

2019

# HUMANITARIAN RESPONSE PLAN

JANUARY - DECEMBER 2019

FEB 2019

Photo: ©UNICEF Ethiopia/2014/Ose

A close-up photograph of two young girls in Ethiopia. The girl on the right is smiling and looking towards the camera, wearing a blue and red patterned headscarf and a yellow beaded necklace. The girl on the left is looking slightly away from the camera, wearing a red headscarf and a pink and white patterned garment. The background is a soft, out-of-focus green.

**ETHIOPIA**

TOTAL POPULATION  
OF ETHIOPIA

96.5<sub>M</sub>

PEOPLE IN NEED

8.86<sub>M</sub>

PEOPLE TARGETED

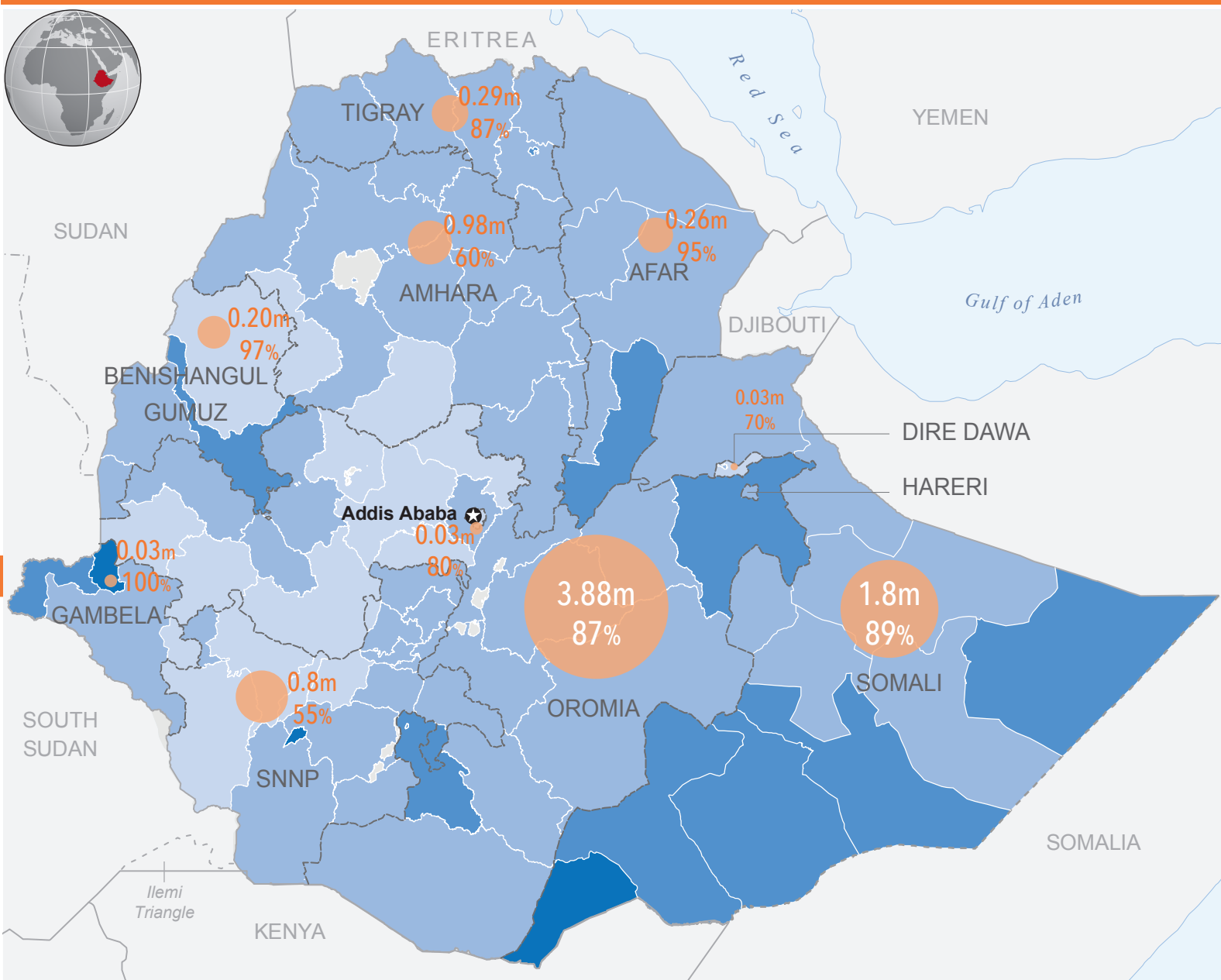
8.30<sub>M</sub>

REQUIREMENTS  
(US\$)

1.314<sub>B</sub>

# GOVT ACTORS &  
HUMANITARIAN PARTNERS

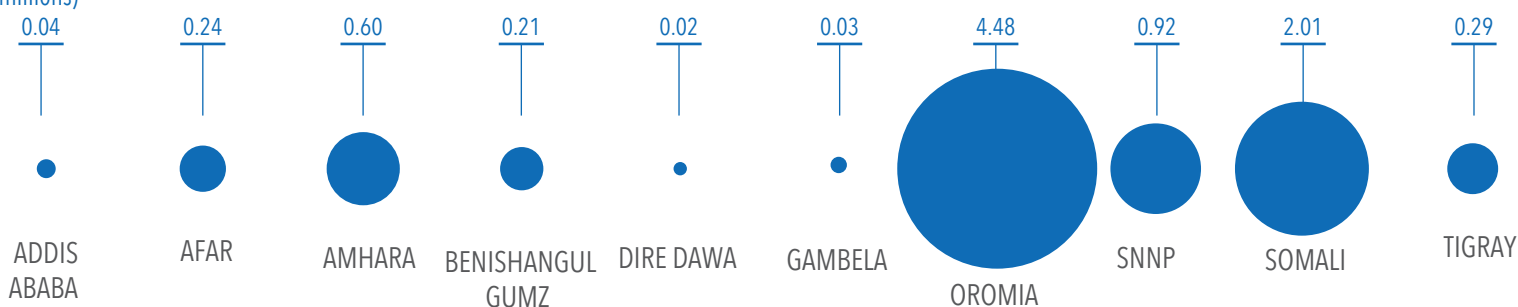
81



Need severity by zone

Number of people targeted and % of people in need by region

Number of people in need  
(in millions)



The boundaries and names shown and the designations used on the Ethiopia maps do not imply official endorsement or acceptance by the United Nations.

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# ACRONYMS

AAP	Accountability to Affected Population		Response Plan
AGD	Age, Gender, Diversity	ENCU	Emergency Nutrition Coordination Unit
AWD	Acute Watery Diarrhea	EOC	Emergency Operations Centre
<i>Belg</i>	Short rainy season from March to May (in highland and mid-land areas)	ES/NFI	Emergency Shelter and Non-Food Items
BSFP	Blanket Supplementary Feeding Programme	EW	Early Warning
		FAW	Fall Armyworm
C4D	Communication for Development	FGD	Focus Group Discussion
CBI	Cash-Based Intervention	FSP	Financial Service Provider
CBN	Community-Based Nutrition Program	FMoH	Federal Ministry of Health
CCD	Collaborative Cash Delivery	GAM	Gender and Age Marker
CHD	Community Health Days	GAM	Global Acute Malnutrition
CiNUS	Comprehensive Integrated Nutrition Services	GBV	Gender-based Violence
		GEQUIP-E	General Education Quality Improvement Program
CMAM	Community Management of Acute Malnutrition	GFD	General Food Distribution
CMCoord	Civil-Military Coordination	GoE	Government of Ethiopia
CRM	Clinical management of rape	GTP	Growth and Transformation Plan
CwC	Communicating with Communities	<i>Gu</i>	Main rainy season from March-June in Somali region
<i>Deyr</i>	Short rainy season from October to December in Somali region	HEA	Household Economy Analysis
DfID	UK Department for International Development	HEW	Health Extension Workers
		HF	Health Facility
DRMTWG	Disaster Risk Management Technical Working Group	HLP	Household, Land and Property
DRR	Disaster Risk Reduction	HNO	Humanitarian Needs Overview
DSWG	Durable Solution Working Group	HDRP	Humanitarian and Disaster Resilience Plan
ECHO	European Civil Protection and Humanitarian Aid Operations	IASC	Inter-Agency Standing Committee
		ICCG	Inter-Cluster Coordination Group
DTM	Displacement Tracking Matrix	ICCM	Integrated Community Case management
ECRRP	Ethiopia Country Refugee Response Plan	IDP	Internally Displaced Person
ECWG	Ethiopia Cash Working Group	IMAM	Integrated Management of Acute Malnutrition
EHCT	Ethiopia Humanitarian Country Team	IPC	Integrated Phase Classification
EHF	Ethiopia Humanitarian Fund	IYCFE	Infant and Young Child Feeding in Emergencies
EiE	Education in Emergencies		
EPHI	Ethiopia Public Health Institute	JEOP	Joint Emergency Operation Program
EPI	Expanded Program on Immunization	<i>Kiremt</i>	Long rainy season (June-September in western areas)
EPRP	Emergency Preparedness and		

LLRP	Lowland Livelihood Resilience Project
MAM	Moderate Acute Malnutrition
MHNT	Mobile Health and Nutrition Teams
MEB	Minimum Expenditure Basket
MHPSS	Mental Health and Psychosocial Support
MPG	Multi-purpose Cash Grant
NCD	Non-communicable Diseases
NDRMC	National Disaster Risk Management Commission
NGO	Non-Governmental Organization
NMA	National Meteorology Agency
OTP	Outpatient Therapeutic Program
OWNP	One WASH National Programme
PFSA	Pharmaceuticals Fund and Supply Agency
PHC	Primary Health Center
PHEM	Public Health Emergency Management
PLW	Pregnant and Lactating Women
PMR	Periodic Monitoring Report
PSEA	Protection from Sexual Exploitation and Abuse
PSNP	Productive Safety Net Program
PW	Public Works
RHB	Regional Health Bureau
RRT	Rapid Response Team
RUTF	Ready-To-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SGBV	Sexual and Gender-based Violence
SMS	Site Management Support
SNNP	Southern Nations, Nationalities and Peoples region
SRH	Sexual and Reproductive Health
TLC	Temporary Learning Centers
TSFP	Targeted Supplementary Feeding Programme
UNDAF	UN Development Assistance Framework
USAID	United States Agency for International Development

## FOREWORD BY

## THE COMMISSIONER

Recurrent humanitarian crises in Ethiopia have forced us to reconsider how we advance a disaster risk management approach to save lives and protect and restore livelihoods.

During the launch of the Global Humanitarian Overview on 4 December 2018, I made a commitment on behalf of the Ethiopian Government – that this year, we embark on a roadmap that aims at reducing vulnerability of Ethiopians and turn them into resilient communities able to withstand shocks that we are certain will continue in the foreseeable future. This vision will be pursued via a multi-year strategy, which will bring together the Government of Ethiopia with humanitarian and development actors who will work together to achieve a set of measurable and specific collective outcomes.

As we start 2019, our focus is saving lives and that remains a harsh reality. Acute needs are at elevated levels and continued life-saving humanitarian interventions are required. Eight million people will require relief food assistance, at least in the first half of the year.

The Government of Ethiopia will continue to lead the response with the generous support from the international community. Last year, some 7.95 million people required relief food assistance and we complied. The Government allocated US\$ 342 million towards the requirements outlined in the joint Government and humanitarian partners' Humanitarian and Disaster Resilience Plan.

This year, the Government calls on international donors and partners to shift their way of working – continue generous support for an increasingly multi-sector humanitarian response; and in parallel, commit to supporting the development of a robust multi-year strategy, which spells out who does what to strengthen longer-term resilience and durable solutions. The strategy will be aligned with Government, development and humanitarian response frameworks to be implemented as of 2020, including Third Growth and Transformation Plan (GTP3), the new UN Development Assistance Framework (UNDAF), and the Productive Safety Net Programme (PSNP).

**H.E. Mr. Mitiku Kassa**  
 Commissioner, National Disaster Risk Management Commission

**FOREWORD BY**

# THE HUMANITARIAN COORDINATOR

The year 2018 was exceptional for Ethiopia, marked by a change of leadership that introduced praise-worthy political, economic, and social reforms that, if and when fully implemented, will fundamentally transform in the way in which the country is governed and pursues its development agenda. Ethiopia also continues to grapple with the impact of climate change on its vulnerable people. In the past years, well-funded and coordinated humanitarian operations have shown positive results in averting excess mortality, yet a significant portion of the humanitarian needs responded to during the past years remains in 2019, given insufficient recovery opportunities.

In 2019 similar levels of critical humanitarian interventions should be maintained. The past year was further marred with a surge in conflict-driven internal displacement. At present, there are around 3 million internally displaced Ethiopians, the vast majority displaced by inter-communal violence. Many of these are in areas where hundreds of thousands of people had been rendered destitute by past years of consecutive drought. Their vulnerability is exacerbated by the prevalence of risk factors for communicable disease outbreaks such as Acute Watery Diarrhoea and measles. Humanitarian and development partners realise that we collectively need to do more to mobilise immediate lifesaving assistance to many of these internally displaced persons and to support plans aimed at advancing durable solutions to prevent the displacement situation from becoming protracted.

In this document the Government of Ethiopia and the humanitarian community present the 2019 Humanitarian Response Plan (HRP), which seeks US\$1.314 billion to reach 8.3 million people with emergency food and non-food assistance. The Government cannot bear this burden alone, it requires the international community's support. When developing the 2019 HRP, humanitarian partners have leveraged more granular analysis of needs - as presented in the 2019 Humanitarian Needs Overview - to identify opportunities for a more joined-up response across sectors. We have also made an effort to highlight where linkages with development programming already exist, and where more needs to be done to increase the long-term impact.

In this period of transition, where additional challenges and climate shocks may result in further humanitarian needs and the accentuation of existing vulnerabilities, the importance of early action and investment in prevention and recovery, cannot be stressed enough. This will not only reduce costly emergency operations, but avert unnecessary suffering.

And it is with this imperative that the international community will support the Government of Ethiopia in taking its disaster management planning one step further towards a new future for its people – resilient to shock and less dependent on humanitarian assistance. Under the leadership of the Government, we will bring humanitarian, development and financing partners together, provide coordinated support to durable solutions and to increase resilience in specific areas of the country by 2025. We aim to have this joined-up, multi-year strategy in place in 2019, so that it can guide selected areas of interventions in development, humanitarian and financing frameworks.

Let's do the right thing together.

**Mr. Aeneas Chapinga Chuma**  
UN Resident and Humanitarian Coordinator

## THE HUMANITARIAN RESPONSE PLAN

# AT A GLANCE

### STRATEGIC OBJECTIVE 1



Lives are saved and sustained

### STRATEGIC OBJECTIVE 2



Protection services for affected communities are provided

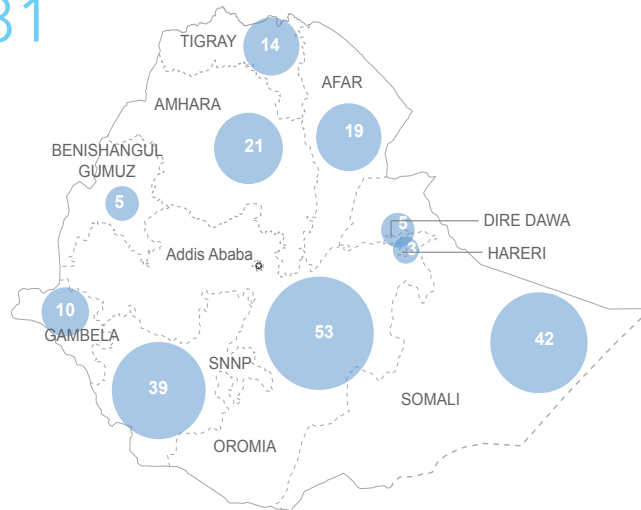
### STRATEGIC OBJECTIVE 3



Livelihoods and basic services delivery are supported to strengthen resilience to recurrent shocks

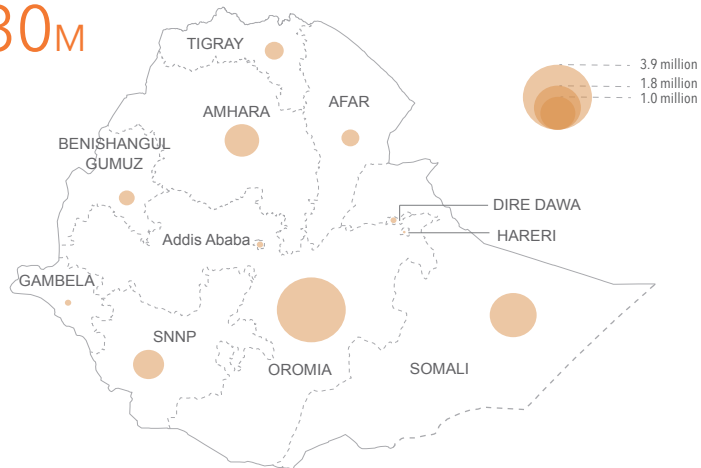
### OPERATIONAL PRESENCE: NUMBER OF PARTNERS

81



### PEOPLE TARGETED FOR HUMANITARIAN ASSISTANCE

8.30M



### PEOPLE IN NEED



8.86M

### PEOPLE TARGETED



8.30M\*

### REQUIREMENTS (US\$)



\$1.314B

SECTOR	# PEOPLE IN NEED IN 2019 (in millions)	# PEOPLE TARGETED (in millions)	FUNDING REQUIRED IN 2019 (US\$ million)	CARRY OVER FROM 2018 (US\$ million)	NET REQUIREMENTS (US\$ million)**
Agriculture	3.1**	1.4	63.3	1.3	62.0
Education	2.6	2.3	45.0	1.8	43.2
Emergency Shelter/NFI	3.4	2.7	112.0	12.8	99.2
Food	8.1	8.0	600.3	84.3	516.0
Health	6.0	4.8	143.0	2.6	140.4
Nutrition	5.9	4.4	202.9	29.9	173.0
Protection	2.9	0.7	13.3	2.0	11.2
WASH	7.3	7.2	133.8	14.8	118.9
<b>Total</b>			<b>1.314 B</b>	<b>149.6 M</b>	<b>1.164B</b>

\* Inter-sectoral people targeted was calculated by aggregating the maximum sectoral target per region. In determining sectoral target various factors were taken into account such as resource availability, sectoral response capacity, funding track record, etc.

\*\* As of 31 December 2018

\*\*\* For Agriculture cluster, PiN represents heads of households

## OVERVIEW OF

## THE CRISIS

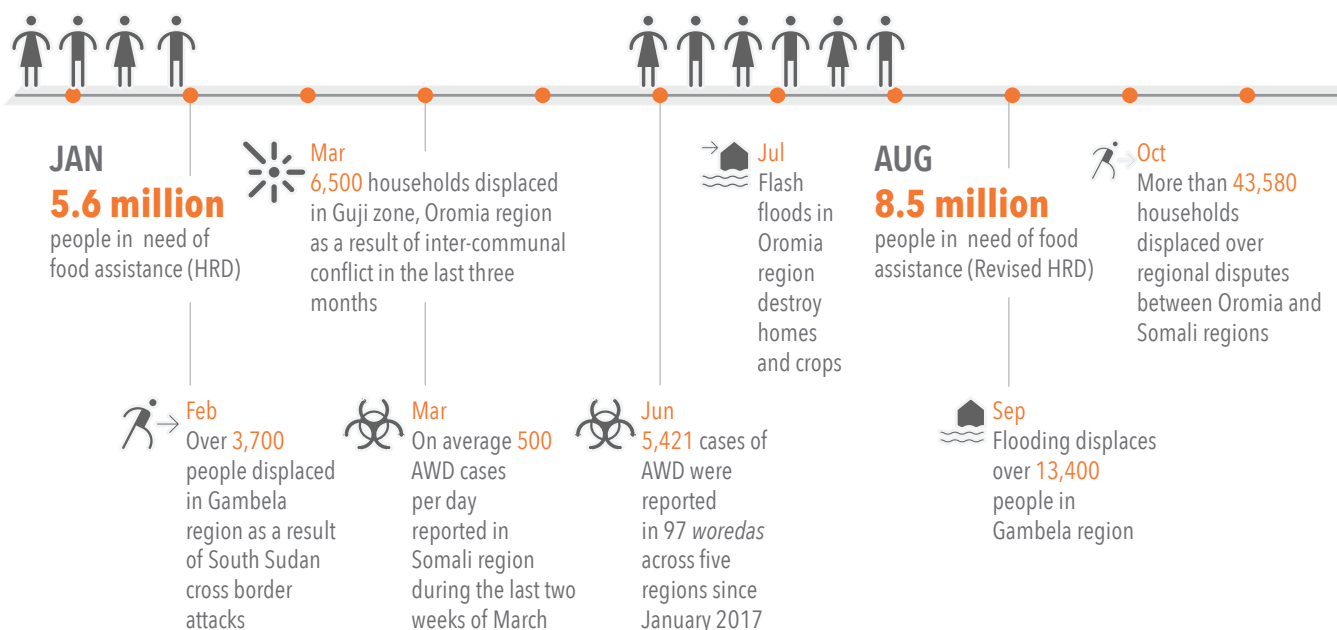
In 2018, Ethiopia was spared significant climate-related calamities such as the droughts of previous years. However, the significant spike in conflict-induced displacement, with a near doubling of the IDP and IDP returnee<sup>1</sup> caseload, is contributing to high response needs across six regions. In addition, communities affected by drought in recent years have yet to recover and remain highly vulnerable to climate shocks, having exhausted their capacity to cope. This has required the Government of Ethiopia and humanitarian partners to adopt response strategies that are better suited to the need of a more complex and sudden onset conflict-induced crisis.

Ethiopia saw a significant increase in internal displacement in 2018 as a result of inter-communal conflict in several pockets of the country, with a near doubling of the IDP and IDP returnee population to around three million by the end of

2018. Though localized small-scale displacements have always existed in Ethiopia from clashes between communities over pasture and water rights in pastoralist and agro-pastoralist areas along regional boundaries, the scale and frequency

## CRISIS TIMELINE

2017



<sup>1</sup> IDP returnees are IDPs who have returned to the area (usually *kebele*) from which they were displaced, i.e., those who returned to their home and those who returned to their village/*kebele* but not to their home.

seen in 2018 are unprecedented. This led the Government of Ethiopia and humanitarian partners to focus more on the needs of IDPs and IDP returnees, while simultaneously responding to the acute needs of impoverished communities affected by food and livelihood insecurity from recent years of protracted drought, as well as other associated multi-sector needs.

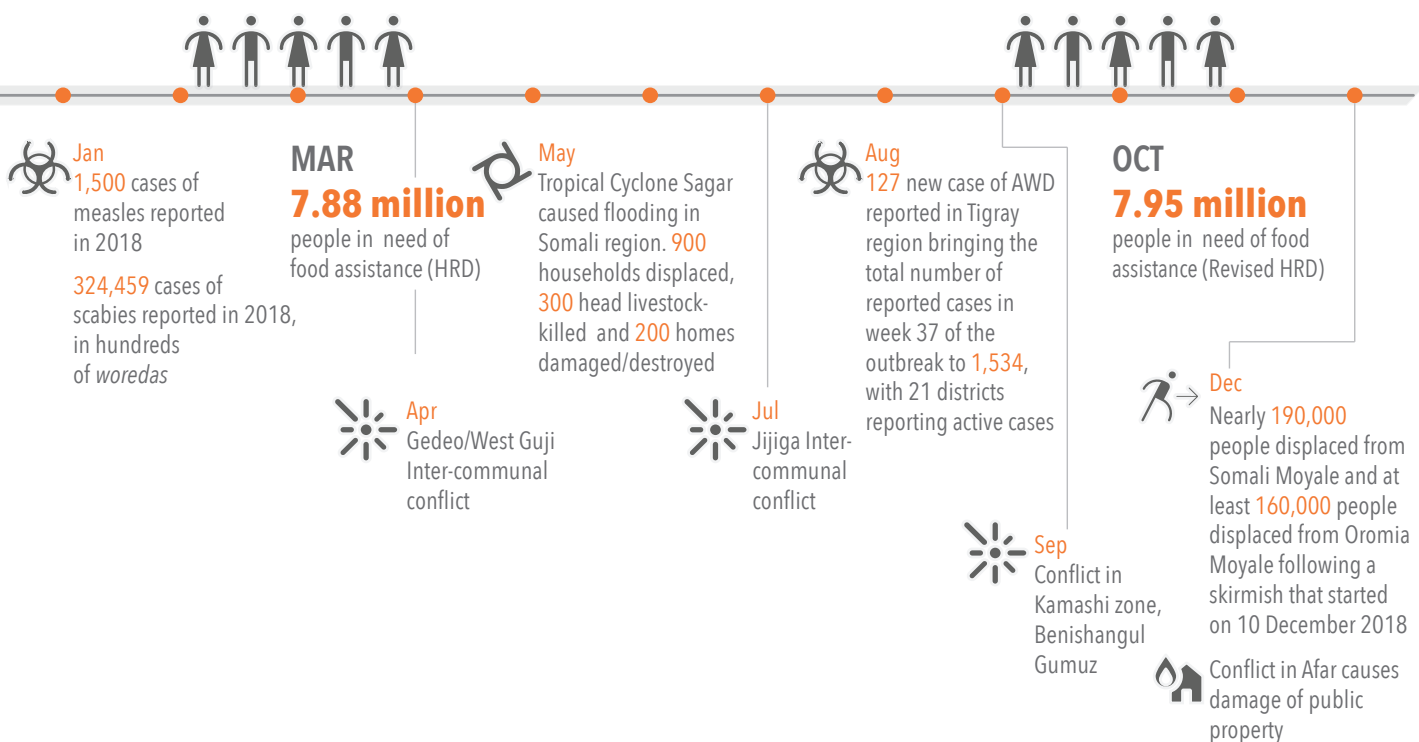
One of the largest incidents of internal-displacement occurred in April 2018 when historical tensions over land and regional boundaries between the Gedeos (SNNP) and Oromos (Oromia) escalated, leading to clashes. At the peak of the crisis, nearly one million people were displaced in both zones. Another wave of displacement occurred when inter-communal conflict erupted along the Benishangul Gumuz - Oromia border in September 2018, displacing people inside Benishangul Gumuz region and across the border into western Oromia. Meanwhile in Amhara region, inter-communal related conflict that sparked in November 2018 between the Amhara and the Qemant communities led to displacements in the western part of the region. Parts of the Oromia-Somali, as well as Afar-Oromia regional boundaries remain volatile, while in Tigray region, conflict also led to some displacement in late 2018. Continued humanitarian assistance will be required in 2019 both for IDPs and IDP

returnees. The implication for protection issues suggests that the capacity of the Government and partners needs to be tailored to the multiple protection needs of highly vulnerable people.

Of additional concern are IDP hosting communities, many of whom were already vulnerable pre-displacement, and are likely to require sustained assistance through 2019. Sporadic unrest often has devastating impact on basic service delivery, including the disruption of health and nutrition services, education, and food security. This elevates the risk of disease outbreaks and malnutrition. In Somali region for example, which is already affected by high malnutrition rates, the conflict in August 2018 led to an estimated 50 per cent turnover of health professionals, which caused serious disruptions in health and nutrition service delivery.

The 2018 seasonal rains performed well in most parts of the country. Rains allowed most agrarian communities to benefit from normal harvests, while replenishing the water sources and rejuvenating pastures of pastoralist and agro-pastoralist communities. Despite these positive developments, communities who suffered consecutive years of severe drought, who lost productive assets, or took on significant debts to shoulder the brunt of the crisis, will continue to need sustained humanitarian assistance and recovery

## 2018



## KEY ISSUES



Conflict



Food insecurity &amp; nutritional crisis



Epidemics



Natural disasters

support throughout 2019. According to the Emergency Nutrition Coordination Unit (ENCU), the scale and severity of the nutrition situation remains in line with the 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review, which projected 4.53 million children under five years and pregnant and lactating women requiring treatment for acute malnutrition in 2018.

Lack of access to safe water and sanitation coupled with poor hygiene practices continue to pose disease outbreak risks, including Acute Watery Diarrhea (AWD) in parts of the country. Over 3,000 cases of AWD were reported in 2018 nationwide, the majority in Tigray region, followed by Afar. The impact of poor sanitation practices on the health of IDPs and IDP returnees is particularly concerning, especially in areas where the infrastructure is weak and where depleted water tables limit access to safe water.

