

HUMANITARIAN RESPONSE PLAN ETHIOPIA

MID YEAR REVIEW

HUMANITARIAN
PROGRAMME CYCLE
2021

DATA UP TO DATE AS OF EARLY AUGUST 2021



About

This document reflects the Ethiopia humanitarian response that is the result of a close partnership of the Government of Ethiopia, in its leadership role, and the international humanitarian community.

PHOTO ON COVER

11 month old Meaza's arm is measured with a Mid-upper arm circumference(MUAC) tape to assess her nutrition status at a mobile clinic in Ataye Town. Photo: UNICEF Ethiopia/2021/Nahom Tesfaye






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	Coordination

Response Plan Overview

at a glance

REVISED PEOPLE TARGETED				REVISED REQUIREMENTS (US\$)
TOTAL TARGET	FOOD	NON- FOOD ONLY		
14.8M	12.8M	2.0M		1.488B
BOYS	GIRLS	% WOMEN	% MEN	% WITH DISABILITIES
 29%	 28%	 22%	 21%	 17%

This Mid-Year Review is a revision of the Ethiopia Humanitarian Response Plan for 2021. Humanitarian partners are targeting 12.8 million people for food assistance (out of which 8.0 million people also receive other types of assistance). In addition, 2.0 million people are targeted for non-food assistance only¹. The estimated people reached (Jan- June 2021) is 56per cent of the revised target (56per cent of food and 53per cent non-food target). The revised financial requirement for the Mid-Year Review is US\$1.488 billion, and some Clusters have significantly reduced their request compared to the ask

in the HRP 2021, particularly Agriculture (\$19.9M reduction), Health (\$44.1M reduction), Education (\$23.9M reduction) and Logistics Cluster (\$4.2M reduction). On the other hand, Food and Nutrition Clusters have sizably increased their request by \$86.1M and \$28.4M respectively. Other clusters have not made significant changes to their financial requirement.

The Mid-Year Review does not include Tigray Region, instead, the humanitarian response for Tigray is covered in the Northern Ethiopia Response Plan from May 2021.

Humanitarian Response by Targeted Groups

POPULATION GROUP	PEOPLE TARGETED
Internally displaced people	2.26M
IDP returnees	1.38M
General Non Displaced	11.19M

Humanitarian Response by Gender

GENDER	PEOPLE TARGETED	% TARGETED
Boys	4.24M	29%
Girls	4.20M	28%
Men	3.11M	21%
Women	3.27M	22%

Humanitarian Response for Persons with Disability

	PEOPLE TARGETED	% TARGETED
Persons with disability	2.5M	17%

Humanitarian Response by Age

AGE	PEOPLE TARGETED	% TARGETED
Children (0-17)	8.44M	57%
Adults (18-59)	5.68M	38%
Elders (60+)	0.71M	5%

Humanitarian Target by Cluster

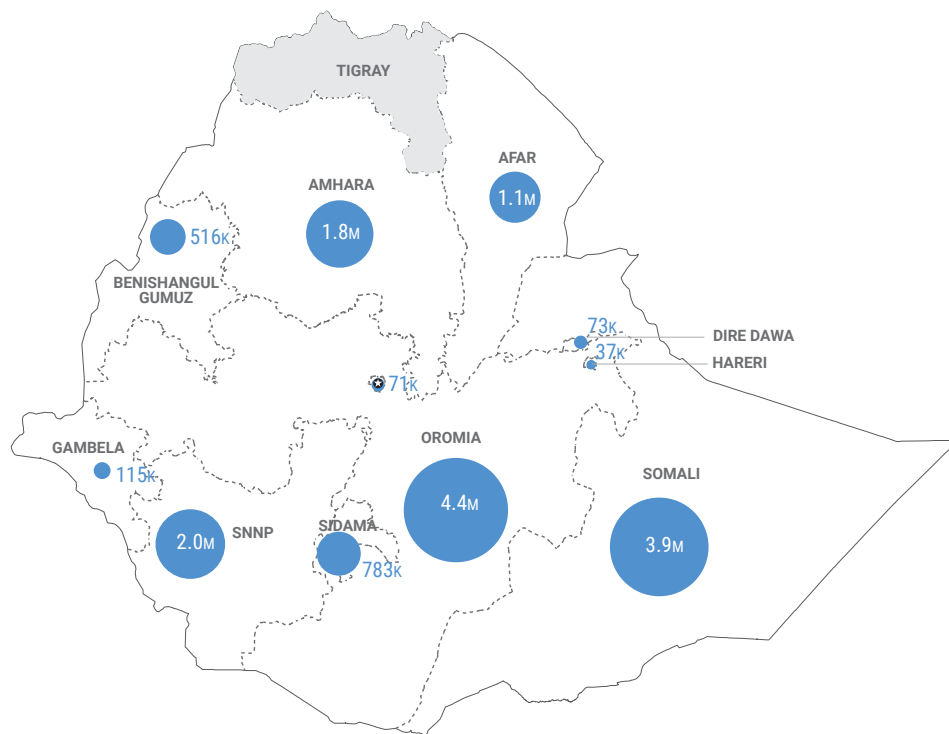
CLUSTER	PEOPLE TARGETED	
Agriculture	6.68M	<div style="width: 100%;"></div>
Education	1.02M	<div style="width: 100%;"></div>
ES/NFI	1.44M	<div style="width: 100%;"></div>
Food	12.79M	<div style="width: 100%;"></div>
Health	3.18M	<div style="width: 100%;"></div>
Nutrition	2.91M	<div style="width: 100%;"></div>
WASH	4.76M	<div style="width: 100%;"></div>
CCCM	1.30M	<div style="width: 100%;"></div>
Protection	2.95M	<div style="width: 100%;"></div>

¹ The total people targeted is 14.8 million people with no double counting.


