

Ethiopia

Immediate Humanitarian Funding Priorities



28 February, 2018

HDRP

Overview

The 2018 Ethiopia Humanitarian and Disaster Resilience Plan (HDRP) for Ethiopia is expected to be launched in the coming days (currently under review by the DRM Council of Ministers).

In advance of the HDRP launch, the priority funding gaps presented here are intended to inform urgently required funding decisions by donors, and a new allocation from the OCHA-managed Ethiopia Humanitarian Fund (current balance of US\$17 million). The priorities have been reviewed and endorsed by the UN Humanitarian Coordinator, Ethiopia Humanitarian Country Team and the Commissioner of the National Disaster Risk Management Commission (NDRMC).

Cluster Coordinators and key UN and NGO partners met to consider sector-specific response priorities and the most-critical funding gaps for the first six months of 2018. The overall assessed and projected needs to be reflected in the

HDRP are for 7.88 million people in need of relief food or cash; 2.4 million households in need of livestock support; 3.5 million cases of moderate acute malnutrition; 350,000 cases of severe acute malnutrition; 6 million people without safe drinking water; 1.1 million people displaced due to conflict; and 500,000 people displaced due to climate-induced shock. Finalized financial requirements for the whole of 2018 will be presented at the launch of the appeal.

The HDRP will be presented around three 'pillars' covering: prevention and mitigation / response and response preparedness / national system strengthening and recovery. Described here are priorities for immediate funding by humanitarian donors, as well as activities that will contribute to 'enabling' the response, and that could reduce overall anticipated costs, for example through the 'flexing / pivoting' of development resources.

The total 'top priority' funding requirements to address critical gaps for the coming six months are US\$238.8 million.

Preventing pipeline breaks, ensuring presence and mitigating needs

Cluster	Activity	Funding	When needed	Comments
	Animal feed and health	\$29.6M	Immediately	
	Destocking	\$1.4M	Immediately	To reduce feed sharing with unproductive animals
	<i>Prevention and mitigation Riverine fodder production systems</i>	\$1.2M	<i>Immediately</i>	<i>Will reduce emergency livestock feed requirements in July. This is 3X cheaper</i>
	Belg seed provision	\$9.0M	Immediately	In areas where crop failure reduced local access to seeds
	Emergency education for 125,000 conflict IDP children	\$3.8M	Immediately	
	ESNFI pipeline for 90,000 households	\$12.7M	End March	
	<i>Prevention and mitigation building back safer in disaster prone areas</i>	\$8.2M	<i>End March</i>	<i>Will reduce flood-displaced humanitarian requirements from August</i>
	Food pipeline	\$50.0M	Immediately	Offset pipeline break
	Primary Health Care kit pipeline	\$3.2M	Immediately	Reinforce supply chain and minimize of use of Severe Acute Malnutrition treatment kits for primary health care use.
	Logistics	\$1.7M	Immediately	Ensure presence
	Mobile Health and Nutrition Teams (MHNT)	\$2.2M	Early March	Ensure and expand (as appropriate) presence

This prioritisation statement has been prepared by OCHA with inputs received from Sector Taskforces / Clusters and is endorsed by the Ethiopia Humanitarian Country Team.

	Emergency reproductive health and rape management kits	\$1.1 M	Immediately	Offset continued pipeline break for maternal and rape management supplies
	Surveillance linked to rapid response	\$1.5M	Mid March	Ensure presence
	<i>Preventions and mitigation emergency measles vaccination</i>	\$6.0M	<i>Immediately</i>	<i>Offset need for emergency measles outbreak response – there is a complete pipeline break in measles vaccines for emergency response</i>
	Moderate Acute Malnutrition pipeline	\$39.0M	Early March	
	Severe Acute Malnutrition pipeline	\$14.7M	Early March	
	NGO presence	\$19.7M	Immediately	
	Mobile Protection Teams (MPT) + referral support	\$4.5M	March	Continued presence
	Water trucking	\$12.6M	Early March	Continue/expand presence
	WASH sanitation/hygiene and pipeline	\$12.1M	End March	Reduce the risk of poor sanitation and hygiene related disease outbreaks
	Household water treatment chemicals (HH WTC) pipeline	\$4.6M	Immediately	
Total		\$238.8M		

