

# Ethiopia: Drought Response

## Situation Report No. 01 (as of 4 April 2016)

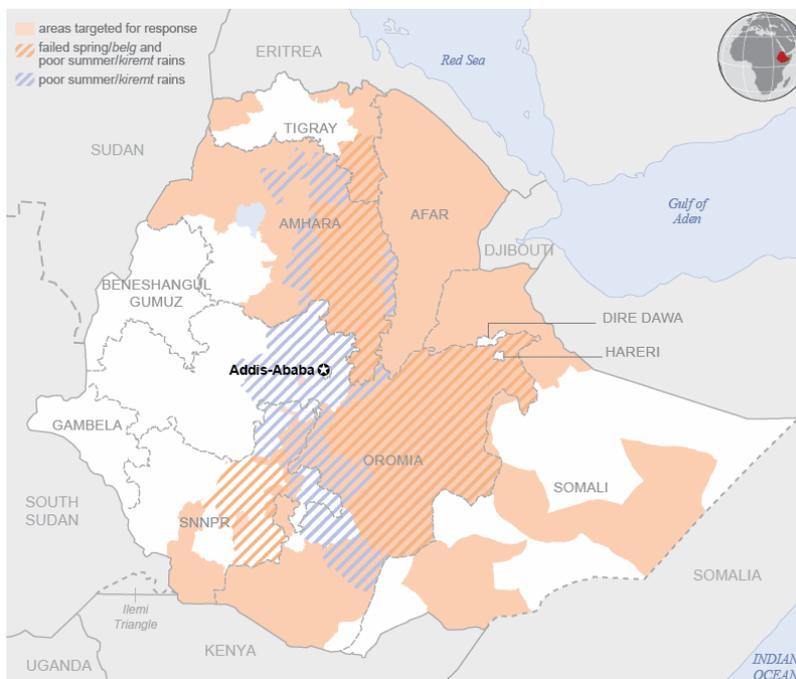


A product of the Disaster Risk Management Technical Working Group (DRMTWG)

This report has been prepared under the auspices of the Federal Disaster Risk Management Technical Working Group, co-chaired by the National Disaster Risk Management Commission (NDRMC) and OCHA with participation of Sector Co-Chairs (Government Line Ministries and Cluster Coordinators). It covers the period from 29 February to 4 April 2016.

## Highlights

- While Ethiopia's 2016 US\$1.4 billion appeal has received over US\$758 million from the Ethiopian government and the international community, significant life-saving gaps remain across all sectors.
- Humanitarian partners have launched a 90-day campaign to raise awareness on the urgent need for additional funding for the drought response in Ethiopia.
- Government and partners are exploring the use of mobile technology to improve real-time data collection and sharing.



Source: OCHA Ethiopia. The boundaries and name shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

<b>10.2m</b> Require food assistance	<b>2.2*m</b> Moderately malnourished	<b>450,000*</b> Severely malnourished	<b>5.8m</b> People requiring WaSH support	<b>5.6*m</b> Farmers in need of emergency seeds in <i>belg</i> and <i>belg/kiremt</i> farming areas	<b>3.6m</b> People in need of emergency health interventions	<b>166,147</b> Households in need of ES/NFI support
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\* Increased needs since the 2016 HRD was launched in December 2015

## Situation Overview

The El Niño global climactic event wreaked havoc on Ethiopia's summer rains on the heels of failed spring rains in 2015, driving food insecurity, malnutrition and water shortages in affected areas of the country. The joint Government and partners' Humanitarian Requirements Document (HRD) requests US\$1.4 billion to assist 10.2 million people with food, health and nutrition, water, agriculture, shelter and non-food items, protection and emergency education.

Under the leadership of the Government of Ethiopia, a coordinated response is already underway and expanding rapidly. The Government and international donors have together committed US\$758 million to the plan so far. Since the break of the crisis in the second half of 2015 over \$380 million has been allocated by the Government for the drought response, including \$109 million in 2016. Significant life-saving gaps remain.

