



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 October to 15 November 2018.

Highlights

- Despite the general good performance of the spring rains and the projected food production, the number of people targeted for relief food and cash support in the second half of 2018 remains largely unchanged mainly due to the significant spike in internal displacement resulting from inter-communal violence in various pockets of the country.
- Communal clashes continued to be reported since the release of the HDRP mid-year review, resulting in large scale displacements, civilian injuries and deaths, as well as damage of properties and of public infrastructure.
- Unless additional funds are sourced, pipeline of critical supplies risk breaking and humanitarian partners risk pulling out from hotspot areas, discontinuing lifesaving activities.
- While responding to the immediate life-saving needs of existing and emerging crisis, the Government has also been seeking durable solutions to address protracted displacements, or to prevent one from developing, where and when possible.

Situation Overview

Government and partners responding to conflict displacements amidst funding shortfall

The *belg*/spring (mid-February-May) rains generally performed well in most parts of the country this year, and the harvest is projected to be near average according to FEWS NET food security outlook¹ (October 2018-May 2019). In a normal year, this would have led to a reduction in the number of relief food beneficiaries during the second half of the year. However, despite the general good performance of the rains and the projected food production, the number of people targeted for relief food and cash support in the second half of 2018 remains largely unchanged mainly due to the significant spike in internal displacement resulting from inter-communal violence in various pockets of the country. The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review released in early October reflects these changes in the humanitarian context. Some 7.95 million people are targeted for relief food/cash assistance, while 9.45 million people require non-food support nationwide until the end of the year. The HDRP is currently facing a gap of \$478 million. Localized clashes continued to be reported since the release of the mid-year review, causing large scale displacements, civilian injuries and deaths, as well as damage of properties and of public infrastructure.

At least 1.4 million people were displaced by conflict in 2018, of which nearly 1 million are in Gedeo-West Guji alone. One of the newest waves of displacement, and not included in the HDRP mid-year review, occurred following a 26 September 2018 incident where four high-ranking Benishangul Gumuz state officials were ambushed and killed in Oromia, near the regional boundary. The following day, inter-communal violence erupted in Kamashi zone (Benishangul Gumuz region) between the Gumuz community and the “highlanders residing in the area. This resulted in displacement, deaths and injuries. Security forces were deployed to prevent the escalation of violence, but Kamashi zone – the epicenter of the violence – remains inaccessible for humanitarian actors due to insecurity, except with armed escort. Given the highly volatile situation and access constraints, the exact number of people displaced has yet to be verified. But it is estimated that at least 240,000 people were so far displaced inside Benishangul Gumuz region (15,000 in Oda and 42,000 in Kamashi zones), and across the border in Oromia region (101,000 in East Wollega and 81,000 in West Wollega). Prior to the escalation of inter-communal violence and displacements in 2018, there were at least 1,073,764 people displaced mainly due to violence between the Oromos and Somalis over territory and access to resources since 6 September 2017.

¹ Link: <http://fews.net/east-africa/ethiopia>

Humanitarian partners responding to new needs by diverting resources from other emergency responses

At present, the Government and humanitarian partners are conducting regular situation and needs assessment and are providing basic life-saving assistance, where access and resources allow. Humanitarian response coordination structures were also established or strengthened to address the conflict displacement crisis. The response to new needs are highly limited due to resource constraints; and where responses are happening, the resources were largely diverted from emergency responses elsewhere in the country.

Immediate, time-bound priorities: Urgent additional funding is needed to avoid further diversion of resources from other critical humanitarian interventions; Pipeline of critical supplies risk breaking and humanitarian partners risk pulling out from hotspot areas, discontinuing lifesaving activities.

According to the funding gaps reported by sectors, all three food operators (the National Disaster Risk Management Commission - NDRMC, the World Food Program - WFP and the Joint Emergency Operation Program – JEOP) have secured in-kind food commodities, which will enable distribution of a standard food basket until the end of the year. However, NDRMC is facing a \$49.1 million resource shortfall for cash transfers to beneficiaries in *woredas* targeted for cash support.

Meanwhile, WFP requires \$2.2 million to procure additional Targeted Supplementary Feeding (TSF) supplies to address moderate malnutrition (MAM) targeting 240,000 IDPs in Benishangul Gumuz region and in East and West Wollega zones of Oromia. UNICEF requires \$5million for high energy biscuits (BP5), which are used as break through emergency ration for children and pregnant and breastfeeding mothers in the event of sudden onset crisis, and where acute malnutrition treatment needs are temporarily beyond the scope of the routine Community MAM (CMAM) services. WHO requires \$2.3 million to improve the service quality and management of serious complications associated with SAM in 59 targeted stabilization centres in priority *woredas* of Somali, SNNP and Oromia regions. Meanwhile, without additional funds, NGO nutrition operation will phase out in 81 Priority 1 *woredas* by the end of December and an additional 50 (total of 131) by the end of January, discontinuing lifesaving activities. The estimated cost of NGO continued/new support from December 2018 through May/June 2019 is \$13 million.

The Agriculture Sector is advocating for strengthening Pillar 1 of the HDRP (prevention and mitigation) and prioritized resilience interventions across the regions at a cost of \$8 million, given that improved agricultural resilience can avert the loss of lives due to food insecurity, malnutrition and loss of livelihoods. The sector also requires \$67 million for preparedness and response (Pillar 2), including for crop, forage and vegetables seed distribution targeting 0.4 million households in areas where the 2018 planting season is still viable; livestock feed provision for 0.7 million households to strengthen their livestock body mass, reproduction and milk production; and for additional animal health support (vaccination, treatment and veterinary equipment) for 1.8 million households. Animal health support is vital prior to the dry season to keep the livestock healthy until the next rainy season.

