

# HUMANITARIAN NEEDS OVERVIEW

## ETHIOPIA

HUMANITARIAN  
PROGRAMME CYCLE  
2020

ISSUED JANUARY 2020





# About

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This document is consolidated by OCHA on behalf of humanitarian partners and in consultation with the Government of Ethiopia. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

## PHOTO ON COVER

Meriem Ibrahim, 6 year old, Erubti woreda, Afar region.

Photo: UNICEF Ethiopia/2017/Mersha

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

[hum-insight.info/plan/936](https://hum-insight.info/plan/936)



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

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# Summary of Humanitarian Needs

TOTAL POPULATION

99.3M

PEOPLE AFFECTED

10.6M

PEOPLE IN NEED

8.4M

PEOPLE IN ACUTE NEED

6.2M



MILLE/AFAR REGION, ETHIOPIA

Friends who fight for FGM/C in Mille, Afar region. (Hasna, Lek'o and Fatuma) Photo: UNICEF Ethiopia/2019/Tadesse

## Context and Impact of the Crisis

The past three years have seen major changes in Ethiopia's governance landscape. The transformations, stemming from calls for greater economic and political reforms, upended the political status quo. At the peak of the displacement crisis between January and April 2019, conflict and climate shocks left some 3.2 million people displaced. Internally displaced persons (IDPs), particularly those living in collective sites, experienced deplorable conditions and limited access to basic services, lack of opportunities to rebuild their livelihoods, protection risks, and wider security concerns. While disease outbreaks were reported throughout the country, the risk of communicable disease outbreaks was heightened in IDP collective sites due to crowded conditions, and the lack of water and hygiene facilities. This placed an additional burden on families whose coping capacities were already stretched as well as on existing healthcare facilities in areas hosting IDPs.

Following the release of the Government's Plan to address internal displacement in Ethiopia and the Government's return operation, over 2.1 million conflict-induced IDPs were returned, integrated and relocated by end May 2019, according to Government sources. However, as of November 2019, partners estimate that close to 2

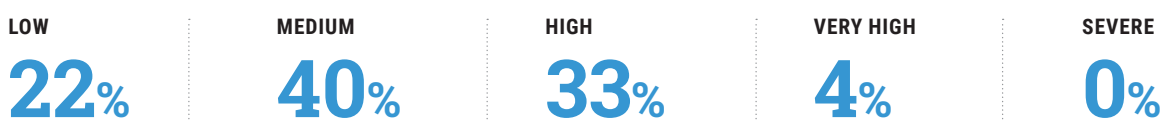
million persons are facing some form of displacement due to conflict or climate drivers.

The disproportionate impact on women and girls highlights the challenges in addressing the gender gap in Ethiopia, and the unequal distribution of socio-economic burdens which contribute to the country's fragility. Generally, women have less opportunities than men to engage in income-generating activities. This is also reflected in the disparate effect of protracted food insecurity on women and girls, who are most negatively affected by macro- and micronutrient deficiencies, especially during their reproductive years. Women are primarily responsible for fetching food and water for the family, and with drought, their workload increases. Girls are more likely to drop out of school to help with chores or to be married.

In 2019, erratic and below-normal spring *belg/gu/ganna* rainfall resulted in water and pasture shortages, poor livestock conditions and contributed to the deteriorating food and nutrition security in lowland areas. In the cropping mid-and highlands, some farmers were unable to plant sorghum due to delayed and erratic rainfall. In some areas, more than half of the sorghum land was switched to summer *kiremt* season crops. The recent food security analysis conducted for the Integrated Food Security Phase



## Severity of Needs



Classification (IPC) in six regions of Ethiopia indicated that some 8 million people were severely food insecure between July and September 2019.<sup>1</sup> Food insecurity was exacerbated by conflict, that disrupted cyclical livelihood activities. In some parts of the country, conflict impeded timely access to land during key moments of the agricultural cycle while violence and displacement resulted in lost seeds and tools. The subsequent reduction of food supply and increased market demand, distorted food market systems and prices. High prices limited access to food among the poor market-dependent households, compromising their food consumption.

### Scope of Analysis

Humanitarian needs are assessed and analyzed throughout the country; there is no geographic limitation or focus.

The analysis of humanitarian needs in this document excludes clients from the Productive Safety Net Programme (PSNP) and the refugees hosted in Ethiopia. Their needs are assessed and addressed respectively through the PSNP and Ethiopia Country Refugee Response Plan.

### Humanitarian Consequences

Food insecurity remains a key challenge in Ethiopia, which predominantly affects pastoralist and agro-pastoralist households, with the highest proportion of food insecure people living in Oromia (44 per cent). In 2019, on average more than 30,000 children with severe acute malnutrition (SAM) were admitted for treatment every month. Food insecurity along with disease outbreaks, water shortages, poor sanitation facilities and lack of access to quality health care have resulted in a deterioration of the nutrition situation. These factors also heightened the risk of disease outbreaks and psychosocial distress, with IDPs being particularly vulnerable to both.

Conflict and climatic shocks negatively impacted people's daily lives, livelihoods and their ability to meet their basic needs. Lack of access to basic services such as education, shelter, healthcare, quality water and sanitation facilities along with food insecurity affected people's health, wellbeing and personal development, which often resulted in lower productivity and income. Consequently, vulnerable groups, including IDPs, returnees, women and children turned to negative coping mechanisms.

Over the past four years, 3.2 million people have been consistently targeted for relief food assistance. Many of these people reside in areas affected by previous droughts and their needs became chronic. This indicates that the recovery time from previous shocks is longer than the time between shocks. The majority of livelihoods in Ethiopia are linked to climate trends. As a result, climate shocks often result in the loss of productive assets and livelihood opportunities, which in turn impacts people's income, coping strategies, as well as their physical and mental wellbeing.

Vulnerable population groups such as IDPs, women, children, elderly and people living with disabilities face serious protection concerns, including

gender-based violence, rape and sexual violence, and child marriage. In displacement areas, inadequate shelter and lack of gender-segregated WASH facilities expose these groups to many of these risks. There have also been reports of women and girls being attacked while collecting firewood, fetching water, and while returning from food distribution points. Many IDPs do not have their legal identity documents, which are a prerequisite for accessing basic services such as health, education and the justice system. The lack of security and limited access to basic services have stretched the coping mechanisms of affected populations and increased their vulnerability.

### Severity of Needs

Over one third of the people in need face several types of challenges and have multiple needs. Some 33 per cent of the people need live in *woredas* classified with high severity of need, while 4 per cent live in *woredas* classified with very high severity of need. The higher the severity score of the *woreda*, the more severe, time-critical and compounded are the needs. At the time of publication of this document, available data indicated that persons with the most severe and compounded needs are found in Hudet, Moyale and Qada Duma *woredas* in Daawa zone (Somali region) and in Meda Welabu *woreda* in Bale zone (Oromia region).

### People in Need

Some 8.4 million people nationwide are projected to have humanitarian needs in 2020, the majority of whom are in Oromia (3.3 million; 9 per cent of the region population), followed by Somali (2.4 million; 39 per cent of population) and Amhara (1.0 million; 4 per cent of population) regions. Of the 8.4 million people in need (PIN), 74 per cent have acute needs that need to be immediately addressed. The number of people in survival deficit, decreased from 4.48 million in 2019 to 2.8 million persons projected in 2020. The most notable drop in acute needs was found in Oromia region (from 2.66 million to 1.1 million persons).

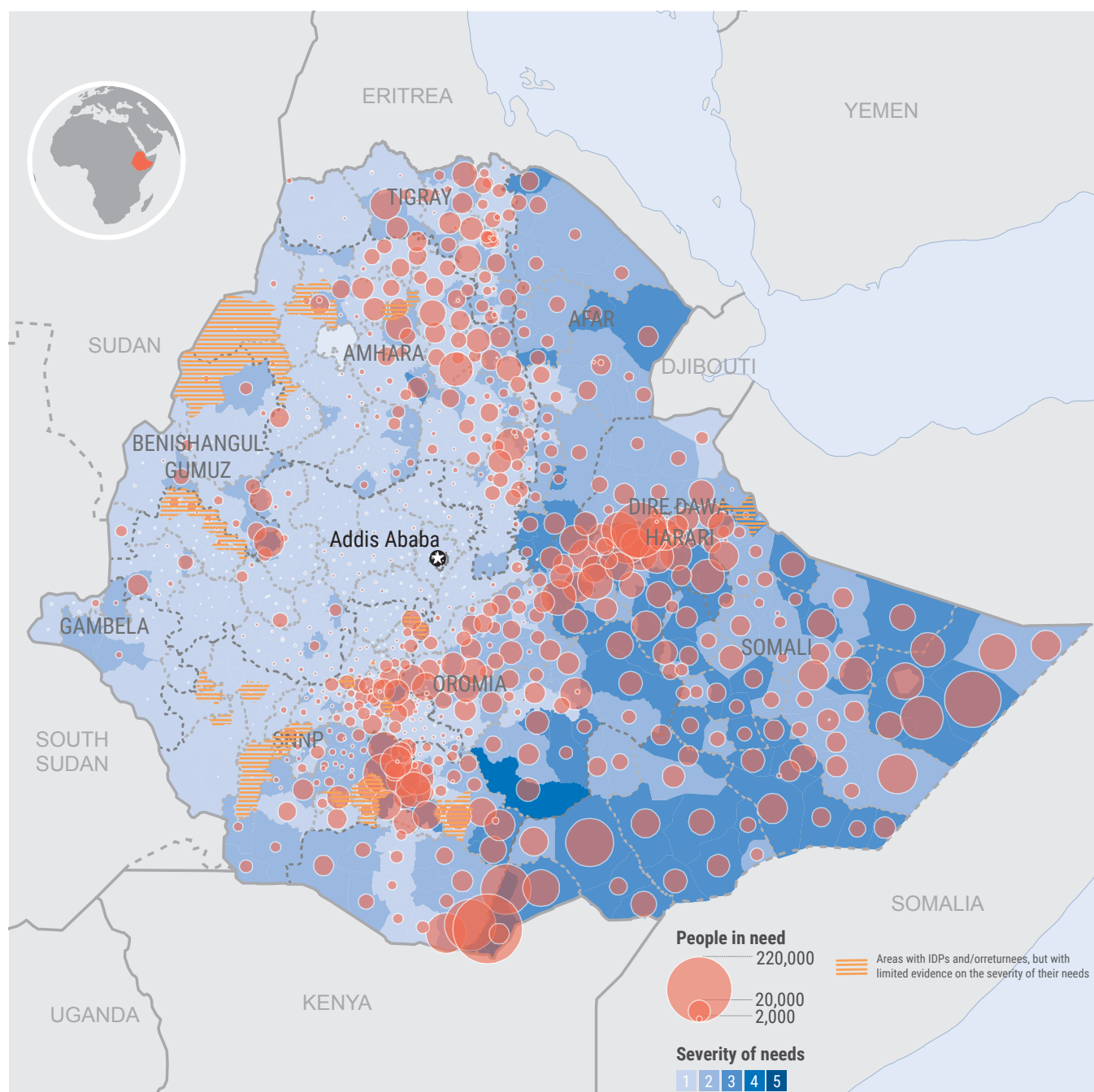
Overall, most *meher*-producing areas received normal summer *kiremt* rainfall, and a normal harvest is expected with the exception of pocket areas of Amhara and Tigray regions where below average rainfall is expected to impact the harvest. Parts of Somali region experienced flooding during October and November. Crop and pasture loss due to desert locust infestations in parts of Afar, Amhara and Tigray regions was considered when calculating the people in need of food assistance in these regions.

Although the conflict IDP crisis has taken most of the attention and resources of Government and humanitarian partners due to its acuteness and severity, the majority of people in need of relief assistance in 2020 remain the ones impacted by climate shocks. The PIN includes 403,000 destitute pastoralists (or climate IDPs) and 2.8 million people with severe food needs because of climate shocks and lack of recovery. Of the conflict-related PIN, 1.2 million persons remain in displacement because of conflict related drivers, while 200,000 conflict IDPs who returned back to their areas of origin are still not able to live in their homes for lack of recovery support.

## Overview map

The below map overlays the intersectoral severity of needs, highlighted at *woreda* level (blue shading), with the number of people identified to be in humanitarian need in the *woreda* (salmon bubbles).

For more detail on the severity of needs analysis, see Section 1.5. For more detail on the people in need, see Section 1.6.



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# Key Findings

## PEOPLE IN NEED

# 8.4M

## TREND (2015-2020)



## WOMEN

# 22%

## CHILDREN

# 54%

## WITH DISABILITY

# 12%

## By Humanitarian Consequence

More on pages 20-24, 30-34

CONSEQUENCE	PEOPLE IN NEED
Critical problems related to physical and mental wellbeing	6.20 M
Critical problems related to living standards	5.04 M
Critical problems related to resilience and recovery	6.94 M
Critical problems related to protection	3.94 M

## By Population Groups

More on pages 20-24, 30-34

POPULATION GROUP	PEOPLE IN NEED
General non-displaced population	5.61 M
Returnees to home	808 k
Conflict IDPs in host communities	721k
Climate induced IDPs	532 k
Conflict IDPs in sites	523 k
Returnees to area of origin (not home)	200 k

## By Gender

GENDER	PEOPLE IN NEED	% PIN
Boys	2.30 M	27.4%
Girls	2.23 M	26.6%
Men	1.98 M	23.6%
Women	1.88 M	22.4%

## By Age

AGE	PEOPLE IN NEED	% PIN
Children (0 - 17)	4.53 M	54.0%
Adults (18 - 60)	3.42 M	40.7%
Elderly (60+)	444 k	5.3%

## With Disability

POPULATION GROUP	PEOPLE IN NEED	% PIN
Persons with disabilities	977 k	11.6%

## Refugees

POPULATION GROUP	PEOPLE IN NEED	% PIN
Refugees*	735 k	NA

\* As of 31 December 2019. Note that refugees are not included in the multi-sectoral PIN

# Summary of Humanitarian Consequences

## Critical problems related to physical and mental wellbeing

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
6.2M	22%	54%	13%
POPULATION GROUP		PEOPLE IN NEED	
General non-displaced population		4.7 M	
Conflict IDPs in host communities		360 k	
Climate induced IDPs		360 k	
Returnees to home		303 k	

### SEVERITY OF NEEDS

Percentage of the people in need because of critical problems related to physical and mental wellbeing, living in each category of the physical and mental wellbeing severity of need *woredas*

Low	25%	<div></div>
Medium	62%	<div></div>
High	12%	<div></div>
Very High	1%	<div></div>
Severe	0%	<div></div>

## Critical problems related to living standards

PEOPLE IN NEED	WOMEN	CHILDREN	WITH DISABILITY
5.0M	20%	55%	8%
POPULATION GROUP		PEOPLE IN NEED	
General non-displaced population		2.5 M	
Returnees to home		720 k	
Conflict IDPs in host communities		714 k	
Climate induced IDPs		532 k	

### SEVERITY OF NEEDS

Percentage of the people in need because of critical problems related to living standards, living in each category of the living standards severity of need *woredas*

Low	16%	<div></div>
Medium	29%	<div></div>
High	30%	<div></div>
Very High	21%	<div></div>
Severe	5%	<div></div>



## Critical problems related to protection

PEOPLE IN NEED **3.9M** WOMEN **23%** CHILDREN **54%** WITH DISABILITY **12%**

POPULATION GROUP	PEOPLE IN NEED
General non-displaced population	2.6 M
Returnees to home	401 k
Conflict IDPs in host communities	352 k
Climate induced IDPs	243 k

### SEVERITY OF NEEDS

Percentage of the people in need because of critical problems related to protection, living in each category of the protection severity of need *woredas*

Low	28%	<div></div>
Medium	33%	<div></div>
High	20%	<div></div>
Very High	19%	<div></div>
Severe	0%	<div></div>

## Critical problems related to resilience and recovery

PEOPLE IN NEED **6.9M** WOMEN **23%** CHILDREN **53%** WITH DISABILITY **15%**

POPULATION GROUP	PEOPLE IN NEED
General non-displaced population	5.6 M
IDP returnees	1.1M
Climate induced IDPs	155 k

### SEVERITY OF NEEDS

Percentage of the people in need because of critical problems related to resilience and recovery, living in each category of the resilience and recover severity of need *woredas*

Low	34%	<div></div>
Medium	15%	<div></div>
High	2%	<div></div>
Very High	24%	<div></div>
Severe	25%	<div></div>

## Part 1

# Impact of the Crisis and Humanitarian Consequences

### **FARBURO/SOMALI REGION, ETHIOPIA**

*Farburo IDP site, in Adadle woreda of Shabelle zone (Somali region).*

*Photo: UNICEF Ethiopia/2018/Zerihun*





## 1.1

# Context of the Crisis

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## Political Context

The past three years have seen major changes in Ethiopia's governance landscape. Since Dr. Abiy Ahmed was nominated Prime Minister by the Ethiopian People's Revolutionary Democratic Front (EPRDF) in April 2018, there has been an opening of the political space and political, legal and policy reforms have been ongoing. These include the expansion of civil liberties, the adoption of the New Civil Society Organization Proclamation in March 2019, and the reform of the Ethiopia Human Rights Commission. These rapid transformations, stemming from calls for greater economic and political devolution from federal to regional authorities, upended the political status quo. The reforms continue amid heightened risks due to the ambition to roll out interconnected political, economic, social, and media reforms simultaneously. The Prime Minister also has a vision for greater gender equality and parity within decision-making strata in Ethiopia and he has notably increased the number of female ministers since taking office (50 per cent of Ministries are led by women). However, this shift towards gender parity has yet to be reflected in sub-national structures, where women are under-represented in decision-making positions.

Reforms remain popular and broadly accepted as necessary. However, except for the economic reform plan that was shared in September 2019, details regarding the content of other reforms have not been shared publicly. This limits the extent to which national ownership is possible and increases the risk that variable capacity to implement reforms at the sub-national levels will delay sub-national implementation.

The Federal Government's willingness to engage in discourse on humanitarian principles with humanitarian partners was more prominent than during previous years. Following consultations, humanitarian principles were included in the Government's Plan to address internal displacement, which was released in April 2019. However, the application of the agreed humanitarian principles was not uniform and remained a challenge in some areas of return, IDP collective sites and hosting areas.

The Government's Plan to address internal displacement envisioned that IDPs would return, reintegrated or relocate (at an estimation of 80, 15, and 5 per cent, respectively) and guaranteed humanitarian assistance for 6 months after return/integration/relocation. However, the short timeframe and the limited resources with which the Government Plan was implemented posed significant challenges in the implementation of humanitarian principles, as well as in the delivery of humanitarian assistance, including moving supplies to new locations and the re-targeting of people in need. This was particularly challenging when people were moved across regional boundaries because of the need to sign new agreements between humanitarian partners and the receiving regional government.

Continued inter-communal tensions and periodic clashes between communities, as well as increasingly active armed groups in pocket areas of rural Ethiopia, also contributed to marring the implementation of the Government Plan.

While reconciliation efforts continued in areas affected by conflict, limited accountability and the perceived absence of rule of law in relation to prosecution of individuals responsible for targeted, ethnically motivated violence has impacted trust between communities and the sustainability of the returns.

Finally, the limited early recovery support and almost total absence of durable solutions programmes in areas of return, reintegration or relocation, has in some areas delayed some population movements, and in others contributed to further fragilize the sustainability of these movements.

## Legal Framework

The Government's Plan to address internal displacement mirrored the constitutional right of people to receive assistance upon return or relocation. Ethiopians have the right to restoration and compensation of housing, land and property (HLP) assets, of which they were arbitrarily or unlawfully deprived. However, there is no clear regulation on how to pursue this in times of conflict when other non-governmental actors are involved and documentation is lost. The right to restitution could be prioritized as the preferred remedy for displacement and as a key element of restorative justice, irrespective of whether the displaced persons have returned.

However, this proved to be difficult because of the reasons underpinning the displacement, including inter-communal conflicts. Moreover, the legal recourse for displaced people to claim compensation for the loss of HLP and livelihoods as a result of conflict is yet to be enacted.

In areas of return, the absence of identity documents and land usage certificates constrained returnees' ability to rebuild their lives and livelihoods. Steps towards land reform to increase tenure security and strengthen women's right to land and its usage were initiated through changes to federal and regional land legislation, however, traditions and cultural norms pose a challenge to their enforcement.<sup>2</sup> The prominence of customary laws, norms and practices, which are a result of patriarchal traditional systems, continue to promote the systemic discrimination of women in key institutions where decisions over land use and land transactions are made. This is also the case where adjudication of land cases take place as women are often discriminated against or excluded from legal land processes in Ethiopia.<sup>3</sup>

The process of ratification of the Kampala Convention, which legislation will better enshrine IDP rights in Ethiopian domestic laws and policies, is underway.



#### DEMBELWEYINE/SOMALI REGION, ETHIOPIA

Community Conversation at Dembelweyine Kebele, Danan woreda (Somali region). Photo: UNICEF Ethiopia/2019/Tadesse

### Media Influence

The increasingly permissive media environment has improved freedom of speech by giving the population a platform to express opinions and openly debate Government policies, especially on social media. But this has also brought in challenges related to hate speech and disinformation. Some, knowingly or unknowingly, have been using the media platform for score settling and for ethnically divisive political messaging, which fuels violence and can be dangerous especially in the lead up to the national elections scheduled for May 2020. Overall, the media reforms remain fragile and require further strengthening and building a strong culture of responsible and democratic media. In the words of the United Nations Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression after his visit to Ethiopia from 2-9 December 2019, "Ethiopia's leaders can begin to address some of these concerns with national dialogue and legal, policy and educational initiatives."

### Economic Setting

Between 2004 and 2018, Ethiopia's GDP growth averaged at 10.4 per cent annually, with a marked decline in overall poverty in rural and urban areas, improved survival rate of children under five years of age, and life expectancy at birth. Reflecting the Government's aim to reach low-middle income status by 2025, massive public investments

in infrastructure and state control of strategic economic sectors underpinned these gains. The general inflation rate surged to 18.6 per cent in October 2019 and was largely driven by the increase in the food index. The year-on-year food inflation reached 23 per cent in August 2019 and has not declined since. This is the highest inflation rate the country has seen in seven years<sup>4</sup>. Food inflation was stable between September 2018 and March 2019, ranging between 9.4 per cent to 11.5 per cent until it spiked to 14.5 per cent in April 2019 and further to 20.7 per cent in May 2019. Price indices for cereals and bread increased by 29.7 per cent last year (October 2018 - October 2019).

Sluggish export performance and a foreign exchange crunch due to delays in mega-projects that required large amounts of hard currency, the IMF and the World Bank judged Ethiopia to be at high risk of debt distress in 2018.<sup>5</sup> The forex crunch constrained purchase of food for the humanitarian relief beneficiaries as well as routine medicines and medical supplies for health system pipelines. In addition, throughout 2019, youth unemployment (64 per cent of the population is under 25) continued to be severe and was identified by the Government as a key contributing factor to political fragility and increased migration (internationally and domestically from rural to urban centers).

Recognizing how the socio-economic challenges reinforce the country's political instability, a new economic reform agenda, pushed



# Timeline of Events

## January - December 2019



FEBRUARY 2019

### 1.2 million people inaccessible

In mid-February 2019, the first humanitarian agency entered Kemashi zone (Benishangul Gumuz). There was no access to Kemashi zone and to Oda *woreda* from late September 2018. An estimated 1.2 million people in need were inaccessible.



MAY 2019

### Return operation started

The largest Government-organized return operation started



SEPTEMBER 2019

### Aid workers attack

One INGO vehicle ambushed by unknown perpetrators while en route to Nguenyiel refugee camp, Itang Special zone, and two aid workers killed on 5 September.



NOVEMBER 2019

### Sidama referendum

Referendum for Sidama statehood was conducted on 20 November and preliminary results released by the National Election Board showed a strong majority in favor of establishing a new regional state. At the time of writing the HNO, the discussion between national, SNNP regional and Sidama zonal authorities on the next steps in ongoing.<sup>6</sup>



MARCH 2019

### Targeting guidelines

The EHCT and NDRMC endorsed needs-based targeting guidelines for areas affected by conflict. The first joint targeting exercise started in Gedeo zone on 29 May 2019.



JULY 2019

### Access problems

In the July 2019 Access Snapshot, Kemashi zone and all areas along the inter-regional boundary in West Wollega were identified as inaccessible. This is largely due to ongoing clashes between state security forces and non-state armed elements.



SEPTEMBER 2019

### Flood

During the first week of September more than 5,400 households affected and some 2,000 individuals displaced in 13 *woredas* in Amhara, Benishangul Gumuz, Oromia, SNNPR, Somali and Tigray regions. Similarly, 6,735 hectares of planted cropland inundated, nearly 5,000 livestock perished and one school which caters for 124 students was damaged<sup>7</sup>



DECEMBER 2019

### Durable solution initiative

Government of Ethiopia launched the Durable Solution Initiative for IDPs on 6 December.



APRIL 2019

### Government's Plan released

The Government's Plan to address internal displacement in Ethiopia released by the Ministry of Peace and NDRMC on 8 April.



JULY 2019

### Sidama youth clash

On 18 July, Sidama youth clashed with security forces demanding a date for the referendum on Sidama Statehood. Several civilian deaths and injuries were reported. The demonstrations expanded to most of the *woredas* in Sidama, and the main road from Moyale to Addis Ababa, which also connects Dilla and Bule Hora to Hawassa airport.



OCTOBER 2019

### Armed escort ended

The use of armed escorts by humanitarian partners in Gambella region, which was put in place in early September, ended on 31 October



DECEMBER 2019

### Lowlands study and project

The World Bank and DFID analysis on Poverty and Vulnerability in the Ethiopian Lowlands was officially launched under the umbrella of the Ministry of Financing in December, followed by the launch of the Government US\$ 450,000 lowlands livelihood resilience project 2020-2025

by the Prime Minister's office, was articulated in "A Homegrown Economic Reform Agenda: A Pathway to Prosperity" in September 2019. The Agenda includes macro-economic stabilization, increasing foreign direct investment and privatization of state-owned enterprises and extends beyond the 2020 expiration of the Growth and Transformation Plan II.

### Socio-cultural

The homegrown approach provides economic opportunities to all Ethiopians, 49.8 per cent of whom are women according to Central Statistics Agency (CSA) projections. However, as the national census planned for 2019 was postponed, outdated population data constrains the ability of humanitarian partners to accurately address the needs of different groups. The projections may not accurately represent internal migratory trends that have significantly changed the demographics during the past decade.

Challenges remain in addressing the gender gap in Ethiopia, and the unequal distribution of socio-economic burdens contributes to the fragility of country. Ethiopia ranks 117th out of 149 countries on the Global Gender Parity Index.<sup>7</sup> Women in Ethiopia fall behind men in education levels, as well as economic participation and opportunities. Women generally have less opportunity than men to engage in income-generating activity or to migrate in search of seasonal employment opportunities.<sup>8</sup> Female youth unemployment is considerably higher than the combined average. Until systems are further strengthened to empower women and girls, equal access to education and subsequent opportunities are likely to continue to be skewed towards Ethiopian men.

### 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 in 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. Refugee protection in the country is provided within the framework of these international and national refugee laws as well as the core international human rights treaties that have been ratified by the country.

As of 31 December 2019, Ethiopia hosted 735,204 refugees from 26 countries, the majority from Eritrea, Somalia, South Sudan, and Sudan. 56.5 per cent of the refugees are children, of which nearly 55,000 are unaccompanied or separated, further increasing their vulnerability.

### Migration

Ethiopia is a country of origin, transit and destination for migrants in the Horn of Africa. Poverty, chronic unemployment and limited livelihood opportunities force thousands of Ethiopians to embark on often hazardous journeys in search of better opportunities each year. Despite multiple risks and protection concerns, irregular migration has increased dramatically over the last decade, mainly along three major migratory routes: the eastern route via Yemen to the Middle East, the northern route through Sudan or Libya to Europe, and the southern route through Kenya, Tanzania to South Africa.

The eastern route across the Gulf of Aden to Yemen is the second largest maritime migration crossing globally. Migrants on this route are predominantly single male adults migrating for economic reasons with the Kingdom of Saudi Arabia as their intended destination. Many migrants have been subjected to physical violence, sexual assault, abduction, torture, mental abuse, discrimination, economic deprivation, detention, extortion, trafficking, enslavement, starvation, and loss of life.

Movement along the northern route has slowed in recent years with the Italian Ministry of Interior reporting 23,370 migrants and refugee arrivals in 2018, which is an 80 per cent decrease compared to the 119,369 registered in 2017 and 87 per cent less than the 181,436 registered in 2016.

There is limited data on the southern route, but according to IOM's detention monitoring data, there were 3,011 migrants detained in Kenya, Mozambique, South Africa, Tanzania and Zambia as of April 2018. Of these, 1,211 had their nationalities verified and 88 per cent were identified as Ethiopians.

Some 330,000 irregular Ethiopian migrants (79 per cent male) returned from the Kingdom of Saudi Arabia (KSA) since March 2017. The majority (91 per cent) are involuntary returnees. Minors represent 8.4 per cent of the returnees. In 2019, an average of some 10,000 Ethiopian migrants returned to Ethiopia every month. According to intention surveys conducted with the returning migrants, more than 90 per cent of them have the intention to resettle in Amhara, Oromia and Tigray.

## Drivers of the crisis

### Conflict and inter communal violence

During 2019, there were frequent incidences of inter-communal violence as well as clashes between Government forces and unidentified armed groups (UAG) in various pocket areas.

While violent events were registered in all the country's regions, the bulk of hostilities occurred in western and southern Oromia. Violence in Gambella region, impacting local communities and refugees, continued at pervasive levels. Ethnic tensions within Amhara region as well as in areas bordering Benishangul Gumuz and Tigray regions displaced thousands of people in 2019. The regional boundary dispute along the Oromia-Somali boundaries has significantly de-escalated, though tensions in boundary areas and resource-based conflicts continue between and within communities. The situation remains fragile in many communities affected by historical tensions and where the root causes of inter-communal clashes has not yet been resolved. While communities' grievances can be summarize into disputes over resources, mainly land and water, as well as political, administrative and social rights, in many cases, the drivers of violence are a mix of grievances that include recent crisis protection troubles.

Meanwhile, conflict between Government security forces and UAG remains active in western and southern parts of the country leading to tensions and occasional forced displacement.

### Climate shocks

Rural household livelihoods in Ethiopia are deeply dependent on climate seasonal cycles. The onset, the peak, and the end of the rains – each signal a new set of activities, and each translates into varied degrees of reliance on different food and income sources.

From March to May 2019, the southern and southeastern parts of Ethiopia suffered from late-onset, erratic and below-average *gu/genna* rains. The overall 2019 *belg* harvests were also below average in most *belg*-producing areas of Amhara, Oromia, SNNP and Tigray regions, which led to a significant reduction in household access to food. Delayed or failed planting of crops, particularly in lowland areas of Bale, East and West Hararge zones, and delayed planting in northeastern Amhara and southern Tigray led to either no production or a month to two-month delay in the harvesting. In pastoralist areas of Somali region, and the lowlands of East and West Hararge zones of Oromia region, livestock deaths were reported due to significant water shortages. The rainfall significantly improved after mid-May 2019, rejuvenating water points for livestock and human consumption in most parts of Somali region, Borena and Guji zones of Oromia region.

The 2020 national *meher* production, which usually represents more than 80 per cent of the annual national crop production, is projected to be normal due to generally favorable June to September *kiremt* rainfall. This is expected to improve household and market food

### AFDERA/AFAR REGION, ETHIOPIA

Multi-village water scheme in Afdera, Afar. Photo: UNICEF Ethiopia/2018/Mulugeta Ayene



availability nationally. Although the *kiremt* rains performed generally well, unseasonable rainfall continued in November 2019, creating crop seed shattering and rotting, and started to negatively impact the *meher* harvest in parts of Amhara, Oromia and Tigray regions.

Additionally, desert locust infestations continued to threaten a further reduction of the *meher* harvest. According to FAO, locusts infested an estimated 56 *woredas* of Afar, Amhara, Oromia, Somali and Tigray regions. In Amhara alone, nearly 75,000 hectares of crop and rangeland were infested according to the Regional Bureau of Agriculture. Some localized areas reported crop losses and households began harvesting immature crops to avoid large-scale crop losses. In affected pastoralist areas of Afar, Oromia and Somali regions, desert locusts are feeding on pasture and vegetation, which is decreasing pasture availability for livestock. Desert locusts are expected to continue hatching, specifically in Somali region, as conditions are largely favorable for breeding.

