessing basic services. In Ethiopia, nearly all public transportation services are carried out by road transport and people in rural areas travel on foot except for the few instances that they use animals. This means that

in displacement settings, women (particularly pregnant and lactating women), children and persons with disabilities have to travel long distances to areas of displacement as well as to fetch water and firewood (considered 'female' roles amongst many rural communities) to sustain their households once in displacement situations, making them susceptible to sexual and gender based violence in the absence of strong protection mechanisms. To access water, the average women and children in rural areas have to walk in excess of three hours, mostly from unprotected water sources. The situation is further exacerbated in conditions with acute food insecurity and water-related diseases (such as AWD).

#### PEOPLE IN NEED BY HUMANITARIAN OUTCOME <sup>1</sup>



1. Please note that often the same people face a multitude of humanitarian outcomes. Hence, the people in need numbers for the various humanitarian outcome cannot be added up. Avoidance of double-counting was ensured when calculating the overall people in need (8.86 million).

## IMPACT OF THE CRISIS

Ethiopia is facing three different types of crisis that are driving the previously described humanitarian outcomes: conflict, climate shocks and lack of recovery from them, and disease outbreaks.

People are facing a compounded humanitarian situation as various factors are taking a toll on the population, including ethnic tension and violence, limited recovery from previous shocks, chronic and systemic problems in service delivery, loss of livelihood activity due to climate variability and occasional disease outbreaks.

Conflict continues to prompt population displacement, to generate humanitarian needs, and hinders relief organisations in some parts of the country from delivering life-saving assistance. More than 80 per cent of the 3.19 million internally displaced persons (IDPs) and IDP returnees identified throughout the country have cited conflict as the primary driver of displacement. Conflict also affects the population remaining in areas where conflict incidents are frequent, since they also face food and income shortages and are unable to cover their survival needs.

Insufficient rainfall as a result of the Indian Ocean Dipole-induced drought in southern Ethiopia in 2017, has led to severe water shortages, catastrophic livestock losses, and failed crops.

This drought and related loss came as the country's northern and central highland communities continued to recover from a severe drought in 2016 triggered by multiple consecutive seasons of below-average rainfall and the effects of the 2015 and 2016 El Niño climatic event. In 2018 stress from other crises in the country - including flooding affecting several hundred thousand every year - has affected the coping capacity of the population. The country's history of frequent droughts and floods is associated with climate change.

While the main crises in the country are related to conflict and climate, about 80 per cent of diseases in the country are attributable to preventable conditions that are related to personal and environmental hygiene, infectious diseases and malnutrition. Environmental risk factors alone account for 31 per cent of the total disease burden in the country. While the health system reform has provided better health care over the years, the burden of disease is another vulnerability for the affected population.



## CRISIS TIMELINE, 2017-2018

2017

IN NEED

JAN

**5.60 million**

people in need of food assistance (HRD)



AUG

**8.50 million**

people in need of food assistance (Revised HRD)



DISPLACEMENT

**0.7 million total displaced**

1.1

**0.3 million conflict-displaced**

0.5

1.7

1.1

22



CONFLICT

Feb

Over 3,700 people displaced in Gambella region as a result of South Sudan cross border attacks

Mar

35,750 people displaced in Guji Zone, Oromia region as a result of inter-communal conflict in the last three months

Aug - Sep

Oromia-Somali border conflict

Oct

More than 240,000 people displaced over regional disputes between Oromia and Somali

**36 conflict events**

61



CLIMATE

Jul

Flash floods in Oromia region destroy homes and crops

Sep

Flooding displaces over 13,400 people in Gambella region



DISEASE

1,900 cases of measles reported in 2017

Mar

On average 500 AWD cases per day reported in Somali region during the last two weeks of March

Jun

5,421 cases of AWD were reported in 97 woredas across five regions since January 2017

Aug

491 new AWD cases were recorded during the second week and 644 in the third week of August

AWD cases per week

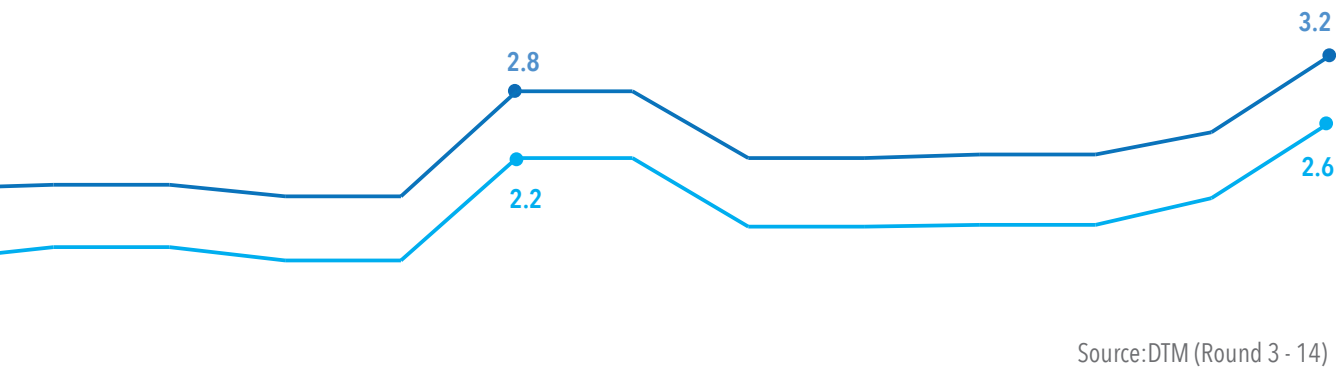
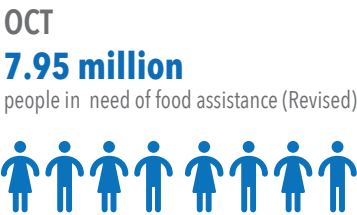
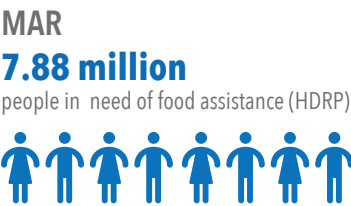
519

4,300

1,138

843

2018



**May**  
324,700 people were affected and 187,900 were displaced in Somali region due to heavy *belg/gu/ganna* rains

Tropical Cyclone Sagar caused flooding in Somali region. 900 households displaced, 300 head livestock killed and 200 homes damaged/destroyed

1,500 cases of measles reported in 2018

324,459 cases of scabies were reported in 2018, involving hundreds of *woredas*

**Jun**  
161 new cases of AWD reported in Afar region bringing the total number of confirmed cases since May to 469

**Aug**  
127 new case of AWD reported in Tigray region bringing the total number of reported cases in week 37 of the outbreak to 1,534, with 21 districts reporting active cases

## Conflict

The country witnessed various violent conflicts and inter-communal clashes in 2018.

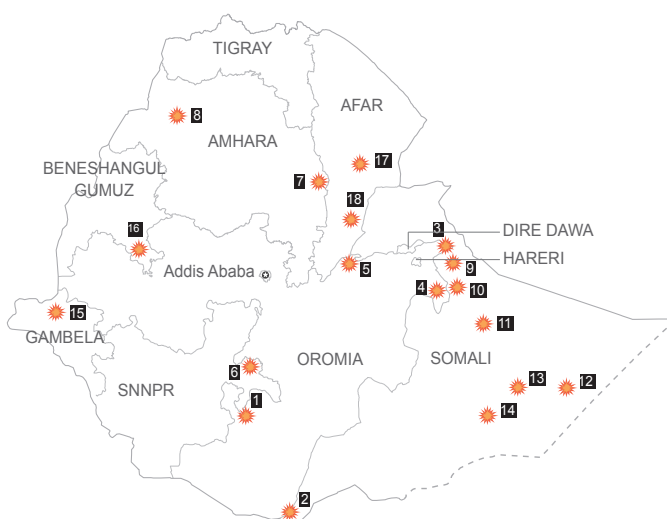
Most of these clashes happened along regional boundaries. In April 2018, historical tensions between the Gedeo (SNNPR) and Oromo (West Guji) communities escalated [1], leading to damage of properties, the displacement of nearly a million people and loss of many lives. Along the Oromia-Somali boundary, clashes which started in September 2017 continued to affect people in 2018 in various locations, including in Moyale at the Kenyan border [2]; between Chinaksen *woreda* of East Hararge zone (Oromia) and Tuliguled *woreda* (Somali) [3]; in Babile district of East Hararge zone (Oromia) [4]; as well as around Mieso *woreda*, West Hararge zone (Oromia) [5].

Inter-communal violence was also reported within regions. In SNNPR, inter-communal violence in Hawassa [6], capital of SNNPR, which began on 14 June 2018, reportedly displaced some 20,000 people. Another conflict has been reported in Bati *woreda* [7] in the special zone of Oromia in Amhara region between Oromos and Afar communities, and in Chilga and Metema *woredas* [8] in West Gondar zones in Amhara.

Inter-communal conflict also broke out on 4 August in Jijiga [9], the capital of Somali region, and quickly spread to Babile [10] Degehabur [11], Warder [12], Kabridahar [13], and Gode [14] areas. On 23 September, a youth demonstration in Gambella Town [15] triggered hostilities and sporadic clashes. In Kamashi zone [16] of the neighboring Benishangul Gumuz region, following a 26 September 2018 incident where four high-ranking Benishangul Gumuz state officials were ambushed and killed in Oromia near the regional boundary, subsequent inter-communal violence erupted between the Gumuz community and the “highlanders” residing in the area, displacing over 250,000 people.

In December 2018, violent clashes erupted between Afar and Issa communities at boundary *woredas* of Mille and Dubti *woredas* in zone 1 [17] and Gewane, Amibara and Gelalo in zone 3 [18]. As a result, nearly 42,500 people were displaced within the affected *woredas* and across to Afdem *woreda* in Sitti zone in Somali region.

## LOCATIONS OF CONFLICT EVENTS IN 2018



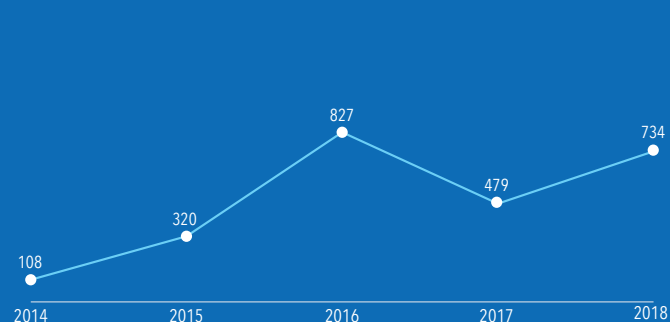
Source: OCHA

According to the HNO analysis, 3.91 million people are in need of humanitarian assistance due to conflict, out of which 1.78 million people are in acute needs. From the people in need of assistance, 2.63 million are displaced due to conflict.

## Humanitarian access

Humanitarian operations are mainly constrained by localized conflicts and the resultant access impediments. For instance, humanitarian access to Kamashi zone and Odabildigilu in Benishangul Gumuz region is completely restricted since September 2018 affecting humanitarian partners from reaching affected people in the two locations, while access to some regional boundary areas hosting IDPs in East and West Wollega zones in Oromia remain intermittent due to the security situation. Since the commencement of the Government led return process in Gedeo and West Guji in August 2018, access to IDPs in host communities and new IDPs in Gedeo has remained challenging as Zonal Government does not recognize them as IDPs. In West Guji, access to IDPs in some *woredas* is intermittent due to volatile security situation. This has affected consistent response to the needs of IDPs in the two zones.

## Conflict events since 2014



Source: The Armed Conflict Location & Event Data Project (ACLED) 2014-2018

## Conflict induced displacement

	Total individuals displaced	Percent by region
Oromia	1,326,387	50%
Somali	658,582	25%
SNNP	425,095	16%
Tigray	70,945	3%
Benishangul	61,545	2%
Amhara	42,437	2%
Gambela	20,943	1%
Dire Dawa	11,245	0%
Addis Ababa	6,583	0%
Afar	3,417	0%
Harari	2,044	0%

Source: DTM 14, Rapid Assessments and NDRM for 2019 displacements

Other access constraints in Ethiopia are physical in nature relating to bad road terrain and unpassable bridges during rainy seasons, while others relate to denial of the existence of humanitarian needs, or of entitlements to humanitarian assistance to certain groups of affected people by some sub-national Government authorities.

Due to security concerns on the Adama-Negelle-Dawa road and the poor state of Galuun bridge in Somali region, there has been limited access to Dawa zone where over 300,000 IDPs had until recently not had meaningful access to humanitarian assistance for nearly one year. Since early January 2019, food assistance has continued through the use of escorts.



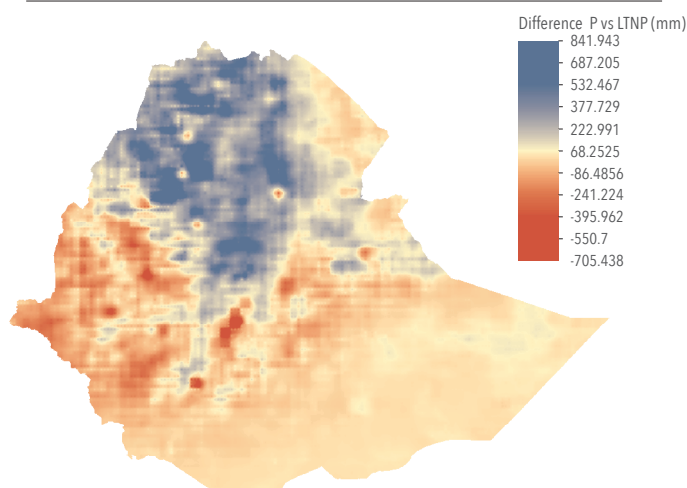
## Drought recovery

Large areas of the country, particularly the arid and semi-arid areas, are prone to high climate variability and frequent drought events. The sensitivity of Ethiopia's agriculture to climate arises from the fact that it is primarily rainfed and practiced by smallholder farmers who have limited capacity to respond to climate variability and extremes. Rainfall variability and associated droughts have been among the major causes of food insecurity and famine in Ethiopia (Conway and Schipper, 2011).

### Current rainfall situation

Agricultural Observatory and Famine Early Warning Systems Network (FEWSNET) analysis on the 'meher' harvest-dependent areas shows that during the July-September 2018 kiremt season, rainfall was average to above average in most of the cropping areas across the country. Regions that have experienced below normal rainfall include (i) Southern Benishangul Gumuz, (ii) Eastern and Western Oromia, (iii) Gambela and (iv) Central-West areas of Southern Nations, Nationalities, and Peoples' region (SNNPR). Despite below normal rainfall in the cited areas, the precipitation to evapotranspiration ratio indicates that moisture availability was sufficient for healthy plant growth across virtually the entire cultivated land. Exceptions might be in central SNNPR and eastern Oromia where planting is still taking place, despite the limitations of the agro-ecological zone (i.e. areas of transition to semi-arid/arid regions which might not be conducive for agriculture). According to FEWSNET (December 2018), following the generally average kiremt season performance, meher harvest prospects at the national level are expected to be near average. Unseasonal rainfall in October and November, however, did cause minor crop losses in major meher crop producing areas of the country. The meher assessment findings also confirmed below-average agricultural production due to erratic rainfall, conflict, and pests during the main cultivation season in pocket areas of the country.

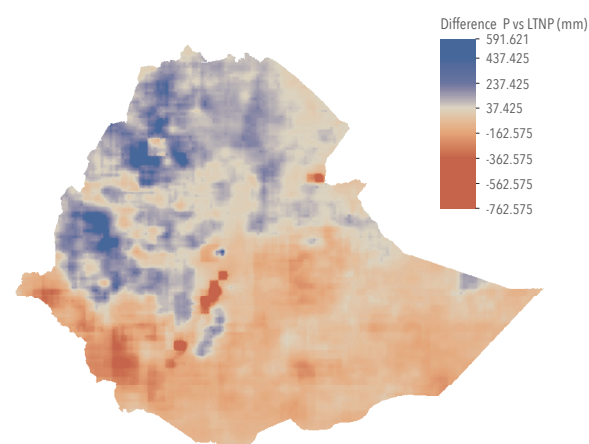
### JUNE-SEPTEMBER 2018 PRECIPITATION (P) VS. LONG-TERM NORMAL PRECIPITATION (LTNP)



Source: World Bank, Agricultural Observatory

Preliminary observations of the deyr September-November rains in southern/south-eastern Ethiopia (including any potential impact from the projected 2018/19 El Niño event on these rains) indicate drier than normal conditions in the south and south-eastern regions, while the northern part of the country has received average to above average rainfall. The poor deyr season rains are likely to negatively affect pastoralist activities, particularly on rainfed-dependent regions. While the projected El Niño phenomenon is expected to cause above average rainfall in southern/south-eastern Ethiopia from October to January; the impact of it is too early to project.

### SEPTEMBER-NOVEMBER 2018 PRECIPITATION (P) VS. LONG-TERM NORMAL PRECIPITATION (LTNP)



Source: World Bank, Agricultural Observatory

### Livelihood and recovery

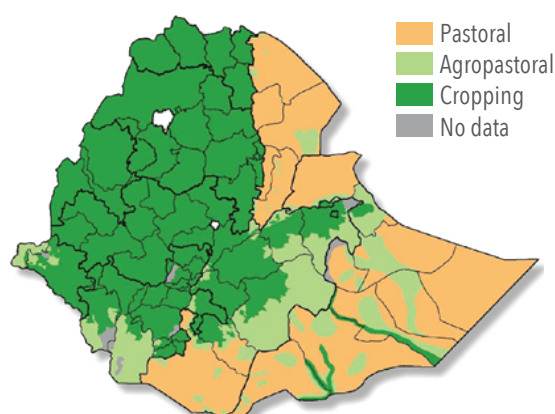
The livelihood of most of the rural population, of which about 39.3 per cent live below the poverty line, is fully or partially dependent on agriculture. Ethiopia's agriculture is, in turn, highly sensitive to weather fluctuations. Due to lack of built-in resilience, a large part of the country is prone to quickly suffer from drought-impact when seasonal rains are erratic or insufficient.

Livestock is also a major contributor to the livelihood of the rural population. According to the livestock sector analysis (Ministry of Livestock and Fisheries), more than 11.3 million rural households depend - at least partially - on livestock for their livelihood, of which 27 to 35 per cent of the highland livestock keepers and a large proportion of the lowland herders live below the Government of Ethiopia's established poverty line. The direct contribution of livestock to GDP is estimated at 150.7 billion Ethiopian birr per year, which constitutes 17 per cent<sup>1</sup> of the overall GDP and 39 per cent of the agricultural GDP. The sheer size of the national livestock herd, one of the largest in Africa, presents a huge potential to contribute to the national development, including poverty reduction.

During drought years, access to off-farm employment and the decline in livestock prices exacerbated food insecurity. Smallholder households with a farm size of about 0.9 hectares

1. Ethiopia livestock sector analysis - October 2017

## LIVELIHOOD ZONE TYPES



Source: Atlas of Ethiopian Livelihoods, USAID, 2017

generate income amounting to about US\$0.8 per person per day. Larger farmers – cultivating 3.5 hectares on average – although they make about twice as much (\$2.1 per person per day) – are not well-off either. Income diversification patterns are different; smallholders rely more on crop and livestock income (72 per cent) than on off-farm labour (14 per cent). Given the low productivity of Ethiopian smallholders, a relatively small portion works off-farm per day in low-skill jobs that pay little. The average daily non-farm sector employment returns in Ethiopia amounts to \$1.30.

It is predicted that because of climate change, major droughts will continue to occur with increased frequency and intensity. These will have a largely predictable impact, though a somewhat unpredictable timing. The process of recovery has not happened after several 'good/successful' rainy seasons and resilience investments are not forthcoming in the immediate future. The majority of the people affected by failed rains in the highlands live in densely populated environments where land is already degraded – rendering its potential productivity limited. In the lowlands, studies indicate that it will take at least two years for households who have lost more than 50 per cent of their livestock to fully recover if they are small-stock owners; and in excess of four years if they are cattle-owning households (it takes nine months for cows to start producing milk, some 18 months for camels and some five months for small ruminants). Without significant investments in resilience, food self-sufficiency becomes a thin reality.

## Risks and outlook

Although the Climate Prediction Center of the International Research Institute for Climate and Society's (IRI/CPC) Early-Month Official ENSO Forecast Probabilities shows 90 per cent for January and February 2019, given the timing and that a weak event is favoured, significant global impacts are not anticipated. El Niño is now expected to form and continue through the Northern Hemisphere spring 2019 (~65 per cent chance). Thus, uncertainties are high for predictions on El

Niño-related impact on the upcoming *belg/gu* (March-May) rains.

According to FEWSNET, in large areas of southern pastoralist Ethiopia, below-average *deyr/hagaya* 2018 rainfall will limit the recovery of pastoralist households. Between December 2018 and May 2019, the most likely scenario is that food security in areas worst-affected by drought in 2016/17 in Somali region will be at Crisis level (IPC Phase 3). Crisis outcomes are also expected throughout the scenario period in the pastoralist northern Afar, where successive mediocre to poor rainfall seasons have limited the availability of pasture and water, in turn reducing livestock productivity and incomes from sales.

With the early exhaustion of stocks from the previous *belg* and *meher* harvests, food security is expected to deteriorate from Minimal (IPC Phase 1) between October and December to Stressed (IPC Phase 2) in the eastern parts of Amhara and Tigray regions. The lowlands of East and West Hararge zones of Oromia region are currently Stressed (IPC Phase 2), and will likely move to Crisis (IPC Phase 3) between January and May 2019 due to *meher* harvest losses due to poor Kiremt rainfall as well as increasing levels of conflict-related displacement. Most of the rest of the country will remain in Minimal (IPC Phase 1) acute food insecurity from October 2018 to March 2019.

Current conditions for pasture and water in northern and southern pastoral areas are mixed. In southern pastoral areas, successive improvements in rainfall seasons had improved water and pasture conditions following droughts in 2016 and 2017. This, in turn, contributed to improved livestock body condition and conception rates and camels and goats are birthing again. Poor rainfall performance during the ongoing *Deyr/Hagaya* season, however, will limit the good recovery seen during previous months. In pastoral areas of Afar and northern Somali (Sitti and Fafan zones) regions, availability of pasture and water is expected to seasonably deteriorate during the dry season through March 2019.

Livestock prices are generally stable in most markets compared to last year. According to field observations in Somali region and Borena zone of Oromia, livestock prices show an increasing trend. The price increases are associated with an improvement in livestock body conditions and low market supply as pastoralists are recovering from past droughts (in some areas by 23 per cent compared to the same time last year). On the other hand, livestock prices show a decreasing trend in the north of Afar region (in some areas declining by 38 per cent compared to the same month of last year).

## Floods

Flood is one of the major natural hazards in Ethiopia which causes significant damages to lives and livelihoods in parts of the country. Flooding in Ethiopia is mainly linked to torrential rainfall and the topography of the highland mountains and lowland plains with natural drainage systems formed by the principal river basins.

In most flood-prone areas, floods occur during the peak of the summer *kiremt* rainy season (July and August). In Gambela region, flooding is most likely during August and September. In Somali region, heavy rains in the neighbouring highland areas of Oromia are likely to cause flooding in the kiremt season. Unseasonal and above-normal rainfall from October to January could cause flooding along the Wabe Shebelle and Genale rivers in Somali region and the Omo river in SNNPR. Similarly, heavy rainfall in the highlands of Amhara, Oromia and Tigray often result in overflow of the Awash River and its tributaries in Afar. Flooding around Lake Tana (Fogera and Dembia plains) is due to backflow of the Lake Tana and overflow of Rib and Gumera rivers at times of heavy rains during the kiremt season.

Flash floods occur in lowland areas when excessive rain falls in adjacent highland areas. Flash floods mostly affect areas including Central, Southern and Western Tigray region; North and South Wollo, West Gojjam and Oromia zones in Amhara region; parts of Zone 1, Zone 2 and Zone 4 in Afar region; North Shewa zone in Oromia region; Wolayita, Hadiya, Siltie, Guraghe and Sidama zones in SNNPR; Jigjiga Town in Somali region and Dire Dawa City Administration. Flash floods are sudden onset in nature with little lead time for early warning, and often result in considerable damage to lives, livelihoods and property.

In the second quarter of 2018, floods affected over 300,000 people in the Somali region and left nearly 100,000 displaced. Currently, HNO analysis estimates that 74,853 people are in need of assistance from the last floods in 2018. These include displaced population<sup>2</sup> spread out over six regions. The majority of these displaced are in Afar (39 per cent), Oromia (34 per cent) and Somali (21 per cent) regions.

