



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

Highlights

- The Ethiopia humanitarian context has been changing rapidly since the beginning of the year. The country is now faced with a triple challenge of drought, flood and inter-community conflict.
- Government and humanitarian partners have been stretched to address the needs of new flood and conflict-affected people, given limited resources.
- New needs necessitated changing some sector requirements in the HRD Mid-Year Review released in early August.
- Government and humanitarian partners updated the Joint Operational Response Plan for Somali region.
- The Somali Regional Government and partners review plans for recovery of drought-affected communities in the region, priorities for resilience programming to mitigate against future shocks and options for durable solutions for IDPs.
- At least the first six months of 2018 will remain critical for pastoralist households trying to recover from consecutive weather shocks in southern and southeastern regions.

Situation Overview

The rapidly changing humanitarian context necessitates flexible and scaled-up response

The Ethiopia humanitarian context has rapidly been changing since the beginning of the year, and the country is now faced with a triple challenge of drought, flood and inter-community conflict. Humanitarian partners, together with Government, have been scaling-up the response, flexibly adjusting sector requirements, programs and staffing in line with new developments.

Released in early August, the Humanitarian Requirements Document Mid-Year Review (HRD MYR) identified 8.5 million people requiring food assistance to the end of the year, up from 5.6 million people targeted in January. In addition, 3.6 million children and pregnant and lactating mothers will require supplementary feeding, some 10.5 million people will not have regular access to safe drinking water and some 2.25 million households will require livestock support. Partners also estimate that 376,000 children will become severely acutely malnourished until the end of 2017. The total requirement for 2017 grew to US\$1.259 billion, up from US\$948 million at the start of the year. Separately, some 4.1 million people who had been 'public works clients' of the six-months (January-June) Productive Safety Net Program (PSNP) require continued assistance to the end of the year. It would cost an additional \$300 million to provide them with five monthly distributions at full relief food basket.

In September however, new needs necessitated changing some sector requirements in the HRD MYR, including a) the increase in internally displaced people, which increased the risk of acute watery diarrhea outbreak and the need for ES/NFI and WaSH interventions among others, b) the deterioration of the nutrition situation necessitating the introduction of Blanket Supplementary Feeding Program in 45 critically drought-affected districts in seven zones of Somali region. At least 376,055 pregnant and lactating women and children under-5 will benefit from this program for three months, c) The new approach to food/cash relief assistance and an increase in the planned proportion of cash distribution for relief assistance, d) reports of crop failure in eastern Amhara, most parts of Oromia and SNNP regions due to frost and failed rains necessitating seed support for replanting, and e) funding for the prevention and control of Fall Armyworm infestation.

A "status update" document has been drafted with the updated sector requirements, which is planned for release in October. The strategic objectives and other contents of the HRD Mid-Year Review remain the same, and the HRD is still the common plan and implementation framework to address humanitarian needs in Ethiopia

in 2017.

Surges in flood and conflict-displaced people has put a strain on depleting resources

Given limited resources, the Government and humanitarian partners were stretched to fully address the needs of flood-affected people along major river basins in Afar, Amhara, Gambella and Somali regions, and of conflict-affected people following clashes between the Oromo and Somali communities along regional borders since 6 September. According to the Education Cluster for example, at least 22,663 school children were affected by flood nationwide; 65,228 children by conflict in Oromia region and 44,350 children by conflict in Somali region, increasing Education in Emergency needs. The Food Cluster received requests to support conflict-induced IDPs in Oromia and Somali regions, which will add to the current caseload. Health partners were supporting the Federal and Regional Health authorities address health risks and outbreaks amongst the conflict-displaced population, including addressing at least three new AWD clustering of cases identified in Fafan zone of Somali region. The Health Cluster reported shortages of medicines, medical supplies and staff to cover the new IDP caseload. The Federal Government requested the ES/NFI Cluster to assist at least 20,080 displaced households in Somali region and 23,507 households in Oromia region with shelter and non-food items. But as of 28 September, the cluster only had 10,800 kits available in stock, and some 14,000 kits in pipeline (several verification assessments were planned and/or ongoing to identify priority needs). Given the shortage of in-kind relief commodities, humanitarian partners, together with Government, will pursue multi-purpose, unconditional cash-based assistance for conflict-displaced population, where markets allow and where assessments validate this modality.

Government and humanitarian partners updated the Joint Operational Response Plan for Somali region

In line with the continuous effort to streamline ongoing multi-sector humanitarian response in Somali region, the Somali Regional Government with participation of regional line bureaus, co-convened a workshop with humanitarian partners on 21 and 22 September. The workshop reviewed a draft 'Joint Operational Plan for Somali region (October - December 2017)', which took into account changes to the humanitarian context since the HRD MYR. The Plan looks at prioritized needs, coordination arrangements and cluster and inter-cluster monitoring systems, and will guide operational partners in their effort to collectively and efficiently address the worsening humanitarian situation in the region to the end of the year.

