

OPERATIONAL PLAN for RAPID RESPONSE to

Internal Displacement around Kamashi and Assosa
(Benishangul Gumuz) and East and West Wollega (Oromia)

26 December 2018



OCHA

ETHIOPIA

EXECUTIVE SUMMARY

This Operational Plan intends to inform urgently required funding decisions by donors, and internal and external resource mobilization efforts by United Nations and International NGO partners. The Plan exclusively focuses on response to recent violence-induced displacements in Benishangul Gumuz region and in East and West Wollega zones of Oromia region – which saw a surge of nearly 250,000 displaced persons since September 2018.

Based on a working scenario of the displacement situation to continue for the coming three months, the response plan lays out prioritized humanitarian needs in the health, nutrition, education, WaSH, non-food item, protection and agriculture sectors. The sector response plans were submitted by clusters with inputs from the three response plans developed by the Benishangul Gumuz regional Government and East and West Wollega zonal Governments.

A total of US\$25.5 million is urgently required to implement the Plan – in kind. Funding can be channeled through partners or via the Ethiopia Humanitarian Fund. Sector planning assumptions and estimated requirements are listed in the ‘Sector/Cluster Requirements’ section below.

This three-months Operational Plan is developed in view of bridging the period between now (December) and the official launch of the 2019 Humanitarian and Disaster Resilience Plan (HDRP), where needs and requirements for the Benishangul Gumuz-East/West Wollega response will be captured.

BACKGROUND

Under its new leadership, Ethiopia has been undergoing significant political, civic and human rights reforms since April 2018. These reforms have largely quelled the mass protests and grievances that had plagued the country since 2015, and have given hope to Ethiopians in-country and across the world. However, the still fragile political transition is not without challenge. Of most significance is the inter-communal violence being reported in various pockets of the country, leading to mass internal displacements, civilian deaths and injuries. While these areas have always been hotspots of inter-communal tensions, the scale and frequency of the violence seen in recent months are unprecedented. At least 1.4 million people were displaced by conflict in 2018, of which nearly 1 million were in Gedeo-West Guji alone. This brings the total number of displaced people in the country to at least 2.8 million out of which 82 per cent are conflict-induced IDPs and the remaining 18 per cent are climate-induced IDPs.

One of the newest waves of violence and displacement occurred following a 26 September 2018 incident where four high-ranking Benishangul Gumuz state officials were ambushed and killed in Oromia, near the regional boundary. Subsequently, inter-communal violence erupted in Kamashi zone (Benishangul Gumuz region) between the Gumuz community and the ethnic Oromo and Amhara population residing in the area. This resulted in displacement, deaths, injuries and damage of public infrastructure. Security forces were deployed to prevent the escalation of violence, but Kamashi zone (the epicenter of the violence) and Oda woreda in Assosa zone remain inaccessible for humanitarian actors due to insecurity, except with armed escort or via helicopter.

Given the highly volatile situation and access constraints, the exact number of people displaced has yet to be verified. However, it is estimated that at least 250,000 people are displaced inside Benishangul Gumuz region (15,000 in Oda woreda, Assosa zone and 42,000 in Kamashi zone) and across the border in Oromia region (101,000 in East Wollega zone and 81,000 in West Wollega zone). Some of the internally displaced people (IDPs) are reportedly living with host communities, while others are sheltered in collective sites, mainly in Government buildings and schools.

Rural health centers and other Government institutions such as schools are reported to be vacant, or at best functioning with half capacity as Government staff fled fearing insecurity in Kamashi zone. There has been no access (some armed escorts notwithstanding) to Kamashi zone and to Oda woreda since late September. East and West Wollega zones are accessible, despite sporadic clashes and road blocks being reported in areas bordering Benishangul Gumuz region. The regional presidents of Benishangul Gumuz and Oromia have reportedly met during the last week of October and have agreed to jointly work to bring peace and reconciliation. Tensions and sporadic clashes continued to be reported as of the time of publication of this document, resulting in road blocks and suspension of market activities.

While all concerned parties should exert maximum effort to address the root cause of the violence, in the interim, innocent civilians affected by the crisis need scaled-up multi-sector assistance. Humanitarian access is also urgently required to reach stranded communities in Kamashi zone and Oda woreda, Assosa zone.

People displaced by area

Location	# of IDPs	% of total IDPs
Benishangul Gumuz	57,000	23%
East and West Wollega Zones	192,000	77%
Total	250,000	100%

Source Regional and Zonal authorities

SITUATION ANALYSIS AND MOST LIKELY SCENARIOS

At present, there are an estimated 57,000 IDPs in Oda woreda (Assosa zone) and Kamashi zone in Benishangul Gumuz region. Both zones remain inaccessible for humanitarian operators, although regional government officials have visited the locations at the onset of the crisis, and have delivered limited assistance, including food, NFIs and some medical supplies via helicopter and military escort.

