



This report has been prepared under the auspices of the Federal Disaster Risk Management Technical Working Group, co-chaired by the National Disaster Risk Management Commission (NDRMC) and OCHA with participation of cluster co-chairs (Government Line Ministries and Cluster Coordinators). It covers the period from 1 December 2018 to 31 January 2019.

Highlights

- Preliminary *meher* assessment reports indicate that the level of humanitarian needs in 2019 will remain similar to 2018 mainly due to mass internal displacements in various parts of the country, and related humanitarian and protection needs.
- Women and the youth account for 51 per cent of the displaced population in Ethiopia, humanitarian partners are prioritizing gender and youth-sensitive programming in addressing the displacement crisis; also in a bid to prevent secondary movements, including irregular migration.
- Urgent need to scale up response to the inter-communal violence-induced displacement in Benishangul Gumuz-East/West Wollega. Humanitarian partners' presence in the area remain low and the response slow.
- NDRMC has been distributing relief food supplies to IDPs in Benishangul Gumuz-East/West Wollega zones. As of 24 January, three rounds of food dispatches were made in 15 *woredas* of East and West Wollega zones; and one round of food dispatch in 6 *woredas* in Assosa and Kamashi zones.
- Overall, some 11 million people in drought, flood and conflict-affected areas of the country were assisted with at least 558,211Mt of relief food commodities and, with support from DFID, with 1.2 billion birr in cash transfer during the year.
- Humanitarian partners are closely working with Government counterparts at all levels to continue to provide assistance based on needs, including in areas of displacement, as well as in areas where returns have successfully and voluntarily happened.
- Communities affected by recurrent drought impact are unlikely to achieve food self-sufficiency in the immediate future without sustained recovery and resilience building investment.

Situation Overview

The Ethiopia Humanitarian Response Plan for 2019 is being consolidated; humanitarian needs are expected to remain similar to 2018

The Government-led multi-sector and multi-agency *meher* needs assessment was conducted from 17 November to 15 December 2018 in all regions, and the results are helping to determine the humanitarian requirements for Ethiopia in 2019. The United Nations Office for Coordination of Humanitarian Affairs (UNOCHA), in collaboration with the National Disaster Risk Management Commission (NDRMC), is introducing the Humanitarian Needs Overview (HNO) for the first time in Ethiopia this year. Using data from the *meher* needs assessment and other sources, the HNO provides severity of humanitarian needs across sectors and geographic locations, and will enable Government and humanitarian partners to collaboratively analyze existing humanitarian information and reach consensus on priority acute humanitarian needs for targeting purpose. The consensus will be reflected in the 2019 Humanitarian Response Plan (HRP), which is also introduced for the first time in Ethiopia this year. The HRP is expected to be officially released in mid-February 2019.

Preliminary *meher* assessment reports indicate that the level of humanitarian needs in 2019 will remain similar to 2018 mainly due to mass internal displacements in various parts of the country, and related humanitarian and protection needs. The country registered one of the fastest growing internally displaced population (IDPs) in the world in 2018. More than 80 per cent of the at least 3 million IDPs in the country (1/3 of whom displaced in 2018) cited inter-communal violence as the primary driver of displacement. Other displacements are due to protracted drought and seasonal flooding. Women and the youth account for 51 per cent¹ of the displaced population in the country, calling for gender and youth-sensitive programming in addressing the displacement crisis such as prevention of gender-based violence, availing education, vocational training and other livelihood opportunities. This is also in a bid to prevent secondary movements, including irregular migration.

¹ According to the latest displacement tracking matrix (DTM 14) covering November-December 2018

Of additional concern are the IDP-hosting communities who will need sustained assistance in 2019. The majority of the displaced population in the country are residing with host communities (37 per cent), which are often themselves vulnerable; or are settled in make-shift camp sites (33 per cent)². The unrests have disrupted basic public services and upset livelihoods, contributing to the deterioration of the food, health and nutrition situation in some areas. Even prior to the displacement crisis, there was widespread food insecurity and acute malnutrition in most of the IDP-hosting communities.