Other sectors are facing several challenges to meet the escalating needs and to adapt to the rapidly changing priorities. (see detailed sector highlights below).

Tailored IDP response: lifesaving interventions, recovery and rehabilitation

While responding to the immediate life-saving needs of existing and emerging crisis, the Government has also been seeking durable solutions to address protracted displacements, or to prevent one from developing, where and when possible. To this end, the Government has been facilitating returns of Gedeo-Guji IDPs since the third week of August 2018. While some IDPs have successfully and stably returned to their respective homes, others are still living in collective centers in areas of return, while some others were forced into secondary displacements due to renewed violence. There is still lack of clarity on the exact number of returnees, and of those displaced for a second time. The ES/NFI Cluster gives a very conservative, rough estimate of 30,000 for the number of these second-round IDPs.

Even though international partners have largely focused on responding to new displacement crises, in addition to addressing food and livelihood insecurity as a result of years of protracted drought conditions, some isolated activities were implemented towards recovery and resilience building so far in 2018. For example, the ES/NFI Cluster has been liaising with the Government and partners that are identifying transitional and durable solutions strategies to sustainably address internal displacement. Three transitional shelter programs for stably returned IDPs in Gedeo/Guji will soon be launched. The Agriculture Cluster reached 60,000 households with resilience interventions, mainly in animal feed and fodder banks, predominantly in Somali region. The cluster is also preparing a response plan targeting IDPs, returnees and host communities impacted by IDP movements. Various interventions targeted climate- and conflict-induced IDPs in Oromia and Somali regions (and those living with host communities) as well as conflict-induced IDPs, returnees and host communities in Gedeo and West Guji.

Separately, durable solution initiatives are being considered in Somali region, including the planning of the pilot project to resettle the validated IDPs in Jijiga. On 01 October, OCHA facilitated a durable solution consultative meeting where several decisions were made, including for the Regional Disaster Preparedness and Prevention Bureau (DPPB) to revisit the Karinka Project and to conduct a costing exercise for the different options for IDP: return, resettlement and/or reintegration. Following discussions and preparations by the Durable Solution Working group in Jijiga, assessment teams were deployed to six zones in the region to assess resettlement sites from 13 to 25 November.

Overall, Pillars 1 (prevention and mitigation) and 3 (system strengthening and recovery) of the HDRP are highly underfunded.

On 30 October 2018, an extended group of the Ethiopia Humanitarian Country Team (EHCT) – led by the UN Resident and Humanitarian Coordinator (a.i) and with participation from the Humanitarian Country Team, Cluster Coordinators and international NGO partners – conducted a full day retreat to take stock of the performance of humanitarian response in

2018 and to propose an approach for the Humanitarian and Disaster Resilience Plan (HDRP) for 2019 to fulfil the multi-year ambition. The meeting generally agreed to develop a non-costed multi-year strategy, assuring stronger leadership of Government and both humanitarian and development actors, accompanied by an annual humanitarian planning document for 2019 – the HDRP.

For 2020 onwards, activities along Pillar 1 (prevention / mitigation) and Pillar 2 (recovery and system strengthening) of the HDRP will be reflective of pre-committed Government and development partners' resources thereby reducing the annual humanitarian response requirements.

At the launch of the 2018 HDRP on 13 March 2018 – when the HDRP template was first introduced - the Government had reaffirmed its commitment to change 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. The HDRP represented a first step towards the development of a multi-year planning framework that will seek to increase the quality and predictability of relief delivery; mitigate future needs in areas that experience recurrent climate-induced shocks; 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, which Ethiopia adopted in 2013.

Requirements and funding per pillar- \$million

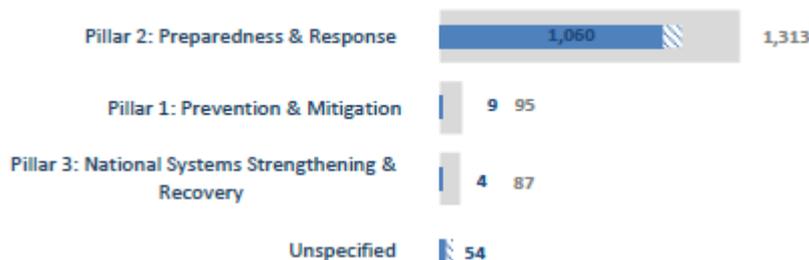


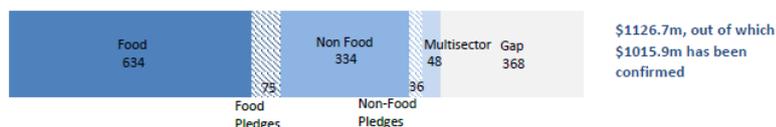
Figure 1 Sources: Donors, recipient agencies, clusters and FTS

Funding Update (as of 31 October 2018)

HDRP requirements - \$million



Official & expected contributions - \$million



Contributions by source - \$million



Figure 2 Sources: Donors, recipient agencies, clusters and FTS

As of 31 October 2018, the 2018 HDRP mid-year review of \$1.494 billion was 68 per cent funded, including \$342 million Government allocation and \$459 million committed by international donors. Taking into account the \$215 million carry-over resources from 2017, the HDRP faces a gap of \$478. An additional \$111 million are committed in soft pledges.

New needs have emerged since the release of the mid-year review, which are not reflected in the HDRP mid-year review.

