RESPONSE Plan to
Internal Displacement around Gedeo (SNNPR) and West Guji (Oromia) Zones

This document is a joint product by the Government of Ethiopia in collaboration with humanitarian partners.
EXECUTIVE SUMMARY

The multi-sectoral Response Plan targets 818,250 recently displaced people. A total of $117.7m is urgently required, of which approximately $6.99m has already been mobilized by Government and partners, primarily through diverting resources that were originally intended for important response elsewhere in the country.

There has been a major surge in displacement between these zones since 3 June 2018. The Plan is based on a working scenario of the displacement situation continuing for the coming six months and focusses exclusively on the immediate needs of IDPs. It does not include planning for longer-term rehabilitation / durable solutions.

The needs and response actions presented here were not featured in the Humanitarian and Disaster Resilience Plan (HDRP) for 2018; following the completion of the spring/belg assessment this plan is expected to be reconciled with the mid-year revision of the HDRP (anticipated to be issued in late July/August 2018).

Donors are encouraged to immediately mobilize global stocks of emergency shelter / non-food items, along with new funding.

Donors able to provide new funding are encouraged to be in touch with OCHA and Cluster Coordinators for the latest updates on specific gaps and priorities, and to consider funding via the Ethiopia Humanitarian Fund (EHF).
BACKGROUND AND CONTEXT

Renewed violence along the border areas of Gedeo and West Guji zones since early June 2018 has led to the displacement of over 642,152 IDPs in Gedeo zone of SNNPR region and 176,098 IDPs in West Guji zone of Oromia region. In Gedeo, IDPs are dispersed across Bule (38,459 IDPs in one site), Dilla Zuria (12,751 IDPs living with host communities), Gede (306,572 IDPs in three sites), Kochere (82,423 IDPs living with host communities), Wonago (32,784), Yirgachefe (106,832 IDPs in four sites) woredas and Dilla Town (62,511 IDPs in one “collective” type center). In West Guji, some 176,098 IDPs remain in Abaya (9,377 IDPs), Birbirsa Kojowa (9,767 IDPs), Bule Hora (15,330 IDPs), Gelana (43,224 IDPs), Hambela Wamena (29,086 IDPs) and Kercha (69,264 IDPs) woredas. This is the second large-scale wave of violence that has hit the area since April 2018 – where at least 274,548 people were initially displaced in Gedeo and some 84,000 people in West Guji. Around 33% of the IDPs in West Guji are ethnic Gedeos.

Within the initial two weeks of displacement in April, the Oromia and SNNP regional authorities agreed to facilitate the return of the IDPs to their respective areas of origin and conduct relief and rehabilitation efforts in areas of origin. Despite peace and reconciliation efforts led by traditional elders, there were continued reports of secondary displacements of those IDPs who were earlier returned. The security situation has been challenging despite the deployment of the Ethiopian Defense Forces in the area, with reports of continued destruction of houses, other assets and service infrastructure.

The Federal Government has set up a commission to look at the challenges arising from the current regional boundaries and explore better ways of addressing them and has committed to work with Regional Governments to work promote reconciliation efforts.

Whilst the situation remains dynamic and requires close monitoring, as of 20 June, the UN has started to relax travel restrictions for the movement of staff and relief items in most of the affected areas; suspended programmes are restarting and despite the environment being challenging, response is feasible.

NEEDS OVERVIEW

Even prior to the crisis, the affected area was already one of the most densely populated parts of the country, with around 1,000 people per square kilometer. The new influx of IDPs in some areas has seen near-doubling of woreda populations, with many residing in cramped public buildings – schools and training centers. Water and health services - already insufficient before the onset of the conflict – are currently stretched beyond capacity. For instance, safe and adequate water supply within household reach in Gedeb woreda (hosting largest number of IDPs in SNNP, over 300,000), was only at 21% ahead of the IDPs influx, with flooding further contaminating some of the limited clean water sources.