Resilience building in parallel to emergency response

The 21-22 September Somali region workshop also reviewed nascent plans for recovery of drought-affected communities in the region, priorities for resilience programming to mitigate against future shocks and options for durable solutions for IDPs. On a separate note, Heads of United Nations food agencies from the Food and Agriculture Organization (FAO), the International Fund for Agricultural Development (IFAD) and the World Food Program (WFP), visited Ethiopia from 01 to 04 September 2017. The delegation advocated for the convergence of humanitarian actions and development activities converge so that development investments strengthen people's resilience to the impacts of climate shocks nationwide, in line with Government of Ethiopia priorities.

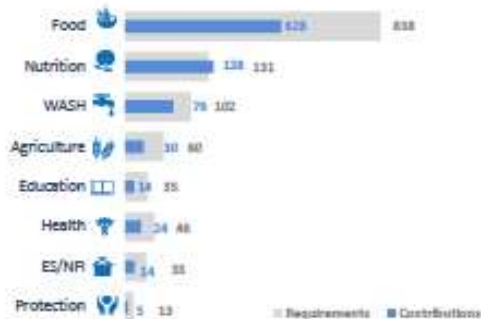
Poor fall/deyr rainfall forecast for south and southeastern regions

On 25 September, the Ethiopian National Meteorological Agency forecasted normal to below normal fall/deyr (October – December) rainy season in the south and southeastern regions of Ethiopia. This is in line with recent international weather forecasting systems indicating an increased likelihood for a near normal to below normal rainfall with potentially delayed onset and early cessation. At least the first six months of 2018 will remain critical for pastoralist households trying to recover from consecutive whether shocks in these areas. Even with a good rainy season, livestock (shoat) production will take up to six months from the time pasture has regenerated, while cattle production will resume in nine to ten months. Humanitarian intervention will therefore need to continue until at least the next major rainy season in April/May 2018.

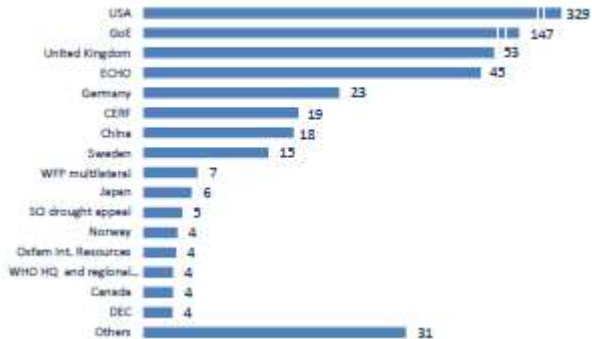
Funding Update (as at end September)

As of the end of September, the Government of Ethiopia had committed \$147 million (tracked) and international partners had committed an additional \$589 million towards the 2017 HRD MYR appeal of \$1.259 billion.

Requirements and funding per sector - \$million



2017 donor contributions/commitments to the HRD - \$million



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

Humanitarian Response



Food

Needs:

- At least 8.5 million people are in need of food assistance, up from the 5.6 million people identified at the beginning of the year.
- Deepening levels of malnutrition and critical water shortages in the drought-affected areas require nutritional interventions, including Blanket Supplementary feeding (BSF) in targeted areas, Targeted Supplementary Feeding (TSF), Therapeutic Feeding Program (TFP) and WaSH package interventions along with relief food assistance.

\$838.2m
Food requirement

Response:

- Of the 8.5 million relief food beneficiaries identified in the Mid-Year Review of the 2017 Humanitarian Requirements Document (HRD), the Government of Ethiopia, through the National Disaster Risk Management Commission (NDRMC) is providing assistance to 5.2 million people, the Joint Emergency Operation Program (JEOP) is assisting 1.6 million beneficiaries, while the UN World Food Program (WFP) is assisting 3.3 million people in the Somali Region (1.7 million identified in the HRD Mid-Year Review, top-up of vegetable oil and pulses to 1.6 million Productive Safety Net Program (PSNP) cash beneficiaries with transitory needs, plus some 500,000 beneficiaries as part of the HRD-PSNP cash pilot).
- As of end September, NDRMC dispatched 96 per cent of the 77,476MT of Round 5 food allocation, WFP dispatched 75 per cent of the 60,481MT food allocation, and JEOP dispatched 99 per cent of the 26,357MT food allocation. Distribution details are provided in the table below.
- Round 6 has officially started and food dispatches will begin as soon as regions provide the list of food distribution points (FDPs). WFP plans to dispatch Round 6 and 7 together to the hubs and is reviewing district-level distribution capacities (distribution will be done monthly).
- Depending on system readiness, 67 per cent of the relief caseload will receive cash-based assistance, while 33 per cent will receive food-based assistance (at full food basket). The cash-receiving beneficiaries will receive a top-up of oil and pulses in addition to cash.
- WFP is delivering Super Cereal Plus for Moderate Acute Malnutrition treatment based on the June 2017 prioritization targeting all 228 Priority 1 districts. WFP continues to closely monitor TSF implementation in Somali and SNNP regions.
- WFP will provide blanket supplementary feeding (BSF) in 45 critically drought-affected districts in seven zones of Somali region. For the implementation of the program, WFP will directly dispatch