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

Humanitarian Response



Food

\$ 750.8m
Food requirement, MYR

Needs:

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review targets 7.95 million people until the end of the year (up from 7.88 million people at the beginning of the year), including a bridging round to 2019. The overall food requirements were also revised to US\$750.8 million (down from 1.036 billion) due to reduced number of food rounds to be implemented in 2018.
- Based on the national cash-food integrated plan principle, approximately 1.73 million beneficiaries will be assisted through cash transfers, and the remaining 6.22 million will receive in-kind food assistance. NDRMC is planning to assist 1.54 million beneficiaries through cash transfers in areas where conditions are feasible for cash transfers, including supply of commodities in the markets and access to the markets. WFP is also targeting 193,000 HDRP beneficiaries in two zones (Siti and Fafan zones) through the PSNP-Cash pilot. 269,000 PSNP PW clients will also be assisted through cash transfers in the two zones. In addition, food operators will provide support to 3.3 million PSNP-PW clients who will be facing food consumption gaps during the hunger period (Round 5 and Round 6). NDRMC will aim to distribute cash transfers to 536,000 PSNP-PW transitory beneficiaries.
- Despite the general good performance of this year's *belg*/spring rains, the number of people targeted for relief food and cash support remains largely unchanged due to the significant spike in internal displacement since April 2018. Food operators distributed food rations to IDPs in Somali, Oromia, SNNP and Benishangul Gumuz regions. This was managed by re-directing resources that were already planned for distribution as per the 2018 HDRP allocations.

Response:

- 81,315Mt of food were dispatched in Round 1, targeting 4.93 million beneficiaries. The Government through NDRMC has also transferred ETB 608.5 million for distribution to 2.95 million beneficiaries in Amhara, Tigray, Oromia and SNNP regions. In Round 2, food operators dispatched 92,946Mt of mixed commodities. NDRMC also transferred ETB 433.7 million for distribution to 2.1 million beneficiaries. Round 1 and Round 2 relief food distribution are completed in all regions, except in some inaccessible locations such as Dawa zone.
- As of 30 October, food operators had dispatched 127,000Mt (98 per cent of the allocation) for Round 3. Cash beneficiaries in NDRMC-covered areas received in-kind food rations due to shortage of cash. 80 per cent of Round 4 allocation (75,974Mt out of 95,057Mt) was also completed, and distribution is ongoing. NDRMC is planning to distribute cash to 2.1 beneficiaries in Round 4.
- Meanwhile, the fifth round food dispatch was launched on 1 November for both HDRP and PSNP-PW transitory beneficiaries.
- **Gedeo-Guji conflict IDP response:** NDRMC implemented four rounds of food assistance, targeting IDPs and returnees in Gedeo and West Guji zones with 32,328Mt of food ration. Meanwhile, JEOP distributed 8,619Mt of food rations in Round 2 and will continue its operation from Round 4.
- **Somali conflict IDP response:** In Somali region, WFP distributed 9,729Mt of food rations to IDPs along the Somali – Oromia regional boundaries, and for urban IDPs in major cities, including Jijiga, Kebridehar and Gode. NDRMC also distributed mixed food commodities to conflict IDPs in Dawa zone of Somali region, including CSB. Insecurity in Dawa zone and other areas in Somali region contributed to delays in food dispatch and distributions.
- **Oromia conflict IDP response:** In Oromia region, NDRMC distributed 69,474Mt of food rations in eight rounds of food assistance for conflict IDPs in the region. WFP also started providing a monthly food ration to 379,000 conflict IDPs in East and West Hararge zones from July 2018. At least 21,221Mt have been dispatched and distributed in 62 food distribution points to date.
- **Benishangul conflict IDP response:** NDRMC is supporting 228,000 conflict IDPs in Oromia (East and West Wollega zones) and Benishangul Gumuz (Assosa and Kamashi zones) regions.

Gaps & Constraints:

- Flooding in low-lying areas and localized inter-communal conflicts contributed to delays in food movement from main hubs. Some food insecure people in Dawa zone were not assisted since October 2017 due to conflict and road inaccessibility.
- Shortage of cash is affecting the implementation of the National Food-Cash Integrated Plan. NDRMC already distributed in-kind food resources in Round 3 due to cash shortages.
- Analysis of the pipeline status indicates that all three operators have secured in-kind food commodities that will enable distribution of a standard food basket. However, NDRMC is facing a US\$49.1 million resource gap for cash transfers to beneficiaries in *woredas* targeted for cash transfers.



Agriculture

\$70.4m

Agriculture requirement,
MYR

Needs:

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review targets 2.2 million households for agriculture (crop and livestock) interventions (down from 3.43 million households targeted at the beginning of the year). The interventions to date have covered around 14 per cent of the original target households. However, the number of households targeted has decreased by more than a million from the HDRP February 2018, because many regions missed the last planting season (before spring 2019), and hence were not included in the Mid-Year Review. Households that missed the planting season are at an increased risk of food insecurity in 2019 – particularly in north-eastern Amhara and southern Tigray regions, as these regions are dependent on the *belg*/spring rains for their harvest.
- In the Mid-Year Review, the Agriculture Sector advocated for strengthening Pillar 1 of the HDRP (prevention and mitigation) and prioritized resilience interventions across the regions at the cost of \$8 million, as improved agricultural resilience can avert the loss of lives resulting from food insecurity, malnutrition and loss of livelihoods. Resilience activities should go hand in hand with Pillar 2 (preparedness and response). The sector asks for crop, forage and vegetables seed distribution to areas under Pillar 2 targeting 0.4 million households in areas where the 2018 planting season is still viable. Secondly, the sector is advocating for livestock feed provision for 0.7 million households in need to strengthen their livestock body mass, reproduction and milk production. Finally, the sector asks for additional animal health support (vaccination, treatment and veterinary equipment) for 1.8 million households. Animal health support is vital prior to the dry season to keep the livestock healthy until the next rainy season. The total cost under pillar 2 is \$67 million.
- Under pillar 3 of the HDRP, little investment has been made towards recovery and strengthening of national systems. The sector recommends more focus on this pillar and is seeking \$4 million until the end of the year.
- The increase in conflict IDPs have resulted in a spike in need, especially as many (particularly in Gedeo and West Guji) have or are about to return to their places of origin. Support for animal health for IDPs is critical as well as support to re-establish their livelihoods (seeds, tools, and livestock feed) for those who are returning home. Promoting and strengthening their resilience to further shocks is key to ensure that they will not fall into destitution and lose their remaining assets through negative coping mechanisms.

