

This report has been prepared under the auspices of the Federal Disaster Risk Management Technical Working Group, co-chaired by the National Disaster Risk Management Commission (NDRMC) and OCHA with participation of Sector Co-Chairs (Government Line Ministries and Cluster Coordinators). It covers the period from 01 to 30 November 2017.

## Highlights

- Multi-agency needs assessment kicked off to identify the scope of humanitarian needs for 2018.
- Blanket Supplementary Feeding Program (BSFP) started in critically food-insecure districts of Somali region.
- Government and humanitarian partners are assisting conflict IDPs in Oromia and Somali regions, where access and resources allow; Government efforts for peace and reconciliation also underway.
- The Government and humanitarian and development partners have begun a process to gradually shift the strategic and operational approach in addressing predictable and recurrent crisis in Ethiopia.

## Situation Overview

### Multi-agency needs assessment kicked off to identify humanitarian needs for 2018

The Government-led multi-agency and multi-sector national humanitarian needs assessment was launched on 18 November. In the duration of the three weeks assessment, the teams will assess the impact of the summer *kiremt* rains and the autumn *deyr/hagaya* rains on harvests in cropping areas and on water and pasture regeneration in pastoralist lowlands. Nine regions will be covered by the assessment, including Afar, Amhara, Benishangul Gumuz, Gambella, Harari, Oromia, Somali, SNNP and Tigray, as well as Dire Dawa City Council. The assessment will identify the scope of humanitarian needs for 2018.

While the 2017 October–December autumn *deyr/hagaya* rains in south and southeastern pastoralist lowlands will give some respite to drought-affected communities in the area, the overall delayed onset, near normal to below normal rainfall being currently received and the potential early cessation, as per national and international weather forecasting systems, point to an early return to drought conditions.

Chronic shortages of water and fodder is already observed in most parts of the current drought-belt, necessitating continued multi-sector assistance.



Figure 1 Livestock at water point. Warder, Somali region, October 2017. Photo credit: Kassaye/OCHA

In cropping areas, the *mehar* harvest (summer rains harvest) are expected to be generally good. However, pocket areas that have experienced poor rains and crop loss due to pest, including Eastern Amhara, Central, Southern and South Eastern zones of Tigray and the Hararges of Oromia regions, will require relief food or cash assistance, in addition to nutritional, WaSH and health integrated support as necessary. Even with good rains in both highlands and lowlands, in chronically drought-affected areas, the population will require sustained support until full recovery is attained.

Pending results from the November/December humanitarian needs assessment, and to facilitate early planning and resource mobilization, the Food Cluster projected that between 5 to 7 million people may be in need of emergency food assistance in 2018. The projection was based on analysis of previous years with similar rainfall patterns, and factoring transitory needs of chronically vulnerable people who suffered successive shocks. An additional 588,000 people in 10 districts/*woredas* of Somali region will continue to be assisted through an HRD-PSNP integrated cash pilot, during the first half of 2018.

Acute Watery Diarrhoea (AWD), measles and dengue continue to be major public health concerns. Although the AWD outbreak is showing a downward trend, risk factors are still prevalent, including chronic water shortages forcing communities to use water from unprotected sources; seasonal labour migration; Holy Water Sites; and congested internal displacement sites with limited WaSH facilities. Absence or inadequate access to safe water in health posts and schools is also a challenge. AWD cases are expected to continue to appear in the coming months, while new larger scale outbreaks are expected after February 2018, following the usual epidemiological trend.

The Regional Health Bureau, WHO and Medecins Sans Frontiere (MSF) are conducting alert/outbreak investigation in Liben zone of Somali region for suspected dengue outbreak and suspected meningitis cases. Suspected dengue outbreak is also reported in Dire Dawa City Council. Measles surveillance and case management are ongoing in affected areas.

## Boosting nutrition response in Somali region



Figure 2 Child friendly space at a Stabilization Center for the malnourished. Warder, Somali region, October 2017. Photo credit: Kassaye/OCHA

Given the dire nutritional situation in Somali region, WFP, in partnership with the Somali Regional State Disaster Prevention Preparedness Bureau and the support of the Regional Health Bureau, started the implementation of the Blanket Supplementary Feeding Program (BSFP) in targeted districts in the first week of November.

The program aims to reach 255,050 children under-5 and 124,950 pregnant and lactating women (approximately 380,000 beneficiaries in total) in 45 targeted Priority 1 districts for three months (see map<sup>1</sup>).

Of the 45 targeted Priority 1 districts, 25 will be managed by

NGOs (SCI, IRE, GOAL, and Mercy Corps), while the remaining 20 will be managed by WFP and the Government Disaster Prevention and Preparedness Bureau with support from the Regional Health Bureau.

At present, activities have started in 42 out of the 45 targeted Priority 1 districts, including BSFP inception trainings to all CPs at regional, zonal and district levels; registration; dispatch (40 per cent complete). Distribution of BSF supplies started in SCI, GOAL and Mercy Corp-covered districts. The NGO IRE will be receiving its supplies this week. The Protection Cluster is working with the Food Security Cluster on protection approaches during the implementation of the BSFP.

During the three months of BSFP implementation, nutrition partners will suspend the regular targeted supplementary feeding program (TSFP) in the 45 districts. However, the Mobile Health and Nutrition Teams (MHNT) with MAM treatment services will continue without disruption as they target the most remote and vulnerable groups.