Blanket Supplementary Feeding commodities to cooperating partners – CPs (GOAL, SCI, IR, MC and DBBPH) district warehouses, for onward distribution of the commodities by CPs to Food Distribution Points. At least 376,055 pregnant and lactating women and children under-5 will benefit from this program for three months. The Blanket Supplementary Feeding, coupled with general relief food distribution and targeted supplementary feeding to pregnant and breastfeeding women and children under five with moderately malnutrition, the Program is expected to stabilize the deteriorating nutritional situation in Somali region

NDRMC: (30 September 2017)	WFP: (30 September 2017)	JEOP: (30 September 2017)
<ul style="list-style-type: none"> 5th Round 2017 dispatch 96%, distribution 62% 	<ul style="list-style-type: none"> 5th round 2017 dispatch 75%, distribution 40% 	<ul style="list-style-type: none"> 5th round 2017 dispatch 99%, distribution 90%

Gaps & Constraints:

- For Round 5 (August – September) – similar to previous rounds - WFP distributed food to 6 per cent more people than the planned caseload as a result of increased needs since the Mid-Year Review. The Food Cluster has also received requests to support recent conflict-induced IDPs, which will add to the caseload. The cluster will join one of the sector-specific missions to verify the conflict-IDP number before moving forward with the request. Overall, distribution of food to more than the planned beneficiaries causes food dilution and consequently reduces the contribution of general food distribution in improving malnutrition.
- The high number of FDPs in Somali region continues to pose a logistics challenge. The nutrition situation is likely to deteriorate due to lack or late food deliveries.



Agriculture

Needs:

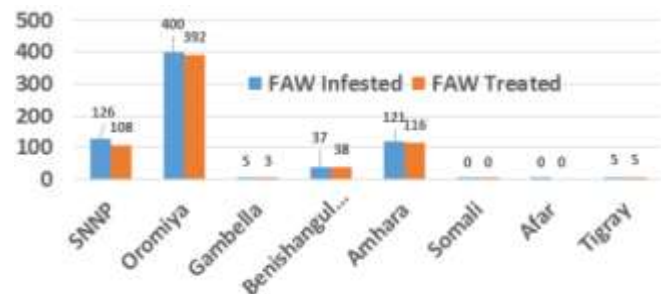
\$60.1m

Agriculture requirement

- Following the HRD Mid-Year Review, the number of households requiring livestock support was revised to 2.25 million, up from the 1.9 million households targeted at the beginning of the year.
- Livestock-dependent households are struggling to sustain their animals amidst parched rangelands and scarce water sources in southern and southeastern Ethiopia. Priority pastoralist areas are Borena zone of Oromia, South Omo zone of SNNP and southern zones of Somali regions. The ongoing long dry season is further enhancing vulnerabilities and compromising the livelihoods of the worst-affected. If response is not immediate and sufficient, the risks are massive and the costs high.
- Livestock feed supplementation and associated animal health and relocation of livestock to areas of continued good grazing or feed distribution are prioritized for pastoral livestock.
- Since February 2017, Fall Armyworm has affected 692,964 hectares of maize cropland (22 per cent of total area planted) across 418 districts in eight regions – mostly in surplus producing and densely populated areas. The infested area has increased by 10 per cent in the last two weeks of September alone. Up to 2.5 million hectares of maize cropland are at risk, leading to between 3 to 4 million metric tons of grain loss and 20-30 per cent reduction in the national maize production.
- Crop failure are reported in eastern Amhara, most parts of Oromia and SNNP regions due to frost and failed rains, in addition to Fall Armyworm damages in these and other parts of the country. Although in the Mid-Year Review the Government was said to be able to cover all seed requirements, the increased needs necessitate partners' involvement for emergency seed distribution for replantation using residual moisture or irrigation schemes– in support of Government efforts to protect smallholder farmers. This will cost some \$16 million.
- While the October – December fall/*deyr* rains in south and southeastern regions will give some respite to drought-affected communities in the area, recent international weather forecasting systems indicate an increased likelihood for a near normal to below normal rainfall with potentially delayed onset and early cessation. On 25 September, the Ethiopian National Meteorological Agency also forecasted normal to below normal fall/*deyr* season. The full recovery of pastoralist households will at least take between two to four years. Even with a good rainy season, livestock (shoat) production will take up to six months from the time pasture has regenerated, while cattle production will resume in nine to ten months. As a result, drought conditions and subsequent impact on affected communities will continue in early 2018. Emergency livestock intervention will therefore need to continue until the next major rainy season in April/May 2018.