Response:

- The agriculture sector has provided seeds and farm tools to 0.1 million households, animal feed for 20,000 households with livestock, and animal health support for 0.2 million households. Meanwhile, 60,000 households were reached with resilience interventions, mainly in animal feed and fodder banks, predominantly in Somali region.
- **Support to IDPs:** the agriculture sector is preparing a response plan targeting IDPs, returnees and host communities impacted by IDP movements. Various interventions have targeted climate- and conflict-induced IDPs in Oromia and Somali regions (and those living with host communities) as well as conflict induced IDPs, returnees and host communities in Gedeo and West Guji. The interventions aim to support the following groups:
 - a) Agro-pastoralists that are located within host communities and at spontaneous sites (who have no plans in the near future to return or relocate) and have access to land for cultivation;
 - b) Agro-pastoralists and pastoralists displaced with their livestock that need animal health treatments and supplementary feeding for core-breeding animals;
 - c) For IDPs in collective centers and urban settings, the sector is prioritizing kitchen garden kits, limited restocking of poultry and small ruminants, livelihoods diversification and skills development;
 - d) Post-conflict returnees who need seeds, farm tools and access to animal health interventions to reestablish their livelihoods on return.
- However, upon returning to their place of origin, not all returnees will have access to land (for planting crops, irrigation and pasture), and some houses and cropland left behind will need rehabilitation due to neglect during their absence, looting or damage. Finally, the strategy also considers the needs of the host community to reduce pressure and avoid competition or conflict between the host community and IDPs for animal feed (concentrate and fodder), water and other resources.

Gaps and Constraints:

- The sector has so far received and spent 17 per cent of the total requirement (\$14.3 million of \$70.4 million). The funding is significantly low, especially for Pillars 1 and 2 where resilience is key for strengthening the community's ability to withstand shocks.

- The main gaps and constraints will be reflected after the upcoming seasonal *meher* assessment. The findings will elaborate the impact of the past rainy seasons (*kiremt*/summer and *belg*/spring) on crop and grazing lands. However, the agriculture sector highlights that despite the benefit of recent rains, recovery of pastoralist and agro-pastoralist livelihoods will not be spontaneous, nor can it be expected without concerted assistance. Consecutive years of drought have eroded the capacity of households to utilize the recent rains to recover their livelihoods. Many pastoralists have either sold or lost their breeding stock to disease or ill-health, leaving them with no means to re-establish their herds for years to come.



Emergency Shelter and Non-Food Item (NFI)

Needs:

\$132.3m

ES/NFI requirement, MYR

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review targets 2.8 million internally displaced people for Emergency Shelter and Non-Food Item (ES/NFI) assistance. This figure is conservative given the estimated 2.5 million currently displaced people, and the absence of ready resolution of several ongoing conflicts
- The crisis in Benishangul Gumuz region and adjacent areas of Oromia has displaced an estimated 240,000 people to date, and needs are still under assessment, pending resolution of security and access issues.
- The Gedeo-West Guji conflict displacement crisis continues despite the Government's return plan, with second and third-round movement of population unable to settle securely being reported.

Response:

- From 1 January to 31 October, the ES/NFI Cluster assisted 205,1771 households in kind and in cash.
- Assistance was either full kits (92,232); partial (35,375); split (37,190) or cash. The largest share was to SNNPR (Gedeo zone with 45 per cent), then Oromia (multiple zones, including Somali border at 36 per cent) and Somali region at 16 per cent.
- At least 40,610 households in West Guji zone and around 3,600 households in Gedeo zone are targeted for ES/NFI distribution (in cash and in kind) in November. Additional funding from the OCHA-managed Ethiopia Humanitarian Fund (EHF) third round allocation will add to these totals, as well as the launching of three transitional shelter programs for stably returned IDPs.
- 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. In November, a Cluster Technical Advisor joined to lead on strategies, especially for transitional shelter.
- In all interventions, the cluster is cautious to ensure conflict-sensitive programming and a do-no-harm approach every step of the way.

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 Somali region. Further, the cluster is now very stretched in responding to the ongoing crises on the Oromia- Somali border; East and West Hararge of Oromia region; Gedeo-Guji and now Benishangul Gumuz.
- Critical needs continue in Gedeo zone, as many people originally displaced from West Guji, who returned there, have now gone back to Gedeo due to insecurity. These are not yet recognized as IDPs by the zonal and local governments. Many are living in new collective centres, which are overcrowded and pose serious health risks. A very conservative number of these second-round IDPs is 30,000.



Health

Needs

\$114.8 m

Health requirement, MYR

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review targets an estimated 7.5 million vulnerable people (up from 6.47 million people at the beginning of the year) in need of emergency health services and at risk of communicable disease outbreaks until the end of the year.
- The massive conflict-induced displacement since April 2018 in different parts of the country has stretched water and health services in host communities, which were already inadequate prior to displacement.
- At least 3,019 cases of acute watery diarrhea (AWD) were reported in 2018, the majority in Tigray region (1,735 cases), followed by Afar region (1,011 cases). While there has been a drastic reduction in the number of AWD cases being reported nationwide, the outbreak is still active in Tigray region. The Health Cluster has been working with the WaSH Cluster to support regions to develop contingency plans for AWD.