No market replenishment has taken place in Kamashi zone since late September. It is likely that market functionality is decreased and in some locations in Oda woreda and in Kamashi zone markets may no longer be functioning. This will seriously compromise access to supplies, including food which will likely increase malnutrition rates. Children under-5, pregnant and lactating mothers will particularly be affected.

The health system in Kamashi zone has an estimated 50/50 ratio between “highlander” and Gumuz health workers. Anecdotal reports from partners indicate that the non-ethnic Gumuz health workers and health extension workers fled the zone. Consequently, health facilities in the zone are, at best, operating at 50 per cent. However, there are likely to be limited (if any) medicines or medical supplies in the health facilities (beyond Kamashi zonal capital where some replenishment has taken place).

In East and West Wollega zones, there is need to reinforce existing government systems to reduce the pressure on government health systems that have no experience in implementing targeted supplementary feeding programme (TSFP), nor related commodity management. Ensuring a cadre of national health staff (health extension workers, doctors, nurses) that is ready to deploy to Kamashi zone, when access allows, is critical. Supplementing East and West Wollega health system staff capacity to incorporate targeted supplementary feeding into the health and nutrition response is urgent and requires partners to increase their operational capacity in the area and to reinforce pipelines to address increasing caseloads (with limited food and no TSFP increased severe acute malnutrition (SAM) caseload is increasingly likely).

Learning from experience in other IDP settings in Ethiopia, we can assume that the IDPs living in collective sites are likely to have limited access to safe water, basic hygiene and sufficient sanitation facilities. Consequently, the risk of water borne disease outbreak is high and to be prepared to respond, AWD case management and household water treatment chemicals should be prepositioned within the region.

Living in collective sites impacts on the dignity and protection of IDPs, with inadequate shelter and overcrowding affecting privacy, and particularly putting women and girls at risk of sexual and gender-based violence (SGVB). Community structures are disrupted when people are forced to flee impacting the protection of those most vulnerable, including children and persons with disability, leading to psychosocial distress and negative coping mechanisms. The initial rapid assessment conducted in East and West Wollega zones indicated that there are cases of family separation and unaccompanied IDP children left with limited protection.

Using projections from the 2007 census, the total population of Kamashi zone is estimated at around 200,000 people (61 per cent Gumuz; 25 per cent Oromo; 11 per cent Amhara and 3 per cent Berta). The longer that access is constrained, the more vulnerable the affected population become. The entirety of the population that remains in Kamashi zone is expected to need urgent humanitarian assistance once access is restored.

NEEDS AND GAPS



From September onwards (harvest ended in late November), IDPs are competing with hosting communities for casual labour in the agriculture sector. Increased supply of casual labour is expected to reduce labour rates, which will reduce the ability of poor and very poor IDP and host community households to meet their basic household requirements.



The recent displacements in Benishangul Gumuz have had a direct impact on education service delivery. According to the regional Education Cluster, an estimated 1,534 pre-primary school children and 20,818 primary school children enrolled in 2017/2018 in 57 schools are affected by the current insecurity and are unable to attend school.



There are 57 IDP sites in East and West Wollega. The number of sites in Kamashi zone and Oda woreda, Asossa zone are unknown. An overall 250,000 persons have been displaced. The majority of IDPs are reportedly living in overcrowded collective centres. Lack of proper shelter and NFIs (especially blankets and clothing) increases vulnerability of IDPs to disease outbreaks as well as protection risks.

NFIs will be needed for the IDPs in East and West Wollega (Some NFIs were distributed for 15,000 IDPs in Oda woreda by Benishangul Gumuz regional authorities in October) with a focus on household NFIs and clothing. In Oda woreda, Asossa zone, some 2,000 plastic sheets, contributed by NDRMC, regional authorities, ERCS and UNHCR to regional authorities, were distributed during September.



Insufficient food quantities were reported by IDPs. Hosting communities are providing significant support to the IDPs, though this is not sustainable over a long period of time. In addition, lack of targeted supplementary feeding system increases the risk that moderate malnutrition will deteriorate into severe acute malnutrition. Food will be required for IDPs in all the affected zones (estimated at about 250,000) and the entire population of Kamashi zone (estimated at 200,000) at least for three months. NDRMC has so far provided one-month food ration to IDPs in Oda woreda and in East and West Wollega zones.



Distance from health facilities and the lack of medicines to address needs for the increased caseloads hamper IDPs' ability to access health services. Some of the villages hosting IDPs do not have a health facility, and referral options are limited to the hospital in the zonal capital (long distances on secondary and tertiary roads). While it is difficult to identify the exact number, skin infections, diarrhoea, malaria, vomiting, and coughs (symptoms of upper respiratory infections) are critical health problems observed among children.