At the start of 2019, Ethiopia is also hosting over 900,000 refugees who were forced to flee their homes as a result of political instability, military conscription, conflict, famine and other problems in their countries of origin. The majority of refugees in Ethiopia are located in Tigray Regional State and the four emerging regions of Ethiopia: Afar, Benishangul Gumuz, Gambela and Somali regions. The South Sudanese are the largest refugee population in Ethiopia, followed by Somalis and Eritreans.

While responding to the immediate life-saving needs of existing and emerging crisis, the Government of Ethiopia has also been seeking durable solutions to address the needs of people affected by protracted displacement, or to prevent new ones from developing where and when possible. To this end, the Government has convened peace and reconciliation conferences and continues to facilitate the safe return of IDPs. While some IDP returnees have successfully returned to their respective homes, the large majority of those who have returned are still living in collective centers in areas of return, while others were forced into secondary displacements due to renewed conflict.



## 2018 ACHIEVEMENTS

## AND CHALLENGES

In 2018, an estimated 7.8 million people received humanitarian food assistance,

This was made possible by leveraging various response modalities such as cash-based interventions (CBI) and strengthening Government and humanitarian partners, coordination and response capacity, as seen with the establishment of the Emergency Operations Centers (EOCs) to address the Gedeo-Guji displacement crisis since April 2018. The joint Government-IOM displacement data collection tool - the Displacement Tracking Matrix (DTM) - provided the most authoritative source of data on displaced populations and also facilitated rapid needs assessments enabling a timely emergency response. DTM team assessed displacement sites in 481 *kebeles*, 173 *woredas* and 44 zones during the year.

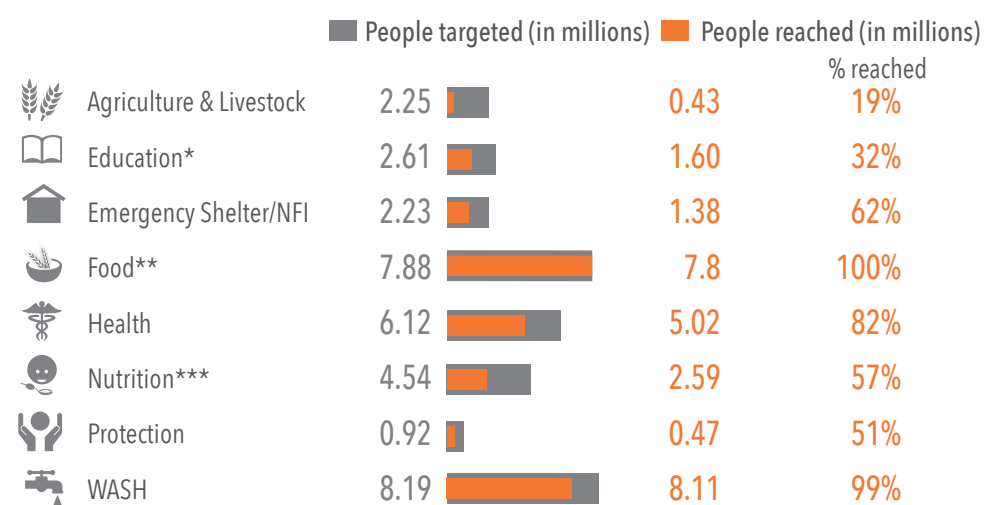
The 2018 humanitarian response was not without its challenges. Providing sustained and adequate assistance to affected-people in remote and hard-to-reach areas, as well as in areas where access was restricted due to insecurity remained a challenge throughout the year. The spikes in internal displacement and the vast geographic spread of the hotspot areas stretched response capacity and resources.

What began with a conflict-induced displacement along the Oromia-Somali regional boundary, subsequently spread to other parts of the country, particularly since April 2018. In some instances, the required amount and quality of in-kind relief items were unavailable in country.

Conflict and displacement posed serious protection concerns both for IDPs, IDP returnees and host communities leading to an increase in protection interventions for vulnerable population. Pockets of insecurity and subsequent travel restrictions further hampered the ability of Government and humanitarian partners to scale up the response.

This was mostly attributed to limited capacity of zonal and regional governments which, as in the case of Benishangul Gumuz region, had never faced this level of displacement and humanitarian need. Having to activate coordination structures with short-term/temporarily deployed humanitarian partners further hindered coordination and response efforts.

## 2018 RESPONSE COVERAGE BY CLUSTER/SECTOR



\* This percentage on progress towards factors in the number of children reached with partial assistance (i.e, on average 3 months out of the planned 8 months of school feeding for the year)

\*\*However, beneficiaries were reached with fewer rounds of food assistance than planned (i.e on average 6 rounds out of the planned 7 rounds)

\*\*\* Note that the response data is up to November and includes 90% reached for SAM and 54% reached for MAM

## ENHANCING

# THE HUMANITARIAN-DEVELOPMENT NEXUS

While strengthening the humanitarian response, the Government and humanitarian partners are working towards a joined-up response strategy with the Government, development and financing partners. This strategy will focus on enhancing resilience and durable solutions in prioritized geographic areas, and aims at achieving two to three specific and measurable collective outcomes by 2025.

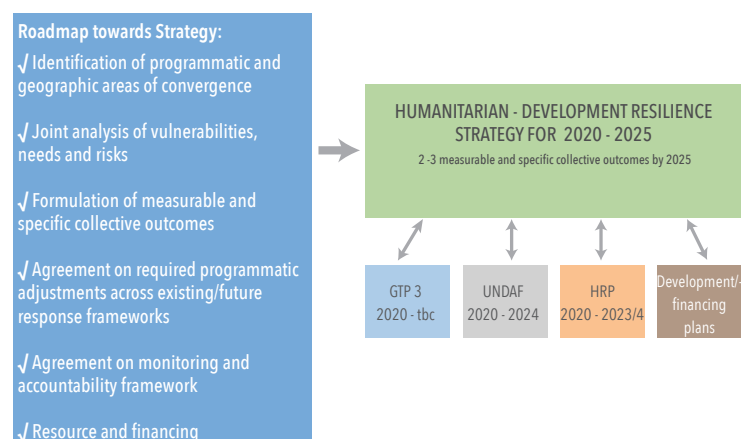
The cost of providing humanitarian response in Ethiopia has been over a billion dollar since 2016 (\$1.6 billion in 2016 and \$1.4 billion in 2017) due to recurrent drought and conflict-related displacement since 2017. Both conflict and climate-induced shocks have significantly weakened coping capacities of communities, particularly in pastoralist lowland areas where basic service infrastructure and delivery have historically been below national standards. Continued humanitarian response at current levels is not only increasingly unaffordable, it also does not address root causes of vulnerabilities and runs the risk of creating aid dependency patterns in affected populations.

Against this background, Government policies as well as most humanitarian and development frameworks aim at supporting a paradigm shift towards reducing risk and vulnerability, and building resilience of particularly drought-affected communities. Going forward, life-saving humanitarian assistance and basic service delivery to displaced populations in particular will also need to be complemented by conflict prevention and durable

solutions-oriented development programming. The National Policy and Strategy on Disaster Risk Management and the Disaster Risk Management Strategic Programme and Investment Framework (DRM-SPIF) outline the Government's commitment and guidance to this paradigm shift. As part of the 2018 HDRP, some activities aiming at prevention (Pillar 1) and recovery and system strengthening (Pillar 3) were implemented, particularly in the agriculture, nutrition, education and WASH sectors. However, overall funding to these areas of the HDRP was limited.

For the period 2020-2025, humanitarian, development and financing partners have started discussions on developing a joined-up strategy. This Strategy will focus on reaching 2 to 3 specific collective outcomes related to enhancing durable solutions for IDPs and IDP returnees, as well as enabling basic service delivery and livelihood support in disaster-prone areas. In order to leverage comparative advantages and achieve timely impact, it will focus on systems strengthening and a set of prioritized geographic areas.

### TOWARDS JOINED-UP PLANNING AND COLLECTIVE OUTCOMES



The Strategy will provide an agreed results umbrella for specific programmatic pillars related to durable solutions and resilience strengthening within key Government, development and humanitarian response frameworks to be implemented as of 2020, including the Government's Third Growth and Transformation Plan (GTP3), the new UN Development Assistance Framework (UNDAF) 2020-2024, the Productive Safety Net Programme (PSNP), and a multi-year Humanitarian Response Plan (HRP) 2010-2023/4. In order to support this process, in the 2019 HRP, humanitarian partners have made efforts to consistently highlight existing linkages with developmental approaches, as well as areas for which development partners should enhance programmatic and funding support in order to decrease reliance on short-term humanitarian response patterns and increase longer-term impact.

# STRATEGIC OBJECTIVES



# 1

**Lives are saved and sustained**

Life-saving multi-sector assistance will be provided to the most vulnerable population groups, including including, IDPs, IDP returnees and mainly drought-affected communities who have exhausted their coping capacity.

#### Selected Results:

- 1.92 million children and 1.4 million pregnant and lactating women treated for acute malnutrition
- 2.5 million people provided with safe drinking water
- 1.54 million IDPs assisted with shelter solutions
- 2.05 million children between the ages of 6 months and 15 years vaccinated for measles
- 8 million beneficiaries assisted with emergency cash/food



**Funding requirements:**  
**US\$ 1.08 billion**



# 2

**Protection services for affected communities are provided**

In 2019, basic and specialized protection services which meet global standards of care and capacity support will be provided to affected people and service providers, including local Government.

#### Selected Results:

- 47,000 boys and girls at high protection risk received child protection services
- 390,000 IDPs provided with access to safe and appropriate living spaces
- 50 per cent of health facilities provide clinical management of rape services for SGBV survivors



**Funding requirements:**  
**US\$ 17.44 million**



# 3

**Livelihoods and basic service delivery are supported to strengthen resilience to recurrent shocks**

Livelihood and basic service support is required for a wide range of destitute communities, including to support durable solutions for IDPs and IDP returnees. Existing links with development programming will be strengthened to this end.

#### Selected Results:

- Less than 5 per cent of the population lives below the survival threshold
- MAM treatment and rehabilitation services delivered through routine health services in 144 *woredas*
- 3 million people with sustained access to safe drinking water
- 332,000 households have received seeds and tools
- Livelihoods of 540,000 persons supported through rehabilitation of community structures and shelters
- Homegrown school feeding in place in 10 vulnerable *woredas*



**Funding requirements:**  
**US\$ 213.23 million**

## RESPONSE

## STRATEGY

Based on clear planning assumptions, the Government and humanitarian partners have agreed on a strategy which strengthens multi-sectoral planning and response, upholds the centrality of protection, and is increasingly responsive to perspectives of affected communities.

### Planning Assumptions and Projections

**Internal displacement and returnees:** Around three million people were displaced as of January 2019. It is expected that continued humanitarian assistance will be required for IDPs and IDP returnees regardless of their location.

**Climate Hazards:** El Niño is expected to form and continue through the Northern Hemisphere in spring 2019 (~65 per cent probability). Although it is too early to conclusively predict the impact of El Niño on the 2019 *belg/gu* (March-May) rains, it is possible that the spring rains may be below normal in the north and northeastern parts of the country,

#### Response principles

- Operating in line with humanitarian principles.
- Complementarity with Government response.
- Centrality of protection.
- Enhancing multi-sector response to needs cutting across sectors.
- Strengthening links with development programming.

which would result in loss of short cycle crops. In addition, seasonal flooding is expected during the peak *kiremt* rainy season (July and August) in some flood-prone areas.

**Humanitarian Access:** In areas where access was impeded due to unrest or floods, humanitarian response and service provision has been affected in 2018. Access challenges may continue to hamper effective humanitarian response in key response locations in 2019.

**Government Capacity:** Humanitarian response is delivered under the leadership of the Government of Ethiopia. Humanitarian partners will continue to plan with Government and deliver through national systems. While the Government (both federal and sub-national level) has the experience in responding to climate and disease-related crises, there is less experience and capacity to mount an effective response to conflict and civil unrest. Attention will be given to

strengthening Government response capacity in conflict areas.

### Scope of the 2019 HRP

The 2019 HNO identified 8.86 million people with humanitarian needs. Out of this number, the 2019 HRP will target 8.3 million people with life-saving assistance, protection and basic services and livelihood support, assisting primarily drought-affected communities, IDPs and IDP returnees from January to December 2019.

The HRP target includes people identified during the *meher* seasonal assessment as falling below the survival threshold; excludes people identified as falling below the livelihood threshold. While the HRP does not target people below the livelihoods threshold, it is crucial that these populations are immediately assisted with targeted livelihood support and other resilience and recovery-oriented programs. They otherwise stand a high risk of regressing and falling into conditions where their survival is at stake, requiring urgent lifesaving interventions. Throughout the HRP, humanitarian partners have highlighted existing linkages with development programming, as well as areas for which development partners should enhance programmatic and funding support in order to decrease reliance on short-term humanitarian response patterns and increase longer-term impact.

Out of the 8.86 million people in need, the HNO identified 4.63 million people to be in acute need. Within the identified areas of multi-sectoral response as well as the sector plans in the HRP, acute subsets of people in need and refined need severity analysis have been taken into consideration for defining response strategies and priorities.

### Centrality of Protection

Conflict and displacement will continue to pose serious protection concerns for IDPs, IDP returnees and host communities as IDPs and IDP returnees displaced in 2018 are expected to remain displaced at least through the first half of 2019. This will increase protection needs for vulnerable population groups to avert risks such as Gender-based Violence (GBV). Persons with special needs, including older persons, people with physical and intellectual disabilities, adolescent girls and boys engaging in risky behaviours and negative coping mechanisms, female and child-headed

households, unaccompanied and separated children, persons missing documentation, persons who have lost their property and/or livelihoods, have been the most affected.

In line with the HCT Protection Strategy, the Protection Cluster and Government counterparts will support the implementation of the principles of centrality of protection in guiding the overall humanitarian response and decision making at strategic and operational levels. Support from the Protection Cluster will include strengthening the capacity of other clusters through the mainstreaming of concepts related to accountability, best practices in targeting, programming which addresses gender inequities as well as child protection and GBV. In addition to training, Protection from Sexual Exploitation and Abuse (PSEA) will be integrated across the humanitarian response in collaboration with other clusters and through the leadership of the PSEA Network. Affected communities will be engaged in planning and service delivery of this plan. Community-based complaint and feedback mechanisms will be supported with inputs from affected communities to allow vulnerable populations to provide feedback about humanitarian services, including behaviours of service providers for positive and corrective actions. Lastly, advocacy for the ratification of the Kampala Convention for the Protection and Assistance of Internally Displaced Persons is a key component of the protective response that will be actively pursued in 2019.

### Gender/age considerations in response

Gender inequality is pervasive in Ethiopia and the underlying causes stem from deeply rooted social norms and cultural practices. As a result, women and girls are not participating equally in society and face restrictions to economic participation, decision making and access to opportunities and services, which has devastating consequences on their human development and on their communities as a whole.

As a result of these deep-rooted pre-existing gender inequalities and discrimination, women and girls experience gender-specific vulnerabilities in crisis and post-crisis settings, including higher susceptibility to violence, exploitation and abuse and obstructions in accessing support. Experiences of crises, conflict and displacement are gendered and understanding the effect of the impact of the crisis to account for the needs, interest and capacities of women, girls, men and boys is a requirement not to aggravate pre-existing gender inequalities. However, crises also present opportunities to break gender barriers and gender stereotypes. For example, evidence suggests that women in drought-affected areas of Ethiopia have increased their participation in income generating activities, such as petty trading, that prior to the crisis was undertaken by their husbands. As such, gender roles may change and can bring about opportunities for women's empowerment that can support resilience if appropriately invested in.

Understanding gender dynamics at the household and community level improves design, accountability and targeting in humanitarian interventions across all sectors and helps building on the strengths and capacities of affected communities.

The Government and humanitarian community will mitigate gendered protection risks by ensuring interventions are built on a comprehensive gender analysis, taking into account the needs, interest and coping strategies of women, men, girls and boys and ensure services are tailored to meet their respective needs and are accessible to the most vulnerable. Support from the Protection and CP/GBV Sub-Cluster include capacity support on GBV integration and Gender Mainstreaming for other sectors using the IASC Gender Handbook for Humanitarian Action and IASC Guidelines for Integrating Gender Based Violence in Humanitarian Action. The Gender and Age Marker (GAM) is also used in project design and monitoring to ensure that quality and consistency of gender equality programming is enhanced throughout the project cycle.

### Communication with affected communities

In 2019, the EHCT, together with NDRMC, will develop a common approach to community engagement/accountability to affected populations, building on existing agency mechanisms and approaches. This will include building stronger linkages with existing thematic forums such as the Inter-Agency Accountability Working Group (IAAWG), and humanitarian operational and strategic coordination forums such as the EHCT/ICCG and DRM TWG. A common approach to community engagement will comprise the following dimensions: ensuring access to information, enabling the provision of feedback, intention surveys and participation in planning. Having a coordinated approach means that related community perspectives are adequately sourced, channeled and analyzed for operational (ICCG, DRMTWG) and strategic decision-making (NDRMC and EHCT) on the response and its adjustment.

In terms of access to information, at present, the Government and humanitarian partners communicate with affected communities using different procedures. Information regarding emergency interventions is often

“ A common approach to community engagement will comprise the following dimensions: ensuring access to information, enabling the provision of feedback, intention surveys and participation in planning ”

shared on site, by messages on notice boards, at *woreda* offices, or banners during the distribution. The type of information that is shared is often limited to the organization's profile, activities, and in some cases a (toll free) hotline which can be used for sharing feedback and complaints. In 2019 efforts will be undertaken to ensure more systematic information sharing by Government and all HCT members on key issues, including: planned project activities, targeting/selection criteria, distribution sites, and available services and feedback mechanisms as applicable, including PSEA-related programming. All communication will be translated in the local language(s) and adapted to various audiences/context.

Government and partners will also work to strengthen meaningful participation of disaster-affected communities in emergency response decisions. Focus Group Discussions (FGDs), interviews and perception surveys already form part of coordinated seasonal



assessments and rapid multi-agency assessments but need to be strengthened in terms of resource allocation and vulnerability considerations (gender, age, political and ethnic affiliations). The Government-led DRM TWG and UN-led ICCG forums will review assessment process and methodology in this regard.

Government and partners also commit to ensuring that key trends/concerns arising from community feedback inform response decisions. This will imply a consistent use of community (satisfaction or perception) surveys by Clusters, and related triangulation and analysis by the ICCG.

### Coordinated cash-based interventions

Cash-based interventions (CBIs) are projected to increase in 2019, particularly in response to conflict-induced displacement in areas such as East and West Harage zones (Oromia), Gedeo and West Guji zones (SNNP and Oromia) and more recently in East and West Wollega zones (Oromia). In these cases, CBIs were deemed the preferred modality by both regional governments and affected people, particularly in instances where in-kind assistance was delayed or fragmented and local markets were functional, integrated and accessible. Cash-based interventions were further strengthened through monitoring assessments that revealed that in most cases, households preferred cash to in-kind distribution, as they enabled beneficiaries to prioritize their own needs according to their situation and in a more dignified manner while avoiding resort to negative coping strategies. Cash injections also had multiplier effects in the local economy, supporting traders, local markets and host communities.

Cash-based interventions continued to be coordinated at the federal-level by the Ethiopia Cash Working Group (ECWG), which in 2019 is co-chaired by WFP and Save the Children, with technical support provided by CashCap and OCHA serving as the Secretariat. The ECWG leads crisis-specific initiatives related to CBIs, including developing suggested transfer values based on local market assessments and establishing temporary sub-national cash working groups for implementing partners on the ground. As a sub-group of the Inter-Cluster Coordination Group (ICCG), the ECWG coordinates cash programming across clusters, ensures

uniformity of standards and provides technical and strategic guidance to implementing partners.

Building on efforts and programming in 2018, the ECWG will continue to

develop zone specific response matrices, further building a repository of cash feasibility assessments, including market and beneficiary preference assessments. In early 2019, the Multi-Purpose Cash Grant Technical Working Group (MPG TWG) was also created, following recommendations from the 2018 ECHO-funded Emergency Response Capacity Consortium to adapt the MPG operational toolkit to the Ethiopian context and pilot the approaches to generate evidence and lessons learnt. The MPG TWG aims at fostering Basic Needs Approach (BNA) through multi-sector needs assessment approaches to support people-centred and evidence-based response options planning and design.

In addition, operational collaboration among implementing agencies will also be enhanced by applying the principles of the newly established Collaborative Cash Delivery (CCD) Network and using consortium approaches for greater harmonization, optimization and sharing capabilities for increased collective impact. As required, the ECWG will also establish and support regional cash working groups to meet regional and context-specific coordination requirements. Other coordinated efforts may include addressing issues prioritized by the cash network in different reflection events, such as finalizing a minimum expenditure basket (MEB), establishing a joint market monitoring framework, collectively engaging and capacitating financial service providers (FSPs) to better service humanitarian initiatives, and strengthening targeting and registration practices.

“ In 2018, 1,010,226 households were reached with cash assistance, amounting to some \$19.9 million in cash transfers. Most cash assistance was disbursed in the food sector followed by multi-purpose CBIs. This is a 10 per cent increase in cash assistance provided in 2017. ”



### Coordination Architecture

Humanitarian coordination in Ethiopia benefits from strong Government commitment and leadership, both at national and subnational levels. While Government and humanitarian partners maintain various internal coordination forums, many are joint. The Strategic Multi Agency Coordination (S-MAC) forum is the joint highest level forum co-chaired by NDRMC Commissioner and The Humanitarian Coordinator. The S-MAC provides an overall guidance on the humanitarian response. The Disaster Risk Management Technical Working Group (DRMTWG), chaired by NDRMC, brings together the UN cluster system and Government line ministries. This platform provides both strategic and overall operational guidance, including on joint assessments, planning and response. The Ethiopian Humanitarian Country Team (EHCT), at strategic level, mobilizes coordinated support to Government leadership.

Clusters/sector task forces are chaired by relevant line ministries and co-chaired by UN agencies. There are currently eight clusters/sector task forces active in the country, i.e. Agriculture, Education, ES/NFI, Food, Health, Nutrition, Protection and WASH. Sectoral priorities and operational coordination issues are discussed in these meetings.

In line with its National Incident Management System (NIMS), Government will continue to use Emergency Operations Centers (EOCs) to coordinate sudden onset emergencies and large-scale humanitarian responses. Regional Government-led EOCs will be rolled out in areas where capacities are overwhelmed. Upon request of regions, a Federal Government-led EOCs may be rolled out as deemed necessary. Where such response can be coordinated at sub-national levels, regions may opt to roll out region-led EOCs. EOCs provide physical space where Government and non-Government actors come together for joint operational planning.

A visual of the humanitarian coordination architecture is annexed to this document.

## STRENGTHENING

# MULTI-SECTOR RESPONSE

Government and partners are strengthening multi-sector response approaches in three key areas, which require coordinated interventions across individual sectors, including a) food insecurity and malnutrition, b) displacement, and c) disease/AWD outbreaks. Leveraging more granular inter-sector analysis of needs, the Government and partners have identified areas of greatest gaps across sectors, entries for strengthened resilience-oriented programming, and linkage opportunities with development programming.

More granular needs analysis has supported clusters/sectors in identifying areas of greatest response needs across sectors. This has enhanced shared understanding of key gaps and required coordination efforts to address them in a more timely and integrated manner. Individual clusters will continue to address sector-specific priorities but have factored in response requirements and planning figures related to specific geographic and programmatic areas, which require a strong collective focus going forward. Funding allocations by the Ethiopia Humanitarian Fund (EHF) will use inter-cluster and sector agreed focus areas as entries for allocation decisions. Allocation decisions will take into account forthcoming funding, previous implementation performance and needs arising from possible new crises. Beyond immediate life-saving priorities, the Government and partners have also identified entries to collectively strengthen early recovery and resilience-oriented programming approaches; as well as areas which require enhanced linkage with development programming to ensure longer-term impact and transition out of humanitarian assistance where feasible.

## Response to IDPs and IDP Returnees

### Geographic areas of focus

While some three million displaced people require continued assistance, multi-sector assistance to an estimated 840,000 IDPs and IDP returnees deemed in acute need will require strengthening and/or scale up in the next six months. This includes an estimated 112,400 IDPs and IDP returnees in acute need in Dawa zone (Somali), and an estimated 60,100 IDPs and IDP returnees in acute need in Kamashi zone and Oda *woreda* in Assosa zone (Benishangul Gumuz).

Strengthened advocacy with duty bearers is required to enhance currently restricted access to the mentioned areas. Once access conditions have improved, coordinated logistics arrangements will be key, including shared transport and storage.

Other IDP and IDP returnee contexts requiring continued focus are East and West Wollega zones of Oromia region, with an estimated 207,400 IDPs and IDP returnees in acute need. As these areas had previously not seen humanitarian crises of scale, local Government response and coordination capacity is limited and needs to be supported. IDPs and IDP returnees in East and West Hararge zones of Oromia region, with an estimated 101,000 IDPs and IDP returnees in acute need, also require sustained response efforts. In Gedeo-Guji, an estimated 416,500 IDPs and IDP returnees are in acute need. As various initial response projects are phasing out in these areas, it is important to ensure additional resources to sustain the current response. The situation of IDPs and IDP returnees in other parts of SNNP as well as in Amhara and Tigray regions will be closely monitored and continued support provided as required.

### Strengthening inter-sector response

Partners highlight that existing links across sector interventions are to be continued and strengthened in the wider response to displaced populations, including:

- Strengthened response readiness as agreed during the October 2018 EHCT retreat, including pre-agreed packages of assistance (tailored to context), SOPs regarding joint initial assessment and response (mobile teams), pre-positioning of emergency response commodities

- Increased coordination and collaboration throughout the response cycle: harmonized registration, coordinated assessments, which systematically include community perspectives on priority issues and response requirements, harmonized or complementary targeting approaches, coordinated monitoring, centralized database for assessments and other operational data.
- Collective support to emergency coordination at subnational level, including information management.
- NFI distributions (especially kitchen utensils) to precede food distribution, including in learning spaces supported with school feeding, coordination of cash response between food and ES/NFI clusters in particular (opportunity for multi-purpose cash).
- Coordination of health and nutrition screening in advance of (measles) vaccinations and nutrition interventions, leveraging health and nutrition campaigns for coordinated nutrition/health/sanitation messaging and NFI/food distributions (or vice versa), prioritized NFI and nutrition targeting of mothers and children.
- Protection Cluster support to mainstreaming protection aspects in capacity-building of institutional staff, including health and education staff.

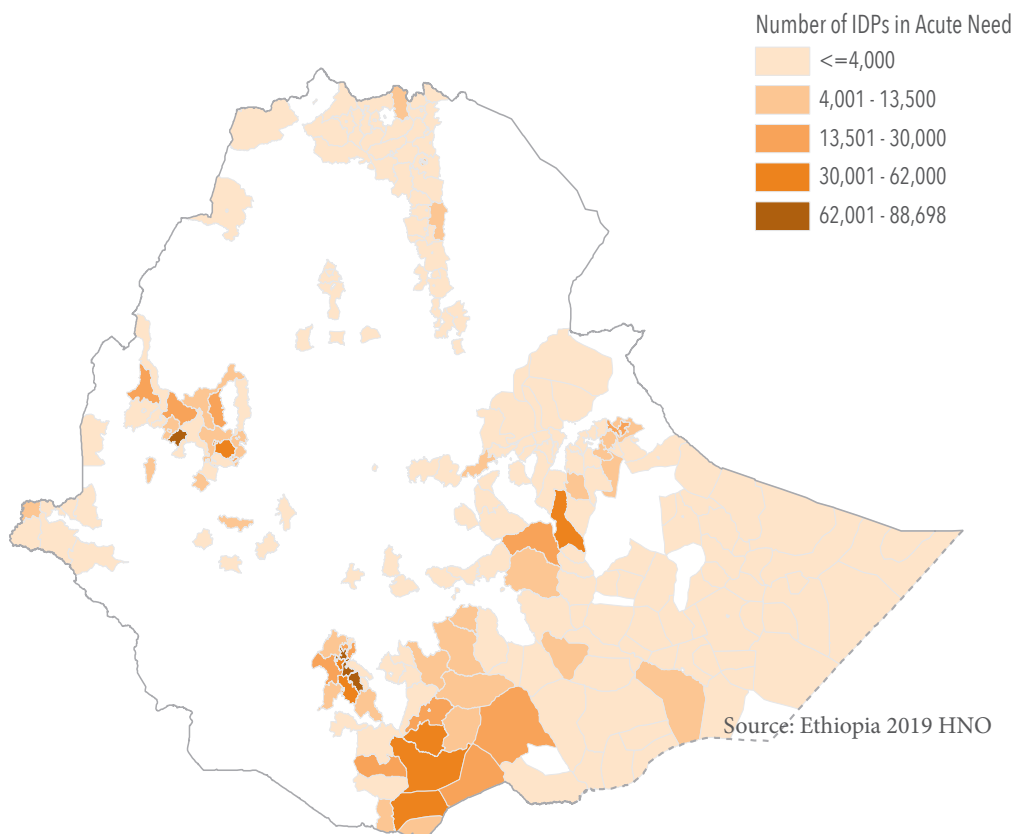
- Prioritized sanitation and water provision in health centers and schools, particularly in areas affected by AWD and other disease outbreaks.

