



This report has been prepared under the auspices of the Federal Disaster Risk Management Technical Working Group, co-chaired by the National Disaster Risk Management Commission (NDRMC) and OCHA with participation of cluster co-chairs (Government Line Ministries and Cluster Coordinators). It covers the period from 1 March to 31 March 2018.

## Highlights

- The HDRP seeks US\$1.658 billion to address food needs for 7.88 million people and non-food needs in 2018.
- The Government and partners prepared a list of prioritized, time-bound requirements ahead of the HDRP launch to facilitate informed and timely donor decision to avert operational breaks in emergency response due to financial shortages.
- As of 14 March 2018, the 2018 HDRP was 31 per cent funded, including \$182 million Government allocation and \$111 million committed by international donors. Taking into account the \$215 million carry-over resources from 2017, this leaves a gap of \$1 billion.

## Situation Overview

### Government and partners launch the Humanitarian and Disaster Resilience Plan for 2018

On 13 March, the Government and humanitarian partners launched the Ethiopia Humanitarian and Disaster Resilience Plan (HDRP) for 2018. Based on findings of the November/December 2017 national multi-agency and multi-sector *meher* needs assessment, the document outlines prioritized plans in relief food, nutrition, water and sanitation (WaSH), health, education, protection, agriculture and shelter and non-food items in the affected areas, as well as mitigating and preparedness opportunities.

Most of the 2017 humanitarian needs are carried over into 2018 given insufficient recovery opportunities and the still dire condition of vulnerable communities due to the impact of successive drought, mainly in the south and south eastern Ethiopia, compounded by recent spikes in conflict-induced displacements.

The HDRP seeks US\$1.658 billion to reach 7.88 million people with emergency food/cash. In addition, 3.4 million households are in need of livestock support; 3.5 million moderately malnourished children and pregnant and breastfeeding women and 350,000 severely malnourished children are expected to require emergency nutrition support; 6.9 million people are without safe drinking water; 1.5 million internally displaced people require shelter and non-food item support; 6.5 million people require emergency health interventions; 2.2 million children need support to continue their education; and some 300,000 vulnerable people need protection assistance, mainly in displacement settings. The use of cash transfer programming (CTP) is expected to be explored and further expanded based on market

### Prioritized requirements for first six months of 2018

(most requirements were needed by March)

**Food:** \$50 million (or written pledge to this effect) to offset the expected food pipeline break for 1.8 million people in Somali region.

**Nutrition:** \$68.1 million to prevent break in quality emergency nutrition response.

**Health:** \$4.9 million for urgent re-stocking of primary health care kits for the treatment of AWD, SAM management commodities, emergency reproductive health and GBV management kits and the expansion of Mobile Health and Nutrition Teams in IDP-hosting areas.

**Education:** \$3.8 million for EiE interventions, targeting some 125,000 conflict and drought-affected children in Oromia and Somali regions.

**Emergency Shelter/NFI:** \$18,737,990 to assist 106,952 prioritized displaced households

**Protection:** \$5.7 million for the expansion of mobile protection teams for protection monitoring and response, targeting some 150,000 IDPs and other critical protection interventions.

**WaSH:** \$29.4 million for water trucking support targeting 1.7 million people, 2.1 million people with WaSH supplies and 1.5 million people with other WaSH responses.

**Agriculture:** \$41.2 million for emergency livestock intervention and seed provision.

analysis in 2018, particularly to address the humanitarian needs of the conflict-induced IDPs. The use of multi-purpose cash (MPC) has proven to be an effective response mechanism in meeting the needs of displaced population, particularly for those displaced from and to urban areas.

**Immediate, time-bound priorities:** Released on 23 February, ahead of the HDRP launch, the Immediate Funding Priorities Document<sup>1</sup> outlined priority funding gaps for the first six months of 2018. With this document, the Government and humanitarian partners had called on urgent donor funding to avert operational breaks in emergency response due to financial shortages. Without urgent additional funding, humanitarian partners risk pulling out from critical hotspot areas discontinuing lifesaving activities.

The pipeline for specialized nutritious foods to treat moderate malnutrition in all Priority one districts through targeted supplementary feeding program (TSFP) will rupture from the end of May. WFP has secured \$5.4 million (of \$39.1 million total requirement) leaving a gap of \$33.7 million as an urgent priority to manage 2 rounds (6 months) of TSFP, targeting 1.2 million moderately malnourished children under-5 and pregnant and breastfeeding mothers (PLW) and up to 150,000 moderately malnourished IDP children under-5 and PLWs. Meanwhile, UNICEF immediately requires \$14.7 million to secure therapeutic foods (RUTF, therapeutic milks, essential drugs) to support Government treat and manage severe malnutrition (SAM) as well as for technical support for service quality assurance, monitoring and coordination. The current pipeline for SAM management will be exhausted from the end of June. However, a lead time of 4 months is required to secure commodities in-country.

Meanwhile, \$50 million (or written pledge to this effect – facilitating the possibility of an internal loan) are immediately required to cover the cost of two rounds of WFP food assistance for 1.8 million people in Somali region.

The prioritized, urgent requirements from overall sector requirements are listed in the box above (NB: some of the sector requirements were adjusted since the release of the prioritization document).