From preliminary assessments, the Oromia Regional Health Bureau estimates that there are 448 pregnant women and 1,139 lactating women amongst the IDPs in East and West o Wollega zones. Out of the 1,139 lactating mothers, 136 are said to have delivered upon their arrival at the IDP Sites. These groups also need comprehensive nutrition services and adequate sanitation directed towards reducing maternal and child morbidity and mortality. At least 63,455 IDPs require emergency nutrition assistance for the next three months (targeting acute malnutrition treatment for 39,257 children under-5 and 23,868 pregnant and lactating women, as well as providing health system strengthening support).



There will be traumatised girls, boys, women and men who have witnessed or personally experienced physical or sexual violence and who need group or individual support, including psychosocial services that can be provided in child- or women-friendly spaces (CFS/ WFS). In addition, for those who have been forced to flee, there will be separated families (children separated from parents) and potential loss of documents, which could make registering for assistance (including medical services) and reclaiming housing, land and other property difficult in the future. Registration of such families, and legal information on how to regain missing services are protection services that will be provided. Ensuring that minority groups (religious, cultural or ethnic groups) are treated equally will underpin all service delivery.



An assessment conducted by Oromia CP/GBV Sub-Cluster in East Wollega zone highlights that displaced children and their families are living in highly insecure conditions and are suffering from psychosocial distress as a result of witnessing and experiencing violence during the conflict; lack of access to basic services; and separation from family members. The Bureau of Women and Children Affair (BoWCA) is documenting child protection cases in East and West Wollega zones, but coordination and case management practices need to be improved.



Shallow wells and riverbeds are the primary water sources in most IDP sites. Women collect water mostly on foot, from river (5-6 km). The river/shallow well water is not treated and the average quantity is reportedly less than 5 liters/one jerry can per household per day. Lack of solid waste management and an open dump for refuse disposal was observed in most sites visited. Lack of drainage, bathing and handwashing facilities and latrines and poor hygiene conditions are also observed in collective centres. Some 250,000 IDPs need to receive emergency WaSH assistance for the next three months.

PLANNING ASUMPTIONS

Displacement duration of at least three months: This plan initially covers a period of three months. In case the IDPs still remain in displacement after the three months' period, the remaining needs could be incorporated into the 2019 HDRP where an update on the situation will be included.

Access: Since 26 September, access to Kamashi zone and Oda woreda, Asossa zone has been restricted along the only known route due to insecurity. From Asossa Town, the route passes through West Wollega zone while the route from Addis Ababa, passes through East Wollega zone. To date, the regional Government only had limited access to Kamashi zone and Oda woreda using helicopter or by road using armed escort. Humanitarian partners however, have not had access to both zones due to security concerns- one partner convoy and a Government escorted food convoy were attacked and looted en route to Kamashi zone. Other humanitarian partners with a presence in Benishangul Gumuz continue to be unable to conduct a joint assessment nor initiate humanitarian response due to movement restrictions to both areas.

Two Government food convoys, escorted by the Ethiopian Defense Forces (EDF), reportedly reached Kamashi Town in early November. According to Benishangul Gumuz officials, the food assistance was distributed in Kamashi and Yaso Towns.

Access has been unhindered to most IDP sites in East and West Wollega zones. However, access to woredas along the boundary with Kamashi zone is intermittent due to ongoing clashes along the boundary.

There is a need for high level engagement (led by the Humanitarian/Resident Coordinator) with the Federal and the two regional Governments of Oromia and Benishangul Gumuz to ensure access to all IDPs. There is also need to have a common approach within the humanitarian community on the use of armed escorts once this becomes the only option to deliver humanitarian assistance to affected people in the hard-to-reach areas.

Benishangul Gumuz region and the two zones in Oromia (East and West Wollega) are not prone to humanitarian crises and there are no international humanitarian partners and Government authorities with experience in emergency response. Zonal authorities in East and West Wollega zones are leading resource mobilization; have established a few committees (logistics, high level committee) and have assigned focal points to lead the IDP response (including IDP coordinators, data collection and management).

There are a small number of international and national NGOs that have an established presence in the area in support of development programming in all affected areas. However, the capacities in Kamashi zone are expected to be particularly low due to the collapse of zonal governance structure since the killing of the zonal administrator on 26 September. Support and capacity building for all partners is required to enable a scaled-up response to the urgent needs of the displaced population.

Continuing insecurity: Additional displacements continue to be reported in East and West Wollega zones with reported on-going clashes along the border with Benishangul Gumuz region. New IDPs continue to arrive on a regular basis, which requires close monitoring of the evolving situation; a robust security management by partners in 'real time'; and to flexibly adjust response to the new context.

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
- Deliver emergency nutrition response for early identification and treatment of acute malnutrition

When access is granted in the areas not accessible for the time being, those objectives will be implemented.

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 in the affected woredas.

Authorities and international humanitarian partners particularly seek to scale up response in the sectors of food, shelter-NFI, health and nutrition, education, protection and WaSH.