There is widespread food insecurity and both zones were already “hotspots” of acute malnutrition. This large-scale displacement follows the lean season, when household food resources were most constrained or depleted, and malnutrition levels on the rise – especially amongst the poorest households. Even amongst relief beneficiaries, food security monitoring shows that the proportion of relief beneficiaries with inadequate food consumption was highest in SNNPR (70%), followed by Oromia Region (64%). As such, the displacement risks leading to an upsurge in malnutrition and childhood illnesses.

A majority of the IDPs have lost most or all of their household items, often having fled in haste with nothing more than personal possessions. A minimum of 9000 houses were fully or partially damaged. IDPs have also lost other assets (farms and livestock) as well as cash reserves and are no longer able to engage in their usual livelihood generating activities (farming and daily labor work) in areas of displacement.

School-aged IDP children have been unable to complete the current school year; of particular concern for those sitting for national exams – due to changes in medium of instruction and bureaucratic/ schooling registration related challenges. The situation does not yet allow return and re-integration back to schools in areas of origin. In areas of displacement, some schools either had classrooms burned, school furniture used as firewood when IDPs sheltered in them, stationeries burned or damaged, or had extensive

### People affected by area

<table>
<thead>
<tr>
<th></th>
<th>People affected</th>
<th>% of total</th>
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<tbody>
<tr>
<td>Gedeo</td>
<td>642,152</td>
<td>78.5%</td>
</tr>
<tr>
<td>West Guji</td>
<td>176,098</td>
<td>21.5%</td>
</tr>
<tr>
<td>Total</td>
<td>818,250</td>
<td>100%</td>
</tr>
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Source: NDRMC, Regional and Zonal authorities
damage to sanitation facilities. Schooling for host community has been disrupted as schools remain occupied by large number IDPs. Partners also report that in some of the schools, some of the teachers and students were displaced and are yet to return, a source of concern for those that have remained.

Numerous protection concerns have been cited by the IDPs, especially in their areas of origin. These include violence, intimidation, and property destruction including house burning which forced people to flee their homes. At displacement sites, IDPs are staying in undignified manner with overcrowding and lack of adequate shelter affecting the privacy of IDPs and particularly putting women and girls at risk of Sexual and Gender Based Violence (SGBV). There are also cases of family separation and unaccompanied IDP children are left with limited protection. Vulnerable groups (particularly the elderly and persons with disability) are finding it particularly hard to cope with the living conditions.

In line with Federal Government’s analysis, various inter-agency assessments conducted in these areas identify priority needs as food, WASH, health and shelter and NFIs (including clothing).

**RESPONSE TO DATE**

First line assistance is primarily being provided by the Government and host communities. Although response operation has been challenged by resource and access constraints, Government and humanitarian partners have so far been able to mobilise some response from existing and new resources.

**The Federal Government**

The Federal Government is providing food assistance (with reduced rations) re-directed from food originally programmed for a projected 7.88m people in the Humanitarian and Disaster Resilience Plan (HDRP) and some 3.6m clients of the Productive Safety Net Programme (PSNP) during the transitory period as well as flood-affected communities. It has most recently dispatched an allocation of 2,400MT for Gedeo zone and 1,120 MT for West Guji.

**The Government was able to dispatch 16,000 partial NFI kits for Gedeo and 4,7000 kits for West Guji zones. Between April and May, the Ethiopian Red Cross Society distributed some 2,000 partial kits in 5 woredas in Gedeo Zone and IRC provided a total of 1,420 partial kits in one woreda each across both zones.**

**Six water trucks have been deployed to these zones (2 in Gedeo and 4 in West Guji).** UNICEF dispatched household water treatment chemicals and WASH NFIs – 2 million PUR sachets, 168,000 Aquatabs, 48,500 soap bars, 48,500 laundry soap, 3,000 buckets) for 100,000 people in West Guji zone and 250 cartons of PUR sachets, 60 cartons of Aquatabs, 2000 buckets and 90,000 laundry and body soaps for some 56,000 IDPs in Gedeo zone.