Response:

- Humanitarian partners are implementing livestock-based livelihood interventions in affected communities using funds available to date, including \$8.1 million from the OCHA-managed Ethiopia Humanitarian Fund (EHF), \$18.4 million from other donors and CERF allocation of \$3 million.
- With available funding, partners are prioritizing livestock-based livelihood assistance in all Priority 1 and 2 districts, including provision of supplementary livestock feed for core breeding animals; animal health support (including veterinary equipment); commercial and slaughter destocking to increase animal protein consumption and to increase cash availability for vulnerable households; some limited water point rehabilitation; nutritional support to children and safe carcass disposal. Following a slow-paced response operation in January and February, implementing partners scaled-up their interventions since March. Procurement and project implementation have significantly improved as a result. Humanitarian interventions are conducted without losing sight of resilience building activities.
- Implementing partners have distributed livestock feed for core breeding animals and provided animal health services (treatment of livestock for parasitic and other diseases and distribution of vouchers for animal health services) to more than 4.4 million livestock, benefiting 487 000 households. Projects to improve the capacity of animal health workers are also ongoing. Around 59,000 weak animals were destocked to supplement pastoralists' income and improve the nutritional intake of vulnerable households. More than 20 dysfunctional water points were also rehabilitated.
- The Government, with support from the Food and Agricultural Organization (FAO) and other partners, is taking several – albeit limited given the scale – measures to curb the spread of the Fall Armyworm infestations. While insecticide spraying is ongoing, the traditional means of control (handpicking of the worms) has reportedly brought better results. So far 41 per cent of infested croplands were sprayed with pesticide and 54 per cent of cropland were treated through traditional methods (handpicked and killing). The remaining 5 per cent of infested cropland did not receive any control measures. At least \$4.5 million to support ongoing Government efforts.
- Coordination at sub-regional level is strengthening and an integrated approach is being pursued as strongly promoted by EHCT.
- Before committing to cover high fodder prices, the cluster is looking at alternative options, including moving to Multi-Nutrient Block (MNB) or concentrate feed; providing transportation services to move Government animal feed (if supplied); conditional cash transfer or other innovative options.
- Agriculture sector is currently proactively participating in the discussion and development of nexus between emergency and development. Donors, including the Japanese and Austrians are showing interest in this nexus and are willing to invest.



Fall Armyworm infested vs. treated areas in '000 hectares - as of 23 Sept 2017. Source: Ministry of Agriculture and Natural Resources.

Gaps & Constraints:

- The sector requirement is only at 50 per cent funded. With this funding level and considering resources in the pipeline – most of which were due for delivery by June/July - the cluster can only address less than 10 per cent of the needs in the HRD MYR. \$30 million is urgently required to address critical needs between September and December. With each delay in adequate intervention, significant livestock loss is inevitable.
- The limited supply of animal feed has resulted in a significant increase in the price of fodder. The number of beneficiaries partners are able to reach with available resources has decreased as a result.
- At least \$4.5 million is required to address the Fall Armyworm crisis for the next six months alone and \$7.8 million for the entire year. Despite initial Government and FAO allocations, more needs to be done and urgently given the magnitude of the potential damage it could cause.
- At least \$16 million is urgently required for seed distribution for replanting, to capitalize on the remaining soil moisture and in irrigation schemes.



Education

Needs:

\$35.3m

Education requirement

- The HRD MYR identified 1.9 million school children requiring support in Education in Emergency, including school feeding, WaSH support in coordination with the WaSH Cluster, provision of learning stationary and establishment of temporary learning centers in IDP sites in Somali and selected zones of Oromia and SNNP regions, at a cost of \$35.3 million.
- According to IOM's DTM data, there are 251,071 IDP children nationwide, the majority (131, 941 IDP) in Somali region. Some 93,000 IDP school age children in Somali region are targeted for EiE support at a cost of \$3.1 million, including for school feeding, learning supplies and establishment of temporary learning centers. In Oromia region, DTM Round 6 identified 423,406 IDPs across 149 sites. IDP children are accessing formal education in 54 per cent of the sites and informal education in 7 per cent of the sites.
- Recent flooding incidents and inter-communal clashes along the Oromia and Somali border have increased EiE needs. At least 22,663 school children are affected by flood nationwide; 65,228 children by conflict in Oromia region and 44,350 children by conflict in Somali region. Without urgent intervention, the children will not be able to continue their education as the school-year begins.