#### Enhancing linkages with development programming and funding

In order to strengthen longer-term preparedness and response capacity, and to decrease reliance on short-term humanitarian surge and response patterns, humanitarian partners advocate for development partners to enhance programmatic support and funding to the following areas:

- Institutional early warning capacity, surge procedures and training of surge staff.
- Durable solutions support for IDP and IDP returnee caseloads with stated intentions for “no return”. This will require strengthening basic service delivery and supporting livelihood opportunities for IDPs and IDP returnees in areas of resettlement.
- Supporting Government policy development and protection of IDPs and IDP returnees, including documentation required for shifting social protection programs and benefits to different geographical areas, housing, land and property regulations; and mechanisms related to transitional justice and safety/security of IDPs and IDP returnees.

#### AREAS HOSTING IDPS IN ACUTE NEED





## Response to Malnutrition

### Geographic areas of focus

Improved multi-sector response to malnutrition will take the following caseloads and locations into consideration.

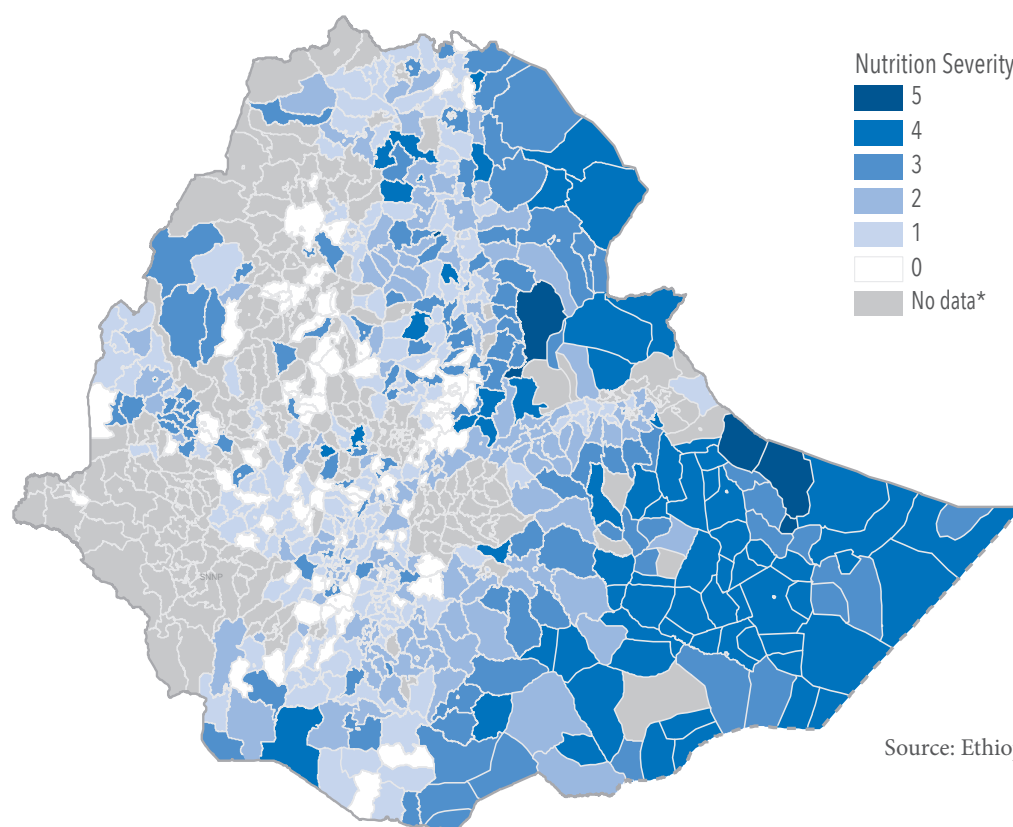
- 488,000 children under five years with severe acute malnutrition are expected to be treated during 2019. This factors in the rise in admission once new national guidelines are operational.
- 1.43 million children under five years with MAM and 1.43 million PLW with acute malnutrition living in priority 1 *woredas* and IDPs and IDP returnees will be targeted for MAM treatment and rehabilitation.
- The geographic focus for a multi-sector nutrition response will be in areas with a high SAM burden where Government capacity is stretched, and/or there is a spike in IDPs and IDP returnees. More specifically in
  - East and West Hararge and West Guji zones in Oromia region
  - Dawa zone in Somali region
  - Kamashi zone in Benishangul Gumuz region
  - Afar region, given critical hunger gap and a significant portion of pastoralist dropouts who have lost livestock assets and are affected by AWD outbreaks

- Western and south-western areas of Somali region where protracted drought, conflict, disruption in health systems and lack of recovery have negatively impacted the provision of critical health and basic services and eroded community capacity to recovery. The number of children under five years with SAM remains disproportionately high.

### Strengthening inter-sector response

- To enhance a stronger multi-sector response to acute malnutrition, harmonization of data use and trigger indicators is a critical entry point. This should include a centralized database for multi-sector assistance tracking and common tools to conduct gap analysis (e.g. identifying schools and health centres requiring WASH facilities).
- Building on lessons learned during the hotspot classification process and severity approach in the 2019 HNO, work is to continue on a shared understanding of severity and underlying causes, incorporating agreed indicators for infrastructure, response capacity, prevalence of disease outbreaks, food security, and access to markets.
- Response preparedness and early warning require improvement, including inter-sector procedures for surge and sector-internal mobilization.
- Continued close collaboration between Nutrition and Health clusters to ensure outreach support to remote communities or IDP and IDP returnee sites, which provides integrated emergency health services and full treatment for acute malnutrition.

### NUTRITION SEVERITY



Source: Ethiopia 2019 HNO

\* As the nutritional crisis and corresponding response has been weighing on eastern parts of the country, there were no adequate nutritional survey and data on key indicators.

### Enhancing linkages with development programming and funding

In order to strengthen longer-term preparedness and response capacity, and to decrease reliance on short-term humanitarian surge and response patterns, Government and humanitarian partners advocate for development partners to enhance programmatic support and funding to the following areas.

- Expansion in *woreda* coverage by CiNUS (Comprehensive Integrated Nutrition Services, as driven by FMoH) specifically where there is high GAM, and better utilize existing USAID Transform PHC sites to strengthen health and nutrition systems and community resilience particularly in *woredas* with high GAM
- Generally, supporting the expansion of monitoring, screening, prevention and micronutrient deficiency controls in *woredas* with high food insecurity and GAM rates
- Rolling out multi-sectoral interventions to address underlying causes of acute malnutrition; improving links to social safety nets for families affected by acute malnutrition; promote livelihood diversion with a focus on women-centered opportunities

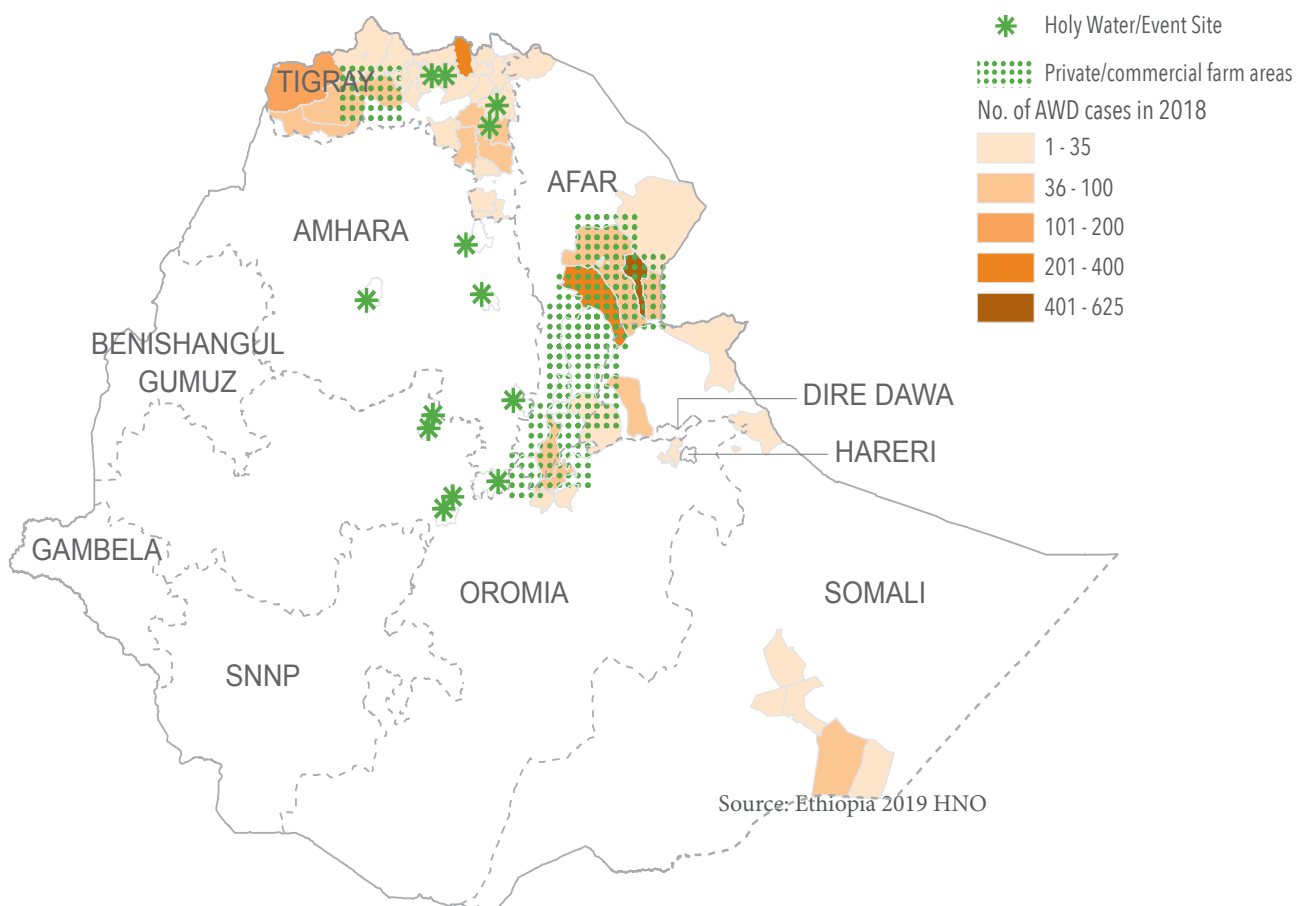
### Response to AWD outbreaks

#### Geographic areas of focus

Improved multi-sector response will focus on an estimated 570,000 people likely to be affected by AWD outbreaks and identified as in acute need in the following geographic areas.

- An estimated 451,000 people living in identified hotspots for AWD outbreaks as based on patterns during the past three years, with a focus on *woredas* in Afar and Somali regions where response capacity is limited
- An estimated 118,500 IDPs and IDP returnees in AWD-affected *woredas*, accessing poorer WASH facilities and practices
- People attending holy water sites associated with poor WASH facilities/practices
- Migrant casual laborers living in poor conditions and using inadequate WASH facilities/practices in the commercial farming sector, including in Afar (sugarcane farms), Tigray (Humera *woreda*), Amhara (Metema *woreda*), and selected construction sites in Addis Ababa
- Recurrently drought-affected populations will be monitored closely, given frequently sub-standard WASH facilities and practices

NUMBER OF AWD CASES IN 2018



### Strengthening inter-sector response

Partners involved in supporting the prevention and response to AWD outbreaks have identified the following entries for strengthening the coordinated response across sectors.

- Support to institutional response readiness and management, including training of existing Rapid Response Teams (RRTs) in key *woredas*;
- During response, enhancement of EOC coordination capacity as well as coordinated provision of supplies to health facilities;
- Strengthened programmatic coordination between the WASH, Nutrition and Health clusters with a focus on supporting WASH facilities in health centers and collective infrastructure, water testing and community-based response
- Closer coordination between Health, Nutrition, WASH, ES/NFI and Protection clusters for IDP and IDP returnee response (site management, WASH infrastructure, education messaging, NFIs)
- Coordination between Health and Nutrition clusters on treatment guidelines for severe acute malnutrition as caused/exacerbated by AWD
- Close coordination between Food and Health clusters to ensure food provision to patients and caregivers in CTCs.

### Enhancing linkages with development programming and funding

- In order to strengthen longer-term preparedness and response capacity, and to decrease reliance on short-term humanitarian surge and response patterns, the Government and humanitarian partners advocate for development partners to enhance programmatic support and funding to the following areas:
- Support to regional emergency preparedness and response planning processes, including improved information management capacity to enable faster detection of index cases and response initiation
- Pharmaceuticals Fund and Supply Agency (PFSA) should incorporate otherwise humanitarian supplies in regular pharmaceuticals supply chain
- Programs aiming at enhancing corporate social responsibility by the private sector should be leveraged for stronger educational purposes and investment in WASH facilities
- Generally, ensuring access to potable water for people and livestock in AWD hotspots should be a priority in infrastructure development planning and resilience-oriented WASH pilot programs.

## OPERATIONAL

## CAPACITY

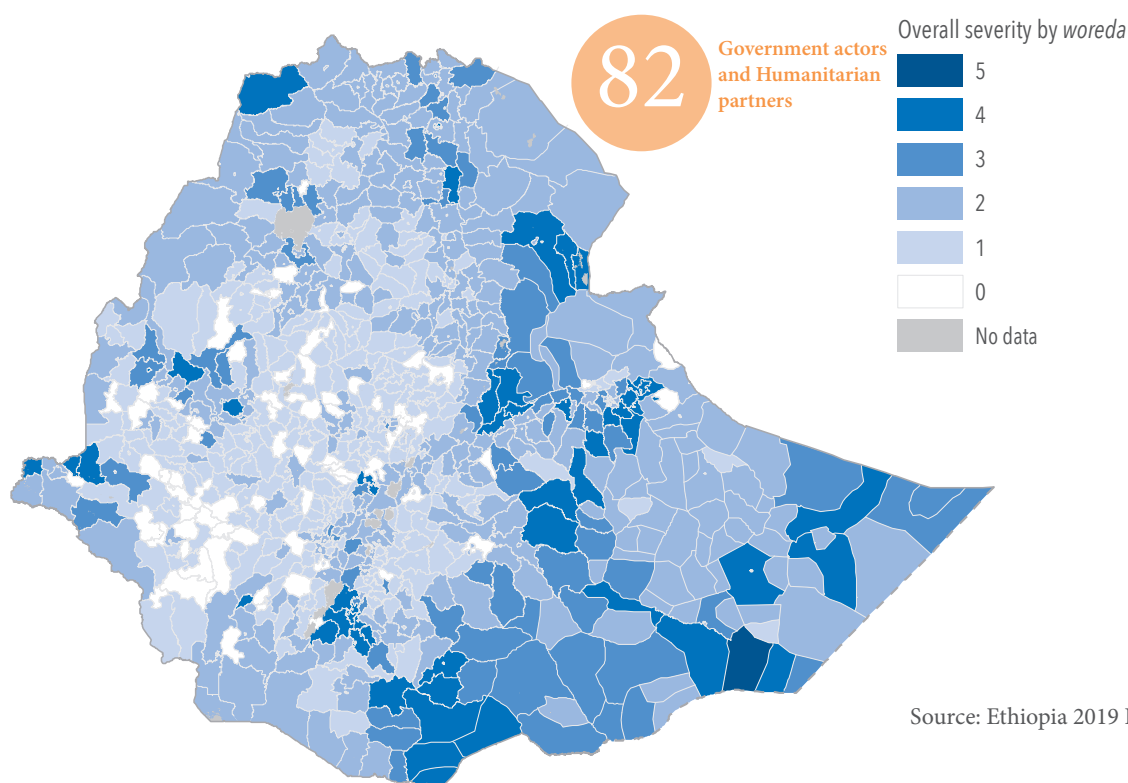
As of December 2018, the humanitarian community counted 81 non-Governmental international and national partners managing or implementing coordinated humanitarian responses in the 11 regions and municipalities across Ethiopia.

Of the 81 active partners, the overwhelming majority are international partners, with only three national partners, not including the Government of Ethiopia, currently providing assistance. Oromia region, the most affected by inter-communal conflict along the Benishangul Gumuz, Somali, Afar, and SNNP regional boundaries hosts the highest number of humanitarian partners, followed by Somali region, which also hosts a significant conflict-induced IDP and IDP returnee caseload and is still recovering from years of consecutive droughts. SNNP, Amhara and Afar regions host the next largest number of humanitarian partners. Of the 81 partners, most (35) are involved in WASH activities, followed by Agriculture (27), Nutrition (27) and ES/NFI (22).

The current number of operational partner represents a 24 per cent increase from mid-2018 levels when only 66 partners were present. This can be attributed to the number of incidents of inter-communal conflict and subsequent increase in the IDP and IDP returnee caseload. Partners were able to respond to these calls for increased capacity by either requesting external surge staff or temporarily relocating Ethiopia-based staff from non-critical areas of the country.

International staff presence will continue to fluctuate depending on needs. Should other pockets of inter-communal conflict occur in 2019, for which the international community is asked to support, additional response capacity will have to be mobilized, as current capacity remains stretched.

## NEEDS SEVERITY VS OPERATIONAL PRESENCE



Source: Ethiopia 2019 HNO

## HUMANITARIAN ACCESS

Since 2017, the surge in inter-communal violence and subsequent, unprecedented levels of internal displacement illustrate the significant change to the humanitarian context in Ethiopia. Within this context, humanitarian actors have been increasingly faced with access impediments in pocket areas, which have obstructed the delivery of assistance to crisis-affected people.

Access constraints arise from insecurity, climate hazards, disagreements regarding humanitarian needs and concerns that humanitarian assistance acts as a pull factor encouraging prolonged displacement. Moving towards a joint assessment of needs based on vulnerability would allow for a more effective targeting and delivery of assistance. Of the access constraint incidents reported by humanitarian partners in October-December 2018, 45 per cent were in Oromia region, followed by Somali region, which accounted for nearly 40 per cent of the reported incidents.

More than half of the reported access constraints were related to inter-communal violence and associated tensions. Other access constraints in Ethiopia are seasonal and relate to poor road infrastructure and unpassable (or lack of) bridges during rainy seasons.

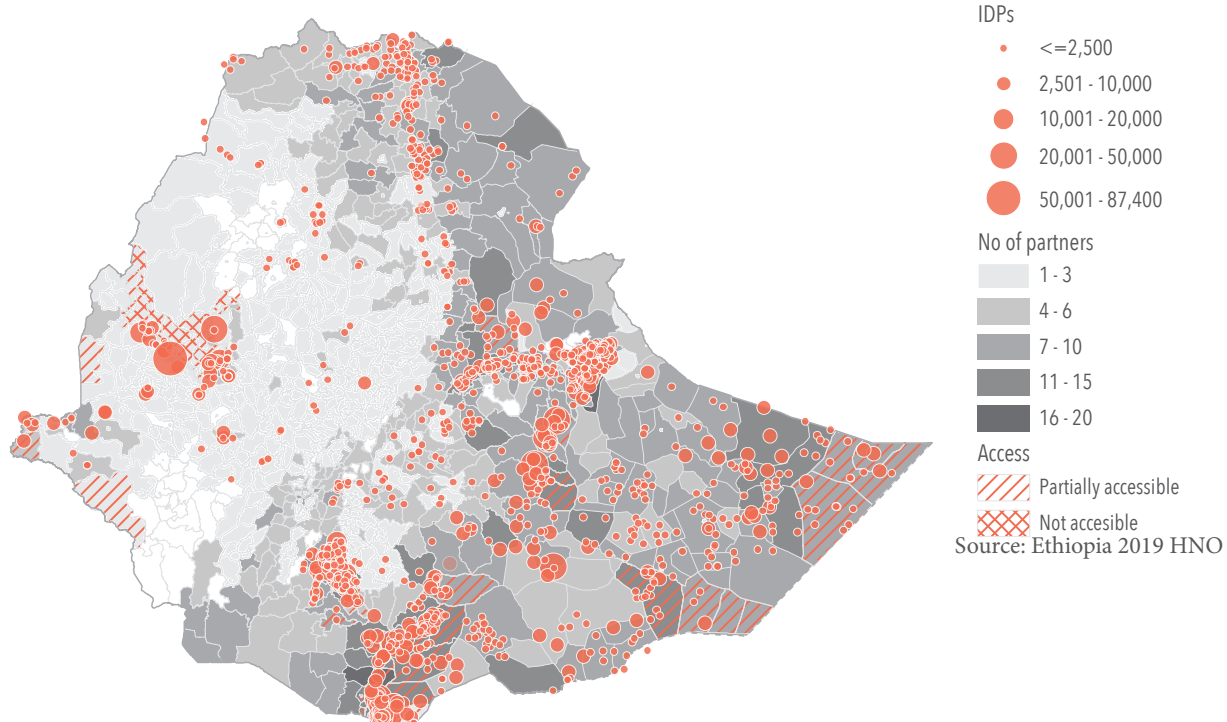
The humanitarian operation in Gedeo-West Guji has been

significantly impacted by a range of access constraints. In recent months, renewed insecurity has intermittently prevented humanitarian actors from operating in Kercha, Bule Hora, and Gelena *woredas* forcing some actors to suspend their operation, including Government, CRS and World Vision suspending food distributions in December 2018.

Since late 2017, access to Dawa zone, southern Somali region has been extremely limited due to ongoing inter-communal clashes and frequent roadblocks along the Adama (Oromia)-Negelle (Oromia)-Dawa (Somali) road. The low load carrying capacity of the Galuun Bridge (only 10Mt), which links southern Somali to the rest of the region across Dawa River, has further limited the movement of humanitarian commodities into Dawa zone and response interventions.

Consequently, IDPs, returnees and hosting communities in

### IDPS / NUMBER OF PARTNERS / ACCESS



the area have not had meaningful access to humanitarian assistance for more than one year (nearly 16 months), with SCI maintaining mobile health and nutrition teams (MHNT) in only three *woredas*. Inter-communal unrest has also impacted humanitarian access in other zones of Somali region, including Dollo zone where there was a temporary halt of food aid.

In Benishangul Gumuz region, there has been no access into Kamashi zone and Oda Bildigilu *woreda*, Assosa zone since late September 2018 due to ongoing insecurity. However, IDPs and returnees who crossed the regional boundary into Oromia region (East and West Wollega zones) has enabled assessments and the provision of some level of humanitarian assistance.

In 2019, the humanitarian community will pursue a number of strategies to address access constraints. Operationally, access constraints will be consolidated on the access incidents and constraints online monitoring system that, in consultation with government counterparts, was developed by OCHA Ethiopia, and through which humanitarian partners can report constraints to their ability to respond to the needs of vulnerable Ethiopians. This system was rolled-out at the beginning of 2019. The consolidated data will inform analysis

and advocacy. Best practices in successfully resolving access constraints will also be used to develop a guidance document on Ethiopia-specific issues.

At the strategic level, NDRMC, regional DRM Offices, and the EHCT, through appropriate members, including the Resident/Humanitarian Coordinator, will engage with higher-level Government counterparts at federal and regional levels to address localized access constraints.

The humanitarian community will establish communication and coordination channels with security forces at the federal and field levels to reinforce understanding of humanitarian principles and, when necessary (as a last resort), to gain access to affected people. This engagement will be guided by the principles outlined in the UN Civil-Military Coordination (CMCoord) guidelines adapted to Ethiopian context.

For seasonal inaccessibility due to rains, advocacy efforts will be enhanced for donors to frontload funding to enable programmatic solutions (prepositioning of relief supplies in strategic hubs) ahead of the rainy season. The Logistics Working Group will be critical in coordinating this initiative.



## RESPONSE

## MONITORING

In 2019, the Government and humanitarian partners will continue to strengthen monitoring efforts to ensure a targeted, timely and effective assistance. Progress against key response indicators will be monitored regularly, along with an analysis of risks and context changes.

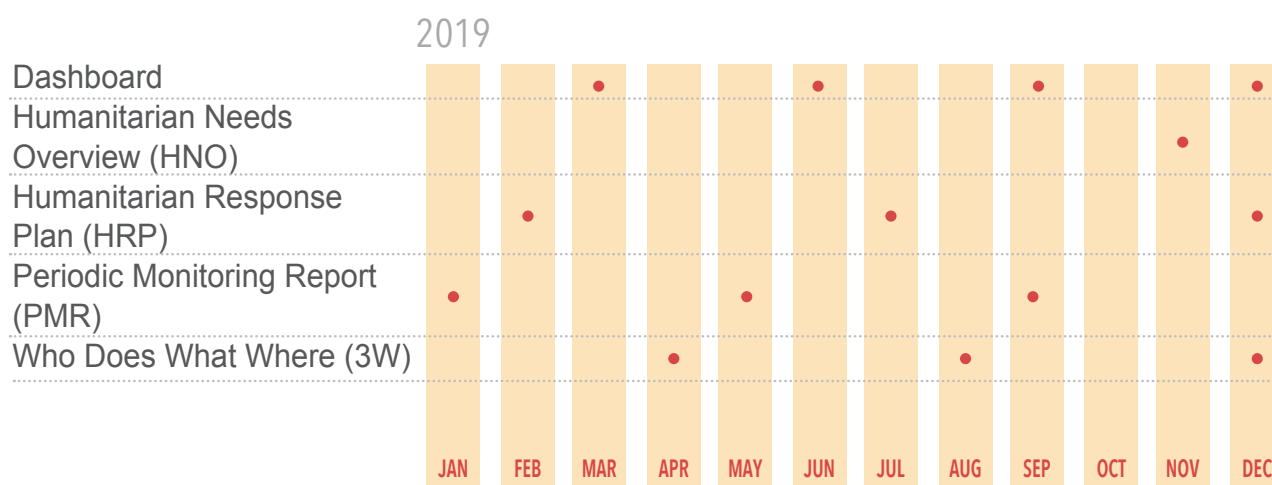
Building on previous monitoring frameworks, Cluster and sector Coordinators will continue to monitor sector response at the *woreda* level rather than at the regional level as done in previous years. This will allow for a better identification of needs and gaps and more fine-tuned response activities based on *woreda*-specific contexts. Progress against key indicators will be monitored regularly along with an analysis of risks and context changes, enabling rolling gap analysis, response preparedness and prioritization of resources.

Monthly response monitoring by clusters will enable the continued publications of monthly Dashboards, providing real time monitoring of ongoing response efforts or sudden changes in context. Monthly monitoring will provide Cluster Coordinators with the opportunity to work with partners on data collection against cluster/sector-level objectives and indicators. This will feed into quarterly Periodic Monitoring

Reports (PMRs), which provide a summary of key response indicators and funding by cluster, as well as a short update on any context changes and risks.

Coordination forums, including the Disaster Risk Management Technical Working Group (DRMTWG-joint mechanism by Government and the ICCG), the ICCG and clusters, will provide the space in which partners can come together, analyze ongoing response efforts and make programmatic or funding adjustments as required. This will include the review of Post Distribution Monitoring (PDM) reports and consolidated trends in community feedback. These forums will also serve to hold clusters/sectors accountable regarding resources received versus assistance provided, and to address operational challenges.