<sup>1</sup> Note that some *woredas*/districts are not mapped because the associated geographic boundaries are not available. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

## Conflict IDPs being assisted at the backdrop of ongoing peace conferences

At the backdrop of ongoing Government-led peace conferences, Government and humanitarian partners are assisting internally displaced people (IDPs) from the Oromia-Somali inter-communal conflict, where access and resources allow. The Emergency Shelter and Non-Food Item (ES/NFI) Cluster has so far distributed 48,000 kits to displaced households in Oromia (33,000 kits), Somali (12,000 kits) and Dire Dawa and Harar (3,000 kits), based on assessment results. 26,000 of these households were assisted with full ES/NFI kits, 12,000 households with partial ES/NFI kits, and 10,000 assisted with cash grants in districts located in East and West Hararge, Guji and Babile of Oromia region and in Fanfan zone of Somali region. The cluster is coordinating the response to conflict-induced IDPs with the WaSH Cluster through joint verification assessments and distribution of NFIs.

Following nutrition screening results of targeted conflict-IDPs in October, WFP boosted Targeted Supplementary Feeding (TSF) support in early November, targetting 73,634 moderately malnourished children under-5 and 36,817 pregnant and lactating women (110,451 in total) in Oromia and Somali regions. So far, WFP has dispatched 774.156 MT of specialized nutritious products to both regions. Mobile Health and Nutrition Teams (MHNT) are also being deployed to reach remote conflict-affected communities.

The high number of conflict-IDPs migrating with their livestock to areas facing livestock feed shortages are putting additional pressure on limited resources. The Agriculture Cluster is currently drafting a response strategy for conflict-induced IDPs in camps in Oromia and Somali regions and for those living with host communities. The strategy will also include needs of the host community to prevent resource conflict between the host community and IDPs.

Humanitarian partners continue to scale up and mainstream protection interventions in the response to IDP needs, where protection concerns are very high. Currently operating in Liben, Dawa, Jarar and Doolo zones of Somali region, the Mobile Protection Teams will gradually be expanded to cover more areas in other regions.

Access to some conflict-affected *kebeles* (lowest administrative level) remains a challenge for all sectors.

## Addressing predictable and recurrent drought crises

For decades, large patches of Ethiopia have been affected by droughts that have become more frequent and more severe. Chronically drought-affected communities have gone into deeper destitution and vulnerability with each passing year. The drought impacts are further compounded by disease outbreaks, resource conflict and large scale internal displacements. The Government of Ethiopia and its partners have joined hands to address multi-sector needs of millions of drought-affected people across the country, the bulk of the response have been in relief food assistance. This year, recognizing the recurrence and predictability of these droughts, the Government and humanitarian and development partners have began a process to gradually shift the strategic and operational approach in addressing these needs.

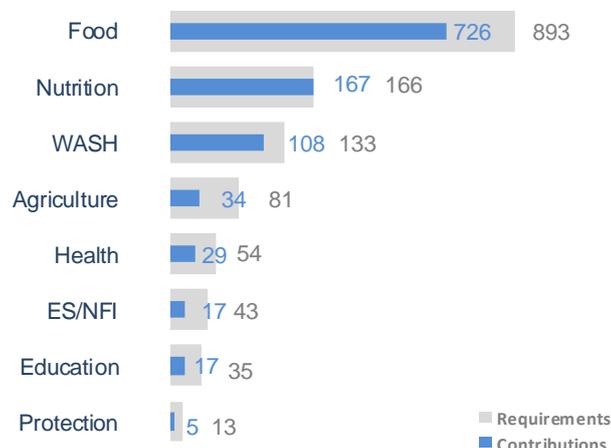
Towards this end, the Ethiopia Humanitarian and Resident Coordinator led a workshop on 14 November to consider the case for a multi-year approach to address humanitarian and recovery needs in the country, with the participation of the United Nations Country Teams, members of the Development Assistance Group, Cluster and Sector co-chairs/partners. The workshop established the process to begin developing a multi-year planning framework until 2020, together with Government. The framework will seek to a) increase the quality and predictable delivery of required multi-sector humanitarian response; b) mitigate future needs in areas that experience recurrent climate-induced shock; c) support the strengthening of national service provision to address chronic and acute needs; and d) support the recovery of affected communities. A high-level forum on this issue is planned for the third week of January, and will be led by the Ministry of Finance and Economic Development.

The 2018 humanitarian requirements will be embedded in a broader document that lays out urgent lifesaving needs in 2018, as well as the agreed ambitions and next steps for the development of the multi-year framework.

## Funding Update (as at end November)

As of the end of November, the Government of Ethiopia had committed \$147 million (tracked) and international partners had committed an additional \$992 million towards the 2017 HRD MYR revised requirement of \$1.417 billion, leaving a gap of \$278 million.

### Requirements and funding per sector (in \$million)



### 2017 Donors contributions/commitments to the HRD (in \$million)



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

## Humanitarian Response



Food

### Needs:

- At least 8.5 million people are in need of food assistance, up from the 5.6 million people identified at the beginning of the year.
- To alert donors of 2018 humanitarian needs and funding requirements, and pending results from the November/December *meher/deyr /hagaya* needs assessment, the cluster projected that between 5 to 7 million<sup>3</sup> people may be in need of emergency food assistance in 2018, based on analysis of years with similar rainfall patterns and factoring transitory needs of chronically vulnerable people whose situation has been made acute by repeated shocks. An additional 588,000 people in 10 districts/*woredas* of Somali region will continued to be assisted through an HRD-PSNP integrated cash pilot, during the first half of 2018.