Response:

- 1.4 million school children (71 per cent of target) benefitted from school feeding programs. The Government covered 90 per cent of the cost.
- 33,934 school children benefitted from school WaSH programs. UNICEF finalized the construction of 20 temporary learning centers, benefitting 8,000 IDP children in Somali region. Moreover, SCI supported 4,240 IDP children in the same region. In total, 12,240 IDP children (16.2 per cent of the target) gained access to continued education as a result of these interventions.
- IRC will implement a project for education access for IDP school children in Somali region with \$1 million EHF allocation.
- A concept note on the impact of the Oromia-Somali conflict on education, impact of flood on education in Oromia region, including needs and gaps was prepared and shared with cluster partners for resource mobilization.
- The Director of planning and Resource Mobilization Directorate of the Ministry of Education presented a paper on "Reducing Humanitarian Needs and Building Resilience in Education" at the Development Assistance Group (DAG) meeting.
- Stakeholders are reviewing the draft school health program, One WASH Program and school feeding strategy considering Education in Emergency.

Gaps & Constraints:

- Shortage of school feeding, learning stationary and school WaSH remains a constraint disrupting the education of school age children.
- EiE response requires an additional \$34.5 million to address identified needs of 1.9 school age children.
- The recent flood and conflict-induced caseload need immediate support to allow the children continue their education.



Emergency Shelter and NFI

Needs:

\$33.4m

ES/NFI requirement

- 1.02 million displaced people need ES/NFI support, including the displaced caseload from 2016 and newly displaced households in 2017 (HRD MYR).
- Since the beginning of the year, the cluster has received requests to assist 62,746 households from the authorities.
- DTM Round 6 (July-August 2017) revealed the presence of at least 160,000 displaced households in need of emergency shelter and/or NFI assistance in the assessed regions. DTM Round 7 assessments have begun in accessible areas.
- The Oromia and Somali regions have requested for humanitarian assistance to more than 43,000 households internally displaced people due to inter-communal clashes along areas bordering the two regions since 6 September.
- The National Flood Contingency Plan has identified more than 300,000 people at risk of flooding in Afar, Amhara, Gambella, Oromia and Somali regions, of whom at least 100,000 risk displacement until the end of the year.

- At the beginning of September, the cluster updated its hotspot classification for the 172,000 households reportedly in need of shelter/NFI assistance, which were classified into Priority 1 (83,000 HH) and Priority 2 (89,000 HH). The cluster will update this prioritization, adding households recently displaced by flood and conflict.

Response:

- As of end September, cluster members (IOM, Ethiopian Red Cross Society, NRC, IRC, ICRC and UNICEF) have distributed 60,492 full emergency shelter and NFI kits in six regions and 982 cash grants and vouchers in 2017, while 900 kits are allocated for planned distributions. There are 6,700 kits in stock and 15,900 additional kits are being procured.
- 900 kits are planned for distribution for conflict-induced IDPs in Fik zone, Somali region by NRC; 1,200 kits by IOM and ERCS in Oromia region; 2,500 kits in East Hararge zone, Oromia region by ICRC and ERCS; 2,900 kits by IOM and NRC in Mieso of Oromia and Somali regions, Sitti zone or Fafan zone, based on assessments results; 2,000 kits by IRC in zones to be determined.
- The cluster will take part in several assessments in the coming days/week, including two DPPB and OCHA-led multi-sector assessments in Qoloji site and Mieso-Dire Dawa zones (2 October); verification assessments in East and West Hararge zones of Oromia region by ICRC and ERCS; a joint market study for cash-based assistance in East Hararge zone by IRC, NRC, IOM and Care (2 – 6 October); Access permitting, needs assessment in Fik zone, Somali region is planned by NRC (4 October) and in Dawa by NRC and DRC.
- The cluster is coordinating the response to conflict-induced IDPs with the WaSH Cluster through joint verification assessments and distribution of NFIs.
- The cluster has introduced amendments in the DTM data collection form to ensure an increased adequacy with information requirements on shelter and NFI needs. The data collection for Round 6 used the amended form.
- The cluster is actively engaged in the Flood Task Force and mobilized to assess and cover the needs should financial resources become available.
- The cluster participates in the newly created dignity kit working group, under the CP/GBV sub-cluster, to ensure better coordination and monitoring. The cluster is also closely working with the WaSH Cluster to avoid duplication in the distribution of WaSH NFIs, particularly for flood-affected households.

Gaps & Constraints:

- Insufficient funding impedes full coverage of identified needs in the HRD MYR and the recent flood and conflict-induced increases in need.