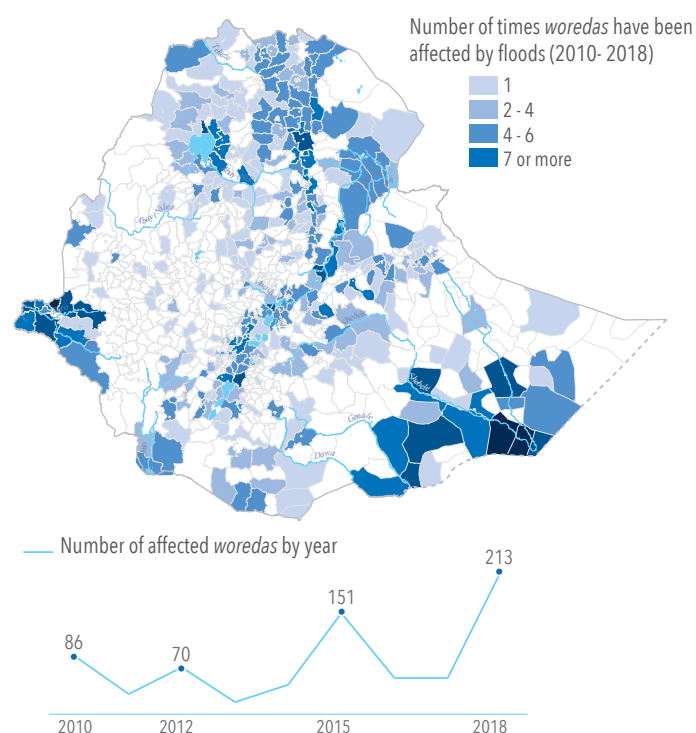
### Hazards and effects

In Ethiopia, the different flood hazards include flash floods and river overflows, which in turn attribute to lake backflow and submerged floodplains as a result of normal to above-normal rains.

Between 2010 and 2018, at least 361 *woredas* ( more than half of the *woredas* in the country) were affected by flooding, mostly those along major river banks.

Floods usually lead to displacement, service disruption, damaged houses, damaged infrastructures including schools and health facilities, damaged latrines, inundated croplands and lack of safe drinking water. People often get cut-off and

### FLOOD AFFECTED *WOREDAS* 2010-2018



Source: Flood task force, NDRMC 2018

require urgent search and rescue interventions and lifesaving humanitarian assistance.

There is also a high risk of water-borne disease outbreaks such as acute watery diarrhoea (AWD) following flood incidents due to deteriorated sanitary conditions as well as the use of contaminated water sources. Floods also lead to an increased probability of malaria and animal disease outbreaks due to conditions favourable to mosquito breeding and contamination of pasture by flood water across the low-lying pastoralist areas.

Flooding affects ongoing humanitarian operations, limiting access to displaced populations. Access also limits the ability of humanitarian organizations to conduct full and comprehensive needs assessments in flood-affected areas. Some locations remain inaccessible due to the flood waters, requiring boat and/or air transport facilities.

In addition to the immediate effect, floods also have an economic impact on the affected community as well as the Government. It is time-consuming to restore damaged facilities into their normal functions.

2. Based on DTM Round 14 results



## Risks and outlook

In Ethiopia, floods usually take place at the peak of the kiremt rainy season (July and August) in most flood-prone areas. In Gambella, flooding often occurs during August and September. In Somali region, heavy rains in the neighbouring highland areas of Oromia usually cause flooding in the kiremt season. Unseasonal and above-normal rainfall during October to January could also cause flooding in areas along Wabe Shebelle and Genale Rivers in Somali region and Omo River in SNNPR. Similarly, heavy rainfall in the surrounding highlands of Amhara, Tigray and Oromia often result in overflow of the Awash River and its tributaries in Afar. Flooding around Lake Tana (Fogera and Dembia Plains) is induced by backflow of Lake Tana and overflow of its major tributaries at times of heavy rainfall. It is also likely that heavy belg/gu/ganna seasonal rain (between February and May) induce flooding in belg-benefitting areas.

Data from the Dartmouth Flood Observatory<sup>3</sup> for the period from 2003 - 2018 shows that the Awash and Shabele rivers were the most flood-prone rivers. The map shows the probability<sup>4</sup>, or percent chance of occurrence, that a flood will develop in a given area (grid cell of the map) within a given year.

3. <http://floodobservatory.colorado.edu/Archives/index.html>

4. The probability is calculated through the following methodology. The country is divided into one degree by one degree (1°x1°) grids. Flood extent shapefiles for 14 different flood events were used for calculating the flood probability. The dark color grids (50-60 per cent) denotes the highest number of flood events within that grid cell, as compared to other grid cells. For the period 2003-2018, the mean annual rate of floods within a given grid cell is:  $\lambda F = \text{Number of floods} / 16 \text{ years}$ . The expected number of floods in a given grid cell for one year time (T) is:  $E[N(HF)] = \lambda F * T$ . And the probability of a flood over any given year is calculated by:  $P(1 \text{ or more floods}) = 1 - \exp(-\sum E[N(HF)])$ .

The next map shows the risk of flooding: how exposed and vulnerable each grid cell is to floods. The risk map is based on the score of the annual probability as well as the population distribution within each grid or cell, and ranges from severity 0 (no flood vulnerability nor population exposure) to severity 4 (relatively high flood vulnerability and high population exposure).

## Region-specific outlook

**Afar:** Heavy rainfall in the surrounding highlands of Amhara, and Tigray regions often result in flash flood and overflow of Awash River and its tributaries in Afar.

**Somali:** Somali region is highly prone to both flash and river floods given the geographical location where excessive rains from highlands of neighbouring Oromia overflow major rivers in the region. Floods result in losses of property, displacement and damages to infrastructures at times of excessive and heavy rains in the region.

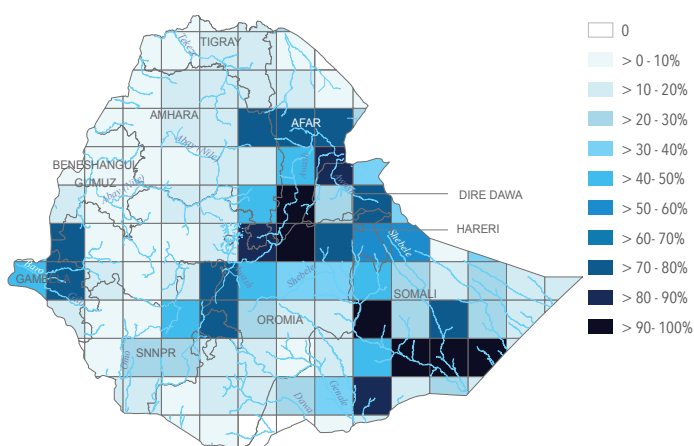
**Oromia:** Much of the flood disasters in Oromia are related to rivers that overflow and burst their banks following heavy rains and inundated lowlands.

**SNNPR:** Most flood occurrences in the region are related to the overflow of rivers and burst of banks following torrential rains. Floods in the region at times result in displacement, loss of property, depletion of natural resources and the disruption of social services and damage to infrastructure.

**Amhara:** Floods result in property loss, displacement and damages to infrastructures at times of excessive and heavy rains in the region.

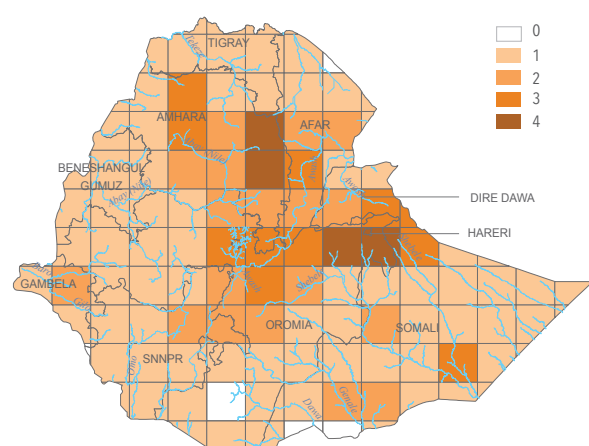
**Gambella:** Heavy rainfall often results in flooding in low-lying areas of Gambella along the Baro, Gilo, and Akobo Rivers.

## ANNUAL PROBABILITY OF FLOODING



Source: Dartmouth Flood Observatory (data from 2003-2018)

## RISK OF FLOODING





## Disease outbreaks

Forced displacement and population mobility drives people into poor congested living conditions, WaSH facilities, services, and practices, hence predisposing them to increased transmission of communicable diseases, with higher risks of disease outbreaks like measles, scabies and AWD. Population mobility poses additional risks for these outbreaks. Last year, random periodic sanitary risk testing of water samples conducted in AWD-affected woredas showed that 10 out of 72 samples had very high risk levels, and 34 had high risk levels.

There is a direct relationship between low health literacy and risky socio-cultural and religious practices, and communicable disease outbreaks. This trend was previously demonstrated at the peak of the out-of-control AWD outbreaks of 2016-2017. Mass gatherings conducted in unhygienic congested places, and work environments that have no basic WaSH facilities, services and practices contribute to this risk.

Low vaccination coverage, reduced vaccine efficacy due to compromised cold chain, with lack of herd immunity in some woredas including the hard to reach locations is one of the most likely drivers for the continued measles and pertussis transmission in the country. A mix of factors, both on the demand and supply sides contribute to this situation. These factors are service availability and accessibility, and service acceptability and utilization. Yellow fever vaccine is not yet part of the routine vaccination in Ethiopia, and this could explain the recent outbreaks. Ethiopia has not benefited from preventive and reactive oral vaccination targeting AWD hotspots, which when used in combination with WaSH interventions quickly interrupt and significantly lower the risk of future transmissions.

### The residual impact of disease outbreaks

Beyond the cases, complications and deaths directly attributable to a specific disease, the impact of any outbreak is far reaching. Most immediately, an outbreak like AWD temporarily diverts resources in the health system to mostly focus on the response, paying less attention to regular services for other patients. Outbreaks are an additional burden to families and the social system, due to unplanned expenses and time spent caring for patients. Economic activities like farming, trading and other exports, construction and businesses are disrupted during AWD outbreaks. Children miss many days of school due to measles and scabies outbreaks, and in addition, scabies reduces the productivity of both children and adults.

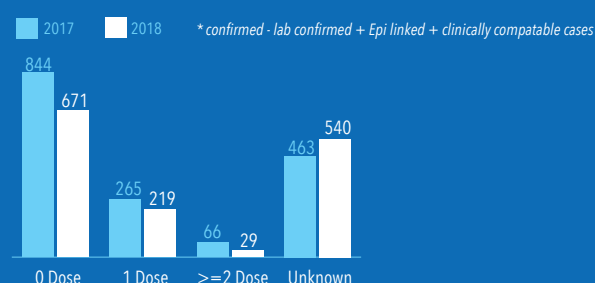
## Status of health services and main problems

Ethiopia's 1993 health policy is currently under revision. The Health Sector Transformation Plan 2015/16-2019/20 is in implementation. The health sector has shown improvement in key indicators. Between 2011 and 2016 the neonatal mortality ratio (NMR) decreased from 37 to 29, infant mortality ratio (IMR) from 59 to 48, under-five mortality ratio (CU5MR) from 87 to 67, and children age 12-23 months fully vaccinated increased from 24 per cent to 39 per cent. Between 2000 and 2011, maternal mortality ratio (MMR) decreased from 871 to 412, and modern contraceptive use increased from 6 per cent to 35 per cent. The health services were restructured into a three-tier system; primary, secondary and tertiary level of care. Political and social unrest, frequent and protracted disease outbreaks and emergencies, and high turnover of leadership and management in the sector has affected attainment of many of the targets in the current five years plan. Additionally, the health sector continues to face challenges of data quality and use, enforcement of regulations, chronic ruptures in the supply of essential medicines, insufficiently qualified workforce and domestic financing, health facility functionality and maintenance, and emergency readiness and response capacity.

## Risks and outlook

Through the vulnerability and risk assessment and mapping (VRAM) exercise conducted at the end of 2018, the EPHI identified certain biological, climate and conflict related hazards that pose the highest risk to the country. These include AWD, measles, meningococcal meningitis, malaria, rabies, dengue fever, Ebola Virus Disease (EVD), scabies, yellow fever, pertussis, severe acute malnutrition (SAM), flooding, and large population displacement. Despite the preventive and curative interventions that have been implemented to interrupt transmission and improve the living standards of affected populations, the drivers of these outbreaks remain in place. High malaria caseloads even in the absence of an outbreak strains the health system taking up most of the proportionate morbidity and mortality. Although there has never been a case of EVD in Ethiopia, the FMOH has classified Ethiopia as being at high risk for EVD importation since the country is connected, via several flights, to the Democratic Republic of Congo, which is experiencing the worst outbreak in its history. Additionally, the possibility of EVD importation via land crossing-sites is not negligible. Subsequently, the country is engaged in prevention and preparedness activities.

Vaccination status of confirmed\* measles cases (above 9 month age) in 2017/2018



## BREAKDOWN OF

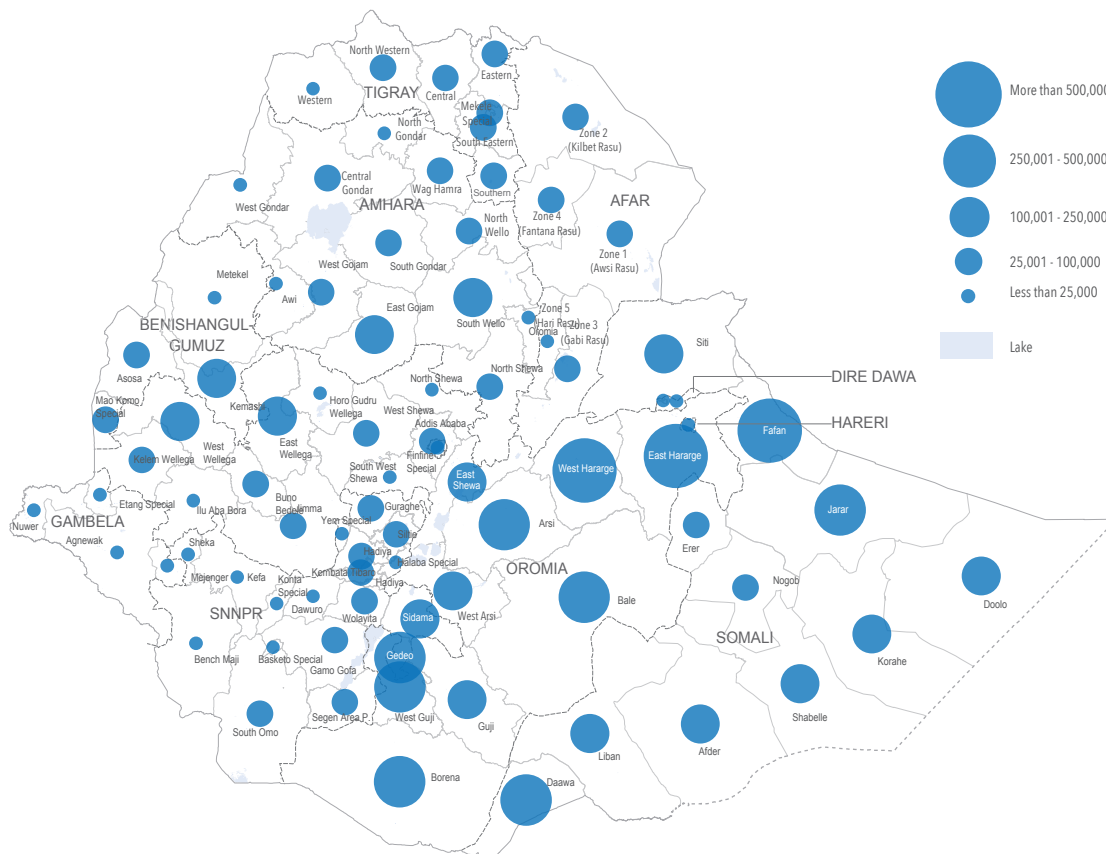
## PEOPLE IN NEED

Across Ethiopia, there are an estimated 8.86 million people considered to be in need of humanitarian assistance, half of them some 4.46 million are in acute need of assistance.

People in need (PIN) are an accumulation of people from three main crises in the country. These people are exposed to hostilities and violence, endure climate-related shocks or live in the burden of different diseases. In many cases, they suffer from effects of all these crises, such as lack of physical security, basic rights, dignity, adverse living conditions, disrupted livelihoods, loss of income, depleting assets, food insecurity and malnutrition. Many of them also lack access to basic services and essential goods necessary for an acceptable living condition. They face, inadequate social protection to re-establish normal living conditions with their accustomed means in a timely manner. People in need are fighting for survival needs, as they do not have total food and cash income required to cover survival needs. Most of them will live below the minimum food energy needs of 2,100 kcals per person for several months per year; they will struggle to cover the costs associated with food preparation and consumption; including expenses related to water for household consumption, medicines and education.

A significant portion of these people in need, some 3.19 million people are displaced (36 per cent), out of which 1.42 million people displaced are in acute need of assistance. Eighty-two per cent of people displaced is due to ongoing conflict, followed by climate-related calamities. The most pressing needs of Ethiopian IDPs and IDP returnees are access to livelihoods, restoration of land and property, and an adequate standard of living. With consecutive droughts driving many pastoralists from their land and killing large numbers of cattle, there is an overwhelming need for income generation opportunities among IDPs and IDP returnees and in host communities. In addition, water and food shortages have created widespread malnutrition, and many people are vulnerable to diseases such as acute watery diarrhea and have no access to healthcare. Other impacts of displacement that need to be addressed include disruption of children's education, mental health issues, and limited access to health and nutrition services.

## PEOPLE IN NEED, BY ZONE



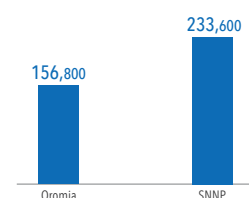
## Vulnerable groups and acute people in need

Amongst the people in need, some segments of the population are more acute in need than others due to their sex, age, status, duration, need, access and exposure to specific shocks. Vulnerable groups are included in the people in acute need and are divided into the displaced and non-displaced population.

### The vulnerability of displaced population

There are 1.36 million displaced people who are in acute needs, determined by nine different vulnerability criteria. The following categories of displaced population are not mutually exclusive and often times these vulnerabilities overlap on the same population.

**1. IDPs and IDP returnees in sites in Gedeo and West Guji in which IDPs first arrived within the last six months (since start of current displacement), and where they have been previously displaced**

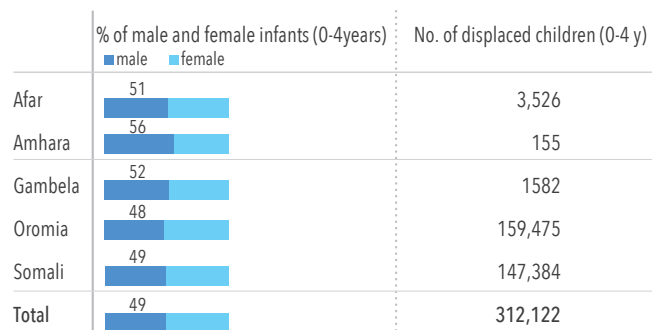


Source: DTM

Conflict erupted in April 2018 across the neighbouring Gedeo and West Guji administrative zones. Renewed inter-communal violence along the boundaries of Gedeo zone in SNNPR and West Guji zone in Oromia region was reported early June 2018. The conflict has caused the displacement of tens of thousands of people in the region. There are currently 390,412 people displaced in the last six months from sites where they have been displaced previously. It is assumed that this subset of

the displaced (almost 70 per cent) of the total IDPs and IDP returnees in this area is more vulnerable due to recent multiple displacements.

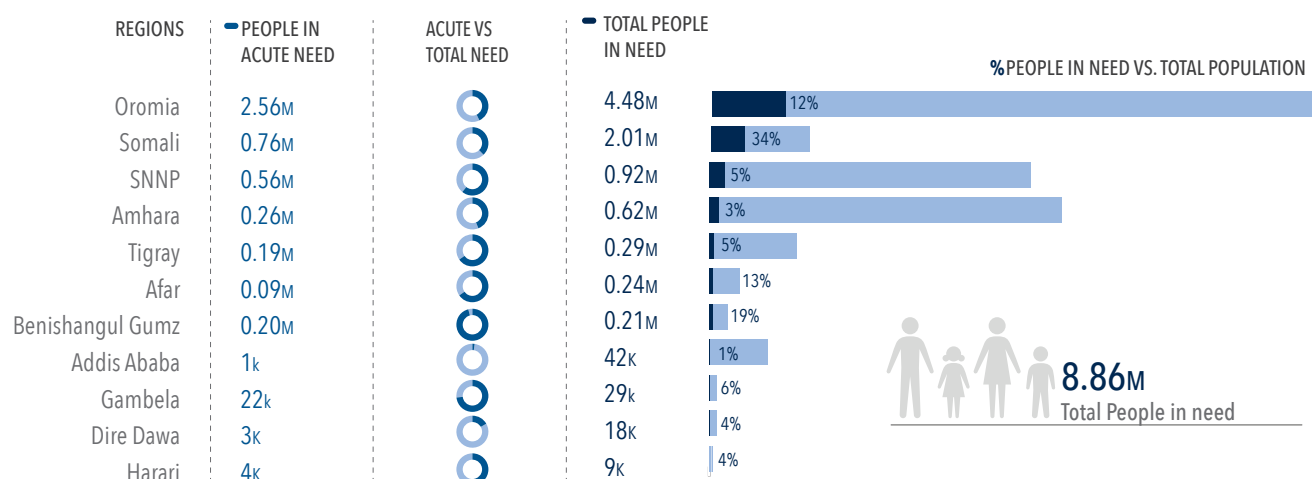
**2. Infants living in sites where few (25 per cent) to many (more than 75 per cent) of the IDPs and IDP returnees are living in below standard shelter**



Source: DTM

Shelter is a critical determinant for survival in the initial stages of a disaster. Beyond survival, shelter is necessary to provide security and personal safety, protection from the climate and enhanced resistance to ill health and disease. It is also important for human dignity and to sustain family and community life as far as possible in difficult circumstances. In addition to specific non-food needs of infants, it is important that adequate space is provided for sleeping, washing and dressing for appropriate care of infants and children. Appropriate shelter to ensure the right temperature for children is also necessary; for example, infants and children are more prone to heat loss than adults due to their ratio of body surface area to mass. Currently 312,122 infants are living in sites where at least 25 per cent of shelters are below standard. The majority of these IDP sites are located in Oromia and Somali regions.

## PEOPLE IN NEED, BY REGION AND ACUTENESS



### 3. Female youth IDPs and IDP returnees and female adult IDPs and IDP returnees from sites where the majority of women delivered at home

	Displaced female youth (15-17 years)	Displaced female youth (15-17 years)	Total displaced female in reproductive age
Afar	1,569	4,122	5,691
Amhara	134	659	793
Gambella	1,263	2,867	4,130
Oromia	26,352	63,575	89,927
Somali	40,786	78,328	119,114
Tigray	26	120	146
<b>Total</b>	<b>70,130</b>	<b>149,671</b>	<b>219,801</b>

Source: DTM

Many of the displaced people, including children, pregnant women and adolescents, sleep on cold grounds in public facilities, with only ragged clothes on them to keep them warm. In such circumstances being pregnant can pose many challenges for displaced women. For example, pregnancy before 37 and 40 weeks requires extra attention because every newborn delivered before 37 weeks of gestation period has a greater chance of developing complications such as breathing problems or low blood sugar that may result in being admitted to a neonatal intensive care unit. To prevent such experience, at least four visits to antenatal care services are prescribed. Displaced pregnant women and adolescents are particularly exposed to life threatening deliveries and die from preventable causes due to the poor conditions, such as postpartum hemorrhage due to lack of access to basic services, supplies and drugs. The health condition of the child improves with the survival of the mother. In Ethiopia there are 219,801 women of reproductive age living in displacement sites where women are delivering without assistance.

### 4. IDPs and IDP returnees are living in sites where less than 20 per cent of the displaced population has a source of income

	IDPs living on sites where less than 20 per cent displaced population has source of income.
Afar	11,880
Amhara	2,376
Gambela	7,126
Oromia	310,746
Somali	43,370
Tigray	65,472
<b>Total</b>	<b>440,970</b>

Source: DTM

One of the direct effects of displacement is the loss of income for people who are displaced. In the case of Ethiopia, most of the displaced are already in a low-income wealth group who due to displacement face loss of income. Currently, 440,970 displaced people are living on sites where less than 20 per cent of people have a source of income.