## HUMANITARIAN PROGRAMME CYCLE TIMELINE



## SUMMARY OF

## NEEDS, TARGETS &amp; REQUIREMENTS

## PEOPLE IN NEED



8.86M

## PEOPLE TARGETED



8.30M

## REQUIREMENTS (US\$)



1.314B

	TOTAL		BY STATUS		BY SEX & AGE		REQUIREMENTS
	People in need	People targeted	Displaced	Non-displaced	% female	% children, adult, elderly*	Total
Agriculture	3.1M**	1.4M	0.1M	1.3M	36%		63.3M
Education	2.6M	2.3M	1.0M	1.2M	48%	100   0   0%	45.0M
ES/NFI	3.4M	2.7M	2.6M	0.1M	51%	59   34   7%	112.0M
Food	8.1M	8.0M	2.8M	5.2M	52%	17   59   24%	600.3M
Health	6.0M	4.8M	2.4M	2.4M	50%	53   42   5%	143.0M
Nutrition	5.9M	4.4M	N/A	N/A	49%	65   35   0%	202.9M
Protection	2.9M	0.7M	0.5M	0.2M	51%	54   40   6%	13.3M
WASH	7.3M	7.2M	2.7M	4.5M	43%	55   39   6%	133.8M
<b>TOTAL</b>	<b>8.86M***</b>	<b>8.30M***</b>					<b>\$1.314B</b>

\*Children (&lt;18 years old), adult (18-59 years), elderly (&gt;59 years) \*\* For Agriculture cluster, PiN represents heads of households

\*\*\*Total figure is not the total of the column, as the same people may appear several times



# PART II: SECTOR RESPONSE PLANS



Agriculture



Education



Emergency Shelter/Non-food Items



Food



Health



Nutrition



Protection



WASH



Coordination



Refugees



## PEOPLE IN NEED


**3.1<sup>1</sup>M**

## PEOPLE TARGETED


**1.38M**

## REQUIREMENTS (US\$)


**63.3M**

## # OF PARTNERS


**27**

## AGRICULTURE OBJECTIVE 1:

**1** Core agriculture livelihood of affected households are supported 

## AGRICULTURE OBJECTIVE 2

**2** Basic agriculture livelihoods are supported to strengthen households' resilience to recurrent shocks 

## CONTACT

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## AGRICULTURE

## 1. Situation Overview

The devastating impact on agriculture following consecutive years of drought in Ethiopia is undisputed. While forecasts for 2019 indicate a probability of normal to above normal rain in most parts of Ethiopia, in east, south and southeastern regions, the upcoming rainy season (March to June) is forecasted to be average or below average. In areas where normal to above normal rains are expected, recovery will not be spontaneous, as previous drought-affected households are likely to require sustained humanitarian assistance as a result of exhausted coping mechanisms. With only 18 per cent of the required \$83.3 million (initially \$104.4 million) for the agriculture sector in 2018 funded, the number of households reached with drought recovery assistance was limited. Failing to support these at-risk households is likely to exacerbate food insecurity, malnutrition, population displacement and conflict over access to the limited resources<sup>23</sup>. Other natural hazards such as erratic rainfall patterns, flood<sup>4</sup>, hailstorms, windstorms, water logging, fire, landslides, *Prosopis juliflora* (an invasive plant species) and various pests (fall armyworm (FAW), wheat rust, stalk borer) contributed toward land, crop and harvest damages and losses in many areas around the country.

Of the 1,083 IDP and IDP returnee sites identified throughout Ethiopia, farming pastoralism or agro-pastoralism are the primary livelihoods of the majority of IDP and IDP returnee in 589 sites, hosting 1.4 million people. Both conflict and climate-induced IDPs and IDP returnees require dedicated agricultural assistance to support their food security and livelihoods. More than a third

of the IDP and IDP returnee have livestock present, and one third of the sites have access to land for cultivation. Livestock brought with IDPs puts pressure on already stretched water and pasture resources, while exposing host community livestock to diseases, increasing the risk of tensions between communities. IDPs returning to their homes are reporting livestock missing, agricultural infrastructure damaged and crops destroyed or neglected<sup>5</sup>. Three-quarters of IDP sites report that the majority of households have lost livestock during their displacement – presenting major challenges in establishing their food sources and livelihoods.

The *Woredas* Severity Map for the agriculture sector that was highlighted in the Humanitarian Needs Overview (HNO) 2019, has been used to establish the *woredas* that have indicated that have indicated (a) losses in harvest, (b) reduction in animal herd size, (c) access to animal production, (d) adequate pasture/water, (e) IDPs and IDP returnees with access to land and (f) IDPs and IDP returnees with access to livestock. According to the Severity Map, an estimated \$63.3 million is needed to provide more than 1.38 million households with crop, livestock and resilience interventions, including 113,960 IDP and IDP returnee households.

## 2. Response Strategy and Priorities

(a) The response strategy highlights the following four parts

## Drought recovery

The sector will continue to work with pastoralists and agro-pastoralists to restore

<sup>1</sup> For the Agriculture Cluster, PiN represents heads of households.

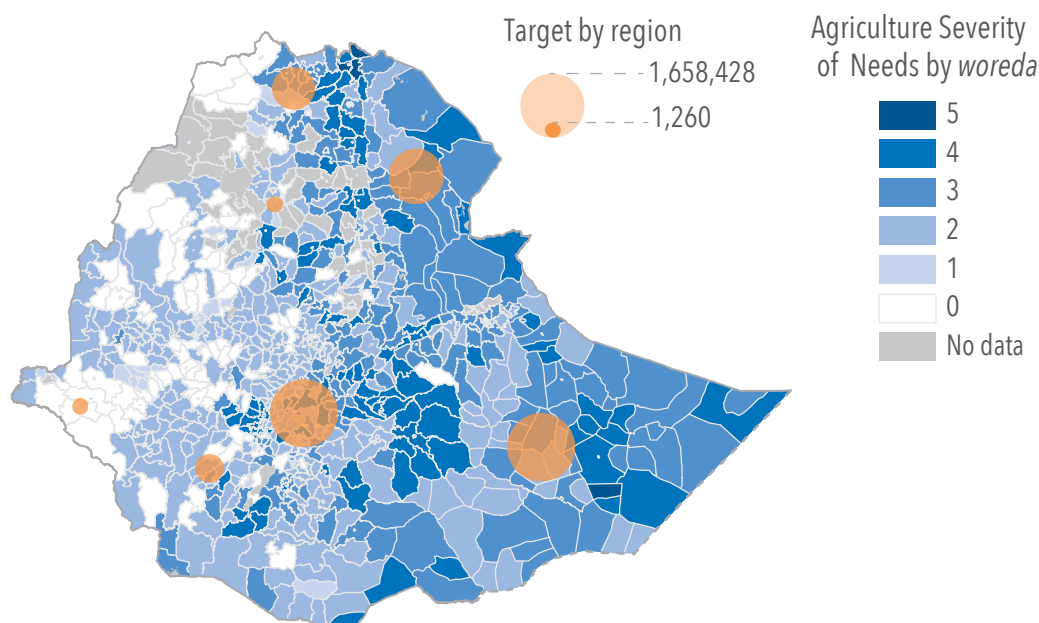
<sup>2</sup> Failure to address the pastoralist and agro-pastoralist households will mean that other sectors will have to respond to an increased IDP and IDP returnee population, increased food requirements and increased needs for MAM and SAM treatments.

<sup>3</sup> In recurrently drought-affected areas, the major challenge is shortage of seeds and planting materials. Most of the seed companies are located in reliable rainfall areas and their supply to drought-affected areas is limited or not existing. Therefore, as a part of resilience building strategy it is important to include interventions like community-based seed banks (production/storage) and introduction of micro-seed and planting materials producing entrepreneurship schemes. This will help farmers and agro-pastoralists to access seeds on time and plant within the short planting windows.

<sup>4</sup> With above normal rainfall forecast for central Ethiopia during the *belg* season (March to May) and in northern pastoralist areas during the *sugum* rains (March to May), flood mitigation initiatives will be necessary to reduce livestock and crop losses. Recent experience has shown that the impact of flooding can be extensive, with 313,000 people affected and 31,300 displaced in Somali region due to flooding in May 2018.

<sup>5</sup> Harvesting improved seed production, including hybrid maize seed, was disrupted due the conflict in Kamashi zone (Benishangul-Gumuz region) and in some parts of East and West Wollega zones (Oromia region). Ethiopian Seed Association (ESA), private and public seed companies have reported loss of huge amounts of hybrid maize and other crops seeds (estimated at about forty thousand quintals). This will have a significant impact on the crop production of the upcoming season.

## AGRICULTURE SEVERITY OF NEEDS (BY WOREDA) AND BENEFICIARIES TARGETED (BY REGION)



body conditions of remaining livestock to improve milk production and reproduction success rates through the provision of both feed and health interventions. The establishment of feed banks (concentrate and/or fodder production and storage), especially irrigated fodder production along river areas in Afar, SNNP (South Omo zone) and Somali regions, will enhance the resilience of these communities to future shocks and provide means for local production and storage of emergency livestock feed. The sector recommends implementing other resilience-building activities such as seed banks, water harvesting and rehabilitation of water points (bore holes, shallow wells, ponds, water cistern, small irrigation schemes).

### Resilience activities

To strengthen the communities' resilience and coping strategies, partners will be encouraged to engage in 1) construction and/or rehabilitation of water points (water harvesting points/boreholes), 2) preparedness of flood-related interventions before and after flood, and 3) construction of feed and seed banks. These outputs will be complementary to the activities in the

response plan. However, the number of households cannot be determined since many parameters are involved.

### Flood mitigation and response

The sector is advocating for flood mitigation interventions in flood-prone areas to reduce the risks of crop damage and livestock losses. Assistance will be necessary to reestablish crops, provide emergency livestock feed and animal health interventions.

### Conflict and climate IDPs and IDP returnees

Humanitarian assistance for IDPs and IDP returnees is largely dependent on IDPs' access to land and the livelihood assets they have been able to maintain during displacement. Emergency feed and animal health interventions are needed to reduce the burden on the resources of the host communities and prevent the spread of diseases, especially for animals displaced across regional borders. Where appropriate, land will be availed and crop seeds, farming tools, and training will be provided to support IDP and returning households to improve their food security and reduce the burden on host

communities.

For IDPs returning to their original homes, necessary interventions include: rehabilitating damaged crop production systems and water points, and supporting their remaining livestock. In cases where no land is available for livestock or crops, support for alternative livelihood solutions must be provided, including training and cash for work.

### (b) Supporting Multi-Sector Response to

#### Displacement

- Establishing kitchen gardening or crop/vegetable seed distribution to IDPs and IDP returnees with land access
- Providing animal health interventions for host communities exposed to IDPs' displaced livestock
- Restocking of core breed animals for IDPs and IDP returnees with access to pasture and land
- Providing animal feed and/or health interventions for IDPs and IDP returnees with livestock

- Establishing feed banks for IDPs and IDP returnees with livestock and for host communities

### Food insecurity and malnutrition

- Providing emergency crop/vegetable/forage seed for households with significant harvest reduction/damage
- Capacity building of farming communities in pest monitoring
- Distributing essential farm tools and equipment
- Providing animal feed and health interventions
- Restocking of core breed animals and destocking for households at risk of losing a significant portion of the herd
- Establishing feed banks for

households with little access for feed during the dry season

- Establishing or rehabilitating existing water harvesting structures

### (c) Linkage with development programming

Agriculture sector partners, especially the Government agencies, have the potential to overlap their humanitarian activities with those of development. For example, the Ministry of Agriculture would benefit from mapping areas of irrigated large and/or small-scale forage production, feed banks, molasses banks, drought tolerant and early maturing crops. Another example is the Lowland Livelihood Resilience Project (LLRP), co-financed by World Bank, DFID and the Government of Ethiopia, which aims to enhance the resilience of lowland communities to shocks

(drought/conflict) with a total budget of approximately \$456.4 million.

### 3. Breakdown of people in need and targeted by status, sex and age

The unit of analysis for the agriculture sector is a household. Agriculture sector partners plan their interventions and target households as identified by the seasonal assessments. However, since any intervention per households is relational to either the male or the female head of the household, the estimated People in Need (PiN) is calculated as the equivalent to the head of households in need.

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	By Status			By Sex	Total (households)
	Displaced	Non-displaced	Other	% female headed households	
Cluster PiN (Households)	113,960	2,982,128		27	3,096,088
Targeted (Households)	113,960	1,267,438		36	1,381,398

## OBJECTIVES, TARGETS AND ACTIVITY COSTS

Cluster Objective 1: Core agriculture livelihood of affected households are supported [Relates to SO1]					
Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
1.1 Number of households targeted with animal health services	1,769,773	325,560	878,689	5Ws	Monthly
1.2 Number of households targeted with animal feed provision	380,023	36,702	145,649	5Ws	Monthly
Activities	Target	Cost (USD)			
1.1.1 Conduct livestock vaccination interventions	878,689	940,000			
Strategic Objective 1					
1.1.2 Conduct livestock treatment intervention	362,893	2,200,000			
1.1.3 Provide livestock animal health services for core breeding animals to IDPs or IDP returnees households	73,344	440,000			

1.2.1 Provide livestock feed for core breeding animals (hay/concentrate for 3 months)	145,649	44,470,000			
1.2.2 Provide livestock feed for core breeding animals (hay/concentrate for 3 months) to IDP households	73,334	1,570,000			
<b>Cluster Objective 2: Basic agriculture livelihoods are supported to strengthen households' resilience to recurrent shocks [Relates to SO3]</b>					
Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
2.1 Number of households targeted with emergency seeds and tools	925,579	100,846	331,395	5Ws	Monthly
2.2 Number of households targeted with animal restocking	16,410	6,370	8,205	5Ws	Monthly
2.3 Number of households targeted for destocking	626,971	- <sup>1</sup>	188,091	5Ws	N/A

Activities	Target	Cost (USD)
2.1.1 Provide emergency crop seeds and tools	331,395	3,790,000
2.1.2 Provide emergency forage seeds and tools	18,900	410,000
2.1.3 Provide emergency vegetable seeds and tools	2,219	40,000
2.1.4 Provide emergency crop seeds and tools to IDP households	65,300	70,000
2.2.1 Conduct animal restocking interventions	8,205	1,310,000
2.3.1 Conduct animal destocking interventions prior to drought period	188,091	8,060,000

1. In 2018 there were no households supported with destocking activity as reported by partners

## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## EDUCATION OBJECTIVE 1:

**1** Deliver education for emergency affected children 

## EDUCATION OBJECTIVE 2

**2** Create learning opportunities for displaced school age children recurrent shocks 

## CONTACT

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## EDUCATION



## 1. Situation Overview

The main challenges preventing emergency affected children, particularly displaced children, from attending educational services are ongoing movements from areas of origin to areas deemed safe, lack of temporarily learning spaces (TLCs), inadequate food and water in schools and lack of learning stationary. Insecurity, fear and trauma are other barriers which deter children's school attendance and retention. According to *meher* assessment findings, 373 schools remain closed, 260 schools were totally damaged and 462 schools were partially damaged in six *woredas*. In Somali (244), Oromia (84), Benishangul Gumuz (41) SNNP (32), Afar (9) and Gambela (4) schools remain closed primarily due to conflict and residual effects of previous droughts. Due to these closures and damages, some 986,244 school age children were unable to access educational services.

DTM 14 data shows that a total of 947,385 school age children are displaced in 1,191 sites. Overall, 1,063,796 school age children are displaced of whom 856,781 are displaced due to conflict. Out of these, 146,019 school age children in 124 IDP sites do not have any form of education services.

According to severity analysis and chronic food deficit *woredas*, about 2.7 million school age children both in IDP and host communities require Education in Emergencies (EiE) response. Among these, 1 million are IDP and IDP returnee school age children, while 1.3 million school children are from host communities (whose schools are closed/affected by various kinds of emergencies), accounting for 17 per cent of the 9.6 million children enrolled in assessed *woredas*.

## 2. Response Strategy and Priorities

## (a) Response Strategy

The cluster will focus on responding to 2.3 million school age children among the 2.6 million in need. The cluster will first support those IDP and IDP returnee school

age children without any form of education mainly in Somali and Oromia regions and in those *woredas* categorized under major, severe, critical and catastrophic level of severity.

Due to security and access constraints, insufficient data was captured in the *meher* assessment, which led to those *woredas* hosting a high concentration of IDPs and IDP returnees (more than 1,000 IDP children per *woreda*) being prioritized for EiE responses with the assumption that those *woredas* with less than 1,000 school age children have sufficient capacity. Among conflict-induced IDP and IDP returnee children, the cluster will prioritize Dawa zone (Somali), Kamashi and Assosa zones (Benishangul Gumuz), East and West Wollega (Oromia), East and West Hararge (Oromia), and Gedeo and West Guji zones (Oromia and SNNP).

In addition, *woredas* faced with a food deficit lasting more than four months are considered moderate in need for EiE responses.

Therefore 1.1 million school age children are targeted for emergency school feeding, of which about 70 per cent are in Somali and Oromia regions.

## (b) Supporting Multi-Sector cluster Response

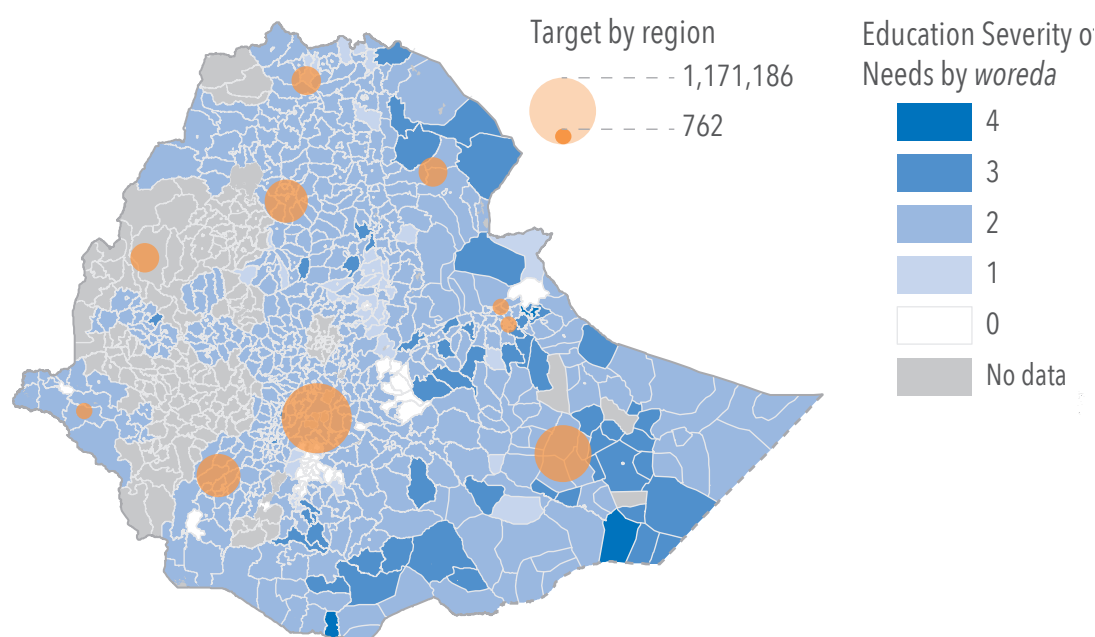
## Displacement

Nationwide, 1,063,796 and 1,020,781 school age children are in need and targeted respectively for the provision of learning stationeries. Among these, nearly half (526,477), are in inter-sector priority areas of Dawa (Somali), East and West Wollega (Oromia), East and West Hararge (Oromia) Guji (Oromia), Gedeo (SNNP) and Assosa and Kamashi zones (Benishangul Gumuz).

Peace education, psychosocial support and life skills training for teachers and children will be provided in inter-sector priority areas in conjunction with the Protection Cluster. Peace clubs will be established to make teachers and students work towards social cohesion and co-existence, with the belief these are important mechanisms to avoid/minimize causes of conflict and sustain the peace building process.



## EDUCATION SEVERITY OF NEEDS (BY WOREDA) AND BENEFICIARIES TARGETED (BY REGION)



DTM14 data shows 146,019 displaced school age children do not have any form of education mainly in Somali and Oromia regions. This will require the establishment of temporary learning spaces within IDP and IDP returnee sites together with the provision of stationery to schools hosting displaced children, and accelerated school readiness for pre-primary school children and learning programs for primary level children to compensate for missed classes. Temporary educational services will allow for enhanced monitoring and serve as a platform for delivery of other essential services (health, nutrition, social welfare). Once the cluster reaches the most severely affected *woredas* hosting the highest number of displaced school age children, those with a high food gap will be considered for EiE responses. Emergency school feeding alongside learning stationery will continue to be deemed critical and require sustained support from Government and education partners.

### Food insecurity and malnutrition

The main determinant that prevent emergency-affected children from attending and remaining enrolled

in school is food shortage. The implementation of the national 'home-grown school feeding program will support the retention of students.

### Disease outbreaks

Among the 15,069 schools in assessed *woredas*, 11,986 (79 per cent) and 10,243 (68 per cent) schools do not have water and proper latrine facilities respectively. Emergency school feeding without water and proper hygiene can increase the risks of disease outbreaks. Therefore, the cluster will advocate and work with the WASH sector for the provision of water for schools with an emphasis to inter-sector level priority areas for efficient utilization of resources.

### (c) Linkage with development programming

There are several recommended investments to be made within the education sector as well as in other sectors to mitigate the impact of the current crisis on children's education. If implemented, the national 'home-grown school feeding program can directly support the retention of students. Should funds earmarked for

EiE in the General Education Quality Improvement Program (GEQUIP –E) be utilized, it could bridge development and humanitarian efforts towards education. In line with the national Education Sector Development Plan V (2015/16-2019/20) commitments, efforts to strengthen decentralized education management information and capacity building systems will improve targeting of humanitarian investments and recovery. Advocacy and integration of peace education across core curriculum reform is another area of focus. The cluster will also advocate for development partners to align emergency-affected *woredas* in general and inter-sector priority *woredas* in particular with the One WASH program to connect community water points to those severely emergency affected schools lacking water points.

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	Status		Sex and age				Total
	Displaced	Non-displaced	% female	% children (<18y)	% adults (18-59y)	% elderly (>59y)	
Cluster PiN	1,063,796	1,552,648	48	100			2,616,444
Targeted	1,020,781	1,237,693	48	100			2,258,474

## OBJECTIVES, TARGETS AND ACTIVITY COSTS

## Cluster Objective 1: Deliver education for emergency affected children [Relates to SO1]

Indicator	In Need	Reached in 2018	Target (Children)	Means of Verification	Reporting Frequency
1.1. Number of emergency-affected school age boys and girls benefiting from emergency school feeding.	1,363,830	1,559,948	1,363,830	Monitoring report data collected through Education Cluster Monitoring Tool (ECMT) and Community feedback through FGD.	Quarterly
1.2. Number of emergency-affected school children receiving learning stationery in host communities.	2,346,922	452,508	2,346,922	Monitoring report data collected through Education Cluster Monitoring Tool (ECMT) and Community feedback through FGD.	Quarterly
Activities			Targets	Cost (USD)	Strategic Objective
1.1.2 Provision of emergency school feeding			1,100,831	27,600,000	Strategic Objective 3
1.2.1 Purchasing of learning stationery			2,258,474	13,500,000	

## Cluster Objective 2: Create learning opportunities for displaced school age children [Relates to SO3]

Indicator	In Needs	Reached in 2018	Target (Individuals)	Means of Verification	Reporting Frequency
2.1. Number of displaced pre-primary school age girls and boys received learning opportunities through ASR.	32,124 Pre-primary displaced school age children do not have any form of education.	8,234 This is supported by SCI, WVE, IRC, Plan International and NRC	16,062	Monitoring report data collected through Education Cluster Monitoring Tool (ECMT) and Community feedback through FGD.	Quarterly



2.2. Number of displaced primary school age girls and boys received learning opportunities through ALP.	61,328 Primary displaced school age children do not have any form of education.	10,000 This is supported by SCI, WVE, IRC, Plan International and NRC	30,664	Monitoring report data collected through Education Cluster Monitoring Tool (ECMT) and Community feedback through FGD.	Quarterly
2.2. Per cent of displaced school age girls and boys learning in safe learning environment	146,019 (individuals)	10,200 (individuals)	50	Monitoring report data collected through Education Cluster Monitoring Tool (ECMT) and Community feedback through FGD.	Quarterly
2.4 Number of displaced primary school age girls and boys received psycho-social support	400,000	2,000	2000	Monitoring report data collected through Education Cluster Monitoring Tool (ECMT) and Community feedback through FGD.	
Activities	Target		Cost (USD)		
2.1.1. Provide ASR and ALP for 16,062 pre-primary and primary school age children with no access to education.	16,062 school age children		642,480		
2.1.2. Provide ALP for 30,664 pre-primary and primary school age children that do not have access to education.	30,664 school age children		1,800,000		
2.2.1. Construct 50 temporarily learning centers to create safe learning environment for 20,000 displaced school age children that do not have access to education.	50 TLCs		700,000		
2.4.1. Provide psycho-social training for teachers.	2,000		400,000		

## PEOPLE IN NEED

 3.4M

## PEOPLE TARGETED

 2.7M


## REQUIREMENTS (US\$)

 112M


## # OF PARTNERS

 18

## ES/NFI SECURITY OBJECTIVE 1:

**1** Contribute to the protection IDPs by providing life-saving ES/NFIs to improve their living conditions and the capacity for self-recovery 

## ES/NFI SECURITY OBJECTIVE 2

**2** Ensure that displaced affected people have adequate protection, safety, dignity, well-being and equitable access to shelter solutions. 

## ES/NFI SECURITY OBJECTIVE 3

**3** Ensure Support livelihoods and reintegration/resettlement by improving shelter-related infrastructure 

## CONTACT

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## ES/NFI

## 1. Situation Overview

Inter-communal conflict within Ethiopia has had humanitarian consequences, with nearly three per cent of the population displaced since 2017. Displacement was defined by an increase in the geographical spread and intensity of conflict throughout the year. In Somali region, the failure of two consecutive rainy seasons between 2015 and 2016 and flash flooding left thousands of people displaced. In 2018 the humanitarian response shifted to the needs of conflict-induced IDPs and IDP returnees, resulting in extreme vulnerability for the climate-induced IDPs and IDP returnees.

While many of the displaced are living in informal settlements and collective centers, an undetermined number of IDPs and IDP returnees are living in host communities. This has led to insufficient information being available on their situation and their coping mechanisms. Nevertheless, if the current security situation remains the same, these IDPs and IDP returnees are at risk of further displacement due to depletion of resources and the exhaustion of host-family capacities.

Existing emergency response capability in Ethiopia focuses largely on a one-time distribution of available ESNFI's to affected populations by a variety of organizations depending on stock, access, staff capacity, and funding cycle. Analysis indicates that very few individual organizations possess a comprehensive stock that could constitute assistance for ESNFI's package for emergency responses. Regardless of the willingness of the separate organizations to contribute their stock, it has been difficult to mobilize these items quickly and effectively in response to an emergency.

IDP returnees are facing a wide range of difficulties in addition to security-related issues. They are most likely going back to their rural origins that has suffered destruction, making it necessary to provide for their basic needs and to embed them in their communities to ensure sustainable reintegration.



Key sectoral vulnerabilities and gap analysis revealed that more than 3.45 million people will require shelter and non-food items (NFIs) assistance in 2019, of which 50 per cent are women and girls.