- A Health Situation Rapid Mapping exercise conducted from 4 to 16 September in Somali region indicated severe shortage of medical staff, drugs and supplies for routine health services and for emergency response. There is need to improve to improve health emergency preparedness, including prepositioning of medical supplies to respond to AWD and other outbreaks in conflict displacement settings. The mapping exercise also identified poor/difficult communication between the region and zonal and *woreda* offices as one of the challenges.
- At least 35 cases and 10 deaths were reported since the yellow fever outbreak was declared in Wolayita zone of SNNP region.

Response

- AWD response, prevention and control activities are ongoing in Tigray region. The response measures were adjusted based on the findings of an assessment conducted in October by the Regional Health Bureau, WHO and regional health cluster partners to understand the socio/cultural factors contributing to the recurrent AWD outbreak in the region.
- A WHO team has provided health support to 81,000 IDPs settled in 29 sites across five *woredas* and in Nekemt Town in East Wollega zone, Oromia region. Prior to the intervention, the team had conducted an assessment to gauge the overall preparedness and IDP response activities in East and West Wollega zones, and to identify areas requiring support.
- Eight surveillance officers/epidemiologists and a public health officer deployed by WHO are supporting the Regional Health Bureaus and the Health Cluster partners involved in the Gedeo-Guji IDP response. More than 500 health alerts have so far been investigated within 24 hours.
- At least 934,352 children in Gedeo zone and 621,215 children in Guji zone received measles vaccination during the mass vaccination campaign conducted in August.
- Following the yellow fever outbreak in Wolayita zone of SNNP region, the Federal Ministry of Health (FMoH) has conducted reactive vaccination in the risk areas, with a 96 per cent coverage. Starting from 16 November, the FMoH, with WHO support, conducted another yellow fever vaccination covering a wider area targeting 1.34 million people. 1.49 million doses of vaccines were procured through funding received from the International Coordinating Group(ICG) on Vaccine provision for Yellow Fever for this scaled-up vaccination coverage.

Gaps & Constraints:

- According to the 2018 HDRP Mid-Year Review, as of early October, the cluster faced a gap of \$99.2 million to cover prioritized life-saving gaps in the sector until the end of the year.
- While WHO is continuing with its routine surveillance service, there are no additional health partners on the ground to provide primary health care services to IDPs in East and West Wollega zones. Cluster partners are being called to immediately start interventions using internal funds while additional funding is being sourced.
- Insecurity continues to hinder Regional Health Bureau (RHB) and health partners' support for IDPs in Kamashi zone, Benishangul Gumuz region. Emergency Drug kits (EDK) sent by the FMoH and WHO to the RHB has yet to reach the destined locations.



Nutrition

Needs:

- The annual projection for children treated for severe acute malnutrition (SAM) in 2018 was increased from 3500,000 to 370,000 during the 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review. Similarly, the projection for children and pregnant and breastfeeding mothers treated for moderate acute malnutrition (MAM) was increased from 3.5 million to 4.16 million, with increased coverage of support provided for IDPs living within and beyond priority one *woredas*.
- According to the latest national hotspot *woreda* classification (July revision following the *belg* needs assessment in June), food insecurity and malnutrition remain a high concern due to protracted drought conditions and massive internal displacements resulting from inter-communal conflict in various pockets of the country. Most recently (early October), and not reflected in the mid-year review, inter-communal conflict in Kamashi zone of Benishangul Gumuz region displaced at least 240,000 people within the region and across the Oromia border in East and West Wollega zones. Continued monitoring and pipeline top up is needed to enable scaled-up nutrition support beyond the moderate malnutrition targets reflected in the mid-year review.
- In addition to increased nutritional support need due to spikes in internal displacements, new needs are emerging from the growing number of Eritrean refugees crossing the Ethiopian border into parts of east and north Tigray, following the peace agreement between the two countries and the opening of the border.

\$218.3m
Nutrition requirement,
MYR

The resulting increased burden on Government resources, overstretched health system and capacity to manage elevated acute malnutrition treatment needs is likely to continue through at least mid-2019.

- As the year comes to a close, continued support for the Government CMAM/IMAM program is still needed in order to ensure high coverage of quality CMAM services to treat severe and moderate malnutrition. According to the Government Emergency Nutrition Coordination Unit (ENCU), in collaboration with the most affected regions, at least 120 *woredas* will continue to need NGO support for a minimum of six months, specifically to improve coverage of CMAM/TSFP in hard-to-reach areas; to ensure IDP access to MAM treatment; and to continue to promote health system strengthening, including support for IMAM where relevant. The estimated cost of NGO continued/new support from December 2018 through May/June 2019 is \$13 million. This will be revised after the findings of the *meher* assessment and in line with revised hotspot classifications and capacity assessment in priority areas.