Xxxx = Critical prevention activities; could also be addressed through flexing of development resources

Context

Three successive years of severe drought exacerbated by disease outbreaks and conflict, has rendered millions of Ethiopians destitute and dependent on humanitarian assistance. Most of the 2017 humanitarian needs were carried over into 2018 given insufficient recovery opportunities, compounded with the underperformance of the 2017 autumn rains; the prevalence of risk factors for communicable disease outbreaks such as AWD and measles; as well as large scale displacement due to drought and violence. Given increasing population vulnerability the latest hotspot classification broadly indicates that the humanitarian footprint should be maintained in areas prioritized in 2017.

The current scenario could deteriorate further due to the potential impact of a La Niña on the spring rains in the south and south eastern lowlands – making it the fourth successive year of failed rains in some of these areas. Current weather forecasts, including the National Metrological Agency (NMA) and FEWSNET, present a probability that the spring *gu/genna* performance will again be erratic / underperform in southern and southeaster Ethiopia. Increasingly, water shortages and associated patterns of food insecurity and diseases outbreaks are manifesting throughout the country.

Immediate life-saving assistance for conflict displaced populations around the border areas of Somali and Oromia needs to be urgently scaled-up, whilst partners also engage on the Government-led efforts to ensure durable solutions for this group: safe, dignify and voluntary return, resettlement or local integration.



AGRICULTURE AND LIVESTOCK

Priority requirements: **\$41.2M**

The top cluster priority is ensuring animal fodder availability for core breeding and milking stock of drought affected (\$23 million for 277,000 households) and conflict-induced IDP (\$6.6 million for some 52,000 households) to increase milk availability for children, protect key livelihood assets, and ultimately improve food security and nutrition security. \$31 million are urgently required to address feed requirements through the next dry season (\$29.6 million) and to reduce sharing of animal feed, destocking of weak and unproductive livestock (\$1.4 million).

As a prevention / mitigation measure, donors are further requested to prioritize \$1.2 million to support local riverine fodder production systems in four locations of southern

SNNP and Somali regions will feed some 28,000 livestock for 3 months – such funding might be considered via the ‘flexing’ of existing development resources; is required by end March. This will increase local availability of feed and fodder and decrease the cost of humanitarian interventions during the second half of 2018. The average unit cost for riverine fodder production is \$300,000 and will feed the equivalent of 7,000 cattle over a 3-month period. Procuring feed for an equivalent number of cattle will be approximately 3-times more expensive (\$900,000 to procure 3-months of fodder for 8,000 cattle).

Many of those targeted for these interventions may also be relief food / cash beneficiaries - the impact will be to protect livelihoods, leading to a reduction in the number of those requiring relief food later in 2018 and in subsequent years.

An additional timebound priority is the provision of spring season/*belg* seeds for 536,000 vulnerable households, which requires the immediate allocation of \$9 million for the procurement and distribution of seeds. If successful, this intervention will mean that those recipients currently receiving relief food or cash assistance can be removed from beneficiary lists in the second half of the year; others will not fall into acute food insecurity.

EDUCATION

Priority requirements: **\$3.8M**

The Education Cluster identified 1.2 million conflict and drought-affected children who require immediate support to ensure continued education at a cost of nearly \$19 million. Of these, the cluster prioritized back-to-school campaigns, temporary learning spaces, school feeding and stationary, at a cost of \$3.8 million. This intervention will target some 125,000 conflict and drought-affected children with no access to education in 62 *woredas*/districts in Oromia and Somali regions based on DTM R8 data. A major share of this group are expected to be accommodated in temporary learning spaces in IDP sites, and others within host community schools, where feasible. Plans will be flexibly adjusted according to Government-led plans for durable solutions for the conflict IDPs.

An additional \$15.2 million would ensure that all 1.2 million conflict and drought-affected children continue their education in the existing Government education system – such resources might be made available through the flexing of existing development funding. Unless early action is taken, an increasing number of children will be required to repeat the school year, which according to the study by Global Partnership for Education, will cost \$263 per child -- resulting in a nearly \$315 million cost for inaction.