Health

Needs:

\$46m

Health requirement

- 6.26 million people will need health interventions to address anticipated health conditions and disease outbreaks, up from 4.37 million at the beginning of the year (HRD MYR)
- AWD: Since the beginning of 2017, 45,260 AWD cases were reported across the country. Except for Somali region, all other regions reported a decreasing AWD trend. In Somali region a three fold increase was registered starting from the second week of September. Doolo, Fafan and Sitti zones were most affected. The Doolo resurgence of the outbreak (Baliwanag, Duban and Elanle districts) came after two weeks of zero reporting, the situation, especially in Sitti is made worse, when coupled with the security situation in the area.
- Despite decreasing trends, a resurgence of large number of AWD cases is expected in Amhara, Oromia and Tigray if the scale of the AWD prevention and control measures are not maintained. The risks of Holy Water Sites, mass gathering of more than 100,000 people per event, agricultural schemes (with large number of seasonal workers moving between regions) and new drought-related internal movements are high. 93 per cent of total cases reported in Amhara region are from agricultural schemes sites in North Gondar zone. The remaining cases are from Holy Water Sites in Abune Hara, Andasa, Bure Baguna and Wonkshet.
- An Acute Jaundice Syndrome (AJS) since July 2017 is expanding geographically within Somali region. Elanle is the most affected district.
- Increasing risk of other types of outbreaks (measles, dengue fever, typhoid fever) due to the degradation of environmental conditions, draw-backs in routine vaccination during the peak of AWD response (only 51 per cent of HFs provide EPI in Somali region) – especially in Amhara, Oromia and Somali regions. In September, 4 districts in Oromia (Babile and Jima Spe town, East Hararge zone) and Somali (Afer and Warder) reached the measles outbreak threshold.
- Support for the delivery of essential primary health care (PHC) services to cover the additional IDP caseload especially in Oromia and Somali regions is urgent, including re-activation of HFs into the

provision of a full PHC package not only AWD, and expansion of coverage. Out of 173 HFs delivering services for IDPs, only 51 per cent have sufficient staff and medicines.

Response:

- Health partners are supporting the Federal and Regional Health authorities address health risks and outbreaks amongst the displaced population following the inter-community clashes along the Oromia-Somali borders. In Fafan zone of Somali region, at least three new AWD clustering of cases were identified, investigated and responded to by RHB, WHO and Oxfam amongst the conflict-induced IDPs. The establishment of a CTC in Qologi is ongoing with RHB and WHO support. In Oromia region, Health staffs were deployed from Haromaya University (to support IDPs health care), but have limited basic drug and medical supplies. Public awareness activities were conducted on hygiene and sanitation. Mobile health clinics were established and IDPs with chronic diseases were linked to Hiwot Fana Specialized Hospital to continue with their medication that was discontinued due to their displacement. SCI, MCMDO and IRC are ready to activate the MHNT with WHO support. ICRC delivered Trauma kits (2) for around 100 surgical interventions.
- Three surge teams from PHEM/FMOH continue to support the AWD response in Afar, Amhara and Tigray regions; and two WHO surge team are supporting the response in Afar and Tigray regions.
- FMOH/EPI together with WHO and MSF conducted several Acute Jaundice Syndrome (AJS) investigative field visits in affected areas of Somali region. 17 samples have been sent to Dakar WHO supported lab and awaiting test results.
- Warder hospital and Yucub Health Center staff have been trained for measles response, and the RHBs and MSF Holland vaccinated all children of the most affected age-group (15 – 25 years) by the measles outbreak in all affected areas.
- WHO, UNICEF and the clusters supported the development of the FMOH proposal for DFID – SDG funds, including 60 isolation centers/CTC in high risk zones/districts in five regions; vaccination of 6 million children against measles in districts with suboptimal vaccination coverage; sustainable WaSH improvement in selected Holy Water Sites in Amhara and Tigray regions; SAM care – supplies and medicines.
- Cluster partners advocated for the scale up of distribution of water quantity monitoring for guiding and monitoring the AWD response and control along with water treatment chemicals to the affected *woredas* of the country. Provision of safe water and improved sanitation in health facilities is also essential for much needed improvement of quality of care in health facilities, treatment centers and SC inbedded in HFs.