**The Ministry of Health has delivered 33 emergency drug kits (EDKs) to SNNPR and 5 to West Guji. UNICEF donated 20 EDKs to SNNPR and 10 to West Guji with additional support via technical staff. IRC and MCMDO (latter starting now) run 3 MHNTs in 3 woredas in West Guji, ready to expand to other areas as the security situation allows (particularly Hambela Wamena woreda). Resources are available for 2 more MHNTs in Gole darbisa and Bule Hora.**

To manage elevated cases of severe acute malnutrition, SAM treatment commodities (1,800 RUTF, SC treatment kits, materials and essential drugs for SAM Treatment) have been sent by UNICEF in Gedeo zone. UNICEF provides financial and logistics support to the Regional Health Bureau to conduct monthly screenings and will support Regional ENCU financially to conduct one SMART survey. There are 5 CMAM monitors in SNNP and one recently deployed to Gedeo. In Oromia, UNICEF has 5 CMAM monitors and 6 Emergency response monitors are in the Region – deployed to provide technical and logistic support to Govt in CMAM and SAM management and monitoring multi-sectoral response – support will also be extended to the zone. World Vision and Goal are starting an EHF-funded CMAM programme in two woredas across the zones.

Partners continue to raise internal sources, increase current capacity on the ground with additional surge deployments (NRC, WVI, Goal, and CARE), and scale-up operations. World Vision was able to acquire an additional $355,000 from private resources ($155,000 worth of ES/NFI response in SNNP and $200,000 for NFIs and cash on the W. Guji side (including for flood affected populations)) and is in the process of receiving an additional $60,000 for WASH NFIs through IOM’s Rapid Response Funding mechanism for distribution in Gelana woreda (West Guji).

Partners with development presence in these areas have also shown readiness to expand their programming to respond to IDP needs. Save the Children has requested for a crisis modifier to be triggered to expand its existing health and nutrition development programmes to address IDP needs. CARE (with development-only presence in SNNP) plans to raise additional $200,000 from internal resources (with possibility of further expansion) for cash interventions to address IDP needs in Gedeo.

UNICEF, WFP, World Vision, MSF-Spain, People in Need, IRC, GOAL, Save the Children, CARE, Plan International and ERCs are the major partners operating in these areas, ready to take on response operations to address the needs of conflict IDPs in these areas.
PLANNING ASSUMPTIONS
Displacement duration of at least six months: A majority of IDPs interviewed during recent assessment missions have expressed a wish to return to former homes and livelihoods as soon as possible, though there are concerns that it will take several months until the situation can be fully normalized, after which further assessment of damages will need to be undertaken before moving towards rehabilitation / reconstruction efforts. It is already understood that over 9,000 homes have been burnt / destroyed across the affected area.

Risk of disease outbreaks: Given National Meteorological Agency (NMA) forecasts of above normal kiremt rains in these areas and the current heavy belg rains (both rains expected to merge and continue till September), the Health Cluster forecasts a heightened risk of vector and water borne disease outbreaks, including malaria and AWD. Due to congested living conditions, the risk of spread of communicable diseases is also high. In a health facility near IDP locations in Gedeo zone, 95% of the cases treated were pneumonia and diarrhea. There are already reports of scabies amongst IDPs.

Challenging operational environment: requires close monitoring and security management by partners in ‘real time’ to ensure the safety of humanitarian staff, beneficiaries and relief supplies.

RESPONSE STRATEGY
Objectives of the plan:
- Deliver immediate life-sustaining assistance and ensure access to basic services
- Ensure dignified temporary living conditions
- Mitigate / prepare for potential health emergencies
- Ensure protection for vulnerable groups

A response model of humanitarian partners supporting Government-led service provision at point of delivery will be maintained. International support will largely be channeled via NGOs and UN Agencies with pre-existing presence in the affected woredas (annexed to this document).