## 2. Response Strategy and Priorities

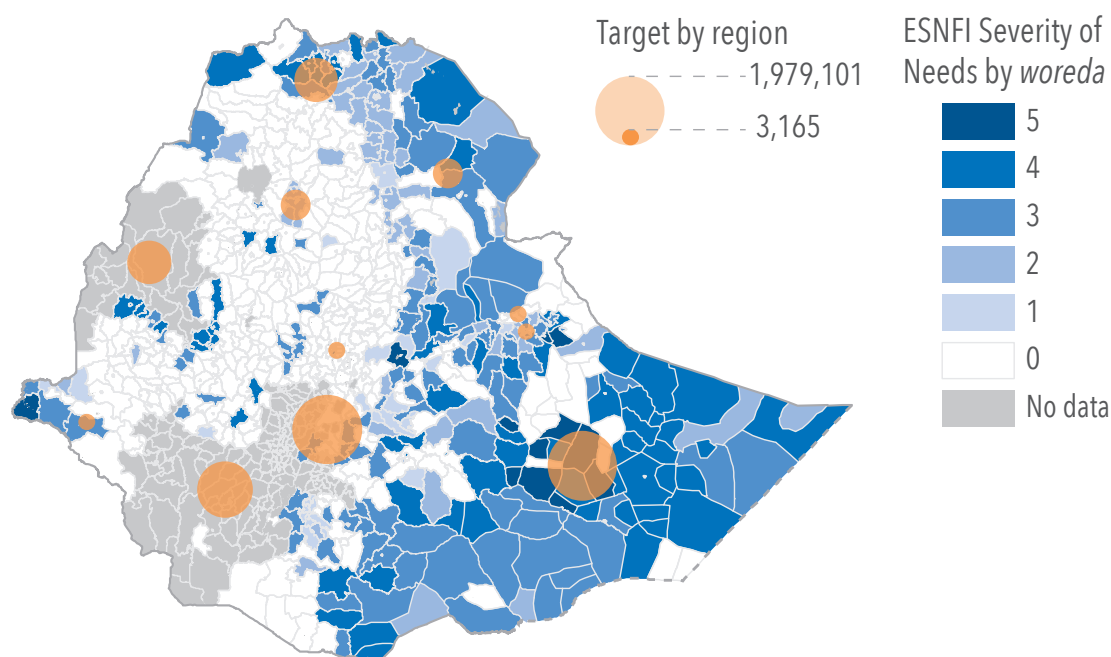
## (a) Response Strategy:

The 2019 Shelter/NFI Cluster strategy foresees a comprehensive, targeted response to address the needs of IDPs and IDP returnees, with a focus on initial life-saving support and towards delivering durable solutions wherever it is feasible. The cluster will align its response to include persons in a protracted displacement owing to climate change by seeking long term solutions in areas of return or displacement. In addition, the sector will extend the support provided to IDPs to host community and non-displaced as well, to foster social cohesion and support more durable solutions.

Ongoing conflict and its shift to new locations have exacerbated needs for shelter and non-food items. Therefore, partners will continue to target people with acute, life-saving needs for shelter materials, basic household items or a combination of both solely based on identified need. The priority for the cluster is Dawa, East and West Wollega, East and West Hararge zones, and in coordination with Health and Nutrition cluster, communities suffering from disease outbreak will be prioritized. Going into the second year of the crisis, existing shelters in IDP and IDP returnee sites need to be maintained and improved while both new arrivals and those transitioning from displacement to returnees and reintegration require new shelters.

The immediate availability of basic stock items is essential to ensure swift delivery of assistance to meet acute needs. In some contexts, the availability of such items in the local market can mean that swift procurement in response to an emergency event is sufficient to maintain an acceptable level of response capacity. It is the Cluster

## ES/NFI SEVERITY OF NEEDS (BY WOREDA) AND BENEFICIARIES TARGETED (BY REGION)



belief however that current market structures in Ethiopia are not sufficient to support rapid procurement of the items needed for the type of response envisaged. Ensuring that appropriate ES/NFI items can be made available swiftly in an emergency response situation through pre-positioning is essential for saving lives. It is equally necessary that sufficient human and logistical resources are in place to deliver the assistance to where it is most needed.

With many returnees facing precarious conditions or living in areas of significant damage, the Government and partners aim to support their transition with a return package. In those cases where return is dignified, safe, sustainable and voluntary, the support will include NFIs and direct support for rehabilitation of damaged and destroyed houses. Recognizing that a shelter cannot be home, without the protection of rights and the security of tenure, the sector will work closely with the Protection Cluster to address HLP issues.

Given their role in the household and gender protection risks associated with not having an enclosed and private

space, women and girls will continue to be disproportionately affected by lack of shelter and NFI and will, therefore, be prioritized in the response.

Cash-based assistance will be promoted wherever it is feasible and safe. Rental subsidies, cash for NFI and other shelter options will be explored to support IDPs and IDP returnees among host communities and collective sites. Altogether, sector partners will assist 2.74 million people covering both conflict and climate-induced displacement affected population.

### (b) Supporting Multi-Sector Response

Ethiopia faces multiple, sometimes predictable and recurrent natural disaster marked by climate variability. Despite the existence of government-led disaster management and risk reduction mechanisms at national and regional levels, Ethiopia's progress towards reducing vulnerability and exposure to disasters continues to be a challenge. This is further compounded by inter-communal conflict that escalated since late 2017, whilst at the same time encouraging the search for durable solutions to the extent possible.

### Sudden and longer-term displacement

To maximize the impact of the ES/NFI responses while at the same time seeking durable solutions for protracted displacement, the sector will seek to improve access to security of tenure in coordination with the Protection Cluster and to documentation such as ID cards in coordination with other partners. The cluster will also provide adequate standard of living conditions including at a minimum, access to water, health care and basic education in coordination with WASH, Health, Nutrition and Education clusters. This will also include support to Site Management on improving IDP and IDP returnee collective sites through shelter upgrade.

### Food insecurity and malnutrition

To address some of the underlying causes of food insecurity, the cluster will collaborate closely with Food and Nutrition clusters by promoting multisector assessments and joint response planning. This will also include joint assessments and front-line response to reduce aid diversion particularly between food and non-food items. ES/NFI kits include shelter(protection)

health (a provision of blanket and sleeping mat to reduce pneumonia and other diseases), hygiene, utilities to prepare food. For example, through kitchen sets, the ES/NFI sector works to reduce food insecurity and improve hygiene conditions.

### (c) Linkage with development programming

A multi-sectoral approach for shelter will incorporate close coordination with

sectors dealing with poverty alleviation, environmental degradation, urban growth and policy, gender, economic and, development of community responses and participation, and capacity building for sustainability. The cluster will identify synergies with development partners particularly with Durable Solution Working Group to identify durable solutions for the rising numbers of IDPs and IDP returnees in Ethiopia. Building on the progress made in 2018, the cluster will continue

working closely with UN-HABITAT and IOM in seeking durable solutions for IDPs and IDP returnees settled in urban area. At the household and community level the Cluster will stream cash based programs particularly in return and early recovery program.

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	By status			By sex and age				Total:
	Displaced	Non-displaced	Other Returnees	% female	% children (<18y)	% adults (18-59y)	% elderly (>59y)	
Cluster PiN	3,170,000	277,642		51	59	34	7	3,450,000
Targeted	2,200,000	143,050	395,950	51	59	34	7	2,700,000

## OBJECTIVES, TARGETS AND ACTIVITY COSTS

40

### Cluster Objective 1: Contribute to the protection IDPs by providing life-saving ES/NFIs to improve their living conditions and the capacity for self-recovery [Relates to SO 1]

Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
1.1. Number of beneficiaries who have received shelter solutions which provide physical protection	2,217,319	678,054	1,539,265	5W Report	Bi-monthly
1.2 Number of beneficiaries who have received sufficient core relief items to improve their living conditions	950,279	290,594	659,685	5W Report	Bi-monthly
Activities			Target (Individuals)	Cost (USD)	
1.1.1. Increase preparedness efforts through pre-positioning of ES/ NFI stocks to support newly displaced households			308,189	9,800,000	
1.1.2. Provide safe, appropriate and critical life-saving Emergency Shelter and non-food items for displaced populations			1,298,798	41,300,000	
1.2.1. Distribute cash grants to vulnerable households to purchase ES/NFI whenever applicable			550,338	17,500,000	
1.2.2. Rental subsidiary and related agreement to support vulnerable IDPs/Returnees in coordination with Protection Cluster			44,027	3,000,000	

### Cluster Objective 2: Ensure that displaced affected people have adequate protection, safety, dignity, well-being and equitable access to shelter solutions. [Relates to SO 2]

Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
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2.1. Number of special measures that are in place to ensure access to shelter and NFIs by people with specific needs, including age, gender and diversity (in coordination with Protection Cluster)	5	None	5	PMR	Quarterly
2.2. Per cent of beneficiaries with improved privacy and security	50 per cent	None	25 per cent	PDMs	Quarterly
Activities			Target	Cost (USD)	
2.1.1. Standardize and harmonize Shelter and NFI options ensuring that appropriate security and safety measures are streamed			6	21,000	
2.1.2. Provide capacity building for Protection Mainstreaming and Analysis			5 trainings	15,000	
Cluster Objective 3: Support livelihoods and reintegration/resettlement by improving shelter-related infrastructure. [Relates to SO3]					
Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
3.1 Number of individuals supported through cash-based rehabilitation of community structures and shelters	539,231	231	539,000	5W	Bi-monthly
Activities			Target (Individuals)	Cost (USD)	
3.1.1. Upgrade and repair shelters and replenish core household items for vulnerable population			275,000	28,700,000	
3.1.2. Distribute cash grants to vulnerable households (returnees and non-displaced) for minor shelter repairs			264,000	11,500,000	
3.2.3 Advise returnees on building back better through deploying technical teams			55,000	100,000	
3.2.4 Assist IDPs and IDP returnees in accessing key documents for restoring their housing, land and property (HLP) rights			25 per cent	269,500	

\* Due to duplication in some regions the target was negative, this is adjusted.

\*\* Per cent of women in the community



## PEOPLE IN NEED



## PEOPLE TARGETED




## REQUIREMENTS (US\$)



## # OF PARTNERS



## FOOD OBJECTIVE 1:

1 Saving lives through food and cash assistance 

## CONTACT

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## FOOD

## 1. Situation Overview

Inter-communal conflicts, localized crop failure linked to climate variability, and high food prices are the main drivers of food insecurity in the country. The *meher* harvest is projected to increase in some highland areas due to improved rains as compared to previous drought years. There are also indications of improved pasture in some pastoralist areas, though the decrease in herd sizes from previous drought periods will continue to negatively impact on households' livelihoods and incomes. Areas that received inadequate *deyr* and *hagay* rains will likely experience early shortages of livestock feed and water. Information from seasonal assessments indicate that some households will have food consumption gaps during the lean seasons in 2019 due to reduced harvests and incomes. These households are mainly from areas that received erratic rains, experienced long dry spells, were affected by pests and diseases, and lost harvests due to conflicts. Agro-pastoralist and pastoralist households will be among the population of concern in terms of food insecurity, as the majority of these households are still recovering from the negative impact of previous drought years and herd sizes have not reached pre-drought levels. High prices of food items reported in seasonal assessments and reduced incomes will also limit the ability of households to have access to a diversified food basket. Analysis from the seasonal assessment indicate that 5 per cent of the population in the country are living below the survival threshold, demonstrating the need for food assistance to meet their food gaps in 2019.

Inter-communal conflicts contributed to growing food insecurity as farmers were prevented from harvesting their crops in the 2018 *belg* and *meher* agriculture seasons. Insecurity also disrupted the delivery of humanitarian assistance to some conflict-affected areas. Conflicts are affecting areas that are traditionally crop producing and are still recovering from the negative impact of the previous droughts. Almost 3.2 million people (~ 51 per cent are women, 45 per cent children under 14 years and 10 per

cent are elderly people) were displaced from their homes by the end of 2018, mainly due to conflict but also due to drought. These individuals will continue to require emergency food or cash assistance, at least during the first half of 2019.

## 2. Response Strategy and Priorities

## (a) Response Strategy

The Government-led integrated national cash and food plan will continue to provide analysis in terms of areas that will be assisted with in-kind food or cash, and the duration of each modality. To strengthen the implementation process, operators will mobilize resources based on the selected modality for woredas concerned. The process is led by the Government and supported by key stakeholders, including the donors, UN Agencies and non-governmental organizations.

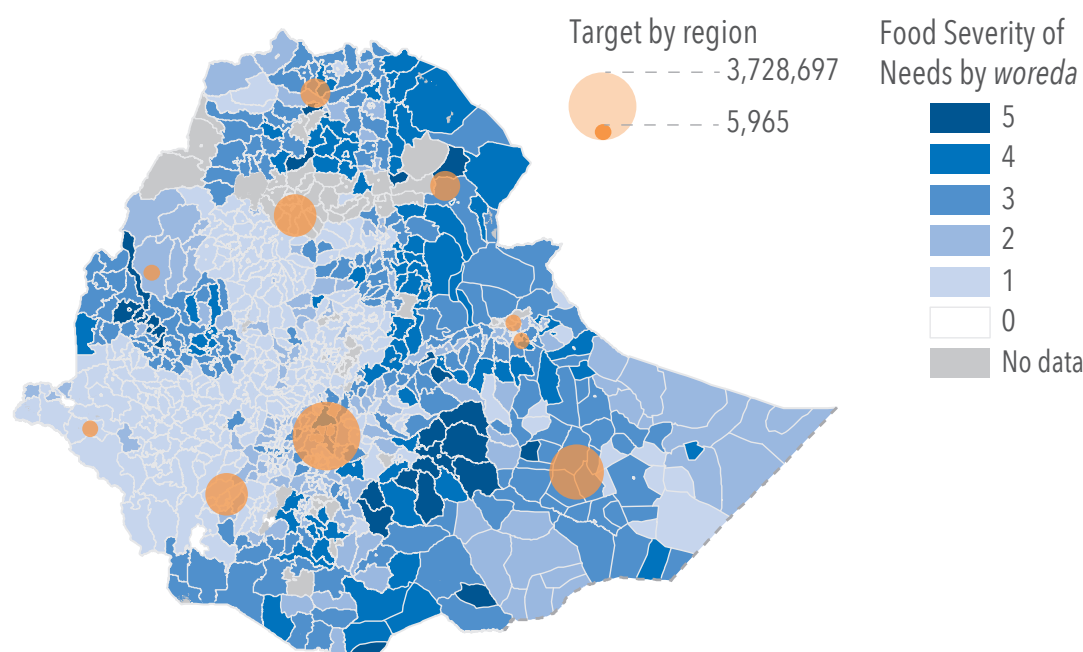
Food sector operators will strengthen the capacities of regional and local governments in key areas of emergency food and cash assistance, including targeting, registration and verification of beneficiaries, as well as food or cash distribution and performance reporting. Active participation of affected populations - including vulnerable women, youths, and people with chronic illness and disabilities - will be supported at each and all steps of the intervention. Regional authorities, with the support of the Food cluster operators, will continue to implement community-based targeting approaches, guided by evidence from joint and multi-sectoral needs assessments.

In 2019, the Food sector will continue to advocate for access to population in need through inter-agency forums including through the Government-led Prioritization Committee, the National Disaster Risk Management Technical Working Group and the Emergency Operation Centers.

Food sector operators will facilitate, where possible, pathways for emergency-affected populations (women and youths in particular) to shift into gender-responsive,



## FOOD SEVERITY OF NEEDS (BY WOREDA) AND BENEFICIARIES TARGETED (BY REGION)



resilience building, livelihood or social protection programmes. They will also strengthen local markets and potentially expand the use of cash and/or voucher transfers, based on participatory gender-responsive feasibility analyses that aim for greater empowerment of diverse populations in need, harm reduction and increased cost-efficiency.

Evidence from the food security monitoring systems, in-depth needs assessments and rapid assessments will be used to adjust the response, including operational areas and modalities. This will also provide evidence on whether the transitory support will be required to assist PSNP public works beneficiaries, from July to December. Currently, analysis from the *meher* assessments indicates that 3.6 million PSNP public works beneficiaries (in eight regions) may face food consumption gaps during the lean season. Food sector operators will work closely with other partners in developing joint contingency plans to support any sudden onset emergencies.

Overall, the Food sector is targeting 8 million people with emergency food and/or cash assistance. \$600.3 million will be required to provide timely food assistance through cash and in-kind support from January to

December 2019, \$203 million through cash assistance and \$397.3 million for in-kind assistance. This is based on an average eight rounds of food and cash distributions that are planned in 2019. Operators are planning to provide a standard food basket or the equivalent as a cash-based transfer. Cash-based assistance will be implemented in areas with functioning markets. The Food sector requirements will be reviewed following the 2019 mid-year assessments.

### (b) Supporting Multi-Sector Response to

#### Displacement

- Food sector operators will continue to participate in multi-sector and gender-related assessments in areas of displacement to understand the needs of affected people. This will involve collection and analysis of information on dietary needs, food preference and vulnerabilities. This will provide evidence for an integrated response to the needs of displaced people, including people with special needs such as chronic illness, mental or physical disabilities.

- Training will be provided to partners on food handling in warehouses, food distributions, protection and record keeping.
- Food sector partners will continue to coordinate and participate in training that ensures effective delivery of food and cash assistance, meet accountabilities to affected people, maximize participation of the community and prevent the sexual exploitation and abuse of beneficiaries. This will be coordinated both within the sector and with other partners.
- The food sector will continue to advocate for timely delivery of food assistance to people living in inaccessible locations including in Somali, Benishangul Gumuz, Oromia and SNNP regions.

#### Food insecurity and malnutrition

- Food sector operators will aim to provide timely food assistance at times when households will be facing food consumption gaps. This will involve analysis of food security and monitoring data to identify months when households will be facing survival deficits.
- A standard food basket (cereals,



pulses and vegetable oil) or its equivalent in cash will be distributed to food-insecure beneficiaries.

- Linkages with other sectors to increase access to sustainable livelihoods will be prioritized. This will involve the coordinated delivery of humanitarian assistance based on identified needs through the participation of relevant clusters.

### (c) Linkage with development programming

- Lessons learnt from the pilot of PSNP and emergency relief assistance in Somali region will provide evidence for expansion of similar approaches elsewhere in the country, linking the implementation of safety-net activities to emergency support.
- The food cluster will also closely work with the agriculture

sector on a pilot to implement livelihood-based activities that will enable sustainable graduation of beneficiaries from emergency food assistance.

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	By status			By sex and age				Total:
	Displaced	Non-displaced	Other Returnees	% female	% children (<18y)	% adults (18-59y)	% elderly (>59y)	
Cluster PiN	3,170,000	4,960,000		52	17	59	24	8,130,000
Targeted	2,760,000	5,290,000		52	17	59	24	8,000,000

## OBJECTIVES, TARGETS AND ACTIVITY COSTS

### Cluster Objective 1: Saving lives through food and cash assistance [Relates to SO 1]

Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
1.1 Number of targeted displaced beneficiaries receiving food, cash transfers and vouchers as per cent of planned	3,170,000	2,600,000	2,760,000	Cash/Food distribution reports	Quarterly
1.2 Number of targeted non-displaced beneficiaries receiving food, cash transfers and vouchers as per cent of planned	4,960,000	7,800,000	5,290,000	Cash/Food distribution reports	Quarterly
1.3 Quantity of cash distributed, as per cent of planned		\$43,000,000	\$203,000,000	Cash/Food distribution reports	Quarterly
1.4 Quantity of food distributed, as per cent of planned		623,000 MT	697,832 MT	Cash/Food distribution reports	Quarterly
1.5 Frequency of food/cash assistance to beneficiary HH (months) - average		6	8	Cash/Food distribution reports	End of Year
Activities				Cost (USD)	
Distribution of food to targeted beneficiaries				397,300,000	
Distribution of cash to targeted beneficiaries				203,000,000	



## PEOPLE IN NEED


**6.0M**

## PEOPLE TARGETED


**4.8M**

## REQUIREMENTS (US\$)


**143M**


## # OF PARTNERS


**16**


## HEALTH OBJECTIVE 1:

**1** Provide accessible essential health services to affected populations, focusing on main causes of morbidity and mortality, including SRH 

## HEALTH OBJECTIVE 2

**2** Prepare, detect and respond to epidemic prone disease outbreaks 

## HEALTH OBJECTIVE 3

**3** Ensure quality, inclusive and responsive essential health services sensitive to specific needs of affected populations 

## HEALTH OBJECTIVE 4

**4** To strengthen resilience among affected populations through MHPSS services and referral mechanisms 

## CONTACT

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## HEALTH

## 1. Situation Overview

Six million people affected by the humanitarian crisis require access to essential life-saving health services, including curative consultations, medicines, vaccination for children and pregnant women, mental and psychosocial health, HIV/TB, non-communicable diseases (NCD) and sexual and reproductive health (SRH). Many of the patients will need to be referred to higher levels and other sectors for services unavailable in primary healthcare centers.

In 2019, 2.4 IDPs and IDP returnees are likely to need health assistance. IDPs and IDP returnees are more at risk of infectious diseases and outbreaks due to the poor living conditions. Significant levels of psychosocial distress are reported among the IDPs and IDP returnees, with displacement also increasing exposure to sexual and gender based violence for vulnerable women and children. Vandalism of health facilities, health service disruption, and loss of medicines and medical supplies were also reported due to conflict, as healthcare workers are displaced along with the general population.

3.6 million people in communities hosting IDPs, IDP returnees and non-IDP affected locations will need support to access essential life-saving health services. Host populations of focus are those communities in *woredas* prone to preventable disease outbreaks, those affected by drought and chronic food insecurity, and people in remote locations with low vaccination coverage for children under one and antenatal care services. 3.4 million people will be at risk of various disease outbreaks including acute watery diarrhea (AWD), measles, scabies, yellow fever, pertussis, and high caseloads of malaria in 2019.

## 2. Response Strategy and Priorities

## (a) Response Strategy

Enhance access to essential life-saving health services, including sexual and reproductive health (SRH), by displaced populations and host communities, through surge capacity

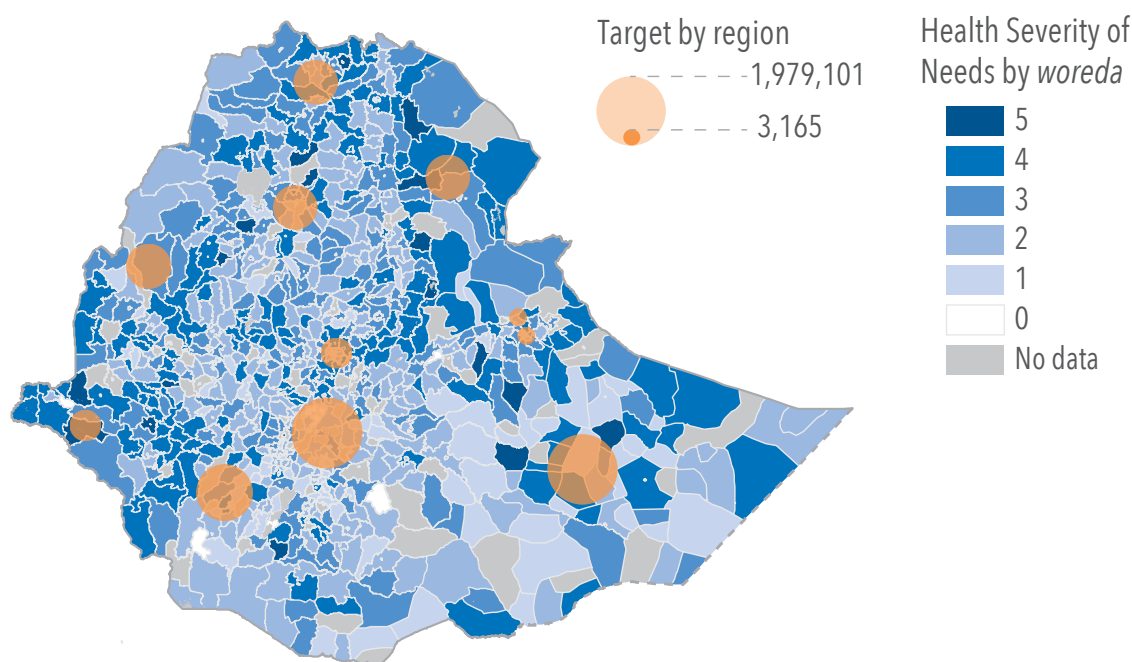
support to health facilities and mobile and outreach teams. Geographical and population priorities include the IDP and IDP returnee sites and host communities, especially in Kamashi, Dawa, Wollegas, Hararges, West Guji, Gedeo, Borena/Moyale, and new ones that may occur. The response will also prioritize epidemic prone *woredas* with a focus on AWD, measles, yellow fever, scabies, and high disease burden including malaria, HIV/TB/NCD and maternal morbidity and mortality.

Targeted interventions in drought-affected *woredas* with high IPC classification and GAM rates will be based on hotspot mapping. Support to health services in areas with low health system capacity and utilization rates as to ensure access to family planning services will also be prioritized.

This will include clinical health services including SRH targeting the needs of vulnerable persons such as instead of including women, children, adolescents and people with disabilities, HIV/TB. Ensuring increased availability of mental health and psychosocial support (MHPSS) to vulnerable persons, services sensitive to the needs of persons with disabilities and survivors of sexual and gender based violence (SGBV) and mainstreaming SRH-MHPSS in to existing health system will be pursued.

People-centered approach and practical implementation of accountability to affected population (AAP) strategies will be sought. Regular support supervision and monitoring visits will be conducted to observe service delivery and quality of care. Complaints will be monitored at service delivery points on a regular basis through a common feedback mechanism and data will be segregated by gender and age. All best practices will be documented and shared with communities on a regular basis. Lastly, surge support and capacitating existing health system/facilities will be the prime approach while the deployment of mobile teams will only be considered as an option of last resort.

## HEALTH SEVERITY OF NEEDS (BY WOREDA) AND BENEFICIARIES TARGETED (BY REGION)

**b) Supporting Multi-Sector Response to****Displacement**

- Arrange logistical arrangements with other sectors to deliver humanitarian supplies including essential medicines to Dawa and Kamashi zones once there is access.
- Plan with Food and Nutrition sectors so that mass measles vaccination campaign are conducted jointly with food distribution and nutrition screening in Dawa, Kamashi zones and the Wollegas.
- Work with NFI and Food sectors to use distributions as an incentive for routine vaccination and ANC services.
- New health staff/teams for Kamashi to be trained by the Protection Cluster.
- Work with Education sector with messaging and health education during disease outbreaks and vaccination campaigns.
- Joint assessments with other clusters to ensure coordinated response

- Joint monitoring of response and accountability to affected populations.

**Food insecurity and malnutrition**

- Work with the Nutrition sector in high priority *woredas* based on IPC and GAM rates.
- Joint logistics with the Nutrition sector in delivering essential supplies.
- Integrated response between Health and Nutrition through health facilities and mobile health/nutrition teams, stabilization centres.
- Joint assessments and monitoring with other clusters to ensure coordinated response and accountability to affected populations.

**Diseases outbreaks**

- Health and WASH clusters will plan jointly and coordinate through the Emergency Preparedness and Response Plans (EPRPs) and TWG. Health will coordinate with WASH in health facilities, water treatment and quality testing.

- Health and Protection sectors (Site Management Group) will plan jointly and coordinate response in IDP and IDP returnee sites.
- Health and Nutrition sectors will develop joint treatment guidelines for SAM with AWD.
- Health and Food sectors will provide food for patients and caregivers, to reduce human traffic at CTCs.

**(c) Linkages with development programming**

- Whenever applicable, humanitarian response should be assigned to partners who are implementing development health programs in locations of need.
- Health interventions must have structured transitions; handover, early recovery and minimal/ basic health facility rehabilitation for better linkages.
- Train, support and strengthen existing rapid response teams in *woredas*, keeping in mind high staff turnover.
- Encourage PFSA to incorporate humanitarian supply streams in

- regular pharmaceutical supply chains.
- Establish working linkages with the private sector to enhance social corporate responsibility in investment and giving back to communities.
- System strengthening and resilience will continue to be a focus of the cluster's activities.