Response:

- Ensuring NGO support for Government CMAM in pastoralist lowlands and *woredas* with high influx of IDPs, and where food insecurity and malnutrition rates among children remain high due to drought, is a priority for the Nutrition Cluster.
- Primary emergency nutrition response is ongoing, which involves providing support to the Government Community Management of Acute Malnutrition (CMAM) services to effectively treat and manage acute malnutrition (severe and moderate) in crisis areas and where treatment needs are beyond the capacity of health service providers. Support provided by UN agencies includes financial and technical support to Regional Health Bureaus (RHBs) to train new staff; maximize screening coverage, especially in IDP-hosting *woredas*; securing pipelines for therapeutic foods and essential drugs needed for SAM and MAM treatment; promotion of optimal IYCFE practices; health system strengthening to manage CMAM; deployment of additional technical staff to support coordination, monitoring and on-the-job skills development. NGOs deploy technical staff to train and mentor Government teams, support logistics and reporting especially in hard-to-reach communities where static facilities are overwhelmed or are inaccessible for remote communities; and promoting optimal nutrition and health seeking behaviors and IYCFE practices and aspects of health system strengthening. NGOs also manage mobile health and nutrition teams (MHNT) in parts of Oromia and SNNP as well as in Somali region, specifically targeting the IDP response under the leadership of the RHBs.
- WFP is supporting treatment of moderate acute malnutrition (MAM) through regional health bureaus, regional DRMC and NGOs in 256 *woredas* across Oromia, Afar, Amhara, Somali, SNNP and Tigray regions. WFP also supports the MAM treatment services delivered by five MHNT managed by Afar and Somali regional health bureaus.
- Between January and September, 1,699,030 people were treated for moderate malnutrition - MAM (845,784 children under-5 and 853,246 pregnant and breastfeeding mothers) in Priority one and second generation *woredas*, which represents 64 per cent of the target for this period.
- Between January and September 2018, 252,005 children were treated for severe acute malnutrition (SAM), which represents 91 per cent of the target for this period. The unrest in Somali region and parts of Oromia region greatly impacted access, service delivery and reporting during August and September, reducing reporting rates by 20 per cent and contributing to the drop in SAM admissions to therapeutic feeding centers in areas where the level of food insecurity and malnutrition have not significantly improved.
- Of the 215 Priority 1 *woredas*, 158 received NGO emergency nutrition support for a maximum of six months during 2018. Grants will expire and NGOs will phase out support in 81 Priority 1 *woredas* (19 in Somali, 12 in Afar, 34 in Oromia, 8 in Amhara and 4 in SNNP) by the end of December, and an additional 50 grants in Priority 1 *woredas* in Somali region will expire by the end of January.
- For the month of November, WFP had managed to preposition all the 3,783Mt of SNFs required, whilst 541Mt of the 4,517MT required for December is already in-country. With the 5,225Mt of SNFs expected to arrive in-country during November and December, the full MAM treatment requirements will be covered until the end of the year, targeting 735,958 moderately malnourished people (371,979 children under-5 and 363,979 pregnant and breastfeeding mothers).
- Quality 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.
- Additional emergency nutrition response will continue to be generated based on early screening and service status update followed by tailored response in areas where sudden onset crisis arises.

Gaps & Constraints:

- \$2.2 million requirement to procure an additional 673Mt of SNFs for WFP's MAM support for at least 240,000 IDPs in Benishangul Gumuz region and in East and West Wollega zones of Oromia. UNICEF requires \$5 million to procure high energy emergency biscuits (BP5) for use in areas where there is no access to CMAM services. This is a breakthrough ration only until services can be resumed. WHO requires \$2.3 million to improve the service quality and management of serious complications associated

with SAM in 59 targeted stabilization centers in priority *woredas* of Somali, SNNP and Oromia regions. WHO support includes provision of M-SAM kits (full treatment drugs, materials and equipment) as well as training and mentoring of medical staff and incentives to ensure 24 hours cover of trained medical staff.

- NGO operation will phase out in 81 Priority 1 *woredas* by the end of December and an additional 50 (total of 131) by the end of January.
- The six month NGO support intervention in many areas is life-saving intervention but often is a stop gap, “a plaster trying to cover a deeper wound”. The underlying causes of acute malnutrition run deep and clearly call for longer term and multi-sector development investment and commitment. Until systems and pipelines are more robust, and given the continued needs of IDPs, pastoralist communities where rehabilitation has yet to start, and where ‘pop up’ crisis due to pocket conflict are seemingly more likely, NGO support and interventions will remain a priority to ensure lives are not lost due to acute malnutrition in areas of crisis. According to the Government Emergency Nutrition Coordination Unit (ENCI), in collaboration with the most affected regions, at least 120 *woredas* will continue to need NGO support for a minimum of six months.
- WHO is seeking additional support to upgrade 75 stabilization centers (SC) this year, and to ensure there are enough emergency drug kits to support NGO-managed MHNTs in remote communities that are also hosting large numbers of IDPs in Somali and Oromia regions.



Needs:

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review targets 0.9 million people (up from 0.34 million people at the beginning of the year) with protection interventions.
- Mobile Protection Teams monitoring reports indicate that conflict IDPs in Arero and Moyale *woredas* of Borena zone, Oromia region are in critical need of NFIs. An estimated 650 IDP school age children in Moyale *woreda* are not enrolled in school due to lack of scholastic materials and distance from the nearest school. IDP women travel up to 7 to 8 hours on foot to fetch water as there is no water supply in Karagumata, Orrotto and Guto IDP sites in Arero *woreda*. There are no health services in Karagumata, Orotto and Guto IDP sites and in the nearby *kebeles*. IDPs have to pay 100.00 ETB for motor transportation to get access to health service in the town of Metagefersa. The IDPs are forced to sell their food ration to pay for the medical cost. There are no livelihood opportunities in the IDP site.
- On 12 October, UNHCR visited informal IDP collective sites in Gedeb and Yirgachefe, hosting more than 400 families displaced from East Guji and West Guji zones. The IDPs have no longer access to basic services such as food, WaSH, shelter and NFIs, as the local authorities no longer consider them as IDPs.
- In Somali region, the new regional government has prioritised Dawa zone (as well as Qoloji camps) for response due to high levels of need, although access to Dawa is still highly restricted due to insecurity.