In 2019, several floods were reported in summer *kiremt* rain benefiting areas in Afar, Amhara, Benishangul Gumuz, Gambella, Oromia, SNNP, Somali and Tigray regions affecting more than 795,000 persons. In October and November, additional floods were reported due to unseasonal and extended heavy rainfall particularly in Afar and Somali regions. The floods caused severe damage to infrastructure and affected people's livelihoods.

### Disease outbreaks

Ethiopia remains vulnerable to epidemic outbreaks due to poor living standards (especially in rural areas), chronic food insecurity, low vaccination rates, and a large number of IDPs who live in unhygienic environments. Cholera is a major public health risk throughout the country. Communities that do not have sustainable access to safe drinking water, those that have poor hygiene and sanitation practices, and areas around religious sites are high-risk areas. By mid-November 2019, there were nearly 2,000 cases of cholera reported from all regions except for Gambella and Benishangul Gumuz regions. The cholera caseload was lower than previous years (3,255 suspected cases of cholera were registered in 2018) due to improved surveillance, more responsive interventions and the use of reactive oral cholera vaccinations. However, predisposing factors remain, and many communities remain vulnerable to outbreaks.

Other epidemics that featured prominently in 2019 in Ethiopia include measles, polio, malaria and chikungunya. As of November 2019, nearly 9,000 suspected measles cases were reported; 72 per cent had not received a single measles vaccination dose. Measles spreads very fast among unvaccinated young children, particularly in congested settlements. Polio outbreaks were reported in Oromia and Somali regions during 2019, and malaria remains endemic in most *woredas* in Ethiopia.





**ERUBTI/AFAR REGION, ETHIOPIA**

*Aisha Ousman, 14 years old, Erubti Woreda, Afar Regional State. Photo: UNICEF Ethiopia/2017/Mershazv*

## 1.2

# Impact of the Crisis

### Impact on people

Internal displacement reached a peak of 3.2 million persons between January and April 2019 following numerous inter-communal clashes, which imploded in September 2017, spiked in 2018 and continued in 2019. The IDPs, especially those living in collective sites, lived in deplorable conditions with limited access to basic services and important protection risks, including in some areas, broader security concerns. Women and children were particularly exposed to protection risks and GBV such as sexual violence and physical attacks, child marriage and lack of access to education. While disease outbreaks were reported throughout the country, the risk of communicable disease outbreaks is heightened in IDP collective sites due to crowded living conditions, poor routine vaccination coverage and lack of adequate water and hygiene facilities. This places an additional burden on hosting families whose coping capacities are already stretched as well as on existing healthcare facilities in IDP hosting areas.

Following the Government return operation in May 2019, over 2.1 million IDPs were returned to their areas of origin according to Government sources. However, field reports indicate that some of the returned IDPs either re-displaced themselves shortly after the operation due to renewed insecurity or lack of assistance in areas of return or continued

to live in “secondary displacement” in their kebeles of origin due to lack of recovery support to return to their destroyed homes. As of November 2019, partners estimated that close to 2 million persons remained displaced by conflict and climate nationwide. These include conflict affected people who are still displaced (1.4 million persons), people who returned to areas of origin but are not in their homes and have not resumed their livelihoods (200,000) and destitute pastoralists (403,000 persons) who never recovered from previous droughts.

Climate-induced shocks, conflict and disease outbreaks have had a huge impact on people’s lives and livelihoods. Erratic and below-normal rainfall during the *belg* and *gu* seasons resulted in water and pasture shortages and poor livestock conditions, which contribute to deteriorating food and nutrition security of people living in these areas. The 2019 national *belg* seasonal assessments and Early Warning and Response Analysis showed that some croppers could not plant sorghum in spring *belg* rain-dependent areas due to delayed and erratic rainfall. In some areas, more than half of the sorghum land was switched to summer *meher* season crops.

Food insecurity in Ethiopia is a protracted situation that disproportionately affects women, who are most negatively affected by macro- and

micronutrient deficiencies, especially during their reproductive years.<sup>9</sup> The impact of drought on women and girls, is particularly severe. Women are primarily responsible for fetching water for the family, and with drought, their workload increases. Girls are more likely to drop out of school to help with chores or be subjected to early marriage.<sup>10</sup> Food insecurity has also been exacerbated by conflict. In some parts of the country, conflict impeded timely access to land during key moments of the agricultural cycle and resulted in lost seeds and tools. The subsequent reduction of food supply and increased market demand, distorted food market systems and prices. High prices limit access to food amongst poor households, compromising their food consumption.

## Vulnerable Groups

### Child-headed households

As defined by the Better Care Network, “a child-headed household is one where there are no adult carers available and children live on their own. Typically, an older child will care for siblings, cousins, nephews or nieces”.<sup>12</sup> There are a number of reasons why a sibling group may live on its own. For example, it may be the only way to remain together, the best way to retain the use and ownership of their parents’ land and home, or the only option available. Some child-headed households are supported by extended family members and others are entirely on their own. A child-headed household may be extremely vulnerable, or it may have strong family and community links and is living in acceptable circumstances. Such households often require support to ensure their access to basic health, nutrition, shelter, and education. They will also need access to legal services to receive information on inheritance and property rights. Ensuring such services are available and how such households can be supported in a comparable way to kinship or foster care arrangements are important considerations for assistance

According to DTM 19, there were 998 children living in child-headed households; 80 per cent in Somali region, 15 per cent in Oromia, and 5 per cent in other regions. There is a high likelihood that the vulnerability of child-headed households translates to need humanitarian assistance, particularly in IDP situations. Child headed-households should be prioritized to ensure that they receive protection and in-kind assistance.

### People without legal documentation and housing land and property rights

Displaced people face particular obstacles in asserting HLP rights during displacement. Returnees may also struggle to assert their right to restitution or compensation for their HLP upon return, particularly when documentation is lost. Disputes over land and natural resources are often at the centre of conflict, including territorial acquisition and the resulting occupation of homes and land. When the conflict ends, disputes over occupied property are a continued source of instability, preventing durable solutions for returning populations and threatening the success of potential peace agreements. In circumstances where the return is not possible, displaced persons may face relocation or secondary displacement, which can lead to further violations of HLP rights. HLP issues are relevant during all stages of displacement and if not adequately addressed the potential for continued and increased conflicts over land will remain high.

The overall Terms of Trade are not favorable for casual laborers and livestock keepers. This implies that animal keepers and poor households that rely on casual labor are disadvantaged by high staple food prices.

Recent food security analysis conducted for the IPC in six regions of Ethiopia indicated that an estimated 8 million people were severely food insecure between July and September 2019.<sup>11</sup> Of these, approximately 6.1 million people were classified in IPC Phase 3 (Crisis) and 1.9 million people in IPC Phase 4 (Emergency). This analysis includes all food insecure households irrespective of whether they benefit from PSNP or not, as well as current IDPs and returnees.

### Unaccompanied and Separated Children

During humanitarian shocks many children become separated from their parents or caregivers. When their status is not immediately clear, these children are referred to as ‘separated’ or ‘unaccompanied’. Specifically,<sup>13</sup> “separated children are those separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. They may, therefore include children accompanied by other adult family members.” And, “unaccompanied children (also called unaccompanied minors) are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.”

According to DTM R19, more than 7,500 IDPs are unaccompanied and separated children (UASC). As DTM data collection relies on key informant interviews, the data on UASC may be underestimated, and it is likely that at least 1.5 per cent of children are either unaccompanied or separated. UASC are among the most vulnerable groups. If left unattended, they are exposed to greater protection risks, including child labour, transactional sex, or child trafficking. While some children have been placed into foster care arrangements, the DTM identified that, particularly in Amhara region, and Dire Dawa City Administration, a large number of unaccompanied children live on their own, or in the street.<sup>14</sup>

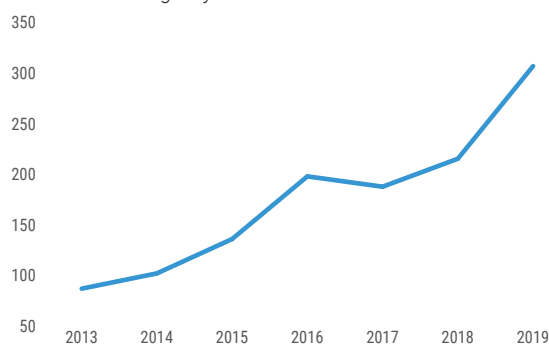
Throughout 2019, reports also highlighted children's vulnerability to separation during the return process. There are numerous anecdotal reports of children left behind by families during the return process. Reportedly this happened either for adult-caregivers to assess the security situation in the place of origin, or due to school enrolment issues. An unforeseen consequence of this practice has been that some children ended up living on the street and/or have been exploited or abused, for example for daily labour on coffee farms and construction sites.

### Older persons without caregivers

Older persons may become vulnerable because of cognitive, psychosocial, and/or physical difficulties. Older persons with such impairments are therefore dependent on caregivers and become vulnerable when separated from their caregivers, which can happen during displacement. Additionally, some older persons become caretakers when children are left in their care. Regions with the highest severity of older persons without caregivers include Somali (46.5 per cent), Oromia (34.4 per cent), and Tigray (15.0 per cent).

## Distribution of the Consumer Price Index (CPI) for food

Central Statistics Agency



### Female-headed households

Female-headed households often face additional and overlapping protection risks. Women may not have access to services and resources when distribution points and facilities are not located in areas that are safe and easily accessible to women and girls, which increases the risk of GBV. Vulnerable households unable to provide for household level food consumption, due to displacement and lack of sustainable livelihoods, may resort to negative coping mechanisms such as transactional sex for goods and money to meet basic needs. Women may suffer from physical and/or mental trauma due to the separation caused by the stressful situation or losing their spouse. The vulnerability of women and female-headed households, particularly in IDP settings, can translate to high levels of need, for the adult, and the children under her care. Identifying the needs of this vulnerable group is critical.

### GBV survivors

Vulnerable women and GBV survivors in particular face serious protection risks, especially when response services are limited, they lack safe alternatives to escape violence (such as safe houses) and when service providers, including law enforcement and health service providers, are not sensitized on service provision and care in a supportive and confidential environment. GBV is more prevalent in and exacerbated by emergencies. It is a serious rights violation that often goes un-redressed. Survivors may face stigmatization in their communities and fear of retaliation by the perpetrators, should they come forward for support, which can seriously harm their health, long-term mental health, and well-being.

### Persons Experiencing Mental Distress and Trauma

IDPs have reported that displacement has caused them mental distress. In addition to losing their homes, the displacement has increased their sense of vulnerability through the sudden breakdown of family and community structures. Adults and children suffer from psychosocial distress due to a breakdown of economic and social status, as well as family separation and witnessing of traumatic events. Experiences of conflict and displacement are gendered, with differences in the way that men and women, boys, and girls experience these events. There is a need for large-scale targeted psychosocial support programs tailored to men and women, boys and girls, with strengthened referral pathways to specialized services as required, to mitigate longer-term psychosocial effects of displacement for all persons of concern.

## Impact on systems and services

Given the dependency of most Ethiopians on markets for their household food consumption, market conditions provide insight into household food security. According to the Food Security and Nutrition Monitoring Survey (FSNMS) conducted in July 2019, the highest reliance on market is found in Afar (75 per cent of households) and Somali (59 per cent) regions. Cereals (maize, teff, sorghum and wheat) are the most important calorie sources in Ethiopia, however maize, the staple cereal, accounts for nearly 33 per cent of the total calories derived from cereals.<sup>15</sup> Contrary to the seasonal pattern, the nominal price of maize has increased by 35 per cent from April to October and is now 78 per cent higher than the past

### Persons with Physical, Sensorial, Intellectual and Mental Disabilities

In Ethiopia, as per 2007 National Population and Housing Census, "a person who [is] unable to carry out or limited in carrying out activities that others can do due to congenital or long-term physical/mental disabilities was identified as a disabled person. [...] In general, a person was defined as disabled if due to physical or mental injuries could not fully perform activities that other healthy person could do." This definition focuses on the persons' impairments but does not raise the issue of their rights or how their disability hinders their social participation as stipulated in the Convention on the Rights of Persons with Disabilities (CRPD). Furthermore, existing legislation and policies use derogatory terms to refer to persons with disabilities such as "insane", "infirm", "deaf-mute". In Ethiopia, there are no reliable, up-to-date national statistics available on disability. The most recent national census in 2007 found only 805,492 persons with disabilities in Ethiopia, merely 1.09 per cent of the total population of 86 million (and less than what was reported in the 1994 census; 1.9 per cent). Commentators in the disability arena generally regard the census data as skewed by under-reporting, due to the formulation of census questions, lack of disability-related knowledge among those involved in census data collection and analysis and the application of a narrow definition of disability.

The World Report on Disability,<sup>16</sup> published jointly by the World Bank and WHO in 2011, estimated that there were 15 million persons with disabilities in Ethiopia, representing 17.6 per cent of the total population at that time. According to the Ministry of Labour and Social Affairs, 95 per cent of persons with disabilities in the country live in poverty - the vast majority in rural areas, where basic services are limited and the chances of accessing rehabilitative or support services are remote.

### Pregnant Women and Girls Facing Life Threatening Complications

Women and girls have unique health concerns and protection needs in situations of displacement. From menstrual hygiene to life-threatening complications related to pregnancy and childbirth, to unwanted pregnancies and unsafe abortions. Failure to ensure adequate maternal health, neonatal and new-born care, and family planning services has repercussions not only for the health of the mothers, but also for the unborn and infant babies and existing children. It is estimated that up to 15 per cent of pregnant women and girls will normally face serious and life-threatening pregnancy related complications. For example, during delivery, due to the absence of adequate health facilities and ambulances to access advanced health care, home delivery is common, which increase maternal and child mortality rates.

five-year average.<sup>17</sup> The price increases may be attributed to a range of factors, including increased money supply to the market, increased demand, and reductions in 2018 *meher* and 2019 *belg* productions. With the 2019 *meher* harvest estimated to be offset and continued underlying upward inflationary pressures, it is expected that in 2020 the strong upward pressure observed in staple cereal prices will create a disproportionately heavy strain on the food security of vulnerable persons who rely on markets to access food, particularly female-headed households due to systemic constraints.

Conflict and floods damaged public infrastructure. Analysis by the World Health Organization indicates that since 2018, 171 health facilities were completely or partially destroyed due to conflict, which has limited access to health services for nearly a million people. Floods damaged infrastructure and basic social service provision facilities such as schools, health facilities, and water supply schemes whose impact continues to disrupt recovery of communities, after the flood waters recede. Thousands of latrines were destroyed, contaminating existing water sources, schools and health facilities. In Somali region, 35 health facilities were (partially) damaged during the *deyr* season, cutting accessibility to health and nutrition services among other basic services. More than 500 household latrines were damaged or destroyed, mostly in Mustahil town, increasing risks of seasonal diarrheal diseases in flood-affected *woredas*.

In some conflict-affected areas, public workers are afraid to return to their place of employment or have been displaced. Given that the majority of the humanitarian response in Ethiopia is conducted through government systems, this has had immediate implications on the humanitarian response.

Displacement and the subsequent free health services provided by Government, increased utilization of health services by 25 per cent. This depleted health supplies faster than planned and required replenishment of supplies beyond the normal cycle, which was challenging. The latter is in part due to the forex crunch, which has led to an inability to procure medical supplies on the international market to maintain national health pipelines to provide the health services for the population.

Disease outbreaks add an additional strain to the already stretched healthcare system. In addition to the complications and deaths directly related to a specific disease, the health system impact of an outbreak is far-reaching. Cholera or malaria outbreaks temporarily diverted resources from regular health system activities to focus on outbreak response, paying less attention to regular health services for other patients.

The education system is already stretched, and schools often lack the capacity to meet existing needs within the host community and are unable to accommodate IDP children. In addition, in some cases, language and curriculum barriers, as well as ethnic divisions played a role in the inability of IDP children to be absorbed in school systems in their host communities.

### **Impact on humanitarian access**

In 2019, the overall operational environment for humanitarian operations in Ethiopia remained permissive, however humanitarian access worsened due to the multiplication of localized armed conflicts. Access impediments, which stopped movements and operations for varying periods of time, had a direct impact on partners' ability to operate, on the quality of humanitarian response, and have hindered partners' outreach to people in need and people's access to life-saving assistance and protection services.

As of November 2019, partners had reported some 800 humanitarian access incidents in the country, the majority of which related to hostilities between security forces and unidentified armed groups (UAG), as well as violence between different ethnic groups. Many access restrictions occurred while trying to deliver humanitarian assistance to IDPs. Partners reported several reasons for this, including some local authorities not including IDPs in their targeting, some local authorities limiting assistance to IDPs to trigger returns to areas of origin and to avoid dependency on assistance, and the dismantling of previous displacement sites. Another example of an access impediment, is the restriction for DTM to operate in SNNP region, outside Gedeo zone, to determine the number and situation of people displaced in the region.



## 1.3

# Scope of Analysis

When analyzing the acute, immediate life-threatening humanitarian needs under the physical and mental wellbeing consequences, no limitations were put in place when identifying the people in need.

When analyzing other humanitarian needs related to living standards, the scope was taken to only identify people in humanitarian need who faced climate or conflict related shocks in the last 12 months. This includes all people displaced and recently returned or relocated; people affected by floods and erratic rainfall; and people either hosting IDPs or returnees or immediately affected by conflict events in another way.

To provide a more granular analysis of the needs of different population sub-groups, particularly of the displaced population, we sub-divided the affected population into various categories. These population sub-groups are the units of analysis presented in the remainder of the document. Conflict IDPs are analyzed separately depending whether they are currently living in sites (including collective centers and spontaneous settlements) or within host communities or families. On the returning conflict IDPs, those who went back home as well as those who went back to their *kebele* of origin but who did not manage to go back to their home are different units of analysis. Climate induced IDPs form the fifth population sub-group. The general population who is not displaced forms the final category.

Refugees remain a vulnerable category of people with ongoing presence in Ethiopia. Their needs continue to be assessed and addressed in the Ethiopia Country Refugee Response Plan, and are not included in the analysis within this Humanitarian Needs Overview.

The analysis of humanitarian needs in this document excludes PSNP clients. The new PSNP (PSNP 5) will begin on 1 July 2020. As the PSNP partners prepare for the roll out of a new programme, PSNP is retargeting and geographically expanding to increase its ability to be a scalable safety net programme. As of end 2019, it is expected that this process will result in changes in the number and location of people targeted for PSNP's public works clients from January 2021.

Humanitarian needs are assessed and analyzed throughout the country; there is no geographic limitation or focus. The analysis has been done at the *woreda* level; national, zonal and regional level numbers presented in this document are a result of the aggregation of all *woreda* level results.

The below matrix shows the presence of the different affected population groups by region in the subsequent analysis of needs.

## Scope of Analysis Matrix

### Population Groups

	Conflict IDPs in sites	Conflict IDPs in host communities	Returnee to area of origin	Returnees to home	Climate induced IDPs	General non-displaced population
Addis Ababa	No	No	No	No	No	Yes
Afar	Yes	Yes	No	No	Yes	Yes
Amhara	Yes	Yes	Yes	No	Yes*	Yes
Benishangul Gumuz	Yes	Yes	Yes	Yes	No	Yes
Dire Dawa	Yes	No	No	Yes	No	Yes
Gambela	Yes	Yes	No	No	Yes*	Yes
Harari	Yes	Yes	No	No	No	Yes
Oromia	Yes	Yes	Yes	Yes	Yes	Yes
SNNP	Yes	Yes	No	Yes	Yes*	Yes
Somali	Yes	Yes	Yes	Yes	Yes	Yes
Tigray	Yes	Yes	Yes	Yes	No	Yes

\* However, no evidence was available on the number of climate induced IDPs in these regions



#### ASHITA/AFAR REGION, ETHIOPIA

UNICEF Food, Nutrition, and young mothers' workshops held in Ashita, Afar region, Ethiopia, Photo: UNICEF Ethiopia/2019/Mulugeta Ayene

1.4

## Humanitarian Consequences

### Physical and mental wellbeing

The climate crisis resulted in food insecurity mainly in pastoralist and agro-pastoralist households. The recent IPC analysis identified <sup>18</sup> parts of Guji, East and West Hararge zones and lowlands of Oromia, the southern and southeastern pastoralist areas of Somali, northern Amhara, northern Afar and southern Tigray as the worst affected areas in this regard.

The highest proportions of food insecure people in Ethiopia are located in Oromia (44 per cent), which is also the region with the highest population number in the country. As a result, Oromia region continues to bear the highest burden of acute malnutrition, more specifically in East Hararge zone (e.g. Fedis and Bedeno *woredas*), and in West Arsi (e.g. Siraro and Shala *woredas*). As of September 2019, the highest increase in SAM cases was recorded in Oromia (i.e. 18 per cent increase compared to same period last year). In addition, Korahe and Shabelle zones of Somali region, Gedeo zone in SNNP and Wag Hamira zone in Amhara region have registered a high number of SAM admissions. In

2019, on average more than 30,000 children with severe acute malnutrition (SAM) were admitted for treatment every month. Food insecurity, disease outbreaks, limited access to potable water, adequate access to quality health services and sanitation facilities have contributed to a deterioration of the nutrition situation.

The risk of different disease outbreaks is further exacerbated by low access to primary health services, population displacement, poor living conditions, inadequate water and sanitation facilities and practices, and low vaccination coverage of vaccine-preventable diseases. For example, data from the Mini Demographic and Health Survey in 2019 on vaccination coverage among children aged 12-23 months showed that only 59 per cent of children (57.8 per cent of boys, and 59.3 per cent of girls) received measles vaccination (MCV1). Rural vaccination coverage (50 per cent) is much lower than urban coverage (78.1 per cent), and the lowest coverage rates are in Afar (28.5 per cent) and Somali (31.1 per cent) regions. Population groups at risk for disease outbreaks in Ethiopia are people living in displacement sites, commercial farm workers, congregations at mass religious gatherings, daily

labourers in urban centers, populations in remote villages, and people living along border lines.

Regarding mental wellbeing, it is of notice that significant levels of psychosocial distress were reported amongst IDPs due to a breakdown of economic and social structures, family separation and witnessing of traumatic events. Increased prevalence of intimate partner violence (IPV) has been reported in several displaced and relocated communities, reportedly triggered by overlapping conflict related stressors. An increase in suicidal attempts, and suicides amongst affected population, particularly young people, were reported in Gedeo zone of SNNP, West Guji, East and West Wollega zones of Oromia region. In Kamashi zone of Benishangul Gumuz region, reduced caregiving capacity was reported due to distress with short-term implications on well-being.

## Living standards

Disaster-affected populations in Ethiopia continue to have very limited ability to attain a decent living standard. Crises and shocks have an enormous impact on the most vulnerable people's daily lives, their ability to pursue normal productivity, social activities and meet their basic needs.

Being food insecure in a long-term perspective leads to people adjusting their eating habits, such as change in diets or eating fewer times a day. Insufficient food intake affects a person's productivity, which further impacts the level of income.

Housing damage, HLP rights, and reconciliation are related living standard problems. Women's unequal position in the Ethiopian society means that women who claim HLP rights and legal documentation to access land, are increasingly exposed to risks of GBV, and this, in turn, contributes to female headed households' increased vulnerability to land and house evictions. Evidence suggests that female headed households who "return" to their family land find it difficult to assert their legal right to the land due to patriarchal norms that undermine their statutory rights to land tenure. Women and girls have subsequently been forced into exploitative sexual relationships with men in their areas of return to meet their most basic needs. IPV is the most common type of GBV in Ethiopia. The strains of displacement and food insecurity on families has increased in IPV in some areas affected by these stressors.

Inadequate shelter conditions lead to insecurity. Not having access to a safe place increases the risk of psychological stress. Inadequate shelter leads to negative coping mechanisms, and IDPs, returnees, women, and children are particularly at risk.

The negative coping mechanisms among children compound the challenges of displaced or returned children associated with access to education. Children with inadequate education have fewer development opportunities and are less likely to become self-sustaining adults. Interruptions in schooling, regardless of the duration, negates the right of every child to education, and hinders their personal development. Without adequate education, children are likely to be disadvantaged in life and have limited livelihood opportunities which will have a negative impact on their lifelong achievements.

Another contributing factor to negative living standards is the lack of access to basic goods. With a non-functioning market, prices

increase and increase the pressure on peoples' nutritional wellbeing. The percentage of Ethiopians holding legal documentation is very low. In an assessment<sup>19</sup> conducted by the Norwegian Refugee Council in November 2018 in IDP sites in Afder and Liben zones of Somali region, only 22.4 per cent of women indicated that they had an identity card as compared to 38.6 per cent of men, reinforcing the gender gap.

In case of health-related outbreaks or other pressures on the already weak health system, a change in the number of people supported by the health system in a given area (as is the case during a refugee influx) or pressure on the health system, social systems are strained. Medicine, health personnel as well as funds are prioritized to the most acute areas, leaving little behind for the regular health care system. This particularly affects chronically ill people, who require regular care. For a chronically ill person, disrupted health care provision affects that person's daily life and productivity and potentially loss of income affecting a whole household.

Another factor affecting people's living standards is reduced access to, and quality of water. An estimated 11 per cent of the population in Ethiopia is pastoralist or agro-pastoralist.<sup>20</sup> Many of them lack consistent access to water, which leads to challenges keeping livestock alive. Inadequate sanitation conditions affect peoples' health and mental states, and increases the risk of disease outbreak, lowers productivity, and potentially leads to lower income.

Various living standard problems are intertwined and often overlap. Inadequate access to markets tends to lead to food insecurity, and housing damage leads to inadequate shelter potentially affecting children's access to education.

People are affected differently by erosion of living standards. There are specific population groups particularly exposed to increased risks. Persons with disabilities in Ethiopia are challenged by a weak health care system and social service support. When challenges arise from a crisis or shock, the possibility of negative pressures on persons with disabilities are higher than broader community.

In situations of returns and relocation, all people are subject to protection risks, but women and children, older persons, persons with a disability and any other marginalized groups may face additional challenges, including access to land, education, or services. Persons with disabilities and older persons may have additional physical challenges related to returns and relocation and access to services.

## Recovery and resilience

The vast majority of livelihoods in Ethiopia are linked to climate trends. Crop cycles, pasture availability, animal productivity, and health are highly dependent on the climatic cycles and water availability. The recent drought cycles have eroded millions of people's coping capacities. Ethiopia suffered from the impact of a devastating back to back drought in 2015-2016 when a failed *belg* rain was followed by the deepest El Niño weather pattern on record and the impact of the Indian Ocean Dipole (IOD) phenomenon in 2016-2017. The recovery of affected communities from these droughts has been slow and they continue to be dependent on humanitarian assistance and highly vulnerable to other shocks. These include more than half a million drought-induced IDPs, most of whom



### Accountability to Affected Population

The principle of AAP should be embedded in all humanitarian response. It is essential that crisis-affected people are included in programmatic decision-making processes to increase the relevance, timeliness, quality and effectiveness of humanitarian response. It is equally important to inform communities of the work of humanitarian actors and enable them to provide feedback through established and confidential feedback mechanisms that all population groups can access including women, youth, children and people with disabilities.

In Ethiopia, an Inter-Agency Accountability Working Group (IAAWG) was established in 2013 with the purpose to promote greater accountability in humanitarian and development work by mainstreaming the Core Humanitarian Standards, tools and strategies. In early 2019, the HRP steered towards the development of a common approach to community engagement and accountability to affected populations, building on existing agency mechanisms and approaches. The objective of a common approach to community engagement was to: ensure access to information, enable the provision of feedback, expand coverage of intention surveys and participation in planning.

By end 2019, there was little evidence of major collective achievements. A good example however is the DTM data collection through focus group discussions, ensuring a variety of voices from the affected communities are represented. The data collection team meets with *kebele* administrators and IDP committees in identified locations to explain what they are seeking to do and what participant representation they require in their FGDs. Participants are selected based on their familiarity with the site and are identified with the help of the *kebele* administrators and IDP representatives. FGDs focus on getting a holistic picture and always include at least 2 women, 2 elderly, 1 youth, 1 government representative and a member of each population group present in the site (for example IDPs or returnees). In case of sensitivities around certain questions, i.e. cultural sensitivities around women answering protection related questions in the presence of men, a separate discussion with the affected group is held.

have been displaced since that time. According to the recent IPC analysis, the primary key driver of food insecurity in the the negative impact of the 2015-2016 El-Niño induced drought, especially among cattle keepers.

The analysis also indicates that approximately 10 million people faced a stressed food security situation in July-September 2019.<sup>21</sup> This number includes all food insecure households irrespective of whether they benefit from PSNP or not, as well as current IDPs and returnees.

### Chronic Food Insecurity

Acute food insecurity occurs every year in Ethiopia, largely due to 'normal' erratic rain performance over the many different climatic zones. Because of climate change, major droughts will continue to occur with increased frequency and intensity; these will have a largely predictable impact - though somewhat unpredictable timing.

A review of the number of people targeted for relief food assistance from 2016 until 2019 shows that, countrywide, the minimum number of people consistently targeted within given *woredas* over the past four years has been 3.2 million (post-*meher* assessment). This high number of relief food beneficiaries over the past four years<sup>22</sup> has been exceptional. Out of these beneficiaries, approximately 1.6 million (50 per cent) people are living in areas which experienced climatic shocks in 2019. The remainder of the chronically food insecure live in areas affected by the El-Niño drought (2015-16) and the Negative Indian Ocean Dipole drought (2016-17) and have not been affected by recent acute climate shocks. This is likely to be indicative of extreme underlying vulnerability and susceptibility to shocks. Moreover, the recovery timeline from previous climate shocks, particularly given the impact of climate change, extends beyond the time in between increasingly frequent climatic shocks.

### Loss of livelihoods and damage to shelter for IDP returnees

Most of the IDP returnees lost their livelihoods during the displacement process and are now food insecure. Despite ongoing programmes to

support livelihood restoration, returnees' income will remain constrained. Moreover, as food prices are expected to remain significantly higher than previous years, the recent IPC analysis <sup>23</sup> concludes that it is likely that returnees will face significant food gaps during 2020. Some of the IDP returnees are struggling to resume their former livelihoods, for various reasons including limited access to their land, seeds and tools or loss of household livestock. Loss of productive assets and lack of livelihood opportunities prevent affected households from resuming self-reliant lives. Other returnees have returned to damaged residences and are therefore in need for reconstruction of their shelters. Protection concerns are interlinked with coping strategies of the crisis affected households. Protection threats continue to interfere with the physical and mental well-being of the population, the enjoyment of minimum living standards, and the ability to recover.

## Protection

In Ethiopia, key protection concerns faced by IDPs and other affected populations include GBV and the lack of adequate referral mechanisms for support to survivors, other forms of physical violence, family separation (including unaccompanied and separated children with limited case management services), psychosocial distress and trauma and extremely limited support to address mental health issues. Additionally, harmful practices, including child marriage, missing documentation, no legal redress for lost property and livelihood increase the vulnerability of people affected by crisis and limited their ability to restore the homes and livelihoods. Limited tailored activities to support persons with specific needs reduce their ability to access life-saving services, and increase the risk and need for survival driven negative coping mechanisms. In some return locations, reports have been received of vulnerable persons being subject to attack while returning from distributions that are distant from their homes.



#### FARBURU/SOMALI REGION, ETHIOPIA

*Internally displaced people in Farbu IDP site, in Adadle woreda of Shabelle zone (Somali region). In Farbu approximately 985 IDP HHs reside.*

*Photo: UNICEF Ethiopia/2018/Mulugeta*

Rape and sexual violence have been reported in all conflict areas. Targeted attacks and gang rape in transit IDP sites and collective shelters were reported. Women and girls report that they feel unsafe in displacement areas because of inadequate shelter and a lack of gender-segregated WASH facilities, which increases the risk of violence. In addition, displaced and returned women, and adolescent girls in particular, have reported harassment, physical attacks, and rape in areas where they collect firewood and water, by unidentified groups, which seriously restricts their mobility and safety. According to DTM Round 19, there was an increase in different types of GBV cases.<sup>24</sup> In Afar, economic violence has increased, while emotional violence was reported in Amhara and Benishangul-Gumuz regions. Early marriage and emotional violence were reported in Gambella region, early marriage, economic violence and sexual violence were reported in Oromia, while rape, intimate partner violence, economic violence, emotional- and sexual violence were reported in Tigray region.