COORDINATION ARRANGEMENTS

In Benishangul Gumuz, a Disaster Risk Management Technical Working Group (DRMTWG) has been activated in Assosa, the regional capital. Regular coordination meetings are on-going between the regional Government and operational partners.

On Oromia side, coordination mechanisms have been established in Nekemte (zonal capital of East Wollega) and Gimbi (zonal capital of West Wollega). Until now, Government leadership of the response at the zonal level in Oromia is coordinated by the zonal Administrators of the two zones, with OCHA's support. The Regional Disaster Risk Management Office (DRMO) provides an oversight role in the response.

The OCHA coordinator in Benishangul Gumuz is Othow Agid; agid@un.org; +251911389417 – based in Assosa; while the OCHA coordinator in Oromia region are Menberu Tequame; Menberu.tequame, +251930293797 (based in Nekemte) and Michal Ullmann; ullmann@un.org; +251911252344 (based in Addis). Overall coordination lead will be Felix Omuu (based in Addis); omunu@un.org; +251-911216462.

Regional level coordination: Clusters, UN and INGO partners and donors at the regional level will continue to convene via the Oromia Regional Disaster Risk Management Technical Working Group (co-chaired by ODRMC and OCHA with partners and Line bureaus). At a more operational level, joint planning of the response will continue via the expanded Federal level Inter-Cluster 'plus' group (with Clusters and operational partners) as well as the regular Inter-Cluster Coordination Group.

SECTOR/CLUSTER REQUIREMENTS



Agriculture

Priority requirements - \$1 million

The cluster requires \$1 million to ensure around 25,000 IDP Households and 25,000 Host Community Households, for a total of 50,000 Households to be reached with activities in the next months.

The Agriculture Cluster recommends animal health interventions for IDPs and host community households to prevent further loss of their remaining livestock, avoid further descent into destitution and prevent the spreading of diseases among both IDP and host communities' animals. Displaced livestock, especially across regional borders are prone to diseases, and hence risk the spread of new diseases among IDP the host community's animals. Prevention also mitigates the risk of conflict that might arise because of spread diseases. Animal health interventions against season parasites and vaccination will support and strengthen national capacity to target and protect core breeding both large and small ruminants. Based on average loss of livestock as reported by the Bureau of Agriculture, the intervention targets around 60% of the IDPs and an equal number of host community households.

Priority activities for the Cluster are;

1. Treatment of core breeding livestock (large and small ruminant) for IDP and Host Community (on average of 10 different animals per household for the current season)

Location	Estimated number of households	Response to date (Sept-Nov)	Critical priorities	Estimated funding requirements	Partners on ground
Kemash Zone	10,000	None	Saving core breeding livestock	200,000	Bureau of Agriculture
Oda Woreda	5,000	None	Saving core breeding livestock	100,000	Bureau of Agriculture
East Wollega	15,000	None	Saving core breeding livestock	300,000	Bureau of Agriculture
West Wollega	20,000	None	Saving core breeding livestock	400,000	Bureau of Agriculture



Education

Priority requirements - \$1 Million

The cluster requires \$1 million to ensure some 83,832 IDPs are reached with emergency activities in the next three months.

Priority activities for the Cluster are:

- Establishment of Temporary Learning Centres (TLC).
- Awareness creation and school campaigns.
- Provision of learning materials.
- Provision of Emergency School Feeding
- Psychosocial first aid and life skills training and networking cards.
- Provision of formal and non-formal primary education service through accelerated school readiness and accelerated learning program for displaced children.

Identified needs (with estimated pop)	Target	Response to date (Sept-Nov)	Critical priorities	Estimated funding requirements	Partners on ground
1. Consultation and awareness creation discussions with 2,400 parents and community leaders and organized monthly back to school campaigns in all schools through the available structure of woreda education office, ptsa, kebele administration and community leaders	2400	0	Highly critical	20,000	UNICEF, SCI, NRC
2. Establish 30 TLC	30	0	Critical	300,000	
3. Provision of emergency school feeding	51,020			538,771	
4. Provide set of learning stationary for 51020 emergency affected students	51,020	0	Highly critical	100,000	
5. Capacity of education system strengthen to provide formal and non-formal primary education service for displaced children.	0	0			
6.1 Provide accelerated school readiness for 8,866 preprimary displaced school age children	8866	0	Highly critical	20,000	
6.2 Accelerated learning program for 23,946 primary level school age children	23946	0	Highly critical	100,000	
Total				1,078,771	



Emergency Shelter/Non-food Items

Total needs - \$3.65 million (\$624,400 in pipeline)

Priority requirements - \$ 3 million

The cluster requires \$ 3 million to provide Emergency Shelter NFI kits to **22,928** HHs of IDPs.

Priority activities for the Cluster are; Provision of Standard **Emergency Shelter/Non-food Items** to households living in inadequate situation. Providing NFIs is not only life-saving it also enhance the quality of IDPs day to day life.