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	By status			By sex and age				Total:
	Displaced	Non-displaced	Other Returnees	% female	% children (<18y)	% adults (18-59y)	% elderly (>59y)	
Cluster PiN	2,386,536	3,643,219	0	3,014,877	3,195,770	2,532,497	301,488	6,029,755
Targeted	2,386,536	2,386,536		2,386,536	2,529,728	2,004,690	238,654	4,773,072

## OBJECTIVES, TARGETS AND ACTIVITY COSTS

Cluster Objective 1: Provide accessible essential health services to affected populations, focusing on main causes of morbidity and mortality, including SRH [Relates to SO1]					
Indicator	In Need	Reached in 2018	Target (Individuals)	Means of Verification	Reporting Frequency
1.1. Number of OPD consultations in priority locations	5,125,292	N/A	4,057,111	OPD registers	Monthly
1.2. Number of OPD consultations for CU5 in priority locations	904,463	N/A	715,961	OPD registers	Monthly
1.3. Number of normal deliveries attended by skilled birth attendants	180,893	N/A	143,192	Delivery registers	Monthly
1.4. Number of WCBA receiving comprehensive RH services: modern contraceptive prevalence rate among women	1,386,844		1,097,807	Family planning registers	Monthly

Activities	Target	Cost (USD)
1.1.1. Procurement, prepositioning and distribution of emergency health and RH kits at health facilities	4,773,072	43,000,000
1.1.2. Surge support to health facilities	4,773,072	29,000,000
1.2.1. Outreach services	4,773,072	10,000,000
1.2.2. Mobile teams	4,773,072	12,000,000
1.3.1. Social and behavioral change communication (SBCC) including community mobilization	4,773,072	1,000,000
1.4.1. Emergency RH and MISP integration into emergency health service	1,097,807	5,000,000

**Cluster Objective 2: Prepare, detect and respond to epidemic prone disease outbreaks [Relates to SO1]**

Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
2.1. Per cent of epidemic prone disease alerts verified and responded to within 48 hours	100 per cent		100 per cent	IDSr reports	Monthly
2.2. number of children 6 months to 15 years receiving emergency measles vaccination	2,592,795		2,052,421	Campaign reports	Monthly

Activities	Target	Cost (USD)
2.1.1. Health information gathering systems and improved links to development systems	4,773,072	1,000,000
2.1.2. Strengthen early warning and rapid response mechanisms	4,773,072	
2.1.3. Outbreak response including case management	4,773,072	15,000,000
2.1.4. Infection prevention and control	4,773,072	1,000,000
2.1.5. Health promotion		1,000,000
2.1.6. Water quality testing	4,773,072	1,000,000
2.2.1. Vaccination campaigns	2,052,421	10,000,000

**Cluster Objective 3: Ensure quality, inclusive and responsive essential health services sensitive to specific needs of affected populations [Relates to SO 2]**

Indicator	In need	Reached in 2018	Target	Means of Verification	Reporting Frequency
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3.1. Per cent of health facilities providing CMR services for SGBV survivors	100 per cent		50 per cent	Field missions, herams	Monthly
3.2. Per cent of health facilities addressing the health needs of persons with disabilities	100 per cent		50 per cent	Field missions, herams	Monthly
Activities			Target	Cost (USD)	
3.1.1. Train health workers on CMR			1,097,807	1,000,000	
3.1.2. Provide CMR kits to health facilities			1,097,807	1,000,000	
3.1.3. Support CMR services in health facilities			1,097,807	500,000	
3.1.4. Establish linkages with psychosocial services			1,097,807	500,000	
3.2.1. Support capacities for visual, hearing and physical disabilities, including personnel, equipment and medicines			715,961	1,000,000	
Cluster Objective 4: To strengthen resilience among affected populations through MHPSS services and referral mechanisms [Relates to SO 3]					
Indicator	In need	Reached in 2018	Target	Means of Verification	Reporting
4.1. Per cent of health facilities providing MHPSS services in priority locations	100 per cent		50 per cent		Monthly
4.2. Per cent of referrals to higher level and specialized services completed	100 per cent		50 per cent		Monthly
Activities			Target	Cost (USD)	
4.1.1. Support MHPSS services in health facilities			190,923	2,500,000	
4.1.2. Support referral systems			4,773,072	4,000,000	
4.2.1. Refer cases (obstetric, MHPSS, SGBV, medical, SAM/MC, disabilities) from health facilities and MHNT for higher and specialized services			4,773,072	1,500,000	
4.2.2. Minimal/basic health facility rehabilitation			4,773,072	2,000,000	





## PEOPLE IN NEED



## PEOPLE TARGETED



## REQUIREMENTS (US\$)



## # OF PARTNERS



## NUTRITION OBJECTIVE 1:

**1** To provide timely access to life-saving quality treatment of acute malnutrition among children under five years of age and pregnant and lactating women

## NUTRITION OBJECTIVE 2

**2** To strengthen life-saving preventive nutrition services for vulnerable populations focusing on prevention of micronutrient deficiencies

## NUTRITION OBJECTIVE 3

**3** To contribute to health system strengthening within the National Health Extension Programme and support early warning system to ensure effective emergency nutrition response

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## NUTRITION

## 1. Situation Overview

Despite the improved summer (*kiremt*) rains received in 2018 which resulted in average or above average production in much of the crop producing areas in the country, the Nutrition sector projects that 2.76 million children under the age of five years will need treatment for acute malnutrition in 2019. This includes 609,961 children needing treatment for severe acute malnutrition (SAM) across the country, and 2.15 million children aged 6-59 months who will need treatment and rehabilitation for moderate acute malnutrition (MAM) across 467 Priority 1 *woredas*. An estimated 1.85 million pregnant or lactating women (PLW) will also need treatment and rehabilitation for acute malnutrition from the same priority *woredas*.

The severity mapping presented in the Humanitarian Needs Overview (HNO) suggested that no *woredas* fell into level 6; five *woredas* lie in level 5, 75 *woredas* in level 4, 125 *woredas* in level 3, 148 *woredas* fell in level 2, 258 *woredas* are under level 1 and no *woreda* fell under level 0. In 321 *woredas*/city administrations no data was shared due to poor quality below 80 per cent reporting, inaccessibility, and/or low service coverage due to disruption. Somali and Afar regions presented 89 per cent and 79 per cent of reported *woredas* above category 3. The vulnerability in Somali region continues to cause concern with 55 *woredas* above level 4, where the impact of three years of protracted drought/sub-optimal rains continues to drive serious levels of acute malnutrition and an estimated 1.1 million people are displaced due to conflict and climate related factors. In Afar, 23 out of a total of 32 rural *woredas* were classified above level 3, where acute food insecurity is chronic and driven by protracted dry spells resulting in loss of livestock, lack of recovery or alternate profitable livelihoods and low access to basic services; in Oromia 50 *woredas* were classified above level 3, mostly in the food insecure and IDP affected zones of East and West Harerge, West Guji, and, East and West Wollega. In SNNP 11 *woredas* were above level 3, mainly due to the IDP and IDP returnee response ongoing in Geddo

zone where approximately 560,293 IDPs may still reside. In Amhara, 23 *woredas* were categorized as level 3 and 7 as level 4, mostly in western Amhara where an estimated 80,000 IDPs and IDP returnees now reside due to inter-ethnic conflict, and in pocket highlands of Wag Hamra, North Gondar due to high food insecurity. A total of 5 *woredas* in north eastern and western Tigray fell in category 3, pockets of high food insecurity due to low yields of meher crops and rising numbers of IDPs and IDP returnees now estimated at around 71,000.

## 2. Response Strategy and Priorities

## (a) Response Strategy

Core emergency nutrition response will deliver technical and operations support to the Regional Health Bureaus (RHBs) to ensure the delivery of quality treatment for severe and moderate acute malnutrition, secure pipelines for treatment (therapeutic foods such as RUTF, therapeutic milks and essential drugs, and materials for SAM treatment), specialized nutritious foods (Super Cereal plus, RUSF and the non-food items needed for MAM treatment); the promotion of optimal infant and young child feeding in emergencies (IYCFE); and activities to strengthen early case detection and referral. Preventive nutrition services for all children aged 6-59 months includes vitamin A supplementation and the provision of anti-helminths to prevent micronutrient deficiencies. Nutrition screening is included with Vitamin A supplementation interventions and is strengthened in emergency affected areas. Deployment of additional technical staff through UN agencies and NGOs aims to ensure that the emergency response builds the capacity of front line health staff to deliver quality nutrition services as well as supporting reporting and data management systems, strengthening supply management systems, and supporting information sharing across sectors through coordination platforms at all levels. Additional outreach activities (by mobile health and nutrition teams (MHNT) or outreach strategies), often in collaboration



with the health sector aim to reach vulnerable communities or IDP and IDP returnee sites and are part of the nutrition service delivery strategy as directed by the RHBs. MHNT play an important role in Somali, Afar and the lowlands of SNNP and Oromia to improve health and nutrition service coverage.

The scale and severity of nutrition needs, the context and the capacity of the government to manage full nutrition response will continue to define the response strategy. The nutrition needs of children under five years and PLW from both the host communities and IDPs and IDP returnees will be targeted. Urgent and full nutrition response will target woredas where there is: (a) a rapid rise or sustained high levels of acute malnutrition are reported in children and/or PLW e.g. southern and southwestern zones of Somali Region, targeted zones of Oromia (including East and West Hararge, East and West Wollega, Borena, Guji and West Guji, Bale), pockets in highlands of Amhara, and targeted areas of Afar. The IDP and IDP returnee burden and nutrition status in these areas informs the response design. Full CMAM/IMAM and GFD (food/cash) are essential support, with additional Health, WASH and Protection service strengthening will be integral in the response; (b) where access has been impeded or prohibited, resulting in the likely disruption or cessation of routine health and nutrition service delivery. Currently this has been the case in seven woredas of Benishangul Gumuz (5 woredas of Kamashi zone and one woreda in Assosa zone and Mao Komo Special woreda) where an estimated 60,125 people have been displaced for the last 4 months. In Dawa zone of Somali Region where 112,388 IDP are reported, humanitarian access has been seriously restricted for 18 months and limited relief food, nutrition, health or WASH services have been delivered. The deployment of additional technical teams is needed through UN and NGOs to support rebuild systems as well as deliver comprehensive response (GFD food/cash, Nutrition, Health, WASH, Protection and ES/NFI).

## (b) Supporting Multi-Sector Response to

### Displacement

- Conduct rapid multi-sectoral assessments, identify critical needs, and design appropriate response, building on existing capacity of the Government services and systems. Ensure regular nutrition screening is established/strengthened.
- Prioritize immediate response in areas affected by lack of access and service disruption due to unrest, resulting in mass displacement. The multi-sectoral planning for the expected IDP/ IDP returnee/ host response in Kamashi zone for example is likely to require B/ TSFP and CMAM plus surge staff to rebuild systems. Temporary treatment clinics, MHNT will be considered if health facilities are incapacitated.
- Collaborate with the Health sector to ensure the deployment of Mobile Health and Nutrition Teams is only where government capacity to manage outreach through static facilities is surpassed.

### Food insecurity and malnutrition

- Nutrition (screening) data from host, IDPs and IDP returnees is shared with the Food Security cluster to inform additional support needs.
- Quality GFD (relief food/cash) response is essential, along with health and WASH to achieve nutrition outcomes delivered through the nutrition response activities.
- Strengthen delivery of preventive nutrition services to mitigate rise in micronutrient deficiencies, and rapid deterioration of nutritional status of target individuals in priority areas.

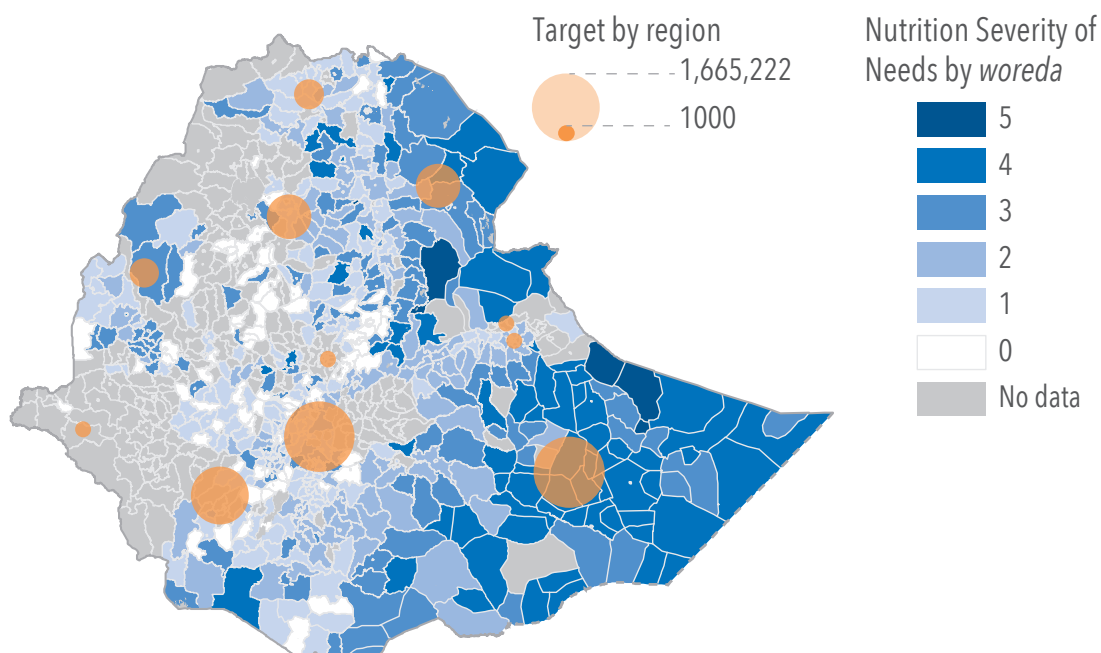
## Diseases outbreaks

- Close collaboration with the health cluster to plan for additional SURGE staff required by RHBs where response to disease outbreaks exceeds the capacity of existing staff to prevent disruption of routine primary health and nutrition services.
- Collaborate with WASH sectors to target health facilities where WASH services are inadequate and risk of disease outbreak and/or high level acute malnutrition (TFP admissions) are observed.
- Cross sector collaboration for joint community awareness on prevention of communicable diseases and outbreaks (WASH, Health, Nutrition, Protection).

## (c) Linkage with development programming

The linkages between wasting and stunting has become increasingly well documented. Linking development efforts and humanitarian response includes (a) building resilient health systems to respond to crisis while maintaining routine health and nutrition services; (b) strengthening community resilience, incorporating nutrition preventive actions and activities to enable households access and utilize more diverse nutritious diet. It is important to maximize the potential of all development investments and ensure linkages between programmes. The FMOH flagship nutrition development programme, 'Comprehensive Integrated Nutrition Services' (CINUS) supported by UNICEF operates in 101 highly food insecure woredas in 8 regions, now including 8 woredas in Afar, 9 in Somali Region, 9 in Benishangul and 4 in Gambela regions to extend the health system capacity building support and improved community awareness for better child care and nutrition practices in woredas with some of the highest levels of acute malnutrition. USAID also funds the "Transform Primary Health Care and Health Programme" in 7 regions, reaching 359

## NUTRITION SEVERITY OF NEEDS (BY WOREDA) AND BENEFICIARIES TARGETED (BY REGION)



52

woredas. Transform includes capacity strengthening for woreda health offices response to the emergency nutrition crisis and routine primary health care service provision. CINUS will expand linkages with PHC sites supported by Transform targeting woredas were GAM levels remain high.

In 2019, WFP promotes nutrition sensitive approach in its entire portfolio of activities including emergency (food relief, e.g.) but also development (school feeding, climate change, and social protection). USAID funds the

“Transform Primary Health Care and Transform in Developing Regions” in 8 regions, reaching 360 and 58 woredas respectively. Transform includes capacity strengthening for MOH regional, zonal Woreda health offices to ensure strengthened health and nutrition systems (including emergency nutrition) and routine primary health care service provision. NGOs supported by USAID, EU, GAC and others continue to target better nutrition outcomes through nutrition development programming, expanding support in lowland and

pastoral areas and ensuring community awareness of optimal child health and nutrition practices is improved as well as the promotion of nutrition sensitive agriculture and livestock management. NGO programming, with its emphasis at community level, also aims to tackle some of the gender related issues to optimize nutrition security in the home. In 2019 efforts to support FMOH streamline the management of nutrition programme supplies will continue.

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	By status			By sex and age				Total:
	Displaced	Non-displaced	Acutely Malnourished individual U5, PLW, plus VAS targets 6-59m	% female	% children (<18y)	% adults (18-59y) PLW 100% FEMALE	% elderly (>59y)	
Cluster PiN	n/a	n/a	5,906,920	51	4,047,090	1,859,829	0	5,906,920
Targeted	n/a	n/a	4,381,000	49	2,950,973	1,430,644	0	4,387,523

## OBJECTIVES, TARGETS AND ACTIVITY COSTS

## Cluster Objective 1: To provide timely access to life-saving quality treatment of acute malnutrition among children under five years of age and pregnant and lactating women [Relates to SO1]

Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
1. Therapeutic Feeding Programme (TFP) coverage for children requiring treatment for SAM	20,400 health facilities with SC/OTP	20,400 HF	20,400 HF	woreda health office / RHB database and reports	Monthly
1.1. Number of children treated for SAM	609,961	332,132	487,696	National TFP Database	Monthly
1.2. TSFP Coverage for children with MAM, needing nutrition rehabilitation		40 per cent	30, 50 and 70 per cent for respectively rural, urban and camp-confined populations	primary (survey) and secondary data	At least 3 months after initiation of the nutrition rehabilitation programme (baseline) and then after at least 3 months again
1.3. TSFP Coverage for PLW with MAM needing nutrition rehabilitation		40 per cent	30, 50 and 70 per cent for respectively rural, urban and camp-confined populations	primary (survey) and secondary data (desk based)	At least 3 months after initiation of the nutrition rehabilitation programme (baseline) and then after at least 3 months again
1.2.1. Number of children treated for MAM	2,150,258	1,140,000	1,433,507	woreda health office/ RHB	Monthly
1.3.1. Number of PLW treated for AM	1,859,828	1,120,000	1,430,644	woreda health office/ RHB	Monthly
Activities			Target	Cost (USD)	Strategic Objective
1.1.1. Procurement of RUTF, F75, F100, essential drugs, materials and Stabilization Centre kits for SAM treatment			585,235 Cartons RUTF; 7,000 SC treatment kits	30,847,236	
1.1.2. Establish and maintain 55 higher level referral Stabilization centres			55 stabilization centres at hospital/health centres	1,987,500	
1.2.1. Procure Specialized Nutritious Foods for MAM rehabilitation			13,719 MT RUSE; 80,603 MT Super Cereal Plus	143,857,769	
1.2.2 Procure non-food items for IMAM implementation			laptops, motorcycles, training and reporting materials	1,500,000	

## Cluster Objective 2: To strengthen life-saving preventive nutrition services for vulnerable populations focusing on prevention of micronutrient deficiencies [Relates to SO1]

Indicator	In need	Reached in 2018	Target	Means of Verification	Reporting Frequency
2.1. Vitamin A supplementation coverage in target locations	100 per cent	0	83 per cent	Government data (FMOH Enhanced Outreach Strategy and child health days)	Quarterly
2.1. Number of children reached with Vitamin A supplementation in target locations (emergency zones of Oromia, Gedeo zone of SNNP, Afar and Somali regions)	1,286,871	0	1,000,000	Government data (FMOH Enhanced Outreach Strategy and child health days)	Quarterly

Activities			Target	Cost (USD)	
2.1.2. Conduct Vitamin A supplementation and screening activities in highly affected communities			5 RHBs	2,100,000	
<b>Cluster Objective 3: To contribute to health system strengthening within the National Health Extension Programme and support early warning system to ensure effective emergency nutrition response [Relates to SO 3]</b>					
Indicator	In Need	Reached in 2018	Target (woredas)	Means of Verification	Reporting Frequency
3.1. Number of woredas where MAM treatment and rehabilitation services are delivered through routine health services (IMAM)	n/a	44	144	RHB/FMOH/WFP	Quarterly
3.2. Number of nutrition assessments conducted in priority woredas	n/a	0	80	ENCU/NDRMC/FMOH	Quarterly
3.3. Number of FMOH nutrition staff trained in FMOH MAM Management Guidelines 2019	42,000	0	34,000	FMOH	Quarterly
Activities			Target	Cost (USD)	
3.1.1. Deployment of NGO partners to target areas for full IMAM support to MOH			160 woredas	15,300,000	
3.2.2. Conduct assessment and submit data, preliminary and final report to ENCU for endorsement. Disseminate findings			80 surveys	1,600,000	
3.3.1. Support for FMOH to roll out training of health workers on the FMOH MAM Management Guidelines 2019			34,000 health workers	5,800,000	

Source DTM R14 – December 2018 data. Needs to be confirmed for recent estimate, circa 250,000



## PEOPLE IN NEED


**2.95M**

## PEOPLE TARGETED


**0.74M**

## REQUIREMENTS (US\$)


**13.4M**

## # OF PARTNERS


**20**

## PROTECTION OBJECTIVE 1:

**1** The protection needs of IDPs, IDP returnees and other groups with specific needs are identified, recognized and addressed by Government, humanitarian and development actors 

## PROTECTION OBJECTIVE 2

**2** Women, including women with disabilities and older persons, adolescent girls, and children, are protected from violence, exploitation and abuse, receive response services, and benefit 

## PROTECTION OBJECTIVE 3

**3** Improve the living standards and strengthen service delivery for IDP  

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## PROTECTION

## 1. Situation Overview

Key protection concerns faced by IDPs, IDP returnees and other affected populations in Ethiopia include sexual and gender based violence, physical violence, child marriage, family separation (including unaccompanied and separated children), psycho-social distress and trauma, persons with specific needs not receiving or being able to access life-saving services, persons without adequate shelter and living in collective sites, persons missing documentation and having no legal redress for lost property, and human rights violations, and high caseloads of malaria in 2019.

## 2. Response Strategy and Priorities

## (a) Response Strategy

The Protection Cluster will conduct rapid assessments and protection monitoring to collect, verify and analyze information in order to identify violations of rights and protection risks faced by IDPs, IDP returnees, and other emergency affected populations for the purpose of informing effective responses that do not exacerbate risks or reinforce patterns of violation. In 2018, the Protection Cluster developed a range of protection assessment tools that are being used to monitor the human rights situation and access to basic services in West Guji Zone in Oromia region. Using this methodology in other locations in 2019, humanitarian partners will contribute to an improved protective environment by ensuring basic services are in place, implementing specialized and integrated programmes, protection mainstreaming including Sexual and Gender-Based Violence (SGBV) prevention and mitigation across sectors, and promoting an age and gender diversity, needs-based, and conflict sensitive response.

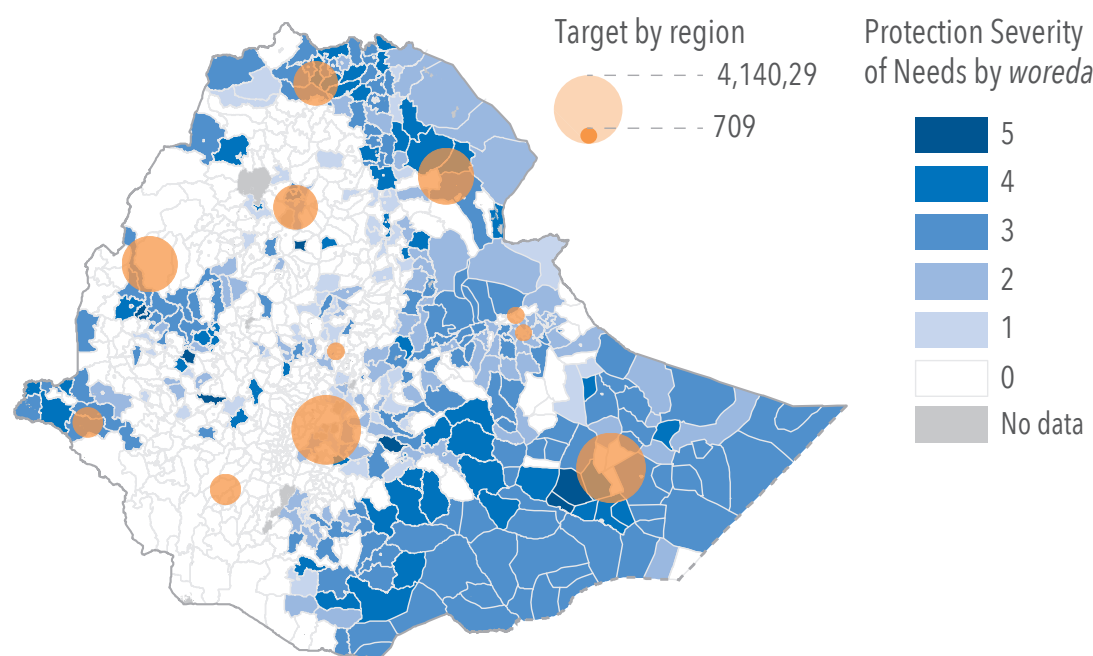
As per community norms, community members will be engaged in identifying their own needs and the provision of formal and informal assistance, including the identification and referral of persons with

specific needs, awareness raising and local conflict resolution. UN staff, government and partners working with emergency affected populations will be trained on the rights of IDPs, IDP returnees child protection and gender-based violence prevention, mitigation and response, and Protection from Sexual Exploitation and Abuse (PSEA). They will be supported to establish community-based protection mechanisms, such as Community Care Coalitions (CCCs), Child Protection Committees, women friendly spaces and child friendly spaces. These structures will ensure that persons with specific needs, including women, adolescent girls and older persons at risk, persons with disabilities, persons with serious medical conditions, and children at risk of violence or exploitation, including harmful practices, or without appropriate care, are identified and provided with appropriate emergency protection services.

To address the continued lack of basic and specialized protection services, including child protection and SGBV, that meet global standards of care, capacity support is urgently needed for service providers, including local government. The lack of quality care, monitoring of the quality of service provision, and specialized response is especially concerning as communities continue to be exposed to violence and experience stress due to displacement and conflict. The Child Protection and GBV Sub-Cluster will provide support for community mobilization and awareness raising to mitigate risks and build resilience among communities on sensitive topics, including GBV, in addition to supporting targeted livelihood interventions. Services and qualified personnel will be put in place in new emergency affected locations or scaled-up and monitored in current operational contexts, for psychosocial support, case management and referral services (medical, legal, safety), interim care, family tracing and reunification of unaccompanied and separated children, support for survivors of GBV (including men and boys), provision of information, counselling, technical assistance and training with respect to Housing, Land and Property (HLP), legal identity



## PROTECTION SEVERITY OF NEEDS (BY WOREDA) AND BENEFICIARIES TARGETED (BY REGION)



56

documentation and the rights of IDPs and IDP returnees. Additionally, women, adolescent girls and girls of reproductive age with specific needs will be supported with dignity kits and awareness raising on their right to access support. Reproductive health follow-up services also remain a priority to increase access and utilization of services in addition to strengthening of health systems capacity for appropriate response.

IDPs and IDP returnees face particular obstacles in accessing Housing, Land and Property (HLP) rights and legal identity documentation during displacement. The Protection Cluster will work with duty bearers to ensure that a procedure is in place to assess competing HLP claims and that the conflict is not used as a means through which to re-distribute HLP. Additionally, community awareness on the importance of legal identity, civil and other documentation will be provided, as well as the relevant counselling, technical assistance and referral, to address concerns, as IDPs and IDP returnees seek to replace their documents and assert HLP rights. Training on IDP and IDP returnee rights will be provided to local

government authorities, including law enforcement and court authorities, to strengthen the knowledge of human rights and obligation of government officials.

In 2019, Site Management Support (SMS) services will continue to improve living standards in IDP and IDP returnee sites, which include collective centres, planned sites and spontaneous settlements. This will entail working with service providers across all sectors to further enhance safety, service quality and accountability, while continuing to advocate for major improvement works such as site upgrades and rehabilitation. To ensure a healthy, safe and dignified living environment in displacement sites across the country, activities such as Communicating with Communities (CwC), information management and ensuring accountability to the affected population (AAP) interventions are included in all SMS activities. The SMS working groups and the Protection Cluster will continue to advocate that the establishment of formal IDP and IDP returnee camps remains an option of last resort, as this can increase the population's exposure to protection risks, promote aid dependency and require a substantial investment of

resources. The Cluster recognizes that space constraints in some sites and collective centres limit the ability to achieve Sphere standards for infrastructure. Within these parameters, the SMS services and activities will continue to implement and advocate for improvement of site conditions and minimum living standards, including the prevention of and response to GBV in line with the IASC Guidelines for Integrating GBV Interventions in Humanitarian Action.

#### (b) Supporting Multi-Cluster Response to:

##### Displacement

The list of priority activities applies to all the conflict-affected areas, including: Dawa zone, Kamashi zone, East and West Wollega zones, East and West Hararge zones:

- Protection assessments and protection monitoring as the first step to identify protection risks, human rights violations and gaps in available services. Identified protection and human rights cases are referred to the respective

service providers.

- Children are provided with psychosocial support services through Child Friendly Spaces. Children, who have been separated from family members will be identified, registered and provided case management support to be reunified or placed in alternative care arrangements.
- Women and adolescent girls are provided with psychosocial support services through Women Friendly Spaces. Women with specific needs, adolescents and girls of reproductive age, provided with dignity kits. Survivors of GBV, including SEA, are identified and referred for multi-sector response services as required.
- Site Management Support (SMS) services are provided, including site update and rehabilitation, in displacement locations.
- Individuals missing documentation are provided with information, counselling and technical support regarding HLP and legal identity documents.
- Advocacy to ensure accountability for cases of human rights violations.