Older persons, persons with disabilities (mental and physical), and people with chronic illnesses are often house-bound, due to both social

and physical limitations to their mobility, rendering them less visible to humanitarian actors and authorities. As a result, the concerns and needs of these groups are under-represented, even in situations where community representation and participation support systems are in place. IDP sites in Ethiopia are primarily collective sites, in public or community buildings, such as government offices or religious institutions, where large numbers of households share communal spaces, with or without partitions. Such settings, not intended for human habitation, and usually not meeting humanitarian standards, pose a particularly high risk for persons with mobility limitations, for GBV and child protection.

Site management support (SMS) is critical to ensuring a minimum standard of safety and security for IDPs that do not have a safe or affordable place to live. The provision of safe accommodation does not only alleviate suffering but is also life saving for those in need.

Displacement-affected communities may not have access to a range of critical and essential services that can enhance dignity and self-sufficiency. With limited access to legal services, durable solution to their

### Protection against Sexual Exploitation and Abuse (PSEA)

In responding to the humanitarian needs of Ethiopians, it is of highest importance to minimize the risk of people being sexually exploited and abused by anyone providing assistance, including humanitarian aid workers, government staff, contractors, and suppliers. The national PSEA Network was established in 2018, and is currently co-chaired by UN Women and WFP. During 2019, the Network received funding from the EHF to implement community-based complaint mechanisms (CBCM) in Oromia, SNNP and Somali regions.

The CBCMs have been structured on the basis of three risks assessments conducted in the regions and will be further strengthened with inputs from the communities. The CBCMs provide a platform for beneficiaries of humanitarian assistance to get information of their rights as well as information on available reporting channels. Examples of services provided are local help desks, national hotlines, IEC material (information, education and communication materials) as well as information campaigns. The full implementation of the CBCMs will continue during 2020. The EHF-funded PSEA project aims to promote coordination and focus on prevention, training, awareness campaigns on reporting mechanisms as well as enhancing the capacity of service providers.

It is of highest importance that the already vulnerable people are protected from SEA, those who provide assistance understand their obligation with respect to PSEA, and that measures are in place to inform beneficiaries of their rights to receive free assistance, and how to report abuse.

displacement may be hampered due to lack of legal identity documents. Legal identity documents are often required to access livelihood opportunities, credit, education, health, and the state justice system. Without legal documentation, people may face the risk of becoming stateless, minors being forced into marriage or being treated as adults in judicial systems, and lose freedom of movement. In most cases, HLP documents are often a pre-requisite for access to national identity cards. Violations of HLP rights, the inability to enjoy safety and security of tenure, exposes displaced communities to forced evictions, creating further displacement, hampered access to livelihood and employment, and the inability to find durable solutions.

### People's coping strategies

Over the course of 2019, coping mechanisms of the IDP and returnee population have been stretched. In addition to the lack of security, limited access to basic services creates problems upon return, and exposes the population to protection risks. Evidence from Protection Monitoring reports, NGO reports and interagency mission reports show an increase in negative coping mechanisms among women and girls, including transactional sex and increased rates of child marriage in areas of displacement and return. Such harmful practices and negative coping mechanisms are meant to ease the pressure on families in case of experiencing food insecurity.

Adolescent girls are especially vulnerable and are among the most unseen in emergencies. Families that experience economic hardship and loss of livelihoods may choose to marry off their girls as a protective mechanism when they can no longer provide for their families and due to lack of educational opportunities. With increased rates of early marriage, the risk increases for of early pregnancies, sexually transmitted infections, HIV, unsafe abortions, preventable maternal deaths and IPV increase. Child marriage perpetuates the cycle of poverty and limits human development for the country as a whole.

There is very limited reliable data about the coping mechanisms of children, in part owing to the sensitivity of the issue and challenges in reporting and documentation. However, evidence (including the Protection Monitoring reports and eyewitness accounts of children living and/or working on the streets) indicates an increased vulnerability of young boys and girls in IDP locations to child labor and transactional sex. These children are particularly vulnerable to other protection concerns, including child trafficking. Vis-à-vis

reports of child trafficking please note that despite concerns raised in agency monitoring reports, and issues raised with relevant government counterparts, there have not yet been any official reports recorded.

Access to services in return locations, where service provision is frequently centralized at a point distant from the far from the kebele or from individuals' homes, is a particular challenge for older persons, persons with disabilities (mental and physical), and persons with chronic illnesses. Site management service (SMS) teams have documented reports of vulnerable groups having to sell portions of their food rations to pay for transportation, thus reducing the utility of food assistance being provided and potentially exacerbating the illness in question health status of the individual. Additionally, IDPs in collective sites report to SMS teams their use of negative coping mechanisms to address the lack of livelihoods opportunities in the sites.

In Gedeo and West Guji, displaced IDPs concerned about their safety and security in their areas of origin resorted to land-swapping arrangements along ethnic lines - which are not legal - and undocumented. Some also have also indicated that they sold their land and fled because of the conflict.

There are also reports of secondary occupation of land throughout conflict-affected areas of Ethiopia, particularly in Gedeo and West Guji zones and East and West Wollega and Kamashi zones. Secondary occupation leads to multiple and overlapping claims over the use and occupancy of land and property. In most cases, displaced communities that have lost their houses and/or are displaced, engage in secondary occupation of an abandoned house as a coping mechanism, although in some circumstances, secondary occupation takes place with the tacit approval of authorities.

This practice will likely continue to result in a very high number of disputes over HLP assets upon the return of IDPs to their communities of origin.

Although the private sale of land is not legal in Ethiopia, HLP transactions are taking place throughout the country, often through private contracts/agreements between buyers and sellers. These transactions are often not registered formally, and, given the widespread destruction of HLP documentation, will make assessing competing land claims very complicated. Moreover, there are reports that some IDPs were coerced into selling HLP assets as they fled the conflict, often for a minimal fee and in a situation where the voluntariness of the transaction is questionable.



## 1.5

# Severity of Needs

## Intersectoral severity of needs

Out of the 8.4 million people in need, more than one third <sup>25</sup> face a high degree of convergence of different needs and are therefore considered to live in high to very high severity areas.

The severity of needs is established according to the methodology further elaborated in Annex 4.1. It is done at *woreda* level along the four humanitarian consequences separately, which will be discussed on the following pages. The intersectoral severity of needs combines the severity of needs analysis of the wellbeing and living standards consequences, which include specific protection risks under each.<sup>26</sup> The higher the severity score of the *woreda*, the more severe, time-critical and compounded are the needs.

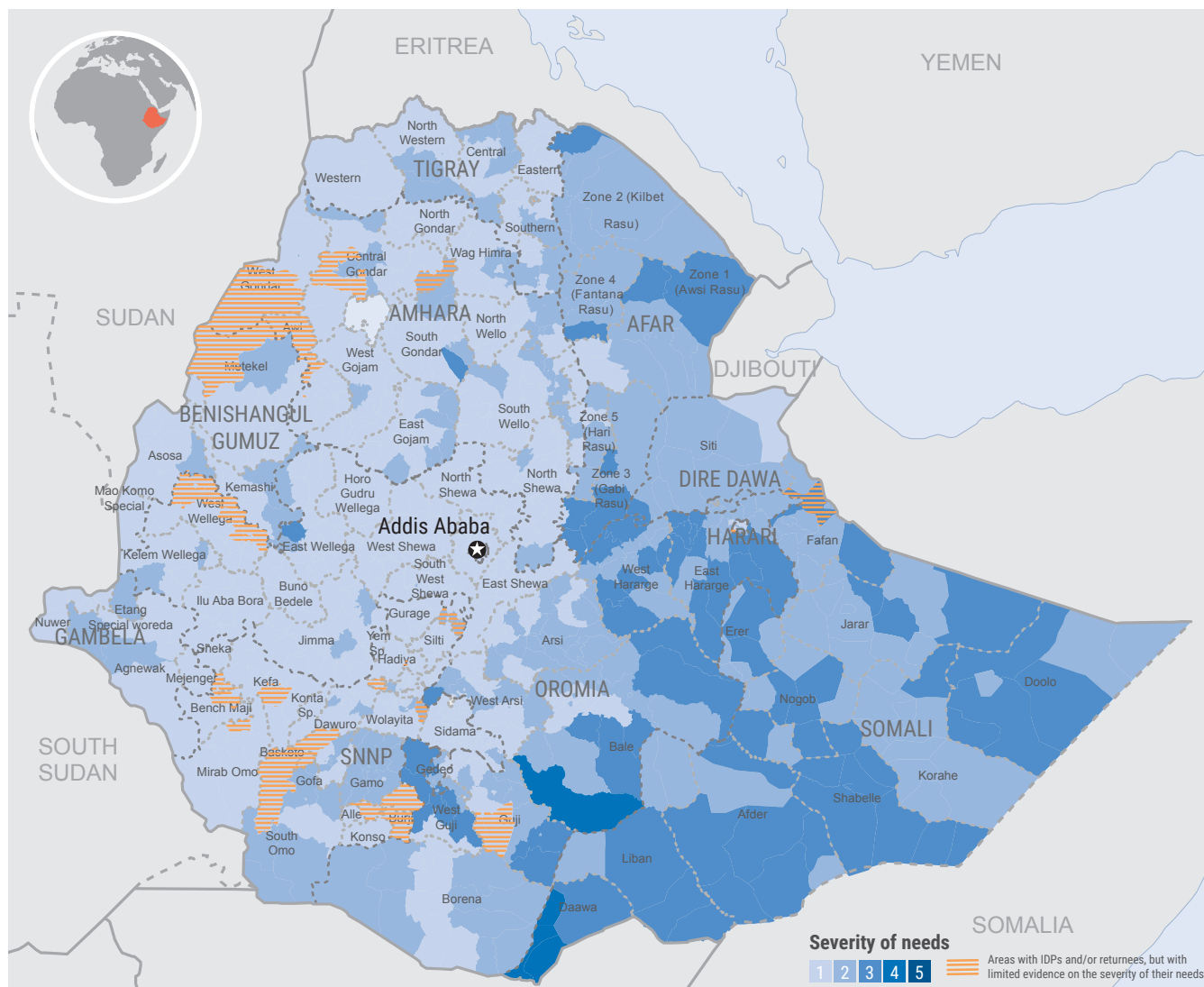
Overall, the most severe and compounded needs are found in Hudet,

Qada Duma and Moyale *woredas* in Daawa zone (Somali region) and Meda Welabu *woreda* in Bale zone (Oromia region). In total, four per cent <sup>27</sup> of the people in need are residing in these four *woredas*.

Most of the high severity *woredas* are located in the eastern half of the country, with notable exceptions being Sasiga (East Wellega zone),

Abaya, Bule Hora, Gelana, Kercha, Melka Soda, Suro Berguda (West Guji zone), and Siraro (West Arsi zone) in Oromia region; Sede Muja (South Gondar zone, Amhara); and Gedeb and Yirgachefe (Gedeo zone) in SNNP region.

There are some areas hosting IDPs or returnees, but of which there is limited data on the severity of their needs. These areas are highlighted on the map below. More information on data gaps and limitations is provided in Annex 4.4.

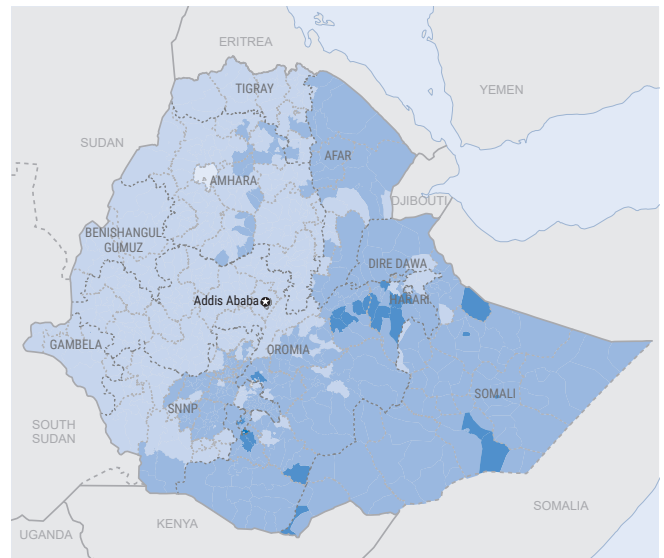


## Physical and mental wellbeing

There are 6.2 million people with their survival directly threatened because of critical wellbeing problems, out of which one per cent<sup>28</sup> live in one *woreda*, Gedeb *woreda* in Gedeo zone of SNNP region. In this *woreda* there is a very high convergence on physical and mental wellbeing needs, including high numbers of cases of acute malnutrition (SAM and MAM), separated and unaccompanied children, and high values of food insecurity. Another 23 *woredas* are in a high degree of severity of needs, of which more than half are located in East and West Hararge (Bedesa, Boke, Daro Lebu, Gemechis, Habro, and Mesela in West Hararge, and Fedis, Girawa, Golo Oda, Melka Balo, Meta, and Meyu Muleke in East Hararge) zones of Oromia region. The main drivers of the severity of needs in East and West Hararge are high food insecurity, including on the food consumption score, household diet diversity and reduced coping strategies

	Low	Medium	High	Very High	Severe
Addis Ababa	10				
Afar	9	26			
Amhara	166	17			
Benishangul Gumuz	20				
Dire Dawa		13			
Gambela	14	1			
Harari	4	5			
Oromia	217	102	16		
SNNP	86	124	1	1	
Somali	6	87	6		
Tigray	46	6			

The number of *woredas* by region falling in each of the 5 severity of needs categories related to Physical and mental wellbeing

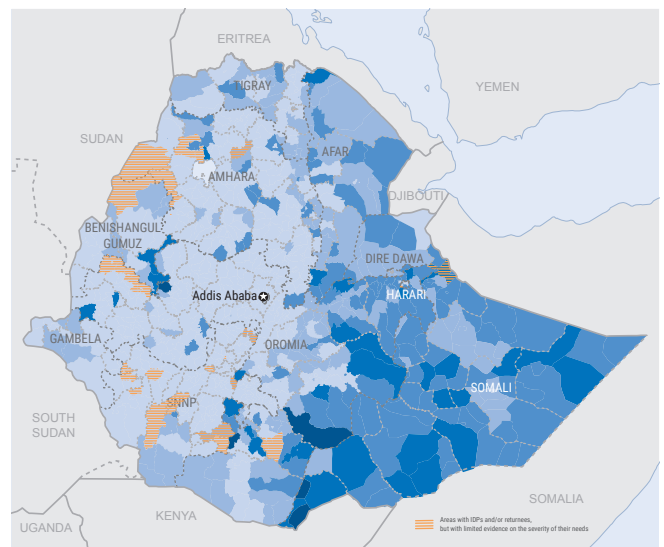


## Living standards

There are 5.0 million people in need because of critical living standards problems, out of which five per cent<sup>29</sup> live in *woredas* with a high severity living standards needs. These are Dawe Serer, Meda Welabu (Bale zone), Sasiga (East Wellega) and Suro Berguda (West Guji) in Oromia; and Hudet and Qada Duma in Daawa zone of Somali region. Different factors contribute to these high severity of needs scores, including a high number of IDP and returnee school aged children not attending school; damages to shelter (for returnees who went home) or many IDPs living in open spaces; many IDPs with limited or no non-food items; and IDPs or returnees with insufficient quantity of water, relying on unsafe water sources, and/or not having access to a functional sanitation facility.

	Low	Medium	High	Very High	Severe
Addis Ababa	10				
Afar	8	13	12	2	
Amhara	146	18	18	1	
Benishangul Gumuz	12	6		2	
Dire Dawa		12	1		
Gambela	11	4			
Harari	7		2		
Oromia	223	55	39	14	4
SNNP	195	16	1		
Somali	2	24	55	16	2
Tigray	27	22	3		

The number of *woredas* by region falling in each of the 5 severity of needs categories related to Living standards

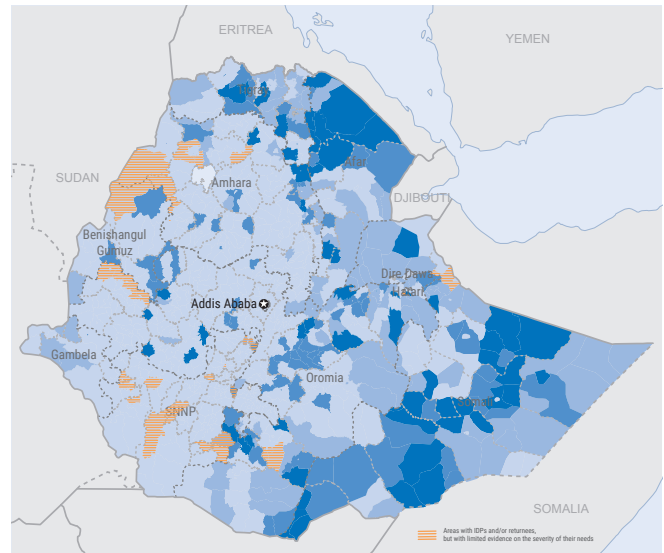


## Protection

Out of the people facing critical problems related to physical and mental wellbeing and living standards, 3.9 million people (46 per cent) have specific protection-related needs. Nineteen per cent<sup>30</sup> of the people facing critical problems related to protection reside in very high severity areas. Within the very high severity of needs areas, there is most convergence of protection needs in Meyu Muleke (East Hararge zone), followed by Botor Tolay (Jimma zone), Bule Hora and Kercha (West Guji zone) in Oromia region and Dolobay (Afder zone) in Somali region. The very high severity of protection needs in Afar is mostly because a high proportion of women, boys and girls indicate to feel unsafe in IDP sites, and because a low proportion of IDP children are reportedly attending school.

	Low	Medium	High	Very High	Severe
Addis Ababa	10				
Afar	11	9	5	10	
Amhara	155	12	13	3	
Benishangul Gumuz	15	1	4		
Dire Dawa	12	1			
Gambela	10	4	1		
Harari	7	1		1	
Oromia	247	34	37	17	
SNNP	204	5	3		
Somali	26	32	17	24	
Tigray	14	20	9	9	

The number of *woredas* by region falling in each of the 5 severity of needs categories related to Protection

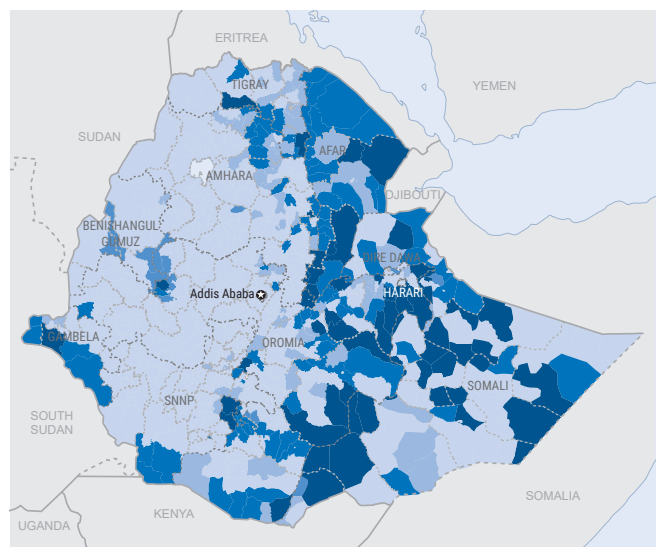


## Recovery and resilience

There are 6.9 million people facing a lack of recovery limiting their resilience, of which 25 per cent<sup>31</sup> live in severe areas. The region with the highest number of severe *woredas* is Somali region (30), followed by Oromia (22) and Afar (8). In terms of numbers of people by zone in the highest severity category, most people in need are in East Hararge (225 thousand), followed by Borena and West Guji zones in Oromia, each with approximately 140 thousand people in need, and Bale, West Hararge (in Oromia), Fafan, Jarar and Liban zones (in Somali region) each with approximately 90 thousand people in need. Most of these people face chronic food insecurity since the 2015 El Nino drought, and lacked subsequent recovery, causing them to have remained dependent on humanitarian food assistance since then.

	Low	Medium	High	Very High	Severe
Addis Ababa	10	-	-	-	-
Afar	3	3	-	21	8
Amhara	154	14	1	31	1
Benishangul Gumuz	15	1	4	-	-
Dire Dawa	12	-	1	-	-
Gambela	8	2	-	4	1
Harari	9	-	-	-	-
Oromia	250	22	6	35	22
SNNP	193	6	-	9	4
Somali	49	6	2	12	30
Tigray	34	11	-	5	2

The number of *woredas* by region falling in each of the 5 severity of needs categories related to Recovery and resilience





## 1.6

# People in Need

A total of 8.4 million people are identified to have humanitarian needs either because of critical problems related to physical and mental wellbeing, or because of critical living standards problems. This includes some 800,000 returnees who went home; around 720,000 conflict IDPs who reside within host communities; around 530,000 people displaced because of climate and other factors; 520,000 conflict IDPs in sites; 200,000 returnees who went back to their area of origin but did not manage to go back to their home; and finally 5.6 million people from the general population who have not been displaced but have humanitarian needs.

Countrywide, the number of people in survival deficit reduced from 4.48 million in 2019 to 2.8 million projected for 2020. The most notable reduction is in Oromia region (from 2.66 million to 1.1 million). This is because most *meher*-producing areas received normal rainfall from June to September and production was normal in most areas except in pocket areas in Amhara and Tigray regions. In Somali region, the *gu* rains (March to May 2019) were erratic and below normal causing water and pasture shortages. In October and November, heavy flooding was reported in Somali region increasing the people in need of humanitarian aid. Desert locust infestations in parts of Afar,

## People in need by Region

Millions/thousands of people

DISTRICT	TOTAL POPULATION	PEOPLE IN NEED	OF WHICH LIVING IN: VERY HIGH / HIGH SEVERITY WOREDAS		PIN VARIATION WITH 2019 (%)	BY GENDER WOMEN / MEN (%)
Addis Ababa	3.6 M	1 k			-99% ▼	53 / 47
Afar	1.9 M	304 k		98 k	26% ▲	46 / 54
Amhara	21.8 M	956 k		21 k	54% ▲	50 / 50
Benishangul Gumuz	1.1 M	151 k			-32% ▼	49 / 51
Dire Dawa	0.5 M	49 k			176% ▲	51 / 49
Gambela	0.5 M	53 k			80% ▲	51 / 49
Harari	0.3 M	34 k			281% ▲	50 / 50
Oromia	37.8 M	3.3M	25 k	1.4 M	-27% ▼	49 / 51
SNNP	20.3 M	711 k		100 k	-23% ▼	50 / 50
Somali	6.2 M	2.4 M	340 k	1.2 M	22% ▲	48 / 52
Tigray	5.4 M	414 k			44% ▲	47 / 53
<b>Total</b>	<b>99.3 M</b>	<b>8.4 M</b>			<b>-5% ▼</b>	<b>49 / 51</b>

\* As of 31 December 2019. Note that refugees are not included in the multi-sectoral PIN

Amhara and Tigray regions was also factored into the calculation of the people in need of food assistance. With the return process in May 2019, the number of IDPs was significantly reduced in SNNP region.

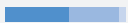





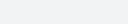

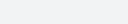

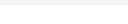
The highest number of people in need are in Oromia region (3.3 million; 9 per cent of the region population), followed by Somali (2.4 million; 39 per cent) and Amhara (1.0 million; 4 per cent) regions. (see People in Need by region on this page). When looking at the zonal level, the highest number of people in need are in East Hararge (Oromia, 848 thousand), followed by Doolo (Somali, 467 thousand), West Hararge (Oromia, 460 thousand), Daawa (Somali, 401 thousand) and West Guji (Oromia, 377 thousand) (see People in need by zone in the Annex).

Out of the 8.4 million people in need, 74 per cent have acute

humanitarian needs that need to be addressed immediately. These are the 6.2 million people who face problems related to physical and mental wellbeing. 5.0 million people have been identified to have needs related to critical living standards problems; 2.2 million of which only face living standards problems and 2.8 million people have living standards problems on top of wellbeing problems.

The highest increase in needs compared to 2019 is found in Harari (281 per cent increase in number of people in need), followed by Dire Dawa (176 per cent increase) and Gambela (80 per cent increase).

The highest decrease in needs is found in Addis Ababa (99 per cent decrease), followed by Gambela (69 per cent decrease) and Benishangul Gumuz (65 per cent decrease).

BY AGE CHILDREN / ADULTS / ELDERLY (%)	WITH DISABILITY (%)	REFUGEES*	IDPS	IDP RETURNEES	NON-DISPLACED
53 / 42 / 5 	17%	24 k	-	-	1 k
54 / 41 / 5 	14%	52 k	55 k	-	249 k
52 / 43 / 5 	16%	-	76 k	3 k	877 k
54 / 41 / 5 	9%	62 k	32 k	108 k	5 k
52 / 43 / 5 	14%	-	6 k	4 k	39 k
53 / 42 / 5 	15%	309 k	7 k	-	45 k
55 / 42 / 3 	15%	-	4 k	-	31 k
53 / 42 / 5 	11%	4 k	671 k	544 k	2.1 M
53 / 42 / 5 	12%	5 k	126 k	104 k	481 k
56 / 38 / 6 	11%	191 k	693 k	240 k	1.5 M
42 / 54 / 4 	13%	88 k	107 k	5 k	302 k
<b>54 / 41 / 5 </b>	<b>12%</b>	<b>735 k</b>	<b>1.8 M</b>	<b>1.0 M</b>	<b>5.6 M</b>



#### JINKA/SNNPR REGION, ETHIOPIA

*Women travel great distances to collect clean water, near Jinka Town, South Omo, SNNPR*

*Photo: UNICEF Ethiopia/Getachew*

## 1.7

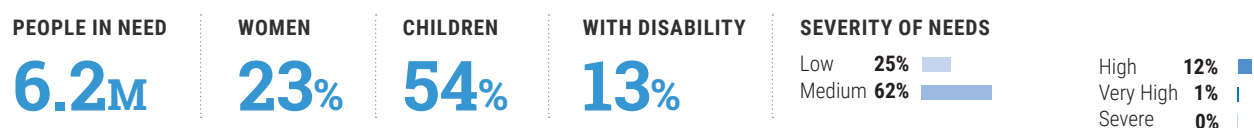
# Synthesis of Humanitarian Consequences

Usually in the analysis of needs, a *woreda* with a high caseload of people in need also has a high severity of needs score. However, some *woredas* have a relatively small number of people in need, but their needs are very severe. Qada Duma in Daawa zone (Somali region) and Meda Welabu in Bale zone (Oromia region) are such cases, with 'only' 18,000 and 25,000 people in need respectively the high convergence of needs within the *woredas* result in a high severity

classification. The other two *woredas* with very high severity of needs, Hudet and Moyale in Daawa zone of Somali region, have much higher caseloads; 112,000 and 211,000 respectively. Concerted efforts of humanitarian and development actors in the *woredas* with the highest severity of needs, and where different needs overlap, are required to ensure that the situation will not deteriorate further in 2020.



## Critical problems related to physical and mental wellbeing



Of the 6.2 million people in acute need, because of critical wellbeing problems, there are 3.8 million people facing severe food insecurity, 3.7 million acutely malnourished women and children, 244,000 women, girls and boys who indicated that they do not feel safe in displacement sites, 47,000 separated and unaccompanied children, and 18,000 people diagnosed with cholera or measles.

As discussed in the chapter on Severity of Needs, the 53,000 people in acute need because of critical wellbeing problems in Gedeb *woreda* in Gedeb zone (SNNP region) face the highest severity of needs. The highest number of people in need in high severity *woredas* is found in Meta *woreda* of East Hararge zone (Oromia region), with 139,000 people in need.

Most people in acute need are part of the general, non-displaced

population. Following are four types of population groups who have between 300,000 and 400,000 people in acute need: conflict IDPs in sites (371,000), climate induced IDPs (360,000), conflict IDPs in host communities (360,000), and 303,000 returnees who went back to their home.

Within the people in need because of physical or mental wellbeing, there are some people who are more vulnerable than others. These include an estimated 1.3 million people living within female headed households, 490,000 people without ID or documentation, 310,000 elderly without care givers, 88,000 people living within child headed households, 36,000 pregnant women facing risk of life-threatening complications, 27,000 thousand people with HIV, and 7,000 people living with TB.

### Population groups

*Thousands of people*

POPULATION GROUP	PEOPLE IN NEED	OF WHICH LIVING IN: VERY HIGH SEVERITY WOREDAS	HIGH
General non-displaced population	<b>4.7 M</b>	-	518 k
Conflict IDPs in sites	<b>371 k</b>	-	31 k
Climate induced IDPs	<b>360 k</b>	-	5 k
Conflict IDPs in host communities	<b>360 k</b>	21 k	75 k
Returnees to home	<b>303 k</b>	32 k	83 k
Returnees to area of origin	<b>24 k</b>	-	11 k

## Critical problems related to living standards

### PEOPLE IN NEED

**5.0M**

### WOMEN

**20%**

### CHILDREN

**55%**

### WITH DISABILITY

**8%**

### SEVERITY OF NEEDS

Low **16%**  
Medium **29%**

High **30%**  
Very High **21%**  
Severe **5%**

There are 5.0 million people in need because of critical living standards problems. This includes 2.7 million people (22 per cent are from the general non-displaced population group) with lack of access to an improved water source; 2.4 million people with food insecurity; 2.0 million people (100 per cent are from the displaced population group) with lack of access to a sufficient quantity of water; 1.4 million IDPs without sufficient and appropriate non-food items; 1.3 million IDPs with lack of access to a functional sanitation facility; 945,000 IDP and returnee children who are not attending school; 762,000 IDPs facing barriers accessing health facilities; 289,000 returnees who returned to a completely damaged home; 184,000 IDP returnees with lack of access to official documentation; and 22,000 IDPs living outside or in an open space.

The highest number of people in need in very high severity *woredas* is found in Hudet *woreda* of Daawa zone (Somali region), with 112 thousand people in need. Dawe Serer in Bale zone (Oromia region) is a

*woreda* in which there is a small caseload (6,000 people facing critical problems related to living standards) but with a very high convergence of needs.

Most people in need because of critical living standards problems are part of the general, non-displaced population. The following are two types of population groups who have more than 700,000 people in acute need: returnees who went back home (720,000) and conflict IDPs in host communities (714,000).

In terms of vulnerable groups within the people in need lacking essential living standards, there are an estimated 710,000 people living within female headed households, 663,000 people without ID or documentation, 193,000 elderly without care givers, 45,000 people living within child headed households, 30,000 pregnant women facing risk of life-threatening complications, 19,000 people with HIV, and 5,000 people living with TB.

## Population groups

*Thousands of people*

POPULATION GROUP	PEOPLE IN NEED	OF WHICH LIVING IN: SEVERE SEVERITY WOREDAS	VERY HIGH
General non-displaced population	<b>2.5 M</b>	30 k	336 k
Returnees to home	<b>720 k</b>	69 k	191 k
Conflict IDPs in host communities	<b>714 k</b>	79 k	152 k
Climate induced IDPs	<b>531 k</b>	25 k	191 k
Conflict IDPs in sites	<b>497 k</b>	39 k	92 k
Returnees to area of origin	<b>131 k</b>	-	102 k

## Critical problems related to protection



There are 3.9 million who face critical problems related to protection. This includes 2.6 million children in need of child protection, 2.2 million women and girls in need of GBV prevention and response services, 1.1 million people in need of SMS services, and 1.1 million people in need of HLP and civil documentation services.

The humanitarian consequence on protection is further analyzed on the Protection Sector pages in Section 3.7.

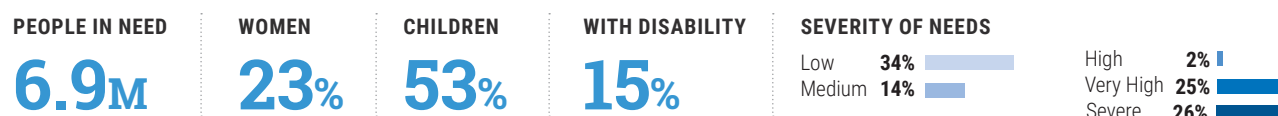
### Population groups

Thousands of people

POPULATION GROUP	PEOPLE IN NEED	OF WHICH LIVING IN: SEVERE SEVERITY WOREDAS	VERY HIGH
General non-displaced population	2.6 M	10 k	1M
Returnees to home	407 k	42 k	202 k
Conflict IDPs in host communities	352 k	51 k	84 k
Conflict IDPs in sites	243 k	7 k	105 k
Climate induced IDPs	272 k	82 k	66 k
Returnees to area of origin	57 k	44 k	8 k



## Critical problems related to resilience and recovery



There are in total 6.9 million people identified to face a lack of recovery and/or factors limiting their resilience. They can be categorized into IDP returnees and the general non-displaced population.