The Shelter NFI standard kit will provide goods and supplies required to enable the IDPs with physical protection, to prepare food, sleep well and meet personal hygiene needs. The items to be distributed are commonly used locally and therefore do not require additional information and/or training on how to use them. Given an average family size of 5 the kits have been adjusted to ensure the distribution is in line with international humanitarian standard in emergency response.

Identified needs (with estimated pop)	Identified needs (with estimated pop)	Response to date (Sept-Nov)	Critical priorities	Estimated funding requirements	Partners on ground
East Wollega	Emergency Shelter NFI (18,824)	Distribution of Emergency Shelter NFI kits full and partial for (14,371)	Provision of Emergency Shelter NFI kits	0.78 M	CRS, ERCS, SCI, ICRC and NDRMC
West Wollega	Emergency Shelter NFI (16,855)	Distribution of Emergency Shelter NFI kits full and partial for (2,104)	Provision of Emergency Shelter NFI kits	1.6 M	ICRC and NDRMC
Benishangul Gumuz	Emergency Shelter NFI (10,417)	All IDP locations still inaccessible	Provision of Emergency Shelter NFI kits	1.27 M	
Total	46,387	19,891		3.65	



Food

Priority requirements - US\$ 9.6 million

Food assistance is among the live-saving and priority needs of conflict affected people in affected areas. The Government of Ethiopia, through the National Disaster Risk Management Commission (NDRMC) is providing emergency food assistance to affected communities in both regions. NDRMC support will continue to be provided through in-kind food assistance, with a standard food basket of cereals, CSB and vegetable oil. An estimated US\$9.6million will be required for NDRMC to provide response to the projected 250,000 IDPs. This include resources required to purchase 11,250Mt of cereals, 1,125Mt of CSB and 337.5Mt of Vegetable oil. Key activities that will be incorporated in the response include verification of the beneficiaries, delivery and distribution of food assistance and coordination of these activities through relevant structures at sub-national and national level. Selection criteria will be applied to ensure that the most food insecure people are provided with food assistance and this will be through community level structures. NDRMC will also continue to provide regular updates on the food needs as there are indications of changes in number of people displaced in various areas, including in areas that are not accessible for regular verification of the needs. Food rations will be dispatched from the logistics hubs to distribution points.

The NDRMC will continue to re-direct resources to assist conflict IDPs in the two regions, from ongoing responses and other emergencies including the 2018 HDRP.

Location	Identified needs (with estimated pop)	Response to date (Sept-Nov)	Critical priorities	Estimated funding requirements	Partners on ground
Affected locations in oromia and benishangul regions	In-kind food assistance	Distribution of food assistance to accessible locations.	Distribution of food assistance to affected people. Verification of IDP numbers	US\$9.5 million	NDRMC



Health

Priority requirements - \$3.5 million

The Health Cluster requires \$3.5 million to ensure some 255,000 IDP and host community are reached with activities in the next three months.

Priority activities for the Health Cluster are;

1. Replenish core pipeline and provide additional emergency health kits to health facilities and mobile teams
2. Support existing health facilities to ensure sufficient staffing with key cadres and refresher trainings
3. Establish mobile health and nutrition teams to deliver essential services to populations not accessing health facilities
4. Continue surveillance and response preparedness for disease outbreaks including measles and AWD
5. Strengthen coordination of the response at the zonal and woreda levels

Location	Identified needs (with estimated pop)	Response to date (Sept-Nov)	Critical priorities	Estimated funding requirements	Partners on ground
East Wollega	129,000 IDP and host community including 27,090 children under 5 and 5,160 pregnant and lactating women	29 emergency health kits distributed 15,918 clinical consultations 152 skilled deliveries 645 ANC services 49 CU5 received routine vaccines 384 children dewormed 342 children vit A supplementation 37,506 people received HE	Core pipeline Key staffing	\$1,724,900	WHO, MSF-E
West Wollega	69,000 IDP and host community including 14,490 children under 5 and 2,760 pregnant and lactating women	20 emergency health kits distributed	Core pipeline Key staffing	\$1,029,600	
Kamashi/ Asosa	57,000 IDP and host community including 11,970 children under 5 and 2,280 pregnant and lactating women	Airlifts of emergency health kits to health facilities	Core pipeline	\$750,500	



Nutrition

Priority requirements - \$3 Million

The cluster requires \$3 million to ensure some 63,455 IDPs are reached with emergency activities in the next three months (targeting Acute Malnutrition treatment for 39,257 children under-5 and 23,868 pregnant and lactating women, as well as providing health system strengthening support).