**\$892.8m<sup>2</sup>**  
Food requirement

### Response:

- In Somali region, the UN World Food Program (WFP) is providing relief and PSNP assistance through a combination of modalities based on needs: in-kind food assistance to some 3 million beneficiaries in 83 districts of Somali region and cash assistance to some 588,000 beneficiaries in an HRD-PSNP integration cash pilot project in 10 districts/*woredas*.
- As of 17 November, NDRMC had dispatched 96 per cent of Round 6 food allocation and distribution stood at 83 per cent. In addition, NDRMC allocated ETB494.5million/US\$18 million for 2.4 million cash beneficiaries.

<sup>2</sup> Except for the Education and Protection Clusters, all sector requirements are adjusted based on the HRD Status Update document released on 19 October 2017

<sup>3</sup> This number will be adjusted based on the results of the 2017 November/December *meher/deyr* needs assessment.

- As of 17 November, JEOP distributed 99 per cent of Round 6 food allocation and reached 1.5 million beneficiaries.
- As of 27 November, WFP had dispatched 91 per cent of Round 6 food allocation and reached 803,036 beneficiaries with a full relief basket (67 per cent distribution). Food and cash-based assistance details by operators are provided in the table.

### Gaps & Constraints:

- Food operators, particularly WFP and JEOP, could still not access some areas affected by the Oromia-Somali border conflict, resulting in an average of 2 to 3 weeks delay in relief food dispatch and distribution.
- Delayed decision making over modalities; preference by some Somali region district officials for wheat over sorghum, and some delays in request for food allocation caused delays in dispatch and distribution in some districts.
- JEOP was challenged by inadequate warehouse space.
- The high number of food distribution points (FDPs) in Somali region continues to pose a logistics challenge. The nutrition situation is likely to deteriorate due to lack or late food deliveries.



### Agriculture

#### Needs:

**\$80.6m**

Agriculture requirement

- Following the HRD Mid-Year Review, the number of households requiring livestock support was revised to 2.25 million, up from the 1.9 million households targeted at the beginning of the year.
- Livestock-dependent households are struggling to sustain their animals amidst parched rangelands and scarce water sources in southern and southeastern Ethiopia. Priority pastoralist areas are Borena zone of Oromia, South Omo zone of SNNP and southern zones of Somali regions. The ongoing long dry season is further enhancing vulnerabilities and compromising the livelihoods of the worst-affected. If response is not sufficient, the risks are massive and the costs high.
- Livestock feed supplementation and associated animal health and relocation of livestock to areas of continued good grazing or feed distribution are prioritized for pastoralist livestock.
- Latest data (as of September) indicate that 549,262.75 hectares of maize cropland were infested across 418 districts/*woredas* in the country, accounting for 26.6 per cent of the total area planted. Only 43 per cent of the 549 262.75 hectares infested have been sprayed with pesticides. Up to 2.0 million hectares of maize crops planted during the summer/*meher* season are at risk nationwide.
- Crop failure are reported in eastern Amhara, most parts of Oromia and SNNP regions due to frost and failed rains, in addition to Fall Armyworm damages in these and other parts of the country. Although in the Mid-Year Review the Government was said to be able to cover all seed requirements, the increased needs necessitate partners' involvement for emergency seed distribution for replantation using residual moisture or irrigation schemes – in support of Government efforts to protect smallholder farmers.
- While the October – December fall/*deyr* rains in south and southeastern regions will give some respite to drought-affected communities in the area, the overall delayed onset, near normal to below normal rainfall being currently received and the potential early cessation, as per national and international weather forecasting systems, point to an early return to drought conditions. Accordingly, pasture regeneration is expected in areas where fall/*deyr* rains have started, which will reduce the need for emergency feed distribution. However, pastures will be exhausted earlier than in normal years and emergency feed will be needed as early as January 2018 to protect pastoralist households from falling into destitution.
- The full recovery of pastoralist households will at least take between two to four years. Even with a good rainy season, livestock (shoat) production will take up to six months from the time pasture has regenerated, while cattle production will resume in nine to ten months. As a result, drought conditions and subsequent impact on affected communities will continue in early 2018. Emergency livestock intervention will therefore need to continue until the next major rainy season in April/May 2018.
- “Due to reported crop failures in Amhara, large parts of Oromia and SNNP regions, emergency seed provision needs to be sustained to allow for replanting. For this an additional \$16 million is required. Moreover, the number of districts affected by Fall Armyworm has reached 418 as of beginning of September with 2 million hectares of maize crops at risk. To control this outbreak \$4.5 million is needed to support the Government in protecting smallholder farmers.” (HRD Status Update, 19 October 2017).