#### **Additional funding prevented imminent break in water rationing service in Sehala district, Amhara**

Located in northern Amhara, Sehala district is one of the many districts impacted by successive drought, including the 2015/2016 El Niño, leading to food insecurity, land degradation and under-development. As identified by the November/December 2017 national multi-agency and multi-sector *meher* needs assessment, humanitarian needs in Sehala district will remain high in 2018 due to the failed 2017 summer rains and lack of recovery opportunities for affected communities.

A recent OCHA mission to the district revealed that the food and nutritional situation in the district is deteriorating despite ongoing responses. At least 24,243 people (10,798 female and 13,445 male) are currently facing acute water shortages in eight drought-affected *kebeles*, including in school and health facilities; there are 4,000 reported scabies cases, mainly children; 450 of 9,800 students (1-8 grades) have dropped-out of school; and 2,794 livestock (cattle and shoat) migrated to neighboring areas (Dehana and East Belessa) in search of feed and water.

The INGO Plan International has been providing water rationing for 3,339 people in three *kebeles* (Akign, Garoch and Tirshiman) since January 2018. However, the agency had warned that its water rationing project will phase out on 28 March due to funding shortage, which would have significant impact on the lives and livelihoods of vulnerable people, including affecting school attendance and health service provision. Fervent fundraising efforts resulted in critical additional funding, ensuring continued water rationing service.

Similarly, many NGOs risk pulling out from areas of operation, interrupting critical life-saving interventions in WaSH, nutrition and others. Ensuring timely response to the current emergency through availing urgent additional funds to prioritized needs will mitigate against the slide into further destitution and extension of recovery periods. At this critical juncture, any delay in assistance will quickly have a domino effect on malnutrition and associated health complications, particularly amongst children.

<sup>1</sup> See full document on <http://bit.ly/2oIMkM5>

## Reducing vulnerability through resilience building

The Government adopted a Disaster Risk Management (DRM) Policy in 2013, shifting away from a disaster response and management-based system. The country is now far more resilient to climate shocks such as El Niño and La Niña, and is better positioned to meet its challenges. The country is however still vulnerable to climate shocks given its reliance on rain-fed, small holder agriculture and the pastoralist livelihood in the south and south eastern lowlands. At the launch of the HDRP, the Government reaffirmed its commitment to changing the recurrent requirements for large-scale humanitarian assistance through the implementation of a disaster risk management approach in a context of mostly predictable humanitarian needs in Ethiopia.

Accordingly, the HDRP represents a first step towards the development of a multi-year planning framework that will seek to increase the quality and predictability of delivery; mitigate future needs in areas that experience recurrent climate-induced shock; support the strengthening of national service provision to address chronic and acute needs; and the recovery of affected communities. Activities and requirements in the HDRP are presented against three pillars (prevention and mitigation/preparedness and response/ national systems strengthening and recovery), reflective of a disaster risk management approach. Some prioritized preventive activities include, \$6 million to support emergency measles vaccines and emergency response - there is a complete pipeline break. Some \$8.2 million availed by development partners by the end of March for “building back safer” projects in disaster-prone areas, will reduce flood-displaced humanitarian requirements from August 2018. In the agriculture sector, potential ‘flexing’ of existing development resources to support local riverine fodder production systems in four locations of southern SNNP and Somali regions at a cost of \$1.2 million, will feed some 28,000 livestock for 3 months. This will increase local availability of livestock feed and decrease the cost of emergency feed interventions during the second half of 2018, which is three times more expensive.



Figure 1: NDRMC Commissioner Mitiku Kassa and UN RC/HC Ahunna Eziakonwa-Onochie at the HDRP launch. Credit: OCHA

## Funding Update (as of 31 March 2018)

The Government of Ethiopia has committed \$182 million for drought response and rehabilitation of IDPs. This includes the \$36 million that was allocated earlier to Oromia and Somali regions for IDP recovery and rehabilitation programmes.

As of 14 March 2018, the 2018 HDRP of \$1.658 was 31 per cent funded, including \$182 million Government allocation and \$111 million committed by international donors. Taking into account the \$215 million carry-over resources

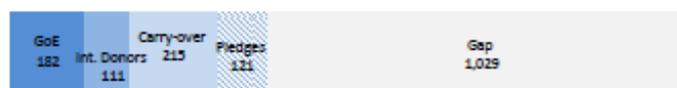
### HDRP requirements - \$million



### Official & expected contributions - \$million



### Contributions by source - \$million



from 2017, this leaves a gap of \$1 billion

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:

**\$ 1.036B**

Food requirement

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) targeted 7.88 million people for relief/cash assistance during the year. The beneficiaries will be assisted by the three main food operators – NDRMC, WFP and JEOP. The WFP pipeline for 1.8 million people in Somali region broke on 1 April, with additional in-kind contributions expected to be available for distribution only in July. For this reason, \$50 million (or written pledge to this effect – facilitating the possibility of an internal loan) are immediately required to cover the cost of two rounds of assistance until the incoming supplies arrive. Meanwhile, the JEOP pipeline for 1.5 million people is secure for six rounds; while NDRMC will assist 4.6 million beneficiaries with cash (2.9 million people) and food (1.7 million people to receive cereals and C.S.B, but no pulses) modalities for one round. Expected arrivals of cereals and CSB will cover the second round of distributions for 4.6 million.
- An additional 615,900 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.