### Ensuring cross-sectoral linkages

- All interventions, but particularly shelter interventions, should be coupled with an analysis of the legal and social issues affecting land rights and the potential impact the intervention could have on those rights;
- SMS requires linkages with all the sectors, as the SMSs maintains the physical space where IDPs and IDP returnees live. Therefore, linkages are naturally formed with clusters such as ES/NFI, WASH, Health, Nutrition, Education and Protection.
- The Protection Cluster and protection partners will continue to support other sectors in mainstreaming protection in

their activities. Examples include increasing gender and age disaggregation, conducting conflict and gender sensitive analysis, safety audits, and implementing safe and appropriate referrals to services.

### Supporting multi-sector response to malnutrition

- Integrated nutrition screening in Women Friendly Spaces and Child Friendly Spaces.
- Develop capacity in conducting safety audits and referral pathways for staff working on food security and nutrition. Furthermore, support safety audits to identify food insecurity and malnutrition risk factors that expose women and children to GBV and link potential survivors to appropriate services.
- Develop capacity on GBV Pocket Guide for staff working on food security and malnutrition in locations, where there are no GBV services.
- Advocate for and support livelihood opportunities for women with specific needs, including single parents and single female heads of households.
- Protection mainstreaming into food sector to ensure that individuals with specific needs have appropriate access to services.
- Supporting multi-sector response to disease outbreaks and AWD
- Support the upgrade and/or construction of disease outbreak facilities.
- Support to family members of the deceased by provision of specialized assistance for burial services.
- Identification, family tracing, and reunification for children, who have been separated from family or caregivers as a result of disease outbreaks.
- Liaison with the health sector to ensure that when sick family members removed from home

for treatment, appropriate care is in place for remaining family members with specific needs, such as children, persons with disabilities, older persons, etc.

- Women, adolescents and girls with specific needs of reproductive age provided with dignity kits.

### (c) Linkage with development programming

- UNICEF and UNFPA will continue to strengthen government structures responsible for the delivery of case management for GBV survivors and child protection (lead by the Ministry of Women, Children and Youth) and social service workforce strengthening (lead by the Ministry of Labour and Social Affairs with the Ministry of Women, Children and Youth).
- Support to FVERA government structures is currently limited to printing of IEC materials, banners and leaflets for VERA offices. A much larger capacity development initiative is needed to strengthen structures responsible for issuance of civil documentation such as birth, death, marriage, divorce, etc., as well as kebele offices and government officials responsible for issuing national identity documents.
- UNICEF will support the relevant Ministries to strengthen routine data collection systems to support improved identification of child protection and gender-based violence issues and response. This includes continued technical support for case management strengthening.
- Support is needed to strengthen the continuum of psychosocial care through increased synergies with, and support to, the national mental health strategy.
- Establish links with the Government-led Anti-Trafficking Task Force that is mapping government and non-governmental services (protection and assistance)



for referral of Victims of Trafficking, migrants and refugees with specific needs, as part of the Better Migration Management

- initiative funded by the European Union.
- Support is needed to ensure mainstreaming of core protection

principles such as Age, Gender and Diversity (AGD) are integrated into development planning initiatives.

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	By status		By sex and age				Total:
	Displaced	Non-displaced	% female	% children (<18y)	% adults (18-59y)	% elderly (>59y)	
Cluster PiN	2,153,734	795,837	51.1	54.38	39.91	5.72	2,949,571
Targeted	541,894	200,238	51.1%	54.38	39.91	5.72	742,132

## OBJECTIVES, TARGETS AND ACTIVITY COSTS

**Cluster Objective 1: The protection needs of IDPs, IDP returnees and other groups with specific needs are identified, recognized and addressed by Government, humanitarian and development actors [Relates to SO2]**

Indicator	In need	Reached in 2018	Target	Means of Verification	Reporting Frequency
1.1. Number of persons with specific needs identified through protection monitoring services	504,195	74,044	216,000	5WS, partner reports, Protection Monitoring reports	Monthly
1.2. Number of individuals receiving assistance on HLP, legal IDs and human rights	1,476,333	26,523	37,132	5WS, partner reports	Monthly
Activities			Target (Individuals)	Cost (USD)	
1.1.1 Identify individuals with Protection risks, human rights violations and gaps in available service and enhance their access to basic services through strengthened referral pathways and advocacy			216,000	2,200,000	
1.2.1 Provide individuals with HLP information			1,950	300,000	
1.2.2 Counsel individuals on HLP			375	150,000	
1.2.3 Provide technical assistance on HLP to individuals			150	150,000	
1.2.4 Inform individuals on legal identity documents			2,400	300,000	
1.2.5 Provide individuals with counselling on legal identity documents			480	150,000	
1.2.6 Provide individuals with technical assistance on legal identity documents			150	150,000	
1.2.7 Training on IDP and IDP returnee rights provided to local government authorities including law enforcement and court authorities.			9 trainings	108,000	

**Cluster Objective 2: Women, including women with disabilities and older persons, adolescent girls, and children, are protected from violence, exploitation and abuse, receive response services, and benefit from risk reduction measures [Relates to SO 2]**

Indicator	In need	Reached in 2018	Target	Means of Verification	Reporting Frequency
2.1 Number of boys and girls at high protection risk receiving child protection services including PSS, case management, and FTR.	592,648	32,554	47,000 (46,000 boys and girls, 1000 Caregivers)	5WS, partner reports	Monthly
2.2 Number of women, men, girls and boys benefiting from GBV awareness raising, risk mitigation activities, and response services.	1,028,910	33,456	52,000 (individuals)	5ws, partner reports	Monthly

Activities	Target	Cost (USD)
2.1.1 Children at risk, including unaccompanied and separated children, are identified and provided case management services as required.	5,000 (boys and girls)	1,300,000
2.1.2 Children are provided with psychosocial support services through Child Friendly Spaces.	40,000 (boys and girls)	1,600,000
2.1.3 Children access structured community-based psychosocial support interventions	1,000 (boys and girls)	500,000
2.1.4 Caregivers are engaged in activities to promote wellbeing and protection of children.	1,000 (Individuals))	100,000
2.2.1: Affected populations, including women, adolescents and girls, are provided with GBV awareness-raising and risk mitigation activities.	40,000 (women and girls)	1,000,000
2.2.2 Survivors of GBV, including SEA, are identified and referred for multi-sector response services as required.	1,000 (individuals)	250,000
2.2.3 Women and adolescent girls are provided with psychosocial support services through Women Friendly Spaces.	10,000 (Women and girls)	400,000
2.2.4 Access to GBV response serviced enhanced through capacity development of response service providers and providers of humanitarian assistance	1,000 (Individuals)	120,000
2.2.5 Women, adolescent girls and girls with specific needs, of reproductive age provided with dignity kits	40,000 (women and girls)	800,000

### Cluster Objective 3: Improve the living standards and strengthen accountable service delivery for IDPs [Relates to SO 2 and 3]

Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
3.1. Number of persons with access to safe and appropriate living spaces through site management support, coordination of service provision, and site improvement works.	1,769,193	300,000	65 Sites (6,000 persons/site = 390,000 Individuals)	5WS, partner reports	Monthly
Activities			Target	Cost (USD)	Strategic Objective
3.1.1 Establish and support community governance structures, awareness campaigns and complaint and feedback mechanisms.			65 sites	500,000	Strategic Objective 2
3.1.2 Rehabilitate and upgrade sites (decommissioning, communal facilities construction, partitioning and drainage)			40 Sites	556,400	
3.2.3 Deploy site management teams and monitor service provision; disseminate information to local authorities and partners; facilitate regular site-level coordination meeting			65 sites	2,800,000	
3.2.4 Provide capacity development on SMS and protection			7 trainings	15,000	



## PEOPLE IN NEED


**7.26M**

## PEOPLE TARGETED


**7.2M**

## REQUIREMENTS (US\$)


**133.7M**


## # OF PARTNERS


**39**

## PROTECTION OBJECTIVE 1:

**1** To provide safe drinking water
 

## PROTECTION OBJECTIVE 2

**2** To provide sanitation facilities
 

## PROTECTION OBJECTIVE 3

**3** To provide life-saving WASH NFI
 

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## WASH

## 1. Situation Overview

In Ethiopia, access to improved water supply and safely managed sanitation is still low at 39.13 per cent and 7.08 per cent respectively (JMP UNICEF/WHO 2018). As such when a crisis hits not only directly affected population but also population hosting those affected communities will require emergency WASH intervention.

Currently, the most acutely affected population is those who are displaced due to communal conflicts and natural calamities such as drought and flood. More than 92 per cent of IDPs and IDP returnees (2.71 million out of 2.96 million) do not have access to safe drinking water at the minimum emergency standard of 5 liter/person/day and 61 per cent of IDPs and IDP returnees (1.81 million out of 2.96 million) are not accessing any sanitation facility. Majority of displaced WASH people in need (PIN) is in Oromia (1.3 million) and Somali regions (910,000) followed by SNNP (270,000).

Other non-displaced population in need of humanitarian WASH assistance is 4.6 million, where the majority of them are affected by drought (four million). While access to protected water sources is generally quite limited especially in low land areas, drought has heavily impacted acute water supply needs in Oromia and Somali regions. Those communities hosting IDPs and IDP returnees are also under high pressure of acute water needs and risk of disease outbreak due to poor latrine coverage. PIN in host-communities receiving IDPs and IDP returnees is estimated as 890,000 million.

Needs of affected population are centered around safe drinking water supply as 92 per cent of IDPs and IDP returnees do not access to safe drinking water while 4.4 million people are affected by chronic water shortage due to drought according to severity analysis. Though DTM Round 14 data shows that 39 per cent of IDPs and IDP returnees have certain access to sanitation (although the ratio of latrines per person is still well below the standards), access to water relies to a large extent on water trucking, which is very costly and unsustainable in the mid-term. The

humanitarian sector needs to invest more heavily in the provision of more sustainable water supply systems that reduce the dependency on water trucking. The majority of IDPs and IDP returnees are expected to stay in these sites during 2019 because of protracted displacement, therefore there is a need to improve the provision of water supply and sanitation in those areas. During 2019, the sector is anticipating additional requirements in emergency water supply, in sanitation and NFI distributions for the newly displaced population.

Identified humanitarian WASH needs are 1) safe water supply, 2) sanitation and 3) WASH NFIs and 4) hygiene promotion as to save lives of affected population due to different crises. Lack of access to protected water and improved sanitation also increase the risk of disease outbreak in many parts of the country. In such areas, proper hygiene promotion and availability of WASH NFIs are extremely needed to prevent disease outbreak.

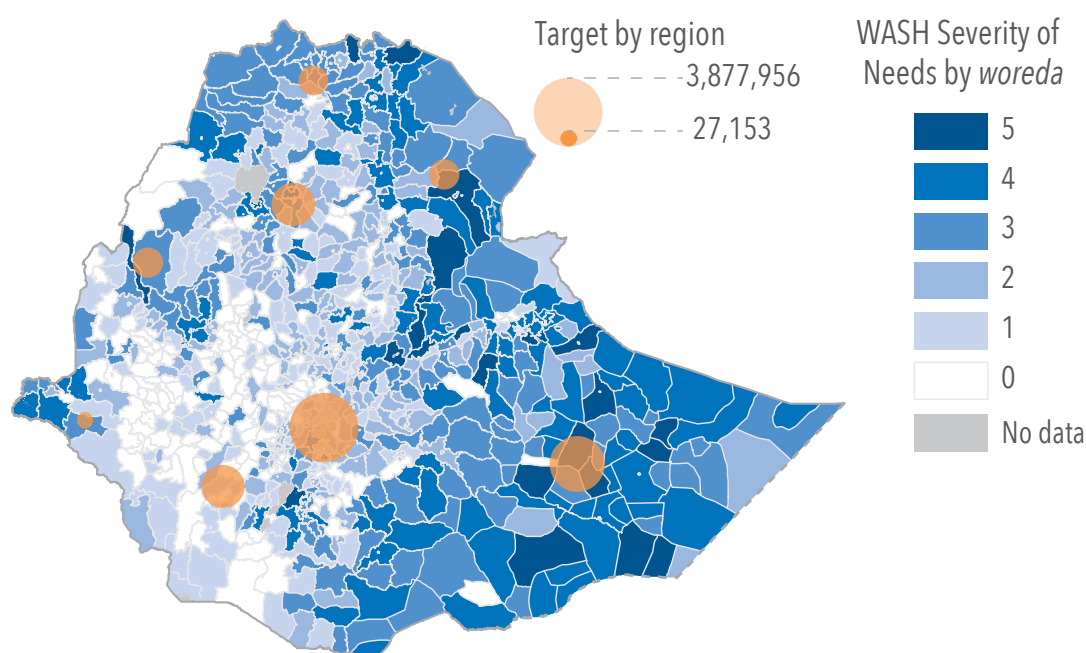
## 2. Response Strategy and Priorities

## (a) Response Strategy

Provision of safe drinking water to people in need by investing in more durable solutions as an alternative to water trucking will be a prime strategy. This can be done through rehabilitation of existing water supply facilities, extension of water supply network, development of new water sources in particular for IDPs and IDP returnees and other severely affected vulnerable groups. Water trucking is a temporary measure until a more sustainable solution is in place. Following water trucking guidelines, exist strategy has to be considered when water trucking is initiated.

Sanitation facilities will be provided in accordance with the IDP sanitation guidelines. Under a rapid response plan for newly displaced population, emergency trench latrines shall be constructed for an initial three months. However, communal latrines and shared sanitation facilities shall

## WASH SEVERITY OF NEEDS (BY WOREDA) AND BENEFICIARIES TARGETED (BY REGION)



be adopted for protracted displacement and non-displaced population. Types of latrines will be considered according to needs of affected population in reference to GBV, people living with disability, children as well as with a view to prevent disease outbreaks.

Together with life-saving WASH NFIs distribution, hygiene practices need to be promoted for optimal use of NFI items. Menstrual hygiene management should be mainstreamed alongside distribution of dignity kits.

The cluster will focus on acceleration of multi-cluster projects at prioritized institutions to provide critical WASH services to meet multi-cluster response needs (i.e. provision of water supply to health care facilities, TFCs and CTCs).

### (b) Supporting Multi-Sector Response to

#### Displacement

- Prioritize mass displacement sites, such as Dawa, Kamashi-Wollega, Gedeo-West Guji, Hararge, Borena, Bale zones, and other sites where there are huge humanitarian gaps in WASH services among displaced communities.

- Contribute to develop common tools for assessments, post-distribution monitoring, and CRM for further invention of common grading system, including WASH integration to site planning and management.

#### Food insecurity and malnutrition

- Provide WASH responses at prioritized treatment centers.

#### Diseases Outbreaks

- Strengthen AWD preparedness around hotspots where there were outbreaks in the past three years, especially mass gathering holy water sites and areas of migrant casual laborers.
- Prioritize WASH responses in areas such as 1) prioritized health facilities in coordination with the Health Sector, 2) IDP and IDP returnee collective sites in coordination with Protection and ES/NFI sector.

### (c) Linkage with development programming

Ethiopia is affected by chronic shortage

of water, and recurrent droughts, which are expected to be more frequent and intense as a consequence of climate change. A challenging environment and still weak water infrastructure development are considered the underlying reasons for the country's vulnerability to climatic shocks.

The new phase of the ONEWASH National Programme (OWNP) aims to break that vicious circle by investing one third of the US\$ 6.5 billion budget in climate resilient investments which will make the provision of WASH services more sustainable. There is need of better integration between the climate resilient investments made by the OWP and the humanitarian response in WASH, in particular in areas such as the provision of durable solutions for displaced populations, where both humanitarian and development funds need to be combined to provide first emergency response (humanitarian) and long-term recovery (development).

## BREAKDOWN OF PEOPLE IN NEED AND TARGETED BY STATUS, SEX AND AGE

	By status			By sex and age				Total:
	Displaced	Non-displaced	Other	% female	% children (<18y)	% adults (18-59y)	% elderly (>59y)	
Cluster PiN	2,721,708	4, 538,746		43.3	55.1	38.9	6.0	7, 260,454
Targeted	2,701,836	4,499,017		43.3	55.1	38.9	6.0	7,200,853

## OBJECTIVES, TARGETS AND ACTIVITY COSTS

## Cluster Objective 1: To provide safe drinking water [Relates to SO 1 and 3]

Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
1.1. Number of people with access to safe drinking water through water trucking	4,491,187	2,434,888	2,500,000	4W	Monthly
1.2 Number of people with access to safe drinking water through durable solution	4,752,479	4,039,526	3,000,000	4W	Monthly
Activities			Target	Cost (USD)	Strategic Objective
1.1.1. Provide water through trucking			2,500,000	33,700,000	Strategic Objective 1
1.1.2. Pipe extension – Durable solution			500,000	10,500,000	Strategic Objective 3
1.2.1. Rehabilitation and maintenance – Durable solution			2,000,000	28,000,000	
1.2.2. New water source development – Durable solution			500,000	25,000,000	

## Cluster Objective 2: To provide sanitation facilities [Relates to SO 3]

Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
2.1. Number of people with access to basic latrines	1,995,700	873,877	1,000,000	4W	Monthly
2.2. Number of people reached through key sanitation and hygiene messages	7,260,454	1,131,834	5,000,000	4W	Monthly
Activities			Target	Cost (USD)	Strategic Objective
2.1.1. Construct latrines			1,000,000	18,000,000	Strategic Objective 3
2.1.2. Conduct hygiene promotion			5,000,000	6,000,000	Strategic Objective 1

## Cluster Objective 3: To provide life-saving WASH NFIs [Relates to SO 1]

Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
3.1. Number of people reached through essential WASH NFI	7,260,454	6,722,889	5,000,000	4W	Monthly
Activities			Target	Cost (USD)	Strategic Objective
3.1.1. Distribution of NFIs			5,000,000	12,500,000	Strategic Objective 1



## PEOPLE IN NEED

 8.3M

## PEOPLE TARGETED

 8.3M

## REQUIREMENTS (US\$)

 5.2M

## # OF PARTNERS

 All

## COORDINATION OBJECTIVE 1:




1 Timely and well-coordinated humanitarian response at national and sub-national levels are supported





## COORDINATION OBJECTIVE 2

2 Effective humanitarian information management ensured to support needs, response and gap analysis

## COORDINATION OBJECTIVE 3

3 Funding decisions and allocations from the country-based pooled fund are based on prioritized needs





## COORDINATION OBJECTIVE 4

4 EHCT decisions and advocacy is guided by common messaging





## COORDINATION\*

Owing to the vast geographic spread, different climate belts and livelihood zones in Ethiopia, The Government and the EHCT have empowered decentralized coordination mechanisms at sub-national level. The spike in displacement in 2018 required rapid mobilization of life-saving assistance and strengthened coordination through mechanisms established at Federal, Regional, Zonal and Woreda levels. Emergency Operations Centres (EOCs), led by the National Disaster Risk Management Commission (and Regional / Zonal Governments) and supported by OCHA, enabled effective information management and operational coordination. In 2018, OCHA, together with partners, supported the Government in boosting the capacity of EOCs through the deployment of staff with coordination and information management expertise as well as operational support in Somali region and in Gedeo (SNNP)/ West Guji (Oromia) zones. This support to Government coordination and response to IDPs and IDP returnees will be continued in 2019, including in Benishangul Gumuz region and East and West Wollega zones of Oromia region.

At the national level, OCHA supports the RC/HC and the EHCT at strategic level, and the ICCG at technical/operational

level, in effectively coordinating the humanitarian response across Ethiopia, in close coordination with the Government. OCHA will continue to ensure a regular, common and in-depth understanding of needs and severity across the country by ensuring coordinated assessment and analysis approaches, including by facilitating joint assessments; contributing to IDP and IDP returnee tracking efforts and data analysis; and information management on behalf of the whole humanitarian community (gathering, analyzing, and sharing) will remain key activities.

In 2019, efforts will also be made to continue supporting field teams and organizations with effective tools to streamline data collection and information management – particularly on access constraints to facilitate real-time solutions to access challenges and advocacy. OCHA will also work to enhance civil military coordination capacity amongst partners. The Ethiopia Humanitarian Fund, a pooled fund supported by several donors which disbursed \$86.4m in 2018, will continue to strategically support humanitarian partners in delivering assistance to collectively prioritized needs, in line with response parameters and programmatic priorities set out in the 2019 HRP.

## CONTACT

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\*This section refers to humanitarian partners' internal coordination mechanism. Government and joint coordination mechanisms are discussed in other sections of this document.



## OBJECTIVES, TARGETS AND ACTIVITY COSTS

## Cluster Objective 1: Support a timely and well-coordinated humanitarian response at national and sub-national levels [Relates to SO1-3]

Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
1.1. Number of seasonal needs assessments coordinated		2	2	Seasonal assessment reports; federal debriefing and editorial committee summaries	Bi-annually
1.2 Number of joint humanitarian response plans developed and revised as required throughout the implementation cycle.		1 (including MYR)	1 (including MYR)	Initial and MYR of HRP	Bi-annually
1.3 Partners' satisfaction with effective linkages between EHCT and ICCG decision making.		54 per cent	70 per cent	Partner perception survey	Annually
1.4 Number of decentralized coordination mechanisms set up for unforeseen complex emergencies (Emergency Operation Centres) supported and strengthened.		2	2	EOC hubs; EOC coordination meetings (where decisions guide response); surge capacity; SoPs on EOC	

## Cluster Objective 2: Ensure effective humanitarian information management to support needs, response and gap analysis [Relates to SO1-3]

Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
2.1. Number of country-wide joint analysis of humanitarian needs conducted, informing humanitarian response planning		0	1	HNO	Annually
2.2. Number of regular OCHA IM products supporting needs, response and gap analysis.		30	40	3W; Dashboard; Funding updates	Quarterly
2.3 Number of joint response monitoring exercises conducted		4	5	PMR; HRM (Humanitarian Response Monitoring)	Quarterly

## Cluster Objective 3: Funding decisions and allocations from the country-based pooled fund are based on prioritized needs [Relates to SO1-3]

Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
3.1. Percentage of standard and reserve allocations made, informed by inter-Cluster prioritization exercises.		100 Per cent	100 Per cent	EHF allocation documents; Inter-Cluster prioritization documents; EHF Advisory Board minutes; EHF snapshots	Quarterly

## Cluster Objective 4: EHCT decisions and advocacy is guided by common messaging [Relates to SO1-3]

Indicator	In Need	Reached in 2018	Target	Means of Verification	Reporting Frequency
4.1 Number of common key messages, advocacy points, and operational guidance developed.		18	20	EHCT key messages; EHCT 'if-asked' lines; EHCT operational guidance notes	Quarterly
4.2 Number of common public information products on the rapidly evolving humanitarian situation in the country.		16	20	SitReps; Flash Updates; Overview of conflict docs; Humanitarian bulletins	Quarterly



## REFUGEES



Ethiopia has a long-standing history of hosting refugees. The country maintains an open-door policy for refugee inflows and allows humanitarian access and protection to those seeking asylum on its territory. Ethiopia's parliament adopted revisions to its existing national refugee law on 17 January 2019, making it one of the most progressive refugee policies in Africa. The Law provides refugees with the right to work and reside out of camps, access social and financial services, and register life events, including births and marriages.

At the start of 2019, the nation hosted 905,831 thousand refugees who were forced to flee their homes as a result of insecurity, political instability, military inscription, conflict, famine and other problems in their countries of origin. The majority of refugees in Ethiopia are located in Afar, Benishangul Gumuz, Gambela, Somali and Tigray regions. The South Sudanese are the largest refugee population in Ethiopia, totaling 422,240 persons. Somalis constitute 28.4 per cent of registered refugees, with a total population of 257,283 individuals. The Eritrean caseload comprises of 173,879, with an additional caseload of 52,429 individuals drawn from across the wider region; including from Sudan (44,620), Yemen (1,891), and other countries

The Ethiopia Country Refugee Response Plan (ECRRP) outlines the collective response of 54 humanitarian and development agencies over the next two years in support of all registered refugee population groups in the country. While the response strategy and priorities are adapted to suit the specific situations and needs, core common objectives include: preserving and enhancing the protection environment and living conditions of refugees including access to basic services, and the promotion of peaceful coexistence with local communities; strengthening refugee protection through the expansion of improved community-based and multi-sectorial child protection and SGBV programmes; strengthening access to inter alia education, WASH,

health and nutrition, livelihoods, energy, and to sanitary items; supporting the implementation of the Government's pledges to expand access to rights, services, and self-reliance opportunities in line with the Global Compact on Refugees; contributing to the development of a strong linkage with national and regional development related interventions; and expanding access to solutions, including resettlement opportunities, voluntary repatriation when feasible, legal migration pathways, and local integration.

The caseload and financial requirements of the refugee response have not been included in the 2019 HRP but are flagged here for consistency.

# GUIDE TO GIVING

## CONTRIBUTING TO THE HUMANITARIAN RESPONSE PLAN



To see the country's humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organizations participating to the plan, please visit :

[www.humanitarianresponse.info/operations/ethiopia/hrf](http://www.humanitarianresponse.info/operations/ethiopia/hrf)

## DONATING THROUGH THE CENTRAL EMERGENCY RESPONSE FUND (CERF)



CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

[www.unocha.org/cerf/our-donors/how-donate](http://www.unocha.org/cerf/our-donors/how-donate)

## DONATING THROUGH THE COUNTRY HUMANITARIAN FUND



The Country Ethiopia Humanitarian Fund is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed by OCHA at the country level under the leadership of the Humanitarian Coordinator (HC). Find out more about the CBPF by visiting the CBPF website:

<https://www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf/>

For information on how to make a contribution, please contact, Tim Mander, Fund Manager

[mander@un.org](mailto:mander@un.org)

## IN-KIND RELIEF AID




The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact:

[logik@un.org](mailto:logik@un.org)



# PART III: ANNEXES



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## COSTING METHODOLOGY

### Agriculture

1. Animal health is determined by multiplying a limited number of animals per household by \$2 covering the operational cost (excluding cost of vaccines).
2. Animal feed is determined by providing 3.5kg of fodder (bale of hay at \$4) and 1 kg of concentrate (1 quintal at \$21.5) for 90 days for core breeding animals.
3. Emergency seeds is determined by multiplying seasonal assessment targeted hectares with the unit price of different seeds varieties (price differs per type) and farming tools (each \$5).
4. Animal restocking is determined based on types of animals recommended in the seasonal assessment (price differs per type) for households at risk.
5. Animal destocking is determined based on types of animals recommended in the seasonal assessment (price differs per type) for households at risk during a drought period.
6. The cost for establishing one feed bank is estimated at \$40,000.
7. The cost for establishing one seed bank is estimated at \$20,000.
3. Shelter Repair- Fully destroyed (Iron sheets, Woods, Door, windows, Labor (cash)) \$512/HHs which includes 25 per cent operational cost.
4. Shelter Repair- Minor work (Fixing door window, Iron sheet, Labor (cash)) \$256/HHs which includes 25 per cent operational cost.
5. Technical support in building back better \$10/HHs.
6. The biggest part of ES/NFI is procured internationally.
7. Transporting ES/NFI to field and storage is another cost driver.

### Food

1. The transfer value for cash beneficiaries is based on zonal level daily wage rate for 5 days, which was then multiplied by the number of beneficiaries in each woreda. The wage rate is estimated to be the cost of cereals in the markets. Additional 10 ETB is included in the calculation for to-up of pulses and Vegetable Oil. Selection of cash woredas and the duration of cash assistance was determined based on the PSNP implementation areas, in order to harmonize the modality in woredas.
2. The food requirements are calculated from the standard ration size of 15 kgs of cereals, 1.5 kgs. of pulses and 0.45kgs of vegetable oil, per person per round and then multiplied by the planned 8 rounds. The cost of the in-kind food response was determined by multiplying the MT by the average cost per MT ~ US\$570/MT. the US\$570/MT is an operational rate to estimate the overall costs involved in the procurement, shipment of commodities, delivery of food to distribution points, commodity storage, staff salaries, monitoring, etc.

### Education

1. School feeding: Total targeted children\* 0.19 USD per child/day (WFP study estimation) \*22 days per month \* 6 months in a year.
2. Learning stationary: Total target \* 6 USD per child (8 exercise, 4 pen, 2 pencil, 1 eraser and pencil).
3. ASR: Total target \* 40 USD per child.
4. ALP: Total target \* 60 USD per child.
5. Temporarily learning Centers: 14,000 USD per TLC. The recent engineering cost is estimated.