**Response:**

- With only 50 per cent of sector requirements funded, partners are prioritizing livestock-based livelihood assistance in all Priority 1 and 2 districts, including provision of supplementary livestock feed for core breeding animals; animal health support (including veterinary equipment); commercial and slaughter destocking to increase animal protein consumption and to increase cash availability for vulnerable households; some limited water point rehabilitation; nutritional support to children and safe carcass disposal.
- Implementing partners have so far distributed livestock feed for core breeding animals and provided animal health services (treatment of livestock for parasitic and other diseases and distribution of vouchers for animal health services) to close to 4 million livestock, benefiting more than 500,000 households. Projects to improve the capacity of animal health workers are also ongoing. Around 59,000 weak animals were destocked to supplement pastoralists' income and improve the nutritional intake of vulnerable households. More than 20 dysfunctional water points were also rehabilitated.
- High influx of conflict-IDPs moving with their livestock to areas facing livestock feed shortages, are putting additional pressure on limited resources. This is having an impact on current livestock interventions. The cluster is drafting a response strategy for conflict-induced IDPs in camps in Oromia and Somali regions and those living with host communities. The strategy will also include needs of the host community to avoid competition/conflict between the host community and IDPs.
- The Government, with support from the Food and Agricultural Organization (FAO) and other partners, is taking several – albeit limited given the scale - measures to curb the spread of the Fall Armyworm infestations. While insecticide spraying is ongoing, the traditional means of control (handpicking of the worms) has reportedly brought better results. So far 43 per cent of infested croplands were sprayed with pesticide and 57 per cent of cropland were treated through traditional methods (handpicked and killing). At least \$4.5 million is required to support ongoing Government efforts.
- Coordination at sub-regional level is strengthening and an integrated approach is being pursued as strongly promoted by EHCT.
- Humanitarian interventions are conducted without losing sight of resilience building activities. The sector is currently proactively participating in the discussion and development of nexus between emergency and development. Donors, including the Japanese and Austrians are showing interest in this nexus and are willing to invest.

**Gaps & Constraints:**

- The sector requirement is only at 50 per cent funded. With this funding level and considering resources in the pipeline – most of which were due for delivery by June/July - the cluster can only address less than 10 per cent of the needs in the HRD MYR. \$30 million is urgently required to address critical needs until the end of the year. With each delay in adequate intervention, significant livestock loss is inevitable.
- Influx of conflict-IDPs with livestock in areas that are facing livestock feed shortages are putting additional pressure on limited resources. This is having an impact on current livestock interventions.
- Despite initial Government and FAO allocations to address the Fall Armyworm infestation, \$7.8 million is needed urgently given the magnitude of the potential damage it could cause.

**Education****Needs:**

- The HRD MYR identified 1.9 million school children requiring support in Education in Emergency (EIE), including school feeding, WaSH support in coordination with the WaSH Cluster, provision of learning stationary and establishment of temporary learning centers in IDP sites in Somali and selected zones of Oromia and SNNP regions, at a cost of \$35.3 million. About \$24.8 million is required to support 1.9 million EIE-targeted school children until the end of the year.
- For the Education Cluster, responding to the educational needs of school-aged IDP children affected by drought and conflict continues to be a top priority. The geographic priorities are the 195 drought and flood affected schools in 19 districts/*woredas* in 5 zones (Bale, Borena, Guji, East Hararge and West Hararge) of Oromia region and 17 districts in 5 zones (Erer, Dawa, Fafan, Liben and Siti) of Somali region.
- According to the Oromia and Somali Regional Education Bureaus, schooling of about 110,000 school age children (65,228 in Oromia and 44,350 in Somali) is interrupted due to recent inter-communal conflict along the Oromia and Somali borders. Moreover, 22,663 school children (11,946 boys and 10,717 girls) in 49 schools across 12 districts in 6 zones are affected by flood emergency. Without maintaining and/or scaling-up interventions, these children will not be able to continue their education.

**\$35.3m**

Education requirement

**Response:**

- 1.4 million school children (71 per cent of target) benefitted from school feeding programs in the last academic year. The Government covered 90 per cent of the cost.
- Save the Children is providing school feeding, learning stationary and WaSH supplies for about 19,000 school children, at a cost of \$1.8 million.
- IRC has started to implement a project for education access for IDP school children in Somali region with \$1 million EHF allocation, which will benefit 7,663 IDP children.
- Preliminary discussions are ongoing with the Protection Cluster to develop a joint project proposal for an integrated education and protection intervention for IDPs. The integration of key sectors such as protection and WaSH with education interventions remains a priority.
- A concept note on the impact of the Oromia-Somali conflict on education and the impact of flood on education in Oromia region, including needs and gaps was prepared and shared with cluster partners for resource mobilization.
- An Education in Emergency (EiE) need analysis was carried out and a Somali region-specific operational response plan was prepared and shared with partners. In addition, the Cluster, with support from a staff from Global Education Cluster, is preparing to conduct a needs analysis and prepare a response plan for Oromia and SNNP regions.
- A paper that provided analysis of 2015 -17 EiE Needs, Responses and Gaps was produced and shared with DAG as a means to mobilize resource. The Ministry of Education is negotiating with the World Bank on modalities to utilize unutilized fund from the General Education Quality Improvement Project 2 (GEQIP2).

**Gaps & Constraints:**

- Shortage of school feeding, learning stationary and school WaSH remains a constraint disrupting the education of school age children.
- EiE response requires \$24.8 million to address identified needs of 1.9 school age children until the end of the year. About \$4.6 million is required to assist school children affected by recent conflict and 1 million USD for those who were affected by flood.
- The recent flood and conflict-induced caseload need immediate support to allow the children continue their education.