Priority activities for the Cluster are;

1. Ensure quality treatment and management of acute malnutrition through Government health system for both IDP and host community.
2. Monthly nutrition screening and Vitamin A supplementation for all 6-59 months old children.
3. Strengthen the promotion of optimal IYCF-E practices

Note: The affected woredas of all four zones have little emergency response experience. Consideration has been made to ensure that capacity building of Government health professionals and systems is central in this response, that MAM treatment is delivered where feasible through health facilities and for remote or isolated communities outreach services are established to ensure coverage of treatment. Both UNICEF and WFP are committed to deploy technical staff to support quality of service delivery and coordination. UNICEF has so far repurposed 2 Community Managed Acute Malnutrition (CMAM) monitors in Oromia and Benishangul Gumuz and will continue to support screening, and micronutrient deficiencies through provision of Vitamin A. Promotion of optimal infant and young child feeding remains central to the emergency nutrition response (IYCFE). This includes recommendation against the distribution of breast milk substitutes such as powdered milk for mothers in any General Food Distribution (GFD) and ensuring awareness on optimal use of these products during crisis. WFP has incorporated costs of technical assistance and training in the Moderate Acute Malnutrition (MAM) treatment costs.

Planning Targets: WFP has included a 30 per cent contingency to treat Acute Malnutrition (AM) in host communities in their overall estimated MAM caseload of 59,670 individuals for 3 months. In the absence of complete screening information due to access, planning targets are based on using 20 per cent prevalence for IDP children (6-59 months) and 40 per cent prevalence of AM among IDP Pregnant and Lactating Women (PLW). UNICEF projected Severe Acute Malnutrition (SAM) prevalence to 1.5 per cent, elevating the recent trends in Therapeutic Feeding Programme (TFP) admission for children given the likely rise in SAM expected due to deterioration in food security and the context.

Currently the only NGO partner serving emergency Health and Nutrition needs is MSF Spain in 6 sites of Sasiga and Haro Lima woredas East Wollega. Access to Kamashi zone remains restricted preventing any assessment of health system capacity. Given the immediate response is for 3 months and lag time to deploy new NGOs to these woredas if needed, the cluster has included the provision of funding for development NGOs on the ground and capable of scaling up targeted nutrition support such as MHNT or TSFP for IDPs as needed (\$240,000 –estimated by 5 woredas x \$16,000 x 3 month). This is an estimate as current SAM caseload projection remains low and the UN support for health capacity should be able to manage treatment. However, outreach services for health and MAM will benefit from NGO support.

Location	Identified needs (with estimated pop)	Response to date (Sept-Nov)	Critical priorities	Estimated funding requirements	Partners on ground
Oromia Region: East Wollega	SAM treatment for 1,382 children under five years	One round of nutrition Screening completed in 6 woredas in East Wollega 1 CMAM monitor repurposed from Oromia team for East Wollega. 2,000 cartons of BP5 high emergency biscuits dispatched to East Wollaga	Capacity building and secured pipelines to manage SAM treatment (therapeutic foods and materials for inpatient and outpatient management of SAM; technical staff to ensure supervision and mentoring & training	\$ 85,362	RHB/WoHO
	Training on SAM management & orientation on screening)		Strengthening capacity in SAM management	\$15,350	RHB/WoHO
	Monthly nutrition screening and Vit A for 92,109 children 6-59 months		Monthly screening & VAS	\$20,000	RHB/WoHO
	Support and promotion of optimal IYCF-E (1,200 mother receive IYCFE counselling)		IYCF-E promotion	\$25,000	RHB/WoHO/ NGO
	MAM treatment for 20,124 individuals: East Wollega 12,074 US MAM, 8,050 PLW AM;		Secure 3-month Pipeline of specialized nutritious foods (SNF) Deploy 4 technical staff plus operational support teams Training of health professionals	\$690,000	RHB/WoHO/ NGO
Oromia Region: West Wollega)	SAM treatment for 1,674 children under five years	No Access so far	Capacity building and secured pipelines to manage SAM treatment (therapeutic foods and materials for inpatient and outpatient management of SAM; technical staff to ensure supervision and mentoring & training	\$103,398	RHB/WoHO
	Training on SAM management & orientation on screening)		Strengthening capacity in SAM management	\$15,350	RHB/WoHO

	Monthly nutrition screening and Vit A for 111,572 children 6-59 months		Monthly screening & VAS	\$20,000	RHB/WoHO
	Support and promotion of optimal IYCF-E (1,300 mother receive IYCFE counselling)		IYCF-E promotion	\$25,000	RHB/WOHO/ NGO
	MAM treatment for 26,208 individuals: 15,725 U5 MAM, 10,483 PLW AM		Secure 3-month Pipeline of specialized nutritious foods (SNF) Deploy 4 technical staff plus operational support teams Training of health professionals	\$1.18 Million	RHB/WoHO/ NGO
Benishangul Gumuz Region: Kamashi Zone & Assosa	Support and promotion of optimal IYCF-E (1,300 mother receive IYCFE counselling)		IYCF-E promotion	\$ 50,000 (\$25,000 EW and \$25,000 WW)	RHB/WoHO/ NGO
	Monthly nutrition screening and Vit A for children 6-59 months	On-going in 6 woredas. \$18,120 transferred to RHB Oct/Nov	Screening of children		RHB/WoHO
	Training of health professionals on SAM treatment and management	Training of health professionals (HW/ HEW) on in-patient and out-patient SAM treatment and management. \$11,000 transferred to RHB Oct/Nov			RHB/WoHO
	MAM treatment for 13,338 individuals: 8,003 U5 MAM, 5,335 PLW AM;		-Secure 3-month pipeline of specialized nutritious foods (SNF) -Deploy technical staff plus operational support teams Training of health professionals	\$550,000	RHB/WoHO/ NGO
Total				\$3,019,460 \$357,460 (UNICEF) \$2.66M WFP \$240,000 NGO	