#### Response:

- As of 25 March, NDRMC dispatched 99 per cent (73,167 out of 74,190 MT) of Round 7 food allocation and distributed 97 per cent (71,672 MT of 74,190MT) for planned 5.2 million people. Round 8 food is at 81 percent dispatched (59,684 MT of 73,667MT) and 67 per cent distribution (49,022 MT out of 73,667 MT) as of the same date for planned 4.8 million people. In addition, NDRMC distributed cash under Round 7 to approximately 1.7 million targeted cash beneficiaries.
- As of 18 March, JEOP's dispatch of Round 8/bridging round stood at 94 per cent and distribution at 74 per cent for 1.71 million beneficiaries. In consultation and agreement with NDRMC, JEOP is distributing full food baskets in all priority one districts and half food baskets in all non-priority one districts.
- As of 2 April, WFP dispatched 98 per cent of the Round 7 food allocation (35,957MT out of 36,845MT) and distribution stood at 92 per cent, including Round 8/bridging round PSNP top-up allocation. Under Round 7, WFP is supporting 3.1 million beneficiaries including 1.2 million PSNP beneficiaries. Meanwhile, food dispatch for Round 8/bridging round for 3 million people (including 1.2 million PSNP beneficiaries) in WFP operational areas reached 79 per cent (24,936MT of 31,371MT), and 61 per cent distribution.
- Support to conflict IDPs: As of 23 March, the Government, through NDRMC, dispatched 84 per cent of the three-month allocation (29,872MT of 35,494MT) and distributed 77 per cent (27,597MT), targeting 702,279 IDPs in Oromia region. Meanwhile in Somali region, WFP dispatched 93 per cent of the allocated food under Round 7 (4.632MT of 4,989MT) and reached 82 per cent distribution rate (4,081MT) as of 2 April. Round 7 targets 294,344 conflict IDPs. For Round 8, last week WFP received request to support additional 237,040 conflict IDPs for a total of 289,094 beneficiaries - initially, WFP received request only to support 52,054 IDPs in Qoloji 1 and 2. For round 8, dispatch is at 26 percent and distribution at 18 per cent.

#### Gaps & Constraints:

- \$50 million (or written pledge to this effect – facilitating the possibility of an internal loan) are immediately required to cover the cost of two rounds of WFP food assistance for 1.8 million people in Somali region.
- There are delays in food dispatch and distribution to areas close to Somali – Oromia borders due to insecurity. Concerns are rising regarding the impact on food security in these areas hit by successive drought.



### Agriculture

#### Needs:

**\$104.4m**

Agriculture requirement

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) targets 3.43 million households for agriculture and livestock interventions.
- According to the Ethiopia Immediate Funding Priorities document released on 23

February 2018, the cluster prioritized availing animal feed for 277,000 drought-affected and 52,000 conflict-displaced households, including through support for local riverine fodder production systems; and availing *belg*/spring season seeds for 536,000 households before the planting window (May/June) closes, at a cost of \$41.2 million. If response is not on time and adequate, the risks for vulnerable population who suffered two years of drought are massive and the costs high.

#### Response:

- Using carry-over fund from 2017, implementing partners are distributing livestock feed for core breeding animals and providing animal health services. Additional and time-bound funds are urgently required, as per the prioritization document, to prevent breaks in operation and avoid costlier humanitarian interventions.
- Humanitarian interventions are conducted without losing sight of resilience building activities.
- Support to conflict IDPs: cluster's response plan for conflict-induced IDPs in camps in Oromia and Somali regions and those living with host communities targets 52,000 households for various livelihood interventions, under three categories: 1) agro-pastoralists that are located within host communities and spontaneous sites and are able to cultivate, cereal crops and pulses will be provided; 2) pastoralists displaced with their livestock, animal health treatments and supplementary feeding for core-breeding animals will be provided; 3) for IDPs that are in collective centers and urban settings, the cluster is prioritizing kitchen garden kits, limited restocking of poultry and small ruminants, livelihoods diversification and skills development. The strategy also considers needs of the host community to avoid competition/conflict between the host community and IDPs.

#### Gaps & Constraints:

- The cluster urgently requires \$41.2 million for the provision of emergency feed, fodder production, animal health, commercial and slaughter de-stocking and the provision of emergency seed to areas where crop failure was reported and can plant in late *belg/kiremt* season. In pastoralist areas, March and Mid-April is the dry season, and the provision of livestock feed for core breeding livestock, fodder production, animal health services and destocking of unproductive livestock must be carried out. For cropping areas, provision of emergency seed to areas where crop failure was reported and can plant in late *belg/kiremt*, resources is immediately required to initiate the procurement and distribute the seeds before planting season so that farmers can prepare the land and plant the seeds timely before planting window May/June. With each delay in adequate intervention, significant livestock loss is inevitable; and the probability of missing the next planting window heightened.
- 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.
- Failure to provide supplementary livestock feed on time will increase malnutrition, especially among children, and negatively impact food insecurity in pastoralist and agro-pastoralist communities.

## Education

#### Needs:

- The cluster is targeting 2.2 million children (of 3.1 million children currently affected by conflict and drought-induced emergencies) for Emergency in Education interventions in 2018.
- According to the recently completed DTM Round 9, 430,354 displaced children aged five to fourteen are living in temporary settlements predominantly in Oromia and Somali regions. DTM 9 data further shows that 111,954 school-age children living in displacement have no access to education. Ensuring that children have access to schools and are able to continue their learning while living in displacement remains a key priority to the cluster.