Government has requested that international humanitarian partners particularly seek to scale up response in the sectors of shelter-NFI, WaSH and Health.

Food will continue to be primarily provided and distributed via NDRMC and the Regional DPPB Offices. Shelter-NFI-cash will be supported via multiple pipelines coordinated via the ES/NFI Cluster, with implementation facilitated by NGOs already present in the affected woredas, with targeting guided by the Zonal DRMOs.

COORDINATION / MANAGEMENT ARRANGEMENTS
Zonal Level coordination: Partners agree to focus on decentralized coordination of the response and establish operational hubs in the zones – in Dilla town in Gedeo zone and Bule Hora in west Guji zone. Partners are encouraged to deploy senior level management in these hubs. Partners are further considering logistics sub-centres within the zones.

Government leadership of the response at the zonal level will be coordinated by the Zonal Administrator, Bureau of Agriculture and Head of Disaster Prevention and Food Security Office in SNNP and Head of Disaster Preparedness and Prevention Bureau in Oromia. OCHA and partners will support strengthened coordination by deploying additional staff in Dilla (Gedeo/SNNP) and Bule Hora (West Guji/Oromia). OCHA has deployed staff to Dilla and Bule Hora and partners are also looking to deploy additional capacity to these areas.

Federal level coordination: Clusters, UN and INGO partners and donors at the Federal level will continue to convene via the Disaster Risk Management Technical Working Group (co-chaired by NDRMC and OCHA with Clusters( all co-chaired with Line Ministries and Humanitarian Partners).

It is expected that the DRMTWG will review and update this plan on a periodic basis as the situation evolves.
SECTOR/CLUSTER REQUIREMENTS

ES-NFI

Requirements – $18.45m

The ES/NFI Cluster requires $18.45m support for 71,200 IDP households affected by conflict along the border of Gedeo and West Guji zones. These account for 75% of the total number of IDPs in these areas. ES/NFI Cluster partners have so far been able to mobilise $5.99m for in kind and cash NFI assistance.

IDPs are currently living in critical conditions congested in service structures – schools, training centres, churches – during this heavy rainy season. NFI like blankets, mattresses, tents and other household items, or cash equivalents (where markets are able to support) are critically required.

Currently, the Cluster with support from NDRMC has dispatched or distributed over 20,000 full and partial ‘in kind’ kits and has an additional 9000 in the pipeline. In cash, the Cluster has a pipeline for 11,200 households. The Cluster is working with partners and has identified additional support for 44,00,00 households with NFIs from global stockpiles (10,000 via NRC in Dubai, 9,000 kits via Irish Aid and 15,000 partial NFI items via World Vision in Dubai). From the total of 148,812 households displaced, partner verifications and assessments conducted so far indicate that there are approximately 111,600 households in need of Shelter/NFIs. Currently, there are resources in hand and pipeline to support 40,400 households. For the coming six months, ‘in kind’ and cash NFI assistance will be required for 71,200 HH as a cost of $12.46m.

Further assessments are going to be conducted now that the security situation allows movement, to see where cash assistance will be feasible. Partners are also planning to work with Government on decongestion of sites. The Cluster has also identified available global stocks for purchase. If donors are willing to fund the purchase costs and support with local transportation and distribution costs, partners are ready to take on the responsibility to rapidly move items in country. NRC has committed to absorb the costs early on if a donor/agency agrees to reimburse at a later time.

WaSH

Requirements - $20.51m

In most cases, IDPs are staying in areas where access to safe water supply is already low. Although these are initial planning assumptions which will be reviewed in a regular manner, the Cluster requires $20.51m to ensure some 818,000 IDPs are reached with emergency WaSH activities in the next six months. So far, the Cluster has been able to mobilise $156,280 for distribution of water treatment chemicals and WaSH NFIs.