At present, the humanitarian response is threatened by looming pipeline breaks of relief commodities, at a time

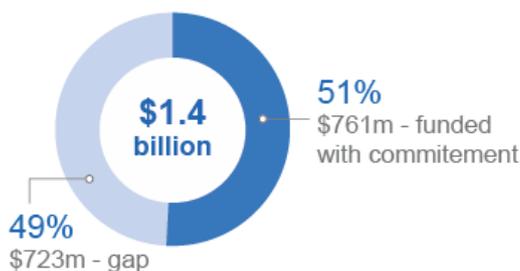
when the emergency is expected to enter its peak in April. Surges in humanitarian needs are already registered since the release of the 2016 HRD in early December 2015. The Government's National Disaster Risk Management Commission is receiving ad hoc requests for food assistance to drought-affected people not initially included in the HRD. Emergency seed needs for smallholder farmers have tripled, but only 22 per cent of seed requirements are met so far. Some 2.2 million moderately malnourished children under five years and pregnant/breastfeeding mothers and 450,000 severely malnourished children require specialized nutrition interventions. Similarly, small-holder farmers requiring *belg* and *belg/kiremt* seeds has also increased. Further spikes are expected following the release of the hotspot *woreda* re-classification in April. The classification considers the impact of food availability, WaSH, access to markets, nutrition and other contributing factors to identify areas and people in need of assistance.

Delays in assistance, particularly food, will increase human suffering, lengthen the recovery period of affected people, put increasing pressure on the humanitarian and development systems in place, and the interventions become more expensive. Food assistance with supplementary feeding for the moderately malnourished is three times cheaper than responding to severe acute malnutrition, that can also lead to life-long cognitive impairments for those affected. Given the four months procurement and transportation lead times of relief commodities, it is critical to fill the funding gap now.

## Funding

Ethiopia Humanitarian Requirements Document  
2016

US\$1.4 billion requested

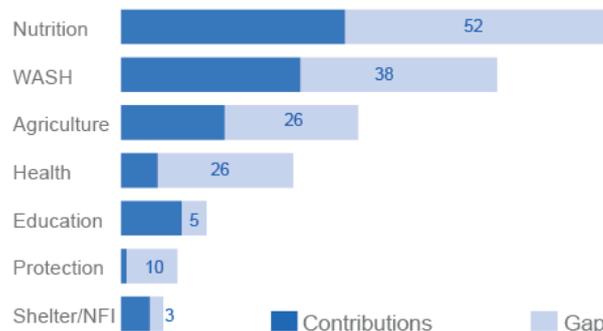


Funding by sector (in million US\$)

Food sector gap



Non-food sectors gap



All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA's Financial Tracking Service (FTS - <http://fts.unocha.org>) of cash and in-kind contributions by e-mailing: [fts@un.org](mailto:fts@un.org)

## Humanitarian Response

### Food Security

#### Needs:

- 7.6 million people to be assisted with food support (NDRMC/WFP)
- 2.6 million people to be assisted with food support (JEOP)

**\$1.2 billion**  
food requirement

#### Response:

1st round 2016: 95 per cent of food dispatched and 69 per cent of food distributed.

Planned/targeted beneficiaries: 10,174,813

2nd round 2016: 44 per cent of food dispatched.

Planned/targeted beneficiaries: 10,025,759

- Efforts to harmonize TSF and general food distributions are on-going. Both distributions should be implemented within a 5-day span, maximum.

**Gaps & Constraints:**

**Delays in dispatch and distribution:** Transport and distribution capacity, including congestion at the Port of Djibouti, truck shortages and offloading capacity at regional warehouses contributed to delays.

Beneficiary re-targeting by local authorities delayed the distribution as beneficiary lists were not available to food cluster partners. In JEOP-covered areas in SNNPR, JEOP is requested to cover 206,326 people instead of the 260,280 outlined in the HRD. In Waghirma zone, Amhara region the JEOP caseload increased by 66,078 people at the request of local authorities. In Fafan zone, in Somali region WFP was requested to address the needs of an additional 112,000 people. The Federal Government approved the Oromia Regional Government's request to add 1million beneficiaries to the 2016 HRD regional caseload.

**Pipeline break:** NDRMC faces a pipeline break of pulses (vital non-animal protein source) and oil from March 2016. To partially address March shortfalls, WFP allocated 1,000 MT of pulses to NDRMC and approved a loan of an additional 2,100 MT. With the re-allocation, NDRMC faces a shortfall of some 4,000 MT of pulse to meet 2nd round requirements should its procurement do not arrive on time (NDRMC is processing the purchase of 9,100MT of pulses). NDRMC is also negotiating with other Government sources to fill the vegetable oil gap. At present, JEOP's pipeline is secure through most of 2016. However, this may change should JEOP continues to address an increasing ad hoc (outside HRD) request for food assistance and/or if JEOP is expected to cover a percentage of PSNP clients starting July 2016 (assuming these will be addressed through the HRD post-June).