Response Plan Overview

at a glance

People Targeted by Region



Financial Requirements

	HRP ORIGINAL REQUIREMENTS (US\$ MILLION)	HRP 2021 CONTRIBUTIONS (US\$ MILLION)	% FUNDED OF THE ORIGINAL HRP	MYR 2021 REQUIREMENTS (US\$ MILLION)	% CHANGE REQUIREMENT (ORIGINAL VS MYR)	% FUNDED OF THE MYR REQUIREMENTS	OUTSTANDING GAP
							
Agriculture	66.40 M	10.16 M	<div><div></div></div> 15%	46.50 M ↓	-30%	<div><div></div></div> 22%	36.34 M
CCCM	25.50 M	3.27 M	<div><div></div></div> 13%	25.90 M ↑	+2%	<div><div></div></div> 13%	22.63 M
Coordination	18.30 M	15.96 M	<div><div></div></div> 87%	18.30 M =	-	<div><div></div></div> 87%	2.34 M
Education	43.40 M	5.28 M	<div><div></div></div> 12%	19.50 M ↓	-55%	<div><div></div></div> 27%	14.22 M
ES/NFI	38.50 M	4.89 M	<div><div></div></div> 13%	51.70 M ↑	+34%	<div><div></div></div> 9%	46.81 M
Food	771.90 M	188.50 M	<div><div></div></div> 24%	858.90 M ↑	+11%	<div><div></div></div> 22%	670.40 M
Health	140.10 M	22.69 M	<div><div></div></div> 16%	96.00 M ↓	-31%	<div><div></div></div> 24%	73.31 M
Logistics	16.20 M	0.58 M	<div><div></div></div>	12.00 M ↓	-26%	<div><div></div></div> 5%	11.42 M
Nutrition	152.70 M	77.74 M	<div><div></div></div> 51%	181.10 M ↑	+19%	<div><div></div></div> 43%	103.36 M
Protection	118.20 M	12.08 M	<div><div></div></div> 10%	100.00 M ↓	-15%	<div><div></div></div> 12%	87.92 M
WASH	67.00 M	16.45 M	<div><div></div></div> 25%	78.10 M ↑	+17%	<div><div></div></div> 21%	61.65 M
Sector breakdown unknown		116.22 M					-116.22 M
Total	1,489.0	473.83 M	31.8%	1,488.0		31.8%	1,014.17 M

Changes in Context



WEGA KEBELE/AMHARA REGION, ETHIOPIA
 Emebet Tenagne and her 11 month son son Yared Yitayih.
 Photo: UNOCHA Ethiopia/2021/Tadesse

Below-normal *Deyr* rains at the end of 2020 led to drought conditions in 128 *woredas* in Somali and Oromia region affecting 5.8 million people. These conditions were further exacerbated by below-normal *Belg* rains in March-May 2021. Other parts of the country experienced erratic rainfall during the *Belg* season which caused flooding, affecting nearly 450,000 people, and displacing over 171,000 in 26 *woredas* in Southern Nations Nationalities and Peoples (SNNP), Oromia, Afar, and Somali regions. 18 *woredas* in Hari, Gabi, and Awsi zones in Afar along the Awash Basin were affected by the worst flooding in a decade. In addition, it has been reported that desert locusts have moved toward the western lowlands of Afar while new swarms are expected by September. Continued investment in effective survey and control operations will be required to reduce breeding.

In view of continued risk of disease outbreaks, there is a need to strengthen routine immunization programmes. COVID-19 remains a concern in Ethiopia with a spike in recorded cases during March and April and a reduction of cases in May and June. However, the number of cases started increasing in July and August. The likelihood of a new spike is high given the new delta variant, low vaccination rates (2,326,531 doses administered as of 17 August 2021), and decreased adherence to COVID-19 prevention measures. By 17 August, there were 290,818 confirmed COVID-19 cases, 265,663 recoveries and 4,495 deaths.

Ongoing armed conflict, intercommunal violence, climatic shocks, Desert Locusts, and disease outbreaks including COVID-19 continued to be the key drivers of humanitarian needs in Ethiopia during the first half of 2021. Conflicts have erupted, deteriorated, or escalated in various parts of the country, with severe impacts on civilians and particularly on vulnerable and marginalized groups. Fighting has taken place in various areas, including Metekel and Kamashii zones of Benishangul Gumuz Region, along the Afar-Somali border, and between Amhara and Oromo communities in North Shewa and Oromia Special zones of Amhara region. In addition, the security situation in

Amhara and Afar has deteriorated due to the spillover of the Tigray conflict. The situation has been particularly volatile in Fanti Rasu zone in Afar where pastoral communities in Yallo *woreda* were affected by hostilities. Subsequently, fighting continued to spread to other *woredas* in Fanti Rasu zone including Golina, Awra, Ewa, and Teeru *woredas*. During the first half of 2021, a total of 1,399,474 persons in Ethiopia (not counting Tigray) have been displaced due to armed conflict.

Insecurity remains the main impediment to relief operations in some parts of Ethiopia. Partners faced multiple limitations on their movements due to security issues and restrictions by parties to the conflict. In Benishangul Gumuz, lack of access entailed a substandard response to the needs of affected communities. The population continues to bear the brunt of violence in some parts of Ethiopia, with restricted access to essential services highly affecting their livelihoods. Albeit at different scale, access restrictions have impacted local communities in Amhara, Afar, Benishangul Gumuz, Oromia and Somali regions, where hundreds of thousands of people have been displaced since 2018-19.

In 2021, the safety and security of aid workers have been extremely affected by the upsurge of violence in various parts of the country, including in Tigray. Since the start of the conflict in Northern Ethiopia in November 2020, 23 humanitarian workers have died². Humanitarian partners' ability to respond to humanitarian needs is likewise hampered in northern Ethiopia due to looting of vehicles, ambulances and warehouses by parties to the conflict.

² Seven humanitarian workers died due to the conflict in 2020 while 16 have died since the beginning of 2021.