Site Management Support

Priority requirements - \$1 Million

The SMS (working group) requires \$1.54 M to ensure some 250,000 IDPs are reached with emergency activities in the next three months.

Funding Required (\$1 Million)

- The overall goal of the SMS is to provide a coordinated and timely cross-cutting response to the immediate humanitarian needs in sites and Sites -like settings in BG and Oromia this will contribute to saving lives and alleviate suffering.
- The SMS project aims to meet this goal by achieving four specific strategic objectives:
- Strategic Objective 1: Improve living standards and strengthen accountable service delivery for IDPs in camps and camp-like settings
- Strategic Objective 2: Support information-based decision-making by affected populations and humanitarian responders
- Strategic Objective 3: Equip humanitarians, local actors, and authorities with the tools and knowledge to apply SMS concepts and best practices
- Strategic Objective 4: Static and mobile SMS Teams: Based on the scale and geographical distribution of displacement sites, and in consultation and coordination with regional and local authorities and other SMS agencies, some of the SMS support will be carried out through mobile SMS teams.
- Strategic Objective 5: Transitional solutions and exit strategies - In coordination with other Clusters, and in line with the Operational Guidance on Returns, the SMS and protection cluster will support informed decision-making of displaced populations on transitional solutions including returns or reintegration if and when the context allows.

Identified needs (with estimated pop)	Target	Response to date (Sept-Nov)	Critical priorities	Estimated funding requirements	Partners on ground
Kemashi Zone	25,000	None	Site upgrade and site development - improving the living conditions of the IDPs living in sites i.e. Provision of Communal facilities i.e. communal kitchen, lightings at the communal facilities and recreational facilities.	50,000	Site management Support
			Establishment of the community communication Desk, and Community notice boards accessible by both IDPs and Host community.	5,000	
			Site decommissioning and restoration	10,000	
			Supporting the IDPs/Host community governance structures	5,000	
			Equip humanitarians, local actors, and authorities with the tools and knowledge to apply SMS concepts and best practices	5,000	

Oda Woreda	25,000	None	Site upgrade and site development - improving the living conditions of the IDPs living in sites i.e. Provision of Communal facilities i.e. communal kitchen, lightings at the communal facilities and recreational facilities.	50,000	Site management Support
			Establishment of the community communication Desk, and Community notice boards accessible by both IDPs and Host community.	5,000	
			Site decommissioning and restoration	10,000	
			Supporting the IDPs/Host community governance structures	5,000	
			Equip humanitarians, local actors, and authorities with the tools and knowledge to apply SMS concepts and best practices	5,000	
East Wollega	100,000	None	Site upgrade and site development - improving the living conditions of the IDPs living in sites i.e. Provision of Communal facilities i.e. communal kitchen, lightings at the communal facilities and recreational facilities.	320,000	Site management Support
			Establishment of the community communication Desk, and Community notice boards accessible by both IDPs and Host community.	10,000	
			Site decommissioning and restoration	10,000	
			Supporting the IDPs/Host community governance structures	10,000	
			Equip humanitarians, local actors, and authorities with the tools and knowledge to apply SMS concepts and best practices	10,000	
West Wollega	100,000	None	Site upgrade and site development - improving the living conditions of the IDPs living in sites i.e. Provision of Communal facilities i.e. communal kitchen, lightings at the communal facilities and recreational facilities.	380,000	Site management Support
			Establishment of the community communication Desk, and Community notice boards accessible by both IDPs and Host community.	3,000	
			Site decommissioning and restoration	50,000	
			Supporting the IDPs/Host community governance structures		
			Equip humanitarians local actors and authorities with the tools and knowledge to apply SMS concepts and best practices	5,000	



Protection

Priority requirements - \$1 Million

The cluster requires \$1 million to ensure some 100,000 IDPs are reached with emergency activities in the next three months.