**Emergency Shelter and Non-Food Item (NFI)****Needs:**

**\$43m**  
ES/NFI requirement

- 1.4 million displaced people need emergency shelter and non-food items (ES/NFI) support, including the displaced caseload from 2016 and newly displaced households in 2017 (HRD MYR).
- At least 256,000 displaced households are currently in need of ES/NFI assistance (unassisted to date), based on the DTM round 7 surveys that rolled out in 7 regions, triangulated with additional assessments and verification exercises conducted in border conflict affected areas by partners, recent assessments conducted by authorities and/or humanitarian partners and requests for assistance received from authorities.
- The National Flood Contingency Plan had identified more than 300,000 people at risk of flooding in Afar, Amhara, Gambella, Oromia and Somali regions, of whom at least 100,000 were projected to risk displacement until the end of 2017.
- In early November, the cluster updated its hotspot classification for the 256,000 households identified as in need of shelter/NFI assistance (108,000 of whom are conflict-affected people), and further categorized them as follows based on agreed criteria (at cluster level and Government priorities):
  - 66,000 households categorized as priority 1 in 37 districts/*woredas* in two regions,
  - 100,000 households categorized as priority 2 in 80 districts/*woredas* in nine regions and,
  - 90,000 households categorized as priority 3 in 128 districts/*woredas* in seven regions.
- The cluster will update this prioritization in January 2018 to capture recent flood and conflict displaced households based on DTM round 8 survey results.

- \$15.1 million is urgently required, including \$8.4 million to address immediate needs of the households recently displaced by the Oromia-Somali border clashes.

#### Response:

- Since the beginning of 2017 and as of 21 November 2017, 73,000 full ES/NFI kits have been distributed to displaced households, including 9,500 households assisted with cash grants.
- In addition, 14, 818 kits and 3,158 cash grants are being distributed or are already allocated for distributions in the coming months.
- For the conflict response, the cluster has distributed 48,000 kits to displaced households in Oromia (33,000 kits), Somali (12,000 kits) and Dire Dawa and Harar (3,000 kits), based on assessment results. 26,000 of these households were assisted with full ES/NFI kits, 12,000 households with partial ES/NFI kits, and 10,000 assisted with cash grants in districts located in East and West Hararge, Guji and Babile of Oromia region and in Fanfan zone of Somali region.
- The cluster is coordinating the response to conflict-induced IDPs with the WaSH Cluster through joint verification assessments and distribution of NFIs.
- The cluster currently has 16,939 ES/NFI kits in stock and/or pipeline, most of which are already allocated for the conflict response.

#### Gaps & Constraints:

- Insufficient funding impedes full coverage of identified needs in the HRD MYR and the recent flood and conflict-induced increases in need.
- With the current needs exceeding the ES/NFI stocks and pipeline, the pipeline is de facto “broken”. The cluster is forced to prioritize its response to challenging levels. Many extremely vulnerable beneficiaries are excluded in distributions and left in unsafe/life threatening conditions.
- \$17.6 million has been raised against the \$43 million required (41%), leaving a gap of \$25.4 million. The new Ethiopia Humanitarian Fund (EHF) allocation of \$3.5 million will soon be available for ES/NFI and WASH activities.



## Health

#### Needs

**\$53.5m**  
Health requirement

- Protect an estimated six million people at risk of communicable disease outbreaks, with a focus on AWD and scabies, through effective early warning and flexible rapid surge mechanisms, including case management to support the Government health system response.
- Provision of medicines and medical supplies for PHC and outbreak response to complement response efforts by the Federal Ministry of Health.
- Acute Watery Diarrhoea (AWD): Since January 2017, 48,592 AWD cases were reported across the country. Over the past two weeks, the highest number of new AWD cases were reported from Somali (28 cases) and Amhara (22 cases) regions. Afar, Benishangul-Gumuz, Oromia regions and Dire Dawa City Council are also reporting cases. Overall, the AWD outbreak is showing a downward trend with a decrease in number of cases reported from 115 in the second week of November to 62 in the third week of November. However, Holy Water Sites continue to present a risk for disease spread. More than 200,000 people from all over the country congregate per event. With maintained prevention and control effort, AWD is expected to continue this downward trend. Continued access to safe water is critical in the CTCs and CTUs.
- Dengue: Suspect dengue cases were reported in Liben zone of Somali region and Dire Dawa City Council.
- Zonal sector and inter-sector coordination in zones affected by recent conflict and hosting conflict-IDPs need to be strengthened.

#### Response:

- Alert/outbreak investigation is ongoing in Dire Dawa for AWD and suspected dengue outbreak.
- The Regional Health Bureau, WHO and Medecins Sans Frontiere (MSF) are conducting alert/outbreak investigation in Liben zone of Somali region for suspected dengue outbreak and suspected meningitis cases.
- WHO representatives are taking part in the ongoing national needs assessment in all assessed regions.
- The international order for essential drugs and CTC kits has arrived. Distribution plan is being finalized.

- The Cluster is strengthening community-based AWD surveillance to detect new cases for timely response. The selection and appointment of surveillance teams for six priority regions is being finalized.
- The National Action Plan for Health Security workshop was held from 24 to 30 November, under the leadership of WHO and the participation of all stakeholders. The Cluster is also preparing to train Mobile Health and Nutrition Teams - MHNTs (11 in Somali and 11 in Oromia regions). A training preparation is also ongoing with focus on surveillance and rapid response teams in six priority regions.
- Health sector coordination at federal level is co-led by the Federal Ministry of Health /Public Health Emergency Management and WHO through the Emergency Operating Center (EOS) as the operational arm for emergency response. In Somali region there is an Incident Command Post led by the vice-president's office/Humanitarian advisor for multi-sector coordination. Meanwhile, the Regional Health Bureau (RHB) and an International Health Cluster lead the sector coordination. In the five other states of humanitarian interest, there are Health and Nutrition Task Force coordination platforms led by RHBs, supported by WHO (for health) and UNICEF (for Nutrition). The Federal Ministry of Health coordination and surge capacity needs to be improved through the strengthening of the EOC at the Ethiopian Public Health Institute (EPHI) and the implementation of EOCs at the regional level.