Progress on Humanitarian Response in 2021

January-June, outside Tigray

PEOPLE
TARGETED

14.8M

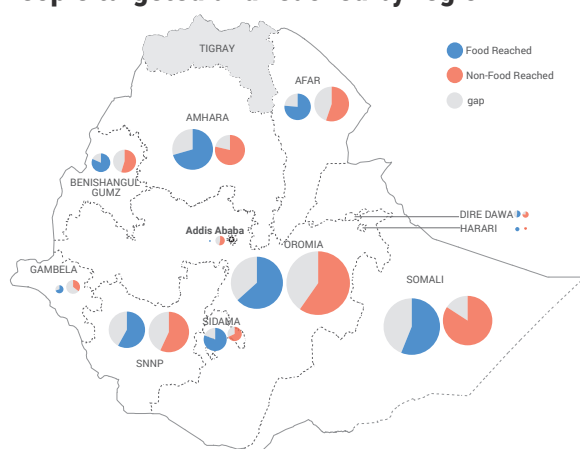
PEOPLE
REACHED*

8.3M

PERCENTAGE
REACHED

56%

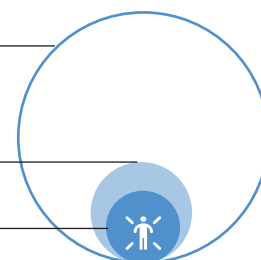
People targeted and reached by region



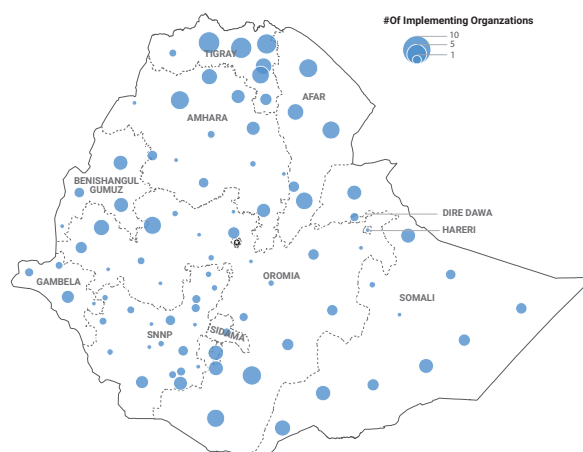
98.0M population
(outside Tigray)

14.8M people targeted

8.3M people reached



Operational presence by zone



People reached (food vs non-food sector)

Food Sector



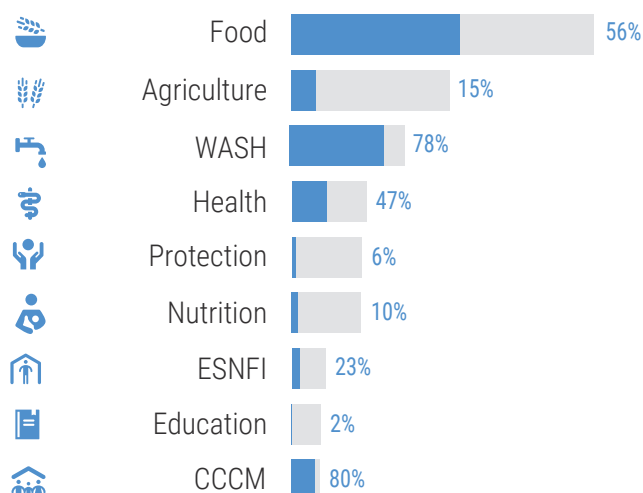
Non-food Sector



People reached by population group

POPULATION GROUP	PEOPLE REACHED
Internally displaced people	1.7M
IDP returnees	0.6M
General Non Displaced	6.0M

Sectoral Response



Change in Humanitarian Needs



SIDAMA REGION, ETHIOPIA

Lemlem and Mariam are mother and Daughter, that are really grateful to the health extension workers that supported Mariam when she was diagnosed with pneumonia.

Photo: UNOCHA Ethiopia/2021/Nahom Tesfaye

Humanitarian needs have increased across the country. The revised target includes 14.8 million people of whom 57 per cent are children and 22 per cent women. Furthermore, the revised target includes 2.5 million persons with disabilities. The regions outside of Tigray with the highest inter-cluster number of people targeted with assistance are Oromia (4.4 million), Somali (3.9 million), and SNNP (1.9 million) and are followed closely by Amhara (1.8 million) and Afar (1.1 million).

The overall number of people targeted has increased with 17 per cent as compared to the original HRP. Clusters who increased their target are Water Sanitation and Hygiene (WASH) (71%), Emergency Shelter and Non-food Items (ESNFI) (22%), Food (16%) and Nutrition (3%); the remaining clusters decreased their targets, including Protection (-33%), Agriculture (-24%), and Health (-6%). The Education cluster made no changes to targets. The number of people targeted by region has increased compared to the original HRP 2021 as follows: Benishangul (130%), Dire Dawa (47%), Gambella (29%), SNNP (24%), Afar (20%) Somali (19%), Sidama (12%), Amhara (10%), Oromia (7%) and Harari (7%);

Impact

One of the biggest impacts from conflict and climate shocks in Ethiopia is population displacement. As per the Displacement Tracking Matrix, there are 2.1 million internally displaced persons (IDPs) across the country, outside of Tigray. 67 per cent of IDPs outside of Tigray have been displaced due to conflict. Most IDPs live in sub-standard conditions, with limited access to essential services. Over 50 per

cent of IDPs are female and 57 per cent are children. These groups are particularly vulnerable to protection risks including sexual and/or gender-based violence (GBV), exploitative labor, sexual exploitation and abuse, and negative coping mechanisms such as transactional sex for food and early and forced marriage.

CLUSTER	% CHANGE IN NUMBER OF PEOPLE TARGETED (2021 HRP VS 2021 MYR)	
Agriculture	-24%	↓
CCCM	8%	↑
Education	-56%	↓
ES/NFI	22%	↑
Food	16%	↑
Health	-6%	↓
Nutrition	3%	↑
Protection	-33%	↓
WASH	71%	↑
Intercluster	17%	↑

In Afar and Amhara regions, there are increased displacements due to the spillover of the conflict in Tigray. In Afar, host communities in 12 border *woredas* to Tigray have been accommodating and assisting nearly 50,000 IDPs since the conflict began in the beginning of November 2020. Minimal humanitarian assistance and protection has been provided in Afar and Amhara due to a lack of resources and access challenges.

Disruption of farming activities, below-normal harvests from previous seasons, devaluation of the Ethiopian currency, and increase in market demands have caused market prices of basic commodities to soar. Macroeconomic conditions are worsening with a Central Statistics Agency (CSA) report indicating that the overall inflation rate in Ethiopia increased by 20.6 per cent between July 2020 and July 2021³. Drought and floods have affected pasture and cropland and contributed to livestock mortality. This has contributed to the worsening food and nutrition situation and has fueled further tensions between communities and led to displacement.

REGION	REVISED PEOPLE TARGETED	% CHANGE IN NUMBER OF PEOPLE TARGETED (2021 HRP VS 2021 MYR)
Addis Ababa	71 k	↑ 1490%*
Afar	1.06 M	↑ 20%
Amhara	1.84 M	↑ 10%
Benishangul Gumuz	0.52 M	↑ 130%
Dire Dawa	73 k	↑ 47%
Gambela	115 k	↑ 23%
Harari	37 k	↑ 7%
Oromia	4.41 M	↑ 7%
Sidama	787 k	↑ 12%
SNNP	1.97 M	↑ 24%
Somali	3.95 M	↑ 13%

* Target increased from 4.5k to 71.3k. This increase is primarily due to 61,000 individuals newly targeted by the Health Cluster. Given low Measles vaccination rates in a *woreda* in Lideta Sub-City, 61,000 individuals in the *woreda* have been targeted for health support in line with Global Health Cluster severity thresholds.