### 5. IDPs and IDP returnees are living in sites which do not have access to food and no access to markets

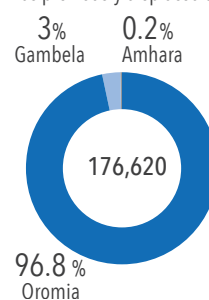
	IDPs living on sites which does not have access to food (distribution, vouchers etc.) and no access to market
Afar	3,512
Amhara	1,100
Gambela	17,724
Oromia	54,647
Somali	141,812
Tigray	3,716
<b>Total</b>	<b>222,511</b>

Source: DTM

IDPs and IDP returnees are mostly settled with already food insecure relatives or residing in cramped public buildings in densely populated parts of the country. Amongst them are 222,511 people who do not have access to food and have no access to markets. Somali region has the highest number (63 per cent) of the displaced population without access to food and markets.

### 6. IDPs and IDP returnees who are living in sites where the displaced population was previously displaced and currently living in open space or without shelter

IDPs who are living on sites where the displaced population was previously displaced and currently living in open space/no shelter



Source: DTM

Many of Ethiopia's IDPs and IDP returnees have been displaced multiple times in their lifetime. Currently, there are 176,620 people displaced in sites where people have reported being displaced previously. In addition to having faced multiple displacements, these people are currently living in an open space or are without shelter. Oromia region has the highest number of such IDPs and IDP returnees compared to other regions.



### 7. IDPs and IDP returnees from displacement sites where access is impeding due to security or vehicular access

	IDPs from displacement sites where access is impeding due to security or vehicular access	No of displacement sites not accessible
Afar	230	1
Amhara	322	2
Oromia	43,042	36
SNNP	188	1
Tigray	4,210	22
Total	47,992	62

Source: DTM

Access is paramount to providing aid to the displaced population. There are currently 47,992 displaced people not accessible due to insecurity or are hard to reach by vehicles. The majority of these IDPs and IDP returnees are in Oromia region (36 displacement sites). While in Tigray the number of inaccessible IDP sites are also high, but the number of IDPs and IDP returnees residing in these sites is much lower.

### 8. All IDPs in Benishangul Gumuz, because of the lack of access to that area

	IDPs in Benishangul Gumuz
Assosa	15,625
Kemashi	44,500
Mao Komo Special	1,420
Total	61,545

Source: DTM

Conflict has occurred in the Benishangul-Gumuz region since May 2018. Humanitarian access to Kemashi zone and Odabildigilu woreda in Benishangul-Gumuz region is completely restricted since the conflict started in September 2018, which prevents humanitarian partners from reaching the affected people in these locations. Currently there are 61,545 IDPs in Benishangul Gumuz who are inaccessible and presumed to be in urgent need of humanitarian assistance.

### 9. IDPs and IDP returnees displaced in the last six months due to conflict and living on displacement site where IDPs and IDP returnees have reported damage or destroyed shelter in the area of origin

	People displaced in last 6 months due to conflict and living on displacement site where IDPs have reported damaged or destroyed shelter in area of origin
Amhara	2,068
Dire Dawa	2,755
Gambela	993
Harari	905
Oromia	295,854
Somali	78,926
Tigray	4,781
Total	386,282

Source: DTM

In the last six months, significant displacement has taken place mostly due to conflict. There are currently 386,383 displaced people who have been displaced in the last six months and have reported damage or destroyed shelter in their area of

origin. While the majority of these people want to return, insecurity and loss of shelter are the main barriers to their return. Amongst them are 156,606 IDPs from Kamashi, 66,036 from Daawa and 44,638 from East Wellega.

### The vulnerability of non-displaced population

There are currently 3.21 million non-displaced people in acute need of assistance which are not covered by the PSNP. They are people assessed to fall below the survival deficit and belong to the bottom of the wealth groups (they are very poor and poor in some areas). Some of these groups may be chronically vulnerable, requiring support on a routine basis; others may experience transitory vulnerability, for example in the lean season before the next harvest or where rain disruptions are anticipated. People in survival deficit are unable to cover the expenses of basic needs and have reduced coping capacity to face shocks. On the other hand, belonging to the lowest wealth group brings many other challenges, such as lack of access to resources and income opportunities. Once other factors such as geographical location (e.g. proximity to areas often flooded, where there are ongoing diseases outbreaks, or have a peculiar climate situation) or age, gender, ethnicity, community structure, status, access are included, the vulnerability of people further increases.

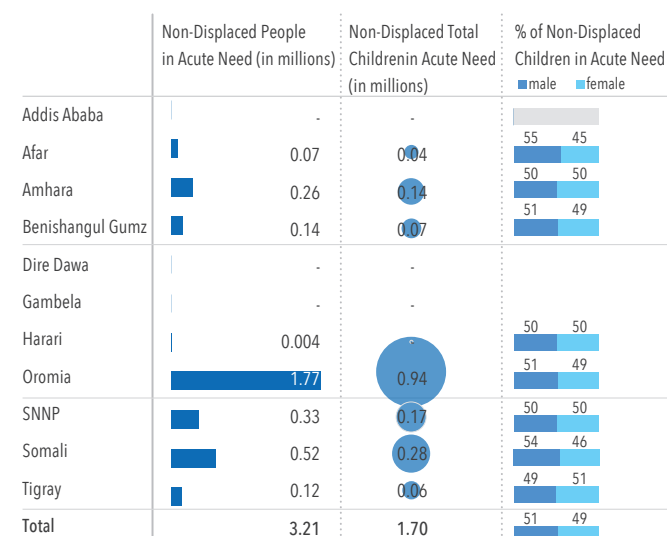
#### 1. People in acute need living in conflict areas

	% of Non-Displaced People in acute need of assistance in areas where there is frequent conflict	
Addis Ababa	0%	-
Afar	2%	10,369
Amhara	7%	28,885
Benishangul Gumuz	33%	141,200
Dire Dawa	0%	-
Gambela	0%	-
Harari	0%	-
Oromia	48%	204,756
SNNP	5%	21,281
Somali	1%	3,948
Tigray	3%	14,738
Total	100%	425,176

Source: DTM

From the overall 3.21 million non-displaced people in acute need, 13 per cent are in areas where there has been frequent conflict. These 425,176 people are mostly in Oromia and Benishangul Gumuz regions. This population group is also in higher risk of displacement since they are already facing survival deficit and belong to poor or very poor wealth group. This population will likely face other challenges related to conflict and violence, such as limited access to services and markets due to insecurity or restrictions. In conflict areas, children, female and elderly would also be at higher risk of getting caught in the conflict.

## 2. Non-displaced children in acute need of assistance



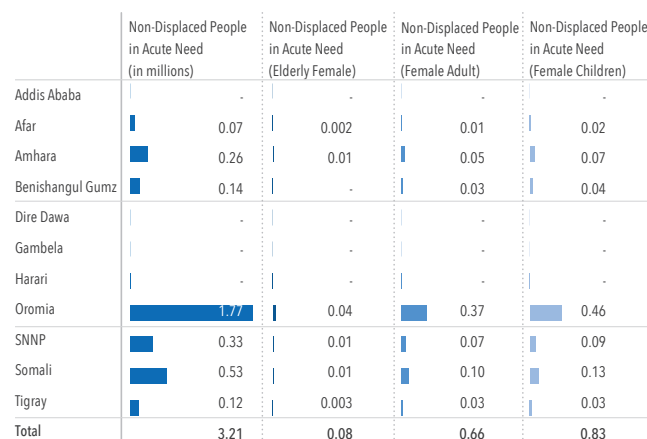
Source: DTM

Amongst the people in acute need are an estimated 1.70 million children who are extremely vulnerable due to frequent food shortages and drought-like conditions combined with inadequate health care services. This means that many children risk to die before the age of five. Of these children, only a fraction attend school, and many are suffering from food shortages and have limited access to healthcare (Save the Children's 2018 End of Childhood Report). In Ethiopia only 41 per cent of girls age 15 and older are literate, 34 per cent of school-age children are out of school, 58 out of 1000 children die before their 5th birthday and 27 per cent of children are engaged in child labour. In Ethiopian society, girls are particularly more vulnerable; they are often regarded as a financial burden on their families and drop out of school to get married or find employment.

In addition, infants and children are especially vulnerable

because of their reduced capacity to digest available food and the lack of nutritious food in sufficient quantity, in particular, the reduced availability of mother's breast milk or cow's milk.

## 3. Girls and women in acute need of assistance



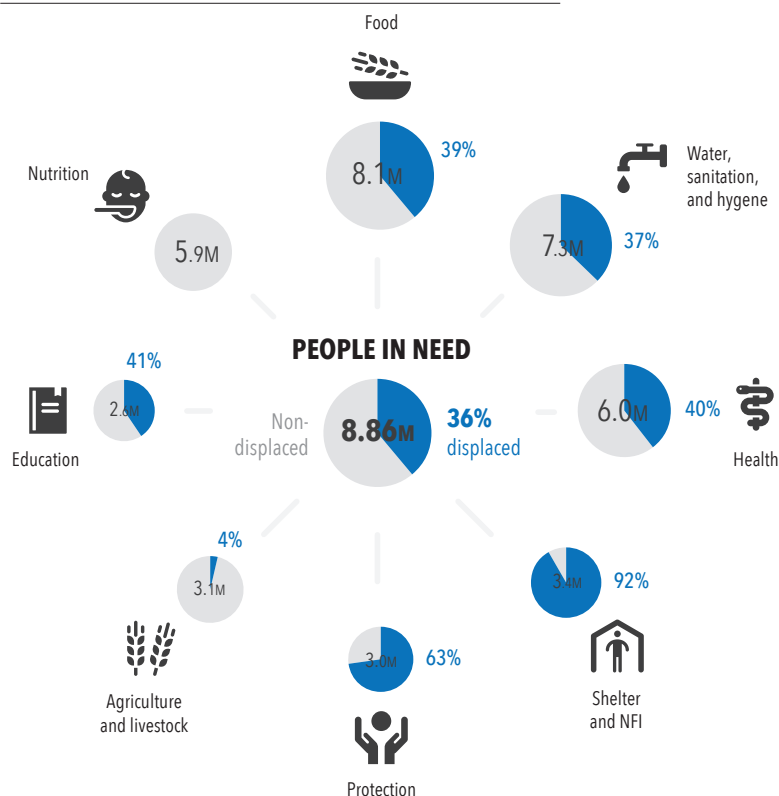
Source: DTM

A large number of women in Ethiopia live under constant fear of violence, illness, hunger and poverty. For example, according to figures from the Ethiopian Demographic and Health Survey from 2016, nearly 1 in 4 of all Ethiopian women have been the victims of physical violence, while 1 in 10 has been victim of rape. Women are deprioritized in household food consumption, including pregnant and lactating mothers (OXFAM gender analysis). Reproductive health for adolescents is impacted by the poor nutrition. Female-headed households, elderly women and disabled people were also identified as being especially vulnerable.

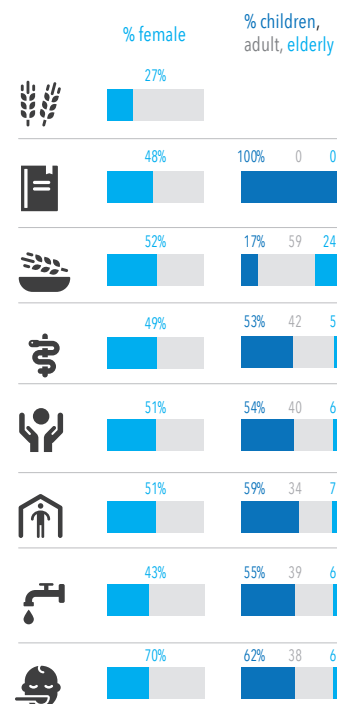
There are an estimated 1.57 million girls, women and elderly women who are in acute need of assistance. There is a wealth of anecdotal evidence from different surveys and studies that highlight this gender disparity.

## Overview of people in need by Sector

## DISPLACED VS NON-DISPLACED PEOPLE IN NEED



## GENDER AND AGE DISAGGREGATED PEOPLE IN NEED

























































## PEOPLE IN NEED BY REGION

		Water, sanitation, and hygiene	Shelter and NFI	Protection	Nutrition	Health	Food	Education	Agriculture and livestock
Addis Ababa		36,453	6,583	7,923	1,719	33,411	10,644	3,430	-
Afar		189,733	57,838	70,770	400,807	230,192	238,565	119,737	335,275
Amhara		360,308	47,130	41,743	476,579	399,736	403,005	209,269	482,907
Benishangul		204,834	75,665	61,545	73,311	194,503	202,745	23,855	-
Dire Dawa		14,964	11,245	11,575	1,250	3,165	13,340	4,503	-
Gambela		27,153	24,689	20,685	3,668	29,084	27,009	10,510	1,261
Harari		4,051	2,230	2,720	1,524	4,383	4,383	762	-
Oromia		3,882,090	1,662,907	1,633,353	2,207,566	2,990,260	4,256,463	1,325,069	1,149,769
SNNP		505,332	457,735	18,044	911,942	334,135	695,309	149,498	102,269
Somali		1,786,099	1,015,519	1,046,321	1,646,501	1,578,191	1,993,288	721,265	878,522
Tigray		249,436	83,698	34,890	182,054	232,694	281,058	48,110	146,108

# PEOPLE IN NEED

(2019, IN THOUSANDS)
















		BY STATUS		BY SEX & AGE		TOTAL	
		IDPs	Non-displaced	% female	% children, adult, elderly*	People in acute need	Total people in need
ADDIS ABABA							
	Region 14	6.6	35.2	53% 	56   39   5% 	0.7	41.8
AFAR							
	Zone 1 (Awsi Rasu)	10.8	44.2	47% 	54   41   5% 	32.8	55.0
	Zone 2 (Kilbet Rasu)	10.6	76.5	45% 	53   42   5% 	25.0	87.1
	Zone 3 (Gabi Rasu)	18.8	21.2	48% 	59   37   4% 	14.1	40.0
	Zone 4 (Fantana Rasu)	5.8	40.8	45% 	53   42   6% 	10.5	46.5
	Zone 5 (Hari Rasu)	4.6	8.6	46% 	53   41   6% 	8.8	13.2
AMHARA							
	Awi	0.6	12.2	50% 	53   42   5% 	0.0	12.8
	Central Gondar	15.2	36.4	50% 	53   42   5% 	8.6	51.6
	East Gojam	0.4	101.6	51% 	55   40   5% 	23.3	102.1
	North Gondar		13.6	50% 	53   42   5% 	8.2	13.6
	North Shewa	0.5	86.5	50% 	55   40   5% 	64.3	86.9
	North Wello	3.3	60.8	50% 	53   42   5% 	41.1	61.1
	Oromia Zone	4.2	12.0	51% 	53   42   5% 	9.2	16.1
	South Gondar	3.2	31.1	50% 	53   42   5% 	9.3	34.3
	South Wello	0.8	127.8	51% 	53   42   5% 	58.4	128.6
	Wag Hamra	0.2	62.6	50% 	53   42   5% 	35.6	62.8
	West Gojam	6.9	29.3	50% 	54   41   5% 	0.1	36.2
	West Gondar	7.5	3.0	50% 	58   36   6% 	36.2	10.6

\*Children (<18 years old), adult (18-59 years), elderly (>59 years)



# PEOPLE IN NEED

































































(2019, IN THOUSANDS)

		BY STATUS		BY SEX & AGE		TOTAL	
		IDPs	Non-displaced	% female	% children, adult, elderly*	People in acute need	Total people in need
BENISHANGUL GUMUZ							
	Asosa	15.6	39.8	48%	55   40   5%	36.2	55.4
	Kemashi	44.5	71.6	49%	55   39   6%	71.6	116.1
	Mao Komo Special	1.4	33.4	50%	53   42   5%	33.4	34.8
	Metekel		4.5	50%	53   42   5%	0.0	4.5
DIRE DAWA							
	Dire Dawa urban		1.8	50%	53   42   5%	0.0	1.8
	Dire Dawa rural	11.2	4.9	52%	56   41   4%	2.8	16.2
GAMBELA						45%	
	Agnewak	3.2	1.6	48%	63   34   3%	3.2	4.9
	Etang Special	3.9	0.5	51%	61   35   5%	3.9	4.4
	Mejenger		0.8	48%	53   42   5%	0.0	0.8
	Nuwer	17.6	1.5	46%	64   33   3%	14.4	19.1
HARARI							
	Harari	2.0	7.0	50%	53   43   4%	4.4	9.0
OROMIA							
	Arsi	5.4	376.5	49%	53   42   5%	207.7	381.8
	Bale	139.6	164.0	50%	51   43   6%	130.1	303.5
	Borena	244.3	106.1	53%	59   33   8%	159.3	350.4
	Buno Bedele	17.7	7.9	52%	61   35   5%	16.4	25.6

\*Children (<18 years old), adult (18-59 years), elderly (>59 years)

# PEOPLE IN NEED

(2019, IN THOUSANDS)

		BY STATUS		BY SEX & AGE		TOTAL		
		IDPs	Non-displaced	% female	% children, adult, elderly*	People in acute need	Total people in need	
	East Hararge	228.3	856.2	50% 	53   42   5% 	715.9	1084.5	
	East Shewa	0.6	231.0	49% 	53   42   5% 	156.5	231.7	
	East Wellega	141.5	16.6	51% 	59   35   6% 	89.5	158.1	
	Finfine Special		10.2	48% 	53   42   5% 	0.0	10.2	
	Guji	73.6	89.1	50% 	62   34   4% 	112.8	162.7	
	Horo Gudru Wellega		7.8	50% 	53   42   5% 	0.0	7.8	
	Ilu Aba Bora		9.3	50% 	53   42   5% 	0.0	9.3	
	Jimma	15.5	63.1	50% 	55   41   4% 	25.2	78.6	
	Kelem Wellega	28.5	10.6	49% 	60   36   5% 	10.5	39.2	
	North Shewa	0.1	24.1	50% 	53   42   5% 	12.4	24.2	
	South West Shewa	0.2	12.2	50% 	53   42   5% 	0.0	12.4	
	West Arsi	5.0	208.8	50% 	53   42   5% 	134.6	213.8	
	West Guji	347.5	47.1	51% 	59   35   6% 	203.5	394.6	
	West Hararge	53.8	704.8	49% 	54   42   5% 	465.3	758.6	
	West Shewa	0.3	26.8	50% 	53   42   5% 	0.0	27.1	
	West Wellega	183.9	18.2	50% 	60   35   5% 	108.1	202.2	

\*Children (<18 years old), adult (18-59 years), elderly (>59 years)

# PEOPLE IN NEED

(2019, IN THOUSANDS)

## BY STATUS

IDPs

Non-displaced

## BY SEX & AGE

% female

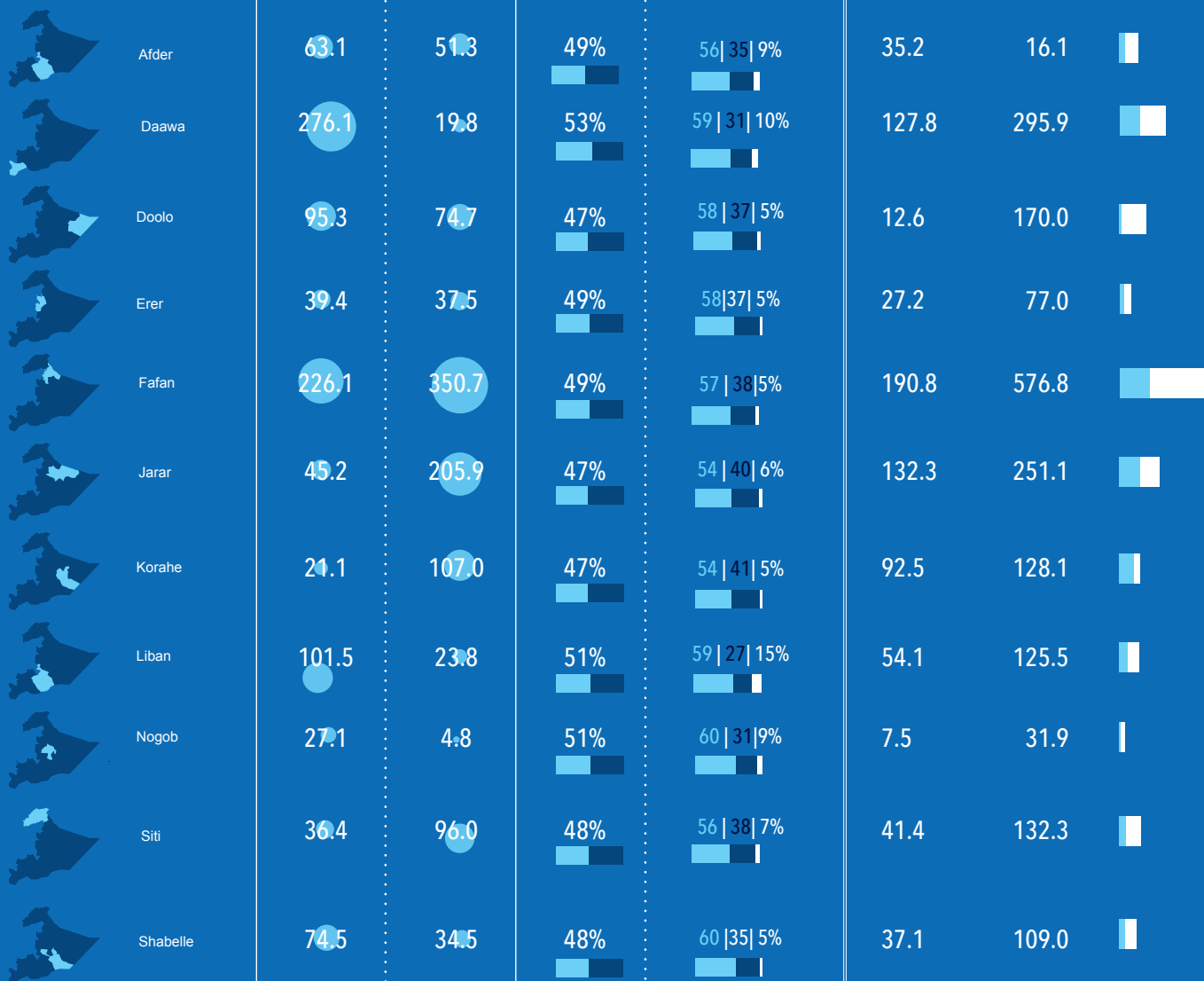
% children, adult, elderly\*

## TOTAL

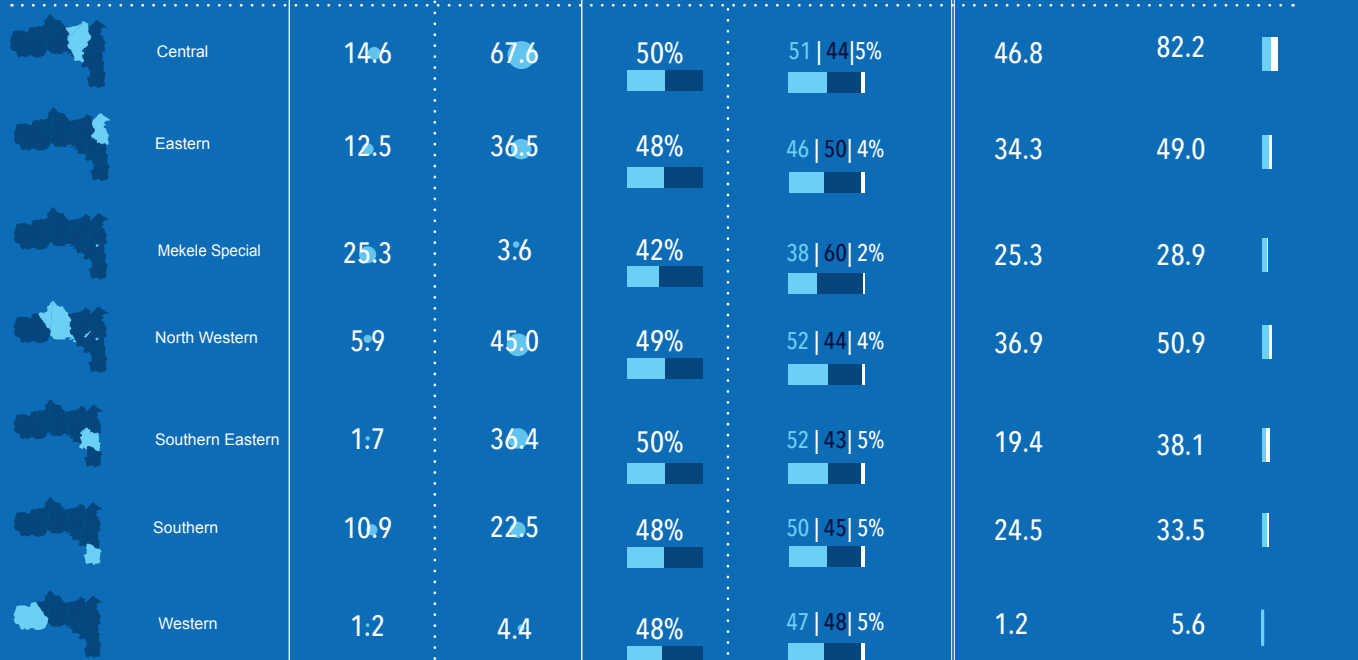
People in acute need

Total people in need

### SOMALI



### TIGRAY



\*Children (<18 years old), adult (18-59 years), elderly (>59 years)