\$11.3m

Protection requirement,
MYR

Response:

- Advocacy efforts were made at zone and *woreda* health bureaus requesting their intervention to enable IDP access to free health service in the Karagumata, Guto and Orotto IDP sites in Arero *woreda*. Similarly, the zone and *woreda* water bureaus were requested to address the lack of access to water services in the same IDP locations by the Mobile Protection Teams covering the area. Information Education Communication (IEC) and Behavior Change Communication (BCC) materials were prepared to advocate for protection response targeting vulnerable children, women and the elderly. These advocacy materials will be posted at Health Centers, market places and will also be distributed to relevant government offices. Two protection referral pathway documents have been finalized and translated to Oromifa. A training was conducted to facilitate the functionality of the referral pathways for all concerned GOs, NGOs and IDP communities.
- In Gedeb, UNHCR, through IRC and in coordination with *woreda* officials, distributed 1,400 core relief items (CRIs) to 2,800 IDP returnee families in Kochere. UNICEF has supported the zonal office of Women and Children’s Affairs (ZoWCA) to register 2,186 unaccompanied and separated children (UASC) in Gedeb and 981 in Kochere. 1,158 UASC are in Gedeb *woreda* in family care within the host community. Plan International conducted a training for 40 social workers on child protection and a training for foster families on parental skills in Gedeb and Kochere *woredas*. In addition, community awareness-raising and support to child protection committees was provided in Kochere *woreda*. Save the Children established 11 child friendly spaces (CFS) in Bule and Gedeb *woredas* to provide play, learning and recreational services through indoor and outdoor modalities. GOAL Ethiopia provided psycho-social support in Dilla and Yirgachefe *woredas*, including referral of 1 case to Dilla Hospital for specialised mental health support. World Vision trained 51 child protection and gender focal experts on basic skill of child protection and child development in Kochere *woreda*. 1,077 dignity kits were distributed to girls and women. CARE Ethiopia has so far reached 1,920 girls and women with dignity kits in Yirgachefe *woreda*. Post rape treatment kits were

provided to three health centres in Yirgachefe, Kochere and Dilla Zuria *woredas* health centers and Gedeb Hospital.

- In West Guji, UNICEF distributed some 10,500 partial dignity kits in a good example of child protection mainstreaming with WaSH Cluster. UNICEF also trained community-based child protection groups, social workers and WoWCA facilitated reunification of 140 children with their families. UNICEF trained social workers, referred nearly 3,400 children to basic social service systems, including education, health and nutrition. Nearly 5,400 children participated in different psycho-social support activities in nine *woredas*. Some 14,000 IDPs participated in community awareness raising and information dissemination events for community members. During the events, key child protection and GBV messages were shared.
- UNFPA has provided post rape treatment kits to nine health centres and hospitals in Yirgachefe, Kochere and Gedeb *woredas* in Gedeo zone and in Gelana, Kercha and Bule Hora *woredas* in West Guji zone. In addition, 18 community health workers were recruited through BoWCA in six *woredas* in both West Guji and Gedeo to work on awareness raising and demand creation for SRH and GBV services.
- In East and West Hararge zones, Oromia region, 36 post rape treatment kist have been procured for the IDP response to be distributed to health facilities in Babile, Chenakesen, Fedis, Gursum, Kumbi, Meyu Muluke, Midega Tola, Goro Gutu, Harar town, Deder and Jarso *woredas* in East Hararge and Bordode, Meiso and Daro Lebu *woredas* in West Hararge.
- From 14 to 19 October, UNHCR, OHCHR, and UNICEF launched the first round of protection monitoring exercise in Kercha, Gelana, Bule Hora and Abaya *woredas* of West Guji. During this initial exercise, the Protection Monitoring Tool was further tested and updated. The following rounds of monitoring exercise are ongoing.
- As a result of the conflict in Benishangul Gumuz and around its border with Oromia, protection coordination structures, including child protection and gender-based violence was recently activated in the region. A training on protection was delivered in Assosa, Benishangul Gumuz in which representatives from BoLSA, IOM, IRC, NRC, Plan International, UNICEF, UNHCR and OCHA were in attendance. At present, all regions except Afar, Amhara, Dire Dawa and Harari have protection coordination structures in place.
- The Somali Regional Government has prioritised Qoloji camps, and Dawa zone for response. The region intends to resettle 5,000 IDP households in Doolo, Dawa, Liban, Sitti, Erar and Fafan zones (6 zones), starting with IDPs in Dire Dawa/Sitti (around 820 households) followed by Qoloji based on intention survey results. The Somali Region Emergency Preparedness and Response Plan (EPRP) was developed over the past 2-3 weeks and is currently being finalised, with expected funding from the regional government. Meanwhile, the advocacy point from the Somali Region Protection Cluster that “A small investment in protection will result in a very large impact” has been reinforced by other partners. BoWCA initiated discussions with the Justice Bureau, health and Police commission bureau to ensure that the One Stop Centre in Jijiga is fully functional; this included the signing of an MOU between the partners. The lack of a psycho-social support and mental health specialist has been identified as a gap to be discussed further by UNFPA and UNICEF.
- UNHCR, UNFPA, UNICEF and OHCHR are recruiting consultants who will be solely dedicated to carry out protection monitoring.

Gaps & Constraints:

- IDPs in Wachile, Guchi, Moyale and Arero, particularly those living in border areas, raised repeated safety and security concerns due to recurring inter-communal violence in the areas. There have been issues raised regarding the absence of clear guidance provided on the timeframe for food distribution.
- The security situation in Somali region has remained stable for the past few months; however, there have been sporadic incidents of localised violence in the past month, resulting in movements restrictions for the humanitarian community.