1.1 million returnees face problems related to loss of livelihoods and/or damage to their homes. This includes 1.1 million IDP returnees who went back to a partially or completely damaged home; 41,000 IDP returnees who are pastoralists but who do not own any livestock; and 8,000 IDP returnees who are croppers but do not have access to their land for cultivation/farming. Needs assessments conducted in areas of return indicate that the needs related to loss of livelihoods by IDP returnees is of a much higher magnitude; however, numeric evidence is lacking.

Some 5.6 million people from the general non-displaced population are estimated to be chronically food insecure. This includes 3.3 million people <sup>32</sup> who are expected to be food insecure in February-June 2020 according to the recent IPC analysis <sup>33</sup> but who are living in areas which experienced normal rainfall during the last 12 months (considering the latest *kiremt* and *belg* rainfall periods); and 3.2 million people living across 302 *woredas* in the country who have been continuously targeted for relief food assistance during the last four years.

Nearly two thirds of the people identified with critical problems related to resilience and recovery (4.4 million out of the 6.9 million persons) also face critical problems related to physical and mental wellbeing or living standards.

In Moyale of Borena zone in Oromia region there is the largest confluence of very high severity because less than 20 per cent of the returning IDPs own livestock and the *woreda* falls under the severe category of Livelihoods Coping Strategies Index of IPC. In addition, the *woreda* has a high caseload; 149,000 people are estimated to be chronically food insecure.

In terms of vulnerable groups identified within the people lacking resilience and recovery, there are an estimated 2.3 million people living within female headed households, 839,000 people without ID or documentation, 389,000 elderly without care givers, 85,000 people living within child headed households, 59,000 people with HIV, 38,000 pregnant women facing risk of life- threatening complications, and 7,000 people living with TB.

### Population groups

Thousands of people

POPULATION GROUP	PEOPLE IN NEED	OF WHICH LIVING IN: SEVERE SEVERITY WOREDAS	VERY HIGH
General non-displaced population	5.6 M	1.33 M	1.36 M
IDP returnees	1.1 M	460 k	377 k
Climate induced IDPs	155 k	10 k	1k

## Part 2

# Risk Analysis and Monitoring of Situation and Needs

### BERAK/ROMIA REGION, ETHIOPIA

IDP children attending level 1 at the temporary learning space at Berak IDP site, Dolomene woreda, Bale Zone, Oromia region. Photo: UNICEF Ethiopia/2019/Mulugeta





## 2.1

# RISK ANALYSIS AND PROJECTED EVOLUTION OF NEEDS

According to the 2020 INFORM Index for Risk Management, Ethiopia is categorized as a high-risk country for humanitarian crises, ranking 10th out of 191 countries when considering levels of exposure to hazards, vulnerability and lack of coping capacity. The trends over the last three years compared to the 10-year average show that the risk in Ethiopia is increasing. The hazard and exposure risks have increased quite significantly over the last two years mainly due to the rise of conflicts in the country. On the other hand, the lack of coping capacity has reduced as the country has become better equipped to cope with crises due to institutional and infrastructural improvements. The vulnerability of people has remained relatively stable.

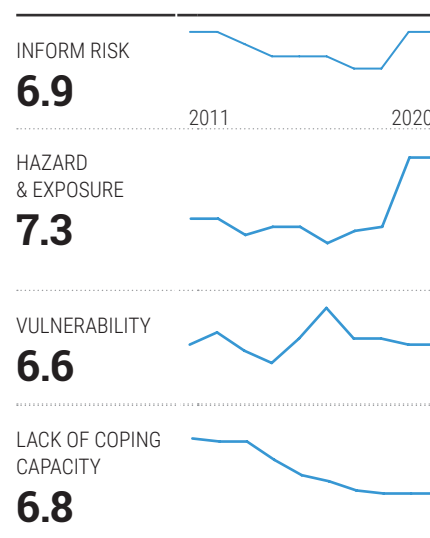
Currently, Ethiopia sits at a critical political juncture. The underlying political fragility, combined with a number of unresolved socio-economic concerns, risk having additional implications on the humanitarian situation in 2020. The IDP situation has created a new axis of competition over resources and livelihoods at the local level and deepened political grievances that are then magnified on the national stage through digital media platforms and the rhetoric of political elites.

Ethiopia is highly vulnerable to various climate-hazards including droughts and floods in various areas of the country. Multiple factors contribute to this including dependence on rain-fed agriculture, low economic development, deforestation, and land degradation.<sup>34</sup> Furthermore, Ethiopia's growing population is placing an increased strain on the country's natural resources.

Recurring localized droughts and floods as a result of erratic weather patterns are expected to occur in 2020 as they did in 2019. This will likely lead to crop shortages, deteriorating livestock conditions and deaths, food insecurity, and a decline in productivity and income.

Furthermore, desert locusts and other pests continue to pose a threat to crops. At the end of 2019, FAO estimated that desert locusts invaded 56 *woredas* in Afar, Amhara, Oromia, Somali and Tigray regions.<sup>35</sup> Localized areas have reported crop losses and households are harvesting immature crops to avoid large-scale crop losses. Desert locusts feeding on pasture and vegetation is decreasing pasture availability for livestock which poses a threat to food security and income in pastoralist areas. Desert locusts are expected to continue hatching, specifically in Somali region, as conditions are largely favorable for breeding.

## INFORM Index



## INFORM

INDEX FOR RISK MANAGEMENT

INFORM – is a way to understand and measure the risk of humanitarian crises. It is an open-source methodology for quantitatively assessing crisis and disaster risk. The INFORM model is based on risk concepts published in scientific literature and envisages three dimensions of risk: hazards & exposure, vulnerability and lack of coping capacity dimensions. The results are a risk profile for every country, which consists of a value between 0-10 for the INFORM Risk Index and all of its underlying dimensions, categories, components and indicators. At all levels of the INFORM model, a lower value (closer to 0) always represents a lower risk and a higher value (closer to 10) always represents a higher risk.

For more information, visit:

[www.inform-index.org](http://www.inform-index.org)



## Projected evolution of needs

The food security situation is expected<sup>36</sup> to worsen between February and June 2020 since the *meher* harvest will dwindle and is insufficient to sustain adequate food consumption through the lean season in *belg*-dependent and pastoralist areas. Pastoralist households depend on markets to meet their food needs during the lean season. Given that food prices are expected to remain higher than previous years, their food access will likely be negatively impacted. Most affected will be communities with the highest reliance on markets, including in Afar (75 per cent) and Somali (59 per cent) regions.

An estimated 3.2 million people in chronically drought-affected areas have been dependent on food assistance for the last four years. Without recovery support, these people will likely continue to rely on humanitarian assistance.

In line with the Government Plan to address internal displacement, the humanitarian community response plans assume that 80 per cent of the remaining conflict IDPs will return to areas of previous residence, 15 per cent will be locally integrated in areas of displacement, and 5 per cent will be relocated elsewhere.

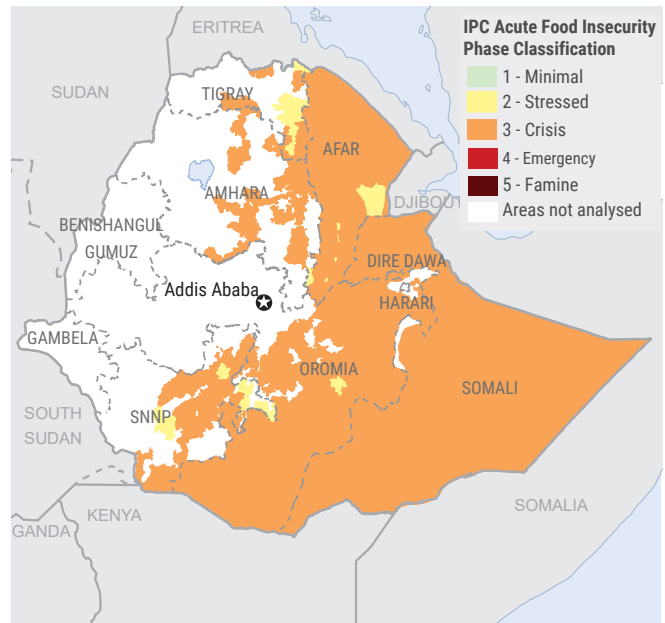
With the upcoming political transitions scheduled to take place in 2020, the likelihood that additional tensions, in already highly vulnerable areas, may increase is high, and may lead to further displacement or other humanitarian consequences. Due to the high uncertainty of these assumptions, these additional possible caseloads were not factored in this analysis but are being taken into

consideration for preparedness measures.

According to the global disaster displacement risk model<sup>37</sup>, in Ethiopia, an average of 117,000 persons are expected to be displaced by floods every year.

UNHCR expects that Ethiopia will host approximately 751,500 refugees by the end of 2020.

### Projected food security situation, February-June 2020 (IPC)





#### KORI/AFAR REGION, ETHIOPIA

Mother and child getting services at Ada'al mobile health and nutrition team site. Ada'al kebele, Kori woreda, Afar region.

Photo: UNICEF Ethiopia/2019/Mersha

## 2.2 Monitoring of Situation and Needs

The Government of Ethiopia and humanitarian partners have put in place several systems to regularly monitor humanitarian needs in the country.

The National Disaster Risk Management Commission (NDRMC), through the Early Warning and Response Directorate, collects weekly and monthly *woreda*-level monitoring data in collaboration with line ministries, primarily the Ministry of Agriculture. Data are collected on weather conditions, crop performance, livestock conditions, market conditions, labour, water for humans, education, health, nutrition, flood and landslides. The data collected inform current and possible future crises.

Meanwhile, the Household Economy Analysis (HEA) (using the Livelihood Impact Analysis Sheet tool (LIAS), the Livelihoods, Early Assessment and Protection system (LEAP), and the Government-led seasonal spot check assessments), as well as the IPC analysis are used to regularly monitor food needs in the country. These systems complement each other and are used for triangulation of acquired data.

The LEAP system uses satellite-based rainfall to calculate weather-based indices and estimates future crop yields and rangeland products. The LEAP prediction results are used on a monthly basis as input to the HEA/LIAS to initially identify food critical areas and give an initial estimate of people in need of food assistance in the country. In combination with these estimates as well as the early warning data gathered by NDRMC, critical areas are assessed on the ground by food partners. These assessments are conducted twice a year following seasonal rains.

In November 2019, the first IPC analysis report<sup>38</sup> was published for Ethiopia, after the methodology was adopted in 2018. The analysis covered the food situation until June 2020. The plan is to update the latest projection in February 2020 based on updated information such as the effect of desert locust, floods and unseasonal rainfall on food security.

There are also discussions to conduct a new IPC analysis around May 2020 following a possible FSNMS that could be conducted between March and May in areas benefiting from the seasonal rains. The FSNMS that complements regular nutrition monitoring systems could also be conducted a second time during the year between July and September.

In terms of inter-cluster monitoring of needs, DTM and VAS are the regular data collection systems that have been put in place by the Government and humanitarian partners to monitor the situation of IDPs and returnees. These are conducted every two months to evaluate multi-cluster needs for internally displaced people (DTM) as well as returnees and their hosting communities (VAS).

To assess the needs following sudden-onset emergencies such as floods, the Multi-Cluster/Sector Initial Rapid Assessment (MIRA), developed by the Inter-Agency Standing Committee Needs Assessment Task Force, was contextualized by the Government and clusters to the country context in 2016. The questionnaire is currently being updated to reflect some of the key indicators identified by clusters to be used in future rapid needs assessments.

Some of the key indicators that will be used to monitor the situation of humanitarian needs in 2020 are provided in the table below.

## Indicators

#	INDICATORS	SECTORS	SOURCE
1	% of households without sufficient and appropriate non-food items	ES/NFI	DTM/VAS
2	Food consumption score	Food Security, Agriculture	FSNMS
3	Survival deficit	Food Security	HEA
4	Livelihood protection deficit	Agriculture	HEA
5	Number of SAM and MAM	Nutrition	MUAC screening and FSNMS
6	% of people living outside or in an open space	ES/NFI; Protection	DTM/VAS
7	% of people having access to a functional sanitation facility (latrine)	WASH, Education	DTM/VAS
8	% of HHS/people having access to an improved water source	WASH	DTM, VAS, IPC, HEA/FSNMS and Rapid needs
9	% of people with barriers accessing health facilities	Health; Protection	DTM
10	% of pre-primary / primary / secondary school aged children attending school	Education; Protection	DTM/VAS



## Part 3

# Sectoral Analysis

### SHIRE/TIGRAY REGION, ETHIOPIA

*Tirhas Meles, 13 is a grade five student in Hitsas Arra primary school, shire, Tirhas came to the refugee camp in 2014 from Maymine, Eritrea. Photo: UNICEF Ethiopia/2019/Tadesse*





## Agriculture

PEOPLE IN NEED

**2.8M**

TREND (2018-2020)



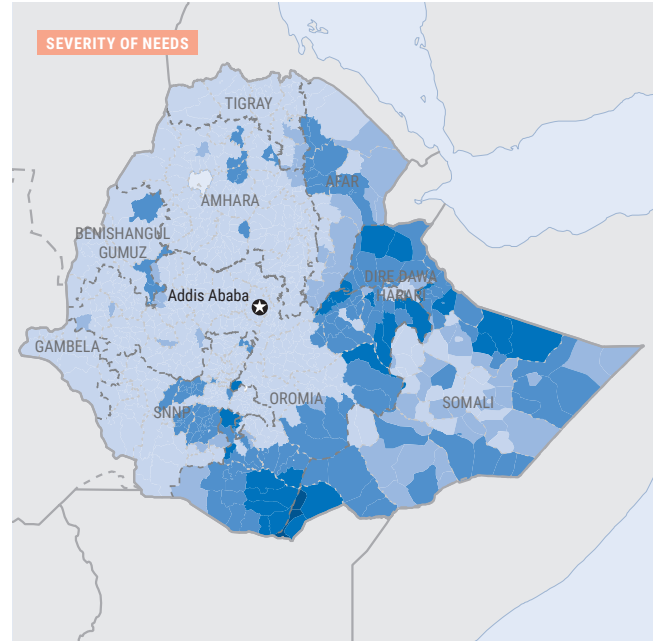
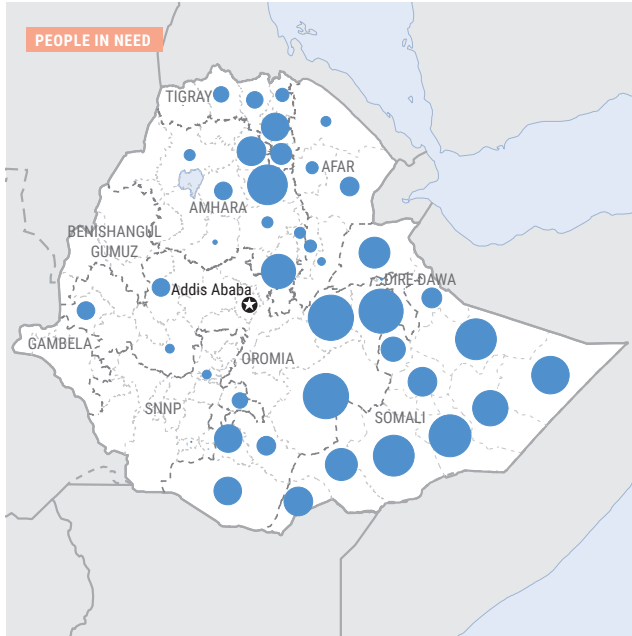
SEVERITY OF NEEDS

Low **33%**  
Medium **22%**

High  
Very High

**34%**  
**11%**

Severe **1%**



## Education

PEOPLE IN NEED

**2.3M**

TREND (2018-2020)



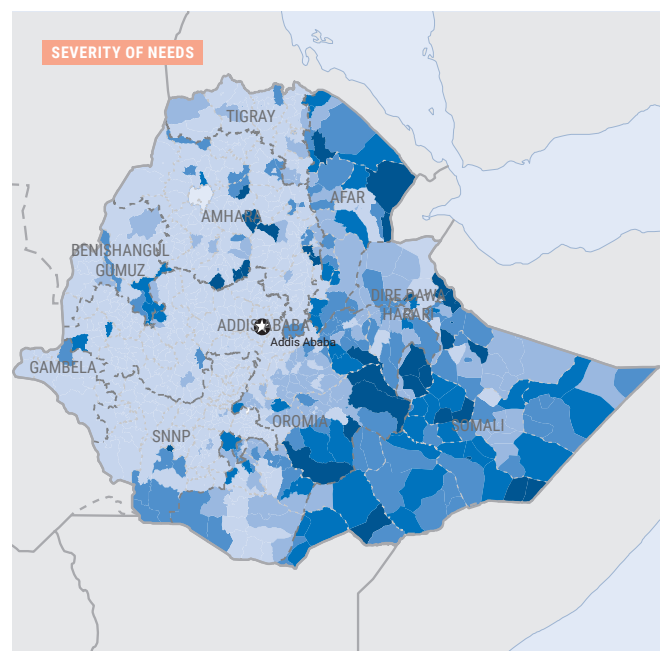
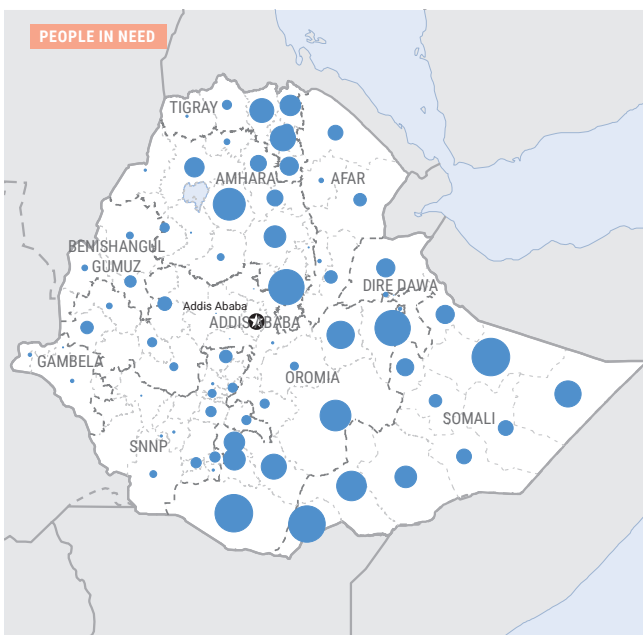
SEVERITY OF NEEDS

Low **23%**  
Medium **23%**

High  
Very High

**31%**  
**18%**

Severe **5%**



## ES/NFI

### PEOPLE IN NEED

2.1M

### TREND (2018-2020)

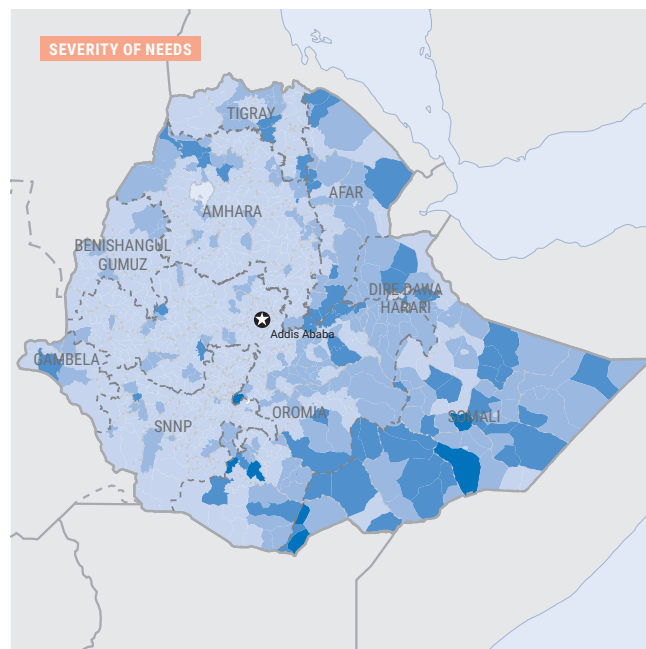
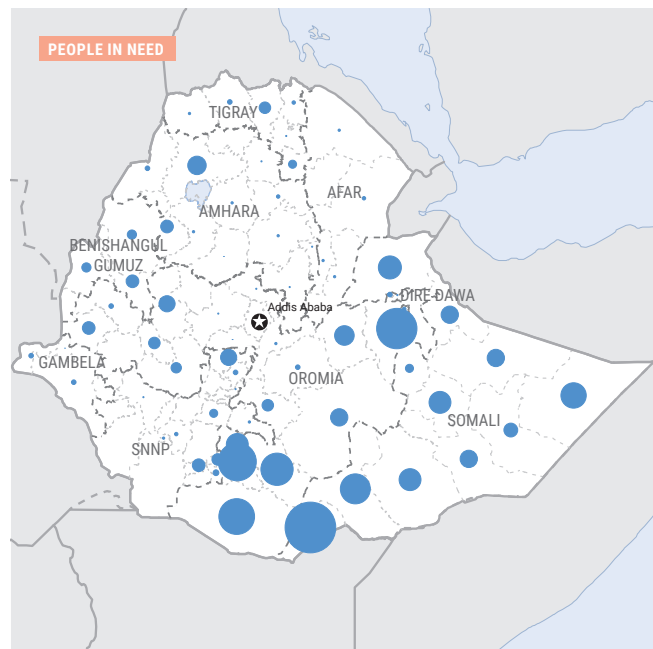


### SEVERITY OF NEEDS

Low 16%  
Medium 44%

High 30%  
Very High 10%

Severe 0%



## Food

### PEOPLE IN NEED

6.4M

### TREND (2018-2020)

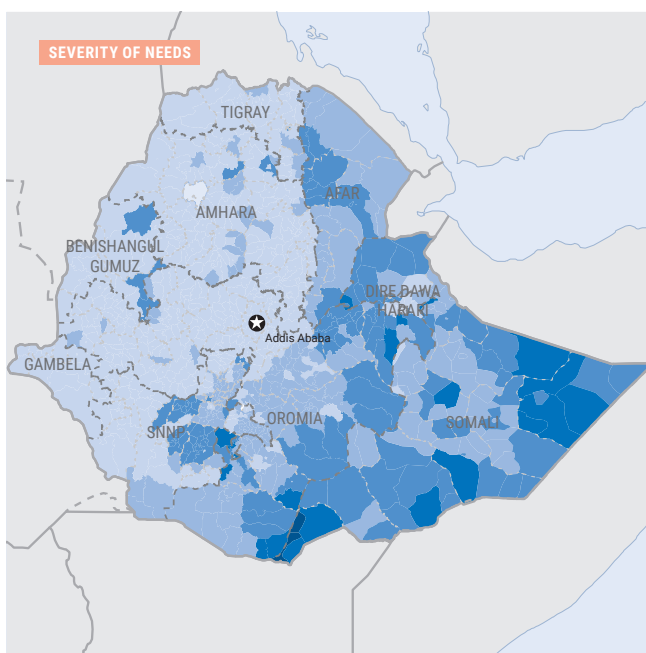
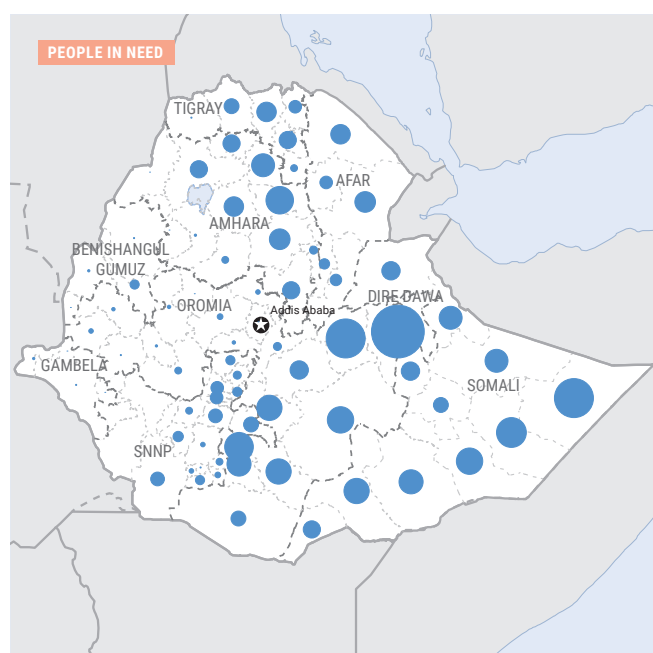


### SEVERITY OF NEEDS

Low 28%  
Medium 32%

High 27%  
Very High 9%

Severe 3%



## Health

### PEOPLE IN NEED

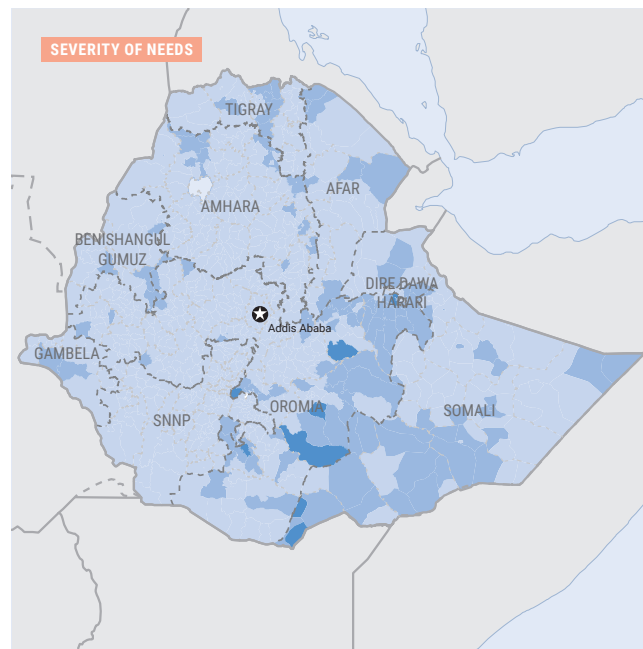
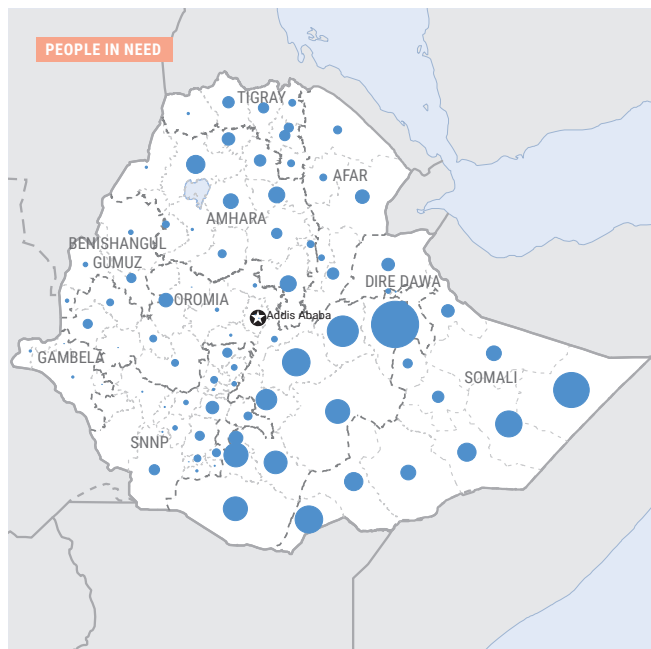
5.9M

### TREND (2018-2020)



### SEVERITY OF NEEDS

Low	58%	High	5%	Severe	0%
Medium	38%	Very High	0%		



## Nutrition

### PEOPLE IN NEED

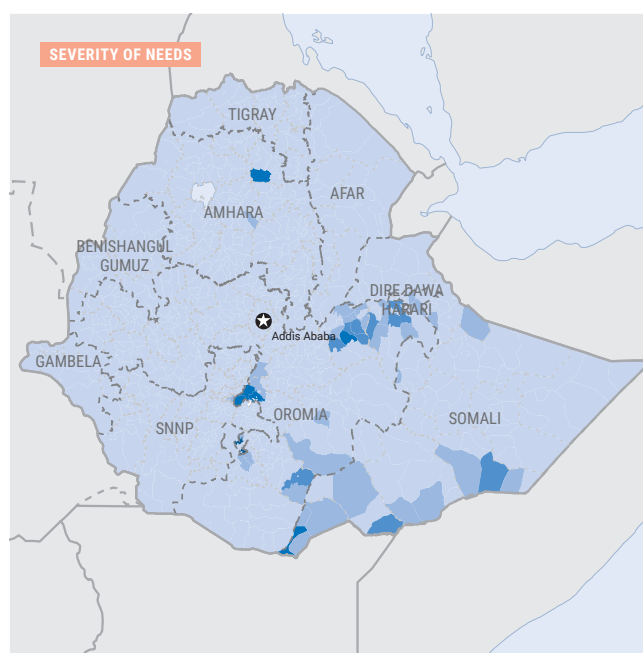
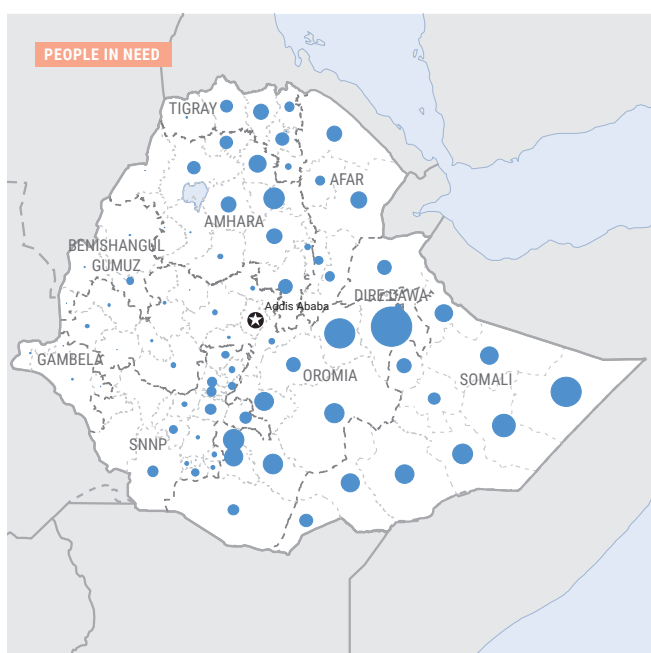
4.4M

### TREND (2018-2020)



### SEVERITY OF NEEDS

Low	71%	High	7%	Severe	2%
Medium	15%	Very High	5%		



## Protection

### PEOPLE IN NEED

3.9M

### TREND (2018-2020)

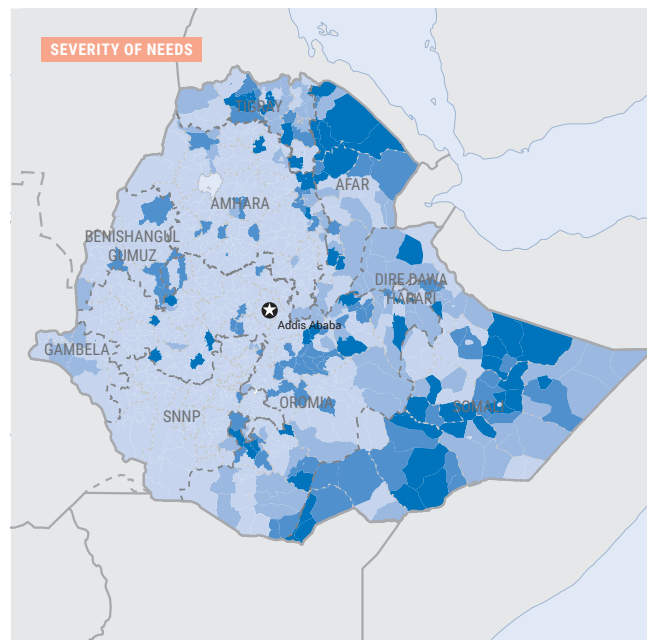
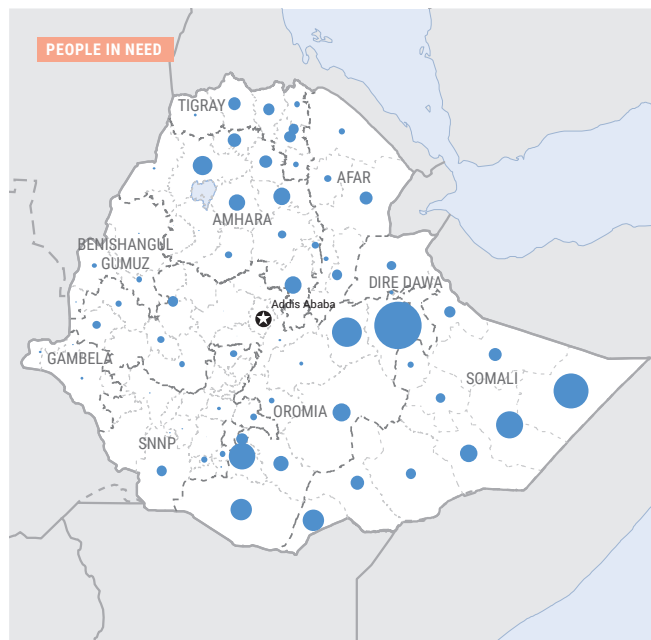