# PEOPLE IN NEED

(2019, IN THOUSANDS)

## BY STATUS

IDPs

Non-displaced

## BY SEX & AGE

% female

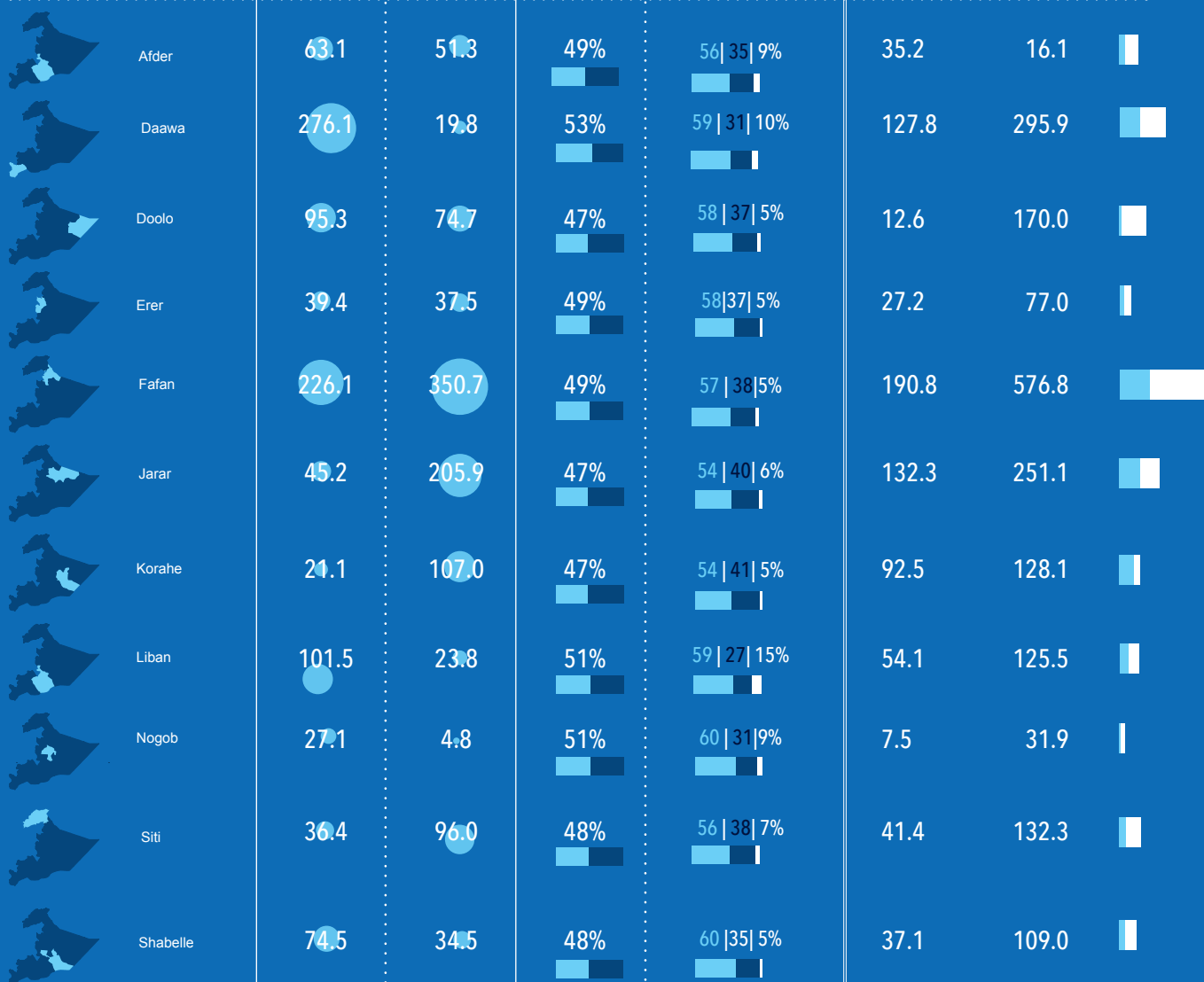
% children, adult, elderly\*

## TOTAL

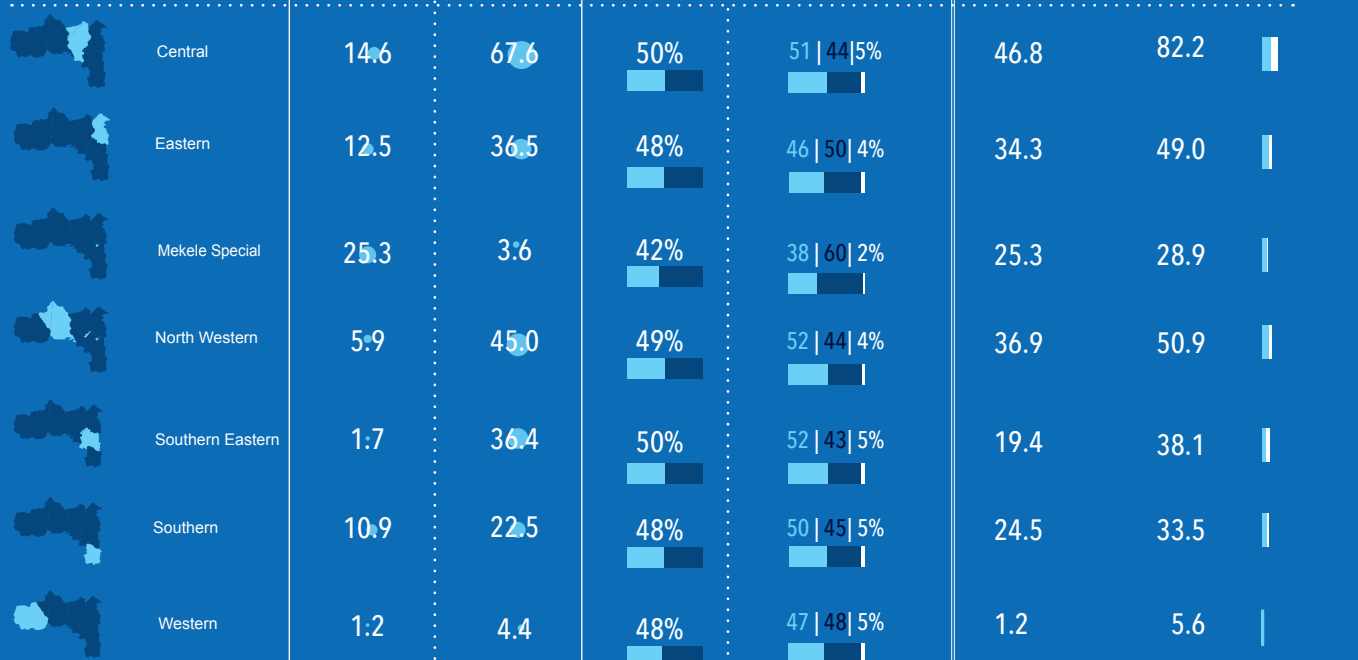
People in acute need

Total people in need

### SOMALI



### TIGRAY



\*Children (<18 years old), adult (18-59 years), elderly (>59 years)



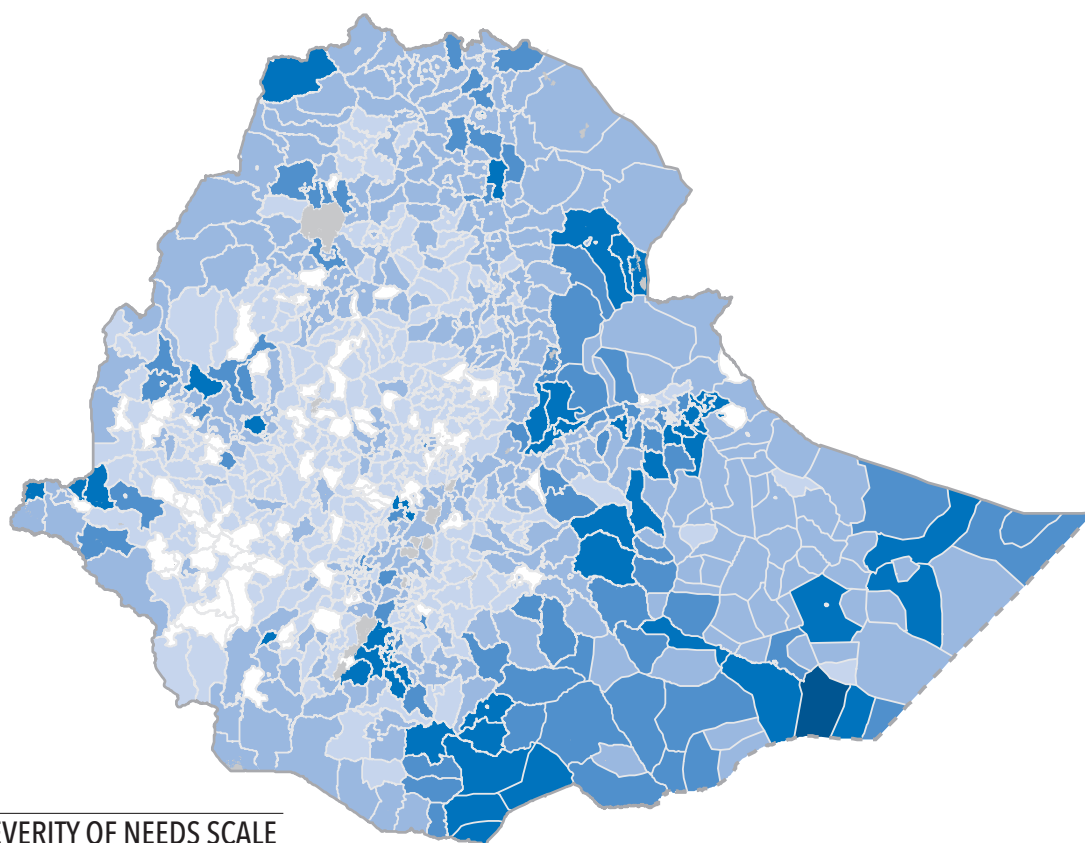
## SEVERITY OF

## NEED

An estimated number of 8.86 million people in Ethiopia require humanitarian assistance to varying degrees. There are 58 woredas which face a convergence of different needs and are considered high severity areas, which may require joint multi-sector humanitarian response.

## OVERALL SEVERITY OF NEEDS BY WOREDA

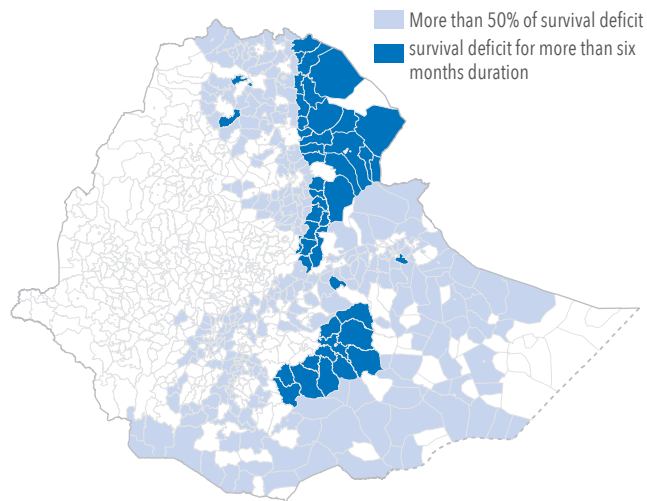
No Data Normal - +



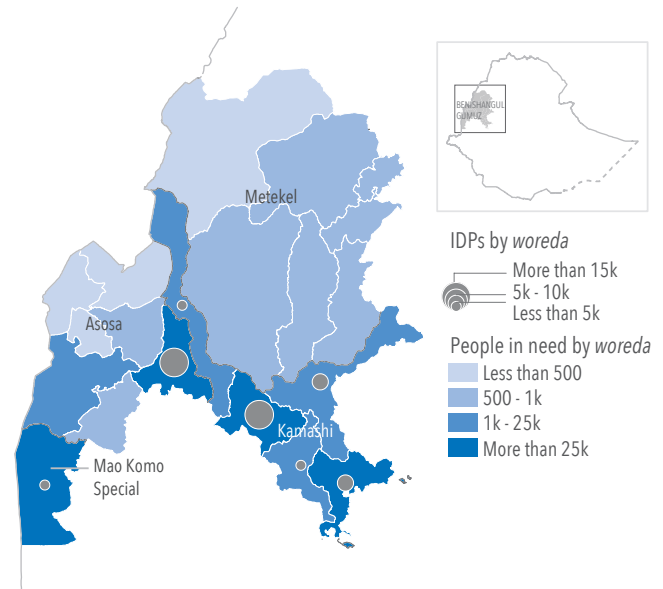
## SEVERITY OF NEEDS SCALE

0	No problem: There are no shortages or availability and accessibility problems in regards to basic services. People are able to meet basic food needs and are not applying negative coping strategies and can meet livelihood protection needs. There may be some needs but are not life threatening.
1	Minor Problem: Very few people are facing shortages or availability and accessibility problems in regards to basic services. Food consumption is reduced but adequate without having to engage in irreversible coping strategies. The people cannot fully meet livelihoods protection needs.
2	Moderate problem: Few people are facing shortages or availability and accessibility problems in regards to basic services. People have some food gaps and are able to meet minimum food needs by applying coping strategies. People are also compromising quality and variety of food. There are strains on livelihoods.
3	Major Problem: Some people are facing shortages or availability and accessibility problems in regards to basic services, but they are not life-threatening. Significant food consumption gaps are visible or people are marginally able to meet minimum food needs only with irreversible coping strategies.
4	Severe Problem: Majority of people are facing shortages or availability and accessibility problems in regards to basic services. As a result of shortages and disruption of services, may face potentially life-threatening consequences if not provided assistance. People face severe food consumption gaps and have started to deplete their assets. People are also facing malnutrition.
5	Critical Problem: A lot of people are facing shortages or availability and accessibility problems in regards to basic services. They are facing extreme food consumption gaps, resulting in very high levels of acute malnutrition and excess mortality; or people face an extreme loss of livelihood assets that will likely lead to severe food consumption gaps.
6	Catastrophic Problem: A lot of people are facing shortages or availability and accessibility problems in regards to basic services. Widely accepted fact that deaths have been reported due to the humanitarian situation. People face a complete lack of food and/or other basic needs and starvation, death, and destitution are evident; and acute malnutrition is widely reported.

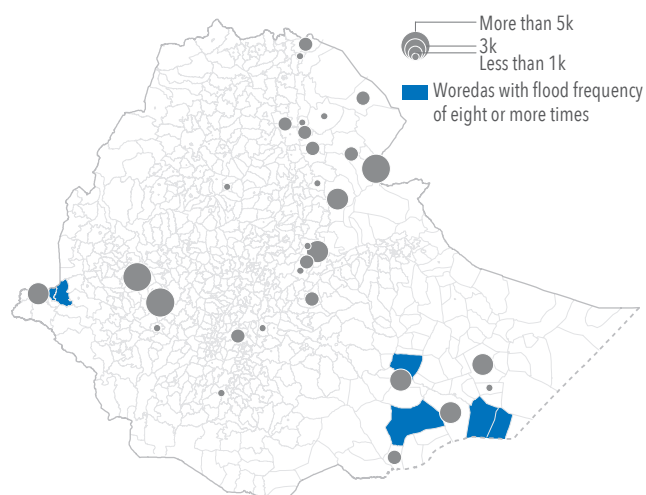
There are 5.68 million non-displaced people in need. These people live in approximately a quarter of the country's woredas. 79 per cent of these people are in survival deficit. Around 2.24 million of these people live in just 64 woredas of Somali (14), Afar (18) and Oromia (29) regions. However, the people who are under survival deficit for more than six months duration in a year are concentrated in Afar (18) and Oromia (13) regions.



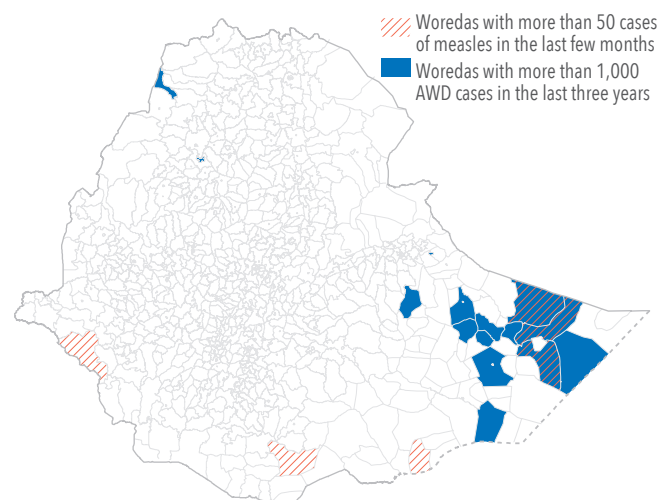
There are 210,899 people in need who are not accessible in Benishangul Gumuz region, mostly in Kamashi zone. This area also hosts more than 60,000 IDPs.



Frequent occurrence of the floods has affected three woredas around Shebelle river in Somali region and two woredas in Gambella region more than eight times in the last eight years. Around 75,000 people are still displaced since the last floods and related climatic events in 2018.



The sporadic burden of disease has spread across the country in pockets. This includes more than 1,000 cases of acute watery diarrhoea (in the last three years) in 15 woredas of Somali (13) and Amhara regions. Five woredas in Somali region and one woreda each in SNNPR and Gambela have been affected by more than 50 cases of measles in the last few months.



There are 3.19 million people displaced throughout the country; the majority of them displaced due to conflict. Almost half (46 per cent) of the total number of people displaced in the country have been newly displaced in Ethiopia in the last twelve months. The newly displaced are living in approximately a quarter of the country's woredas. One million newly displaced people live in only 21 woredas of Somali (7) and Oromia (21) regions.












There are no woredas in the highest severity category (Catastrophic). There are 58 woredas in the other two high severity of needs classes (scale: 4 Severe - 5 Critical). Half of these woredas are in Oromia region (43 per cent), followed by Somali (27 per cent) region. These are the areas which require a multi-sector response to ensure life-saving services are provided and survival needs of people in need of assistance are covered. These efforts must include concerted advocacy to ensure rapid, unimpeded and sustained access to inaccessible areas.

### Definition

Severity of Needs expresses the degree (or seriousness) of unmet needs in a geographical area; by consolidating information on shortages and deficits or similar context-specific factors as opposed to fulfilment and wellbeing. It provides an overall Severity of Needs estimation for factors which make communities more vulnerable.

The indicators used (see below) include inaccessibility, shocks such as conflict and climate-induced floods and drought, displacement, food insecurity, malnutrition and morbidity. The analysis provides geographical severity of needs, highlighting the convergence of needs in specific geographic areas due to the different crises.

### # WOREDAS BY SEVERITY OF NEEDS CATEGORY, BY REGION

	No problem	Minor	Moderate	Major	Severe	Critical	Catastrophic
Addis Ababa 	-	5	4	1	-	-	-
Afar 	1	1	23	6	4	-	-
Amhara 	26	78	71	2	-	-	-
Benishangul Gumuz 	1	8	8	3	1	-	-
Dire Dawa 	5	6	2	-	-	-	-
Gambela 	2	1	6	4	3	-	-
Harari 	1	4	4	-	-	-	-
Oromia 	40	159	90	26	20	-	-
SNNP 	32	75	44	10	6	-	-
Somali 	4	5	57	25	14	1	-
Tigray 	-	-	39	12	3	-	-

### Indicators

### Source

% of IDPs hosted in the district (out of all IDPs in country)	DTM-IOM
% of new IDPs in last 12 months (out of all new IDPs in last 12 months)	DTM-IOM and IDMC
# Measles cases in the last 3 months	MOH/ WHO Surveillance
# Acute Watery Diarrhoea cases in 2018	MOH/ WHO Surveillance
# Yellow Fever (YF) cases in the last 3 months	MOH/ WHO Surveillance
# Malaria cases in the last 3 months	MOH/ WHO Surveillance
# Scabies cases in the last 3 months	MOH/ WHO Surveillance
% of people facing survival deficit	HEA
Duration of survival deficit for people below the survival threshold	HEA
% of IDPs who received food assistance in the last month	DTM-IOM
% of children U5 years admitted to TFP for SAM treatment	ENCU
Proxy %GAM U5 based on MUAC	Emergency nutrition screening
Inaccessibility due to conflict	OCHA/UNDSS/IOM-DTM
% of people displaced from conflict affected woreda	DTM-IOM
% of IDPs hosted due to conflict (out of all conflict IDPs)	DTM-IOM
No of conflict incidents in last three years	ACLED
No of flood events since 2010	OCHA/NDRMC
% of IDPs hosted due to floods (out of all flood IDPs)	DTM-IOM

# PART II:

# NEEDS OVERVIEWS

# BY SECTOR

## INFORMATION BY SECTOR



**Agriculture**



**Education**



**Emergency Shelter/Non-food Items**



**Food**



**Health**



**Nutrition**



**Protection**



**WASH**



## AGRICULTURE

### OVERVIEW



The devastating impact on agriculture of consecutive years of drought in Ethiopia is undisputed. It is still having a significant impact on the food security for around 3.1M of households who depend on agriculture for their livelihood. Around 1.8M pastoralists and agro-pastoralists households are impacted in Afar, Somali and the lowlands of SNNPR and Oromia regions. As of late December 2018, according to the latest seasonal assessment, pasture conditions were below average in several areas of these region due to sporadic rain. In addition, conflict-related to grazing land accessibility and competition (between host and displaced communities) were the main factors leading to inadequate pasture conditions and poor harvests in some areas. On the other hand, rain was adequate in most parts of the highlands but for some areas, for example in south and south-eastern Tigray, erratic rain, dry spells and unseasonal rain negatively impacted the 2018 crop cycle. It is anticipated that around 1.2M households in the highlands will be in need of support.

Displacement due to conflict exacerbated the IDP caseload during 2018. In addition to the natural hazard-induced IDPs (mainly drought and flood), conflict brought the figure to more than 2.95M displaced people of which 0.1M households have access to land and/or livestock. These new circumstances have had a significant impact on the market, pasture (shared with host community), water availability and risks of animal disease outbreaks.

The recent seasonal assessment provided woreda percentages of average harvest decrease in relation to the normal year was 38 per cent in Tigray, 26 per cent in Amhara, 36 per cent in Oromia and 30 per cent in SNNP. The average of livestock herd size decrease in relation to the normal year for pastoralist and agro-pastoralists was 65 per cent in Amhara, 58 per cent in Oromia, 56 per cent in Afar, 63 per cent in SNNP and 63 per cent in Somali regions. The woredas severity map has been calculated using those percentages along with animal milk productivity, adequate pasture availability and access of the IDPs and IDP returnees to land and livestock. According to the severity analysis, the most severe areas (scale 4 to 6) are mainly in the lowlands.

### HUMANITARIAN NEEDS OF THE POPULATION

If the current situation does not improve, vulnerable households are more likely to start depleting their assets and hence exacerbate food insecurity, malnutrition, population displacement and conflict over access to resources. Without interventions that would help them to protect their assets, pastoral and agro-pastoralist households in Ethiopia are more susceptible to malnutrition, adverse coping mechanism and displacement leading to increased food requirements and increased needs for MAM and SAM treatments. It is expected that the availability of pasture and water in Afar and eastern Somali regions might deteriorate during the current dry season of 2019.