Gaps & Constraints:

- UN and NGO partners are seeking additional funds to maintain and expand the AWD response, control and prevention activities in all regions reporting cases and at high risk of resurgence of different types of outbreaks using Somali region model.
- Health Cluster is facing shortage of basic drug and medical supplies to address health needs of conflict-IDPs. Existing facilities are overburdened by the need for emergency maternal/obstetric care – facilities that usually had 2-3 deliveries a day were overwhelmed by the need to assist more than 20 deliveries, including emergency cesarian.
- Expansion of the geographical and programatic scope of early warning/surveillance and RRTs mechanisms using an all hazard approach to include all health threats and nutrition.
- Medicines, medical supplies and staff for the coverage of the new IDP caseload and increased diseases burdden caused by poor nutrition amongst drought affected communities.
- Longer term strategy for addressing the underlying causes of AWD (mostly drought induced) as part of a more efficient and sustainable approach.



Nutrition

Needs:

- Given the onset of the typical lean season and the protracted drought across the southern belt, coupled with the stretched MAM and relief food pipelines, the new revised SAM and MAM caseload as per the HRD MYR figure is 375,000 severely malnourished children under-5 and 3.6 million moderately malnourished children and pregnant and lactating women.
- The revised hotspot classification, released in early July, identified 228 Priority 1 (up from 192 in December); 158 Priority 2 (down from 174) and 75 Priority 3 (down from 88) districts across the country. Most of the Priority 1 districts are in areas hit hardest by the negative Indian Ocean Dipole-induced drought and the poor performance of spring rains this year.

\$105.6m

Nutrition requirement

- 27,304 children were newly admitted for SAM treatment in July (reporting rate 86.7 per cent). This is a decline of 14.8 per cent from the previous month of June 32,042 with 90.7 per cent reporting rate, due to improved outreach conducted in June.
- In Somali region, high numbers of acute malnutrition (SAM and MAM) continued to be reported in Doolo, Shabelle, Jarar, and parts of Korahe zones with the following districts highlighted as high concern: Moyale of Daawa zone; Danod, Warder, Bokh, Galadin and Le hel-Yucub of Doolo Zone; Kebrdehar and Shilabo of Korahe of Korahe; Dolo Ado of Liben and Kelafo, Mustehil, Adadle and Gode of Shabelle zone. Among the southern districts, dry spell is extended and the rise in IDPs and malnutrition is being observed in lower Liben, Shabelle and Afder zones. Without timely food distribution, water provision, drugs and staff available, the nutrition situation could further deteriorate in the region.
- In Oromia region, notable rise in TFP admission is observed in Arsi, Borena, East Hararge and West Hararge zones.
- In Amhara region, there is an overall decline/stabilization of TFP admission, except in Wag Himra zone where a 19 per cent increase in admission was registered in July, with a notable rise in Dehana district.

Response:

- From January to July 2017, 200,987 children have been treated with very good quality of care (above International Standards) - 88.6 per cent cure rate; 0.4 per cent death rate; 2.0 per cent defaulter rate. The total admission recorded for the period is 7.7 per cent less than the projection for January-July period reported in the revised HRD with annual revised projection of 376,000 SAM cases.
- WFP has already secured TSFP commodities for MAM treatment for all Priority 1 districts up to the end of this year. So far 100 per cent dispatch was made for Afar, SNNP and Tigray regions and 97 per cent dispatch for Somali. The September – November dispatch is under way in Amhara and Oromia regions.
- WFP will start implementation of the Blanket Supplementary Feeding Program (BSFP) in targeted districts in the first week of October. 25 out of the 45 Priority 1 districts will be managed by NGOs (SCI, IRE, GOAL, and MC) and the remaining 20 by WFP/DPPB with support from RHB. The BSFP will be reaching all children under-5 and pregnant and lactating women in the targeted districts for three months. MHNT with MAM treatment services will continue without disruption as they target the most remote and vulnerable groups.
- Nutrition needs will be discussed at the NFI Cluster preparation planning to respond to flood and conflict-induced IDPs.

Gaps & Constraints:

- There will be shortfall in availability of staff and essential medicines for PHC services in Somali region – this affects the implementation of nutrition and health services and risks nutrition essential drugs being diverted for general use at the detriment of the SC/inpatient and SAM treatment needs. UNICEF and WHO /Health clusters are working to minimize the gaps. However, allocation and management of these valuable supplies at facility level remains a challenge.
- Multiple layers of coordination and monitoring- will not substitute treatment- if staff shortfalls remain acute. Need to strategize for bolstered RHB staff for the year ahead.



Needs:

- The Protection Cluster has prioritized Afar, Gambella and Oromia for the expansion of the Mobile Protection Teams based on high number of conflict induced IDPs.
- The issue of limited access to basic services for IDPs remains.