Priority activities for the Cluster are:

1. Access to safe drinking water via – water trucking activities (22 trucks in 7 IDP hosting woredas in Gedeo ($504,000) and 6 IDP hosting woredas in West Guji ($420,000) to reach 68,444 people, and WaSH NFIs ($1.6m for 642,000 IDPs in Gedeo and $440,000 for 176,000 IDPs in West Guji). $1m will also be required to conduct rehabilitation of water schemes in IDP concentration areas across the two zones.
2. Access to emergency sanitation – latrine construction for 176,000 IDPs - $3.2m for West Guji and $11.6m in Gedeo zones to reach 642,000 IDPs
3. Hygiene promotion activities cost at $211,200 in West Guji and $1.54m in Gedeo zones to reach both IDPs and hosting communities.
### Food

**Requirements: $62.3m**

In conflict affected and IDP hosting woredas of Gedeo and West Guji zones alone, the number of IDPs that are being assisted by the NDRMC increased from 163,000 to 707,000 in a short span of time. As at 21 June, the number of displaced people in the two zones had further increased to 818,250.

NDRMC is providing food assistance to the IDPs in 13 affected and IDP hosting woredas, straining the pipeline that was already stretched to respond to increased humanitarian needs in other regions (due to floods and other displacement emergencies). To meet the immediate food needs of Gedeo-West Guji IDPs, NDRMC will have to re-direct 13,869MT of food each month (12,274MT of CSB, 1,227MT of Pulses and 368MT of vegetable oil) from food already allocated as part of the National Integrated Food/Cash Plan, developed to address the food needs of a projected 7.88m people as part of the Humanitarian and Disaster Resilience Plan (HDRP) with 3.6m clients of the Productive Safety Net Programme (PSNP) during a transitory period. For six months, the estimated food requirements are 83,216MT, at an estimated $62.3m cost.

Analysis of the NDRMC pipeline indicates that the new requirement will be covered in the short-term (albeit with need to strengthen monitoring of food movement and distributions to ensure that commodities reach targeted beneficiaries and consult relevant Government partners expedite clearance of available resources stuck at ports). Redirecting of the limited resources available has increased the gap in NDRMC’s pipeline from $151.8m to $214.1m in the national food/cash Plan for the NDRMC, accounting for an added $62.3m which would be required to include planning for IDPs in Gedeo and West Guji zones.

### Protection

**Requirements - $1.96m**

A large number of IDPs in Gedeo and West Guji zones are living in collective centres, schools and places of worship in overcrowded conditions. This has generated serious protection concerns and risks. Separation of families and loss of property has been reported in some of the displacement-affected areas. Although protection partner response operations remain limited and challenged by lack of sufficient resources and presence of relevant protection partners, the Cluster response will prioritise working through existing partners (including development partners) in monitoring of protection issues to enable response in ‘real time’, family tracing and reunification for separated IDP children and response to gender based violence.

With a planning assumption that the displacement will continue for six-months, the Protection Cluster plans to cover 10 sites hosting largest number of IDPs in both zones through deployment of two Mobile Protection Teams who will conduct regular protection monitoring, provide first line assistance to GBV survivors and links to existing referral pathways – requiring a running cost of $500,000.

Through partners on the ground, the Cluster plans to provide psychosocial support for IDP boys and girls with an estimated requirement of $459,000. The Cluster will also focus on strengthening of case management systems to identify, refer and support children at risk and survivors of violence, as well as identification, documentation and family tracing and reunification (IDFTR) services for separated and unaccompanied children with an estimated requirement of $247,000.