### SEVERITY OF NEEDS

Low 28%  
Medium 33%

High 20%  
Very High 19%

Severe 0%



## Child Protection

### PEOPLE IN NEED

2.6M

### TREND (2018-2020)

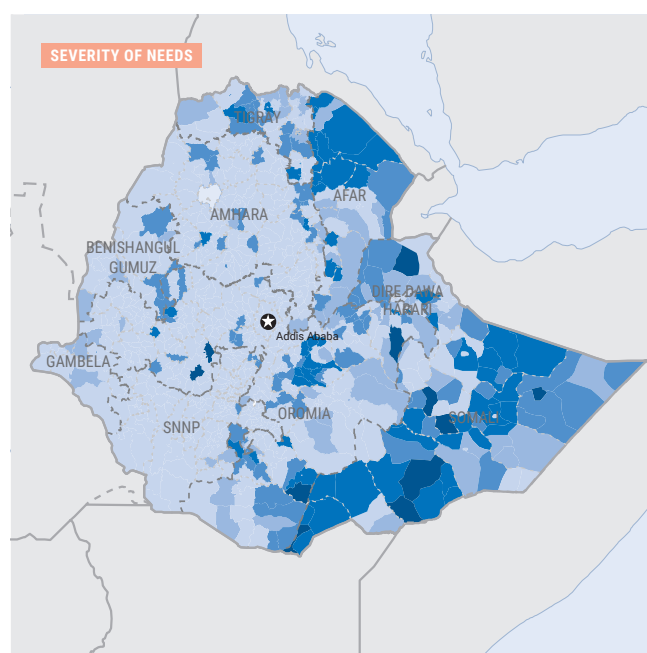
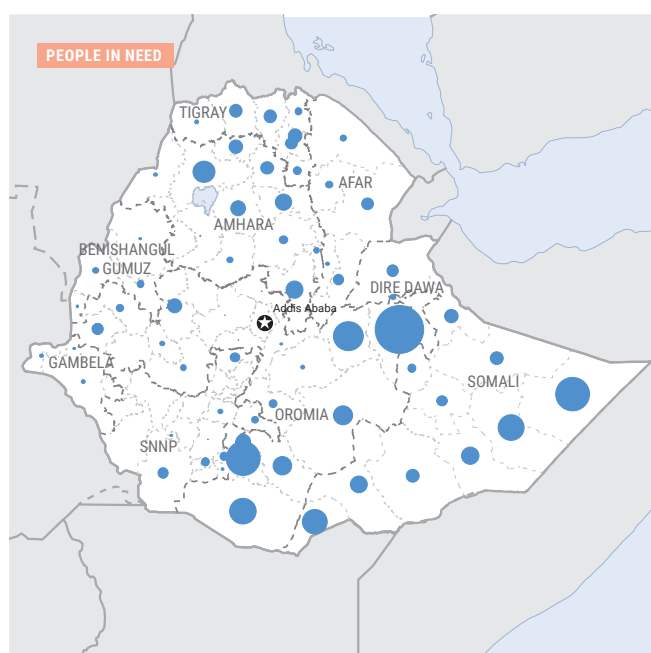


### SEVERITY OF NEEDS

Low 28%  
Medium 20%

High 31%  
Very High 15%

Severe 6%





## Gender Based Violence

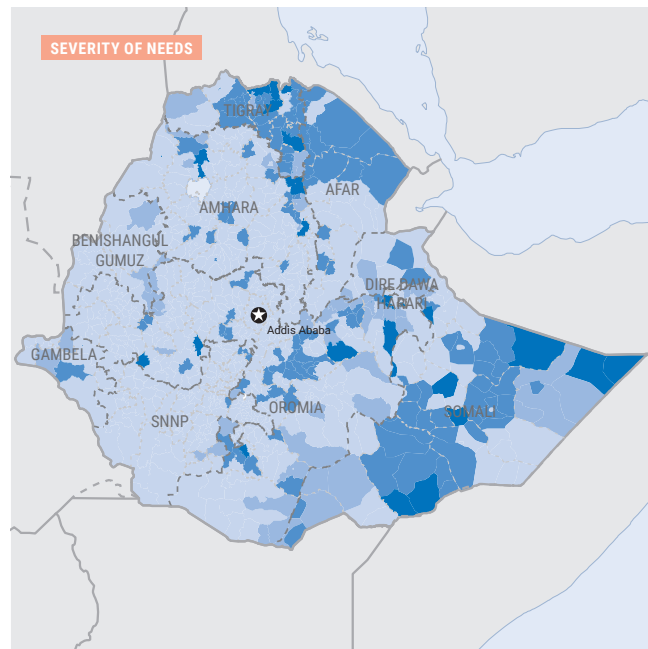
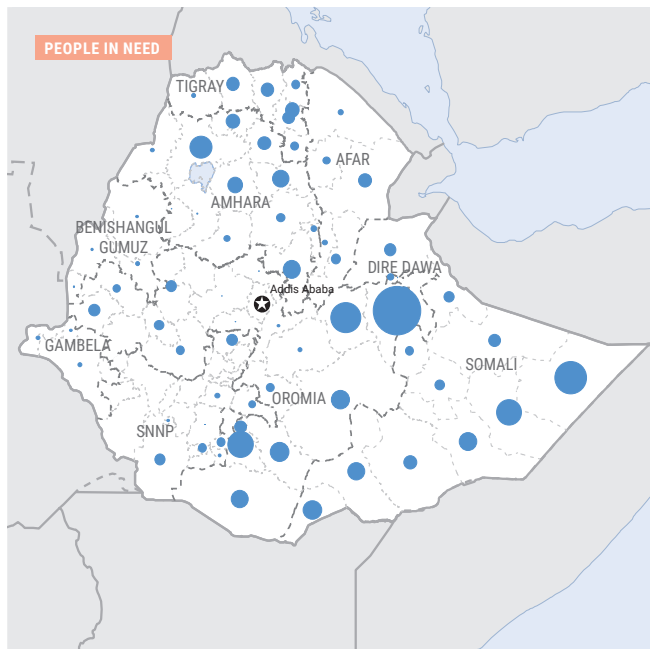
### PEOPLE IN NEED

2.2M

### TREND (2018-2020)



### SEVERITY OF NEEDS



## Housing, Land and Property

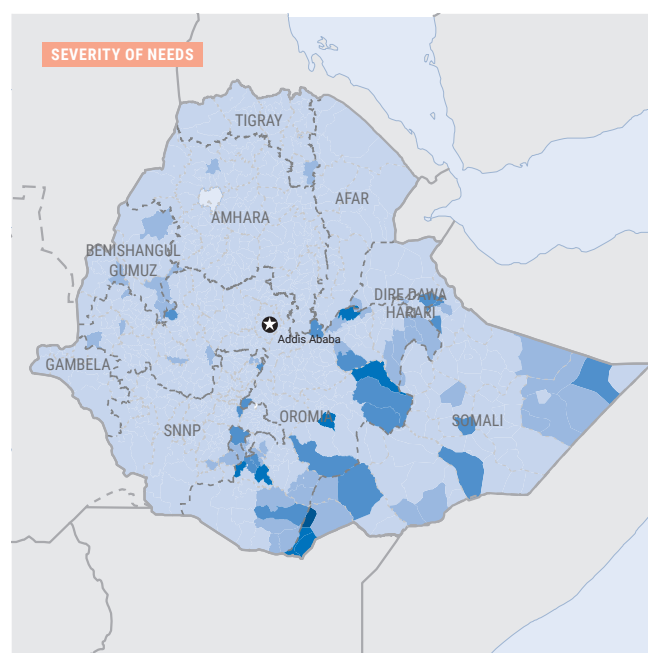
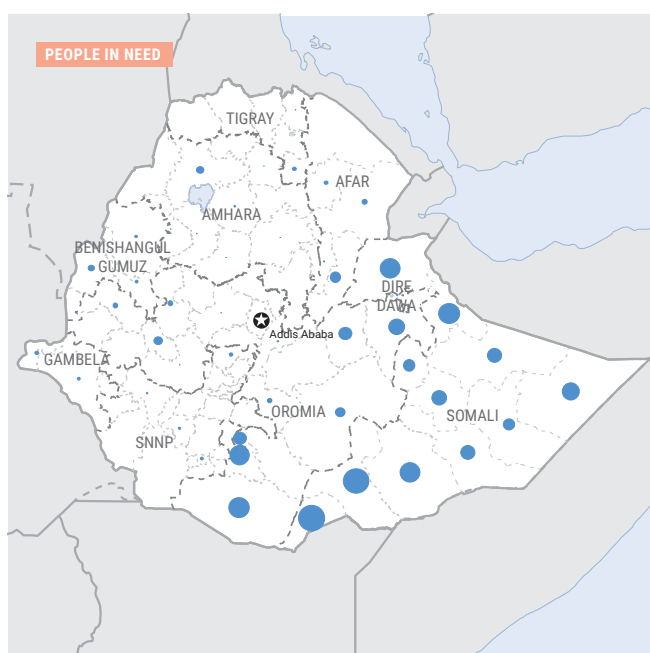
### PEOPLE IN NEED

1.1M

### TREND (2018-2020)

No Data

### SEVERITY OF NEEDS



## Site Management Support (SMS)

### PEOPLE IN NEED

1.1M

### TREND (2018-2020)

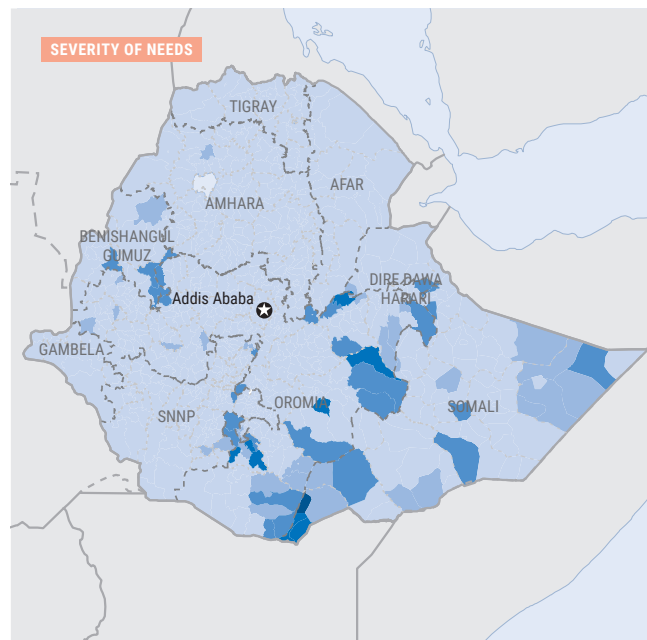
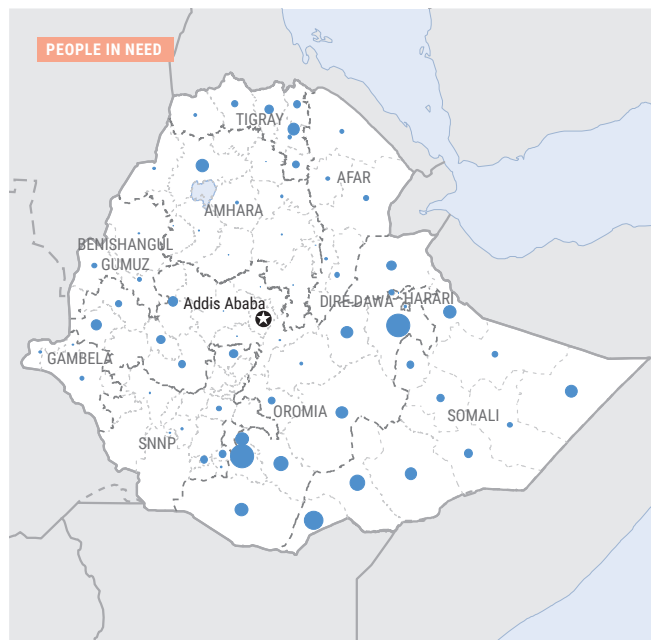
No Data

### SEVERITY OF NEEDS

Low 29%  
Medium 34%

High 22%  
Very High 13%

Severe 2%



## WASH

### PEOPLE IN NEED

7.0M

### TREND (2018-2020)

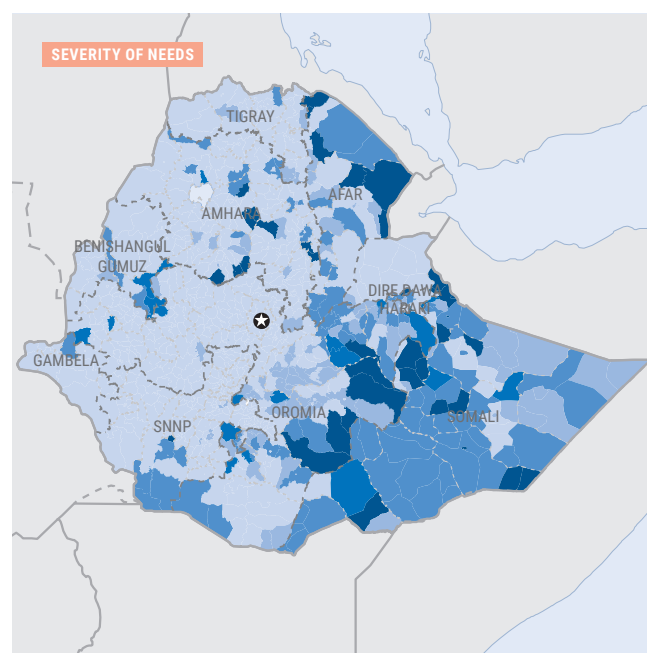
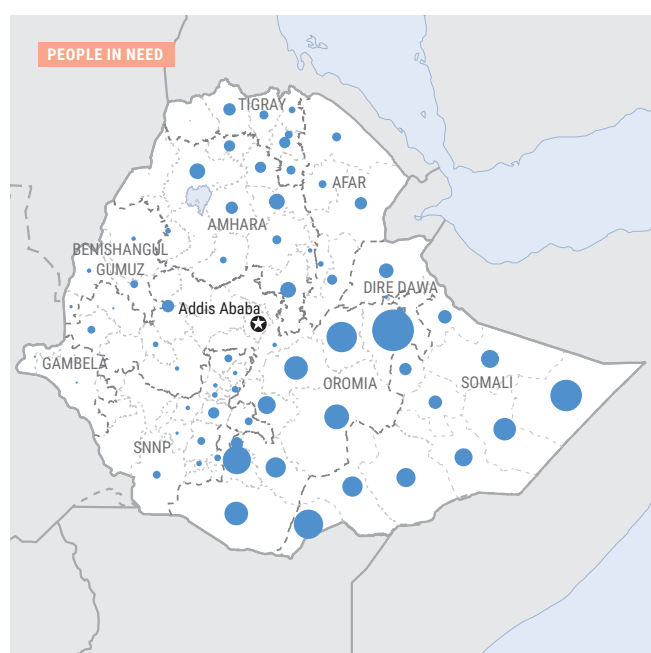


### SEVERITY OF NEEDS

Low 30%  
Medium 26%

High 29%  
Very High 11%

Severe 4%



## 3.1 Agriculture



PEOPLE IN NEED

2.8M

WOMEN

22%

CHILDREN

54%

WITH DISABILITY

13%

### Overview

Food insecurity levels in Ethiopia remained unacceptably high despite the relatively positive rainfall during 2019. The recent launch of the Integrated Phase Classification for Food Security (IPC)<sup>39</sup> highlights the need for a holistic response to food insecurity. The IPC analysis classified an estimated 8.5 million food insecure people of whom some 6.5 million people fall into IPC Phase 3 (Crisis) classification, meaning their coping mechanisms are in high distress and access to food is through livelihood asset stripping.

Below normal rainfall in the 2019 *belg* season, reduced crop production and agricultural livelihoods for southern and southeastern areas. The *belg* receiving areas are increasingly drought-prone and have suffered from recurrent climatic shocks, multiplying the negative effect of drought to already vulnerable households. The *meher* harvest is expected to be insufficient to sustain adequate food consumption through the lean season in areas *belg* agricultural and pastoralist production areas. Overall, conflict and climate-induced displacement, high food prices and dry spells in pocket areas of the northeastern parts of the country have disrupted households' capacity to sustain their productive assets, protect their livelihoods and access to nutritious food resulting in 2.4 million heads of household<sup>40</sup> that will be unable to sustain basic household food requirements during 2020 and their livelihood assets will be at risk.

### Affected population

Out of 8.5 million people in IPC Phase 3 (Crisis) and above requiring urgent action to save lives, reduce food gaps, restore livelihoods and reduce malnutrition, the highest proportions of food insecure people are in Oromia (49 per cent), Somali (19 per cent) and SNNP (14 per cent) regions. People with intersectional needs are particularly vulnerable to food and nutritional risks. Households headed by women, children, elderly or single males could be more vulnerable in severe food insecurity situations.

From the total food insecure, an estimated 6.5 million people are in critical need of urgent livelihood support according to the IPC analysis.<sup>41</sup> With a majority of the population depending on agricultural livelihoods, any climatic shock will have a negative impact on livelihoods and food security of already vulnerable households. For the Agriculture Cluster, people affected by several crises in the country are identified as: households that are susceptible to dry spells and/or floods, pastoralist dropouts and people displaced due to natural hazards and conflict with access to cultivating land, grazing land and livestock, and conflict-induced returnees households that returned to

their area of origin or relocated elsewhere and host communities with access to productive assets.

### Analysis of Humanitarian Needs

Agricultural livelihood protection is directly linked to other humanitarian needs. People with intersectional needs are particularly vulnerable to food insecurity and are at increased risk of malnutrition. A direct result is the increase in coping strategies that have negative protection implications, particularly for the most vulnerable members in the household – women, children and elderly.

Conflict has contributed towards land and harvest damages and livestock losses. Natural hazards had a similar impact because of erratic rainfall patterns and dry spells, flood, hailstorms and pests, particularly the Desert Locust infestation. Climatic shocks and conflict, have caused internal displacement and returns throughout 2019. Displacement affected households are in dire need of livelihood protection, particularly in agro-pastoral areas, where agricultural inputs and protection of core-breeding livestock are key to start the process of recovery and easily bounce back to self-reliance. Moreover, areas of Oromia and Somalia that have been affected by conflict resulted in losses in crop production, damaged infrastructure such as irrigation schemes and/or water catchment systems and resulting in missed crop cycles, lack of income and loss livelihood productive assets.

Additionally, small-holder cropping households no longer have access to seeds and farming tools in areas of Oromia such as East and West Wollega, East and West Haraghe, Guji and West Guji, in the Somali region Sitti and Fafan zone, Gedeo in SNNPR and Kamashi in Benishangul Gumuz, mainly because of damage and loss due to conflict, conflict-induced displacement and returns. At the same time, pastoralist and agro-pastoralist households are in dire need access to livestock feed and animal health interventions due to displacement related shocks but mainly climate driven crises; Particularly in zones 2 and 4 of Afar, Shebelle, Daawa and Doolo zones in the Somali region and Bale and Borena in Oromia region. Northeastern pockets areas in the country, will be in need of emergency seeds and tool in order to restart their crops in coming crop cycles and livestock interventions to protect the animals' body condition and their livelihood assets affected by the moisture stress of 2019. Needs vary from region to region, depending on their access to cultivating and grazing land, livestock, market and the livelihood zones.

## Indicators

#	INDICATORS	SECTORS	SOURCE	FREQUENCY OF DATA COLLECTION
1	Number of food insecure people (in areas affected by erratic rainfall in the previous <i>meher</i> or <i>belg</i> season) - IPC phase 3	Agriculture	IPC/NDRMC	Twice a year
2	Number of people living under livelihood protection deficit (in areas affected by erratic rainfall in the previous <i>meher</i> or <i>belg</i> season)	Agriculture	HEA	Twice a year
3	If the main type of livelihood is agro-pastoralism or farming: % of returning IDPs who went home and have access to land for cultivation/farming?	Agriculture	VAS/DTM	
4	If the main type of livelihood is agro-pastoralism or pastoralism: % of returning IDPs who own livestock	Agriculture	VAS/DTM	
5	Livelihoods Coping Strategies Index	Agriculture	FSNMS FSNMS	
6	Number of people facing stressed food security situation - IPC Phase 2	Agriculture	IPC/NDRMC	
7	Number of people receiving food assistance throughout the last four years following <i>meher</i> harvest seasons	Agriculture	NDRMC/OCHA	
8	Reduce coping strategy index	Agriculture	FSNMS	

### Protection risks

The consequences of conflict, drought and compounding poverty has contributed to food insecurity and depletion of agricultural assets as a negative coping strategy. The use of negative coping mechanisms to bridge the food intake and nutritional gap, apart from reducing food intake and distressed selling of assets, have major protection threats such as early marriage, child labor and risk of GBV.

### Projection of Needs

According to the Internally Displaced Monitoring Centre (IDMC) calculates that an average of 122,222 people will be displaced in Ethiopia on a yearly basis due to man-made and natural sudden-onset hazards. Considering the importance of agricultural livelihoods in Ethiopia, displacement induced by climatic and/or conflict shocks, will require livestock interventions to protect animal body conditions and avoid spreading of disease. Furthermore, the underlying vulnerability of households in drought-prone areas, particularly in the South and Southeastern and pockets areas in the Northeastern part of the country, can easily cause further displacement due to depletion of pastoral assets and compounding erratic climatic trends.

At the same time, any additional underperformance of rain average in chronic food insecure areas of the country, can further deteriorate the already vulnerable households in food consumption gaps, malnutrition, negative livelihood coping strategies, etc. On the other hand, Desert Locust pest invaded areas of Amhara, Tigray and Somali region. It is expected to have severe food security implications, given that the locust feeds and depletes available pasture –having an

impact in livestock body conditions- and furthermore feeding from the existing available greens that include crop production.

### Monitoring

The food security indicators are monitored using the Food Security and Nutrition Monitoring System (FSNMS), which is conducted twice a year during lean and harvesting season. The surveys are analyzed by different partners including the World Food Programme, UNICEF, the Food and Agricultural Organization, and Government counterparts led by the National Disaster Risk Management Commission (NDRMC). The outcome indicators coming from FSNMS along with other contributing factors will be used as a convergence of evidence that will be used to undertake an IPC analysis to classify the severity of food insecurity to inform humanitarian and development responses in the country. In addition, between IPC events, the Cluster will update on changes in context and new crisis events that may impact on food and nutrition security.

In addition to the assessment results, Displacement Track Matrix (DTM) was a second source of data for displacement related indicators and monitoring. DTM and VAS will be used to monitor displacement related indicators.

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## 3.2 Education



PEOPLE IN NEED

2.3M

BOYS

51%

GIRLS

49%

WITH DISABILITY

10%

### Overview

Based on the 2018/2019 EMIS data, about 26.7 million children are enrolled in pre-primary (14,500), primary (41,502), and secondary (3,735) schools. By May 2019, 808 formal schools were closed, and 371 were partially or fully damaged. Due to school closure, damage, and forced displacement a significant number of school aged boys and girls did not have access to educational services. As per round 19 DTM data, more than 580,000 school aged children are displaced, 61 per cent due to conflict, 31 per cent due to drought and 8 per cent due to other hazards. This represents a decrease of 42 per cent since the HNO 2019. However, approximately 250,000 school aged children are returnees or affected by secondary displacement.

Going forward, the International Displacement Monitoring Centre (IDMC) calculates that an average of 122,222 people will be displaced in Ethiopia annually due to man-made and natural sudden-onset hazards <sup>42</sup>, out of which 40 per cent will be school-aged children (5-17). <sup>43</sup> As of October 2019, only 17 per cent of IDP children attended schools and only 1 per cent were enrolled in secondary education. According to government figures, at least 1.8 million IDPs (approximately half of which are women and girls) have returned to their areas of origin since the government-led return operation started in early May 2019. There is evidence that in some of the *woredas* and returnee *kebeles*, access to education has been highly compromised for returnee students due to damaged schools, insufficient learning materials, and lack of teachers. In some cases, there are still security concerns.<sup>44</sup>

### Affected population

About 26.7 million school age children are enrolled in formal and informal education. According to the latest available data, some 2.3 million children (51 per cent girls) are in need Education in Emergencies (EiE) services (380,000 pre-primary, 1,500,000 primary, 620,000 secondary). The people in need breakdown consists of 20 per cent IDPs, 5 per cent returnee and 75 per cent host community. In addition to the displaced children, an inter-sectoral severity mapping was done at *woreda* level, which includes conflict and climate (drought and flood) impacts on the population. Amongst the displaced and returnee children in displacement,<sup>45</sup> potentially 15 per cent or 450,000 emergency affected boys and girls live with disabilities and will require distinct protection and education support.<sup>46</sup>

### Analysis of Humanitarian Needs

The main issues that prevents emergency affected children from attending educational services are the lack of teachers, insufficient or unsafe educational facilities, lack of furniture, inadequate school feeding and lack of water availability in schools, and inability to buy stationery. Insecurity, fear, discrimination and trauma also represent other barriers to school children's attendance and retention.

An estimated 88 per cent of displaced boys and girls are in Somali and Oromia, and at the same time 91 per cent of returnee children live in Somali, Oromia and SNNPR regions. Amhara region has the highest severity of needs among non-displaced people, due to drought.

Some 40 per cent of the IDP boys and girls enrolled in primary schools report not having access to learning supplies.<sup>47</sup> Additionally, schools hosting displaced children experience overcrowded classrooms amid a shortage of teachers and learning materials.<sup>48</sup>

Availability of school feeding programmes has a direct impact on student absenteeism and dropout. Poor health and malnutrition result in the loss of a considerable number of school days annually.<sup>49</sup> The lack of presence and quality of WASH facilities exacerbate poor hygiene practices, contribute to a poor learning environment, increase the risk of disease outbreak which in turn contributes to drop outs, especially among girls.<sup>50</sup>

Conflict affected teachers and other education personnel need mental health and psychosocial support (MHPSS) for themselves and their students. Even in locations where protection services are available teachers need the tools for themselves and their students whose trauma manifests in bullying, discrimination and other types of social pressures, particularly in areas where IDP/returnee children are integrated/reintegrated in host community schools.<sup>51</sup>

### Protection risks

Disrupted education and violence weakens pre-existing protection systems, whether they are family, community or state based. Children are inherently vulnerable in emergencies, in certain ways even more so in conflict areas, due to exposure to violence and military activity. In emergency situations, quality education is crucial to providing children with physical, psychosocial and cognitive protection that can be both improving wellbeing and life-saving. All children are exposed to threats during and after emergencies; however, girls and boys who are out of school are at much higher risk of violence, exploitation, abuse and neglect.

Girls are facing additional barriers to education as there is evidence that in some regions child marriage becomes one of the main reasons for girls dropout. Education assessments carried out in schools indicate that lack of sanitary wear for adolescent girls cause poor school attendance which often leads to eventual dropping out of school. There is need for the education cluster partners to address the needs of adolescent girls through provision of hygiene kits as well as empowerment of female teachers and education personnel with menstrual hygiene management knowledge.

### Projection Of Needs

It is estimated that approximately one million additional school aged children might be in need of humanitarian support to have access to education services in crisis affected areas and IDP sites if the situation deteriorates in the next few months.

### Monitoring

The Education Cluster Monitoring Tool (ECMT) for partners to report was designed to collect the data on a monthly basis. New emergencies should be reported immediately and subsequently incorporated into the following monthly cycle if relevant. The activities contained in the ECMT are the same activities outlined in HRP 2020.

The cluster and partners strongly recommend consulting children and young people, throughout the humanitarian programme cycle, to increase AAP and innovate education programming.

### Indicators

#	INDICATORS	SOURCE	FREQUENCY OF DATA COLLECTION
1	% of pre-primary / primary / secondary school aged children attending school	DTM	Quarterly
2	% of HHS/people having access to a functional sanitation facility (latrine)	DTM, VAS	Quarterly
3	# of people living under survival deficit	DTM, ECMT	Quarterly

## 3.3

# Emergency Shelter and Non Food Items



PEOPLE IN NEED

2.1M

WOMEN

21%

CHILDREN

57%

WITH DISABILITY

6%

## Overview

At the beginning of 2019, some 3 million people were in displacement, and since May 2019, 1.5 million displaced due to conflict are reported as having returned. The large-scale movement to areas previously affected by conflict not only overwhelmed the limited shelter and NFI capacity but also destroyed a lot of the resources that had been established in the IDPs sites. In addition, the return has taken place to areas where essential conditions for sustainable returns, including access to critical services and livelihood opportunities are not yet in place. Subsequently, 2 trends transpired: secondary displacement, which compounded hardship and increased vulnerability of returned households, as well as certain households remaining within host communities. Available information on the living situation of IDPs in host communities and their related coping mechanisms is insufficient. Nevertheless, without access to emergency shelter and essential household items, the risk of negative coping mechanisms and their corresponding protection risks will increase. The potential for further displacement due to new shocks remains, with further displacement depleting affected household resources and exhausting host family capacities to support extended family members and neighbours.

The current housing, land, and property (HLP) situation is both a consequence and a cause of conflict. Given widespread destruction of properties in the past few years, degradation of houses due to displacement and secondary occupation of homes or land due to insufficient shelter options will continue while legislative changes are discussed.

## Affected population

There are an estimated 2.12 million people in need of shelter and NFIs, with 1.9 million people across nine regions in urgent need. An estimated 50 percent of people identified as in need of shelter and NFI assistance are women and girls, while at least 17 percent are expected to be people with specific needs (single parents, female-headed households, unaccompanied and separated children, single elderly, and people with physical disabilities).

The assessment conducted between May and August in 7 return areas indicates that shelters and key infrastructure have been damaged due to conflict. The most severe shelter needs are concentrated in West Guji, Benishangul Gumuz, East/West Wellega, Borena, Dawa and East/ West Hararge where nearly 400,000 returnees

need to repair their completely damaged homes. Some 1.5 million IDPs remain in need of Emergency Shelter and NFIs, an estimated 44 percent are accommodated by the host community where sharing resources can generate friction as resources become depleted. Inadequate shelter and overcrowding increase vulnerability and can increase in harmful coping mechanisms that predominantly expose women and girls to heightened protection risks. Considering the pressures placed on often vulnerable host communities, both in terms of access to needed assistance and the additional pressures on limited natural resources and infrastructure the cluster will target at least 15% of the host community.

## Analysis of Humanitarian Needs

Shelter and NFI needs vary significantly, from acute emergency assistance to the need for transition to early recovery solutions. Most returnees have returned to their former residences, many of which are damaged with returnees unable to afford repairs. Almost three-fourths of all returnees are currently living in inadequate living situations - a critical issue that must be resolved before they can resume livelihoods, and restore social, health, and community infrastructures to assume self-sufficient lives. The remaining IDPs who have fled with little more than their clothes lack basic items for survival and need emergency shelter to protect them from the elements. The most frequently reported needs are lack of essential items, insufficient household items, overcrowding, and the inability to afford rent. IDPs are susceptible to eviction, overcrowding, lack of privacy, increased incidents of GBV, and serious child protection issues. The areas of Central Gondar, East/West Wellega, East/West Hararge, Borena, Guji and West Guji, Benishangul-Gumuz and most of the Somali region are in urgent need of improved living standards. The same areas with the addition of West Gojam, West Gondar and West Arsi are in dire need of Emergency Shelter and NFI interventions.