**\$34.5m**

Education requirement

#### Response:

##### Preparedness and response:

- Establishment of Temporary Learning Centers (TLCs):
  - IRC's EiE responses targets 7,663 IDP school-age children in Somali region, with \$1 million 2017 EHF allocation. IRC has established 16 TLCs and 11 WaSH facilities in Fafan and Jarar zones.
  - The National NGO Ogaden Welfare and Development Association (OWDA) (with finance from UNICEF) is supporting 2,400 primary school-age children with 31 classrooms in Qoloji site, Somali region.
- Provision of ECD:

- The INGO Imagine1day (with finance from UNICEF) is supporting accelerated school readiness for 4,000 conflict-displaced young children (4 to 6 years) in Bale and Guiji, Oromia region.
- OWDA (with finance from UNICEF) is supporting accelerated school readiness for 1,000 displaced young children (4 to 6 years) in Qoloji site, Somali region.
- Provision of learning stationery:
  - The Ministry of Education (MoE) reprogrammed \$1.1 million from GEQIP2 for learning stationery in Oromia and Somali regions. The funding has reached the selected districts.
  - From 2017 EHF funding, IRC has provided 6,657 children with learning stationery in Fafan and Jarar zones, Somali region.
- Emergency School feeding:
  - Ongoing - provision of school feeding to school children particularly in Afar, Oromia, SNNP, Somali and Tigray regions. Response to date covered 58,668 children in Afar, 658,237 children in Oromia, 400,751 children in SNNP, 221,761 children in Somali and 55,251 children in Tigray. These make-up 64 per cent of the HRDP 2.2 million target.

#### National Systems Strengthening and Recovery:

- Capacity development on EiE: Somali Regional Education Cluster provided a three-day EiE training in Jijiga (March 28-30) for 30 Regional Education Bureau officials, heads of Woreda Education offices and cluster partners.
- Training on pilot testing electronic (EiE) data collection and sharing: In collaboration with Camara Ethiopia and MOE, the cluster provided a two-day training in Adama (March 20-21) on Open Data Kit (ODK) to 47 Oromia and SNNP EMIS and planning experts, heads of Woreda Education Offices and cluster school supervisors.

#### Gaps & Constraints:

- Limited response in school feeding beyond the MoE's allocation. Additional funds are required to ensure school feeding is continued in high-risk areas and WaSH is availed in schools. More than 800,000 school children remain in need of school feeding services, impacting their learning process.
- Scabies has been reported in Amhara, Oromia and Tigray regions. UNICEF Amhara Field Office has reported 300,000 new cases of scabies. Of concern is to prevent the outbreak among school children.
- The Somali Regional Education Bureau and cluster partners have raised the lack of teachers as a major concern. The lack of teachers will have an impact on the ability to provide quality EiE.
- The Somali region cluster partners have shared the need to provide flexible, age-appropriate and accelerated learning for over-age out-of-school IDP children who have never been to school before or missed out on a substantial amount of schooling.



#### Emergency Shelter and Non-Food Item (NFI)

##### Needs:

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) targets 1.5 million internally displaced people for Emergency Shelter and Non-Food Item (ES/NFI) assistance.
- NDRMC identified additional needs for ES/NFI support in 5 zones of Afar region, totaling 3,552 households displaced by climate shocks.
- The cluster will conduct a prioritization exercise at the beginning of May to take into account the increased needs, based on the findings of DTM round 9.

**\$94.9m**

ES/NFI requirement

##### Response:

- From 1 January to 31 March, the ES/NFI Cluster assisted 17,310 households. 12,936 full ES/NFI kits and 4,374 cash grants and vouchers were distributed.
- 560 full ES/NFI are currently being distributed or are planned for distribution in April for conflict-displaced households in Oromia and Somali regions. 9,500 cash grants are also planned for distribution.
- The cluster currently has 30,457 ES/NFI kits in stock and/or pipeline.
- Support to conflict IDPs: The cluster is coordinating the response to conflict-induced IDPs with the WaSH Cluster through joint verification assessments and distribution of NFIs.
- In all interventions, the cluster is cautious to ensure conflict-sensitive programming and a do-no-harm approach every step of the way.

- In addition to engaging in immediate lifesaving interventions, the cluster is liaising with the Government and partners that are identifying transitional and durable solutions strategies to sustainably address internal displacement.

### Gaps & Constraints:

- Insufficient funding continues to impede full coverage of all identified needs. The lack of prepositioned stocks limits the ability to mount immediate responses, particularly in the Somali region.
- There is a need for strengthened collaboration among different partners in order to promote better strategies for assistance to IDP durable solutions. Clear relocation/rehabilitation plans for Oromia are required in order to coordinate existing ES/NFI interventions, particularly given recent interest by partners to support with transitional shelter solutions and to coordinate current distributions planned around East and West Hararge zones.
- Support for camp management needs to be increased and funded to enable better multi-sectoral support in the various IDP sites that will not be relocated immediately.
- Cash responses need more investment in monitoring to assess whether the different sector needs are met when unconditional cash is chosen as an intervention modality.