Priority activities for the Cluster are:

1. Establishment of multi-purpose safe spaces and associated Child Protection (CP) and Gender Based Violence (GBV) services for women, children and youth linked with existing structures, where possible e.g. TLCs, TFCs, Child Friendly Spaces (CFS), health centres etc.
2. Provision of psychosocial support (PSS)/ psychological first aid (PFA) and Clinical Management of Rape (CMR) through appropriately trained service providers.
3. Family tracing and reunification for Unaccompanied and Separated Children (UASC).
4. Distribution of Dignity Kits.
5. Establishment/strengthening of community-based structures both within the host communities and IDP sites to prevent, mitigate and respond to protection risks by providing appropriate community-level support and referral to services.
6. Strengthening the capacity of Bureaus of Women and Children Affairs, Bureaus of Labour and Social Affairs, Health and Justice sectors to provide case identification and management, family tracing and reunification, coordination and referral pathways to ensure integrated services
7. Trainings on basic protection principles and standards, human rights in humanitarian action
8. Protection and human rights monitoring
9. Issues of lack of documentation, and access to housing, land & property

Location	Identified needs (with estimated pop)	Response to date (sept-nov)	Critical priorities	Estimated funding requirements	Partners on ground
Kamashi and Assosa Zones	Psychosocial support, family reunification (in all affected areas), access to basic services, enhancement of the capacity of government staff and strengthening/	For Benishangul Gumuz: Allocation of tents for children friendly spaces (10 pcs), distribution of recreational kits (116), dignity kits (5,000 pcs) which were obtained by the regional Government.	<ul style="list-style-type: none"> • Establishment of multi-purpose safe spaces • Psychosocial support • Family tracing and reunification • Enhancement of the capacity of government staff • Establishment/strengthening of community-based structures • Trainings on basic protection, human rights • Protection and human rights monitoring and advocacy • Legal assistance • Distribution of Dignity Kits 		UNICEF, BoWCYA, UNHCR, UNFPA, Plan International, IRC, World Vision, NRC
East Wollega Zone in Oromia		IA CP/Education Assessment conducted in East Wollega.			
West Wollega Zone in Oromia	Services can be easily increased/ modified to reach additional populations once access has been enabled.	Distribution by BoWCYA of 400 Dignity Kits provided by UNICEF.			



WASH

Overall requirements - \$2.9Million (\$460,000 in pipeline)

Priority requirements - \$244 Million

The cluster requires \$2.9 million to ensure some 250,000 IDPs are reached with emergency WaSH activities in the next three months.

Priority activities for the Cluster are;

Durable solution for water supply: Rehabilitation, repair and expansion of existing water supply schemes to provide safe drinking water to IDP collective sites are more durable and cost-effective response that also benefits population in the host communities. Water trucking shall be operated during rehabilitation or expansion of water schemes, but it would be a temporary measure.

Construction of emergency trench latrines: Provision of emergency trench latrine facilities for IDPs at collective sites is minimum humanitarian WASH needs. It also reduces risk of water-borne diseases in the locality. Emergency trench latrines would be advised for 3-month response, which also includes safely decommissioning after IDPs have returned to their places of origin.

Provision of WASH NFIs and Household Water Treatment Chemicals (HHWTC): IDPs do not have means to collect and store water and also to maintain hygienic environment. Therefore, provision of WASH NFIs, such as HHWTC, jerry can, bucket, soaps and so on, is critically important as an urgent WASH response for IDPs.

Hygiene promotion: It is assumed that most people do not know how to use HHWTC to disinfect water because water is abundant in this area and there was no such an emergency before. Therefore, proper hygiene promotion, which includes orientation and demonstration on how to use HHWTC, is critically important as part of urgent life-saving WASH responses.

Location	Identified needs (with estimated pop)	Response to date (Sept-Nov)	Critical priorities	Estimated funding requirements	Partners on ground
East Wollega	Water scheme rehabilitation, water trucking, sanitation, WASH NFIs, hygiene promotion (111,346)	Rehab spring water scheme, latrine construction, hygiene promotion, NFI distribution	Water supply, sanitation, WASH NFIs, hygiene promotion	1.3M	FIDO, MSF Spain, UNICEF
West Wollega	Water scheme rehabilitation, water trucking, sanitation, WASH NFIs, hygiene promotion (85,997)	NFI distribution	Water supply, sanitation, WASH NFIs, hygiene promotion	1.1M	CRS, UNICEF, WV
Benishangul Gumuz	Water scheme rehabilitation, water trucking, sanitation, WASH NFIs, hygiene promotion (57,000)	All IDP locations still inaccessible	Water supply, sanitation, WASH NFIs, hygiene promotion	0.5M	UNICEF

Annex 1

NEEDS AND GAPS BY SECTOR

Sector	Total needs	Resources available		Gap
		EHF	Other sources/Agency	
Food	\$9.60M			\$9.60M
WaSH	\$2.90M		\$460,000	\$2.44M
Nutrition	\$3.0M			\$3.0M
Education	\$1.0M			\$1.0M
Health	\$3.5M			\$3.5M
Protection	\$1.0M			\$1.0M
Agriculture	\$1.0M			\$1.0M
ES/NFI	\$3.6M		\$624,400	\$2.98M
SMS	\$1M			\$1.0M
Total	\$26.6M		\$1.08M	\$25.52M