Women, girls, boys, and men often have different shelter and NFI needs. Women, children, and the elderly often struggle to reach distribution sites or are left out during registration. People with disabilities and other vulnerable groups experience difficulties accessing services due to physical access challenges, economic barriers, socio-cultural barriers, discrimination, lack of information and services, and inability to travel.

### Protection risks

As the population continues to return to their habitual residences, the need for a longer-lasting shelter solution, including repair and reconstruction of damaged shelters, persists. An increasing number of IDPs will need durable solutions in 2020, with population movements continuing as people explore options for return, relocation, or local integration. Localized shocks are expected to temporarily increase vulnerability due to new displacement with subsequent emergency shelter and household items needs.

The main affected groups are IDPs who have returned to either entirely or partially damaged houses and who are living in multidimensional poverty through the loss of livelihood and other household assets.

### Projection of Needs

As the population continues to return to their habitual residences, the need for a longer-lasting shelter solution, including repair and reconstruction of damaged shelters, persists. An increasing

number of IDPs will need durable solutions in 2020, with population movements continuing as people explore options for return, relocation, or local integration. Localized shocks are expected to temporarily increase vulnerability due to new displacement with subsequent emergency shelter and household items needs.

The main affected groups are IDPs who have returned to either entirely or partially damaged houses and who are living in multidimensional poverty through the loss of livelihood and other household assets.

### Monitoring

Monitoring data will be shared publicly every month and will be complemented by sector-specific products (maps, interactive dashboards). A monthly periodic RPM (Response Planning and Monitoring) will be uploaded to highlight progress, and a quarterly report published on the Global Shelter Cluster website.

The cluster will use partner post-distribution and construction monitoring results along with partners's complaints systems to respond to population feedback.

## Indicators

#	INDICATORS	SOURCE	FREQUENCY OF DATA COLLECTION
1	% of women, girls and boys that don't feel safe	DTM	Every two month
2	# of separated and unaccompanied children	DTM	Every two month
3	% of HHS/population reporting their living outside or in an open space (no shelter/ house)	DTM	Every two month
4	% of households without sufficient and appropriate non-food items	DTM/VAS	Every two month
5	% of HHS/population reporting damaged/occupied/destroyed shelter	VAS, Cluster loss and damage assessment	Every month



## 3.4 Food



### PEOPLE IN NEED

# 6.4M

### WOMEN

# 23%

### CHILDREN

# 54%

### WITH DISABILITY

# 11%

### Overview

Evidence from seasonal assessments, monitoring reports, and surveys indicates that 6.35 million people need humanitarian assistance to cover food needs in 2020. The main needs are in the low-lying areas of the country, where the negative impact of previous drought years on household livelihood sources, is still contributing to food insecurity, due to the recovery timeline for livestock herd size. In addition, some parts of the country are still recovering from the negative impacts of the 2017-2019 inter-communal conflicts, that contributed to population displacements and disruption of livelihood activities. While some improvements in food access are expected due to improved *meher* crop harvest and improved pasture conditions following the October to December pastoral rains in southern and south eastern pastoral areas, floods, persistent high food prices, localized *kiremt* rain shortfalls and desert locust damage will constrain household access to food in some areas. The people in need of humanitarian assistance in 2020 decreased by 23 percent, from 8 million in 2019 to 6.4 million, mainly due to above normal rains and improvements in crop and livestock production-based livelihoods. However, conflict-related food needs remain high due to limited support to sustainable durable solutions in return and displacement sites. Analysis of severity of needs shows that *woredas* in conflict affected areas are vulnerable to food insecurity including areas in SNNP, Somali and Oromia region. In addition, there are also areas in the lowland areas where below normal rains will likely contribute to food gaps, particularly in Somali, Oromia and Afar regions.

### Affected population

Households facing food insecurity are mainly in the low-land areas, where sources of livelihoods were negatively impacted by successive droughts in 2015/16 and 2017. The most food insecure households are from pastoralist and agro-pastoralist households, in southern and eastern parts, as well as large parts of Afar region. Evidence from the food security assessments also shows that some of the households in the IDP hosting communities will not harvest adequate food due to below normal *belg* harvest, including some areas in eastern Amhara region and eastern parts of Tigray region. Conflict affected households, including the displaced and the returnees, face food consumption gaps, where income and food sources were disrupted due to the inter-communal conflicts. Invasion by desert locusts in eastern parts during 2019 reportedly contributed to reduced crop harvest and a decrease in pastures in Afar, Oromia and some parts

of Amhara and Tigray regions. Affected households will experience shortfalls in food resources. Specific population groups who are projected to have significant food needs will comprise of individuals from vulnerable households including those headed by females, chronically ill or disabled household members, separated and unaccompanied minors.

### Analysis of Humanitarian Needs

Improved *kiremt* rains have contributed to increased crop production in the country and above average pastures in some areas. This has contributed to a smaller number of *woredas* in severity 3 and above. Severity of needs analysis shows that 82 percent of the analysed *woredas* are in severity 2 and below, demonstrating that the increased crop production and improved pastures have contributed to positive changes in food security in the country. However, there are areas that received delayed or below normal rains, and this will result in food gaps among some of the households in 2020. Analysis of severity of needs demonstrate that households affected inter-communal conflicts, including the displaced people and some in the host community, are vulnerable to food insecurity in the country. Out of the 893 *woredas* that were analysed, 23 of them were noted to be in severity 4 and above. These are mainly in areas that were affected by inter-communal conflicts from 2017 to 2019, including areas in Somali region – Dawa zone, Fafan zones, Oromia region - West Guji, Guji, East Hararge zones and in SNNP region – Gedeo zone. This indicates that majority of displaced people and returnees will be facing food gaps in 2020 due to the negative impact of the conflict including disruption of livelihoods. In addition, 156 *woredas* are in severity 3, and these are mainly in the lowland areas of Oromia, Somali and Afar region, which are pastoralist or agro-pastoralist communities. Some areas that received below normal rains in Tigray and Amhara region are also included in the severity 3, mainly due to low crop production. Displaced people, returnees, pastoralist and agro-pastoralist households will therefore contribute to food insecure people in 2020.

IPC analysis also shows that some *woredas* will be in IPC Phase 3 and IPC phase 4 from February to June 2020, in the six analysed regions. 8.5 million people are projected to be in IPC Phase 3 (6.5million people) and IPC phase 4 (2million people) *woredas*, which demonstrate that these individuals will face food consumption gaps in the first half of the year. It is projected that a significant proportion

of these people will receive PSNP core transfers from January to June, and as such, will not require emergency food assistance during this period. The population that will not receive PSNP transfers will therefore require emergency assistance, particularly in locations that received below normal 2019 *kiremt* rains and in conflict affected areas. IPC analysis noted high food prices, negative impact of the inter-communal conflict including population displacements and below normal *belg* harvest as the key drivers of food insecurity in the country.

The HEA projects that 2.8 million people will require emergency food assistance between January and December 2020 across the 6 *meher*-dependent regions. This projected emergency food caseload does not include PSNP beneficiaries who will receive PSNP food and cash transfers between January and June. During the January to December 2020 period, emergency food needs are projected to peak from June to September with the onset of the lean season when harvests are depleted, and food prices increase as households increasingly resort to less remunerative coping strategies. The HEA measures household food consumption gaps through the survival deficit- an indicator of household ability to access minimum food requirements through the year. This measure is derived by integrating household economy data with GOE field monitoring data and remote sensing inputs generated by i) LEAP on crop yield estimates, ii) the livestock dynamics tool for livestock productivity, and iii) market analysis tool on changes in prices of the main commodities sold or purchased.

A seasonal assessment was also conducted in Benishangul Gumuz, Dire Dawa and Gambella regions, to understand the level of food insecurity in the *woredas*. The findings shows that these regions will have locations with food insecure people, mainly due to below normal, poorly distributed rains and increase in prices of commodities in local markets. At national level, the year-on year food inflation increased to 24.8 percent in November 2019, an increase by 3 percentage points when compared to the previous month.

### Protection risks

Households headed by vulnerable population groups including by disabled members, children, female and chronically ill members are in worse off situation, as they have limited options to access food including from own production, market purchases and other sources. Separated and unaccompanied minors in returns and

displaced communities are among the most vulnerable people, due to risk of employing negative coping mechanisms, if food needs are not addressed. Information from surveys and monitoring findings also demonstrate that the displaced and returnees are highly food insecure, due to severe disruption of livelihood systems that occurred during the conflicts. In some conflict affected areas, there are also indications that some services related with access to food, have been affected including disruption of supply routes which contributed to increase in staple food prices in some areas. Seasonal increases in prices of commodities will also have a negative impact on the food security situation of vulnerable households. Food security situation will be impacted by any influx of refugees at the international borders, including increased demand in food items and increase in prices. Below average rains will negatively affect pastoralist and agro-pastoralists households in the lowland areas of the country.

### Projection of Needs

The food security situation is expected to improve in *meher* producing areas, if support is provided to returning households in conflict affected communities. However, the inter-communal conflicts in some parts will continue to contribute to food needs and could disrupt supply routes and trading patterns. Unfavourable conditions caused by natural hazards, including flooding and invasion of desert locust during the 2019 *meher* season, will continue to negatively impact access to food in some communities. Below normal rains in the 2019 *belg* and in pocket areas of *kiremt* receiving areas will contribute to increased food needs in some parts.

### Monitoring

The food sector will rely on ongoing food security monitoring to collect and analyse changes in the food security situation based on the above selected four food security indicators. The WFP-led food security outcome monitoring will provide evidence from six regions. In addition, the food sector will also analyse the percentage of households facing survival deficit from the household economy approach (HEA), which is used in determining the seasonal fluctuations of food needs. The DTM and regional reports on population displacement and effects of natural hazards will provide information on food needs in areas affected by conflict and natural hazards.

## Indicators

#	INDICATORS	SOURCE	FREQUENCY OF DATA COLLECTION
1	Food consumption score	Food security outcome monitoring	Twice a year
2	Reduced coping strategy	Food security outcome monitoring	Twice a year
3	Household dietary diversity score	Food security outcome monitoring	Twice a year
4	Survival deficit	Household Economy Approach (HEA)	Quarterly

## 3.5 Health



### PEOPLE IN NEED

# 5.9M

### WOMEN

# 22%

### CHILDREN

# 54%

### WITH DISABILITY

# 11%

### Overview

Disease outbreaks remain a major public health threat in Ethiopia. Due to low access to primary health services, population displacement, poor living conditions, inadequate water and sanitation facilities and poor health seeking and hygiene practices, and low vaccination coverage for vaccine preventable diseases, over 18,000 people will be at risk of disease outbreaks. Recent communicable disease outbreaks include cholera, measles, chikungunya, and dengue fever. In 2019, there were two polio (cVDPV2) outbreaks in Oromia and Somali regions. Although the Ebola virus disease (EVD) was not reported in Ethiopia, the country is at a high risk of importation from Democratic Republic of Congo (DRC) through the several daily direct flights. The 8.4 million people with various humanitarian needs will be increasingly vulnerable to preventable diseases. Up to 2 million children will need emergency vaccinations, and access to family planning and maternal health services by 1.2 million women and girls is expected. The 2 million people internally displaced due to conflict, drought and food insecurity will need health assistance. More than 3.4 million people in communities hosting IDP and non-IDP affected locations are affected by similar crises, and 3.2 million will need support to access essential life-saving health services.

### Affected population

Disease outbreaks affect more people beyond the reported cases and directly attributable deaths. During outbreaks, other patients receive less attention from the health system, families and social systems are strained, and education and economic activities may be disrupted. Health resources including health workers, medicines, vehicles and funds are diverted from regular services to respond to outbreaks. IDPs across the country are more vulnerable and require additional health services for pre-existing and new disease conditions, physical and mental trauma, and sexual and GBV. The host population in IDP receiving locations could be negatively impacted by the additional pressure on existing health systems and likely disease outbreaks, further straining healthcare workers, stocks of medicines and other essential supplies. People affected by drought and food insecurity, particularly children under five, pregnant and lactating women, elderly, and chronic diseases are at higher risk of malnutrition and disease complications. People living in remote rural and hard to reach areas have limited access to essential health services, low routine vaccination coverage for children under five, antenatal care and safe

delivery services. In some situations, the same vulnerable population is faced with a combination of hazards and risks.

### Analysis of Humanitarian Needs

During emergencies, disrupted supply chains interrupt medical treatment for people with non-communicable diseases (NCD) and non-functional referral pathways. Displaced people face poor living conditions, accommodation, water and sanitation, and lack of food increasing their vulnerability to infectious diseases and to the risk of outbreaks. Significant levels of psychosocial distress and mental disorders have been reported among the internally displaced people. These could be new conditions as a direct result of the physical and mental trauma, or an exacerbation of already existing conditions occasioned by the trauma, or disruption of ongoing treatment.

Vandalism and looting of health facilities, disrupting health services, and loss of medicines and medical supplies as a consequence of conflict as well as the displacement of healthcare workers leave significant service gaps, and further reduce available health services in areas with increased vulnerability. This is particularly acute in *woredas* prone to preventable disease outbreaks, particularly those hosting IDPs and/or receiving returnees. Poor infrastructure in rural and hard to reach areas limits availability and access to health service, which when in drought-affected, chronically food insecure areas, and/or areas with high prevalence of malnutrition, increase the predisposition of people to medical diseases and complications. As Ethiopia continues to grapple with preventable disease outbreaks, over 18,000 people are projected to be at risk of disease outbreaks in 2020. All the 2 million displaced people will be considered to have health needs at one point in 2020, either new or pre-existing conditions. 1.6 million of the IDP and an additional 1.6 million non-displaced people out of the 3.2 million with needs will be targeted with essential health services.

### Protection risks

Displacement increases exposure to sexual and GBV for vulnerable women and children due to family separation, living in open and temporary shelters, walking for long distances to find basic commodities and services in insecure environments, and outright lawlessness and criminality.

### Projection of Needs

The underlying vulnerability of people affected by multiple consecutive and sometimes overlapping shocks over drive the projected health needs in 2020. Needs are expected to be more severe in areas where conflict, food insecurity and malnutrition, and climate shocks overlap with disease outbreaks and or external factors disrupt supply chains and referral pathways. Recent trends in the country have shown that various disease outbreaks are unpredictable and migratory, so the numbers can change significantly. The impact of these drivers and consequences of health needs will be felt more in places and by populations that are already faced with a weak health system and limited access to essential health services.

### Monitoring

Six indicators will inform joint sectoral monitoring of needs. The first five will be collected through the existing health system and will be analyzed using the epidemiological tools based on the type and urgency. For example, during outbreaks, the attack rates will be reported in daily and weekly bulletins with updated trend analysis. Joint multi-agency and multi-sectoral needs assessments will be conducted regularly for new and ongoing emergency events, applying both quantitative and qualitative methods. These assessments will consider ongoing health responses and their effect on the needs, linkages with the regular health services and any coping mechanisms that individuals and families may adopt.

### Indicators

#	INDICATORS	SOURCE	FREQUENCY OF DATA COLLECTION
1	Attack rate (AR) for disease outbreaks	IDSR	Daily
2	Number of disease outbreaks	IDSR	Daily
3	SAM admissions per health facility	HMIS	Monthly
4	Number of sexual and gender-based violence (SGBV) survivors reported	HMIS	Monthly
5	Facility utilization rate (FUR)	HMIS	Monthly
6	Average catchment population per functioning health facility by type	Assessments	Monthly



3.6

# Nutrition



## PEOPLE IN NEED

# 4.4M

## WOMEN

# 38%

## CHILDREN

# 62%

## WITH DISABILITY

No data available

### Overview

In 2019, Ethiopia continued to face disrupted rainfall patterns and inter-communal conflicts exacerbating multiple chronic vulnerabilities. It was a particularly difficult year due to very high staple food and commodity prices, significantly above the 4-year average.<sup>52</sup> The negative consequences of these stresses compounded by food insecurity, diseases outbreaks, shortages of water, limited access to potable water and improved sanitation facilities, lack of adequate access to quality health services contribute to a deteriorating nutrition situation. In 2019, the number of children admitted for SAM treatment stagnated at very high levels (Figure 1), with Oromia region driving the increase. As of September 2019, an increase in SAM admissions was most pronounced in Oromia where SAM cases increased by 18 per cent compared to the same period last year. Multiple forms of malnutrition co-exist with a national prevalence of anemia at 56 per cent among children<sup>53</sup>, very high prevalence of stunting in most regions and more specifically in Afar, Amhara and Tigray regions where stunting exceed 40 per cent<sup>54</sup>, and shockingly only seven per cent of children receiving a minimum acceptable diet.<sup>55</sup>

### Affected population

The most vulnerable groups with regards to malnutrition are infants, young children, pregnant and nursing women across the country and more specifically in locations with existing deprivations are further exacerbated by aggravating factors such as conflict-induced population displacements, prolonged dry spell or episodes of droughts, and floods. These shocks put the population at increased risks of child morbidity and mortality associated with high levels of acute malnutrition projected in areas where access to services is compromised, provision of humanitarian response limited, multiple underlying causes of malnutrition coexist, high numbers of malnourished individuals among the general population, displaced population and host communities exceed government's and health system's capacity to deliver quality preventive and treatment services. This is particularly the case in Oromia region that continues to bear the highest burden of acute malnutrition, more specifically in East Hararge zone (e.g., Fedis and Bedeno *woredas*), and in West Arsi (e.g. Siraro and Shala *woredas*). In Somali region, highest numbers of severely malnourished children are found in Korahe and Shabelle zones (e.g., Kelafo *woreda*). In SNNP and Amhara regions, Gedeo and Wag Hamira zones respectively are areas with the highest number of children affected by acute malnutrition.

### Analysis of Humanitarian Needs

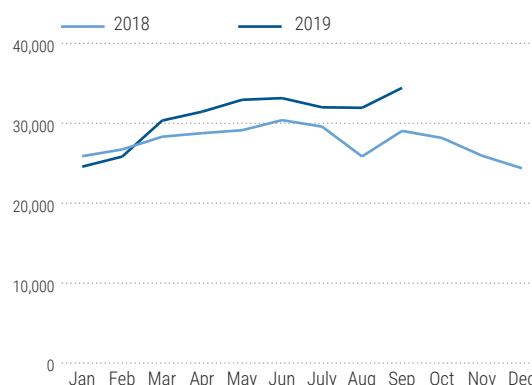
The most pressing and acute needs are found in rural, hard to reach, areas where the burden of malnutrition is the highest; exceeds local capacities; where the affected population faces difficulties and/or discriminations in accessing health and nutrition services; among pastoralist population which livelihoods have been eroded since several years of droughts and/or prolonged dry spells and where households coping strategies have been depleted.

### Protection risks

In addition, when population displacements occur due to conflict, civil unrest and/or climate-related stresses, the susceptibility of young children, women, elderly and people with disabilities to protection risks will significantly increase. At time of such crisis, children and women become more vulnerable to exploitation and violence and negative coping mechanisms may be adopted to meet household needs.

Population displacements elevate infant morbidity and mortality risks and associated acute malnutrition as nursing mothers may stop breastfeeding due to psychological distress, insufficient access to food and water may compromise adequate breastfeeding. In Ethiopia, unsolicited donations of breast milk substitute and milk products continue to take place and risk to displace adequate Infant and Young Child Feeding (IYCF) practices.

### Ethiopia SAM admissions trend



Therefore, a large-scale nutrition response continued to be required to i) provide of life-saving management of acute malnutrition in children under five years of age and pregnant and nursing women; and ii) protect and support adequate IYCF practices at times of shocks. There is an urgent need to accelerate the implementation of the updated Acute Malnutrition guidelines/protocols to bring the necessary program optimization toward better treatment outcomes and coverage. As the treatment of acute malnutrition is being further institutionalized in the health system, it is key to strengthen local capacities to cope with peaks of acute malnutrition faced during emergencies. Finally, it is critical to intensify preventive, multisectoral approaches such as integrated Health, WASH and Nutrition response to maximize positive outcomes toward alleviating suffering among affected populations and critical for the wellbeing of the households affected by shocks.

### Projection of Needs

It is estimated that in 2020 over 4.4 million children under the age of five years, pregnant women and nursing mothers will be in need of treatment for acute malnutrition. Close to 555,000 children will need

treatment for severe acute malnutrition (SAM) across the country. More than 2.2 million children aged 6-59 months will need treatment for moderate acute malnutrition (MAM) and 1.7 million pregnant and lactating women (PLW) will also need treatment for acute malnutrition in *woredas* of most concern (*woredas* affected by population displacement and *woredas* of first level of priority according the Hotspot *woredas* classification).

### Monitoring

The Emergency Nutrition Coordination Unit (ENCU) jointly with Nutrition partners and FMOH and EPHI will assess and monitor the nutrition situation through rapid assessments, Nutrition surveys (SMART methodology) and routine Nutrition program data including MUAC screening results. Three indicators will be specifically used to monitor response and include the number of children affected by SAM and MAM admitted for treatment and the number of malnourished PLW benefiting from targeted supplementary feeding program. Efforts will be made toward ensuring these nutrition data and information include sex and age disaggregated data and toward inclusion of IYCF data in the nutrition information system.

## Indicators

#	INDICATORS	SOURCE	FREQUENCY OF DATA COLLECTION
1	Number of cases with severe acute malnutrition newly admitted for treatment (children)	RHB/ENCU	monthly
2	Number of cases with moderate acute malnutrition newly admitted for treatment (children)	WFP/ENCU	quarterly
3	Number of cases with moderate acute malnutrition newly admitted for treatment (PLW)	WFP/ENCU	quarterly

# 3.7

## Protection



### PEOPLE IN NEED

# 3.9M

### WOMEN

# 23%

### CHILDREN

# 54%

### WITH DISABILITY

# 12%

### Overview

In 2020, an estimated 3.9 million individuals, will require specialized protection services. The persons most in need include persons with specific needs, including older persons, people with physical, sensorial, intellectual and mental disabilities, adolescent girls and boys engaging in risky behaviours and negative coping mechanisms, pregnant and lactating women and girls, female and child-headed households, unaccompanied and separated children, persons missing documentation, persons who have lost their property and/or livelihoods. These are all people who have been most affected by displacement.

The regions with the highest number of persons with the most severe protection concerns include: Somali region with 9 zones (24 *woredas*), followed by Oromia region with 9 zones (17 *woredas*).

### Affected population

The affected populations are subjected to multiple human rights violations and abuses. Poor protection mechanisms and multiple displacement, leading to communities living in emergency conditions, including in make-shift and collective settlements, further exacerbate existing vulnerabilities. Adults and children suffer from psychosocial distress due to a breakdown of economic and social status as well as family separation and witnessing of traumatic events. Children who are separated from their families or caregivers during displacement are at increased risk of violence, abuse, and neglect, and are more vulnerable to child labour and other forms of exploitation and require immediate support for placement in alternative care, family tracing and reunification services. Recurring natural disasters and conflicts are increasing risks of GBV, including sexual violence and harmful practices. Failure to meet basic needs among affected populations has increased vulnerability to sexual exploitation and abuse (SEA), which requires urgent cross-sectoral efforts to ensure availability of safe and confidential feedback mechanisms and GBV referral systems.

The traditional roles of women and girls to fetch water and firewood exposes them to GBV risk in areas of displacement and return, with anecdotal evidence showing frequent targeting of adolescent girls in particular. Evidence also shows an increase in child marriage in some conflict affected areas over the last year due to a lack of educational options and lack of sustainable livelihoods for families that are struggling to feed their children and meeting other basic needs.

With increased rates of child marriage the risk increases for early pregnancies STIs, HIV, unsafe abortions, preventable maternal deaths and IPV. There are currently over 15 million child brides in Ethiopia, with the highest prevalence of Child Marriage in Afar region.

The Somali region has the highest severity of persons missing documentation. In 68 *woredas* more than 60 per cent of sites report IDPs without documentation. Oromia region has the second highest severity of persons missing documentation. In 13 *woredas* more than 60 per cent of sites report IDPs without documentation. While the number of IDPs is lower, all IDPs assessed in DTM Round 19 in Benishangul-Gumuz region, have no documentation.

Female-Headed Households face obstacles when attempting to assert their housing land and property (HLP) rights and/or documentation, given the lack of clarity regarding their ability to assert land rights in the constitution, and their vulnerability to GBV during disputes over access to HLP. In many areas, access to documentation is gendered with highest percentage of men holding documentation..

### Analysis of Humanitarian Needs

The lack of civil documentation is a barrier to access other basic rights such as freedom of movement, access to humanitarian assistance and access HLP documents. In an environment of intense insecurity caused by unidentified armed elements, civilians need to present means of verification at numerous check points. Based on available data for IDPs in sites, an estimated 818,860 individuals are currently missing documents. The absence of an identity document can result in arbitrary detention and arrests. Most of the affected population reported, through protection monitoring, that the absence of *kebele* ID cards (some of which were damaged during displacement) limit their movement.

In addition, the majority of the children born during displacement do not have birth certificates and could be at-risk of statelessness. There are a number of reasons for this. First, the civil registration and vital statistics system (which includes birth registration) is new, having been established in 2016 and the DHS (2016) shows 5 per cent of children under five years old with their births registered with civil authorities. Second, while over 89 per cent of *kebeles* country-wide offer civil registration, there are procedural barriers such as the mandatory presence of both mothers and fathers,

evidence of an up-to-date *kebele* ID, and fees charged for birth certificates (in some areas) which may be a barrier. Accessing such services in displacement are compounded by family separation, pregnancy due to rape and lack of death certificates of parents. In addition, while health facilities and health extension workers are mandated to provide notification of births (which can facilitate the birth registration), evidence shows that as most health facilities and workers do not have the necessary papers and/or are not sufficiently capacitated to do this. Anecdotal evidence also shows that some parents confuse birth notification with registration, indicating that more awareness of the importance of and how to register births, is required.

Persons with specific needs are often overlooked and no specialized specialized services are specifically aimed to address their needs. persons with specific needs constitute at least 17 per cent <sup>56</sup> of the affected population, and in emergencies, remain invisible and are less vocal due to persistent attitudinal, social and environmental barriers in society/community where they live as well as limited and unavailability of services provision to their specific needs. For instance, emergency facilities and concentrated services were not inclusive of people with disabilities as well as older persons without family support, etc. The absence of services, societal barriers and their surroundings, aggravate their condition and put them at increased risks of abuse, exploitation, violence, harassment, illnesses, unhealthy coping mechanism and additional psychosocial stress. Without specific structures to enforce the provision of adapted services for persons with specific needs in areas of displacement and/or affected by conflict, this group is at significant risk of excess morbidity and mortality.

Also important to note concerning 'disability, the Government of Ethiopia does not have an internationally accepted definition of persons with disability, nor does it use the Washington Group approach (as illustrated by the census figures). It uses a national definition agreed through consultations with national disability NGOs and stakeholders. This impedes measurement and reporting and for which further advocacy is required with the government to take steps to address this gap.

## Projection of Needs

The Protection Cluster will conduct rapid assessments and continue conducting protection monitoring to collect, verify and analyse information in order to identify violations of rights and protection risks faced by IDPs, returnees, and other emergency affected populations for the purpose of informing effective responses that do not exacerbate risks or reinforce patterns of violation. The CP/GBV AoR will continue to provide response services and community based prevention measures based on assessments of needs and will work to ensure capacity and availability of social workers and referral systems to respond to new emergency affected areas due to displacement induced due to other conflict and climate factors.

## Monitoring

The Protection Cluster will monitor needs in 2020 through regular protection monitoring and partner assessments. The Protection Cluster will also work with other clusters' data collection mechanisms by introducing a protection risk analysis (PRA) as a means to mainstream protection analysis and risk mitigation measures into the humanitarian response. The Protection Cluster is an active member in the EHCT Protection Strategy Monitoring group.

The CP/GBV AoR will provide support for rapid CP and GBV assessments to collect information on needs in new emergency affected areas, including participation in multi-sectoral assessment. Information will also be collected through sub-national CP/GBV coordination structures, where in place, and will support will be provided to other sectors to integrate CP and GBV in their response.

The SMS WG members report monthly through the Protection Cluster 5Ws. Where sub-national Response Plans exist, the SMS Working Group endeavours to ensure that SMS targets and indicators under these plans are in line with the national 5Ws, and are formulated to accommodate both the In-Site and Area-based Approaches being applied in different parts of Ethiopia.



## Indicators

#	INDICATORS	SOURCE	FREQUENCY OF DATA COLLECTION
1	# of separated and unaccompanied children	DTM, UNICEF	Bi-monthly
2	% of women, girls and boys that don't feel safe	DTM	Bi-monthly
3	% of women and girls facing barriers accessing health facilities	DTM	Bi-monthly
4	% of HHs living outside or in an open space	DTM, VAS	Bi-monthly
5	% Lack of access to official documentation	DTM	Bi-monthly
6	% School dropouts	DTM	Bi-monthly
7	% of HHs/population reporting damaged/occupied/destroyed shelter	DTM, VAS	Bi-monthly
8	# of IDPs missing documentation	DTM	Bi-monthly
9	# of IDP and returnee locations without Site Management Support services	DTM	Bi-monthly
10	% of women and girls that live in <i>woredas</i> with functional GBV and CP referral systems	DTM	Bi-monthly

## Child Protection

### PEOPLE IN NEED

**2.6M**

### GIRLS

**27%**

### CHILDREN

**54%**

### WITH DISABILITY

**10%**

### Overview and affected population

Almost two-thirds of Ethiopia's affected populations are children. Both quantitative data from DTM 19, and qualitative protection and multi-sectorial assessments conducted throughout 2019 indicate the persistence of significant emergency-induced child protection concerns. These include family separation, with nearly 7,600 orphaned and unaccompanied and separated children and some 600 children living in the streets.<sup>57</sup> Children's direct and indirect exposure to violent increases the sense of insecurity with over 131,500 children – 14.0 per cent of the affected children – reported feeling unsafe. This contributes to psychosocial distress, indicated in DTM 19 as affecting 89,500 children (9.5 per cent), is documented as much higher in qualitative assessments. The loss of their homes, assets and known environment result in severe material deprivation, with more than 600,000 children (64.1 per cent) reportedly facing significant barriers in accessing essential services and assistance.

In addition, the dynamic humanitarian situation has compounded and exacerbated some of the underpinning and structural child protection risks and vulnerabilities, illustrating gaps in the underpinning child protection system for which a social service workforce for child protection<sup>58</sup>, child protection case management and accessible and quality services and referral mechanisms, coordination and

accountability mechanisms are critical yet currently weak. Among the issues of concern include child maltreatment, with over 46,000 children reported to be exposed to severe physical abuse; harmful practices which particularly discriminate against girls and illustrate significant gender inequality, with over 64,700 women and girls, estimated to face high risk of child marriage and GBV; school drop-out, with 4.5M children out of school overall (MIS 2019) - including an estimated 184,353 who have dropped out as a direct consequence of the emergency; and child labour, which qualitative assessments report to be increasing across the country and particularly in return locations, where families struggle to receive assistance yet they have not re-established independent means of livelihoods.

The mainstreaming of mental health and psychosocial support (MHPSS) considerations in other sectors is limited and provision of focused and specialised care for children (and adults) with more complex mental health needs is almost exclusively confined to the services offered within an overstretched and often less than optimally qualified public health system. According to DTM R19's key informants, over 687,000 children live in sites where no protection services are offered, while 244,428 women, girls, men and boys report not feeling safe in displacement sites and areas of return.

## Gender-based Violence

### PEOPLE IN NEED

**2.2M**

### WOMEN

**22%**

### CHILDREN

**54%**

### WITH DISABILITY

**11%**

### Overview and affected population

Increased severity and scale of conflict related violence, including gang rape and sexual violence, in areas of origin, transit and displacement remain a critical concern. Vulnerable groups affected by conflict are in desperate need of multi-sectoral lifesaving GBV prevention and response services such as mental health and psychosocial support (MHPSS) and clinical care and GBV referral systems for multi-sectoral services for survivors. Despite continued efforts by the GBV AoR to build response capacity for service providers the quality and availability of services remains unsatisfactory, while rapid changes in context and new outbreaks of inter-communal violence has put a serious strain on national capacity to respond to the increased needs. Data from DTM R19 shows that and 97.6 per cent women and girls do not have access to GBV referral mechanisms and system strengthening and capacity development of local institutions, including legal services, and social service workforce is urgently required for functional referral system and to ensure availability of services that meet global standards of care. In addition, child labour and survival sex

are common negative coping mechanisms and to mitigate these risks, livelihood programs are needed to mitigate the risks for these types of GBV.