\$13.2m

Protection requirement

Response:

- Oxfam Mobile Protection Teams started ground operations in July and have since undertaken missions to 25 sites. The main protection issues identified include access to IDP sites, access to education by children in IDP sites, limited protection and CP activities. The DRC Mobile Protection Teams are currently being assembled. Protection Cluster is also working with DTM Protection information to avoid duplication.
- Training on Prevention of Sexual Exploitation and Abuse and GBV mainstreaming was given for 25 participants drawn from multi sector government offices from Afar region. The training given on PSEA will contribute to the ongoing efforts at the national level on PSEA. Training on GBV case management and psychosocial support was given to 35 participants drawn from multi sector government offices from

Afar region. Training on GBV IMS was provided for 27 participants taken from Ministry of Women and Children Affairs, Regional Bureau of Women and Children Affairs and Zonal Office of Women and Children Affairs from Oromia, Tigray, Amhara, Somali and SNNP regions.

- 5,300 dignity kits were procured and will soon be distributed in drought-affected areas in Oromia, Tigray, Amhara, Somali, Afar and SNNP regions.

Gaps & Constraints:

- There are reportedly at least 57 separated children in West Hararge zone of Oromia region as a result of the recent inter-community clashes. The cluster is currently encountering some challenges to conduct verification assessment to mobilize immediate response.



Water, Sanitation and Hygiene

Needs:

\$102.1m
WaSH requirement

- Some 10.5 million people will require WaSH support, including 2.6 million people to access safe drinking water, through:
 1. Operations and maintenance of functional water points, rehabilitation of existing water points, water provision in schools and health facilities, and water quality monitoring
 2. Household WaSH safety – Provision of water treatment chemicals, WaSH NFIs, hygiene promotion
- Improved spring rains since April has temporarily increased surface water availability. As a result, water trucking demand has decreased and most of the agencies are phasing out their water trucking operation.
- In all regions, rehabilitation of permanent water supply systems is given precedence 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).
- Sanitation and hygiene awareness in displacement sites is minimal, while such intervention is critical to minimize public health outbreaks.

Response:

- The Government, with support from UNICEF and NGOs, is trucking water to affected communities to address the immediate water need for humans, while permanent water systems are being put in place as a longer term solution for recurrent drought.
- At present, 193 trucks (of 326 trucks requested – down from 779 trucks requested in April) are deployed, leaving a gap of 133 trucks (considering 5 l/c/d).
- In response to AWD outbreak in Amhara region, household water treatment chemicals, 60 drums of HTH, 1,392,000 sachets of water maker, 182,000 strips of Aquatabs and 45 hand washing containers were distributed to the AWD affected districts, benefitting 58,535 people.
- In Oromia, 50,000 sachets of PUR was supplied to flood-affected community at Sebeta Hawas Special district. Ten water trucks were newly deployed to increased water needs following the new influx of IDPs in the region (Borena:4 trucks, West Hararge: 1 truck, East Hararge: 4 trucks, Guji: 1 truck)
- In Somali region, WaSH supplies, including 700 Jerry cans, household water treatment chemicals and soaps were distributed to the 350 internally displaced households displaced from Oromia. The Somali Regional WaSH cluster has developed a one-month WaSH supplies distribution plan for more than 10,000 conflict-displaced IDPs in Dawa Erer and Fafan zones (UNICEF and RWB stocks).
- The WaSH and NFIs clusters will work in coordination to avoid duplication in WaSH-related NFI distribution.
- Overall, the cluster reached 3 million people with construction, rehabilitation and expansion of water supply schemes and sanitation and hygiene activities; 3.7 million people with WaSH NFIs including water treatment chemicals and 3.2 million people with water trucking service.

Gaps & Constraints:

- 441 people are sharing one latrine (on average) in Somali region, compared to 50 people per latrine as per Sphere standard. Additional funding is required to address this gap.
- Most of the AWD-affected regions are reporting gap in water treatment chemicals, and in Amhara region specifically, gaps in water testing kits are reported. This will be addressed by EHF 2nd allocation.

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 drought response coordination:

An Incident Command Post (ICP) was established by the Government to strengthen humanitarian assistance in drought-hit pastoralist areas, including addressing gaps and occasional delays in aid delivery. The Ethiopia Humanitarian Country Team (EHCT) agreed that through the ICP, detailed zonal operation planning should inform the work of humanitarian partners in close collaboration with the regional Government. Meanwhile, humanitarian partners are strengthening a multi-sector integrated response plan, which aims to strengthen zonal coordination and improve information management (drilling down to the lowest level of coverage), with a focus on multi-sector efficiency, accountability, and identification of a decision-making platform according to three basic principles:

1. Cluster specific activities that define *woreda* coverage by partners and associated financial requirement;
2. Zonal response coordination led by zonal Disaster Prevention and Preparedness Bureau (DPPB), supported by OCHA and partners;
3. Information management system that enables informed decision-making

The principles are also based on the flexibility of donor agencies to shift/re-direct programmed funds to priority humanitarian interventions identified by the multi-sector integrated response plan.

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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