### Gaps & Constraints:

- WASH response in many regions continues to be weak; all risk factors for AWD continue to be present and cases are expected to continue to appear in the coming months. New larger scale outbreaks are expected after February 2018, following the usual epidemiological trend.
- Better coordination and continued regular AWD taskforce and technical working group meetings at all levels needs to be encouraged, as well as strengthen surveillance, especially in areas most affected by the ongoing drought and areas affected by conflict resulting in population displacements.
- Difficulty in reaching nomadic pastoralists who are dispersed, highly mobile and at high risk of contracting AWD due to the lack of access to safe water and sanitation.
- Due to lack of capacity, managing co-infection of AWD and SAM, and other co-morbidities remains a challenge.
- Community based surveillance needs to be reinforced.
- At regional level, insufficient laboratory capacity for testing and conducting periodic surveillance.
- There is a need for continued quality monitoring of water trucked by the private sector.



### Nutrition

#### Needs:

- The new revised SAM and MAM caseload as per the HRD MYR released in August 2017 is 375,000 severely malnourished children under-5 and 3.6 million moderately malnourished children and pregnant and lactating women.
- The revised hotspot classification, released in early July identified 228 Priority 1 (up from 192 in December); 158 Priority 2 (down from 174) and 75 Priority 3 (down from 88) *woredas*/districts across the country. Most of the Priority 1 districts are in areas hit hardest by the negative Indian Ocean Dipole-induced drought and the poor performance of spring rains this year.
- "In addition to the ongoing Government and NGO-supported nutrition responses, the Nutrition sector will implement Blanket supplementary feeding programme (BSFP) in 45 districts of Somali region where high malnutrition rates are reported. The BSFP will target 253,044 children under-5 and 122,825 pregnant and lactating women (PLW) where there is a high probability for a continued escalation in need. The newly Integrated Nutrition Plan for Somali region also significantly contributed to the increase of the needs and requirements." (HRD Status Update Document. 19 October 2017)
- Nationally, 27,247 children were admitted for SAM treatment in September (reporting rate 90.7 per cent). This is a decline of 3.5 per cent from the previous month of August, which registered 28,247 with 88.1 per cent reporting rate.
- Regions that registered a decline in TFP admissions between August and September include SNNP (by 12.2 per cent), Somali (by 21.1 per cent), Afar (by 4.9 per cent) and Gambella (by 1.1 per cent).
- Regions that registered an increase in TFP admissions between August and September include Oromia (by 1.9 per cent), Amhara (by 35 per cent), Tigray (by 6.9 per cent), Benishangul Gumuz (by 16.8 per cent).

**\$166.1m**  
Nutrition requirement

#### Response:

- Nationally, 255,623 children have been treated with very good quality of care (above International Standards) between January and September, with 8.9 per cent of children admitted in stabilization centers

for inpatient medical care. This is below the 10 per cent emergency threshold, yet variation exists across regions with SNNP and Gambella regions remaining well above the national average. The total admission recorded represent 68 per cent of the annual projection for 2017 (376,000 in the HRD Mid-Year Review).

- Overall, key TFP performance indicators remain very good and well above the international SPHERE standards: overall cure rate at 89.8 per cent; death rate at 0.3 per cent; and default rate at 2.1 per cent (combined SC/OTP national average).
- The combined efforts of Government and partners to implement a better integrated response with general food distribution (GFD), Nutrition, Health and WaSH is starting to show positive results. Although this success is encouraging, continued high level interventions need to be maintained to avert future rise in SAM, given the vulnerable food security situation across the region.
- UNICEF has secured severe acute malnutrition (SAM) commodity pipeline until early June 2018 (unless additional shock increases burn rate). Funding needs to be secured in the first quarter of 2018 to avert pipeline breaks. WHO is seeking additional support for stabilization center (SC) upgrading in 105 SCs into 2018.
- A cumulative total of 843,837 moderately malnourished children under five and 820,712 pregnant and lactating women (1,664,549 total) received MAM treatment between January and September 2017 across 212 *woredas*/districts, including support for 49 Mobile Health and Nutrition Teams (MHNT) in Afar and Somali region. WFP has already secured targeted supplementary feeding (TSF) commodities for MAM treatment for all Priority 1 districts up to the end of this year.
- WFP, in partnership with the Somali Regional State Disaster Prevention Preparedness Bureau, started the implementation of the Blanket Supplementary Feeding Program (BSFP) in targeted districts in the first week of November. Activities have started in 42 out of the 45 targeted priority 1 districts, including BSFP inception trainings to all CPs at regional, zonal and district levels; registration; dispatch (40 per cent complete). Distribution of BSF supplies started in SCI, GOAL and Mercy Corp-covered districts. The NGO IRE will be receiving its supplies this week; the slight delay was due to renewal of transporters contracts agreements. Of the 45 targeted Priority 1 districts, 25 districts will be managed by NGOs (SCI, IRE, GOAL, and Mercy Corps), while the remaining 20 will be managed by WFP and the Government Disaster Prevention and Preparedness Bureau with support from the Regional Health Bureau. The BSFP is targeting 255,050 children under-5 and 124,950 pregnant and lactating women (approximately 380,000 beneficiaries in total) in the targeted districts for three months. Mobile Health and Nutrition Teams (MHNT) with MAM treatment services will continue without disruption as they target the most remote and vulnerable groups.
- In early November, in response to screening results from targeted IDPs in Oromia and Somali in October, WFP boosted Targeted Supplementary Feeding (TSFP) support for 73,634 children and 36,817 pregnant and lactating women (110,451 in total) conflict-IDPs in Oromia and Somali regions. So far, WFP has dispatched 774.156 MT of specialized nutritious products in IDP communities in both regions. The region is working on December allocation request. Meanwhile, SCI has deployed 2 MHNT for IDP response in Moyale (Somali), and will deploy one additional MHNT for Hudet.