As part of a comprehensive GBV response, the Cluster will prioritise provision of dignity kits ($200,000), establishment of women-friendly spaces and psychosocial support ($480,000). Cases of gender based violence has been reported in areas where IDPs are hosted and the Cluster deems equipping health service facilities with appropriate treatment kits (at a cost of $27,000) will be essential together with establishment of GBV referral pathways ($8,000). Protection partners will require $16,000 to monitor and identify GBV risks among individuals/groups with specific needs. This will be complemented by strong GBV response coordination amongst Government and partners – requiring $18,588.
**Nutrition**

**Requirements – $6.38m**

In areas where malnutrition is already higher than the national average, where there is limited capacity of hosting communities to share strained resources during lean season and where general food distribution is diluted and delayed, the nutrition status of IDPs is expected to rapidly deteriorate. The Nutrition Cluster requires $6.38m to extend emergency nutrition support to IDPs and host communities, $2.6m of which solely targets response to over 820,000 IDPs – a projected 3,800 children with severe acute malnutrition (SAM), and 21,603 children and pregnant and lactating women with moderate acute malnutrition (MAM). So far, the Cluster partners (UNICEF, WFP and NGOs) have been able to mobilise $544,888 across the two zones for commodities to treat SAM and technical and logistical support for delivery of Community Management of Malnutrition (CMAM) and Therapeutic Supplementary Feeding (TSF) Programmes.

For the coming six months (for July-Dec 2018), the Nutrition Cluster estimates a projected SAM caseload of 2,700 in host communities and 3,200 amongst IDPs in Gedeo zone; and 4,000 in host communities and 600 amongst IDPs in West Guji zone. Some $2.1m is required to provide full SAM treatment and management, with enhanced coordination and quality assurance support to the Government.

Through UNICEF, the Cluster will require $606,000 ensure coverage of SAM treatment (procurement and distribution of Ready to Use Therapeutic Foods and essential drugs; additional Stabilization Centre treatment kits with therapeutic milks; first and second line antibiotics for specialised needs of children with complications associated with severe malnutrition estimated to make up for 20% of the projected SAM caseload amongst IDPs and 15% amongst the host community; additional SC opening kits to scale up specialised treatment needs and refurbish those damaged due to conflict and unrest). Some $101,000 will be required ensure strengthened nutrition coordination and assessments via the deployment of one emergency nutrition specialist in each zone. Some $376,000 will be required to deploy 3 CMAM monitors in each zone to provide the Regional Health Bureau with technical assistance, mentoring on the job, monitoring of services and drive better nutrition screening quality and logistic support at facility level. In addition, $1m will be required to UNICEF to procure BP5 (high calorie compact nutritious food) for up to 30% of the IDPs as a breakthrough ration for up to 2 weeks to respond to disease outbreaks, inaccessibility or complete rupture in the food and specialized nutritious foods (SNF) commodity pipelines.

With a projection of 5,493 IDPs and 33,612 host community cases of MAM amongst IDP children and pregnant and lactating women in West Guji and 16,110 IDPs and 35,771 people in host communities in Gedeo zone, some $1m for IDPs and $2.02m for host communities is required to secure MAM treatment (TSF programme) for six months – where $2.65m will be allocated for SNF commodities, $42,000 for essential technical support and $308,000 for operation costs. This will only be effective in averting a decline in the nutrition status of IDPs, if it is in complement to a full basket of regular food distribution and comprehensive WaSH and health services.

To ensure quality and coverage of treatment of MAM, NGO management of TSFP in priority IDP hosting woredas is critical. In Gedeo zone, to ensure full NGO CMAM/TSFP support in 5 highly affected woredas and Dilla Town, $576,000 will be required. So far EHF has allocated $220,000 for WV to start operations in three locations and an additional $454,000 is required. Of the 6 woredas hosting large numbers of IDPs in West Guji, only one woreda (Gelana) has received funding this year for an INGO (GOAL International) to start full package CMAM/TSFP interventions and Mobile Health and Nutrition Teams (MHNT) support via EHF funds ($108,000). The remaining 5 woredas will require $576,000 to ensure full CMAM/TSFP support for both IDPs and host communities. In addition, the Cluster recommends that NGO MHNTs are deployed to ensure SAM and MAM treatment is delivered in target woredas where high numbers of IDPs reside but with limited access to static health services. Deployment of additional Rapid Response staff will also be essential (in response to potential disease outbreaks) to mitigate disruption of Nutrition service provision during an outbreak. Costs to run rapid response teams (RRTs) and MHNTs are not factored in the Nutrition Cluster planning as they are reflected as part of the Health Cluster needs.
**Education**

**Requirements - $3.3m**

Given schools are closed till September, the Cluster conducted a prioritisation exercise and will focus its plan on establishing temporarily learning centers and maintenance of damaged schools between July and August to have ready before the school year starts. The Cluster will also prioritise school feeding for three months (Oct – Dec 2018), once the school year commences.