Conflict contributed towards land and harvest damages and livestock losses in many areas around the country. Natural hazards had a similar impact because of erratic rainfall patterns and dry spells, flood, hailstorms,

### NO. OF PEOPLE IN NEED

3.10<sup>1</sup><sub>M</sub>

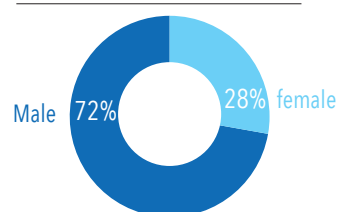
#### DISPLACED

0.11<sub>M</sub>

#### NON-DISPLACED

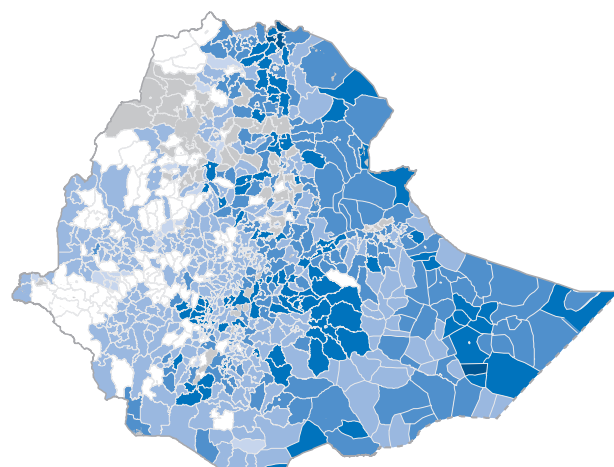
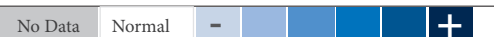
2.98<sub>M</sub>

#### BY SEX



#### BY AGE

#### SEVERITY MAP



Indicator	Source of Data
Cattle deaths due to hunger (compared to normal)	HEA
Amount of crop production loss	HEA
Availability of water and pastures at this time of the year	HEA
Livestock Productivity Cattle (Daily Milk production)	HEA
Livestock Productivity Shoa (Daily Milk production)	HEA
Livestock Productivity Camel (Daily Milk production)	HEA
Percentage of IDP HHs with access to land for cultivation	DTM
Percentage of IDP HHs with livestock at the site	DTM

1. For the Agriculture Cluster, the people in need figures represent the heads of households

windstorms, water logging, fire, landslides, *Prosopis juliflora* (a shrub that is considered the world's worst invasive plant specie) and various pests (Fall Armyworm, wheat rust, Stalk borer, etc.). When some of these natural hazards were coupled with below average rain, especially in the lowlands and conflict areas, it has a significant impact on vulnerable households.

Among the above, around 0.93M households need to strengthen their access to seeds and farming tools, while around 2.15M households need access to livestock feed, animal health or both. The needs vary from region to region, depending on their access to cultivating and grazing land, livestock and market.

## AFFECTED POPULATION

For the agriculture cluster, population affected by several crises in the country are identified as: (a) farmers, pastoralist and agro-pastoralists that are susceptible to dry spells and/or have had their livelihood eroded by natural hazards (drought and flood) during the past years, (b) pastoralist dropouts and people displaced due to natural hazards and conflict with access to cultivating land, grazing land and livestock, and (c) conflict-induced returnees and host communities.

## RELATED PROTECTION NEEDS

The agriculture sector is bound by rain and dry seasons, harvest, pasture, animal productivity and health. All of these parameters are time sensitive. Hence, acting early in the agriculture sector safeguards lives and livelihoods, builds resilience to future shocks, avoids additional households losing their remaining livelihood and falling into displacement, provides dignified access to livelihood and rehabilitation for conflict-related returnees and generally eases pressure on strained humanitarian resources.

Among the farmers, pastoralist, agro-pastoralists and IDP households that were identified in the seasonal assessment and the Displacement Tracking Matrix (DTM), around 3.1M are exposed to shocks related to climate, conflict and livestock disease outbreak. Of these households, around 27 per cent of them are female-headed households that are more at risk to further destitute and dependence on aid.

## KEY CHANGES IN 2018

In the lowlands of Ethiopia, the amount of rain was inadequate in some places and was characterized by uneven distribution throughout the season. This had a significant negative impact on both rainfed and irrigated crops as well as pasture. The households in need in that part of Ethiopia will remain high.

Rain performance was timely and generally adequate for most highland

areas, which generally lead to good harvests, pasture and water for the livestock. Unseasonal rain in October had a negative impact on seed and hay/straw quality in some areas but a positive impact on pasture. Due to the favourable rainy season, the number of households in need in the highlands is lower than in 2017.

The number of IDPs and IDP returnees in various regions, particularly in Benishangul-Gumuz, SNNP, Oromia and Somali regions are much higher than in 2017 and early 2018.

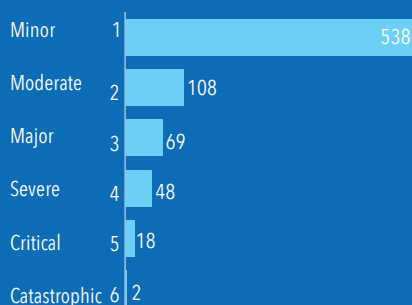
## METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

The yearly seasonal assessment that is conducted in Ethiopia during autumn of each year provides data at woreda level for the number of Households in Need (HiN). Figures and data from HEA are not sufficient to provide the cluster with detailed requirements as well as HiN per woreda. Hence the only source of information are the findings of the assessment's Checklist that was approved by the NDRMC-chaired Methodology Technical Working Group. The Checklist used by the various meher assessment teams identified findings that provided the following information: (a) woredas that have been impacted by conflict and/or natural hazards, (b) key agriculture interventions needed (seeds, farm tools, animal health, restocking, destocking, resilience related projects, etc.), and (c) number of households (HHs) disaggregated into male headed households and female headed households. This information is then triangulated with other sources of information such as, the narrative reports shared by the regional governments, and pre-harvest meher forecast from Central Statistical Agency. The cluster agreed to take the highest number of HHs at woreda level to represent the total level of needs. All households with access to livelihood assets, not including IDPs and IDP returnees, were estimated to be 2,982,128 HHs.

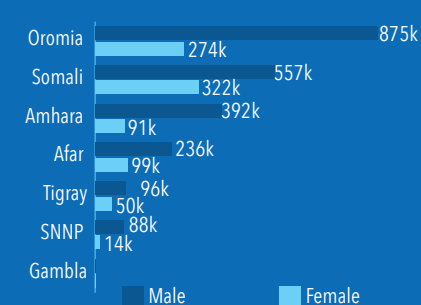
In addition to the assessment results, DTM was a second source of data. DTM Round 14 identifies the percentage of IDP households at various sites with access to land for cultivation (average was 50 per cent in Tigray, 50 per cent in Amhara, 59 per cent in Oromia, 50 per cent in Afar, 50 per cent in SNNP and 64 per cent in Somali regions) and livestock (average was 32 per cent in Tigray, 44 per cent in Amhara, 43 per cent in Oromia, 64 per cent in Afar, 30 per cent in SNNP, 44 per cent in Gambela and 25 per cent in Somali regions). The overall HiN of 3,096,088 includes the above HiN figure and 113,960 HH IDPs and IDP returnees.

The unit of analysis for the agriculture sector is household. Agriculture sector partners plan their interventions and target households as identified by the seasonal assessment. However, since any intervention per household is relational to either the male or the female head of the household, the estimated People in Need is calculated to be equivalent to the Households in Need.

### Number of woredas under each severity level



### Household in need at regional level by gender



### Household in need at each activity requirement

	Emergency seeds and tool	Animal vaccination	Animal treatment	Animal feed
Somali	300,900	517,271	197,741	88,350
Oromia	285,295	570,240	402,474	188,509
Amhara	154,591	328,018	1,215	-
SNNP	101,383	-	-	-
Tigray	61,577	54,522	61,577	19,829
Afar	21,833	299,722	129,506	83,335

## EDUCATION

### OVERVIEW



About 9.7 million school children are enrolled in schools based on the education assessment done in 2018.

In several regions in the country, the assessment shows that schools were closed due to conflict, drought and flood emergencies (244 in Somali, 84 in Oromia, 41 in Benishangul Gumuz, 3 in SNNP, 9 in Afar, and 4 in Gambella). Due to closure and damaged schools, almost one million school age children could not access educational services in the host communities.

In terms of displaced population, out of the one million displaced school age children, most of the displaced children are in Oromia (43 per cent) and Somali (39 per cent) regions. More than 80 per cent of displacement is caused by conflict. 117,000 and 32,560 school age children are displaced in Gedeo and Benishangul Gumuz respectively.

### HUMANITARIAN NEEDS OF THE POPULATION

The main drivers that prevent emergency affected children from attending educational services are inadequate child friendly Temporarily Learning Spaces for displaced children, inadequate food and water availability for schools, and learning stationeries. Insecurity, fear and trauma represent also other barriers to school children attendance and retention. The various assessments pointed out that a total of 335,000 boys and 267,000 girls dropout due to drought and conflict induced emergencies.

Overall, about 1.1 million school age children are displaced due to conflict, drought and other emergencies in the country. Among them, 146,000 children in 124 IDP sites do not have access to any form of educational services.

Various assessment on school feeding shows availability of food has direct impact on student absenteeism and dropout. The findings show irregular attendance and drop out were clearly observed where there is a food gap and schools do not have emergency school feeding.

The repairing of damaged schools as well as the provision of adequate learning facilities is one of the most critical priority. The presence and quality of WASH facilities at schools, is also a major concern along with poor hygiene practices. Insufficient WASH services in schools contribute to creating a poor learning environment. Areas with general shortage of food should also be prioritized with such mechanism as school feeding.

### NO. OF PEOPLE IN NEED

# 2.62<sub>M</sub>

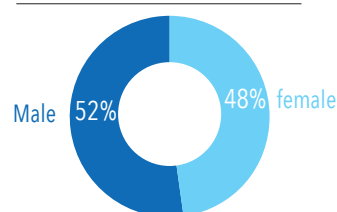
#### DISPLACED

## 1.06<sub>M</sub>

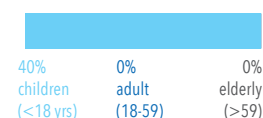
#### NON-DISPLACED

## 1.55<sub>M</sub>

#### BY SEX

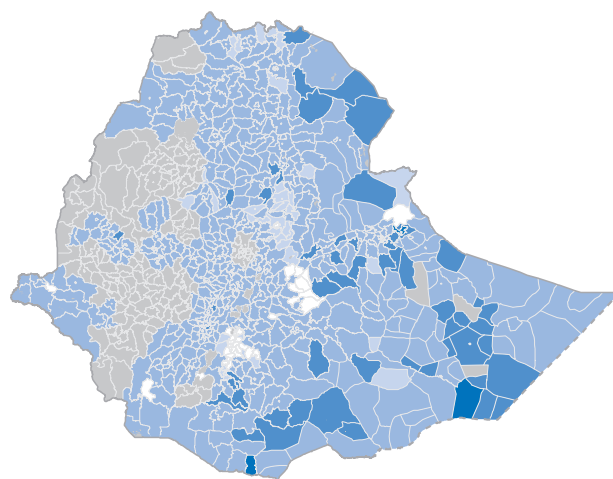


#### BY AGE



### SEVERITY MAP

No Data Normal - +



Indicator	Source of Data
% of schools closed	Education Assessment
% of schools damaged	Education Assessment
% of displaced school children	DTM
% of schools that do not have water facilities with in 500 m of the compound	Education Assessment
% of schools that do not have latrine facilities	Education Assessment

## AFFECTED POPULATION

About 9.7 million school age children are enrolled at a time of the data collection. According to the latest displacement data, 1.1 million school age children were identified and are in need Education in Emergencies (EiE) services.

In addition to the displaced children, an inter-sectoral severity mapping was done at woreda level, that includes conflict, climate (drought and flood) and health impacts on the population. Based on this exercise, people in need in each woreda was estimated. In these woredas, 1.6 million children were identified in need of humanitarian assistance.

## RELATED PROTECTION NEEDS

Out of 1.1 million displaced children, about 850,000 school age children are displaced due to conflict. Consequently, Primary school teachers in schools hosting displaced children have noted challenges in accommodating displaced children due to behaviors resulting from fear and anxiety. Teaching personnel have also been affected and have indicated a need for psychosocial support (PSS) for themselves and their students. Even where protection services are being offered by humanitarian partners, there is a growing demand for improved knowledge and skills among para-social workers to provide psychosocial support to children and families. Security, fear and trauma are predominant in the conflict affected areas.

## KEY CHANGES IN 2018

The total number of displaced school age children increased from 0.7 million at the end of 2017 to 1.1 million by the end of 2018. 80 per cent of the displacement are due to conflicts.

This created a huge burden on the education system to accommodate displaced children. Assessments have also indicated schools were destroyed or partially damaged in some of the conflict's areas on Somali, Oromia and Afar.

## METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

Percentage of closed schools, damaged, displaced school age children, schools with no water and latrine facilities were selected as indicators for severity mapping.

Education related information were collected from the meher assessment findings. School age displaced children were taken from the latest DTM 14 data.

The combined data was used obtained by the cluster to categorize woredas based on their severity scale and threshold level. Woredas under severe and major problem were considered in need of EiE responses.

However, the analysis could not capture all the required needs for school children in the host communities especially in drought affected areas. To be able to fill this gap, and identify needs of school age children in the host communities, the cluster used an additional criteria on the status of food deficit per woreda. This assumption is based on the fact that various assessments on school feeding show that availability of food has a direct impact on student absenteeism and dropout. Irregular attendance and drop out were clearly observed where there is a food gap and schools did not have an emergency school feeding. This additional criteria on food deficit status by woreda was taken from food cluster. As a result, about 700,000 school children that have food deficit for more than four months in a year were identified.

Percent of children displaced per region out of the total displaced population

	Boys (5-17 years)	Girls (5-17 years)
Oromia	225,543	232,352
Somali	200,127	214,735
Afar	10,476	9,887
Tigray	9,794	8,996
Gambella	5,849	4,661
Dire Dawa	2,122	2,381
Amhara	1,920	2,128
Addis Ababa	1,669	1,761
Hareri	409	353

Source: DTM round 14

IDP school age children that do not have any form of education

	No. of IDP children	Boys (5-14 years)	Girls (5-14 years)	Boys (15-17 years)	Girls (15-17 years)
Oromia	100,287	34%	36%	15%	15%
Somali	43,241	30%	32%	18%	21%
Dire Dawa	1,073	19%	24%	27%	30%
Afar	845	41%	41%	10%	9%
Amhara	571	35%	33%	12%	21%
Tigray	2	100	0%	0%	0%



## EMERGENCY SHELTER/NON-FOOD ITEMS

### OVERVIEW



The escalation of conflict across Oromia, SNNPR, Somalia and Benishangul Regions and the fluidity of the security situation have resulted in new and secondary movements of IDPs and IDP returnees across the country. By the end of 2018, Ethiopia has generated nearly 3 million displaced people, this is mainly due to continued intercommunal violence, boundary disputes, seasonal floods, and drought. The latter was a caseload of 2015 and 2016 accounting 16 percent of the total IDPs and IDP returnees. boundary areas of Oromia and Somali Regions conflict, renewed clashes in West Guji and Gedeo and the ongoing conflict in Benishangul Gumuz Region and Oromia have made the humanitarian situation deteriorate significantly. Oromia and Somali Regions are hosting the largest number of IDPs and IDP returnees, 48 percent and 34 percent respectively and account for 81 percent of the total IDPs and IDP returnees.

In 2019, the estimated total number of People in Need (PiN) has increased by 88 percent compared to January 2018 and 15 percent compared to Mid-Year Review September 2018. Approximately 42 percent are living in collective centers and spontaneous IDP sites, with 46 percent, the host community is the primary provider of shelter assistant and support for the IDPs and IDP returnees, the rest are scattered in transit centers, planned camps and in dispersed settlements. The highest need for Shelter/NFIs identified in Oromia, Somalia, and SNNPR.

Information gaps affect the response planning for the 46 percent IDPs living within the host community. Similarly, the projected level of housing damage is based upon the information from the displaced the accuracy of which requires verification.

### HUMANITARIAN NEEDS OF THE POPULATION

As a result of underfunding in 2018, a large number of needs in ESNFI remain unmet, the unmet needs particularly affect the inaccessible area and drive displaced people further into extreme vulnerability. Shelter by 55 percent and bedding and kitchen sets by 36 percent remains the most critical needs for both IDPs and IDP returnees. Despite significance efforts from partners, immediate emergency assistance for newly displaced families remains the main challenge as most of displaced families live in precarious situations for several weeks or months before basic Emergency Shelter and NFI assistance can be provided, this is generally due to lack of funding and restricted or limited access.

As per DTM most recent data, 71 percent of affected Households do not have adequate shelter protection whereas 14 percent of the Households lack enough essential items to ensure their health and well -beings. Drought is the second cause of displacement and it has severely affected the Somali Region. Among the 390 sites in this Region, 206 of them are

### NO. OF PEOPLE IN NEED

# 3.45M

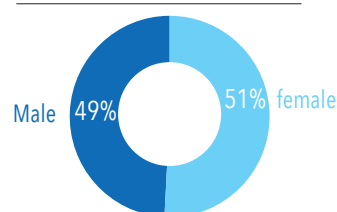
#### DISPLACED

## 3.17M

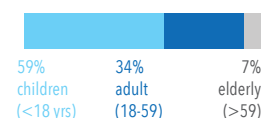
#### NON-DISPLACED

## 0.28M

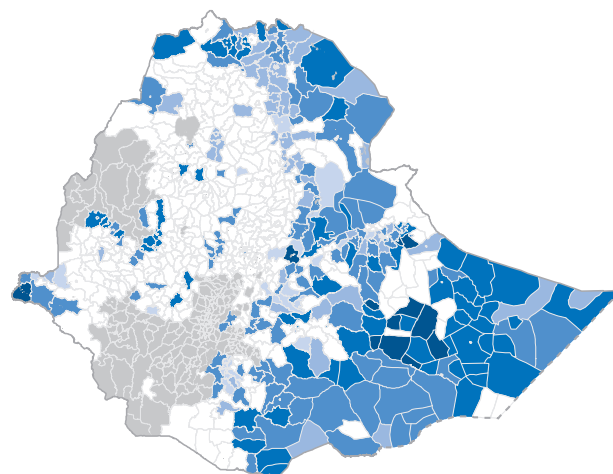
#### BY SEX



#### BY AGE



### SEVERITY MAP



Indicator	Source of Data
Percentage of IDPs who have been assessed as Vulnerable and need Shelter assistance	DTM
Percentage of displaced households where shelter is priority need	DTM
Percentage of conflict affected Households living in inadequate housing	DTM
Percentage of flood/draught affected Households living in inadequate housing	DTM
Percentage of displacement affected Households that lacks sufficient essential household items to ensure health and well-being	DTM

hosting drought induced IDPs, who are in dire need of emergency shelter and NFIs.

## AFFECTED POPULATION

The displacement patterns vary across the country and include urban, semi-urban, rural, informal settlement, collective centers, host community settings, new/secondary displacements, returnee populations and, populations in transit. Oromia, Somali and SNNP Regions host 92 percent of the total IDPs and IDP returnees in the country. Moyale, in Somali Region, is accommodating the highest number of IDPs with over 150,000 persons. Kercha (SNNPR) Babile (Somali Region), Guchi (Oromia), Gedeb (SNNPR), Boji Dirmeji (Oromia) and Hudet (Somali Region), Moyale (Oromia) are also hosting from 82,000-134,000 IDPs.

Unmet needs for adequate shelter worsen protection risks. Out of the people who expressed shelter needs, some 70 percent of HH live in below standard shelters. The scale and severity of needs for Shelter and household items significant. Shelter severity analysis shows 200 woredas are in critical/emergency priorities and 250 woredas flagged essential household items as a priority.

Due to security, access and in short supply of data on inaccessible areas the level of needs and the related coping mechanism is not available.

## RELATED PROTECTION NEEDS

Displaced persons living in collective centers are particularly exposed to a series of protection and environmental threats. Overcrowding and untenable conditions in IDP hosting sites will enhance the risk of gender-based violence. A lack of privacy for both men and women for extended periods of time meant that families are no longer at ease in their accommodation, leading to frustration and violence against their family members. Around 51 percent of the displaced population are females and the number of children who are below 18 years old is also high and accounts for 59 percent

of the total IDPs and IDP returnees, who are at greater risk of gender-based violence. Compared with those who are fully-abled; 7 percent of the population is elderly or disabled people, lactating and pregnant women spend a disproportionate amount of time indoors in shelters. It is crucial that shelters are made of materials that can provide physical protection from harmful elements. They need to have doors and windows that lock, and the surrounding environment needs to be well lit.

## KEY CHANGES IN 2018

Total numbers of IDPs and IDP returnees rose from 1.5 million to 3 million at the end of 2018; possibly the figure will increase should the violence continued. Climate conditions meant there was no diminution in climate-driven displacement, even though there was no further major climate disaster; the Oromia-Somali boundary conflict continued; Gedeo-Guji conflict from April 2018 caused the displacement of around 900,000 people, most of whom had still not been able to stably return to communities of origin by end of the year, and the Benishangul Gumuz communal conflict had caused displacement of at least 250,000 people in Benishangul Gumuz and adjacent areas of Oromia (East and West Wellega) by early December, with numbers projected to rise further, and no rapid end to the crisis in sight. There were also smaller displacements in Amhara and Tigray regions.

## METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

The Cluster People in Need figure is based on the inter-sectoral PiN. Displaced and non-displaced people were taken into consideration for the Cluster PiN.

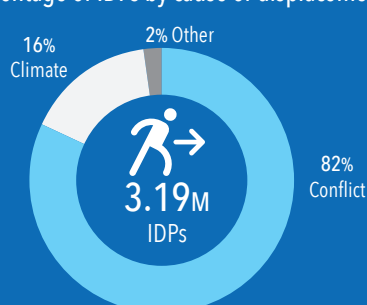
To calculate the Cluster PiN from the inter-sectoral displaced PiN, all IDPs and IDP returnees have been included. In addition, the Cluster has added 10 per cent of the acute non-displaced PiN (277,642). Which leads to the total Cluster PiN of 3.45 million.

Trend of total number of IDPs (in millions)



Source: DTM round 7 to 14

Percentage of IDPs by cause of displacement



Source: DTM 14, Rapid Assessments and NDRM for 2019 displacements

Total number of IDPs by region (in millions)

Oromia	1.49
Somali	1.01
SNNP	0.43
Tigray	0.07
Benishangul Gumuz	0.06
Afar	0.05
Amhara	0.04
Gambela	0.02
Dire Dawa	0.011
Addis Ababa	0.007
Harari	0.002

## FOOD

## OVERVIEW



Near-normal rains were received in the highland areas and is expected to contribute to increased crop harvest from the meher season, improved pasture conditions and water availability. However, evidence from seasonal assessments and DTM indicates that approximately 8.1 million individuals will require food assistance in 2019, in areas that were affected by climatic hazards and communities that are adversely impacted by intercommunal conflicts. Some areas in the western, southern and southeastern parts of the country are projected to have a reduced crop harvest from the meher season due to late, erratic rains and early cessation of rains and long dry spells. Pests including the Fall Army Worm (FAW), other crop pest and diseases will also contribute to reduced crop yield. Affected areas are in the same zones that are still recovering from the negative impact of the previous consecutive drought years.

Population movement from conflict affected areas has contributed to an increase in number of food insecure people, including in areas that are traditionally food secure. This is mainly due depletion of livelihoods, disruption in movement of commercial and humanitarian commodities to the affected areas, including to the main markets and to most vulnerable communities. For example, in Gambella region, seasonal assessment teams noted that the conflict in Oromia and SNNPR contributed to interruption of commodity supplies to some of the regional markets. People in need of food assistance include individuals who are displaced due to inter-communal at the Somali-Oromia boundary, West Guji – Gideo zones in Oromia, SNNPR regions, and some zones in Benishangul regions.

Prices of staple grains remain high in most markets and increases in prices was also recorded in conflict affected areas. For example, in West Guji zone of Oromia region, the seasonal assessment findings indicate that maize grain prices increased by 50 per cent in October 2018 when compared to same time in 2017. Increase in sorghum prices was also noted in Minjar Shenkora markets in Amhara region, by 20 per cent when compared to same period in 2017. This suggest worsening food insecurity for very poor and poor households and households relying on market purchases.