### Gaps & Constraints:

- There are few nutrition partners present and no TSF program in Priority two and three districts hosting IDPs in Oromia, which presents an operational challenge to deliver TSF support (except in few second generation TSFP). Nutrition interventions should also target IDP-hosting communities. Additional districts to be supported by WFP will have significant cost and commodity implications. A strategy will be discussed between the Government Emergency Nutrition Coordination Unit (ENCU), WFP, WHO.
- Access to some conflict-affected *kebeles* (lowest administrative level) remains a challenge for all sectors.
- Food for Peace (FFP) commodities were exhausted in October for Somali region and NGOs are discussing securing additional commodities with WFP to ensure service continuity. Nutrition partners will also suspend TSFP for three months in 45 Priority 1 (P1) districts while three cycles of monthly BSFP for all children under-5 and pregnant and lactating women will be provided. Thereafter, the TSFP will be resumed for NGO with continued funding for CMAM, until the end of their MOU/FLA with WFP.
- Without additional funding for NGOs in Somali region between October and December, NGO nutrition response interventions will expire in 33 P1 districts. An additional 18 will expire in early January/February. Efforts are ongoing across key donors and with partners to a) to support NCE requests and b) to plan for fund extensions in critical districts.
- Concern remains on the nutritional impact in districts receiving cash-based assistance instead of in-kind/relief food handout, and availability of food commodities to provide a sufficiently diverse diet for drought-affected communities. Overall, any delays in relief food distribution and a switch to cash without insuring timely distribution of pulse/oil top-up will impact the food security of severely vulnerable communities.
- Funding for PHC drugs and EDK to be able to rapidly deploy fully equipped Mobile Health and Nutrition Teams (MHNT) to treat SAM/MAM and provide essential PHC for IDPs and remote communities.

- Multiple layers of coordination and monitoring- will not substitute treatment- if staff shortfalls remain acute. Need to strategize for bolstered Regional Health Bureau staff for the year ahead.



## Protection

### Needs:

**\$13.2m**  
Protection requirement

- The Protection Cluster has prioritized Oromia and Somali for the expansion of the Mobile Protection Teams based on high number of conflict and drought induced IDPs.
- The issue of limited access to basic services for IDPs remains.
- The main protection concerns reported in different assessment/verification missions along the Oromia-Somali border include are: i) GBV incidents reportedly accompanied the expulsion of women and girls in both Somali and Oromia regions ii) Inadequate protection-focused planning and management in IDP sites iii) Insufficient humanitarian response iv) Missing children and family members (reunification of separated families/children is critical).

### Response:

- The cluster is working with other sectors to mainstream protection issues into their activities, also in an effort to strengthen the integrated, multi-sector humanitarian response. The cluster is working with the Food Security Cluster on protection approaches in the Blanket Supplementary Feeding Program (BSFP). The cluster will support the health and nutrition mobile team trainings in the Somali and Oromia regions by covering protection agenda.
- Psychosocial support services were provided to 278 drought-affected women and girls, while 953 women and girls participated in community conversation sessions on GBV prevention, risk reduction and response in Amhara, Oromia and Tigray regions.
- A one-day workshop was held on 22 November to review the work of the Mobile Protection Teams (MPT). The overall objective of the workshop was to enhance the quality of the work of the Mobile Protection Teams through harmonization of the MPT approach, procedure and reporting, protection mainstreaming and strengthening the linkage between the Displacement Tracking Matrix (DTM) and the MPT. Expected outcome of the workshop included updated tools to be employed for protection monitoring, improved ways of supporting Government bodies for better participation in the work of the mobile teams and focus on community engagement for protection response.
- The cluster is planning to have a discussion on targeting so as to be able to mainstream protection in targeting criteria or to support sectors in developing their targeting criteria for beneficiaries in line with protection principles.

### Gaps & Constraints:

- Resource gap to address all identified protection needs.
- Absence of an inter-agency/regional government action plan for the Oromia population affected by the conflict.
- Expected extended drought for the incoming farming season might overstretch the response capacity of the communities hosting IDPs. When local resources will be exhausted people will be displaced to the collective centers



## Water, Sanitation and Hygiene

### Needs:

**\$132.9m**  
WaSH requirement

- Some 10.5 million people will require WASH support, including 2.6 million people to access safe drinking water, through:
  1. Operations and maintenance of functional water points, rehabilitation and expansion of existing water points and water provision in schools and health facilities
  2. Household Water safety – Provision of water treatment chemicals, WASH NFIs, hygiene promotion
- In all regions, rehabilitation of permanent water supply systems is given a priority as a more sustainable and cost effective solution.
- Promotion of latrine construction in close coordination with health administration at zonal level and new construction at the institutional level (schools and health facilities).
- The new influx of internally displaced (IDPs) due to a conflict between Oromo and Somali could put more pressure on the existing WASH infrastructure/services in the IDP-receiving communities, in particular in

lowland areas of Oromia and Somali regions. Sanitation and hygiene awareness and facilities in displacement sites is also minimal, while such intervention is critical to minimize public health outbreaks.