**Nutrition****Needs:**

- 450,000 children need SAM treatment and 2.2 million children and pregnant/breastfeeding mothers need MAM treatment during 2016.
- 11.8 million children under five years and 1.4 million pregnant/breastfeeding mothers require malnutrition screening during 2016.
- 186 *woredas* were classified as hotspot priority one *woredas* in December 2015, a new classification is expected in mid-April.

**\$95.5M**

nutrition requirement

**Response:**

- By the end of the first quarter of 2016, 546,257 moderately malnourished children and pregnant and breastfeeding women were treated through the Targeted Supplementary Feeding (TSF) Programme. This represents 82 per cent of the first quarter target of 665,000 people. The Government of Ethiopia is leading the nutrition response, including delivering TSF activities in all priority 1 and selected priority 2 hotspot *woredas* with the support of WFP and NGO partners.
- The Government (NDRMC) and WFP agreed on a lending-borrowing mechanism to mitigate periodic CSB pipeline breaks. This innovative mechanism will bridge shortfalls in the short term.
- An additional 812 Stabilization Centers (SCs) will be established this year. UNICEF has so far mobilized 445 SC opening kits, (188 already distributed, 150 to be distributed within a month and another 107 within two months), and is securing resources for the remaining 367 kits needed for the new SCs planned for.
- 22,882 (of 38,000) Health Workers/ Health Extension Workers trained on SAM management.

**Gaps & Constraints:**

- Delays in nutrition screening, particularly in Afar and Somali, are delaying response.
- Of the 186 priority one (P1) *woredas*, partners are operating in 129 *woredas*, leaving a gap in 57 *woredas*. Meanwhile, partners are only present in 48 of the 154 priority two (P2) *woredas*. NGOs have submitted project proposals to start operation in 52 additional P1 *woredas* and 67 additional P2 *woredas*.

**Water, Sanitation and Hygiene****Needs:**

- Establish real time monitoring SMS data collection system for 7.5M people
- Upgrade existing water schemes for 3.2M people
- Distribute household water treatment chemicals
- Water trucking to communities with no water source within a 20km radius

**\$73.4m**

WaSH requirement

- Soap distribution with hygiene promotion (Communication for Development)

#### Response:

- The WaSH Cluster will establish the real-time data monitoring system in 60 additional *woredas*, increasing the number of *woredas* covered to 90. The system initially established in 30 drought-affected *woredas* using mobile android phones informed decisions on the scale-up of emergency water supply interventions, in particular water trucking and rehabilitation works. Enumerators collect information on 3 key indicators: functionality rate of water schemes, distances from farthest homesteads to water points and per capita water consumption. Phase 1 monitoring results have shown that 78 per cent of communities in one region use less than 5 liters/person/day while 21 per cent of the population uses 5-15 liters/person/day and the remaining 1 per cent use more than 15 liters/person/day. The results also highlighted geographic coverage and gaps in the on-going response. The Cluster calls on additional NGOs to support the scale-up/phase 2 of the monitoring system. Oxfam and World Vision are the only NGO partners thus far.
- The cluster is focusing on mass rehabilitation of non-functional water points, drilling of new wells and scaling up emergency water trucking. More than 358 water supply facilities were repaired/upgraded, benefiting 435,000 people
- In areas affected by severe water shortages, an estimated 1,101,940 people reached (access to minimum 5l/p/d) through water trucking interventions.
- More than 71,000 people reached with hygiene and sanitation messages and materials.
- The cluster has developed a water trucking response plan and UNICEF deployed 100 trucks to the 6 regions from Addis, and started delivering water to communities most in need on Monday, 21 March.

#### Gaps & Constraints:

- Scaled-up water trucking urgently requires additional resources.
- Partner reporting is still low and the quality is poor making it difficult to effectively gauge cluster performance and gaps.



## Health

#### Needs:

- Surge in emergency and essential health care service capacity including emergency reproductive health care to target increasing malnutrition, outbreaks and the needs of the displaced population.
- Strengthen outbreak investigation, response and control measures to address water- and vector- borne diseases with increased human resources, supplies, and medications.
- Supplemental immunization for measles for 25 million children under 15 years old in high priority areas.
- Increased frequency and coverage of emergency nutrition screening to better target those at highest risk
- Mobile Health and Nutrition team deployment in pastoralist communities to deliver essential primary health care services and to support surveillance in remote communities and displaced populations.