### Needs

**\$74m**

Health requirement

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) targets an estimated 6.47 million vulnerable people in need of emergency health services and at risk of communicable disease outbreaks, including AWD.
- The cluster identified 640 primary health care kits/EDKs, 294 AWD medicines and renewable kits, and 236 AWD hardware kits to support the access to basic health care (including reproductive health) for almost 3 million IDPs (conflict and drought) and vulnerable host communities, and for the treatment of 36,000 acute watery diarrhea (AWD) cases projected for 2018. The required quantities are in support of FMOH and RHBs response that are overstretched by the waiving of user-fees for a large number of people (especially in Oromia and Somali regions) for a long period of time. At present, the stock rupture affects 70 per cent of conflict IDPs and 50 per cent of drought IDPs compromising the access to essential services of the most vulnerable.
- Maintain an effective early warning and rapid response mechanism to alerts of health threats to cover 6.47 million people at risk, essential for prevention and control of outbreaks.
- Operational support through MHNTs, and static permanent and temporary health facilities for IDPs and host communities access to essential PHC and reproductive health services to prevent avoidable morbidity and mortality and community spread of communicable diseases. The mobile health and nutrition teams (MHNT) in IDP-hosting areas, are supplementing FMOH/RHBs system that are covering 75 per cent of routine health services. At present, more than 600,000 IDPs have no or difficult access to health services due to lack of free medication or remoteness and distance to static HFs. 8 MHNT have depleted operational resources in March 2018, and additional 22 will run out of funds in May and June 2018. The situation combined with poor sanitation and access to safe water, along with the living conditions in IDP camps led to high morbidity, especially communicable diseases such as diarrhea, pneumonia and upper respiratory tract infections (URTI), malaria, scabies, injuries and measles.
- Resettlement of the IDPs from East and West Hararges initiated and support required for medicines and medical supplies, medical equipment, training of HEW and health workers on Rapid response mechanism, early warning, and IPC, along with social mobilization and risk communication. The resettled IDPs will continue to be supported until concrete livelihood opportunities materialized.
- Recent conflict and the consequent rapid increase in the number of IDPs requires more effective sector and inter-sector coordination at zonal and district level, especially in Oromia where the systems and structures were not prepared for a large scale emergency.
- Measles outbreaks continues to be reported in Somali region with a trend for expansion from Dollo (5 districts) to Afder (2 districts) and Liben (3 districts) zones) despite several vaccination campaigns conducted in 2017 and in 2018 (MSF). 66 camps reported measles in the first 3 month of the year, and under-reporting is a concern in camps where there is no health facility in city or within 3 km distance. The present poor routine coverage and access to case management and preventive measures create an imminent risk of large scale outbreaks. Consultations are ongoing with FMOH and RHB technical units for a measles campaign covering all camps. Main constraint is lack of emergency vaccine stock.
- Scabies: More than 600,000 scabies cases were reported in North and South Gonder zones of Amhara region, around 80,000 cases in Oromia region and more than 80,000 cases in SNNPR. As the situation of

scabies became a chronic developmental issue, any response campaign needs to be coupled with a medium term intervention to consolidate results.

#### Response:

- 138 alerts of outbreaks (AWD, Measles, Dengue Fever and Pertussis) have been conducted jointly by the RHB and WHO in Oromia, Somali, Dire Dawa, and Tigray and 96 per cent of them conducted within 48 hours from notification. Samples were taken and 56 per cent of them confirmed by laboratory. The rapid investigation and immediate implementation (during the investigation mission) of control measures, such as active case finding, proper treatment of cases and community sensitization has been reflected in the containment of the Dire Dawa AWD outbreak (started in January 2018), and having low number of case reported from Tigray and Somali (so far most affected with 99 cases since beginning of the year). Close cooperation and joint support for the RHB ensured by WHO, UNICEF, SC, MSF and Care for health and WASH containment activities.
- WHO had distributed medicines and medical supplies sufficient for the treatment of 3,300 cases of severe dehydration and 4,000 cases moderate dehydration to Somali, Oromia, Tigray, Amhara, Afar, SNNPR, Dire Dawa, Beneshangul Gumez, Gambella and AddisAbaba.
- The cluster with technical support from WHO and UNICEF is negotiating with FMOH and donors for funds allocation from SDG pool-funds for a measles campaign in IDP camps Support to conflict IDPs: WHO provided 210 IEHK in Somali and Oromia regions for the RHBs, IMC, IRC, SC, IR, AAH, Mercy Corps, and MCMDO, and UNICEF 60 EDKs
- MHNTs run by SC, MCMDO, Care, IRC, and IMC in 24 districts provided basic PHC services and conducted more than 138,600 curative consultations in support to the RHBs response.
- UNOPS supports the DSA for 80 health staff in Oromia and 280 in Somali region. In addition, 5 cars in each zone hosting IDPs for the transport of staff and supplies
- Operational support for RRM and early warning from WHO (USD 18,000 and USD 80,000 in pipeline)
- WHO and RHBs trained 635 health workers and HEWS on Early warning, RRM, AWD, Dengue Fever and scabies case management, and IDP crisis response – (109 in Oromia, 144 Tigray, 40 Amhara, 154 in Dire Dawa, and 58 on Benishangul Gumuz.