NORTH GONDER/AMHARA REGION, ETHIOPIA

Debarq, a town in the North Gonder Zone is among the locations hosting conflict-displaced populations in Amhara region.



³ THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA NATIONAL DEVELOPMENT AND PLANNING COMMISSION CENTRAL STATISTICS AGENCY, Country and Regional Level Consumer Price Indexes for the Month of July 2021, 4 August 2021 CPL_July_2021.pdf (statsethiopia.gov.et)

Change in Targeting and Response Priorities

To address the increased humanitarian needs, clusters will expand operations in regions which have experienced new displacement, including Oromia and Gambella, and the border areas of Amhara and Afar regions. While Benishangul Gumuz region has also experienced new displacement, the reported number of displacement-affected populations has reduced from 316,919 individuals to 169,227 individuals. However, actual figures are yet to be verified due to inaccessibility and insecurity in conflict areas in Kamashi, Assosa and Metekel zones. There will be a particular focus on areas where partner presence is limited, and further collaboration with national NGOs will be explored.

Those with particular vulnerabilities – the secondary displaced, people in conflict zones, elderly, female, and child headed households, infants and children, people with specific needs and underlying illnesses, as well as IDPs living in heavily congested conditions will be prioritized for support. Food assistance will be provided to households facing acute food and nutrition insecurity and cover areas that receive below normal/erratic rains.

Critical protection services, including medical care, psychosocial support, food, nutrition, NFIs to survivors of violence and abuse, will be prioritized. Specialized support to survivors of GBV and sexual violence, family tracing and reunification or alternative care arrangement for unaccompanied and separated children will also be prioritized. Clusters will ensure that programming is conducted according to Do No Harm principles and ensure protection against Sexual Exploitation and Abuse and child abuse as a result of programming.

Accountability to Affected People (AAP) mechanisms will be strengthened in planning, implementation, monitoring and reporting stages of programming. Response operations will be guided by the communities so that they have the power to influence their situation and the decisions and humanitarian activities affecting them. The Inter-Agency Accountability Working Group in Ethiopia (IAAWG-E) will facilitate a collective approach to community engagement and accountability to systematically share information about humanitarian services, improve meaningful community participation and ensure community access to regular feedback on humanitarian assistance. Further, IAAWG-E will establish an inter-agency platform for community voices through harmonizing and standardizing the community feedback mechanisms at various agencies to track community feedback, views, and perceptions in real-time to inform decision making. This platform will help partners to regularly course correct based on evidence as the response progresses and ensure system-wide accountability. Humanitarian actors will further promote IDP access to feedback mechanisms with data tracked and disaggregated, particularly on gender, age, (dis)ability and other diversities.

Moreover, the inter-agency Ethiopia Prevention of Sexual Exploitation and Abuse (PSEA) Network will support humanitarian partners to collectively address hindrances to SEA reporting by tackling root causes

of SEA and by ensuring intersectional access to a strong survivor-centered protection system, including community-based complaint mechanisms and CP/GBV survivor-centered services. Indeed, this can only be ensured by the network through joint safeguarding of meaningful access, focus on inter-agency accountability and avoid causing harm. As such, the Ethiopia PSEA Network will continue to ensure that common standards are applied by all members and partners to implement zero tolerance for SEA through leadership and coordination, trainings, information campaigns, and response mechanisms.

Advocacy will be undertaken to protect civilians on the ground, including limiting the effects of hostilities on civilians and civilian objects, will be concentrated around efforts to enhance compliance with international humanitarian law (IHL) by state and non-state armed actors. Emergency interventions for IDPs will build in exit strategies that will facilitate a handover into durable solutions. Facilitating durable solutions requires that all stakeholders, including the relevant authorities with the primary duty and responsibility to establish the required conditions and means, work together to identify the right strategies and activities to assist IDPs in achieving their preferred durable solution. Durable solutions coordination structures that support this approach currently function in Afar, Gambela, Somali, and Oromia, while new groups are planned for Amhara, Benishangul Gumuz, SNNPR and Sidama. The setup of a Durable Solution Fund is also planned to be completed before the end of the year. In parallel, efforts to operationalize the continuum between the humanitarian and development coordination architectures.

The use of Cash and Voucher Assistance (CVA) is promoted when markets are functional, security is stable, and protection and security risks are considered. CVA will be used based on the preference expressed by the affected people by ensuring the selection criteria is properly communicated with communities.

Part 3

Sectoral Objectives and Response

GODE, SOMALI REGION, ETHIOPIA

Nechima Abdi, 8, last born of Nimo Hussen.





Photo: UNICEF Ethiopia/2021/Tadesse



3.1 Agriculture



ORIGINAL TARGET	REVISED TARGETED	% OF PEOPLE REACHED	ORIGINAL REQUIREMENTS (US\$)	REVISED REQUIREMENTS (US\$)
8.8M	6.7M	15%	\$66.4M	\$46.5M

% CHILDREN	% WOMEN	% MEN	% WITH DISABILITIES
54% 	21% 	25% 	6% 

The Agriculture Cluster response will prioritize the immediate and short-term lifesaving activities in a multiple crisis scenario to address severe food insecurity and prevent famine. However, the limited funding can only be utilized to address a few locations with the most urgent needs, which calls for "prioritizing amongst the priorities" to achieve impact. The cluster will focus on integration, by strengthening and supporting initiatives addressing cross-cutting issues of food security and nutrition status of vulnerable groups and promoting nutritional practices at household levels through nutrition sensitive activities.





The cluster will endeavor to restore and enhance the livelihoods of IDP, returnees and vulnerable farming and

pastoralist communities. The harvest from some short-cycle crops from *Belg* cropping has resulted in slight food security improvements in some parts of the country. However, food stocks will likely be insufficient to sustain adequate food consumption until the next harvest. Moreover, households relying on agro-pastoral livelihoods and typically depending on markets for food will be affected by high food prices due to the inflation. The cluster will provide emergency agricultural and livestock support to farmers, with a special focus on administrative zones affected by natural disasters, including floods, drought, and desert locusts. Diversified livelihoods programmes will be scaled up for improved self-reliance, resilience-building and social protection of all vulnerable communities.