**\$33.6m**  
health requirement

#### Response:

- The Federal Ministry of Health (FMoH) and partners are investigating and responding to an acute watery diarrhea (AWD) outbreak in Moyale areas of Oromia and Somali regions and in SNNPR where 397 cases (as of 26 February) were reported since the beginning of the outbreak in November 2015. The MoH and partners revised the National AWD Response Plan and Regional Contingency Plans. Field teams are boosting surveillance capacity, case management, sanitation and hygiene promotion interventions to curb and manage the outbreak. Treatment and preventive supplies, including ORS, IV fluid, antibiotics and water treatment chemicals are being sent to affected and at-risk areas. Five (5) new CTC have been/are being established in SNNPR and Oromia (UNICEF, SCI). Relocation and training of MHNT(s) for AWD-response on-going.
- Partners responding to the scabies outbreak in Amhara, Oromia and Tigray (391,084 cases)
- The Ministry procured 3 million Bishangari tabs (water treatment chemical), and is planning to purchase an additional 5 million. WHO and UNICEF were asked to distribute supplies available in stock including treatment center units. The Government is discussing with Kenyan counterparts on cross-border coordination to contain the spread of the outbreak.
- Dengue fever outbreak is ongoing in Liben zone, Somali region (81 cases reported as of 24 February). H1N1 reported in South Gonder zone, Amhara region (597 cases reported). Support to surveillance and laboratory, along with updates to clinical management with health care providers are being carried out.

- A measles vaccination campaign targeting 25.8 million children between 5 and 15 years in five (5) regions will begin in the second week of April with UNICEF, WHO and partners in support of the FMOH. Several partners have initiated integrated health, nutrition and WaSH programs in highly affected woredas, providing a much-needed package of services supporting continuity of care.

#### Gaps & Constraints:

- Limited water availability and WaSH interventions in nutrition priority and AWD outbreak-affected areas; and in health care facilities.
- Weak information sharing between partners and from partners with Regional Health Bureaus and the FMOH
- Difficulty in obtaining data that is complete and submitted on time due to challenges related to infrastructure and methods of data collection.
- Health response monitoring received reports from 7 of 11 (HRD active) partners for January and February. Several partners cited challenges or delays in implementation due to registration and or funding issues.
- Poor quality of nutrition data; high turnover of health care staff; poor linkages between TSFP, OTP and SC.
- Inadequate TSF supplies to meet the needs of the screened population.
- Lack of water treatment carried out by households and a lack of treatment chemicals
- Limited access by partners to some high priority areas



## Agriculture

#### Needs:

- Emergency seeds provision required for the *belg* and *meher* cropping seasons.
- Provision of emergency livestock feed for core breeding and drought-affected animals. This will support 3.3 million livestock-dependent people.
- Provision of fast-growing forage planting materials to 1,250 households (6,250 people).
- Animal health support to 1.89 million households and emergency vaccination for livestock of 1.92 million households when the rains begin.
- Slaughter destocking – for nutritional support to displaced women and children and safe carcass disposal (4.2 million people).
- Restocking of locally sourced sheep and goats
- De-silting of water points through cash-for-work targeting 47,000 households for enhanced access to water for livestock

**\$46.3m**  
agriculture  
requirement

#### Response:

- 82,520 households (41.6 per cent) of the targeted 198,122 households received *belg* seed. However, given the poor and erratic rains to-date, many households have not yet planted.
- More than 51,400 households (~3 per cent) of the planned 1.7 million households, received seeds for the summer *kiremt* planting season.
- More than 9,000 livestock were slaughter destocked using the Slaughter Destocking Guidelines.
- More than 83,000 livestock were treated for internal and external parasite and miscellaneous infection.
- The Emergency Seed Working Group (ESWG) released emergency seed guidelines to harmonize seed distribution. .
- The ESWG and the ELWG updated the Agriculture Road Map based in the new needs in relation to *meher* seed needs and livestock feed needs, indicating the time frame for intervention.
- 7,500 households received vouchers at a value of ETB 250 per household (~US\$12) for animal health service such as purchasing parasite control products and vitamin supplements.
- At least 1 466 households benefited from water scheme rehabilitation in Amhara region.

#### Gap/Constraints:

- Non elastic seed market (Price fluctuation)
- Accessibility and accuracy of data
- Fragmented response with no proactivity of stakeholders for coordination
- Lack of harmonization of the quality standards (seed distribution)
- Gaps in funding to meet urgent livestock and seed needs before the *belg* planting window closes.