Water, Sanitation and Hygiene

Needs:

- The 2018 HDRP mid-year review targets 8.2 million people (up from 6.86 million people at the beginning of the year) with WaSH interventions.
- The 12th round of the Displacement Tracking Matrix (DTM 12) has revealed that there are still very large gaps in WaSH assistance to conflict and drought-induced IDPs. According to the data, 81 per cent

\$142.3m

WaSH requirement, MYR

(268,204 / 332,726) of drought-IDPs in Somali region are currently utilizing water from unprotected water sources, including ponds, canals, lakes, birkads and unprotected wells. In addition, 68 per cent (485,640/ 716,948) of the conflict-induced IDPs in Somali region are utilizing water from unprotected sources. In Oromia region, 73 per cent (563,141 / 770,909) 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. 39 IDP sites hosting 76,108 IDPs have no latrines.

- Nationwide, 258 water trucks are required to address identified water needs. At least 107 trucks are required specifically for the IDPs in Oromia and Somali regions, including 75 in Oromia and 32 in Somali regions.
- WaSH responses in Gedeo and West Guji zones have been targeting displaced people and host communities, however actual WaSH needs is not clear as local situation is still dynamic with limited access to some areas.
- In addition to the DTM12 data, 182,184 IDPs in East and West Wollega zones of Oromia region, and approximately 60,000 IDPs in Benishangul Gumuz region need humanitarian WaSH responses. According to information from Oromia Regional Water Bureau, there is no latrine at collective sites and many water schemes require rehabilitation to deliver adequate quantity of safe drinking water to the affected population in both East and West Wollega. Other WaSH needs include the distribution of WaSH NFIs and water treatment chemicals.
- In all regions, rehabilitation of water supply systems and expansion of water pipeline network to IDPs are given a priority as a more sustainable and cost-effective solution.
- There are many health centers, health posts and schools that have no proper WaSH facilities. Latrine construction in close coordination with health administrations at zonal level and new construction at the institutional level (schools and health facilities) are promoted. In principle, development program such as One WaSH National Program is expected to address WaSH needs at those institutions. However, due to high density of IDPs and huge risk of AWD, WaSH Cluster partners are urged to urgently respond such WaSH needs. This would contribute to AWD preparedness and response activities in the long run.

Response:

- Of 258 water trucks required nationwide, 91 trucks were deployed, leaving a gap of 167 trucks as of 30 September 2018. Of the 91 trucks deployed, 49 trucks are delivering water to IDPs in Oromia and 21 trucks are delivering water to IDPs in Somali region. 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.
- With regards to conflict-induced IDPs, Regional Water Bureau, AAH, ADRA, CARE, CONCERN Worldwide, DRC, GOAL, IOM, IRC, IRE, NRC, OXFAM, SCI, ZOA, and UNICEF are working in IDP sites in Somali region with hygiene promotion, construction of latrines, distribution of WaSH NFIs and water trucking. In Oromia region, Regional Water Bureau, AAH, CARE, CARITAS, CISP, CRS, GOAL, HelpAge, HFHE, IMC, IOM, IRC, IRE, LWF, MSF Spain, NCA, NRC, Plan, UNICEF, World Vision and WHL 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.
- WaSH response in Gedeo and West Guji zones is ongoing by CARE, DORCAS, GOAL, ICRC, IOM, IRC, MSF Holland, MSF Spain, OXFAM, Plan, PIN, RWBs in SNNP and Oromia, SCI, and UNICEF. Prioritized responses include rehabilitation of water schemes, construction of latrines at collective sites, hygiene promotion, distribution of WaSH NFIs and water treatment chemicals for displaced population.
- In response to AWD in Tigray, five water trucks (of 26 trucks needed) were deployed by the Regional Water Bureau to provide safe drinking water to more than 13,450 people in Sheraro and Mekele; 2.9 million water purification tablets, 1.2 million sachets of water treatment chemicals and 50 HTH were provided by UNICEF.

Gaps & Constraints:

- Limited access to IDP sites and limited information on displaced population are huge constraints for WaSH to identify needs and gaps. For instance, insecurity in West Guji zone has been making humanitarian WaSH responses very difficult on the ground. Similarly, inaccessibility of Kameshi zone made it extremely difficult to assess WaSH needs of the conflict IDPs in the area.
- Many health centers in the country were said to not have proper WaSH facilities. The WaSH Cluster had not prioritized improvement of WaSH facilities at institutions until now. However due to high risk of AWD in areas hosting IDPs, coupled with malnutrition, the cluster recognized WaSH in institutions as a priority for further humanitarian responses. This also needs further coordination with development sector, especially the One WaSH National Program (OWNP), to strategically target hotspot *woredas*, which ultimately strengthen preparedness and resilience of health systems.

General Coordination

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

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

The Government and partners have taken several measures to enhance response coordination and to boost response capacity at site level. Two Emergency Operation Centres (EOCs) were established in Dilla Town in Gedeo zone and in Bule Hora Town in West Guji zone. The EOCs have four sections: 1) Management, which is responsible for the overall response management under the leadership of NDRMC and Zone Administration, 2) Planning, which is responsible for collecting, evaluating and disseminating information, 3) Logistics, which is responsible for identifying and procuring resources and serving as the link with partners to ensure effective and timely delivery, and 4) Operations, which is responsible for coordinating all operations to support the response. The National Disaster Risk Management Commission (NDRMC) and humanitarian partners have deployed staff to support the EOCs.

While the humanitarian context in both Gedeo and West Guji zones has been rapidly changing due to the dynamics of return since August 2018, the EOCs continue to coordinate emergency response and support return. *Woreda*-level coordination meetings were established in all *woredas* to coordinate the response to the returnees.

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

A regional emergency technical committee established in Assosa town in mid-October has been coordinating the response. Zonal coordination mechanisms were also strengthened to oversee the response on the Oromia side.