3.2 CCCM



ORIGINAL TARGET	REVISED TARGETED	% OF PEOPLE REACHED	ORIGINAL REQUIREMENTS (US\$)	REVISED REQUIREMENTS (US\$)
1.2M	1.3M	80%	\$25.5M⁴	\$25.9M

% CHILDREN	% WOMEN	% MEN	% WITH DISABILITIES
55% 	22% 	22% 	4% 

The Camp Coordination and Camp Management (CCCM) Cluster supports local and national authorities in coordinating equitable assistance and protection to IDPs in collective settings. The CCCM cluster builds IDP capacity for inclusive and representative community-led site committees ensuring meaningful participation and representation of all segments of the communities. The cluster will enhance coordination mechanisms and capacity of stakeholders specifically governmental institutions mandated to manage displacement sites and coordinate humanitarian actors. The cluster will also conduct site improvement work through cash for work (CfW). As a newly activated cluster in Ethiopia, CCCM cluster has five members responding in 190 camps in seven regions.

Objective 1: Promote the protection, safety, and dignity of 1.29 million conflict and disaster affected people, through targeted, community-centered multi-sector interventions that "do no harm" and contribute to social cohesion outcomes.

Objective 2: Ensure safe, accountable, participatory, equitable, and barrier free access for 1.29 million conflict and natural disaster affected people to essential services

CCCM cluster's strategic response and support to Government authorities is anchored in four focus areas:

- Developing, improving, and maintaining IDP sites
- Coordinating and disseminating operational information of lifesaving assistance and protection in IDP sites
- Ensuring participation of affected population through an inclusive and representative IDP-led community structures
- Building capacity of relevant authorities and partners

IDPs, affected host community and returnees are categories of people in need under CCCM cluster mandate. IDPs in collective sites are priority target groups, with a specific attention to vulnerable groups, including people who live with disabilities, survivors of GBV and abuse, who primarily are women and girls, and those who have experienced trauma and distress.

The CCCM cluster has few partners responding with activities

nationwide. There are no CCCM actors present in new displacement locations such as Wello, North Showa, Afar and North Gondar. The cluster recognizes that space and resource constraints in many IDP sites limit the ability to achieve SPHERE standards for infrastructure and services.

To address these gaps, the CCCM cluster will:

- Participate in multi-sectoral/inter-agency needs assessment to obtain data to inform programming
- Engage in multi-sectoral collaboration and coordination to improve/maintain IDP sites, ensure healthy, safe, and dignified living environment and protect IDPs basic rights until durable solutions are found
- Encourage partnerships with INGOs/NNGOs and support their resource mobilization efforts
- AAP will be mainstreamed and operationalized in all interventions ensuring operational partners access to complaint and feedback (CFM) and referral mechanisms that are functioning with data tracked and disaggregated. The CCCM cluster will act on data and address program adaptation as appropriate
- Mainstream protection throughout CCCM implementation, including GBV risk mitigation and prevention consistent with the Inter Agency Standing Committee (IASC) Guidelines for Integrating GBV interventions in humanitarian action
- Mainstream COVID-19 mitigation measures throughout the response
- Directly implement services under its focus areas and/or engage in partnerships with national NGOs in direct implementation of activities

CCCM partner staff are required to participate in on-going, year-round PSEA trainings in partnership with the Ethiopia PSEA Network. The CCCM cluster will conduct joint monitoring visits with partners. Scorecards and checklists will be used for the evaluation to ensure it is consistent to the agreed upon deliverables.





⁴ As CCCM is a new cluster established after the development of the 2021 HRP, the original financial requirement was presented under the former Site Management Support AoR managed by the Protection Cluster.

3.3

Education



ORIGINAL TARGET	REVISED TARGETED	% OF PEOPLE REACHED	ORIGINAL REQUIREMENTS (US\$)	REVISED REQUIREMENTS (US\$)
2.3M	1.0M	24%	\$43.4M	\$19.5M

% CHILDREN	% WOMEN	% MEN	% WITH DISABILITIES
100% 	0% 	0% 	4% 

A total of 555,707 Out-of-school-children (47.2 per cent girls) affected by conflict and natural disasters gained access to education to date, benefiting from distribution of education materials, access to Temporary Learning Spaces (TLS), Accelerated learning program (ALP) and Accelerated School Readiness (ASR). Thus far, partners have reported reaching 24 per cent of individuals targeted in the HRP. Cluster partners are challenged by the rapidly changing conflict situation and its consequences; lack of funding; lack of data for evidenced based programming and limited rapid emergency response capacity. Use of schools as IDP settlement sites as well as conflicts and environmental impacts has caused children to be out of learning for considerable time in areas bordering Tigray - alternative options for continuing the learning is required.





The Education cluster will work with the Ministry of Education to review Back to Learning (BtL) guidelines based on the evolving context. The Education cluster will prioritize the back to learning initiatives that includes rehabilitation of classrooms, provision of TLS, WASH in schools, teacher capacity building on psychosocial support, pedagogy, methodology and ALP. The cluster will also focus on strengthening the sub-national clusters and its coordination efforts, advocacy for funding, and localization efforts.

3.4

ES/NFI



ORIGINAL TARGET	REVISED TARGETED	% OF PEOPLE REACHED	ORIGINAL REQUIREMENTS (US\$)	REVISED REQUIREMENTS (US\$)
1.1M	1.4M	23%	\$38.5M	\$51.7M

% CHILDREN	% WOMEN	% MEN	% WITH DISABILITIES
51% 	26% 	23% 	13% 

The Emergency Shelter/NFI Cluster response will be underpinned by two strategic objectives that aim to reduce physical and mental wellbeing risks, strengthen the protection of the affected population, and facilitate safe, equitable and dignified access to essential emergency shelter and NFI assistance. The Emergency Shelter/NFI cluster ensures that services are proportional to needs and all people regardless of gender, age, disability, ethnicity, or any other diversities, have equitable access to impartial assistance. Partners will map and address barriers to access that could influence the people's ability to participate in Emergency Shelter/NFI interventions. Additionally, the cluster responses will ensure that Emergency Shelter/NFI services are within safe and easy to reach locations for the affected population. Participation of women, girls, men, boys, and vulnerable and marginalized groups in all phases of the project cycle is crucial for quality programming to ensure ownership. The cluster provides

training to partners to ensure accountability and protection are mainstreamed in implementation. The cluster recognizes that shelter and NFIs can be the cornerstone of access to services and improvements in resilience across several dimensions. Therefore, the cluster will continue to work closely with humanitarian partners to support integrated response that improves the humanitarian situation while mainstreaming gender and GBV related issues across the response.