#### Gaps & Constraints:

- Issues of access and security to IDP sites especially along Somali – Oromia Borders.
- To address the present health pipeline rupture and prevent stock out in June \$4.9 million are required for the procurement of 310 primary health care kits (\$3.3 million); AWD kits (USD 600,000) and emergency maternal and reproductive health and rape management kits (\$1 million).
- Support for the continuation of activities of 14 MHNTs in Somali and Oromia regions that ceased or about to soon phase out their activities, along with establishment of additional 6 MHNTs (for 6-8 month) for the health services in remote IDP sites that requires USD 2,6 million.
- Maintain Rapid Response Mechanism and support for early warning in all high risk regions USD 2,6 Million
- Development partners are also urged to prioritize an immediate allocation of \$ 3 million to support emergency measles vaccination in Somali and Oromia region, targeting children up to 15 years old and establish an emergency stock.



#### Nutrition

#### Needs:

- The National Disaster Risk Management Commission, the Federal Ministry of Health, WFP and UNICEF projected more than 350,000 Severe Acute Malnutrition (SAM) and 3.48 million Moderate Acute Malnutrition (MAM) cases in 2018 based on the December/January hotspot classification.
- The December/January hotspot classification identified 216 Priority 1 (P1), 161 Priority 2 and 86 Priority 3 districts, the majority – similar to last year – in Somali region (83 P1) followed by Afar (25 P1), Amhara (15 P1), Oromia (67 P1), SNNP (18 P1), Tigray (7 P1), Gambella (1 P1). The Geographic footprint remains the same as in 2017, with few additional P1 districts identified in northern and north eastern Amhara and in Afar regions. Of the 216 Priority 1 districts, the Emergency Nutrition Coordination Unit (ENCU) further prioritized 163 districts for continued support or start-up NGO emergency nutrition response support, including 83 Priority 1 (P1) districts in Somali, 45 P1 in Oromia, 13 P1 in Afar, 7 P1 in Amhara, 10 P1 in SNNP, 4 P1 in Tigray, and 1 P1 in Gambella, at an estimated cost of \$19.7 million. Immediate needs will target 82 of these priority districts where NGO 2017 funds will expire by the end of Q1- total cost of \$8.2 million is required to extend these projects.
- The pipeline for specialized nutritious foods to treat MAM in all Priority one districts through targeted supplementary feeding program (TSFP) will rupture from the end of May. Of the total requirement of \$39.1

**\$198.3m**  
Nutrition requirement

million, WFP has secured \$5.4 million and a gap of \$33.7 million remains as an urgent priority to manage 2 rounds (6 months) of TSFP, targeting 1.2 million moderately malnourished children under-5 and pregnant and breastfeeding mothers (PLW) in Priority one districts, and up to 150,000 moderately malnourished IDP children under-5 and PLWs.

- UNICEF immediately requires \$14.7 million to secure therapeutic foods (RUTF, therapeutic milks, essential drugs) to support Government treat and manage SAM across the country and technical support for service quality assurance, monitoring and coordination. The current pipeline for SAM management will be exhausted from the end of June. However, a lead time of 4 months is required to secure commodities in-country.
- Ensuring NGO support for Government CMAM in pastoralist lowlands and districts with high influx of IDPs, where food insecurity and malnutrition rates among children remain high due to drought, is a priority for the Nutrition Cluster.
- Overall, \$68.1 million are urgently required to ensure quality emergency nutrition response and full support to Government efforts to treat and manage acute malnutrition in priority districts.
- The Quality of general food distribution (GFD), WaSH and health service provision, including access to maternal and child health as well as curative care, need to be delivered alongside the emergency nutrition response for optimal nutrition outcomes.

### Response

- 45 MHNTs are operated through the Regional Bureaus of Health in Afar (20) and Somali (35) regions. With WHO support, 35 additional MHNT are managed by NGOs in Somali region and 11 in Oromia region in districts predominantly affected by both drought and high influx of conflict-IDPs.
- WFP, in partnership with the Somali Regional State Disaster Prevention Preparedness Bureau, In Somali region, has distributed 1,345MT CSB++ to 224,140 children under-5 and PLWs through the Blanket Supplementary Feeding Program (BSFP) in the first three weeks of March, distribution is on-going in some remaining districts. As BSFP was scheduled to end on 31 March, a two-week extension was given to Save the Children International (SCI) in order to complete the distributions in Shilabo district. BSFP was implemented in 45 targeted districts of Somali region since the first week of November. Of the 45 targeted Priority 1 districts, 25 districts were managed by NGOs (SCI, IRE, GOAL, and Mercy Corps), while the remaining 20 were managed by WFP and the Government Disaster Prevention and Preparedness Bureau with support from the Regional Health Bureau.
- WFP is rounding-up BSFP whilst scaling up TSFP to 83 hotspot Priority1 districts through potential 10 partners, including the Regional Bureau of Health and the Somali Regional State Disaster Prevention Preparedness Bureau. Three implementing modalities will be utilized: 1) facility-based MAM treatment with outreach activities, 2) sustainable outreach services (SOS), and 3) MHNTs. The implementation of this new WFP approach will start on 1st April 2018.
- Government and partners will continue to monitor the performance of the spring (mid-February – May) rains, and the impact on water source and grazing land replenishment, especially in Afar and Somali regions where the potential negative impact of a La Niña on the spring rains in the south and south eastern lowlands was projected.