## HUMANITARIAN NEEDS OF THE POPULATION

In 2019, the food sector is estimating that eight percent of the population will be acutely food insecure in Ethiopia. DTM 14 analysis indicates that the number of conflict displaced people in the country has increased by 122 per cent in November/December 2018 when compared to DTM 8 survey which was conducted in November/December 2017. This suggest

## NO. OF PEOPLE IN NEED

8.13<sub>M</sub>

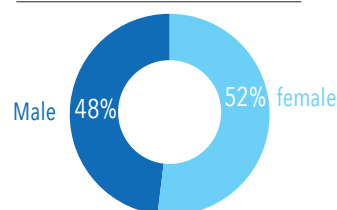
## DISPLACED

3.17<sub>M</sub>

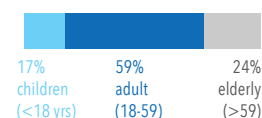
## NON-DISPLACED

4.96<sub>M</sub>

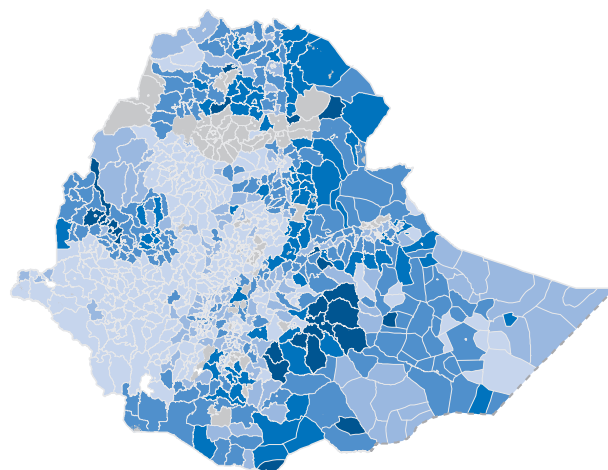
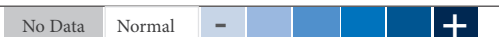
## BY SEX



## BY AGE



## SEVERITY MAP



Indicator	Source of Data
% of people facing survival deficit ( Number)	HEA
Duration of survival deficit for people below the survival threshold ( in months)	HEA
% of IDPs who received food assistance	HEA
% of targeted beneficiaries that have not received assistance in the last 3-6 months	DTM
% of IDPs with no access to food ( except from humanitarian assistance)	DTM

worsening food insecurity in conflict affected areas due to disruption of livelihoods including farming activities. Seasonal assessments and the FEWSNET<sup>1</sup> outlook reports suggest an improved Kiremet seasonal performance in the country, that will contribute to an increase in meher crop harvest to near average at national level. Increase in commodity supply from the meher harvest will also contribute to a decrease or stability in prices of commodities in some of the markets. However, there are areas that will face food gaps, particularly locations in regions that received erratic rains with abnormal dry spells, and those affected by the unseasonal rains in October and November 2018. FEWSNET outlook also noted that below-average Deyr 2018 rainfall will limit recovery for pastoral households in southern pastoral areas of the country, mainly in areas that are located in the worst drought affected zones. Areas that are projected to have reduced crop harvest include zone 2, zone 3 and zone 5 of Afar region, lowland zones, southern pastoral and agro-pastoral areas of Oromia and Somali regions, Tekeze and Abiy basins and lowland areas of Amhara region and lowland areas of eastern, south-eastern and southern zones of Tigray region. Agro-pastoralist and pastoralists households will contribute a high proportion of food insecure people, due to high livestock losses recorded in previous drought years, that negatively impacted on livelihood sources including access to food and income and reduced crop harvest.

WFP price monitoring undertaken in November 2018 noted that the poor households will continue to have challenges in accessing food through market purchases, due to high prices, unless if there are an increase households' incomes. Evidence from the seasonal assessments and the Households Economy Approach (HEA), indicates that 5 per cent percent of the population had access to income and food which is below the survival threshold<sup>2</sup>, and these individuals are included as people in need of food assistance in 2019. Humanitarian community should also plan to assist households affected by other climatic hazards including floods that normally affects communities in some low-lying areas.

## AFFECTED POPULATION

The majority of the conflict-affected individuals, including the displaced and those in host communities and returnees

1. <http://fewsn.net/sites/default/files/documents/reports/ET-FSOU-2018-12.pdf>

2. The total food and cash income required to cover the food and non-food items necessary for survival in the short term. It includes (i) 100 per cent of minimum food energy needs; (ii) the costs associated with food preparation and consumption; and (iii) where applicable, the cost of water for human consumption. ( Source: <http://foodeconomy.com/wp-content/uploads/2015/09/The-Practitioners-Guide-to-HEA.pdf>)

are among the food insecure people in the country. The food security status of these individuals is worsened by the continued disruption of livelihood sources, including in regions that are in the process of recovering from negative impact of previous drought years. This include communities that registered high livestock losses during the drought years. The HEA indicates that 5 per cent of national population will be facing survival deficit and will need food assistance at different times of the year, mainly due to reduced harvests and limited income sources. These include individuals from agro pastoralist and pastoralist households, in eastern, south-eastern and southern parts of the country where livestock herd sizes remain much lower than normal. Affected people also include those with no to limited income, child or female headed households, households headed or with disabled members, households headed by elderly and conflict affected households.

## RELATED PROTECTION NEEDS

People with special needs, including from women headed households or households with disabled members, children headed households are among people in need of assistance in 2019. These individuals are in conflict affected areas, zones that recorded with reduced crop harvest and where incomes are still low for both agro-pastoralist and pastoralist households.

DTM indicates that 47 per cent of the conflict IDPs and IDP returnees had no access to markets, mainly due to the distance of the sites from the markets and also due to the conflict. This will limit ability to access food through market purchases, particularly for the most vulnerable population groups including the elderly and the chronically ill individuals who cannot travel for long distances. There is also an indication that 27 per cent of the conflict IDPs and IDP returnees were receiving food assistance in locations that are not within the IDP sites, posing a protection risk when travelling to and from the distribution sites. Although all the IDPs and IDP returnees were considered to be acute food insecure in 2018, there is an indication that nearly 18 per cent of the IDPs and IDP returnees had no access to food from humanitarian assistance, suggesting that these individuals could be employing negative coping strategies.



## KEY CHANGES IN 2018

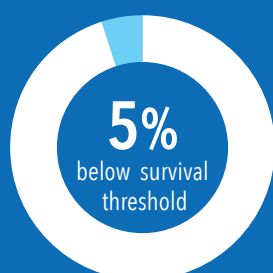
In 2019, the sector noted an increase in proportion of food insecure individuals from conflict affected communities. The conflict has also affected additional areas in the central, southern, western parts of country, contributing to increased vulnerability in the country compared to same period in 2018. In terms of drought effects, there are indications of improvements in the crop harvest compared to previous years, contributing to a 44 per cent decrease in food insecure people in areas that received below normal rains. The combined effect of previous drought years and conflict continue to affect locations at the Somali-Oromia boundaries, southern and south-eastern parts of the country.

## METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

The PIN for the food sector was estimated from the two sources of evidence:

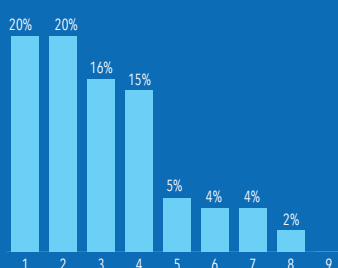
- The HEA analysis provided estimated number of people in need of food assistance from non-displaced people. Individuals facing survival deficit, from all wealth groups were included in the food sector PIN. The total number of people in this group is estimated to be 4.45 million individuals.
- All displaced people are considered as people in need of food assistance due to food gaps that households are facing following disruption of livelihoods and loss of productive assets. DTM 14 and estimates Benishangul region's conflict affected zones identified 3.19 million individuals as displaced in the country.
- Additional 512,000 individuals were included in the PIN, from communities that are hosting IDPs, due to negative impact of conflict on food security situation including increase in prices in local markets that will affect households in all the wealth groups.

Percent of the total population facing survival deficit

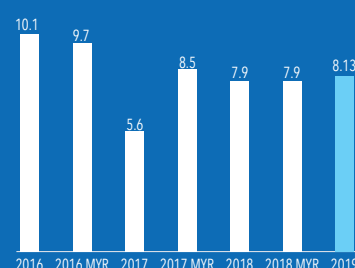


Source: Household Economy Approach (HEA), 2018

Percent of people in need by duration of assistance (months)



Trend in number of acute food insecure people (in millions)



## HEALTH

## OVERVIEW



6 million people affected by various humanitarian crises across the country need to access essential life-saving health services. Up to 2.7 million children need emergency vaccination, and access to family planning and maternal health services by 1.9 million women and girls is expected.

Of the 3.19 million people IDPs and IDP returnees, mostly due to conflict, drought and food insecurity, 2.4 million will need health assistance.

More than 5.6 million people in communities hosting IDP and non-IDP affected locations are affected by similar crises, and 3.6 million will need support to access essential life-saving health services.

## HUMANITARIAN NEEDS OF THE POPULATION

Essential life-saving health services required to meet the needs of the 6 million people in need include curative consultations, medicines, vaccination for children and pregnant women, mental and psychosocial health, HIV/TB and sexual and reproductive health (SRH). During emergencies, people with non-communicable diseases (NCD), require continued supply of medicines for adherence to treatment is increasingly becoming an area of focus in emergencies. Clients and patients will require functional referral pathways for specialized services and other related sectors like Protection and Nutrition for comprehensive care.

Displaced people are faced with poor living conditions, accommodation, WaSH, and lack of food. These factors predispose them to increased transmission and caseloads of infectious diseases, and may lead to outbreaks. Significant levels of psychosocial distress have been reported among the IDP. Displacement also increases exposure to sexual and gender based violence for vulnerable women and children.

Ethiopia continues to grapple with preventable disease outbreaks. It has been shown that about 3.4 million people will be at risk of various disease outbreaks including acute watery diarrhoea (AWD), measles, scabies, yellow fever, pertussis, and high caseloads of malaria this year.

Vandalism of health facilities, disrupting health services, and loss of medicines and medical supplies as a consequence of conflict has been reported in the past year. Additionally, healthcare workers are displaced along with the general population, leaving behind significant service gaps. Therefore to ease the burden on the functional health facilities, and in order to address large-scale psychosocial needs, surge capacity and mobile teams, social and case workers, and lay counsellors are required.

## NO. OF PEOPLE IN NEED

6.03M

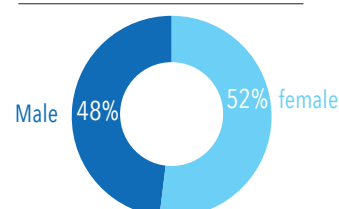
## DISPLACED

2.39M

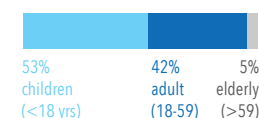
## NON-DISPLACED

3.64M

## BY SEX

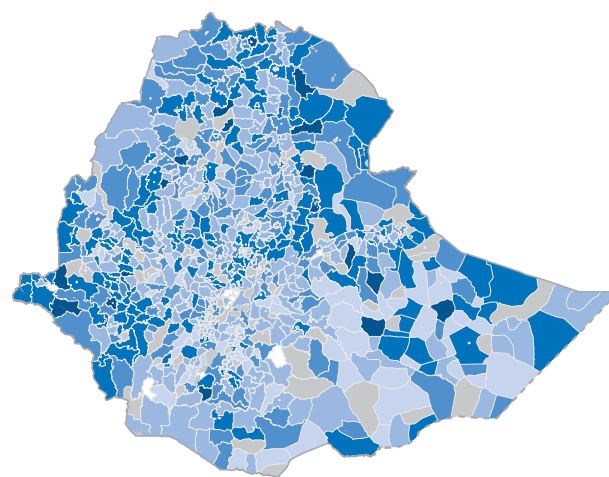


## BY AGE



## SEVERITY MAP

No Data Normal - +



Indicator	Source of Data
% of Health Facilities conducting OPD consultations in last 3 months	HMIS/EPI
% of pregnant women attending ANC4 visits in last 3 months	HMIS/PHEM Reports/Meher Assessment
% of Children under 1 year receiving measles vaccine in last 3 months	IDSR PHEM Reports/Meher Assessment
Disease outbreaks reported in the last 3 months	IDSR PHEM Reports/Meher Assessment

The host populations of focus are those communities in woredas prone to preventable disease outbreaks. Also woredas and populations affected by drought and chronic food insecurity, leading to malnutrition, which is a predisposing factor to medical diseases and complications, are considered. People in remote locations that have low vaccination coverage for children under one and antenatal care services have health needs that should be addressed.

### AFFECTED POPULATION

- IDPs across the country;
- People in IDP receiving locations that have to bear with additional pressure on existing health system, further straining healthcare workers, stocks of medicines and other essential supplies;
- Populations affected by drought and chronic food insecurity, and those in remote locations that have low vaccination coverage for children under one and antenatal care services;
- When there are disease outbreaks, beyond the cases and deaths, other patients receive less attention by the health system, families and social systems are strained, and education and economic activities may be disrupted.

sexual violence including sexual exploitation and abuse (SEA) during displacement, family separation and when undertaking daily survival tasks. Emergencies often disrupt support services including healthcare and this further exposed vulnerable women and children to GBV related morbidities. In emergency contexts, all survivors of sexual violence will have critical needs for medical care including clinical management of rape (CMR) and psychosocial support (PSS) services.

People with mental health conditions including pre-existing chronic ones that get exacerbated during emergencies, due to additional pressure, and patients being cut off from regular medical treatment and family support, and new acute ones due to stressful life events, need psychosocial support and protection. Social and family systems remain the mainstay support mechanism for the mentally ill, combined with professional guidance against some of the traditional community interventions that may be potentially harmful, in addition to psychosocial support through primary healthcare services.

Among the people in need of health assistance are those with disabilities (PWD), including physical, hearing and visual disabilities which require emergency health services that are sensitive to their needs, healthcare workers that are aware of these needs, and have capacity to identify and attend to them, and referral mechanisms for further assistance.

### RELATED PROTECTION NEEDS

Access to sexual and reproductive health (SRH) services including modern contraception and quality maternal and newborn health services in crisis and post-crisis situations, and effective referral mechanisms, to prevent unplanned pregnancies, maternal morbidity and mortality, is required. Specific attention should be paid to the SRH needs for youth and adolescents (10-24 years age), including access to information and counselling services.

Gender based violence (GBV) is a pervasive and life-threatening health, human rights, and protection issue that is exacerbated in emergencies but is largely underreported. Women and girls particularly are at increased risk of

### KEY CHANGES IN 2018

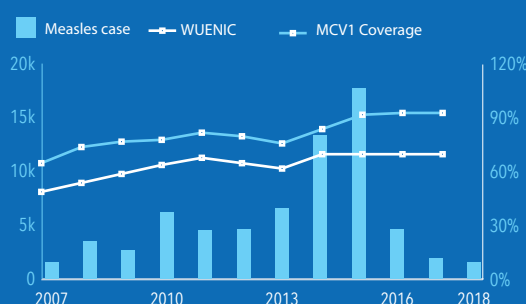
Increased IDP number due to unpredictable episodes of conflict, in more locations.

Additional woredas and people affected by disease outbreaks.

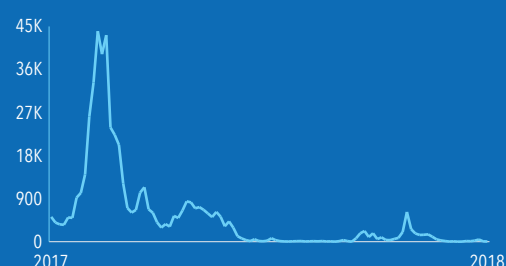
The needs of woredas with low health service coverage and utilization have been included.

MHPSS for crisis affected people and PWD have been included.

Confirmed measles cases, SIAs and vaccination coverage by year 2007 - 2018



National AWD outbreak (2017 - 2018)



### METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

2018 Health data from the FMoH was entered into the needs comparison tool (NCT), at woreda level, based on four selected severity indicators on a scale of seven thresholds. The indicators were proportion of health facilities conducting OPD consultations, proportion of pregnant women attending ANC 4 visits, proportion of children under 1 year receiving

measles vaccine, and disease outbreaks reported in 2018. These were analysed and a composite score assigned to each on a scale of zero to one. Working from an overall people in need figure calculated based on four inter-sectoral crises, through a four step criteria of NCT composite score, disease outbreaks, acute IDP and moderate IDP, the Health Cluster settled on six million people in need of health assistance in 2019.

Parameter	Methodology	IDP	Non-IDP	Total	Woreda
Overall PiN	Inter-sectoral analysis for conflict, drought, floods, disease outbreaks	2,962,033	5,662,880	8,624,912	932
Health NCT	NCT composite score > 0.3	1,282,411	2,461,712	3,744,123	402
Disease outbreaks	NCT composite score > 0.3	238,054	320,639	558,693	129
Acute IDP	NCT composite score < 0.3, All disease outbreaks	858,409	720,957	1,579,366	73
Moderate IDP	NCT composite score < 0.3, No disease outbreaks, All acute IDP	7,662	139,911	147,573	19
Total HC PiN	NCT composite score < 0.3, No disease outbreaks, No acute IDP, Moderate IDP	2,386,536	3,643,219	6,029,755	623

## NUTRITION

## OVERVIEW



Early detection and the provision of quality treatment for acute malnutrition remains the nutrition cluster priority. In 2019, some 2.76 million children under the age of five years will be in need of treatment for acute malnutrition (609,962 will need treatment for severe acute malnutrition (SAM) across the country, and 2.15 million children aged 6-59 months will need treatment for moderate acute malnutrition (MAM) from priority woredas). An estimated 1.86 million pregnant or lactating women (PLW) will also need treatment for acute malnutrition from priority hot spot woredas.

Acute malnutrition risks will remain greatest among poorest communities in pockets of the country facing acute food insecurity due largely to poorly performing rains; where large scale displacement raises the risk of malnutrition among the displaced and the host communities due to raised risk levels of disease outbreaks and shortfalls in the provision of basic services such as shelter, food, WASH, nutrition and health. Some 3.19 million people are currently displaced in Ethiopia across six regional states.

## HUMANITARIAN NEEDS OF THE POPULATION

The three priority needs of the nutrition response are: ensuring high-quality life-saving treatment of acute malnutrition in children under five years of age and pregnant and lactating women; providing nutrition preventive services in elevated risk areas; strengthening health system capacity to deliver nutrition services and improve early warning and nutrition information through improved screening and nutrition assessments.

The severity mapping used several indicators to grade the severity of the level of acute malnutrition needs such as the proxy SAM burden based on proportion of children admitted for SAM treatment and screening information for proxy GAM (global acute malnutrition) among children aged 6-59 months and PLW. Using a seven-tiered scale ranging from zero 'low risk /normal' to level 6 'catastrophic' (equivalent to IPC 5), data suggests that no woredas fell into category 6; five woredas lie in Category 5; 75 woredas in level 4; 125 woredas in category 3; 148 woredas fell in level 2; 258 woredas are under level 1 and no woreda fell under level 0. In 321 woredas/city administrations no data was shared due to poor quality <80 per cent reporting, inaccessibility, and/or low service coverage due to disruption. It is important to note that several areas of greatest concern (expected severity category  $\geq 5$ , HNO) were not sufficiently captured by the mapping due to several factors: the lack of sufficient woreda level nutrition information; lack of access resulted in no data being analysed; woredas where basic health and nutrition service provision have been disrupted and where reports of continued insecurity prevail, data was partial and

## NO. OF PEOPLE IN NEED

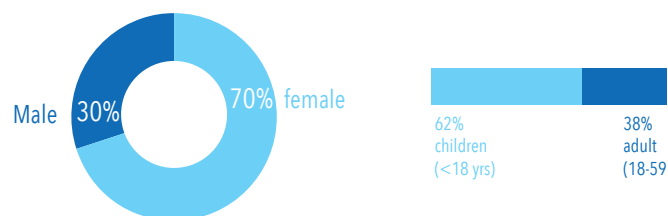
5.91<sub>M</sub>

DISPLACED

NON-DISPLACED

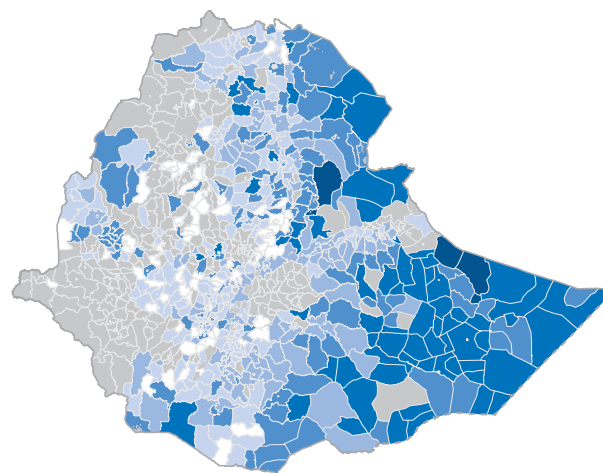
BY SEX

BY AGE



## SEVERITY MAP

No Data Normal - +



Indicator	Source of Data
Proxy %GAM U5 based on MUAC	Nutrition Screening data
%GAM from SMART surveys	ENCU
% of increase in TFP admissions within the past quarter	TFP programme data
SAM Burden U5: Proportion of children under five years admitted to TFP for SAM treatment	TFP programme data



incomplete. Such areas were considered during the response strategy preparation.

The severity map largely aligns with that of the January Hot Spot classification following the results of the meher/deyr biannual assessment where almost half the country is classified as hotspot priority 1, 2 or 3 status with 253 classified as Priority one. Though more detailed analysis is now needed.

## AFFECTED POPULATION

Using previous admission trend analysis, projections for food security gleaned from the recent meher/deyr assessment reports, IOM/DTM, and considering the implications of revised standards for admission/discharge for therapeutic feeding programmes in 2019, some 2.76 million children (2 million girls and million boys) under five years with acute malnutrition (609,962 with SAM and 2.15 million with MAM) will need treatment in 2019. A projected 1.86 million pregnant and lactating women with acute malnutrition are in need of treatment in the same priority woredas.

Elevated risk of high levels of acute malnutrition and child morbidity are projected in areas where access to humanitarian response is compromised due to insecurity notably across Kamashi zone and in part of Assosa Zone of Benishangul Region, in Dawe Zone of Somali and in parts of Borena and West Guji zones of Oromia regions for example, and where the health system is overstretched. The nutrition needs of existing IDPs and IDP returnees will remain high until full nutritional rehabilitation is achieved and any new surge of IDPs and IDP returnees will need immediate response in 2019.

Close attention will be given to the performance of the 2019 spring rains needed to replenish water tables for livestock and human health in pastoral areas, as well as to generate belg harvest for highland communities. Shortfall in productivity will further exacerbate food insecurity and continue to drive high levels of acute malnutrition most notably in the poorest communities.

## RELATED PROTECTION NEEDS

Humanitarian crisis due to acute food insecurity or mass displacement of individuals will significantly increase the susceptibility of vulnerable groups such as children, women, elderly and those with disabilities to protection risks. In times of acute food crisis in order to meet the household needs, women and children are vulnerable to exploitation and violence to buy foods and household items. The number of female headed households and separated children significantly rise due to displacement and will bring additional protection support needs to be addressed by all sectors. Displacement elevates infant mortality risk as lactating mothers often stop breastfeeding due to stress, lack of safe space and privacy to maintain breastfeeding, and insufficient access to food and water for the mother to maintain adequate breastfeeding. Should in-kind donations of milk powders become available in such contexts, infants and young children will face elevated risk of morbidity and acute malnutrition.

## KEY CHANGES IN 2018

The overall nutrition service needs (PIN) are higher by 28 per cent in 2019 compared to the MYR HDRP 2018 due several factors outlined below.

In 2019, the number of displaced individuals has increased to 3.19 million, now affecting also western zones of Oromia and Amhara and in Benishangul Gumuz. IDPs and IDP returnees have increased nutrition and health service needs to mitigate rapid deterioration of their nutritional status. Emergency nutrition response is needed in zones which were previously relatively food secure and where the level of acute malnutrition was low. Building staff capacity to respond to emergency response will be needed.

In parts of Somali, Oromia and Benishangul Gumuz where repeated and serious insecurity events have increased health staff turnover and caused damage of health facilities, the access to quality health and nutrition services has been reduced. In 2019 this will require additional support to rebuild, retrain and reinstate static health facilities and

community awareness.

An overall annual increase of circa 55-60 per cent admission for acute malnutrition treatment is likely to impact from the second quarter of 2019 as the revised admission and discharge protocols for acute malnutrition treatment outlined in the National Acute Malnutrition Treatment Guidelines (FMOH 2019) become operational.

## METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

Given the life-threatening nature of acute malnutrition among target groups, all children under five years and PLW suffering from acute malnutrition are considered in acute need of emergency nutrition response. Furthermore, children under five years and PLW are treated based only on their nutritional status and not on their displacement status (IDP, non-IDP) or the type of crisis driving the malnutrition status (climate, conflict, disease outbreaks). Therefore PIN and targets do not disaggregate the IDP status.

The Nutrition Cluster used its own methodology to estimate PIN and aligned the PIN with more realistic targets set through the SAG lead by FMOH and NDRMC. Because the GAM prevalence at woreda level is not available, the cluster relied on admission trends and projected outlook information to inform the target setting. Correction factor of 3.6, 80 per cent coverage and an agreed incremental factor to estimate the projected admission rise once new protocols are rolled out. The PIN was estimated at 80 per cent above the calculated target for SAM.