Bearing in mind the shortfall in cluster funding and the increase in need, the focus of some interventions will be recalibrated to what is critically needed for the remainder of 2021. The primary focus will be the provision of adequate shelters and essential household items for displacement affected populations in urban and rural areas. As the Emergency Shelter/NFI Cluster response is currently underfunded, mobilization of resources to fill significant funding gaps remains an outstanding priority.

3.5

Food



ORIGINAL TARGET	REVISED TARGETED	% OF PEOPLE REACHED	ORIGINAL REQUIREMENTS (US\$)	REVISED REQUIREMENTS (US\$)
10.9M	12.8M	56%	\$771.9M	\$858.9M

% CHILDREN	% WOMEN	% MEN	% WITH DISABILITIES
55% 	22% 	23% 	18% 

Forced displacement, disruption to essential services and supply chains, damage to critical infrastructure, and a deterioration of the macro-economic situation have contributed to the highest level of food insecurity since 2016. With the ongoing high food prices and subsequent low affordability of a nutritious diet, absence of alternative income sources and employment opportunities, IDPs may continue to face significant food gaps unless adequate and timely and nutrient-dense/sensitive food and livelihood assistance is provided. Analysis by the Household's Economy Approach (HEA) indicates that 6.2 million households are facing survival deficits due to various shocks. Disruption to livelihood, food shortage and scarce resources may lead to a concentration of power, wielding to the detriment of vulnerable people, including IDPs and returnees. This can lead to negative coping strategies for affected populations, thereby increasing the risk of Sexual Exploitation and Abuse (SEA).

In the first half of 2021, Food Cluster partners distributed 437,600MT of food rations and US\$23.5 million through cash transfers, to 8.5 million acute food insecure beneficiaries. This consisted of three rounds of food assistance were implemented in the first half of the year: round 1, round 2 and a bridging round from 2020 response that was delivered in the first quarter. Partners are currently distributing food rations or cash for round 3, which started in late July. Food distributions were delayed in some *woredas* due to insecurity that hampered movement of commodities from warehouses to food distribution points, as well as late arrival of some commodities. Distribution of cash was also delayed due to insecurity and liquidity challenges in some *woredas*.

The current food basket⁵ of cereals, pulses and vegetable oil is not covering households' food and nutrient needs, particularly in areas where food assistance is the only source of food. There are also indications that the current cash transfer values that are based on wage rates, are below the market prices of the

food basket⁶. Additional food insecure people were included in food distribution lists in areas that recorded an increase in food insecure people, due to drought conditions, floods, and conflicts. For example, in Somali region, 164,000 people received food assistance in ten *woredas* that were affected by floods. In West Arsi, additional 52,000 people were added in food distribution lists due to drought conditions. Based on the HEA – July 2021 analysis⁷, Displacement Tracking Matrix (DTM), Village Site Assessments and Emergency Site Assessment (ESA), an estimated 11 million individuals are projected to be food insecure in the second half of 2021, excluding Tigray region. Food insecure people are in 633 *woredas*, and 325 of these *woredas* also supported through Productive Safety Net Program (PSNP) transfers during the core period. The HEA analysis of July 2021 also indicates that additional 1.8 million PSNP public works (PW) clients are projected to be in need of emergency food assistance in 141 PSNP *woredas*. The plan includes 3.1 million people from households facing extreme food consumption gaps due to limited income and/or food sources. According to DTM 25 and regional reports, majority of the IDPs are in Afar, Amhara, Benishangul Gumuz, Somali, SNNP and Oromia regions. The revised financial requirement is estimated to be US\$858.9 million: US\$705.6 million for in-kind food assistance and US\$153.3 million for cash transfers. The food cluster and partners have started discussions on how to prioritize the most food insecure people, considering indications of limited cash and food resources that are available for distribution.

Food cluster partners will continue to implement CFMs and contribute to the Ethiopia PSEA Network(s) to ensure collection of PSEA information and feedback from beneficiaries. Information, education, and communication (IEC) materials, including PSEA materials developed by the Ethiopia PSEA network, will be shared with beneficiaries to inform on food response activities, particularly on entitlements and how to report on any malpractices.

⁵ It is estimated that the current food basket is contributing 63% of the 2,100Kcal.

⁶ Analysis by WFP, comparing the market values of relief in-kind food basket with PSNP wage rate, showed that PSNP wage rate covers 75 percent of the rations in relief in-kind transfers, an indication that cash transfer value that is based on the PSNP wage rate is not sufficient to purchase the full ration basket provided through in-kind assistance.





⁷ NDRMC is responsible for continuously monitoring the incidence and impacts of climatic shocks and other hazards across Ethiopia. Using the Household Economy approach (HEA) analytical framework, NDRMC coordinates the bi-annual multi-agency field assessments and analysis of other early warning (EW) data sources to estimate the overall figures of food insecure populations (FIPs) for each Region. From 2021 NDRMC will move to a more automated system of generating FIP estimates via an EW Dashboard that will be updated four times per year in October, January, April and July. These dates reflect the seasonal variations in rains, harvests and livestock production cycles etc. across different livelihood zones in Ethiopia.

3.6

Health



ORIGINAL TARGET	REVISED TARGETED	% OF PEOPLE REACHED	ORIGINAL REQUIREMENTS (US\$)	REVISED REQUIREMENTS (US\$)
3.4M	3.2M	47%	\$140.1M	\$96.0M

% CHILDREN	% WOMEN	% MEN	% WITH DISABILITIES
55% 	22% 	23% 	14% 

The COVID-19 pandemic and associated restrictions continued to erode the population's coping mechanisms in the first half of 2021, increasing humanitarian needs among the non-displaced general population. The IDPs often live in congested environments leaving them particularly vulnerable to outbreaks such as COVID-19 and cholera.

The spillover of the conflict in Tigray has markedly changed humanitarian needs with high levels of displacement in the border areas of Amhara and Afar regions. This is a complex challenge given that the two regions have minimal presence of non-governmental partners. It also comes on top of the flood risk faced by both regions.





The ongoing efforts to return IDPs to their original places of residence puts an additional demand on the cluster. The Health Cluster will continue to ensure availability of essential health services for the affected populations. The financial resource required for rehabilitation of health facilities damaged or destroyed by conflicts has not yet been determined; however, it will constitute a major part of the resource requirement and resource mobilization efforts. The Health Cluster financial requirements have reduced sizably from HRP stage. This is as the Health Cluster is working closely with the Ministry of Health and the Ethiopian Public Health Institute to cover health sector needs. The Health Cluster is working with government counterparts to improve systematic tracking of government in-kind, staff and financial contributions.