Inter-pillar dependencies (pillar 1 activity): The cluster is also advocating to connect water systems to schools for 1.2 million children affected by drought and conflict in 90 prioritized *woredas* (\$4.5 million) and ensure school feeding is continued and prevent elevated school drop outs in high risk areas.

ESNFI

Priority requirements: **\$20.9M**

Needs remain high among conflict and climate-induced displaced people for emergency shelter and NFIs or related cash-based interventions in areas where this might be more desired by affected communities (feasible and appropriate given market functionality). The cluster updated its prioritization in mid-February and agreed on 3 criteria to guide prioritization: 1) type of emergency, 2) duration of displacement, and 3) percentage of vulnerable people. Thresholds for the three criteria were also agreed and in the subsequent analysis the cluster identified 86 IDP-hosting *woredas* in Oromia and Somali regions, and Addis Ababa municipality. \$12.7 million are urgently required to address the needs of the highest priority group of 90,000 households displaced by conflict and drought after September 2017. Plans and targeting will continue to be flexibly adjusted according to Government-led plans for durable solutions for the conflict IDPs.

In addition, to prevent and reduce the risk of future displacement and of subsequent humanitarian requirements in disaster prone areas, development partners are encouraged to support “building back safer” activities outlined in pillar 1 at an estimated cost of \$8.2 million.



FOOD

Priority requirements: **\$50.0M**

Some 7.88 million people have been assessed as food insecure, to be assisted by the three main partners – NDRMC, WFP and JEOP. The JEOP pipeline for 1.5 million people is secure for six rounds (including ‘call forward’ expected between April and June).

The WFP pipeline for 1.8 million people (in Somali region) is secure for only one more round, and is expected to break at the end of March, with additional in-kind contributions expected to be available for distribution only in July. \$50 million (or written pledge to this effect – facilitating the possibility of an internal loan) is required immediately to cover the cost of two rounds of assistance for 1.8 million beneficiaries in Somali region, including drought and conflict-affected families, up until when the incoming supplies will arrive.

With available resources, NDRMC will assist 4.6 million HRD beneficiaries through cash and food modalities for one round – 1.9 million beneficiaries will be covered through food modality (cereals, C.S.B and vegetable oil) but no pulses. The remaining 2.7 million beneficiaries will be assisted through cash modality. Expected arrival of cereals and CSB will cover a second round of distributions for 4.6 million people.

NDRMC has committed to convene key stakeholders to prepare an updated integrated national food-cash plan as soon as the appeal is launched – to facilitate sharing of resources and predictable planning in all regions (i.e. food-cash splits).

Increasing food safety and local production should be resourced with development funding as food safety can be expected to be a longer-term investment with an impact on the cost of maintaining food and nutritional commodity pipelines. Development partners are encouraged to continue their support on preparedness activities (such as capacity building, warehousing and logistics).



HEALTH

Priority requirements: **\$15.7M**

The Health Cluster has a gap of 316 primary health care kits required to treat the 36,000 AWD cases projected for 2018. Moreover, when medicines are not available in health facilities, staff utilize SAM management commodities. Consequently, the procurement of 312 primary health care kits (\$3.2 million); emergency reproductive health and rape management kits (\$1.1 million) and maintaining logistics support (\$1.7 million) are priority activities that immediately require \$4.9 million.

While 75 per cent of routine health services in IDP-hosting areas are provided by the Government health system, the mobile health and nutrition teams (MHNT) supplementing

overstretched Government systems in IDP-hosting areas will deplete operational resources during March. To maintain current and where appropriate, expand MHNT operations, \$2.2 million are required by early March.

Humanitarian investments can be reduced by linking humanitarian surveillance to regular health surveillance systems. Development donors are encouraged to prioritize retention of surveillance staff and review the investment in logistics system, which has not been fixed despite continuous investment by development partners. Until that process is strengthened, early identification and rapid response are critical to detection and timely containment of disease outbreaks. More than 50 per cent of the current AWD surveillance staff contracts must be extended past 31 March, which requires \$1.3 million by early March. An additional \$150,000 are required to maintain the current AWD rapid response system. Development partners are urged to prioritize an immediate allocation of \$6 million to support emergency measles vaccines and emergency response.