### Gaps & Constraints:

- The cluster identified offsetting pipeline break for MAM treatment in hotspot priority 1 districts and facilitating the expansion of TSFP services to 150,000 IDPs (both P1 and P2) as immediate priority, requiring an urgent commitment for \$33.7million for 2 round of TSFP (1<sup>st</sup> April-30<sup>th</sup> September).
- Meanwhile, \$14.7 million were required by the first week of March to avoid a pipeline break for all SAM treatment commodities (RUTF, therapeutic milks, essential drugs) and to provide technical support for quality assurance and information management, including CMAM monitors for the second half of the year starting from the 1<sup>st</sup> of July.
- From the overall 216 Priority 1 districts identified by the December/January hotspot classification, only 44 districts have NGO support until June or beyond; 79 districts have potential continued NGO support, while an additional 93 districts have no NGO commitment. Some \$19.7 million are immediately required to continue NGO support to manage critical, life-saving programs. Immediate needs will target 82 of these priority districts where NGO 2017 funds will expire by the end of Q1- total cost of \$8.2 million is required to extend these projects. Ensuring continued NGO support of TSFP is critical to avert SAM admission spike and to ensure quality and continuum of care in remote areas where the health system is challenged. There are few nutrition partners present and no TSF program in Priority 2 and 3 districts hosting IDPs in Oromia, which presents an operational challenge to deliver TSF support (except in few second generation TSFP).
- WHO is seeking additional support for stabilization center (SC) upgrading in 75 SCs in 2018. WHO is also seeking funds to ensure EDK to support MHNTs managed by NGOs in remote communities and vast lowlands of Oromia and Somali Regions where the highest influx of IDPs are concentrated.

- Full basket of GFD or quality cereal plus, market assessed top-up cash is needed for the IDP response to avert a rise in malnutrition among children and pregnant and lactating women.



**\$17.3m**

Protection requirement

#### Needs:

- Due to the increase in protection-related incidences and risks as a result of the conflict-induced displacements, emergency protection service, such as family reunification, tracing, and GBV intervention are urgently required. Most of the assessed districts affected by the conflict in Oromia and Somali regions confirmed the existence of GBV which was mostly reported as sexual violence, and domestic violence. The 2018 HDRP targets 340,000 vulnerable people for protection support.
- The main protection concerns reported in different assessment/verification missions along the Oromia-Somali border are: i) GBV incidents reportedly accompanied by the expulsion of women and girls in both Somali and Oromia regions ii) Inadequate protection-focused planning and management in IDP site, including community based protection to prevent and respond to protection-related issues iii) Insufficient humanitarian response iv) Missing children and family members including tracing, reunification and assessment of care arrangements.
- The cluster was part of a multi-agency assessment mission to Moyale from 22-28 March 2018, to understand drivers of the recent (10 March) displacement from Moyale and Guchi towns, assess the availability of services in areas of origin for people who have been displaced and the remaining population, including those who have been previously displaced from the surrounding areas. The mission identified that most of the displaced population are women and children. There is very limited protection actors presence on the ground. However, the Woreda Women and Children Affairs Office is coordinating with the relevant bureaus of health and justice as well as the police in referring GBV and Child Protection (CP) concerns and support.
- Protection concerns need to be anticipated and services need to be put in place for potential returnees of people displaced from Moyale, in coordination with the WoWCA.

#### Response:

- Child Protection services (including case management and family tracing and reunification) in IDP sites have been scaled up over the last month, through support from UNICEF to the Regional Bureaus of Women and Children's Affairs (BoWCA) to put 12 Social Workers in place in 12 districts/18 IDP sites in Somali and 9 Social Workers in 3 districts/4 IDP sites in Oromia. In Somali region, BoWCA - in collaboration with DRC and IRC – has registered 700 separated girls and boys who are currently living with extended relatives and receiving appropriate care. In Oromia region, BoWCA registered 527 cases of unaccompanied and separated children across 12 IDP sites, and of these 176 (11 girls, 351 boys) children were reunified with their families /primary care givers and foster care was arranged for 7 children. Also in Oromia, BoWCA provided 396 children with psychosocial support through safe spaces integrated with schools; and one GBV survivor was provided with referral service to the One Stop Centre in Adama and legal procedures initiated against the perpetrator. Regional BoWCAs continue to follow-up on cases of unaccompanied and separated children in IDP sites to verify and register cases. In some cases, spontaneous reunification has also taken place between family members during this period.
- The Mobile Protection Teams (MPTs) have so far established 37 community-based groups, some of which are generally involved in IDP protection assessments and identification of local protection concerns and identifying solutions. The MPTs have also been engaged in referral activities with the support of community-based protection structures. From July 2017 to February 2018, 542 cases were referred through community-based protection committees to receive access to basic services.
- In Gambella, 36 GBV awareness sessions (HTPs-Excessive dowry, early/arranged marriage, domestic violence, girl's education, sexual violence) in 3 Women Friendly Spaces (WFS) and an average of 20 girls and women have participated in each session. In total, 720 women and girls have attended these sessions. The participants' profile sheet has shown that 20 per cent (144) of them were married before the age of 18. Similarly, 50 per cent (360) of them have experienced one form of GBV by intimate partners and other members of community. Even though they have been facing different forms of GBV, they did not report or claim perpetrators unless wounded or other forms of high health challenges. Several cases of sexual violence and rape were reported to one stop centre from Gambella town. Survivors have received safe house service, psychosocial and medical service.
- 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.

#### Gaps & Constraints:

- Resource gap to address all identified protection needs, including capacities, coverage, lack of protection services for referrals and mobility constraints to reach services.