Access to basic services and risk mitigation across sectors also remain a concern. 64.3 per cent women and girls reporting facing barriers<sup>59</sup> (including discrimination, location of facilities and distribution points) in accessing basic services and 70.9 per cent women and girls<sup>60</sup> live in sites that reported to have no life-saving clinical management of rape (CMR) available for survivors. In addition, living conditions remain dire, with overcrowded communal living arrangements that lack partitions to provide families with privacy. In DTM 19 it was reported that over 574,000 women live in areas where no protection services are offered, while 91.1 per cent women and girls report privacy concerns with their shelters. 72.6 per cent of sites do not have lighting at all and 24.3 per cent don't have adequate lighting in communal areas.<sup>61</sup> In addition, 88.2 per cent women and girls do not have access to gender segregated bathing areas, which increase the risk of GBV and limits the mobility of women and girls.

## Housing, Land and Property

### PEOPLE IN NEED

**1.1M**

### WOMEN

**23%**

### CHILDREN

**53%**

### WITH DISABILITY

**3%**

The estimated number of persons in need for HLP and civil documentation services is estimated to be 1,091,360 individuals. The needs are expected to be much higher, however obtaining accurate data on HLP rights violations, is challenging due to the sensitivity of the topic. The needs associated from HLP are driven by the destruction of assets, lack of HLP documents, secondary occupancy of land, undocumented (sometimes illegal) transactions, land swapping and insecurity of land tenure. The lack of documentation in conflict affected areas is due to the following reasons: the documents was not held by owners prior to the conflict, documents were left behind when conflict affected populations fled their areas of origin, documents were purposely destroyed or confiscated by armed groups as they fled their areas of origin, or due to the destruction of offices where land records were stored. Once land

users are displaced, secondary occupation (particularly in conflict affected areas of Ethiopia in Gedeo/Guji and the Wollegas/Kamashi zone, the secondary occupation of land and properties has led to multiple and overlapping claims over the use and occupancy of land and property become a significant driver of need. Some IDPs reported being coerced into such transactions (selling HLP assets) as they fled the conflict, often for a minimal fee and in a situation where the voluntariness of the transaction was questionable. A subset of undocumented transaction can also be land swapping along ethnic lines, which allows IDPs to remain in their areas of displacement rather than returning to their areas of origin; this type of land swapping is generally not formalized, subject to considerable risk, and could have implications on other civil rights.

## Site Management Support

### PEOPLE IN NEED

**1.1M**

### WOMEN

**23%**

### CHILDREN

**54%**

### WITH DISABILITY

**5%**

The estimated number of persons in need of SMS services is 1,124,292 individuals. Of these, 40 per cent are IDPs living in the host community and 31 per cent are in sites. While those still in displacement are considered most in need of SMS services, returnees with ongoing emergency needs are also included in the total number of persons in need, especially those who have returned to totally damaged homes, as this is a proxy indicator for other unmet basic needs. The SMS Working Group has analysed the multi-sectoral people in need data to identify locations with the highest concentrations of displacement-affected populations (both conflict and climate-induced) and cross-referenced these against humanitarian operational intervention mapping. Locations with high concentrations of affected persons and humanitarian actors require greater facilitation of community participation and information dissemination due to the number of interventions. The SMS Working Group has also analysed, however, that in locations with significant numbers of displacement-affected populations, especially those with high severity of inter-sectoral needs, but with low levels of humanitarian intervention, the Site Management/Local Authority may be in particular need of support as they lead the response, but with little or no contribution of humanitarian actors.

This is especially the case in for local authorities administering IDP sites, who frequently have no training in site coordination or management, including mitigation of protection risks in sites. During 2019, NDRMC flagged that while authorities have a certain level of capacity to respond to natural disaster, there is a need for preparedness capacity building of local authorities on conflict-induced displacement. For this reason, SMS has identified Oromia, Somali and Benishangul Gumuz Regions as locations with key humanitarian needs under its mandate, while possible unrest or climate events in 2020 may lead to displacement and new humanitarian need in additional locations. It should be noted that within prioritised locations, entire affected populations (IDP site populations, displacement affected populations out-of-camp) are targeted by SMS. However, within these wider population groups, the vulnerable groups identified in the above chapters, are found to have specific needs and may be at particular risk. Persons with physical disabilities and/or chronic illnesses have specific need of support in IDP sites which are generally particularly challenging to persons with limited mobility. Furthermore, female and child-headed households face particular risks of exploitation in contexts where service provision is inadequate.

3.8

# Water, Sanitation and Hygiene



PEOPLE IN NEED

7.0M

WOMEN

22%

CHILDREN

54%

WITH DISABILITY

11%

## Overview

While access to improved water supply and safely managed sanitation is still low in Ethiopia<sup>62</sup>, any emergency occurrence becomes a driver of humanitarian WASH response needs. Major causes of WASH response needs are conflict-induced displacement, climate shocks such as drought and floods, disease outbreak due to poor WASH service, hygiene practices and traditional cultural norms.

A significant change observed since 2019 is a decrease in number of IDPs as a result of the Government-led return process that started in May 2019. The process increased the WASH response needs among the returnees and resident-communities. Number of cholera cases are still high as 3,357 in 2018 and 2,074 as of December 2019. Poor rain during spring *belg* rainy season also resulted in urgent water supply deficits especially the lowlands of Amhara, Somali, Oromia and Tigray regions. Though some changes in trends were observed, most life-saving WASH needs in 2020 were identified among the large number of IDPs and people who do not have reliable WASH services.

## Affected population

Regardless of the drivers of humanitarian needs, the affected population is generally in need of humanitarian WASH response due to severe climatic conditions which lead to erratic water availability, limited WASH service coverage and poor services in remote and hard to reach areas.

Within the conflict and climate-affected populations, IDPs are noteworthy as 89 per cent of the IDPs have no access to safe drinking water and 78 per cent have no access to functioning sanitation facilities, of which 45 per cent do not have access to any sanitation facilities. The risks to people with health concerns, people living in areas experiencing disease outbreaks, and those suffering from malnutrition, are compounded by lack of regular access to safe water, hygiene and sanitation facilities. In pocket areas of Amhara, Oromia and Somali regions other localized shocks generate WASH risks for the affected communities.

Protection risks are identified among vulnerable groups, especially women and girls, children and physically disabled population during provision of WASH response activities. Sub-standard WASH facilities were identified as potential triggers of SEA and GBV as well as barriers for proper usage of WASH facilities. Protection risks to

women and girls required to travel long distances in search of water were also identified.

## Analysis of Humanitarian Needs

Total WASH sector PIN is 7,014,461 and needs of affected population are still centered around safe drinking water supply and access to sanitation facilities. To secure access to safe drinking water in severe circumstance where there are no protected water sources, access to WASH NFIs is essential particularly among disease and climate affected populations. Majority of humanitarian WASH needs are identified from within the affected population in communities especially in Afar, Amhara, Oromia and Somali regions, while IDPs remain severely affected with poor living standard. WASH PIN under catastrophic situation is identified in most low-land *woredas* and conflict-affected areas, such as zone 1 and 2 in Afar, Central Gondar in Amhara, Bale in Oromia, Fafan and Shabelle in Somali. Bale, East and West Hararge, West Guji in Oromia, Afder, Dawa, Dollo, Liben and Shebella in Somali region accommodate more than 100,000 WASH PIN.

PIN of WASH response are also identified among physical and mental wellbeing category especially those who are affected by disease outbreak and malnutrition. Without adequate and reliable WASH services the efficacy of outbreak prevention and nutrition programs is reduced. Appropriate WASH facilities minimize the risk of GBV and other protection risks to vulnerable groups including women and girls, elders and physically disabled.

The needs associated with displacement vary from the needs exhibited within the general population in their duration. However, the acute nature of needs is not hinged on the status of the community, rather their access to safe water, hygiene and sanitation services.

In general, affected population is under high risk of disease outbreak due to negative hygiene practices, such as open defecation and environmental contamination, which is because of non-availability of basic WASH services. Besides, there are both economic and health-related negative impacts among the affected population, because the affected population had to buy very expensive but contaminated water from private water vendors to secure minimum quantity of water. In rural areas, people had to walk a long distance to fetch unprotected surface water which expose them to protection risks, such as SEA and GBV. Humanitarian WASH response needs are



## Indicators

#	INDICATORS	SOURCE	FREQUENCY OF DATA COLLECTION
1	% of HHs/people having access to a functional sanitation facility (latrine)	DTM and VAS	Quarterly
2	% of HHs/people having access to an improved water source	DTM, VAS, IPC, HEA/FSNMS and Rapid needs	Quarterly, Bi-annual, Annual and Ad-hoc
3	% of HHs/people having access to a sufficient quantity of safe water for drinking, cooking, bathing, washing or other domestic use (25 l/person/day)	DTM and VAS	

observed among those vulnerable group of people regardless to urban and rural environment.

Though there are significant number of people who cannot chronically access improved water supply as well as improved latrines in the country, One WASH National Program (OWNP) should address an improvement of access to WASH services in general, including institutional WASH at schools and health facilities. Further NEXUS arrangement and effective coordination with OWNP would be expected through application of the Multi Year Resilience Strategy (MYRS), especially in 12 zones that identified as priority dry zones.

### Protection risks

Protection risks are identified especially among women and girls, children and physically disable population during provision of WASH response activities. Sub-standard WASH facilities might be a trigger of SEA and GBV as well as barriers for proper usage of WASH facilities.

### Projection of Needs

Displacement, disease outbreak and climate shocks drive WASH needs. Some WASH needs in 2020 are likely to be cyclical and linked to seasonal variability such as floods, droughts and disease

outbreaks. Such WASH needs projection would be part of disaster risk management including early warning of natural calamities. Besides, in 2020, the planned general election may pose a critical security concern as well as related displacement in some parts of country, which leads to acute WASH response needs among the displaced population.

### Monitoring

Monitoring data would be collected from the same source of data set for needs assessment under HNO as listed above. These would be supplemented by needs assessment reports prepared by the cluster partners that would provide ad-hoc monitoring of response needs. One of the major challenges is a lack of information on WASH facility functionality and availability from National WASH Inventory, except Somali region. Another challenge would be a seasonal fluctuation of WASH response needs in relation with climate condition, such as rainfall, which affects availability of surface water and groundwater level.

## Part 4

# Annexes

### WOLGEBA/SNNP REGION, ETHIOPIA

*Women carry water back to their homes in Wolgeba village in Halaba Zone, Ethiopia. . Photo: UNICEF Ethiopia/2015/ Nahom Tesfaye*



## 4.1

# Methodology

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Building on progress achieved last year in the first HNO for Ethiopia, and supported by new global guidance on estimating PIN, more focused analysis on people in need and severity was made possible for the 2020 HNO. The current HNO more accurately analyses humanitarian needs by looking at both the criticality of their needs (i.e. categorization of needs by types of humanitarian consequences) and severity of needs (i.e. estimation of severity of the consequences through a five point-scale). Given the methodological shift, a degree of cautiousness should be exercised when comparing trends from last year to this year.

Cluster coordinators in the ICCG and cluster information management officers in the IMWG worked together with OCHA, global cluster focal points, cluster lead agencies, other humanitarian country team members, and subject matter experts in both Ethiopia and respective headquarters throughout the entire process.

### Intersectoral severity and PIN

The first step in the process was to define and agree on the scope of the analysis, which was done during the months of August and September 2019. The ICWG and the IMWG worked together with NDRMC to agree on the humanitarian consequences and to identify the geographical scope and the population groups to consider part of the analysis. Moreover, in this first phase, a more thorough understanding of the available data was gained.

Next, in September, indicators were selected to illustrate the different dimensions and aspects of each humanitarian consequence. The selection of indicators was based on the 'Indicator Reference Table' produced by the Joint Intersectoral Analysis Group of the Inter-Agency Standing Committee, which contains a set of Joint Intersectoral Analysis Framework (JIAF) 'core indicators' adapted for use in intersectoral needs and severity analysis. Criteria for the selection of indicators by the ICWG and IMWG included appropriateness and relevance to explain the humanitarian consequence, data availability (at the *woreda* level) and data reliability, including the possibility to organize findings on a five point severity scale. OCHA encouraged clusters and partners to be responsible, transparent and creative in pushing forward the quality and rigour of the exercise in selecting indicators and data sources, and handling the data to be broken down by geography, population group and humanitarian consequence. The selection of indicators involved iterative rounds of consultations over several weeks with global cluster leads, OCHA headquarters and local agency experts, to guide decisions by cluster teams with OCHA on

use and handling of indicators and related data for PiN and severity analysis, to arrive at a set of indicators for intersectoral analysis. The examination of the data coverage, reliability, measurability, and relevance and handling of the indicators, and the mix of indicators, led to decisions to exclude some indicators.

When starting to work with the data on the agreed indicators, the severity thresholds of some indicators were adjusted to permit categorization of the assessed population directly within a one to five severity scale and to better differentiate between more and less severe needs in the Ethiopia context. Meanwhile, adjustments were also made to the extent possible with the work ongoing at global level on the Joint Inter-Sectoral Analysis Framework and the ongoing discussions with global clusters. This included reassessing the best humanitarian consequence to categorize some of the indicators on in accordance with emerging global guidance, for example regarding severe food security (people in IPC Phases 4–5 or people assessed to face a survival deficit) which was finally included under the physical and mental wellbeing category. This drives the PIN number with challenges in the physical and mental well-being category to be larger than those having needs with respect to maintaining adequate living standards. This is an exception to the balance of wellbeing and living standards PINs in most contexts, where the wellbeing PIN is usually lower than that for living standards.

There were also two field consultations organized, in Jijiga and Dilla, to seek views and expert judgement of field-based partners to strengthen the preliminary inter-sectoral analysis framework and initial results for Somali region and Dilla zones, respectively, and to fill data gaps. For other areas, if indicator data was missing for certain population groups – mostly to assess needs under the living standards consequence – geographic extrapolation was used to fill data gaps.

The table in the next Annex sets out the final set of indicators chosen for the intersectoral analysis.

Please note that, in line with global guidance, the inter-sectoral severity and PIN are based on the indicators from the physical and mental wellbeing consequence and the living standards consequence. The protection indicators which are used to analyze the protection consequence are also included in the wellbeing and living standards consequences, to ensure the centrality of protection within each humanitarian consequence. The analysis on the recovery and resilience humanitarian consequence is a stand-alone analysis, and





**FARBURU/SOMALI REGION, ETHIOPIA**

Farburo Internally Displaced People in Adadle woreda. .

Photo: UNICEF Ethiopia/Photographer

it's severity and PIN are not included in the inter-sectoral PIN and severity. This is mainly because the resilience analysis is an area which falls partly within the humanitarian domain and partly within the development domain.

Based on the indicators under physical and mental wellbeing and living standards, the calculation of the inter-sectoral PIN was conducted by humanitarian consequence and by population group, at the third administrative level (*woreda*). First, the PIN was calculated by indicator at *woreda* level by summing up people falling into the three highest severity classes (high + very high + severe). The indicators were then grouped by their respective humanitarian consequences, and in each *woreda* the indicator with the highest value was chosen to derive the PIN for a specific consequence by *woreda*. This process was done for all *woredas*. The overall PIN for a *woreda* is calculated by taking the maximum between the two humanitarian consequences (physical and mental wellbeing and living standards). All the above steps were done for each of the population groups analyzed in the HNO. The inter-sectoral PIN presented in the HNO is a sum of the number of people in need in each population group and in each *woreda*.

### Disaggregation of PIN by sex, age and disability

The first step to the disaggregation of the PIN was done by disaggregating the data for the different population groups and subgroups at *woreda* level. For the IDP sub-groups, the actual numbers of boys, girls, adult men, adult women, elderly men and elderly women was taken from DTM. When no DTM data was available, the national average DTM proportion was applied for this population sub-group at *woreda* level. Similarly, for the returnee sub-groups, the VAS disaggregation was used; and if not available, the national average VAS proportions were applied to disaggregate their data at *woreda* level. For the general non-displaced population, the latest<sup>63</sup> male and female distributions at *woreda* level were used from CSA. The age disaggregation was done by applying the national-level proportions as used by the Ministry of Health<sup>64</sup> to the PIN of the general non-displaced population groups at *woreda* level.

In the second step, the sex and age disaggregation of the PIN by humanitarian consequence was done at *woreda* level by adding the boys, girls, adult men, adult women, elderly men and elderly women respectively from each of the population groups disaggregated in the first step.



Finally, the *woreda* numbers are added up to obtain the national-level sex and age disaggregation by humanitarian consequence: the “children” disaggregation by humanitarian consequence represents all the boys and girls in need for all the population sub-groups in need for that respective humanitarian consequence; and similarly the “women” disaggregation represents all adult women and elderly women in need.

For the disability disaggregation, DTM and VAS figures were used for IDPs and returnees when the exact numbers were available. For areas with IDPs or returnees, but not covered by DTM and VAS, the national disability average from DTM and VAS data was applied. For the general non-displaced population, the Ethiopian national average<sup>65</sup> was used.

### Cluster severity and PIN

For the current cycle, efforts were made to ensure that cluster estimations were whenever possible based on the indicators and thresholds used in the inter-sectoral framework outlined above. When available, clusters referred to own data sources, and expert judgement, to inform the broader analysis and corroborate the inter-sectoral findings.

Most clusters were able to utilize their core needs indicators and redefine thresholds to estimate severity of the consequences of the crisis on a five-point scale and, thereafter, derive the people in need according to the enhanced HPC inter-sectoral methodology. The indicators used by the clusters to calculate severity and people in need are listed in the next Annex.

## 4.2

# Indicator Overview

Physical and mental wellbeing				
CONSEQUENCE AND PROBLEM	INDICATOR	SOURCE	USED FOR SEVERITY OF NEEDS AND/OR PEOPLE IN NEED	APPLIED BY WHICH CLUSTER
Disease outbreaks	Case Fatality (CFR) for cholera	WHO/EPHI	Severity of Needs	Health, WASH
	Incidence of cholera in the last 12 months	WHO/EPHI	Severity of Needs and People in Need	Health, WASH
	Incidence of measles in the last 12 months	WHO/EPHI	Severity of Needs and People in Need	Health
	Number of weeks of malaria outbreaks in the last 12 months	WHO/EPHI	Severity of Needs	ES-NFI, Health
Acute malnutrition	Number of new admission cases of SAM (last 12 months)	ENCU	Severity of Needs and People in Need	Health, Nutrition, Food
	Number of MAM beneficiaries in Hotspot woredas and IDP-affected woredas (12-month period)	ENCU/WFP	Severity of Needs and People in Need	Nutrition, Food
Psychosocial and/or physical trauma	Number of separated and unaccompanied children	DTM, VAS	Severity of Needs and People in Need	Protection
	Number of general violence incidents (intercommunal, organized crimes, military action, etc.)	ACLED, Humanitarian Access Incidents database	Severity of Needs	Health, Protection
	% of women, girls and boys that don't feel safe	DTM	Severity of Needs and People in Need	ES-NFI, Protection, Food
Food insecurity	Reduced Coping Strategies Index	FSNMS	Severity of Needs	Agriculture, Food
	Household Hunger Score	FSNMS	Severity of Needs	Food
	Food Consumption Score	FSNMS	Severity of Needs	Food
	Household Diet Diversity Score	FSNMS	Severity of Needs	Food
	Number of food insecure people (excluding PSNP clients) - IPC phase 4	IPC/NDRMC	People in Need	Food, Health, WASH
	Number of people living under survival deficit	HEA	People in Need	Education, Food, Health, Nutrition, Protection, WASH
Living standards				
Livelihoods	Number of food insecure people (excluding PSNP clients; in areas affected by erratic rainfall in the previous <i>meher</i> or <i>belg</i> season) - IPC phase 3	IPC/NDRMC	People in Need	Agriculture, Food, WASH

	Number of people living under livelihood protection deficit (in areas affected by erratic rainfall in the previous <i>meher</i> or <i>belg</i> season)	HEA	People in Need	Agriculture
Lack of availability of, and access to, basic goods and services	% of households without sufficient and appropriate non food items	DTM	Severity of Needs and People in Need	ES-NFI, Health, Food, Agriculture
	% of HH with barriers accessing health facilities	DTM	Severity of Needs and People in Need	Health, Protection, Food, Agriculture
Children out of school	% of pre-primary / primary / secondary school aged children attending school	DTM, VAS	Severity of Needs and People in Need	Education, Protection, Food, Agriculture
Housing damage and HLP rights	% of returnees have access to official documentation (eg Land Certificate) and evidence of their HLP rights prior to displacement	VAS	Severity of Needs and People in Need	ES-NFI, Protection
	% of HHs/population reporting damaged/occupied/destroyed shelter	VAS, loss & damage assessments	Severity of Needs and People in Need	ES-NFI, Health, Protection, WASH
Inadequate shelter conditions	% of HHs/population reporting their living outside or in an open space (no shelter/ house)	DTM, VAS	Severity of Needs and People in Need	ES-NFI, Health, Protection, Food, Agriculture
Inadequate sanitary conditions	% of HHs/people having access to a functional sanitation facility (latrine)	DTM, VAS	Severity of Needs and People in Need	Education, WASH, Food, Agriculture
Reduced access to and quality of water	% of HHs/people having access to an improved water source	DTM, VAS & FSNMS	Severity of Needs and People in Need	WASH, Education, Food, Agriculture
	% of HHs/people having access to a sufficient quantity of safe water for drinking, cooking, bathing, washing or other domestic use (20l/person/day)	DTM, VAS	Severity of Needs and People in Need	Health, WASH, Education, Food, Agriculture
Concentration of displacement	Number of IDPs and returned IDPs (not to home) by <i>woreda</i>		Severity of Needs and People in Need	Protection
Recovery and resilience				
Loss of livelihoods	Number of returning farming IDPs who went home and do not have access to land for cultivation/farming	VAS	Severity of Needs and People in Need	
	Number of returning pastoralist IDPs who went home and do not own livestock	VAS	Severity of Needs and People in Need	
	Livelihoods Coping Strategies Index	FSNMS	Severity of Needs	
Chronic food insecurity	Number of food insecure people (excluding PSNP clients; in areas NOT affected by erratic rainfall in the previous <i>meher</i> or <i>belg</i> season) - IPC Phase 3	IPC/NDRMC	People in Need	
	Number of people receiving food assistance throughout the last four years following <i>meher</i> harvest seasons	NDRMC/OCHA	Severity of Needs and People in Need	

## 4.3

# Data Sources

The following section describes some of the major needs monitoring systems that were used directly or indirectly as part of the analysis for the humanitarian needs overview.

## Displacement tracking

The major source of displacement used in the HNO is DTM, which combines the Site Assessment and VAS. Through the Site Assessment which was conducted from 1 to 30 September 2019, DTM captured 1,606,086 IDPs (307,437 IDP households) in 1,149 sites. The biggest causes of displacement were conflict which displaced 1,073,583 IDPs, followed by drought which affected 402,562 IDPs and seasonal flood which affected 35,546 IDPs. VAS was carried out between 1 to 12 October 2019 and covered 941 villages across 7 regions. VAS is targeted at locations with high returns to evaluate the absorption capacity of the village with a focus on accessibility of services, livelihoods and reintegration. A total of 1,138,707 returning IDPs, 52,977 IDPs, 7,412 returned migrants and 1,144,380 host community members were tracked through VAS. For more information, visit: DTM site. For areas not covered by DTM, displacement data was taken from regional disaster risk management offices.

## Weekly and Monthly Early Warning Systems at NDRMC

The National Disaster Risk Management Commission (NDRMC) through the Early Warning and Response Directorate, collects weekly and monthly *woreda* level monitoring data in collaboration with line ministries, primarily the Ministry of Agriculture (MoA). Data are collected on weather condition, crop performance, livestock condition market conditions, labour, water for humans, education, health, nutrition, flood and landslides. The Early Warning and Response Directorate uses this data for analysis and produce bi-weekly and monthly bulletin on the current

situation and the prediction for the following month. The data and analysis were used as an input to the seasonal assessment process to pre-identify areas that should be visited during the assessment.

## National Meteorological Agency

The National Meteorological Agency (NMA) has Early Warning Systems through which the agency monitors weather conditions of the country and related hazards that are threats to the life and livelihoods of vulnerable communities so as to minimize the effect of severe weather impacts on life and property by providing reliable and timely weather information from station network. NMA has well defined set of early warning indicators to monitor each type of hazard. The main types of monitoring indicators for flood and drought are rainfall and temperature which are directly taken from the observing station and calculated based on WMO standard and procedure. NMA data and analysis are the main weather-related inputs for NDRMC Early warning analysis.

## Seasonal assessments

The Government leads a multi-sector and multi-agency national needs assessments are twice a year, closely linked to the agricultural cycle. They are conducted after the short (February - May) and long (July - September) rainy seasons. During these seasonal assessments, teams visit regions, zones, *woredas* and *kebeles* and use standardized questionnaires to collect information on needs from key informants. In addition, assessment teams use focus group discussions at kebele level to better understand people's needs and coping strategies and to get a varied picture of how different groups of people are affected in different ways, and how they use different coping mechanisms.

In 2019, for the *meher* assessment, the government with humanitarian partners, decided to adopt a new methodology to integrate early warning data collected on a regular basis as well as predictions generated by early warning systems such as LEAP and LIAS into the process of the assessment (see following paragraphs for details on these tools). Using this approach, a first need analysis was conducted, and severely affected areas were identified and

chosen for physical spot-check during the assessment activity. After the assessment a national consultative workshop was organized to review the new approach, review the data collected during the spot-check and compare it to the predictions. Discussions were also held on the benefits and short comings of early warning data and technologies usage in the needs assessment process. The final result was used in the humanitarian needs overview.

## Household Economy Approach

Since 2018, NDRMC has used the Household Economy Approach (HEA) as a key analysis tool to determine the number of beneficiaries and the duration of assistance in food and agriculture sectors. The HEA is a unique approach to understanding household economy i.e. the economic decisions households make. Understanding how households live helps us determine how they will respond and cope in the event of a shock, such as a drought.

In Ethiopia, the approach uses baseline information in 158 livelihood zones in 6 regions of the country and overlays it with any specific hazard or intervention during the period covered by the assessment to determine the food gap. During the seasonal assessment, data is collected using the HEA to determine the food needs.

In 2019, in combination with projections input from the LEAP software, HEA was used to do a first need analysis and estimate the number of beneficiaries that will need food support in 2020. The spot-check *meher* assessment was then conducted in selected hot-spot areas to evaluate on the ground the actual situation. After a consultative workshop, the initial predictions were updated and final survival deficit and livelihood deficit beneficiaries were estimated for 2020.

The HEA uses the Livelihood Impact Analysis Sheet (LIAS) tool developed in 2008 by the GoE and USAID. LIAS allows the storing of household economy baseline data and running household economy outcome analysis. It allows the analyst to carry out complex livelihoods-based analysis simply and quickly, making the best use of available hazard data, and generating information that feeds directly in to early warning.



## Livelihood Early Assessment and Protection

World Food Programme (WFP) with the Government of Ethiopia, developed a model-based tool called Livelihoods, Early Assessment and Protection (LEAP) that permit a timely recognition of impending droughts. The tool was developed in 2008 with financial support from World Bank.

Designed specifically for the local Ethiopian context, LEAP uses satellite-based rainfall data to calculate a range of weather-based indexes. For current purposes, the most important indicators are Water Requirement satisfaction Index (WRSI) and yield reduction (derived from WRSI), Normalized Difference Vegetation Index (NDVI) and rainfall performance. As WRSI is an indicator of crop performance based on the availability of water to the crop during a growing season, LEAP tool uses this index to detect yield reduction. LEAP helps the government of Ethiopia to shift from managing disasters to managing risks by providing early warning information at administrative level for informed decision making.

The LEAP is a file package tool which can work in an offline environment, user-friendly and customizable based on the information available on the ground, making it very practical for the Ethiopian context. Generally, LEAP uses satellite and actual data collected from the field (can update the database in the software) to estimate reductions in crop yield by administrative unit and the intermediary output is used as input for Livelihood Impact Analysis Sheet (LIAS). The results of the combination of LEAS-LIAS was used as an initial prediction of food beneficiaries for 2020 in Ethiopia.

## IPC

The Government of Ethiopia has released in November 2019, the first IPC analysis report since the methodology was adopted in 2018. IPC aims to inform food-related emergency response and longer-term policy and programming decisions by providing rigorous, evidence- and consensus-based analysis that is comparable over time, and within and across countries. The IPC acute food insecurity analysis classifies areas and population groups according to the severity and magnitude of food insecurity, in both current and future timeframes. Using a

convergence of evidence approach, areas are classified in one of five phases, each with predetermined thresholds and cut-offs for the food security outcome indicators used in IPC analysis. While the IPC is not a response tool, it does provide priority-response objectives for each phase. Improving analysis along these lines would enable food security and humanitarian interventions to be more needs-based, strategic, and timely. Like other programs, the IPC is can also bring greater understanding of risks and develop baselines for improved early warning system over time.

The IPC is also a forum for food security technical dialogue that results in joint analysis and consensus of the food security situation, which is fundamental in designing coordinated and coherent interventions. In Ethiopia, the National Disaster Risk Management Commission (NDRMC) chairs the IPC TWG, through its Early Warning Early response directorate. There are 15 partner organizations at a federal level, comprised of government partners, Non-Governmental Organizations and United Nations agencies (FAO, WFP, OCHA and UNICEF) are members of the TWG. The other government institutions involved in IPC include the Ministry of Agriculture, the Central Statistical Agency, the National Meteorology Agency. Participating NGOs include Action Against Hunger, CARE International, Catholic Relief Services / Joint Emergency Operation Program, FEWS NET, GOAL, OXFAM, World Vision, and Save the Children.

The November 2019 IPC report covered six regions of Tigray, Amhara, SNNP, Oromia, Afar and Somali. In these six regions, the IPC analysis was conducted for the areas where it was unlikely for the households to meet their food needs for the whole year. The priority for the November IPC analysis was in areas that are regarded as *belg* rainfall dependent, pastoral areas and hotspot priority 1 *woredas*. In total 28.7 million people were assessed, and the analysis shows that about 8.5 million people would face severe food insecurity between February and June 2020 unless appropriate interventions are implemented. The IPC information will be updated with new information on a regular basis. The analysis includes all food insecure households irrespective of whether they benefit from PSNP or

not, as well as current IDPs and returnees..

## The Famine Early Warning Systems Network

FEWS NET provides a range of information products and software tools that are currently operational in Ethiopia and provides early warning and analysis on food insecurity. Through network development activities, FEWS NET builds national and regional capacity to provide sound early warnings and food security analysis.

To estimate projected food insecurity, FEWS NET builds detailed scenarios at least three times per year in countries that are regularly reported on. To ensure that food security projections are comparable across and within countries, and over time, FEWS NET uses IPC as a common language for describing the severity and magnitude of food insecurity.

FEWSNET analysis are used as general input to understand the current situation as well as to predict future food outcomes.

## Health

Ethiopia has been implementing the Integrated Disease Surveillance and Response (IDSR) strategy for strengthening communicable diseases surveillance since 2000. The Ethiopian Public Health Institute (EPHI) incorporated IDSR as one pillar in the Public Health Emergency Management (PHEM), a technical wing of the Federal Ministry of Health (FMoH). The PHEM cascades down to regional level through regional health bureaus (RHB), with their zonal health departments and district health offices. Through this system, 23 priority diseases and events have been identified for weekly and immediate reporting from the level of health post upwards. Surveillance data are collected from health facilities, analyzed and utilized at all levels. The regular health management information system (HMIS) still relies on paper based manual reporting. Health facilities transmit their monthly Excel reports to the district health office for compilation, or directly to the FMoH via email. As expected, this system is slow, fragmented and faced with data quality challenges. Recently the FMoH has completed the district health information system, DHIS-2 training for managers and data officers, and the platform is already set up to be rolled out in 2020. DHIS-2 is a popular web-based software used to aggregate data collection, validation, analysis, management, and presentation from live data.