NUTRITION

Priority requirements: **\$73.4M**

Maintaining NGO support to Government CMAM and offsetting commodity pipeline breaks for MAM and SAM treatment are the immediate priorities identified by the Nutrition Cluster. The MAM commodity pipeline targeting 3.5 million people through the targeted supplementary feeding programme (TSFP) will break on 1 April.

The immediate priority is to offset the pipeline break for the MAM cases in hotspot priority 1 *woredas* and to facilitate the expansion of TSFP services to 150,000 IDPs and hosting communities in hotspot priority 2 *woredas*. A commitment for \$39 million is required immediately¹.

To avoid a pipeline break for all SAM treatment commodities (RUTF, therapeutic milks, essential drugs) and provide technical support for quality assurance and information management, including CMAM monitors. \$14.7 million is required by the first week of March².

In the December hotspot classification, 216 *woredas* were classified as critical for nutritional interventions. Within the 216 *woredas*, ENCU identified 163 highest priority critical *woredas*, where Government capacity is considered weakest. From the overall 216 critical *woredas*, 44 *woredas* have NGO support until June and 79 *woredas* have potential NGO support. However, an additional 93 *woredas* have no NGO commitment. Some \$19.7 million are immediately required to continue NGO support. Where feasible, ENCU requested that partners with EU SHARE, GAC, INSPIRE, USAID GTN development funds to cover the technical supervision and logistic support needs in their development programmes in parts of Amhara/Afar, Tigray and in SNNP (Wolayta zone) regions. TSFP teams and vehicles will not be covered by these development allocations.

Inter-pillar dependencies (pillar 3 activities): Investing in a more resilient health system that can respond to shocks

¹ Using the WFP forward purchasing facility procurement and transportation lead time can be reduced from 120 days.

while maintaining quality routine health and nutrition services. Specific to Pillar 3 is the investment in scaled up treatment of MAM integrated in the routine CMAM services under the HEP-IMAM. Early detection and treatment of acute malnutrition has better health and economic outcomes both for the child's immediate and future nutrition status and potential capacity. This integrated management of acute malnutrition (IMAM) will encourage health staff to screen more frequently, detect and treat moderate early among children and pregnant and lactating women (PLW) improve health service update by managing the treatment at health facilities rather than at community based food distribution sites. One hundred *woredas* will start up IMAM to add to the 44 second Generation TSFP managed by Government/WFP for the last seven years. Early funding reduces costs with associated with SAM and MAM treatment, which are costlier.



PROTECTION

Priority requirements: **\$4.5M**

The Protection Cluster prioritized 80 IDP sites (19 IDP-hosting *woredas* in Oromia region and 16 IDP-hosting *woredas* in Somali region). The cluster prioritized establishing and deploying 12 mobile protection teams for protection monitoring and response targeting approximately 150,000 IDPs with service mapping and referral systems (\$3 million), children and women friendly spaces run by trained social or CP/GBV community workers, co-located within temporary health centers or temporarily learning centers in the IDP sites (\$1 million), and support reunification of unaccompanied/separated children with families or alternative care for 5,000 children (\$500,000).



WaSH

Priority requirements: **\$29.3M**

The WASH Cluster informed that since the November/December 2017 national needs assessment, levels of access to safe water have deteriorated, particularly in priority *woredas* in SNNP, Tigray, SNNP, Afar, Amhara, Oromia and Somali regions, areas at risk of an AWD outbreak and IDP sites. Given the complexities of water trucking, the cluster identified the most appropriate partners in different geographic locations. SCI, NRC, IRC and Oxfam will provide water trucking services in different zones of Somali region, while UNICEF and IRC will provide water trucking services in Oromia region. To increase access to safe water for some 1.7 million people in these areas, \$12.6 million are required by early March.

Funding for distribution of WaSH supplies for 2.1 million people (\$2.4 million), sanitation (construction of latrines) for 250,000 IDPs (\$3.3 million), and other WaSH response for 4 million people (\$11 million) are required by the end of March to reduce the risk of poor sanitation and hygiene-related disease outbreaks. In addition, an immediate allocation of \$4.56 million is required to avoid a pipeline break in household water treatment chemicals.

² Transportation lead-times mean that funds received on 1 March will translate to commodities in Ethiopia by 31 June.