3.7

Logistics



ORIGINAL TARGET	REVISED TARGETED	% OF PEOPLE REACHED	ORIGINAL REQUIREMENTS (US\$)	REVISED REQUIREMENTS (US\$)
N/A	N/A	N/A	\$16.2M	\$12.0M

% CHILDREN	% WOMEN	% MEN	% WITH DISABILITIES
N/A 	N/A 	N/A 	N/A 





As a support to the expected increased humanitarian response in the border areas of Afar and Amhara regions, the Logistics Cluster facilitates access to logistics services and convoy coordination in its hubs in Gondar, Kombolcha and Semera. In the last few months, the Logistics Cluster has strengthened the hubs expanding the storage capacity available to partners as well as increasing the staff. In addition, the remaining hubs in Addis Ababa and Adama, allow partners to consolidate cargo to be dispatched to the northern hubs and mobilize supplies to other areas of the territory if needed. Due to the volatility and unpredictability of the situation and access constraints in Ethiopia, the Logistics Cluster aims to leverage the response wherever is required, with the capacity to strengthen and rotate personnel across the different hubs. Additionally, new hubs with transport and storage capacity are also envisioned

to boost an agile, flexible, and swift delivery of live-saving cargo in Ethiopia. Finally, the Logistics Cluster will continue to provide information management and coordination to partners. In this sense, the frequency of the coordination meetings organized by the Logistics Cluster has increased to provide the latest logistics updates as well as to provide a space for better coordination and information exchange among humanitarian logistics partners. In addition, the Logistics Cluster will continue to collect the needs from partners and identify the logistics gaps and bottlenecks to better reflect the logistics landscape in Ethiopia.

3.7 Nutrition



ORIGINAL TARGET	REVISED TARGETED	% OF PEOPLE REACHED	ORIGINAL REQUIREMENTS (US\$)	REVISED REQUIREMENTS (US\$)
2.8M	2.9M	10%	\$152.7M	\$181.1M

% CHILDREN	% WOMEN	% MEN	% WITH DISABILITIES
72% 	28% 	0% 	5% 

Increased food insecurity across the country along with below-average crop production, and food price increases caused Severe Acute Malnutrition (SAM) admissions to stagnate at very high levels since February 2021. Between January to April, country-wide SAM admissions were 25 per cent higher compared to the same period last year, with all regions apart from Afar and Gambella reporting increases. For instance, in Amhara region, a nutrition assessment done in IDP sites found that of the children 6 to 59 months and pregnant and lactating women (PLW) who were screened, respectively, about 24 percent and 46 percent were acutely malnourished. The number of children affected by severe acute malnutrition (SAM) admitted for treatment from January to May 2021 was 195,651, i.e., 22 per cent higher than what it was during the same period of last year and this represented 101 per cent of the 2021 HRP target estimated as end of May and 39 per cent of the annual target. In addition, from January through May 2021, 716,061 children benefited from the targeted supplementary feeding program (TSFP) for the treatment of moderate acute malnutrition (MAM) representing 70 per cent of the annual target (1,020,000) and 331,545 acutely malnourished PPLW benefiting from TSFP, representing 55 per cent of the annual target (600,000). As acute malnutrition is expected to





continue to rise over the next six months beyond what was already anticipated, annual SAM and MAM targets were revised upwards and overall, the nutrition response will now aim at targeting over 2.9 million children, pregnant and lactating women. Emergency Nutrition Coordination Unit (ENCU)/Nutrition Cluster partners will support the Government of Ethiopia's to deliver life-saving nutrition services. The priority is to support the health system in scaling-up the management of acute malnutrition at times of crisis. Efforts will be made to sustain and scale-up activities that focus on preventing malnutrition, early identification, referral, and treatment of malnourished children and PLW. Surge support will be provided to enhance access to nutrition services in remote and hard-to-reach communities, including IDP/returnee sites through technical and operational support to static and mobile health and nutrition services.

The revised requirement for the implementation of the nutrition response is estimated at \$181M, of which over 90 per cent is for nutrition supplies.

3.8

Protection



ORIGINAL TARGET	REVISED TARGETED	% OF PEOPLE REACHED	ORIGINAL REQUIREMENTS (US\$)	REVISED REQUIREMENTS (US\$)
4.38M	2.95M	6%	\$118.2M⁸	\$100.0M
<hr/>				
% CHILDREN	% WOMEN	% MEN	% WITH DISABILITIES	
53% 	24% 	23% 	6% 	

Targets and requirements by AoR/WG

	ORIGINAL TARGET	REVISED TARGET	ORIGINAL REQUIREMENTS (US\$)	REVISED REQUIREMENTS (US\$)
GENERAL PROTECTION	2.8 M	2.9 M	\$ 44.5 M	\$ 46.1 M
HOUSING LAND AND PROPERTY	0.1 M	0.1 M	\$ 15.8 M	\$ 16.4 M
GBV AoR	0.4 M	0.4 M	\$ 12.6 M	\$ 13.3 M
CHILD PROTECTION AoR	0.5 M	0.6 M	\$ 21.4 M	\$ 24.2 M
MINE AoR⁹	N/A	N/A	N/A	N/A

The number of IDPs and non-displaced civilians in need is expected to rise dramatically as the conflict in Tigray is expanding into the border areas of Amhara and Afar. Displacement is also triggered by floods, drought, and poor access to services in areas to which IDPs have recently returned. Increased displacement have led to heightened protection risks for vulnerable groups such as women, children, elderly, persons living with disabilities and chronic illness. Parties to the Conflict have disregarded their obligations under international humanitarian law to respect and maintain the security and civilian character of camps for refugees and IDPs as well as their obligations to respect protected sites such as hospitals and schools, and have thereby placed civilians and civilian infrastructure at severe risk to the dangers of armed conflict. The interruption of schooling is posing protection risks, particularly for girls, as children out of school have a higher risk of being engaged in forced labor, transactional sex, and child marriage.

Protection concerns have also arisen with respect to premature IDP

returns to areas where the safety and wellbeing of IDP returnees are at risk. The humanitarian conditions of large numbers of returning migrants from the Kingdom of Saudi Arabia towards the end of June, including children and women is also alarming¹⁰.

Women and children are at higher risk of sexual violence and exploitation due to insecurity, and especially for women, existing gender inequalities, and loss of livelihoods. Limited access to food, NFIs and shelter increased health risks, psychosocial distress, and tension within the community, including between IDPs and host communities. The dire living conditions also led to increased risks of negative coping mechanisms, including child, early and forced marriage, child labor and transactional sex. Persons with disabilities and the elderly are at higher risk of being left behind amid the immediate need to flee from violence, and in other cases face neglect and exclusion from or lack of access to critical assistance and protection.