## 4.4

## Information Gaps and Limitations

DTM being one of the main data sources for the displacement figures in this analysis, has experienced some limitations in terms of coverage. West Wellega was inaccessible during round 19 data collection due to security constraints. SNNP region is historically inaccessible for DTM, however IOM received exceptional approval to conduct VAS in Gedeo. For these larger areas, and for smaller areas which DTM teams could not access recently, the DTM data was complemented by displacement figures from the regional disaster risk management offices.

Information collected from the conflict affected and returns communities provided evidence based on key information interviews, which does not have details on household levels of food security. The food security outcome monitoring activities and households' surveys were not implemented in these areas therefore there is a gap in analysis of household level food security indicators. The food cluster will advocate for implementation of inter-sector surveys that will collect household level datasets and enable analysis of household level food security situation in displaced and return communities.

FSNMS, which was conducted in 2019, provided valuable evidence on key food security indicators. However, the sampling process of the survey did not allow for representative number of households to be interviewed in some *woredas*. The food cluster will advocate for a representative sample to be interviewed in *woredas* and also include disaggregation by population groups.

There is limited information and evidence for comparison of household level food security indicators and trend analysis with previous years. The food cluster will work with the government and partners in strengthening

analysis of food security situation in the country and support collection/analysis of household level food security indicators.

For the HNO, the Protection Cluster relied primarily on data available in DTM and VAS. The Protection Cluster faced limitations in data from these sources due to the coverage of these assessments being conducted in some parts of the country and not others. Although DTM and VAS provide a good baseline of needs, utilizing DTM data for protection related data, is not ideal because the information is collected from a small group of persons, by staff that are not necessarily specialized in protection. In general, there are limitations in collecting data related to persons with specific needs, as there is currently no comprehensive case management system, nor specific questions in seasonal assessments and other sources of data. The Protection Cluster utilized other known sources of data such as the international prevalence rate of persons with disabilities to be an average of 15 per cent of the population.

Similarly, the CP/GBV AoR relied heavily on the DTM and VAS figures for child protection and GBV, both of which present limitations in terms of the availability and quality of data gathering as mentioned above. The AoR analysed related information against the 5Ws and existing assessments to assess the reliability of DTM and VAS data and select the most reliable indicators for HNO. The AoR was unable to use other sources of data (for example the 4W MHPSS mapping matrix) because of the *woreda* disaggregation requirement. However, other sources of information were used in the narratives and for the analysis, notably interagency Protection Monitoring reports, interagency assessments, MHPSS 4W matrix, GBV trend analysis from One-Stop Centers and other

qualitative sources of data. Apart from the DTM and VAS, there is no other quantitative existing source of information that covers the whole country specifically to highlight child protection and GBV specific issues such as unaccompanied and separated children, child labour, child trafficking, GBV against women and children. Both GBV and child protection Case management (CPIMS/GBVIMS) are nascent in Ethiopia, under development and this also impedes reporting

Data in Ethiopia on HLP related issues are limited as actors implementing HLP programming are very few and the sensitivity of the information collected can prevent actors to widely share the findings of their assessments. Agencies collaborate to share qualitative data collected in the field through the HLP Working Group but was limited in 2019 for Gedeo -West Guji HLP Working Group. The foreseen expansion of HLP intervention will allow the HLP working group to gather more data on HLP rights in 2020.

WASH has used three indicators for the HNO analysis. In-terms of displaced peoples' needs analysis DTM and VAS have been used. But there was limitation to use these three indicators when it comes to the non-displaced affected population. Thus, the cluster used IPC data for some of the *woredas* for one of the indicator focusing on access to improved water source and complemented it using proxy indicators like survival deficit. When the National WASH Inventory II is going to be available, it can be used for the needs analysis for the general affected population.

## 4.5

# Centralizing and Mainstreaming Protection

## Centrality of Protection

The centrality of protection ensures that leadership, coordination, and engagement in protection and all sectors is more strategic, aligned and directed toward a stronger response. While protection of the rights of people is primarily the duty of member states and, in conflict, the parties to a conflict, Humanitarian Coordinators (HCs) and Humanitarian Country Teams (HCTs) are responsible for ensuring that protection is the purpose and intended outcome of humanitarian response. This responsibility cannot be delegated solely to the Protection Cluster or taken up by a single agency.<sup>66</sup> As the IASC Policy on Protection in Humanitarian Action (2016) notes, “Making protection central to humanitarian action thus demands a system-wide commitment. This means that all sectors/clusters must contribute to the protection of the affected population, in particular by addressing protection issues that intersect with their formal mandates and sector-specific responsibilities, as well as by engaging collectively to achieve meaningful protection outcomes that reduce overall risks to affected persons by decreasing threats, reducing vulnerability and enhancing capacities.

## Accountability to Affected Populations

AAP is essential within the humanitarian response to enable participation and empowerment, and to allow affected persons to decide their own needs and priorities. As peoples’ needs and priorities differ, it is critical that needs assessments are conducted across the country, being mindful to consider the views of persons of different ages, genders, and other diversity factors (including persons with disabilities, different ethnic groups etc.). Cash based interventions (CBI), which is the most preferred modality amongst IDPs, will not be of use in an IDP site or among returnees, if nearby markets are non-functional, and protection and gender considerations in the use of CBIs should also be examined- both for positive and potentially negative impacts. Market assessments and understanding protection and gender implications of CBIs are important before implementation.

## Protection Mainstreaming

Protection mainstreaming is the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid. The following components must be taken into account in all humanitarian activities: (1) Prioritize safety and dignity as well as avoid causing harm by preventing or minimizing any unintended negative effects of your intervention which can increase people’s vulnerability to both physical and psychosocial risks, (2) meaningful access by arranging for people’s access to assistance and services, paying special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services, (3) accountability by setting-up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints, (4) participation and empowerment that supports the development of self-protection capacities, and assists people to claim their rights, including – not exclusively – the rights to shelter, food, water and sanitation, health, and education.

## 4.6

# People in Need by Zone





















DISTRICT	TOTAL POPULATION	PEOPLE IN NEED	OF WHICH LIVING IN: VERY HIGH /HIGH SEVERITY WOREDAS	PIN VARIATION WITH 2019 (%)
ADDIS ABABA				
Region 14	3.59 M	1 k		-99% ✓
AFAR				
Zone 1 (Awsa Rasu)	643 k	100 k	29 k /	81% ^
Zone 2 (Kilbet Rasu)	494 k	78 k	16 k /	-11% ✓
Zone 3 (Gabi Rasu)	281 k	55 k	43 k /	38% ^
Zone 4 (Fantana Rasu)	277 k	42 k	10 k /	-9% ✓
Zone 5 (Hari Rasu)	209 k	29 k		118% ^
AMHARA				
Awi	1.34 M	21 k		67% ^
Central Gondar	2.72 M	125 k		143% ^
East Gojam	2.67 M	29 k		-72% ✓
North Gondar	890 k	73 k		439% ^
North Shewa	2.29 M	144 k		65% ^
North Wello	1.74 M	216 k		237% ^
Oromia Zone	570 k	19 k		15% ^
South Gondar	2.53 M	105 k	/ 21 k	207% ^



BY GENDER WOMEN / MEN (%)	BY AGE CHILDREN / ADULTS / ELDERS (%)	WITH DISABILITY (%)	REFUGEES*	[IDPS]	[IDP RETURN- EES]
53 / 47	53 / 42 / 5	17%	24 k		
46 / 54	54 / 41 / 5	15%	21 k	15 k	
46 / 54	55 / 40 / 5	13%	30 k	13 k	
48 / 52	55 / 40 / 5	12%		18 k	
45 / 55	53 / 41 / 6	15%		5 k	
45 / 55	52 / 43 / 5	15%		3 k	
49 / 51	52 / 43 / 5	5%		21 k	
48 / 52	51 / 45 / 4	10%		42 k	2 k
51 / 49	53 / 43 / 5	16%			
50 / 50	53 / 42 / 5	17%			
50 / 50	53 / 43 / 5	16%		2 k	
47 / 53	51 / 45 / 5	16%			
51 / 49	53 / 42 / 5	14%			1 k
49 / 51	52 / 44 / 4	15%		4 k	






















South Wello	3.25 M	102 k	-21% ✓
Wag Hamra	516 k	114 k	82% ⬆
West Gojam	2.89 M	4 k	-89% ✓
West Gondar	381 k	3 k	-72% ✓
BENISHANGUL GUMUZ			
Asosa	402 k	37 k	-74% ✓
Kemashi	151 k	92 k	-65% ✓
Mao Komo Special	70 k	10 k	-82% ✓
Metekel	479 k	13 k	180% ⬆
DIRE DAWA			
Dire Dawa urban	189 k	40 k	13% ⬆
Dire Dawa rural	320 k	10 k	-40% ✓
GAMBELA			
Agnewak	164 k	4 k	-26% ✓
Etang Special	50 k	1 k	-73% ✓
Mejenger	82 k	0 k	-80% ✓
Nuwer	167 k	4 k	-79% ✓
HARARI			
Harari	260 k	34 k	281% ⬆
OROMIA			
Arsi	3.65 M	315 k	-18% ✓

51 / 49	53 / 42 / 5	17%	1 k	
50 / 50	53 / 42 / 5	17%	1 k	
51 / 49	52 / 44 / 4	14%	2 k	
47 / 53	51 / 44 / 5	7%	3 k	
49 / 51	52 / 44 / 4	12%	43 k	35 k
49 / 51	54 / 40 / 6	1%	19 k	63 k
50 / 50	59 / 39 / 2	0%	19 k	10 k
50 / 50	56 / 38 / 6	5%	12 k	
50 / 50	50 / 45 / 5	10%		1 k
50 / 50	53 / 42 / 4	7%	6 k	4 k
50 / 50	56 / 40 / 5	4%	118 k	3 k
50 / 50	56 / 42 / 2	0%	191 k	1 k
48 / 52	53 / 42 / 5	1%		
46 / 54	55 / 41 / 4	1%	3 k	
50 / 50	55 / 42 / 3	9%	4 k	
50 / 50	53 / 42 / 5	17%	4 k	

Bale	1.89 M	315 k	114 k / 25 k	4% 
Borena	545 k	90 k		-12% 
Buno Bedele	809 k	90 k		-25% 
East Hararge	3.74 M	90 k	/ 583k	-22% 
East Shewa	2.23 M	90 k		-91% 
East Wellega	1.69 M	90 k	/ 43k	-46% 
Finfine Special	1.04 M	90 k		-96% 
Guji	1.48 M	90 k	/ 76k	28% 
Horo Gudru Wellega	792 k	90 k		-92% 
Ilu Aba Bora	953 k	90 k		-95% 
Jimma	3.67 M	90 k		-69% 
Kelem Wellega	1.14 M	90 k		-7% 
North Shewa	1.62 M	6 k		-77% 
South West Shewa	1.26 M	4 k		-71% 
West Arsi	2.87 M	231 k	/ 30k	8% 
West Guji	1.22 M	377 k	/ 276k	-4% 
West Hararge	2.57 M	460 k	/ 235k	-39% 
West Shewa	2.77 M	8 k		-69% 
West Wellega	1.88 M	19 k		-91% 
<b>SNNP</b>				
Alle	81 k	5 k		-27% 



48 / 52	52 / 43 / 5	15%		39 k	
49 / 51	54 / 44 / 5	10%	4 k	129 k	112 k
51 / 49	54 / 44 / 5	13%		18 k	
50 / 50	53 / 42 / 5	12%		131 k	86 k
50 / 50	53 / 42 / 5	17%		1 k	
50 / 50	51 / 43 / 6	10%		36 k	47 k
49 / 51	53 / 42 / 5	17%			
50 / 50	56 / 40 / 4	11%		124 k	8 k
50 / 50	53 / 42 / 5	17%			
50 / 50	53 / 42 / 5	17%			
50 / 50	54 / 42 / 5	15%		14 k	
50 / 50	54 / 41 / 5	14%		32 k	
50 / 50	53 / 42 / 5	17%			
49 / 51	52 / 43 / 5	16%			
50 / 50	53 / 42 / 5	16%		16 k	
50 / 50	53 / 42 / 5	4%		86 k	242 k
49 / 51	53 / 42 / 5	13%		26 k	44
49 / 51	53 / 42 / 5	16%			
50 / 50	53 / 42 / 5	12%		12 k	4 k
50 / 50	53 / 42 / 5	17%			

Amaro	195 k	29 k		86% 
Basketo Special	76 k	2 k		-89% 
Bench Maji	604 k	0 k		-100%
Burji	72 k	7 k		22% 
Dawuro	644 k	19 k		-5% 
Derashe	107 k	24 k		183% 
Gamo	1.46 M	36 k		-1% 
Gedeo	1.13 M	168 k	/ 100k	-44% 
Gofa	624 k	29 k		87% 
Guraghe	1.88 M	37 k		-25% 
Hadiya	1.70 M	39 k		-42% 
Halaba Special	658 k	27 k		250% 
Kefa	1.05 k	1 k		-94% 
Kembata Tibaro	911 k	43 k		3% 
Konso	284 k	18 k		-22% 
Konta Special	120 k	2 k		75% 
Mirab Omo	263 k	0 k		-100% 
Sheka	274 k	0 k		-100% 
Sidama	4.21 M	65 k		-54% 
Siltiel	1.05 M	21 k		-49% 
South Omo	754 k	56 k		69% 
Wolayita	1.99 M	85 k		101% 

48 / 52	53 / 42 / 6	4%	24 k	
51 / 49	59 / 33 / 8	1%	2 k	
50 / 50	53 / 42 / 5	17%		
50 / 50	55 / 39 / 6	12%	2 k	
49 / 51	53 / 42 / 5	17%		
48 / 52	52 / 42 / 6	1%	22 k	
50 / 50	53 / 42 / 5	17%		
50 / 50	50 / 45 / 5	12%	36 k	82 k
50 / 50	53 / 42 / 5	15%		10 k
51 / 49	53 / 42 / 5	15%		3 k
50 / 50	53 / 42 / 5	16%	32 k	1 k
50 / 50	53 / 42 / 5	17%		
49 / 51	53 / 42 / 5	14%		1 k
49 / 51	53 / 42 / 5	16%		4 k
50 / 50	52 / 43 / 5	11%		
51 / 49	53 / 42 / 5	17%		
50 / 50	53 / 42 / 5	17%		
- / -	- / - / -	-		
50 / 50	53 / 42 / 5	17%		
52 / 48	53 / 42 / 5	17%		
50 / 50	53 / 42 / 5	15%	5 k	
51 / 49	53 / 42 / 5	16%		

Yem special	103 k	0 k		-100% <span>✓</span>
<b>SOMALI</b>				
Afder	655 k	192 k	/ 161k	67% <span>^</span>
Daawa	457 k	401 k	340k / 61 k	36% <span>^</span>
Doolo	426 k	467 k	/ 304 k	175% <span>^</span>
Eerel	269 k	103 k	/ 36 k	34% <span>^</span>
Fafan	1.24 M	158 k	/ 63 k	-73% <span>✓</span>
Jarar	641 k	173 k	/ 75 k	-31% <span>✓</span>
Korahe	512 k	272 k	/ 51 k	113% <span>^</span>
Liban	505 k	229 k	/ 145 k	82% <span>^</span>
Nogob	217 k	107 k	/ 50 k	235% <span>^</span>
Shabelle	647 k	213 k	/ 202 k	61% <span>^</span>
Siti	644 k	132 k	/ 26 k	21% <span>^</span>
<b>TIGRAY</b>				
Central	1.38 M	111 k		35% <span>^</span>
Eastern	940 k	61 k		24% <span>^</span>
Mekele Special	418 k	37 k		28% <span>^</span>
North Western	893 k	74 k		45% <span>^</span>
South Eastern	528 k	81 k		113% <span>^</span>
Southern	752 k	46 k		38% <span>^</span>
Western	441 k	4 k		-33% <span>✓</span>
<b>Grand Total</b>	<b>99.29 M</b>	<b>8.4M</b>	<b>3M / 365 k</b>	<b>-5% <span>✓</span></b>

\* As of 31 December 2019. Note that refugees are not included in the multi-sectoral PIN

46 / 54	56 / 37 / 7	11%		62 k		
49 / 51	59 / 33 / 8	3%		155 k	205 k	
47 / 53	55 / 40 / 5	14%		82 k		
48 / 52	55 / 40 / 5	13%		25 k		
49 / 51	55 / 39 / 6	21%	37 k	70 k	34 k	
47 / 53	55 / 40 / 5	22%		36 k		
47 / 53	54 / 44 / 5	16%		22 k		
48 / 52	57 / 32 / 7	9%	154 k	108 k		
47 / 53	56 / 39 / 5	11%		36 k		
48 / 52	55 / 40 / 5	15%		35 k		
44 / 56	58 / 37 / 5	8%		62 k	1 k	
45 / 55	39 / 57 / 3	9%		18 k		
43 / 57	41 / 56 / 4	9%		20 k		
39 / 61	36 / 60 / 4	0%	1 k	37 k		
46 / 54	45 / 51 / 4	9%	66 k	10 k	1 k	
50 / 50	52 / 43 / 5	16%		3 k		
44 / 56	46 / 50 / 4	7%		16 k	4 k	
45 / 55	44 / 52 / 3	9%	21 k	3 k		
<b>49 / 51</b>	<b>53 / 42 / 5</b>	<b>-12%</b>	<b>735 k</b>	<b>1.78 M</b>	<b>1.01 M</b>	



## 4.7

# Acronyms

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<b>AAP</b>	Accountability To Affected Populations
<b>CSA</b>	Central Statistics Agency
<b>DTM</b>	Displacement Tracking Matrix
<b>EHF</b>	Ethiopia Humanitarian Fund
<b>ENCU</b>	Emergency Nutrition Coordination Unit
<b>ES-NFI</b>	Emergency Shelter And Non Food Items
<b>FEWS NET</b>	Famine Early Warning Systems Network
<b>FGD</b>	Focus Group Discussion
<b>FSNMS</b>	Food Security And Nutrition Monitoring Survey
<b>GBV</b>	Gender Based Violence
<b>GDP</b>	Gross Domestic Product
<b>HEA</b>	Household Economy Analysis
<b>HIV</b>	Human Immunodeficiency Viruses
<b>HLP</b>	Housing, Land And Property
<b>IDP</b>	Internally Displaced Person
<b>INFORM</b>	Index For Risk Management
<b>IOD</b>	Indian Ocean Dipole
<b>IPC</b>	Integrated Food Security Phase Classification
<b>IPV</b>	Intimate Partner Violence
<b>IYCF</b>	Infant And Young Child Feeding
<b>KSA</b>	Kingdom Of Saudi Arabia
<b>LEAP</b>	Livelihoods, Early Assessment And Protection
<b>LIAS</b>	Livelihood Impact Analysis Sheet
<b>MAM</b>	Moderate Acute Malnutrition
<b>MIRA</b>	Multi- Cluster/Sector Initial Rapid Assessment
<b>MUAC</b>	Mid Upper-Arm Circumference
<b>NDRMC</b>	National Disaster Risk Management Commission
<b>NGO</b>	Non Governmental Organization
<b>NMA</b>	National Meteorological Agency
<b>PIN</b>	People In Need
<b>PSEA</b>	Prevention Of Sexual Exploitation And Abuse
<b>PSNP</b>	Productive Safety Net Programme
<b>SAM</b>	Severe Acute Malnutrition
<b>SMS</b>	Site Management Support
<b>SNNP</b>	Southern Nations Nationalities And People
<b>TB</b>	Tuberculosis
<b>UN</b>	United Nations
<b>UASC</b>	Unaccompanied and separated children
<b>VAS</b>	Village Assessment Survey
<b>WASH</b>	Water, Sanitation and Hygiene

## 4.8

# End Notes

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<sup>1</sup>Source: Integrated Food Security Phase Classification, November 2019 ([https://reliefweb.int/sites/reliefweb.int/files/resources/IPC\\_Ethiopia\\_AcuteFoodSec\\_2019July2020June\\_compressed%20%281%29.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/IPC_Ethiopia_AcuteFoodSec_2019July2020June_compressed%20%281%29.pdf))

<sup>2</sup>UN Habitat (2008) "Land Registration in Ethiopia: Early Impacts on Women Summary Report"

<sup>3</sup>UN Women, Women's Land Rights and Tenure Security in the Context of the SDGs Situation Analysis Report Ethiopia 2019, Final Draft located at <https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/08/Women%E2%80%99s-Land-Rights-and-Tenure-Security-in-the-Context-of-the-SDGs.pdf>

<sup>4</sup> <https://tradingeconomics.com/ethiopia/inflation-cpi>

<sup>5</sup><http://documents.worldbank.org/curated/en/690431545161133088/pdf/wbg-ethiopia-debt-sustainability-analysis-2018-update-final-dec0718-12142018-636805946102250783.pdf>

<sup>6</sup> 20 November, Referendum for Sidama was conducted and preliminary results released by the National Election Board showed a strong majority in favor of establishing a new regional state. At the time of writing the HNO, the discussion between national, SNNP regional and Sidama zonal authorities on the next steps in ongoing.

<sup>7</sup> World Economic Forum. 2018. The Global Gender Gap Report 2018.

<sup>8</sup> United Nations Economic Commission for Africa. 2009. Gender and Climate Change: Women Matter. Oxfam. 2016.

<sup>9</sup> Oxfam. 2019. Gender Inequality and Food Insecurity. Oxfam Briefing Paper

<sup>10</sup> The Gender Dimensions of Drought in Fedis *Woreda* District, Ethiopia. United Nations Research Institute for Social Development project on Gender Dimensions of Food and Water Security in Dryland Areas. Working Paper 2016-8. Mersha & Van Laerhoven. 2016. A Gender Approach to Understanding the Differentiated Impact of Barriers to Adaptation: Responses to Climate Change in Rural Ethiopia. F. Reg Environ Change (2016) 16:1701. Kati Migiro. 2015. More child marriage in drought-hit Ethiopia with risk of "full-blown disaster", Reuters.

<sup>11</sup> Source: Integrated Food Security Phase Classification, November 2019 ([https://reliefweb.int/sites/reliefweb.int/files/resources/IPC\\_Ethiopia\\_AcuteFoodSec\\_2019July2020June\\_compressed%20%281%29.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/IPC_Ethiopia_AcuteFoodSec_2019July2020June_compressed%20%281%29.pdf))

<sup>12</sup> <https://bettercarenetwork.org/library/the-continuum-of-care/supported-child-headed-households>

<sup>13</sup> according to the Inter-Agency Guiding Principles on Unaccompanied and Separated Children (ICRC, <sup>2004</sup>)

<sup>14</sup> Source: IOM-DTM

<sup>15</sup> [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/wfp\\_ethiopia\\_cfsva\\_report\\_june\\_2019.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/wfp_ethiopia_cfsva_report_june_2019.pdf)

<sup>16</sup> [https://www.who.int/disabilities/world\\_report/2011/en/](https://www.who.int/disabilities/world_report/2011/en/)

<sup>17</sup> According to the wholesale price data monitored by the Ethiopian Trading Businesses Corporation from <sup>23</sup> markets. Using the five-year average price pattern, the price of maize increased at an average rate of 20 per cent between January and October. During the same months in 2019 the average rate stood at 58 per cent.

<sup>18</sup> Source: Integrated Food Security Phase Classification, November 2019 ([https://reliefweb.int/sites/reliefweb.int/files/resources/IPC\\_Ethiopia\\_AcuteFoodSec\\_2019July2020June\\_compressed%20%281%29.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/IPC_Ethiopia_AcuteFoodSec_2019July2020June_compressed%20%281%29.pdf))

<sup>19</sup> The assessment was conducted by the Norwegian Refugee Council in November 2018, and included IDP sites across two zones, namely Bokolo Kebele (Dollo Ado Town, Liben Zone); Bunda Karan (Deka Suftu, Liben Zone), Horsed (Deka Suftu, Liben Zone), Waradey (Deka Suftu, Liben Zone), Hayasuftu (Deka Suftu, Liben Zone), and Darso (Afder Zone). Data was collected by way of household interviews, focus group discussions, and key informant interviews. The sample size was calculated to ensure that it would be statistically representative, with a confidence level of 95% and a confidence interval of 8%. The total sample size was 389 IDPs; a total of 234 (68.4% female) individuals participated in 16 focus group discussions and 155 (63.2% female) completed household questionnaires.

<sup>20</sup> Estimated by overlaying the livelihood zones in Ethiopia with population distribution data by WorldPop ([www.worldpop.org](http://www.worldpop.org) - School of Geography and Environmental Science, University of Southampton; Department of Geography and Geosciences, University of Louisville; Departement de Geographie, Universite de Namur) and Center for International Earth Science Information Network (CIESIN), Columbia University (2018). Global High Resolution Population Denominators Project - Funded by The Bill and Melinda Gates Foundation (OPP1134076). <https://dx.doi.org/10.5258/SOTON/WP00645>).

<sup>21</sup> Source: Integrated Food Security Phase Classification, November 2019 ([https://reliefweb.int/sites/reliefweb.int/files/resources/IPC\\_Ethiopia\\_AcuteFoodSec\\_2019July2020June\\_compressed%20%281%29.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/IPC_Ethiopia_AcuteFoodSec_2019July2020June_compressed%20%281%29.pdf))

<sup>22</sup> Note: Data is not available to determine whether those targeted have repeatedly been the same individuals; only that the *woreda* overall has had sustained high numbers of people in need.

<sup>23</sup> Source: Integrated Food Security Phase Classification, November 2019 ([https://reliefweb.int/sites/reliefweb.int/files/resources/IPC\\_Ethiopia\\_AcuteFoodSec\\_2019July2020June\\_compressed%20%281%29.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/IPC_Ethiopia_AcuteFoodSec_2019July2020June_compressed%20%281%29.pdf))

<sup>24</sup> As compared over the last three months

<sup>25</sup> 3.1 million people in need (37 per cent of the total people in need)

<sup>26</sup> Since the analysis of the recovery and resilience consequence is treated separately throughout the document, as is described in the Methodology section, its severity of needs is not incorporated into the intersectoral severity of needs.

<sup>27</sup> 365,115 people

<sup>28</sup> 53,327 people

<sup>29</sup> 242,250 people

<sup>30</sup> 747,404 people

<sup>31</sup> 1,630,352 people

<sup>32</sup> This number does not include PSNP clients

<sup>33</sup> Source: Integrated Food Security Phase Classification, November 2019 ([https://reliefweb.int/sites/reliefweb.int/files/resources/IPC\\_Ethiopia\\_AcuteFoodSec\\_2019July2020June\\_compressed%20%281%29.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/IPC_Ethiopia_AcuteFoodSec_2019July2020June_compressed%20%281%29.pdf))

<sup>34</sup> <https://www.gfdrr.org/en/ethiopia>

<sup>35</sup> <https://fews.net/east-africa/ethiopia>

<sup>36</sup> Source: Integrated Food Security Phase Classification, November 2019 ([https://reliefweb.int/sites/reliefweb.int/files/resources/IPC\\_Ethiopia\\_AcuteFoodSec\\_2019July2020June\\_compressed%20%281%29.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/IPC_Ethiopia_AcuteFoodSec_2019July2020June_compressed%20%281%29.pdf))

<sup>37</sup> Source: Internal Displacement Monitoring Center (IDMC), <http://www.internal-displacement.org/database/global-displacement-risk-model>

<sup>38</sup> Source: Integrated Food Security Phase Classification, November 2019 ([https://reliefweb.int/sites/reliefweb.int/files/resources/IPC\\_Ethiopia\\_AcuteFoodSec\\_2019July2020June\\_compressed%20%281%29.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/IPC_Ethiopia_AcuteFoodSec_2019July2020June_compressed%20%281%29.pdf))

<sup>39</sup> *ibid.*

<sup>40</sup> The unit of analysis for the Agriculture Cluster is household. Households is relational to either the male, female or child-headed of the household, the estimated People in Need is calculated to be equivalent to the Households in Need

<sup>41</sup> Source: Integrated Food Security Phase Classification, November 2019 ([https://reliefweb.int/sites/reliefweb.int/files/resources/IPC\\_Ethiopia\\_AcuteFoodSec\\_2019July2020June\\_compressed%20%281%29.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/IPC_Ethiopia_AcuteFoodSec_2019July2020June_compressed%20%281%29.pdf))

<sup>42</sup> <http://www.internal-displacement.org/countries/ethiopia>

<sup>43</sup> DTM Ethiopia, June 2019

<sup>44</sup> Multi-Agency IDP Returnees Need Assessment Report, East and West Hararghe Zones of Oromia, August 2019

<sup>45</sup> 0-17 years of age constitute 59.1% of the overall displaced population; DTM Ethiopia Dashboard (June 2019) <https://data.humdata.org/dataset/ethiopia-baseline-assessment-data-iom-dtm>

<sup>46</sup> In the absence of reliable data UNICEF's 15% global prevalence ratio has been used to quantify targets related to emergency-affected boys and girls living with disabilities ([https://www.unicef.org/protection/Monitoring\\_Child\\_Disability\\_in\\_Developing\\_Countries.pdf](https://www.unicef.org/protection/Monitoring_Child_Disability_in_Developing_Countries.pdf)). FMOH's figures (National Mental Health strategy, 2019-2025), reporting a 12-25% prevalence of behavioural, emotional and developmental disorders among children in Ethiopia – in emergencies, children with pre-existing mental and developmental difficulties and disabilities are more likely to need additional support to be able to cope.

<sup>47</sup> *ibid.*

<sup>48</sup> USAID/ READ II's Crisis Response Unit: 'A Brief Assessment Report on: Identifying Needs for Catch-Up Classes, Social Emotional Learning/SEL/ and Psycho-Social Support/PSS/ for Internally Displaced Children Hosting Primary Schools in Qoloji I and II IDP camps in Babile and Tulu Gulled *Woredas* of Somali Region', May 2019; VSO Ethiopia and UNICEF: 'Baseline Survey Report Education in Emergencies', February 2019;

<sup>49</sup> National School and Nutrition Strategy, 2012

<sup>50</sup> One WASH national Programme, Phase II, November 2018

<sup>51</sup> UNESCO, 2018, Teaching amidst conflict and displacement: persistent challenges and promising practices for refugee, internally displaced and

national teachers, available at: <https://unesdoc.unesco.org/ark:/48223/pf0000266060>

<sup>52</sup> Source: FEWSNET Food Security outlook, October 2019

<https://fews.net/east-africa/ethiopia/food-security-outlook/october-2019>

<sup>53</sup> Source: Demographic and Household Survey, 2016

<sup>54</sup> *ibid.*

<sup>55</sup> *ibid.*

<sup>56</sup> Estimated % of persons with disabilities in Ethiopia based on WHO and World Bank Survey Report 2011.

<sup>57</sup> DTM 19. Note based on other data including assessment reports we expect some of these figures, including for children living on the streets to be much higher.

<sup>58</sup> For a definition of the social service workforce for child protection please see: <https://www.unicef.org/media/53851/file/Guidelines%20to%20strengthen%20social%20service%20for%20child%20protection%202019.pdf>

<sup>59</sup> DTM 19

<sup>60</sup> *ibid.*

<sup>61</sup> *ibid.*

<sup>62</sup> Source: JMP UNICEF/WHO, 2019: [https://www.who.int/water\\_sanitation\\_health/publications/jmp-2019-full-report.pdf?ua=1](https://www.who.int/water_sanitation_health/publications/jmp-2019-full-report.pdf?ua=1)

<sup>63</sup> 2017 projections at woreda-level (Central Statistics Agency)

<sup>64</sup> The national level age breakdown from the Federal Ministry of Health that was used is: 53 per cent of the population are children under 18 years old, 42.15 per cent are adults (18 to 59), and 4.85 per cent are elderly (60 years and older)

<sup>65</sup> The national average is 17 per cent. Source: The Federation of Ethiopian National Associations of Persons with Disabilities (FENAPD), <http://www.fenapd.org/>

<sup>66</sup> The Centrality of Protection in humanitarian action: A review of Field and Global Clusters in 2016. [https://reliefweb.int/sites/reliefweb.int/files/resources/the\\_centrality\\_of\\_protection\\_in\\_humanitarian\\_action\\_-\\_a\\_review\\_of\\_field\\_and\\_global\\_clusters\\_in\\_2016.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/the_centrality_of_protection_in_humanitarian_action_-_a_review_of_field_and_global_clusters_in_2016.pdf)