For the PIN for MAM and AM treatment in children aged 6-59 months and PLW, WFP used woreda level estimates of prevalence based on historic trends and outlook information, coverage of 80 per cent, correction factor of 2.6 and considered admission increment guided by FMOH due to new operational protocols.

In the absence of sufficient GAM prevalence estimates from SMART Nutrition Surveys or sufficient proxy GAM information from screening, Cluster drew upon experience,

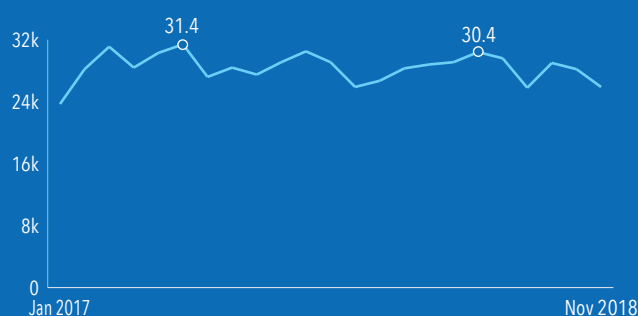
in negotiation with SAG lead by Govt, reviewing admission trends, projected 2019 Food security and HNO severity mapping outlook, IDP scenario, coverage of CMAM/TSF and considered the likely increase in admissions from Q2 once the new protocols for TFP/TSF admission are operational as per the FMOH AM treatment Guideline 2019. For SAM target setting, the Cluster used a base estimate of 350,000 due to continued high needs and lack of improved food security in chronic food insecure lowlands and new areas of IDP related crisis. SAG used the evidence base from a recent pilot study implementing international admission criteria of <11.5cm for OTP admission to estimate likely increment in admissions per quarter. Assumptions were made such as phased roll out of the new operational guidance and typical admission trends during hunger seasons. Q2, Q3, Q4 admission for SAM treatment will increase by 1.5, 1.7 and 1.3 respectively.

Cluster ensured to avoid double-counting by using the maximum need of Vitamin A – where all children are eligible aged 6-59 months - and removed 10 per cent likely to be admitted for SAM or MAM treatment. Vitamine A needs have been limited to woredas with high vulnerability due to IDP and high AM prevalence.

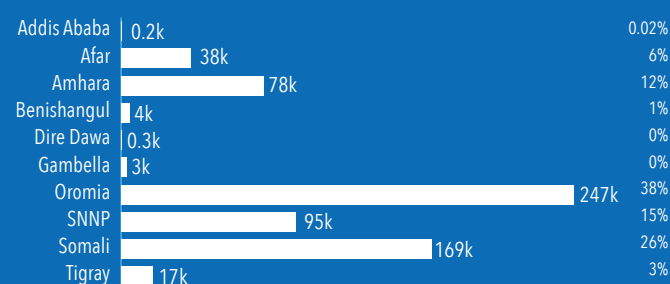
Under the New AM Treatment Guideline children admitted for SAM treatment will remain until they are rehabilitated, with MUAC reaching >12.5 cm. Children identified with MAM will be treated under the TSF / IMAM services and not include those under the SAM treatment/rehabilitation. Previously children were discharged as cured from SAM at MUAC>11cm and enrolled to TSFP for follow up. Double counting was more of a concern.

Limitations: Lack of woreda level GAM information generated from SMART Nutrition Surveys or reliable rapid assessments and screening- resulted in cluster reverting to tried and tested TARGET setting methodology. Assumptions were made on the start up of the new Guidelines. Assumptions based on the evidence base available were made to estimate the likely impact of the revised admission criteria for SAM and MAM.

National SAM admission trend



Number of SAM admissions by region (January 2017 - November 2018)



## PROTECTION

## OVERVIEW



Key protection concerns faced by IDPs and IDP returnees and other affected populations in Ethiopia include gender-based, sexual and physical violence, family separation (including unaccompanied and separated children), psychosocial distress and trauma, harmful practices including child marriage, persons with specific needs not receiving or being able to access life-saving services, persons missing documentation and having no legal redress for their lost property and livelihood, persons without adequate shelter. According to the Protection Cluster severity analysis, over 90 per cent of the 2.95 million people currently in need of protection services, are located in Oromia and Somali regions.

Intimate partner violence is the most prevalent type of Gender-Based Violence (GBV) in Ethiopia. Over one third of ever-married<sup>1</sup> girls and women (age 15-49) in Ethiopia have experienced either physical, emotional or sexual violence committed by their husband or partner. Physical violence (25 per cent) and emotional (24 per cent) violence are the most common types of intimate partner violence and the proportion of ever-married girls and women who have experienced physical or sexual or emotional violence is the highest in Oromia with 39 per cent, followed by Harari 38 per cent, Amhara 37 per cent and Tigray 37 per cent (EDHS 2016). GBV is exacerbated, both in frequency and severity, in a crisis and displacement. However, GBV and especially sexual violence, is grossly under-reported due to fears of retaliation by the perpetrator, stigmatisation by communities and family members and limited availability and confidence in response services.

Men and boys experience GBV. However, women and adolescent girls in particular are disproportionately at risk and affected by violence, due to overlapping protection concerns and increased vulnerabilities in displacement, including lack of privacy in IDP collective centres and difficulties in meeting their basic needs. As a result, women and girls who are responsible for household level food consumption are unable to provide for their families due to the effects of displacement. This leads to increased rates of child or forced marriage and early pregnancies, and with that an increased risk of fistula. In addition, child labour and survival sex are common negative coping mechanisms and to mitigate these risk, livelihood programs are needed to mitigate the risks for these types of GBV. In addition, there is a need to ensure adequate access to maternal and reproductive health services as women and girls have unique health concerns that puts them at increased risk, that range from menstrual hygiene to life-threatening complications related to pregnancy and childbirth, to unwanted pregnancies and the need for life saving multi-sectoral GBV response services that meet global

## NO. OF PEOPLE IN NEED

2.95M

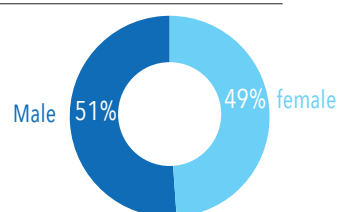
## DISPLACED

2.15M

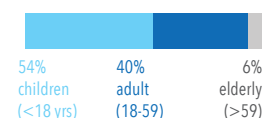
## NON-DISPLACED

0.80M

## BY SEX

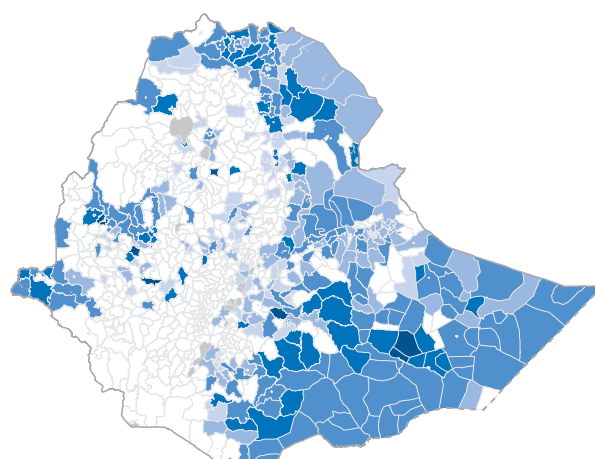


## BY AGE



## SEVERITY MAP

No Data Normal - +



Indicator	Source of Data
% of elderly at-risk displaced	DTM
% of persons with disabilities displaced	DTM
% IDP sites reporting persons without documentation	DTM
% of IDP UASC	DTM
% of displaced FHH	DTM
Sites that report women, girls and Boys feel unsafe	DTM
% of displaced population living in collective centers, planned sites, spontaneous sites, and other settlement typologies	DTM

1. Ever-married women or men are persons who have been married at least once in their lives although their current marital status may not be "married".

standards of care.

IDPs and IDP returnees have indicated that displacement has caused them extreme stress. In addition to losing their homes, the displacement has increased their vulnerabilities through the sudden breakdown of family and community structures. Experiences of conflict and displacement are gendered and there is a need for large-scale targeted psychosocial support programs, with strengthened referral pathways to specialised services as required, to mitigate the psychosocial effects of displacement for all people of concern.

Almost two-thirds of Ethiopia's IDPs and IDP returnees are children. Child protection issues such as family separation, psychosocial distress, harmful practices (such as child marriage primarily affecting girls) and violence have been identified amongst the emergency affected populations through child protection assessments and in focus group discussions with communities, however there is a need for more information and better response services related to violence against women and children. Families and other sources of protection have been put under immense strain, and the weakened protection environment around the child may result in children being at more risk of violence and harmful coping mechanisms. Harmful practices, notably child marriage and Female Genital Mutilation/Cutting ('FGM/C') were reported in 16 per cent of IDP sites in DTM 14. However the rate of FGM/C is expected to be much higher and in-line with general population rates of 65 per cent on a national level and with the highest prevalence in Somali region with 99 per cent, followed by 91 per cent in Afar and 82 per cent in Harari for women 15-49 years of age (EDHS 2016).

In Ethiopia, the definition of disability is inclusive of both physical and mental impairments<sup>2</sup>. People from the poorest wealth quintile, women, and older people have a higher prevalence of disability<sup>3</sup>. The state of persons with disabilities in Ethiopia has increased severity due to the presence of diversified pre and post-natal disabling factors (like infectious diseases, difficulties contingent to delivery, under-nutrition, malnutrition, harmful cultural practices, lack of proper child care and management, civil war and periodic drought and famine) and the absence of early primary and secondary preventive actions<sup>4</sup>. Major problems concerning disability are: (1) lack of public understanding, (2) lack of information on the number and status of disabilities, and (3) shortage of basic needs, such as vocational training placement, health and rehabilitation facilities, and (4) lack of assistive devices. In Ethiopia, some people associate disability with "spiritual evil" and do not let disabled persons to go out in public. This leads to families hiding disabled family members which leads to inaccurate information and statistics on disabilities<sup>5</sup>.

IDPs and IDP returnees face particular obstacles in accessing Housing, Land and Property (HLP) rights during

displacement. They also struggle to assert their rights to restitution or compensation for their HLP upon return. In circumstances where the return is not possible, displaced persons may face relocation or secondary displacement, which can lead to further violations of HLP and other rights. Disputes over land and natural resources are often at the centre of conflict, including territorial acquisition and the resulting occupation of homes and land drives displacement. When the conflict ends, disputes over occupied property are a continued source of instability, preventing durable solutions for returning populations and threatening the success of potential peace agreements. HLP issues are relevant during all stages of displacement and if not adequately addressed the potential for continued and increased conflicts over land will remain high.

Countrywide, a total of 1.76 million IDPs and IDP returnees live in some type of displacement site<sup>6</sup>. Site management services are critical to ensuring a minimum standard of safety and security for IDPs and IDP returnees that do not have a safe or affordable place to live. The provision of safe accommodation does not only alleviate suffering but is also life saving for the most in need.

IDP returns have fallen short of international standards on voluntariness, safety and dignity. Most of returning IDPs are in secondary displacement situations, are also living in collective centres or within the host community, as they have not been able to return to their homes. While the desire by some IDPs to return to their places of origin remains a priority, concerns persist that conditions in those areas are not yet conducive for such returns due to ongoing concerns about safety and security. Ensuring the principles of voluntariness, durable solutions such as local integration or settlement to a different area, should be an option for IDPs who do not want to return home.

## HUMANITARIAN NEEDS OF THE POPULATION

As per DTM data and the indicators selected by the Protection Cluster, protection threats assessed to be greatest are in Oromia and Somali regional states. There are limitations in the DTM data for SNNPR and Benishangul-Gumuz because these regions have not been part of the regular DTM rounds and therefore limited demographic, site profile and protection information is available. Utilizing DTM data for protection concerns is not ideal because the information is collected from a small group of persons by staff that are not necessarily specialized in protection. In general, there are limitations in collecting data related to persons with specific needs, as there is currently no comprehensive case management system, nor specific questions in seasonal assessments and other sources of data. For affected population, the same indicators were applied to OCHA's non-displaced PIN data. However, the indicators for site safety and site management services were not calculated for non-displaced populations.

**Unaccompanied and Separated Children:** Due to a lack of comprehensive data, including disaggregated by age and

6. DTM14 and DTM RRA4, December 2018

2. Country Profile on Disability, Ethiopia. Japan International Cooperation Agency Planning and Evaluation Department. 2002.

3. World Health Survey. Geneva, World Health Organization, 2002-2004.

4. Country Profile on Disability, Ethiopia. Japan International Cooperation Agency Planning and Evaluation Department. 2002.

5. Ibid.



sex, available on the protection needs of emergency affected children in Ethiopia, the number of IDP Unaccompanied and Separated Children (UASC) as a percentage of the overall IDP child population per woreda is being used as a proxy to assess the severity of child protection needs. Overall the regions with the highest percentage of UASC are Somali and Gambella regions, but some sites in Oromia region have a higher percentage of IDP UASC, compared to the overall IDP child population.

**Female-Headed Households:** The number of Female Headed Households (FHH) as a percentage of the total number of households is being used as an indicator to measure the vulnerability of the IDP population across sites. Oromia region has the highest percentage of IDP Female Headed Households at 8.4 per cent followed by Gambella at 8.36 per cent and Amhara at 6.69 per cent.

**Site Safety:** DTM collects information that tracks IDP perception of safety within IDP sites. The DTM responses of women, girls, and boys have been analysed to develop a scale that shows how safe IDPs and IDP returnees feel in the site. A total of 22.4 per cent of all IDP sites were identified as unsafe by these groups; however 18.42 per cent of all sites did not have any response, so the actual percentage of sites where women, girls, and boys feel unsafe may be higher.

**Persons with Disabilities:** Regions with the highest severity of persons with disabilities include Oromia region with three woredas ranking highest on the severity scale (over 3.99 per cent)<sup>7</sup> of IDPs and IDP returnees with disabilities followed by Tigray region with two woredas with highest severity scale ranking.

**Older Persons At-Risk:** Regions with the highest severity of older persons (60 years +) at-risk include Tigray region, with 23 woredas rank highest on the severity scale followed by Oromia with 15 woredas that rank highest on the severity scale.

**Persons Missing Documentation:** Regions with the highest severity of persons missing documentation include Somali region, with 70 woredas having greater than 60 per cent of sites reporting IDPs and IDP returnees without documentation. This ranks highest on the severity scale as a catastrophic problem. The region with the second highest severity of persons missing

documentation includes Oromia region, with 35 woredas have greater than 60 per cent sites reporting IDPs and IDP returnees without documentation. Data in Gedeo and West Guji is more limited, however, according to authorities IDPs and IDP returnees lack housing and land certificates, which will pose challenges for return or relocation.

**Site Management Services:** To determine the need for Site Management Support (SMS), the percentage of displaced people living in collective centres, planned sites, spontaneous sites, and other settlement typologies was calculated. The need for SMS services is very high in some woredas in Afar, Somali, Benishangul-Gumuz and Oromia regions, where most of the displaced (more than 75 per cent) live in IDP sites, rather than host communities.

## AFFECTED POPULATION

Persons with special needs, including older persons, people with physical and intellectual disabilities, adolescent girls and boys engaging in risky behaviours and negative coping mechanisms, female and child-headed households, unaccompanied and separated children, persons missing documentation, persons whom have lost their property and/or livelihoods, have been the most affected. The countrywide meher assessment conducted in late 2018 outlined a number of protection risks, including child marriage, child labour as well as separation of children, older persons and persons with disabilities from their family members. Furthermore, the assessment outlines that conflict and drought emergencies aggravate GBV incidents such as sexual violence, rape, FGM/C and transactional sex.

Adults and children suffer from psychosocial distress due to a breakdown of economic and social status as well as family separation and witnessing of traumatic events. Children who are separated from their families or caregivers during displacement are at increased risk of violence, abuse, and neglect, and are more vulnerable to child labour and other forms of exploitation and require immediate support for placement in alternative care, family tracing and reunification services. Female Headed Households face particular obstacles when they attempt to access HLP rights and/or documentation, given their position in society with respect to accessing land rights and their vulnerability to violence during disputes over access to HLP. In many areas of the country, access to

7. The Global Burden of Disease estimates (3.8 per cent) of the population have "severe disability" the equivalent of disability inferred for conditions such as quadriplegia, severe depression, or blindness. 2004 update. Geneva, World Health Organization, 2008.

## GENERAL PROTECTION

No. of displaced elderly at risk by severity

Severe	Critical	Catastrophic
3,417	8,634	8,996

Per cent of elderly at risk (as fraction of total # of Elderly in IDP sites in corresponding woredas)

5.8%

28.6% 66.4%



No. of displaced IDPs

Severe	Critical	Catastrophic
2,050	769	42

Per cent of disabled IDPs (as fraction of total # of IDPs in sites in corresponding woredas)

0.3%

0.9% 3.6%



No. of sites reporting people without documentation

Severe	Critical	Catastrophic
5	8	124

Per cent of sites reporting people without documentation (as a fraction of total # of sites in corresponding woredas)

13.5% 10.4% 20.6%



documentation is gendered; in some areas of the Somali region, for example, where access to documentation is extremely low overall, approximately 90 per cent of those who do possess a document are male.

The affected populations are subjected to multiple human rights violations and abuses. Poor protection mechanisms and multiple displacement further exacerbates existing vulnerabilities. One example is the IDP population in Gedeo and West Guji, of which 390,412 IDPs and IDP returnees assessed, were previously displaced. In displacement, without income or access to livelihoods, individual and families engage in negative coping mechanism. Less than 20 per cent of IDPs and IDP returnees assessed have access to income (440,970). Additionally, (222,511) IDPs and IDP returnees living on sites which do not have access to food or markets.

## RELATED PROTECTION NEEDS

Due to insecurity and access issues, the majority of IDP children are not accessing education, which is critical both as a right and because of the important role it plays in supporting children and contributing to their safety and wellbeing. Children who are not in learning environments that are safe are at greater risk of exploitation and harmful practices, especially girls. Ongoing demographic, political and economic changes, including an increase in the frequency, scale and complexity of conflicts, will continue to have a profound impact across Ethiopia in 2019, including related to children's protection from violence, exploitation, neglect, harmful practices and separation - in and across humanitarian contexts.

The significant increase in conflict in 2018 has resulted in violence and human rights violations. Serious protection concerns result when IDP returns occur without respecting the principles and standards of voluntariness, safety, dignity, and sustainability. All decisions on return must be made via a choice which is both free and informed. A free choice is made in the absence of coercion, including in the absence of threats to revoke assistance. It is essential to provide information on conditions in potential areas of return, in order for IDPs and IDP returnees to make a voluntary and informed decision on the appropriate solution to their displacement. In addition to the option to voluntarily return to the place of origin in safety and dignity, where conditions allow, the prospects of

alternative durable solutions of local integration or relocation should be available. Feedback mechanisms for IDPs and IDP returnees should also be in place.

Due to ongoing violence and insecurity, the movement of IDPs and IDP returnees is restricted, which can negatively impact livelihoods. Lack of access to livelihood and economic insecurity can push populations into the risky coping mechanism and alternative livelihood strategies. In the absence of protection from the government, affected populations rely on the local militias to ensure their safety, which can result in exploitation and abuse of power, particularly for IDPs and IDP returnees with specific needs.

## KEY CHANGES IN 2018

The humanitarian situation in Ethiopia deteriorated significantly in the course of 2018. A new conflict broke out in Gedeo and West Guji zones along the boundary between the Southern Nations, Nationalities and Peoples region (SNNPR) and Oromia region, which at its peak displaced nearly a million people. Inter-communal violence also continued along the boundary areas of Oromia and Somali regions and the situation remains highly unstable and insecure. In the second half of 2018, new bouts of fighting broke out in Benishangul-Gumuz region, Amhara region, as well as on the outskirts of Addis Ababa.

Insecurity and violence limited humanitarian access in multiple locations, including along the SNNP-Oromia boundary, as well as in Oromia, Somali and Benishangul-Gumuz and Afar regions. Security in West Guji is extremely fragile and has prevented movement, and therefore assistance, to areas where IDPs and IDP returnees are living. In Somali region, humanitarian actors have difficulty reaching crisis-affected nomadic pastoralists in remote areas, which are virtually inaccessible during the rainy season.

In 2018, the new Government made peace with several Ethiopian armed groups, many of whom have been in exile, and has invited them to return home. According to government sources, during the months of September and October 2018, some 5,000 members of opposition armed groups were disarmed as they crossed the border from Eritrea, and have checked into military camps in Ethiopia, registered and provided with some assistance. Leaders and ex-combatants,

## GENERAL PROTECTION

No. of IDP households in collective centers by severity

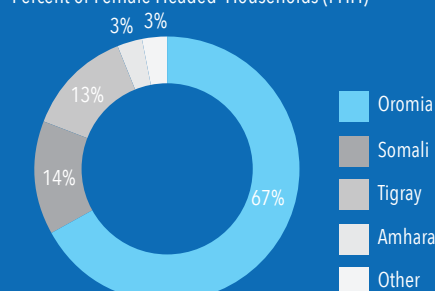
Severe	Critical	Catastrophic
4,000	10,600	15,680

Per cent of households living in collective centers (as a fraction of total # of IDP households in corresponding *woreda*)

42.4%	32.3%	68.3%
-------	-------	-------

## GENDER BASED VIOLENCE

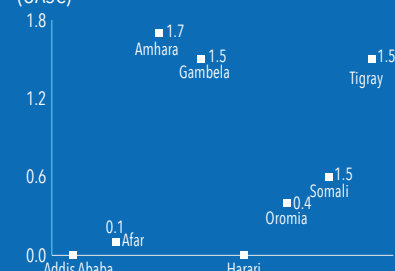
Percent of Female Headed Households (FHH)



Source: DTM round 14, 31 December 2018

## CHILD PROTECTION

Percent of Unaccompanied And Separated Children (UASC)



including children associated with armed forces and groups (CAAFAG) are expected to continue to return to Ethiopia as part of the peace processes.

## METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

To calculate the Protection Cluster's People in Need (PiN), data was utilized from DTM and the inter-sectoral PiN for non-displaced populations.

### Displaced Population Calculations

The number of IDPs and IDP returnees countrywide used for calculations totalled 3.19 million, based on numbers from DTM and regional and federal government authorities. To determine the displaced population in need, the following indicators were applied to the displacement data:

- % of displaced female headed household displaced, calculated by the # of IDP FHH in woreda\*100/total # of IDP HH in woreda.
- % of unaccompanied and separated children displaced, calculated by the # of IDP UASC in woreda\*100/total # of IDP children in woreda.
- % of displacement sites that report women, girls and boys feel safe, calculated utilizing the reports by each three indicator: (1) women feeling safe, (2) girls feeling safe, (3) boys feeling safe.
- % IDP sites reporting displaced persons without documentation (by woreda), calculated by the # of sites reporting people without documentation\*100/total # of sites.
- % of persons with disabilities displaced, calculated by the # of people with disabilities (adults + children) \*100/total IDP individuals.
- % of older persons at-risk displaced, calculated by the # of older persons without care givers\*100/total # of older persons.
- % of displaced population living in collective centers, planned sites, spontaneous sites, and other settlement typologies, calculated by the total # of IDPs and IDP

returnees living on all site typologies (except 'host communities')/total # of IDPs and IDP returnees\*100.

### Non-Displaced Population Calculations

To determine the non-displaced PiN for protection, the following indicators were applied to the inter-sectoral PiN for non-displaced people:

- % of female headed household: calculated the percentage of total FHH over the total HH in the site and applied that percentage to the total non-displaced PiN.
- % of unaccompanied and separated children: applied 1.5 percent of the total non-displaced PiN. 1.5 per cent is UNICEF's planning assumption number of UASC in any population.
- % of persons with disabilities: applied the global prevalence of persons with disabilities (15 per cent) and applied that percentage to the total non-displaced PiN<sup>8</sup>.
- % of older persons at-risk: calculated the percentage of total older persons without caregivers over the total older persons in the site and applied that percentage to the total non-displaced PiN.

### Protection Cluster PiN

The Protection Cluster followed the same approach used to determine the inter-sectoral PiN by OCHA. To avoid double counting, all the seven cluster indicators used in the HNO severity analysis were tallied by woreda, and the indicator with the highest number of IDPs and IDP returnees was selected as the cluster PiN for the corresponding woreda. The overall Protection Cluster PiN is an aggregate of all the maximum indicator PiNs per woreda (displaced and non-displaced data). Additionally, the Protection Cluster ensured not to exceed the pre-defined inter-sectoral PiN. There are limitations in data due to areas where the DTM is not conducted. Additionally, there are limitations to collecting protection related data through the DTM, due to the sensitivity of the information that may or may not be disclosed accurately.