In Gedeo zone, the Cluster will target 105,452 school-aged IDP children to enable their access to quality pre-primary and primary education - $791,000 for rehabilitation of 5 damaged schools and establishment of 72 temporary learning centres; $362,000 for capacity building for teachers and student leaders, including on prevention of gender based violence; and $1.7m for school feeding for three months (October – December). Resources will be channelled through partners on the ground (UNICEF, WFP, Plan International, Save the children and People in Need).

In West Guji zone, the Cluster will target 9,600 school-aged IDP children with school feeding ($158,400) to ensure continuation of education. In the zone 5 schools are closed and 9 have been fully damaged due to conflict. The Cluster plans to establish 14 temporary learning spaces with plastic sheets, mats and sex segregated latrines and provide accelerated school readiness and tutorial classes for school-aged IDP children (costed at $198,800). Additionally, some $98,000 will be required to ensure teachers and student leaders are equipped with the capacity to drive gender responsive pedagogics and psychosocial support (given existing trauma and distress amongst IDP children) and prevention of GBV.

**Health**

**Requirements - $4.87m**

At present, most reported diseases amongst IDPs are diarrhea, pneumonia along with untreated wounds. The health coverage, and especially access to services for pregnant and lactating mothers, is almost not existent. The risk of outbreaks such as AWD, measles, meningitis, and malaria is very high due to the lack of shelter, poor access to safe water and sanitation which is further complicated by the coming rainy season and suboptimal access to essential health care.

Diarrheal diseases are at a sharp increase especially in Oromia which is an indication of imminent outbreaks. The Health Cluster reports concern of wide spread stock ruptures of life saving medicines for primary and secondary level care as well as reproductive and maternal health, in spite of limited donations from FMOH, UNICEF, and WHO. The situation is aggravated by other competing emergencies including outbreaks, previous conflict IDP caseload and floods which are overstretching the humanitarian partners capacity. An additional caseload of AWD or measles would be impossible to respond to from the existing resources.

For the coming six months the cluster has identified urgent gaps in medicines, emergency integrated health care (with a focus on maternal and child health) through temporary MHNTs, temporary clinics, and support for overburdened existing health services. Establishment of an effective early warning and rapid response mechanism covering the new IDPs is essential and urgent for the control of large scale outbreaks. A measles vaccination campaign covering children up to 15 years of age should be conducted as a life-saving intervention as soon as possible, particularly as acute malnutrition is an ongoing concern and on rise.

The Cluster will support the establishment of 42 temporary health services (14 Guji and 28 Gedeo), including 12 MHNT and temporary static services run by 4 NGOs and 30 by the Regional Health Bureaus at a cost of $1.1 million) reaching around 800,000 IDPs. WHO will provide the procurement of medicines and medical supplies for Primary Health Care, response to AWD outbreaks ($1.6 million), and UNFPA will support with medicines and services supporting the maternal and reproductive health components ($280,000). The Cluster will also focus on provision of technical and operational support for early warning, rapid response mechanism focusing on imminent health threats ($735,000) and implementation of the measles vaccination campaign (through UNICEF, WHO and RHBs ($960,000).

So far, the Ministry of Health, UNICEF and WHO have been able to mobilise around 55 EDKs at a cost of $300,000, leaving a gap of $4.87m for the Health Cluster to address the needs of Gedeo-West Guji IDPs.