### ES/NFI

1. Procurement of ES/NFIs: (Emergency Shelter Kit, Bedding set, Mosquito net set, Kitchen set, and Hygiene kit (partial) costs \$175/household (HH) including 25 per cent operational cost.
2. Rental subsidiary for an average HHs 19m2 estimated at \$28 /month for 12 months is 386/HHs.

### Health

1. Unit cost per beneficiary is estimated at \$30.
2. Total quantities of the various emergency health kits and RH kits were estimated based on target population, as each kit is designed to reach a certain number of people or cases.
3. Total cost of the kits was worked out using known international prices With the general assumption that essential supplies constitute about 30 per cent of the overall cost of emergency health services, the total cost for the response was calculated.
4. The second general assumption was made that the government capacity through existing health system will cater for 50 per cent of the overall cost for response.

Therefore, only the unmet 50 per cent of the overall cost for emergency health response is presented in this strategy.

## Nutrition

1. Treatment of Child with SAM: Procurement, storage and transportation/distribution of therapeutic feeding commodities- RUTF, therapeutic milk – F75, F-100, essential drugs, anthropometric and treatment materials, some staff support costs. Cost \$120/child.
2. Treatment of child with MAM: Covers the procurement, transportation, storage and distribution costs of SNF required to treat one child. Cost: \$42-25/child.
3. Nutrition assessment: Full SMART Nutrition assessment or rapid SMART assessment- average presented. Cost: \$20,000/assessment.
4. TFP/TSFP coverage assessment for primary data collection: Cost: \$20,000-30,000 per survey (variation on scale, and use of consultants).
5. Most therapeutic food commodities are internationally sourced. Only 20 per cent of the RUTF procured annually by UNICEF is sourced locally. WFP procures specialized nutritious foods from international producers and will also begin local procurement. Variation in the volume of SNF transported at a time can affect the unit cost.
4. The unit costs for each of the child protection and GBV activities are calculated based on the cost per individual beneficiary for activities in 2018. The amount for each activity reflects the inputs required to deliver the service to the target population.
5. Case management and GBV response services, are labour intensive and require trained staff, and are therefore more expensive per beneficiary than awareness raising activities. Case management and GBV response costs may include support for medical, legal, and psychological services, transport for the beneficiary to and from referral appointments, or the costs associated with a social worker reunifying an unaccompanied child with family members. However, developing case management capacity contributes to strengthening the social workforce system in Ethiopia and improving the quality of service for all children in emergency affected location.
6. The cost for dignity kits and other supplies such as recreational kits and tents include the items, as well as delivery and distribution.
7. SMS costs are calculated based individual sites and related staff, material costs. Each site capacity is approximated at 6,000 individuals.

## Protection

1. The unit costs for protection monitoring activities are calculated based on the cost per individual beneficiary for activities in 2018. Each protection monitoring unit consisting of a driver, vehicle, fuel costs, three protection staff each one specializing in (CP, GBV and general protection) and a government official that can accompany the unit when available and DSA charges may apply. The cost of each Protection monitoring is \$10 per person reached.
2. Unit cost of one training on the rights of IDPs to law enforcement and court authorities is \$12,000.
3. The unit costs for information, counselling, technical assistance with respect to HLP and legal identity documents is calculated based on staff costs for activities in 2018. The costs for HLP services include salary for one Project Coordinator and six officers, vehicle costs, and incidental costs such as traveling and small costs

for facilitating group information sessions. The cost for legal identity document services include salary for three Project Coordinators, eight officers, vehicles and incidental costs such as traveling and small costs for facilitating group information sessions.

## WASH

1. Unit cost of latrine construction is at \$18/person with coverage of 100 persons per latrine stance, assuming 1 block consists of 7 stances.
2. Unit cost of water trucking is at \$13.5/person/6-month to provide 5 litres/c/d.
3. Unit cost of NFIs including water treatment chemicals was calculated at the rate of \$2.5/person based on cost of average NFIs kit.
4. Unit cost per person is calculated based on average cost of activities for a certain number of people in different areas.

## BREAKDOWN OF IN-NEED AND TARGET NUMBERS BY REGION

### Agriculture

Indicator 1.1 Animal health services	In Need	Target
Addis Ababa		
Afar	299,722	157,067
Amhara	328,018	
Benishangul		
Dire Dawa		
Gambella		
Harari		
Oromia	570,240	405,970
SNNP		
Somali	517,271	300,441
Tigray	54,522	15,211
<b>Total:</b>	<b>1,769,773</b>	<b>878,689</b>
Indicator 1.2 Animal feed provision	In Need	Target
Addis Ababa		
Afar	83,335	40,260
Amhara		
Benishangul		
Dire Dawa		
Gambella		
Harari		
Oromia	188,509	54,625
SNNP		
Somali	88,350	49,924
Tigray	19,829	841
<b>Total:</b>	<b>380,023</b>	<b>145,649</b>
Indicator 2.1 Emergency seeds and tools	In Need	Target
Addis Ababa		
Afar	21,833	12,352
Amhara	154,591	1,259
Benishangul		
Dire Dawa		
Gambella		
Harari		
Oromia	285,295	138,774
SNNP	101,383	1,552
Somali	300,900	171,100
Tigray	61,577	6,358
<b>Total:</b>	<b>925,579</b>	<b>331,395</b>
Indicator 3.1 IDPs	In Need	Target
Addis Ababa		
Afar	6,173	6,173
Amhara	53	53



Benishangul		
Dire Dawa		
Gambella	1,260	1,260
Harari		
Oromia	64,195	64,195
SNNP	885	885
Somali	41,100	41,100
Tigray	293	293
<b>Total:</b>	<b>113,960</b>	<b>113,960</b>

## Education

Indicator 1.1.: Per cent of emergency affected school age boys and girls in the host communities benefiting from emergency school feeding.	In Need	Target
Addis Ababa		
Afar	138,522	74,022
Amhara	296,421	211,000
Benishangul		
Dire Dawa		
Gambella		
Harari		
Oromia	867,174	553,000
SNNP	44,720	44,720
Somali	337,403	168,047
Tigray	49,564	49,564
<b>Total:</b>	<b>1,733,804</b>	<b>1,100,353</b>
Indicator 1.2.: Per cent of emergency affected school age boys and girls in the host communities receiving learning stationeries	In Need	Target
Addis Ababa		3,430
Afar	138,522	149,903
Amhara	296,421	242,600
Benishangul		32,560
Dire Dawa		4,503
Gambella		9,312
Harari		
Oromia	867,174	1,110,554
SNNP	44,720	161,720
Somali	337,403	574,165
Tigray	49,564	58,175
<b>Total:</b>	<b>1,733,804</b>	<b>2,346,922</b>
Indicator 2.1.: Per cent of emergency affected pre primary school age displaced boys and girls in the host communities benefiting Accelerated School Readiness (ASR).	In Need	Target
Oromia	22,444	11,222
Somali	9,680	4,840
<b>Total:</b>	<b>32,124</b>	<b>16,062</b>
Indicator 2.2.: Per cent of emergency affected pre primary school age displaced boys and girls in the host communities benefiting Accelerated School Readiness (ASR).	In Need	Target
Oromiya	42,848	21,424
Somali	18,480	9,240
<b>Total:</b>	<b>61,328</b>	<b>30,664</b>

## Food

Indicator 1.1.: Number of targeted displaced and return beneficiaries receiving food and cash transfers	In Need	Target
Addis Ababa	6,583	-
Afar	50,619	-
Amhara	21,612	42,690
Benishangul	61,545	61,545
Dire Dawa	11,245	7,317
Gambella	24,689	8,582
Harari	2,044	1,164
Oromia	1,485,777	1,489,203
SNNP	425,095	357,643
Somali	1,006,276	717,045
Tigray	72,113	74,930
<b>Total:</b>	<b>3,167,598</b>	<b>2,760,119</b>
Indicator 1.2.: Number of targeted non-displaced beneficiaries receiving food and cash transfers	In Need	Target
Addis Ababa	4,061	-
Afar	187,946	439,687
Amhara	381,393	676,227
Benishangul	141,200	4,172
Dire Dawa	2,095	29,917
Gambella	2,320	24,643
Harari	6,933	5,965
Oromia	2,766,092	2,242,543
SNNP	270,214	431,875
Somali	987,012	1,133,860
Tigray	208,945	301,419
<b>Total:</b>	<b>4,958,211</b>	<b>5,290,308</b>
Indicator 1.3.: Quantity of cash distributed, as per cent of planned (US\$)	In Need	Target
Addis Ababa		\$-
Afar		\$796,515.32
Amhara		\$29,480,860.80
Benishangul Gumz		\$-
Dire Dawa		\$-
Gambella		
Harari		\$571,179.99
Oromia		\$74,153,360.69
SNNP		\$34,706,303.98
Somali		\$55,579,122.79
Tigray		\$7,731,384.82
<b>Total:</b>		<b>\$203,018,728.39</b>
INDICATOR 1.4.: Quantity of food distributed (~ US\$ Value)	In Need	Target
Addis Ababa		-
Afar		\$33,090,987.88
Amhara		\$21,694,516.92
Benishangul		\$5,073,398.14
Dire Dawa		\$2,874,490.71
Gambella		\$2,564,993.12

Harari	-
Oromia	\$202,976,774.38
SNNP	\$24,221,303.42
Somali	\$83,929,354.26
Tigray	\$20,868,785.99
<b>Total:</b>	<b>\$397,294,604.82</b>

## Health

1.1. Number of OPD consultations in priority locations	In Need	Target
Addis Ababa	28,400	28,400
Afar	195,663	195,663
Amhara	339,776	177,895
Benishangul	165,328	165,328
Dire Dawa	2,691	2,691
Gambella	24,721	24,721
Harari	3,726	3,726
Oromia	2,541,721	1,682,236
SNNP	284,015	284,015
Somali	1,341,462	1,332,047
Tigray	197,790	160,390
<b>Total:</b>	<b>5,125,292</b>	<b>4,057,111</b>
1.2. Number of OPD consultations for CU5 in priority locations	In Need	Target
Addis Ababa	5,012	5,012
Afar	34,529	34,529
Amhara	59,960	31,393
Benishangul	29,175	29,175
Dire Dawa	475	475
Gambella	4,363	4,363
Harari	657	
Oromia	448,539	296,865
SNNP	50,120	50,120
Somali	236,729	235,067
Tigray	34,904	28,304
<b>Total:</b>	<b>904,463</b>	<b>715,961</b>
1.3. Number of normal deliveries attended by skilled birth attendants	In Need	Target
Addis Ababa	1,002	1,002
Afar	6,906	6,906
Amhara	11,992	6,279
Benishangul	5,835	5,835
Dire Dawa	95	95
Gambella	873	873
Harari	131	131
Oromia	89,708	59,373
SNNP	10,024	10,024
Somali	47,346	47,013
Tigray	6,981	5,661
<b>Total:</b>	<b>180,893</b>	<b>143,192</b>

1.4. Number of WCBA receiving comprehensive RH services: modern contraceptive prevalence rate among women	In Need	Target
Addis Ababa	7,685	7,685
Afar	52,944	52,944
Amhara	91,939	48,136
Benishangul	44,736	44,736
Dire Dawa	728	728
Gambella	6,689	6,689
Harari	1,008	1,008
Oromia	687,760	455,193
SNNP	76,851	76,851
Somali	362,984	360,436
Tigray	53,520	43,400
<b>Total:</b>	<b>1,386,844</b>	<b>1,097,807</b>
2.1. Per cent of epidemic prone disease alerts verified and responded to within 48 hours	In Need	Target
Addis Ababa	100%	100%
Afar	100%	100%
Amhara	100%	100%
Benishangul	100%	100%
Dire Dawa	100%	100%
Gambella	100%	100%
Harari	100%	100%
Oromia	100%	100%
SNNP	100%	100%
Somali	100%	100%
Tigray	100%	100%
<b>Total:</b>	<b>100%</b>	<b>100%</b>
2.2. Per cent of children 6 months to 15 years receiving emergency measles vaccination	In Need	Target
Addis Ababa	14,367	14,367
Afar	98,982	98,982
Amhara	171,887	89,994
Benishangul	83,636	83,636
Dire Dawa	1,361	1,361
Gambella	12,506	12,506
Harari	1,885	1,885
Oromia	1,285,812	851,013
SNNP	143,678	143,678
Somali	678,622	673,859
Tigray	100,058	81,138
<b>Total:</b>	<b>2,592,795</b>	<b>2,052,421</b>

3.1. Per cent of health facilities providing CMR services for SGBV survivors	In Need	Target
Addis Ababa	100%	50%
Afar	100%	50%
Amhara	100%	50%
Benishangul	100%	50%
Dire Dawa	100%	50%
Gambella	100%	50%
Harari	100%	50%
Oromia	100%	50%
SNNP	100%	50%
Somali	100%	50%
Tigray	100%	50%
<b>Total:</b>	<b>100%</b>	<b>50%</b>
3.2. Per cent of health facilities addressing the health needs of persons with disabilities	In Need	Target
Addis Ababa	100%	50%
Afar	100%	50%
Amhara	100%	50%
Benishangul	100%	50%
Dire Dawa	100%	50%
Gambella	100%	50%
Harari	100%	50%
Oromia	100%	50%
SNNP	100%	50%
Somali	100%	50%
Tigray	100%	50%
<b>Total:</b>	<b>100%</b>	<b>50%</b>
4.1. Per cent of health facilities providing MHPSS services in priority locations	In Need	Target
Addis Ababa	100%	50%
Afar	100%	50%
Amhara	100%	50%
Benishangul	100%	50%
Dire Dawa	100%	50%
Gambella	100%	50%
Harari	100%	50%
Oromia	100%	50%
SNNP	100%	50%
Somali	100%	50%
Tigray	100%	50%
<b>Total:</b>	<b>100%</b>	<b>50%</b>
4.2. Per cent of referrals to higher level and specialized services completed	In Need	Target

Addis Ababa	100%	50%
Afar	100%	50%
Amhara	100%	50%
Benishangul	100%	50%
Dire Dawa	100%	50%
Gambella	100%	50%
Harari	100%	50%
Oromia	100%	50%
SNNP	100%	50%
Somali	100%	50%
Tigray	100%	50%
<b>Total:</b>	<b>100%</b>	<b>50%</b>

### Nutrition

Indicator 1.1.: Number of children treated for SAM	In Need	Target
Addis Ababa	1,718.75	1,375
Afar	31,866.45	25,493
Amhara	66,560.32	53,248
Benishangul	4,319.10	3,455
Dire Dawa	1,249.67	1,000
Gambella	2,571.56	2,057
Harari	1,523.57	1,219
Oromia	244,474.08	195,579
SNNP	64,128	80,159.68
Somali	160,139.53	128,112
Tigray	15,378.85	12,303
<b>Total:</b>	<b>609,962</b>	<b>487,969</b>
Indicator 1.2.: Number of children 6-59 months treated for MAM	In Need	Target
Addis Ababa	NA	NA
Afar	238,317	113,142
Amhara	452,133	159,289
Benishangul Gumz	25,692	13,704
Dire Dawa	5,555	-
Gambela	5,789	472
Oromia	1,070,123	429,430
SNNP	629,965	239,850
Somali	845,165	432,134
Tigray	127,618	45,486
<b>TOTAL</b>	<b>3,400,357</b>	<b>1,433,507</b>
Indicator 1.3: Number of PLW treated for MAM	In Need	Target
Addis Ababa		
Afar	157,029	86,301



Amhara	327,476	131,604
Benishangul Gumz	19,371	11,921
Dire Dawa	5,074	-
Gambela	2,951	298
Oromia	1,034,008	521,524
SNNP	561,703	259,140
Somali	570,889	344,127
Tigray	172,543	75,729
<b>TOTAL</b>	<b>2,851,045</b>	<b>1,430,644</b>
Indicator 2.1: Number of children 6-59 months reached with Vit A supplementation in target locations (emergency zones of Oromia, Gedeo zone of SNNP, Afar, and Somali regions)		
	In Need	Target
Addis Ababa	NA	NA
Afar	87,034	69,627
Amhara	NA	NA
Benishangul	32,939	26,351
Dire Dawa	NA	NA
Gambella	N/A	N/A
Harari	N/A	N/A
Oromia	640,979	512,783
SNNP	135,129	108,103
Somali	390,790	312,632
Tigray	NA	NA
<b>Total:</b>	<b>1,286,871</b>	<b>1,029,497</b>

## Protection

Indicator 1.1: Number of persons with specific needs, including older persons at risk, persons with disabilities, unaccompanied and separated children, female-headed households, are identified through protection monitoring services.	In Need	Target
Addis Ababa	647	277
Afar	24,657	10,563
Amhara	15,945	6,831
Benishangul	Data not available	Data not available
Dire Dawa	334	143
Gambella	561	241
Harari	372	160
Oromia	316,540	135,607
SNNP	4,053	1,736
Somali	108,046	46,288
Tigray	33,039	14,154
<b>Total:</b>	<b>504,195</b>	<b>216,000</b>
Indicator 1.2: Number of individuals receiving information, counselling, and technical assistance with respect to HLP and civil documentation	In Need	Target
Addis Ababa	6,583	166
Afar	3,946	99
Amhara	6,737	169
Benishangul	Data not available	Data not available
Dire Dawa	2,755	69
Gambella	19,965	502
Harari	2,044	51
Oromia	619,687	15,586
SNNP	0	0
Somali	814,153	20,477
Tigray	463	12
<b>Total:</b>	<b>1,476,333</b>	<b>37,132</b>
Indicator 2.1: Number of boys and girls at high protection risk receiving child protection services, including PSS, case management and FTR.	In Need	Target
Addis Ababa		
Afar		
Amhara	440	200
Benishangul	Data not available	3,000
Dire Dawa	7,229	
Gambella	1,610	
Harari		
Oromia	303,832	20,800
SNNP	226,096	
	10,500	
Somali	51,086	11,500
Tigray	2,355	1,000
<b>Total:</b>	<b>592,648</b>	<b>47,000</b>

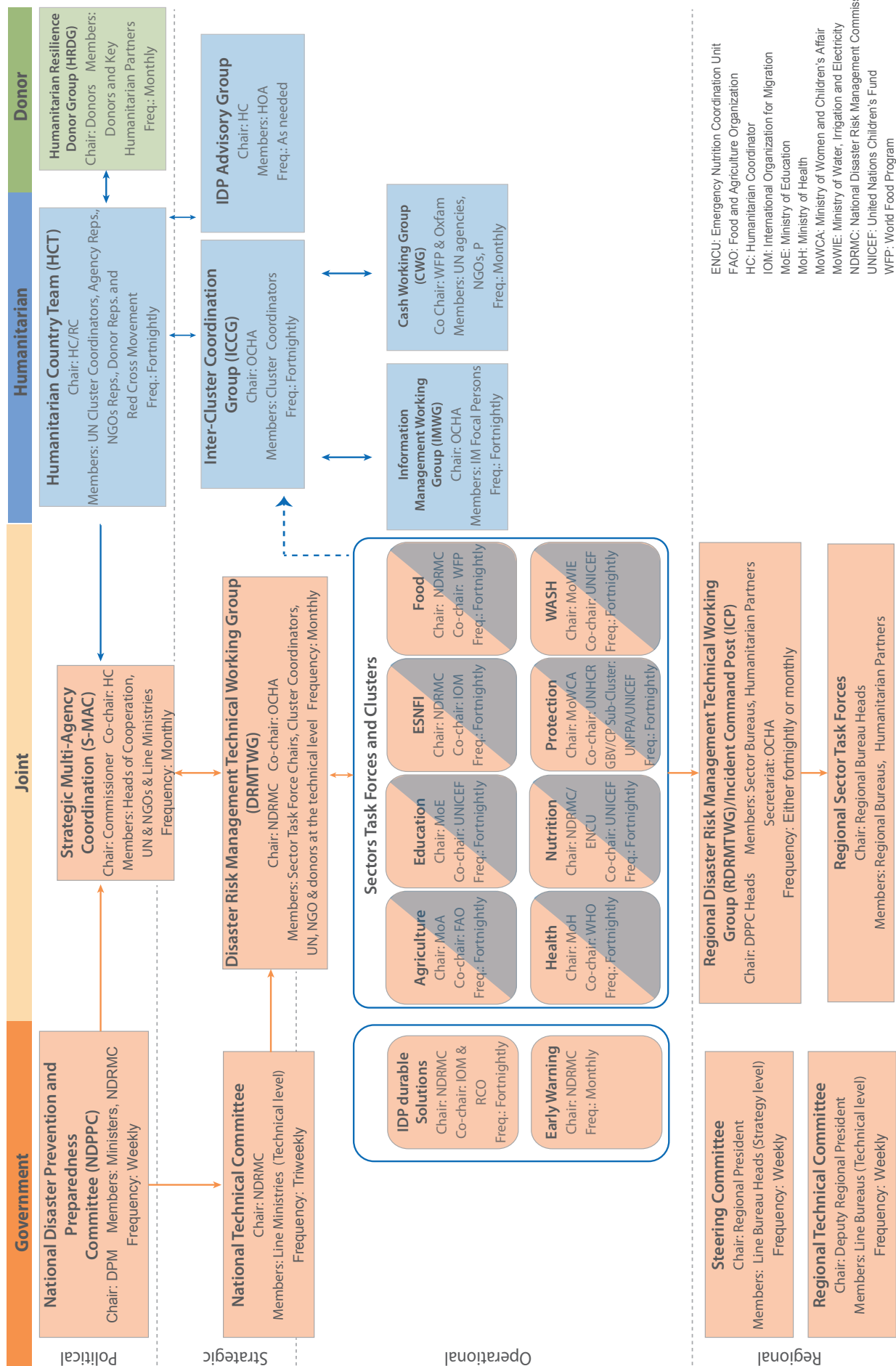
Indicator 2.2: Number of women, men, girls and boys benefiting from GBV awareness raising, risk mitigation activities, and response services.	In Need	Target
Addis Ababa	3,430	
Afar	20,363	
Amhara	4,048	2,500
Benishangul	DATA NOT AVAILABLE	
Dire Dawa	4,503	
Gambella	10,510	
Harari	762	
Oromia	457,895	22,500
SNNP	93,747	12,500
Somali	414,862	13,500
Tigray	18,790	1,000
<b>Total:</b>	<b>1,028,910</b>	<b>52,000</b>
Indicator 3.1: Number of persons with access to safe and appropriate living spaces through site management support, coordination of service provision, and site improvement works.	In Need	Target
Addis Ababa	6,583	
Afar	43,309	2 site
Amhara	5,573	1 site
Benishangul	61,545	3 site
Dire Dawa	11,245	1 site
Gambella	13,500	1 site
Harari	905	
Oromia	988,860	42 sites
SNNP	14,226	2 sites
Somali	623,447	13 sites
Tigray	0	
<b>Total:</b>	<b>1,769,193</b>	<b>65 sites / 390,000 individuals</b>

## WASH

Indicator 1.1.: Access to safe drinking water (Water trucking)	In Need	Target
Addis Ababa		
Afar	111,774	70,078
Amhara	128,333	70,281
Benishangul	61,545	33,359
Dire Dawa	11,245	13,200
Gambella	24,125	
Harari	3,698	
Oromia	2,327,688	1,282,346
SNNP	351,889	191,546
Somali	1,248,147	703,843
Tigray	216,161	135,347
<b>Total:</b>	<b>4,491,187</b>	<b>2,500,000</b>
Indicator 1.2.: Access to safe drinking water (Durable solution)	In Need	Target
Addis Ababa	6,583	
Afar	286,914	145,540
Amhara	128,333	47,854
Benishangul	48,004	38,613
Dire Dawa	11,245	
Gambella	24,125	8,544
Harari	3,698	
Oromia	2,327,688	1,567,574
SNNP	451,582	321,441
Somali	1,248,147	771,496
Tigray	216,161	98,938
<b>Total:</b>	<b>4,752,479</b>	<b>3,000,000</b>
Indicator 2.1. Number of people accessing to basic latrines	In Need	Target
Addis Ababa		
Afar	59,459	36,090
Amhara	11,557	5,491
Benishangul	61,545	29,244
Dire Dawa		
Gambella	24,689	11,731
Harari		
Oromia	902,796	437,788
SNNP	275,727	131,015
Somali	538,645	276,044
Tigray	121,282	72,597
<b>Total:</b>	<b>1,995,700</b>	<b>1,000,000</b>
Indicator 2.2.: # of people reached through key sanitation and hygiene messages	In Need	Target
Addis Ababa	36,453	
Afar	189,733	134,756
Amhara		360,308

Benishangul		204,834
Dire Dawa		14,964
Gambella		27,153
Harari		8,185
Oromia	3,877,956	2,678,361
SNNP		505,332
Somali		1,786,099
Tigray		249,436
<b>Total:</b>	<b>7,260,454</b>	<b>5,000,000</b>
<b>Indicator 3.1.: # of people reached through essential WASH NFI</b>		
	<b>In Need</b>	<b>Target</b>
Addis Abbaba		36,453
Afar		189,733
Amhara		360,308
Benishangul		204,834
Dire Dawa		14,964
Gambella		27,153
Harari		8,185
Oromia	3,877,956	2,678,361
SNNP		505,332
Somali	1,786,099	1,241,071
Tigray		249,436
<b>Total:</b>	<b>7,260,454</b>	<b>5,000,000</b>

## HUMANITARIAN COORDINATION STRUCTURE





# WHAT IF?

## ...WE FAIL TO RESPOND

### AGRICULTURE



Failing to support vulnerable households to protect their livelihood assets will exacerbate food insecurity, malnutrition, population displacement and conflict over access to resources. Without support to protect livestock, pastoralist households are more susceptible to malnutrition, as fresh milk provides vital nourishment. At the end of a drought year in which animals perish, the milk intake of a small child will have fallen by 90 percent. Support to maintain milk production profoundly impacts nutrition, as only half a liter of milk per day provides a 5 year-old child with a quarter of their caloric needs and 65 per cent of their protein requirements. Ultimately, failure to address the pastoral and agro-pastoralist households this will mean that other sectors will have to respond to an increased IDP population, increased food requirements and increased needs for MAM and SAM treatments.

### EDUCATION



Without adequate funding, more than 2.6 million school age children will be deprived of their right to education. Specifically, teachers and school age children could be traumatized leading to high teachers and student absenteeism and dropouts. Consequently, children and adolescents will be vulnerable to child labor and trafficking. Girls will also face higher risk of being held back from school and forced into child marriage. Creating access to quality education will ultimately be interrupted.

### ES/NFI



Shelter, is a critical determinant of survival, it plays an essential role in reducing vulnerability a shield, protection from danger, privacy, dignity and building communities' resilience. Without adequate shelter, people may be left exposed to the elements, and their protection, health, WASH and livelihoods needs exacerbated. Women and children are particularly susceptible to external hazards from the surrounding environment.

### FOOD



Without sustained food and cash assistance, the food security status of 8 million acute food insecure individuals will further deteriorate, risking high levels of malnutrition in affected areas. Additional individuals who are currently facing livelihood protection deficit will fall below the survival deficit threshold, increasing the number of people in need of emergency food assistance activities.

## HEALTH



Without adequate capacity to respond to existing and anticipated crises mortality and morbidity due to AWD and other epidemic prone diseases will increase in hotspot woredas. Health services in locations hosting displaced populations will be severely compromised affecting both the host communities and IDPs. The health system's ability to provide routine services and cope with disasters will be weakened.

## NUTRITION



2.8 million children are targeted for life-saving treatment and nutrition services in 2019 in Ethiopia. Failure to reach targeted children will increase their risk of mortality due to severe acute malnutrition and negatively impact their future growth and development potential.

## PROTECTION



Protection risks will increase and humanitarian interventions will be undermined. The failure to address human rights violations and reduce risks for persons with specific needs, will undermine the effectiveness of any humanitarian intervention, and impede immediate and longer term efforts to strengthen systems and services. Persons with specific needs, including women, adolescents, children, older persons and persons with disabilities will suffer, and the risk of their exposure to sexual and other forms of gender-based violence, family separation, abuse, and other human rights violations, will be exacerbated. The displaced will live in sub-standard, life-threatening living conditions that are overcrowded, without sanitation, basic services or referrals to more specialised services.

## WASH



Lack of WASH services will increase the risk of disease outbreak which ultimately threaten lives of affected population. About 500,000 people are estimated as under such a high risk group according to severity analysis under HNO, especially women (95,000) and children (290,000) would be the most vulnerable group even among them.