### Response:

- The Government, with support from UNICEF and NGOs, is trucking water to affected communities to address the immediate water need for humans, while permanent water systems are being put in place as a longer term solution for recurrent drought.
- At present, 83 trucks (of 347 trucks requested – down from 779 trucks requested in April) are deployed, leaving a gap of 264 trucks (considering 5 l/c/d).
- In Amhara region, social mobilization and capacity building activities have been undertaken in AWD-affected areas as well as water treatment chemical distribution.
- In Oromia region, 16 water trucks are delivering water in Bale (4 trucks of 26 requested), Borena (1 truck of 30 requested) East Hararge (5 of 39 requested) and West Hararge (5 of 13 requested) zones. Following recent rains received in Borena zone, all government-operated trucks were discontinued. Some areas in Guji and West Guji zones have also received rains. 25,800 conflict-IDPs in Borena, Guji and West Guji zones have received water treatment chemicals. The cluster plans to reach an additional 60,733 most vulnerable conflict-affected households with water treatment chemical support in Bale, Borena, Guji, West Guji and East and West Hararge zones. UNICEF is working with the Oromia Regional Water and Health Bureaus to maintain/repair dysfunctional water schemes (\$300,000 earmarked) and conduct hygiene promotion activities (\$165,000 earmarked).
- In Somali region, 52 water trucks are deployed in 37 districts. At least 56 IDP sites and 11 health facilities are receiving water trucking support. Following recent rains in the region, water trucking intervention has been stopped in many areas that had received water into *birkads*<sup>4</sup> and stakeholders are conducting discussions on whether or not to maintain the scale of water trucking operations. Out of these 52 water trucks, 7 trucks are specifically for newly conflict-induced IDPs in Qoloji (3), Salahad (1), Legehida (1), Raso (1) and Mieso (1). The Regional Water Bureau together with Oxfam and the Somali WASH Cluster members are conducting an assessment for final decision. Separately, WASH Cluster partners supported 1,700 households in Hudet and Moyale districts of Dawa zone with water treatment chemicals; 1,000 households were supported in Salahad and Legehadi district of Erer zone; and 500 households in Raso district of Afder zone. Additionally, WASH NFIs and HHWTC chemicals have been dispatched to support 500 households in Mieso, 300 households in Dambal, 1,630 households in Dawa, 1,400 households in Fafan, 760 households in Sitti and 1,000 households in Liben.
- In Tigray region, 8 water trucks are benefiting 40,000 people (3 in Sheraro town, 1 in Abi Adi town, 3 in Mekelle town and 1 Tahtay Adiyabo district). Mass sensitization activities are ongoing in religious sites and communities for AWD prevention.
- In SNNPR, WASH Partners rehabilitated and maintained 7 Shallow wells in Amaro (4) and Burji (3) districts/*woredas* of Segen Area People's zone. At least 1,820 people benefited from clean and sustainable water supply as a result.
- The WASH and ES/NFI clusters will work in coordination to avoid duplication in WASH-related NFI distribution as well as in the new EHF Call for Proposals on sanitation infrastructure and NFIs.
- Overall, the cluster reached 3.84 million people with construction, rehabilitation and expansion of water supply schemes and sanitation and hygiene activities; 4.46 million people with WASH NFIs including water treatment chemicals and 3.7 million people with water trucking service.

### Gaps & Constraints:

- 441 people are sharing one latrine (on average) in Somali region, compared to 50 people per latrine as per Sphere standard, indicative of the highly inadequate partner response. Additional funding is required to address this gap. In Oromia region, according to DTM 6 report, 60 per cent of IDP sites in Oromia do not have functioning latrine.
- There is a huge gap in hygiene and sanitation coverage in IDP settings in Oromia and Somali regions, pausing a high risk for further spread of AWD.
- Water trucking demands has increased in Oromia region, specifically due to the recent influx of conflict IDPs. At least 106 trucks are requested.

<sup>4</sup> traditional water catchments

## General Coordination

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

### 2017 response coordination for the conflict-induced displacements along the Oromia-Somali border:

Prime Minister Hailemariam Dessalegn has established a National Steering Committee under the Ministry of Federal and Pastoralist Affairs to specifically look into the humanitarian impact of the conflict, address identified needs and work to normalize the situation and ensure service continuity. NDRMC and the National Security Force are members of the Steering Committee.

In order to avoid operational imbalance, partners' response will be initiated following requests by the Federal Government, through the National Disaster Risk Management Commission (NDRMC)-chaired DRM Focus Group forum. Co-chaired by UNOCHA, this forum was established to coordinate response to this emergency and regularly meets twice a week at NDRMC in the presence of cluster members, donors and Line Ministries. At regional level, response coordination is conducted through regular humanitarian response coordination channels.

**For inquiries, please contact:**

**Choice Okoro**, Head, Strategic Communications Unit; OCHA Ethiopia, [okoroc@un.org](mailto:okoroc@un.org), Cell: +251-911216465,

**Malda Nadew**, National Information Officer; OCHA Ethiopia, [nadew@un.org](mailto:nadew@un.org), Cell: +251-929-034346

**Mengistu Dargie**, National Public Information and Reporting Officer, [dargie@un.org](mailto:dargie@un.org), Cell: +251-911-742-381