**Needs:**

- Prevent and respond to psychological distress through provision of psychosocial support to vulnerable boys, girls and women in 131 priority one *woredas* through Child and Women Friendly Spaces
- Provision of dignity Kits to address the urgent basic and protective needs of women of reproductive age in drought affected communities
- Access to services (shelter, food, water, etc) for vulnerable groups, including in displaced situations, remain critical

**\$11m**  
protection requirement

**Response:**

- SCI is preparing to implement child protection (CP) interventions in two *woredas* in Afar, two *woredas* in Somali and four *woredas* in Amhara regions. Psychosocial support and system strengthening projects are part of the CP interventions.
- The Protection Cluster plans to mainstream protection issues in other clusters' plans and interventions.
- In collaboration with MoWCA and Somali region BoWCA, UNFPA is preparing to establish women friendly space and provide dignity kits for IDPs located in Siti Zone of Somali region

**Gaps & Constraints:**

- Funding gaps and limited operational capacity for Child Protection and GBV remain the most pressing issues.
- In Fafan and Siti Zones, the multi-sectoral needs of IDPs and host communities are significant, with reportedly growing unmet needs in relation to access to food, health, shelter, core relief items (CRIs), water supply and sanitation. In Fafan Zone, most of the IDPs have stayed in a protracted situation leading to frustrations within the host community due to limited resources that they have to share with the IDPs.

**Shelter and NFI****Needs:**

- 166,147 internally displaced people's (IDP) households projected to need Emergency Shelter / Non-Food Items (ES/NFI) support during 2016.
- As of February 33,377 households required ES/NFI assistance.
- Rapid and consistent displacement tracking, registration and profiling management will improve multi-sector humanitarian support, including distribution of ES/NFI

**\$8.3m**  
ES/NFI requirement

**Response:**

- During January and February, the ES/NFI cluster distributed 3,020 full ES/NFI kits to IDP households in Oromia, Somali, and SNNPR, and 1,752 partial kits.
- The cluster distributed 8,245 ES/NFI kits and 2,900 dignity/sanitary kits in Amhara, Gambella and Afar in March 2016.
- Protection-enhanced Displacement Tracking Matrix (PEDTM) implementation identified 16,594 IDP households (~88,000 people) displaced during January and February.

**Gaps & Constraints:**

- Gap in ES/NFIs to meet the needs of 10,929 households displaced in Afar, Amhara, Gambella, Oromia, and Somali regions during March 2016, in addition to outstanding needs.
- As reports of drought induced displacement increase, scaling up the Protection-enhanced Displacement Tracking Matrix (PEDTM) and monitoring will inform needs for a multi-sector IDP response.

## Education

### Needs:

- Access to a safe and protective learning environment for the affected school-aged children and adolescents;
- Access to potable water at school
- School feeding
- Temporary classrooms for displaced learners/host communities
- School kits/Education in Emergencies supplies
- Teacher support and training in Psychosocial first aid/psychosocial support

**\$16.7m**  
education requirement

### Response:

- Of the very few partners with dedicated EiE funding reporting to the cluster (not including MoE response)
  - 233839 learners have received school feeding
  - 131 596 learners have received school supplies
  - 33 schools now have emergency access to water supplies.
- Cluster is working on revising the number of affected learners/HRD target to reflect the increasing needs.
- Cluster coordination mechanism is set up in all priority regions through Regional Education Bureau with support from key partners.

### Gaps & Constraints:

- Lack of funding for Education in Emergencies
- Lack of urgency and will to invest in Education in Emergencies
- 75 per cent of all schools do not have access to water.
- 90 per cent of the schools receiving school feeding in Tigray rely on community volunteers to carry the required water to the school, this is not cost efficient nor sustainable.
- Delay in procurement and logistics
- Lack of reliable, consistent and timely data.

### Logistics Cluster

- With the technical and financial support from humanitarian and donor partners, a Logistics Cluster was activated in April 2016 to support the Government of Ethiopia scale-up and handle a colossal increase in humanitarian needs.

## 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 in harness with the cluster lead agencies. The DRMTWG is the umbrella forum which brings all actors, at the technical level, including government and donor representatives together. 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 monthly Strategic Multi-Agency Coordination (S-MAC) forum to deliberate on humanitarian response operations and address challenges.

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