8. Based on 2010 global population estimates, 15 per cent of the world's population is estimated to live with some form of disability. World Report on Disability. World Health Organization (2011).

## WASH

## OVERVIEW



In Ethiopia, access to improved water supply and safely managed sanitation is still low as 39.13 per cent and 7.08 per cent respectively (JMP UNICEF/WHO 2018). In such a situation, any emergency occurrence becomes a driver of humanitarian WASH needs not only for directly affected population but also population hosting affected people. Humanitarian WASH needs are differentiated from development WASH needs as it is driven by crises such as drought, flood, conflict and disease outbreak. Generally anyone could be population in need anytime once there is any crisis event, including accepting IDPs from neighbouring communities.

The severely affected population are concentrated in Oromia and Somali regions which comes around 82 per cent of IDPs and IDP returnees and 75 per cent of non-displaced population according to severity analysis. They are affected by a number of reasons such as communal conflicts as well as severe climate conditions which lead to chronic water shortage with seasonal drought and flood.

## HUMANITARIAN NEEDS OF THE POPULATION

Needs of affected population are centred around safe drinking water supply as 92 per cent of IDPs and IDP returnees do not access to safe drinking water while 4.4 million people are affected by chronic water shortage due to drought according to severity analysis. Though DTM Round 14 data show that 39 per cent of IDPs and IDP returnees has certain access to sanitation (although the ratio of latrines per person is still well above the standards), access to water relies to a large extent on water trucking, which is very costly and unsustainable in the mid-term. The humanitarian sector needs to invest more heavily in the provision of more sustainable water supply systems that reduce the dependency on water trucking. The majority of IDPs and IDP returnees are expected to stay in those sites during 2019 because of protracted displacement, therefore there is need to improve the provision of water supply and sanitation in those areas. During 2019, the sector is anticipating additional requirements in emergency water supply, in sanitation and NFI distributions for the newly displaced population.

Due to effects of climate change and instable raining pattern in many years, groundwater table had gone down especially in low land areas of Somali and Oromia that made very difficult for people to withdraw water from shallow and deep wells, surface water source such as bilkas and ponds. This led to chronic water shortage among non-displaced population in severely affected areas.

Identified humanitarian WASH needs are 1) safe water supply, 2) sanitation and 3) WASH NFIs and 4) hygiene promotion as to save lives of affected population due to different crises. Lack of access to protected water and improved sanitation also increase the risk of disease outbreak in many parts of country. In such

## NO. OF PEOPLE IN NEED

7.26M

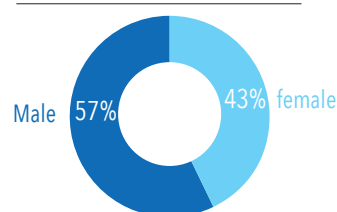
## DISPLACED

2.72M

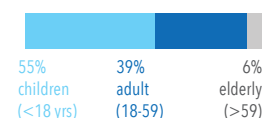
## NON-DISPLACED

4.54M

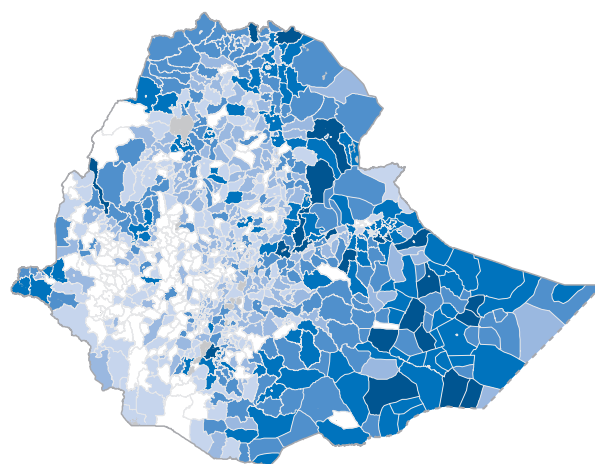
## BY SEX



## BY AGE



## SEVERITY MAP



Indicator	Source of Data
Proportion of communities (IDP, returnee and host) accessing ( $\geq 20$ l within $< 1$ km or 0.5hr) an improved water source	DTM
Proportion of communities (IDP, returnee and host) accessing to a functioning basic/shared latrine	DTM
Proxy for drought: % of people facing survival deficit	HEA
# Acute Watery Diarrhoea cases	MOH/ WHO Surveillance
No of flood events since 2010	OCHA/NDRMC

areas, proper hygiene promotion and availability of WASH NFIs are extremely needed to prevent disease outbreak.

## AFFECTED POPULATION

Currently most acutely affected population is those who are displaced due to communal conflicts and natural calamities such as drought and flood. More than 92 per cent of IDPs do not have access to safe drinking water at 5 litre/person/day and 61 per cent of IDPs are not accessing any sanitation facilities. Majority of displaced WASH people in need is found in Oromia (1.3 million) and Somali regions (0.91 million) followed by SNNP (0.27 million).

Other non-displaced population in need of humanitarian WASH assistance is also as large as 4.6 million, where majority of them are affected by drought (4 million). While access to protected water source is generally quite limited especially in low land areas, drought has heavily impacted on acute water supply needs in Oromia and Somali regions. Those communities hosting IDPs are also under high pressure of acute water needs and risk of disease outbreak due to poor latrine coverage. PIN in host-communities receiving IDPs and IDP returnees is estimated as 0.89 million.

## RELATED PROTECTION NEEDS

Based on data from DTM Round 14, 92 per cent of IDPs and IDP returnees have no access to safe drinking water, and 61 per cent don't have sanitation facilities underlines critical protection concerns including GBV for vulnerable women and children as custodians of WASH services. Setting up WASH facilities in new settlements can be under strain with most facilities lacking basic protection measures including gender segregation and are in locations not easily accessible for women and children. The risks and fear of GBV for vulnerable women and children walking long distances to access such WASH services and particularly at night remained high. Moreover, WASH facilities provided by humanitarian WASH responses should be not only safe but also culturally acceptable by women and children as they are the most vulnerable groups.

## KEY CHANGES IN 2018

One of the significant changes observed in 2018 was communal conflicts that happened in different regions, for

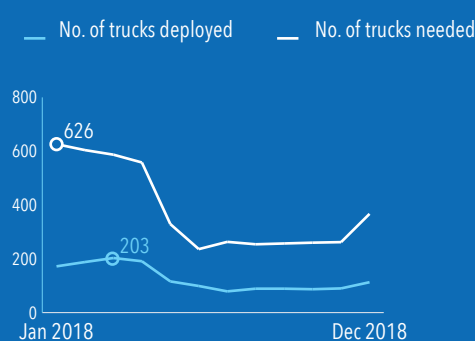
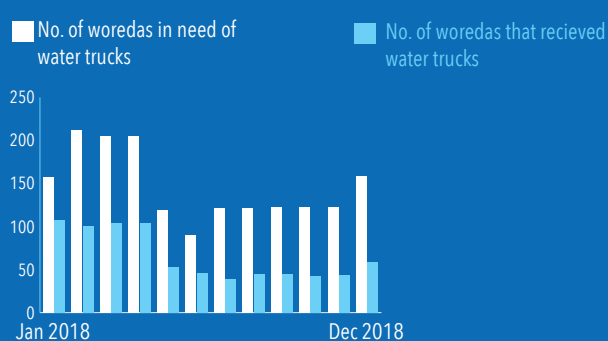
instance Gedeo-West Guji, Kemashi-Wollega, Moyale on top of protracted conflicts between Oromia and Somali boundary. Mainly as a result of these protracted and new communal conflicts, nearly 3 million people became newly displaced which severely increased humanitarian WASH needs among IDPs and IDP returnees. Besides, AWD outbreaks in Afar, Amhara and Tigray also led to sever increase in affected population that required huge funds to extend WASH humanitarian responses.

## METHODOLOGY FOR ESTIMATING PEOPLE IN NEED

The cluster PIN estimation is based on the different crises. These crises are drought, conflict, flood and disease outbreak. The PIN are further divided as displaced and non-displaced according to the crisis. The DTM round 14 was used to estimate PIN for WASH support from IDPs and IDP returnees due to drought, flood and conflict. The criteria used to determine the displaced PIN are based on their access to improved water source & access to functional sanitation (latrine) facility. Sites getting less than 5 litre/person/day and with cue time more than 30 minutes were considered to determine the IDPs and IDP returnees without access to safe water sources, while with no single functioning latrine were also considered to determine the people without access to functioning sanitation facility.

The cluster could not get the data on the drought from the assessment. The HEA is used to determine the non-displaced PIN due to drought. For this 90 per cent of the survival deficit beneficiaries (assuming majority of them need WASH support) excluding PSNP beneficiaries and including some emergency pocket woredas were taken. After discussion with health cluster the PIN for disease outbreaks was taken by considering only those that are living in woredas registered AWD cases in 2018.

A woreda might have IDP due to either conflict or drought or flood or due to a combination of either of the crises. In order to avoid double counting the maximum figure among the three crises was taken as a cluster displaced PIN per woreda. The same methodology was applied for the non-displaced PIN per woreda with the assumption that a woreda might be affected by drought, disease and conflict. The maximum figure was taken from drought, disease and conflict affected population per woreda as PIN to avoid double counting. Then the total PIN per woreda is the sum of the displaced PIN and non-displaced PIN.



# PART III: ASSESSMENTS, INFORMATION GAPS & METHODOLOGIES



ASSESSMENTS AND INFORMATION GAPS



METHODOLOGIES



## ASSESSMENTS & INFORMATION GAPS

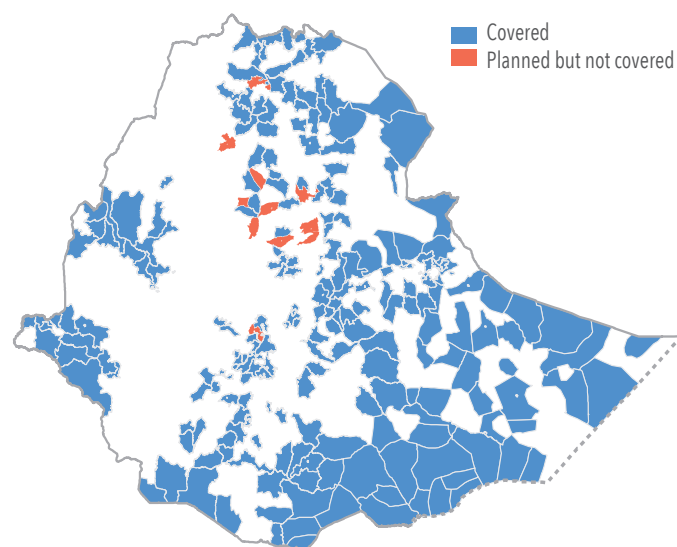
Most of the analysis informing the 2019 HNO was based on data collected during the meher seasonal assessment and data collected through IOM's Displacement Tracking Matrix (DTM). Despite enhancements in data collection and analysis techniques, both in terms of quality and reach, many of the figures provided throughout the document are estimates based on sometimes incomplete and partial methodologies. Notwithstanding these limitations, the scope and depth of data collected at the woreda level provide a solid evidence base for a more effective and accountable response in 2019.

### Meher seasonal assessment

The Government-led multi-sector and multi-agency national needs assessments are conducted twice a year, closely linked to the agricultural cycle. They are conducted after the short (February - May) and long (July - September) rainy seasons. During these seasonal assessments, teams visit regions, zones, woredas and kebeles and use standardized questionnaires to collect information on needs from key informants. In addition, assessment teams use focus group discussions at kebele level to better understand people's needs and coping strategies and to get a varied picture of how different groups of people are affected in different ways, and how they use different coping mechanisms.

In 2018, NDRMC decided to use Household Economy Approach (HEA) as a key analysis tool to determine the

### WOREDA COVERAGE DURING ASSESSMENT



number of beneficiaries and the duration of assistance in food and agriculture sectors. The approach uses baseline

information in 158 livelihood zones in 6 regions of the country (baseline information for Gambella and Benishangul Gumuz was not finalized until the end of 2018), and overlays it with any specific hazard or intervention during the period covered by the assessment to determine the food gap. During the seasonal assessment, data is collected using the HEA to determine the food needs. Other sectors use assessment checklists to collect data during the seasonal assessment.

The meher seasonal assessment was conducted in December 2018. More than 200 multi-agency staff were part of 24 teams which traveled throughout all regions in the country. It took approximately three weeks to complete the assessment.

Because of time and resource limitations, woredas were selected for the assessment which have experienced shocks and where therefore needs were anticipated to be greatest. Reasons for woreda selection included: recent or ongoing conflict, internal displacements, high rates of malnutrition, pests affecting agricultural production (Fall Army Worm infestation, yellow rust), climatic conditions affecting the harvest (erratic rainfall, hailstorms), other natural hazards (e.g., floods), water shortages, high market prices, low milk production, and disease outbreaks. In total, 231 woredas were covered by the assessment teams, which corresponds to 25 per cent of the country. There were 12 woredas which were selected initially but could not be covered during the assessment because of logistical reasons.

### Displacement tracking

Since September 2016, IOM's Displacement Tracking Matrix (DTM) has been monitoring the displacement in the country with six rounds a year. DTM is a system to track and monitor displacement and population mobility. It is designed to regularly and systematically capture, process and disseminate information to provide a better understanding of the movements and evolving needs of displaced populations, whether on site or in route.

In Ethiopia, data is collected at zone, woreda and site level. The DTM programme is implemented in close collaboration with the National Disaster Risk Management Commission (NDRMC), regional, zonal and woreda counterparts and DTM implementing partner, the Danish Refugee Council (DRC).

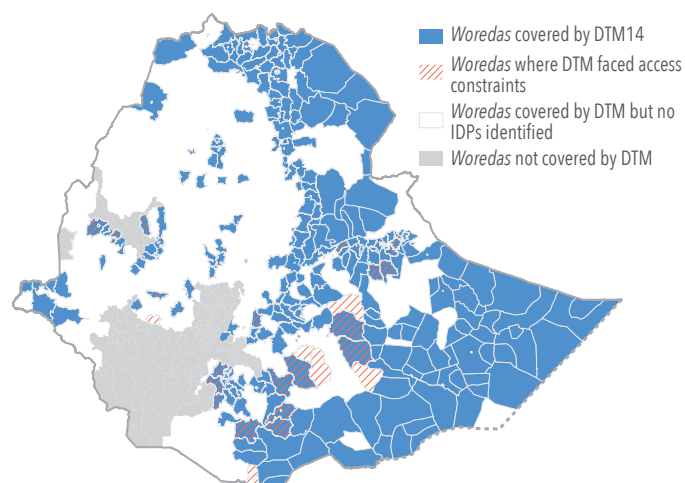
IOM's DTM team is composed of enumerators from IOM and DRC who were deployed across the country to collect the data. The process involved the following steps:

**Zone level:** Interviews with key informants from the Disaster Prevention and Preparedness Office (DPPO), community representatives, and the education and health offices to collect information on, among others, estimated caseload of displaced population, identification of woredas within the zone that hosts displaced populations, reason for displacement, time of arrival of IDPs and location of origin.

**Woreda level:** Information is collected from key woreda informants and includes (among others) estimated length of stay, number of displaced households and individuals at woreda level, displaced population by type of temporary settlements and approximate locations of identifiable displacement sites. The information is used to plan site assessments.

**Site assessments:** In-depth IDP site assessments capture detailed information through key informant interviews, direct observation and focus group discussions with men, women, elderly, children and IDP representatives. Data on available services by sector, accessibility constraints, exact type, location and name of the site, place of origin of IDPs, estimated size and type of the site and most common type of shelter are captured. Age and gender disaggregation for the site is extrapolated using a demographic calculator tool based on the age range and sex of the household members of 20 randomly selected households from the site.

## WOREDA COVERAGE OF IOM'S DTM



Important to note is that only IDP sites are included in DTM data collection and analysis which have more than 20 households. Moreover, DTM does not cover areas in SNNP outside Gedeo zone.

For the HNO analysis, the following DTM data was used:

- DTM Round 14, national coverage, collected in

November 2018

- DTM Rapid Response Assessment 4, covered Gedeo and West Guji, collected in November 2018
- DTM Displacement Update on Benishangul Gumuz, covered parts of Oromia and Benishangul Gumuz, collected in January 2019

During DTM Round 14 data collection, teams could not access 85 IDP sites in 28 woredas because of security restrictions, road access (including due to floods) and time constraints.

To ensure a comprehensive picture of the IDP situation in the country, HNO analysis took into account IDP data from Regional and Federal Governments for SNNP and Benishangul Gumuz regions since DTM did not cover these areas.

## Information gaps and assessment planning

During the data collection and analysis phases, the humanitarian community has faced several information gaps.

### Geographical gaps

- Assessment teams faced difficulties in accessing some communities, either because of physical constraints, security constraints or time constraints;
- Particularly for conflict-affected areas, displacement figures are rough estimates as there has been no access to some of them;
- The situation inside conflict areas is largely unknown, including the availability of services and essential commodities and the protection situation.

### Baseline information

- No availability of recent administrative boundaries of the country;
- Population data at woreda level not up-to-date or not available;
- Gender and age disaggregated data not accurate at lower geographic level.

### Limitations of methodologies

- DTM does not cover all displacements in the areas it covers, as sites with less than 20 households are not included;
- For the areas that were not covered by DTM, IDP data had to be used from other sources which use different methodologies and for which DTM's indicator data is

not available (for example, on vulnerabilities and needs of IDPs);

- Data collection, particularly through the seasonal assessments, continues to have a gender bias, despite recent progress in conducting more focus group discussions with female members of communities.

#### *Lack of data collection and analysis systems*

- There is a lack of systematic compilation of evidence or secondary data;
- Most of the sectors do not have detailed and/or up-to-date and/or disaggregated sector-specific information at woreda level;
- Sectoral data collection systems sometimes have an agency/mandate focused scope;

- Usually a reliance on a single data source, with limited triangulation and verification of the data.

#### *Limited use of existing data*

- More use could be made of existing early warning and monitoring systems;
- There is a lack of comprehensive analysis of collected data, including inter-sectoral analysis.

In order to improve data collection and analysis systems, in March-April 2019 the humanitarian community is planning to review existing systems and identify ways to fill gaps that have been encountered during the HNO process.

## METHODOLOGIES

### Severity of need methodology

The Severity of Needs expresses the degree (or seriousness) of unmet needs. It could be defined in the form of shortages, deficits, accessibility, availability, utilization, quality, magnitude, vulnerability, negative coping etc.

Severity is a key parameter in humanitarian decision making. The function of severity measures is to substantiate priorities that, together with other parameters like access, operational constraints and gaps, guide decisions on the humanitarian response.

The Severity of Needs is a structured information analysis component within HNO, that is developed in the country through mutual engagement of humanitarian actors. The Severity of Needs facilitates joint inter-sectoral analysis of humanitarian needs at the inter-sectoral level, and the level of sectors, spread in geographic areas. This approach help set priorities as part of the response planning process, which the needs analysis must inform.

The severity of Needs consists of two parts within HNO:

1. **Inter-Sectoral Severity:** constitutes the selection of key indicators across sectors and thematic domains that depicts the crisis and impact. Severity analysis identifies geographical areas with the highest concentration of severe needs across multiple crises.
2. **Sectoral Severity of Needs:** provide a sectoral analysis of needs severity geographically.

For both sector-related and inter-sectoral Severity of Needs, data consolidation and analysis are guided by the following process and method.

#### Geographic level

The Severity of Needs analysis will be conducted at the third administrative level of Ethiopia (woreda level). See the table for an overview of the number of woredas by region which were used as basis of analysis.

#### Selection of indicators and thresholds

Those indicators are selected that provide an inter-sectoral overview of humanitarian needs in different crises in the country. Indicators consist of magnitude (% of displaced/inaccessible) and intensity (i.e. disease surveillance or %of GAM etc.). After review of data of these indicators thresholds are suggested that correspond to a seven-point scale.

#### Severity scale

The ratings of the severity are based on a scale of 0-6 (see Severity of Needs section in HNO), ranging from “no

problem” (severity 0) to “catastrophic problem” (severity 6).

#### Data consolidation

For consolidation of data according to the indicators and thresholds, a Needs Comparison Tool is used.

Inter-sectoral severity data collection is the responsibility of the Information Management Working Group with active support from OCHA and IM Cluster focal points.

Cluster IM focal points within each sector are responsible for populating the tool with available data of sectors.

#### Analysis

The following calculations are used for both sectoral and inter-sectoral analysis of Severity of Needs.

- For each indicator, the score of 0-16 will be determined based on corresponding thresholds of the scale and underlying data.
- The sum will be used as a means to generate the total score per domain and for each of the Woreda, which will be the sum of all the indicator score per domain and Woreda.
- Each Woreda score is generated by accumulation (sum) of all indicators score per domain. All scores are also normalised (converted to 0-100% value based on score/maximum score). Final Severity of Needs per Woreda will be presented in normalised score % according to following thresholds.
- Final analysis output will consist of the Woreda level map and narrative to explain the Severity of Needs. Final Severity of Needs Analysis will be reviewed, adjusted if required based on documented evidence and expert judgement during the Joint Inter-Sectoral workshop before launch of the HNO.

Regions	No. of woredas
Addis Ababa	10
Afar	35
Amhara	179
Benishangul Gumuz	20
Dire Dawa	13
Gambela	14
Harari	9
Oromia	336
SNNP	165
Somali	99
Tigray	52
Total	932

## People in need methodology

This methodology is in line with the IASC Information Management Task Force developed guidelines on the Humanitarian Profile Common Operational Dataset (2011) to address gaps and confusion in terminology. It includes definitions and a classification model called the “humanitarian profile” providing a flexible structure for recording numbers of overall affected population predictably and systematically. This guidance also underlines the methods and advice stated in Humanitarian Profile Support Guidance (2016).

### Definitions

The following definitions apply to humanitarian population figures in Ethiopia.

**Total Population:** Total Population includes all people living within the administrative boundaries of a nation state. Note there can be a crisis-specific strategic decision to calculate the total population looking only at a sub-national level.

**People Affected:** Includes all those whose lives have been impacted as a direct result of the crisis.

**People in Need:** This is a subset of the Population Affected and is defined as those members:

- whose physical security, basic rights, dignity, living conditions or livelihoods are threatened or have been disrupted, and;
- whose current level of access to basic services, goods and social protection is inadequate to re-establish normal living conditions with their accustomed means in a timely manner without additional assistance.

**People in Acute Need:** This is a subset of People in Need. In this category, those People in Need included who are exposed to a convergence of humanitarian risk factors and convergence of vulnerabilities resulting from displacement, exposure to hostilities, disease outbreaks or natural disasters such as drought or floods. They have limited access or face disruption in basic goods and services and mostly belong to the lowest wealth group (very poor). People in Acute Need have high food consumption gaps, or are only able to marginally meet consumption through severe livelihood assets depletion. Urgent action is required to protect livelihoods, provide food assistance and access to basic services.

### Inter-sectoral people in need

For HNO 2019, this will be disaggregated:

- By geography: the PIN figures will be disaggregated at administrative 3 (woreda) level.
- By status and sex and age: the PIN figures will be disaggregated by status, sex and age (based on the available sex and age breakdown categories)

In the simplest form, unmet needs can be measured in relation to a “core humanitarian problem”. This approach is based on the premise that there is a common denominator for the population affected and in need, a “core problem” generated by the specific nature of the shock.

While calculating the inter-sectoral PIN, composite measures, compounded effects of several dimensions of needs were used, primarily using beneficiaries from Household Economy Analysis (HEA) and displaced population data from the Displacement Tracking Matrix (DTM) of IOM.

A top-down approach has been used to determine the PIN in Ethiopia. The strength of this approach is that it allows for a clear articulation of a context-specific and crisis-specific People in Need figure and helps the inter-sectoral prioritisation.

Careful attention has been given to aggregating the population figures across geographical areas, affected groups, crisis types and PIN categories. There are several aggregation rules that were applied to avoid overlap and double counting to produce a best estimate of the overall, inter-sectoral number of People in Need.

### Sectoral people in need

Sectoral PIN is the responsibility of the Sectors and Clusters in Ethiopia. Since the inter-sectoral PIN has been proposed as a top-down approach, basic principle applies that sectors do not exceed woreda level overall PIN. There has been discussion to revise the inter-sectoral PIN when there were areas for which further evidence was available of a higher PIN.

Clusters calculate their Sectoral PIN and provide the methodology used to estimate the PIN figures for their Sector.





[www.unocha.org/ethiopia](http://www.unocha.org/ethiopia)



[www.humanitarianresponse.info/en/operations/ethiopia](http://www.humanitarianresponse.info/en/operations/ethiopia)