Although coordination between protection partners and other actors

⁸ The original requirement of \$118 M for Protection Cluster had included \$25.5 M for Site Management Support. This now falls under the CCCM cluster activated in 2021 and is hence not reflected in the breakdown.

⁹ The newly activated Mine Action AoR is conducting the relevant assessments and engagement with government partners and will not include targets at this stage.

¹⁰ According to the IOM flash update on post arrival emergency life-saving assistance to KSA returnees, among the 41,000 migrants who returned between 26 June and 15 July, 6,669 were women, 1,980 were accompanied children, and 415 were unaccompanied children.

is improving, including the activation of sub-national clusters and coordination mechanisms in some of the affected areas, security constraints, poor road conditions, limited operational presence and insufficient resources continues to hinder partners' ability to thoroughly assess the needs in some displacement sites and return locations, as well as to deliver critical assistance to affected communities.

During the second half of 2021, the Protection Cluster will continue to promote the safety and well-being of civilians in need, and to mitigate the harm caused to survivors of human rights violations. Depending on an enabling operational environment, the Cluster's priorities include streamlining protection across all sectors, including food, health, NFI, as well as specialized support to survivors of GBV, family tracing and reunification, alternative care arrangement for Unaccompanied and Separated Children (UASC) and improved referral mechanisms including for early identification and referral of persons with special needs and elderly persons. The Cluster is also looking to expand the operational footprint of its partners and specialized protection capacity, especially CP and GBV, in new displacement sites and return locations, through remote programming and mobile response teams.





The cluster will also strengthen programming in Housing, Land and Property (HLP) to address issues triggering displacement, secondary displacement and precluding attainment of durable solutions. Legal aid and documentation services will also be facilitated to enhance access to rights, freedom of movement and service access for target populations. Protection cluster plans to continue engaging with government counterparts as well as working on advancing local arbitration mechanism to solve HLP disputes, and support civil documentation including for women. Finally, the Cluster will strengthen information management capacity and flow of information from sub-national clusters in the field to the Addis-based National Cluster to enhance evidence-based analysis and advocacy. The newly activated Mine Action AoR will work, together with existing and new partners, to reduce the impact and risk of explosive ordnance, supporting the Government with a nationwide mine action strategy focused on Somali, Afar, Benishangul and Gambella regions.

3.9

WASH



ORIGINAL TARGET	REVISED TARGETED	% OF PEOPLE REACHED	ORIGINAL REQUIREMENTS (US\$)	REVISED REQUIREMENTS (US\$)
2.8M	4.8M	78%	\$67.0M	\$78.1M

% CHILDREN	% WOMEN	% MEN	% WITH DISABILITIES
53% 	24% 	23% 	13% 

The cluster will work towards meeting the minimum WASH standards to save lives by providing the following WASH responses: 1) Provide safe drinking water by water trucking and/or rehabilitation of non-functioning water schemes, extension of pipe network from the existing scheme, or construction of new water schemes; 2) Provide barrier free hygiene and sanitation facilities by constructing differently types of latrines and deliver essential sanitation and hygiene messages through hygiene promotion and 3) Provide life-saving essential NFIs, such as water collecting and storage items, water treatment chemicals, hygiene and dignity kits, etc.

The increase of GBV in conflict situations in the country highlights the specific risks that women and girls face, hence the importance of collaborating with the Protection cluster to mainstream protection, GBV mitigation and accountability to affected populations in WASH programming. Technical guidance, adequate partner orientation and training will be offered to WASH partners. Access to safe drinking





water and availability of reliable sanitation facilities significantly contribute to addressing challenges in Health, Nutrition, ESNFI and Protection Clusters. In addition, the ongoing COVID-19 pandemic and risk of other health risk such as cholera requires continuous collaboration with the Health sector. Therefore, the WASH Cluster will continue to work across clusters through joint assessments, utilization of common indicators and development of technical response guidance for partners.

3.10

Coordination



ORIGINAL TARGET	REVISED TARGETED	% OF PEOPLE REACHED	ORIGINAL REQUIREMENTS (US\$)	REVISED REQUIREMENTS (US\$)
N/A	N/A	N/A	\$18.3M	\$18.3M

% CHILDREN	% WOMEN	% MEN	% WITH DISABILITIES
N/A 	N/A 	N/A 	N/A 

Coordination partners aim to facilitate coordinated humanitarian response and advocacy. In the remainder of 2021, conflict, insecurity and displacement, disease outbreaks, including the COVID-19 pandemic, Desert Locusts, and climatic shocks will continue to worsen the humanitarian situation for vulnerable people in Ethiopia.

The Government of Ethiopia and the Ethiopia Humanitarian Country Team (EHCT) coordinate the overall humanitarian response in Ethiopia. At the national level, a critical joint strategic forum, the Emergency Coordination Centre (ECC) is the highest joint Government and partners strategic platform. In addition, sub national ECC are in place to monitor the implementation of the plan. The Humanitarian Coordinator leads the EHCT to HCT to ensure a coordinated and principled international humanitarian response and maintain high-level engagement with NDRMC and other relevant Government interlocutors. The inter-cluster coordination mechanisms at the national and sub-national levels will support the revised HRP 2021 implementation. Clusters are co-led by Government line ministries and cluster lead agencies from humanitarian partners.

The coordination structure is decentralized to enable coordinated response of sudden onset and complex emergencies, which require agility, effectiveness, and principled multi-sectoral response, through

inter-agency coordination systems and other relevant sub national platforms. The decentralized coordination structure also allows for decisions to be taken closer to and in dialogue with the affected populations. Coordinated assessment and analysis support the implementation of Humanitarian Response Plan (HRP). Financial contributions to the HRP are tracked through the Financial Tracking System, which provide regular reports to the HC, EHCT, and donors as well as the government. During the review period, there is a need for strengthening coordination capacity across the country with focus in Amhara and Afar to ensure principled and coordinated response to the increasing humanitarian needs due to conflict.

Get the latest updates

Humanitarian RESPONSE

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

[humanitarianresponse.info/en/
operations/ethiopia](https://humanitarianresponse.info/en/operations/ethiopia)



Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

hum-insight.info/plan/1041



The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

fts.unocha.org

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MID-YEAR REVISED HUMANITARIAN RESPONSE PLAN ETHIOPIA

ISSUED OCTOBER 2021