- 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 centres or temporarily learning centres in the IDP sites (\$1 million). Support reunification of unaccompanied/separated children with families or alternative care for 5,000 children (\$500,000). Improving GBV Services through provision of dignity kits to vulnerable IDP women and girls in reproductive age (\$1 million). Capacity building through provision of Clinical Management of Rape (CMR) to ensure multi-sector response for survivors, and GBV prevention and risk reduction awareness session (\$196,000).
- The Mobile Protection Teams project run by the INGO DRC in Somali region will phase out in early April 2018, and this will create a gap in Fafan and Liban zones, which have been covered by the teams.



## Water, Sanitation and Hygiene

### Needs:

**\$99m**

WaSH requirement

- The 2018 HDRP targets 6.86 million people with WaSH interventions.
- The 9<sup>th</sup> round of the Displacement Tracking Matrix (DTM 9) has revealed that there are still very large gaps in WaSH assistance to conflict and drought-IDPs. According to the data, 62.8 per cent (214,414 / 341,378) of drought-IDPs in Somali region are currently utilizing water from unprotected water sources, including ponds, canals, lakes, birkads and unprotected wells. In addition, 50.2 per cent (244,954 / 488,174) of the conflict-IDPs in Somali region utilizing water from unprotected sources. In Oromia region, 76.1 per cent (588,641 / 773,490) of the IDP population do not have access to safe drinking water. The absence of sanitation in IDP sites is also of extreme concern as we move towards the AWD season, based on epidemiological trend. 324 IDP sites hosting 84,330 IDPs have no latrines.
- Nationwide, 587 water trucks are required to address water needs. Specifically, for the IDPs in Oromia and Somali regions, 119 trucks are required, including 93 in Oromia and 26 in Somali regions.
- In all regions, rehabilitation of permanent water supply systems and expansion of water pipeline network to IDPs are 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).
- Scabies: scabies has spread across all zones of Amhara region, and based on the information obtained from the Regional Health Bureau, 602,833 people across 1,864 *kebeles* (lowest administrative level) in 132 districts require WASH intervention and C4D activities.

### Response:

- Of 587 water trucks required nationwide, 203 trucks were deployed, leaving a gap of 384 trucks as of 31 March 2018. Out of which 20 trucks and 54 trucks are delivering water to IDPs in Oromia and Somali regions respectively. Rehabilitation of water points, distribution of water treatment chemicals and social mobilization and capacity building activities in AWD-affected areas or at-risk areas are also ongoing.
- For AWD specific response, Regional Water Bureaus, CARE, IRC and UNICEF have ongoing activities in Amhara, Oromia, Somali and Tigray regions with latrine construction, distribution of water treatment chemicals, hygiene kits distribution, hygiene promotion, water trucking, expansion and rehabilitation of existing water supply systems.
- Hygiene promotion training for 110 health workers from all the districts of Shabeele zone is ongoing in Godey under UNICEF's support. The objective of the training is to prevent AWD outbreak in the zone through creating awareness on sanitation (latrine utilization) and hygiene improvement and safe water chain as well as ending open defecation. UNICEF is also supporting RHB to implement hygiene promotion activities in 12 big IDPs across Salahad, Qubi, Lagahida, and Mayomuluqo districts.
- With regards to conflict-induced IDPs, Regional Water Bureau, DRC and NRC are working in IDP sites and institutions in Somali region with hygiene promotion, construction of latrines, distribution of hygiene kits and water trucking. In Oromia region, Regional Water Bureau, AAH, CARE, COOPI, GOAL, HelpAge, IMC, IRC, LWF, World Vision and UNICEF are on the ground to provide safe water and sanitation facilities by water trucking, rehabilitation of boreholes, distribution of water treatment chemicals and NFIs, construction of latrines and expansion of water pipeline network.
- Construction of both communal and household latrines are ongoing by ADRA, DRC, IOM, IRC, IRE, NCA and NRC in Somali region and by AAH, CARE, GOAL, HelpAge and LWF in Oromia region mainly focusing on conflict and drought-induced IDPs.
- As part of the drought, AWD and IDP response activities, WASH supplies, including household water treatment chemicals, water storage tanks (rotos), jerry cans and soaps (laundry and body soaps) were provided to both the Somali Regional Water Bureau (RWB) and Oromia Regional Water Bureau (RWB) by UNICEF in March targeting approximately 500,000 people.

- The WASH and ES/NFI clusters continue to work in coordination to avoid duplication in WASH-related NFI distribution.
- The Amhara Regional Water Bureau is jointly working with the Regional Health Bureau to search additional water sources for areas highly affected by scabies.

#### Gaps & Constraints:

- Although rainfall is expected in the coming month, many sites will still need water trucking support, especially in IDPs sites where vulnerable IDPs do not have adequate water storage facilities. Urgent additional funding is required to continue emergency water trucking intervention along with climate-resilient water supply interventions (deep boreholes drilling, pipeline extension using existing high yielding wells) as a reliable alternative to the recurrent water trucking needs.
- The immediate requirement for the cluster is \$29.4 million to cover water trucking and WaSH NFI needs, as well as distribution of water treatment chemical, expansion of water schemes to vulnerable population and IDPs, sanitation facilities for IDPs, hygiene promotion and mobile water team deployment in response to AWD.

## 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.

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