Meanwhile, humanitarian needs resulting from direct/immediate drought impact have decreased. The *kiremt* (July – September) rains in *meher* harvest dependent areas performed well in 2018. Despite the overall good seasonal rainfall performance, food insecurity and malnutrition remained high in 2018, and will remain so in 2019 due to slow or limited recovery. This is a result of the severe impact of two years of back-to-back (2016/2017) drought, as well as failed rains in pocket areas of the country in 2018, including in central SNNP and eastern Oromia regions and in large parts of south and south eastern Ethiopia where the *deyr/hagaya* (September-November) rains were drier than normal. Between January and October 2018, at least 280,892 children under-5 were treated for severe acute malnutrition, representing 90.3 per cent of the projected admissions for this period based on the annual target of 370,000. Admissions for acute malnutrition treatment remain high in Somali and Oromia regions. Also during the same period, at least 1 million moderately malnourished children under-5 were treated, representing 64 per cent of the annual target. Even in a 'normal', non-drought year, there are approximately 2.2 million moderately malnourished children under-5 and pregnant and lactating women; as well as 300,000 children under-5 who are severely acutely malnourished. According to the *meher* seasonal assessment and the Household Economic Approach, there are 4.48 million people under the survival threshold. This refers to people whose income does not cover the food and non-food items necessary for survival in the short term. More than half of the food insecure population (under survival threshold) are in Oromia region, followed by Somali (21 per cent), Amhara (7 per cent), SNNP (5 per cent), Afar (4 per cent) and Tigray (3 per cent) regions.

Communities affected by recurrent drought impact are unlikely to achieve food self-sufficiency in the immediate future without sustained recovery and resilience building investment. In pastoralist communities – which are most affected by drought - studies indicate that it will take at least two years for small stock-owning households who have lost at least half of their livestock to fully recover; and in excess of four years if they are cattle-owning households (it takes 9 months for cows to start producing milk, some 18 months for camels and some 5 months for small ruminants). According to the Famine Early Warning Systems Network (FEWS NET), food security in areas worst affected by the 2016/2017 drought in Somali region will be at Crisis level (IPC Phase 3) during December 2018 and May 2019, similar to areas in northern Afar and lowlands of East and West Hararge zones of Oromia region. Meanwhile, food security is expected to deteriorate from Minimal (IPC Phase 1) to Stressed (IPC Phase 2) in eastern Amhara and Tigray regions. Most of the rest of the country will remain in Minimal (IPC Phase 1) food security level until March 2019.

Disease outbreaks such as acute watery diarrhea (AWD), mainly due to poor water and sanitation facilities in IDP sites and in drought and flood-impacted communities were also identified as areas requiring continued prevention and response measures in 2019. According to the latest displacement tracking matrix (DTM 14) covering November-December 2018, 92 per cent of the internally displaced people in the country do not have access to safe drinking water at 5 litres per person per day; while 61 per cent of the IDPs do not have access to sanitation facilities, posing health outbreak risks.

Response to the inter-communal violence-induced displacement needs to be scaled-up

Inter-communal violence remained the primary driver of displacement and humanitarian need in 2018. Under the leadership and financing of the Government of Ethiopia, and with the support of humanitarian partners backed by generous funding from many donors, a major humanitarian catastrophe was averted during the year. The responses were nevertheless not fully adequate due to resource constraints, insufficient partner presence and access limitations in some areas, calling for urgent scale up of responses in 2019.

Benishangul Gumuz-East/West Wollega IDP response: Recognizing the need to scale up life-saving assistance to the people displaced by inter-communal violence in Benishangul Gumuz region and across the border in East and West Wollega zones of Oromia region since late September 2018, humanitarian partners, together with Government, had finalized an Operational Plan targeting nearly 250,000 displaced persons (57,000 IDP in Assosa and Kamashi zones of Benishangul Gumuz and some 198,000 IDPs in East and West Wollega zones). The plan requested \$25.5 million, including an estimated \$9.6 million for NDRMC to provide relief food with 11,250Mt of cereals, 1,125Mt of CSB and 337.5Mt of Vegetable oil. No funding was received towards the plan. The overall

² According to the latest displacement tracking matrix (DTM 14) covering November-December 2018

response has so far been slow in East and West Wollega; while Kamashi zone remains inaccessible to humanitarian partners due to insecurity. Meanwhile, the Benishangul Gumuz Disaster Prevention and Preparedness Bureau reported that a Government-led assessment team will be dispatched to Kamashi zone in the first week of February.

There is limited partners' presence in East and West Wollega. While IRC, FIDO (a local NGO), IOM, WHO, UNICEF and Save the Children (processing to start operation in East Wollega) are minimally operating in East Wollega; UNICEF, MSF Spain, World Vision and IOM (WaSH NFI, site management, psychosocial support, shelter, NFI) are operating in West Wollega. OCHA has recently opened a sub-office in Nekemt with three key staff to help Government authorities in coordinating the response efforts. Meanwhile, NDRMC has been distributing relief food supplies to the affected population, albeit at incomplete food basket and ration. As of 24 January, three rounds of food dispatches were made in 15 *woredas* of East and West Wollega zone; and one round of food dispatch in Assosa and Kamashi zones reaching 6 *woredas*. Of 3,778 Mt of food (cereals, vegetable oil and corn soya blend - CSB) allocated, 2,860 were dispatched targeting 221,937 beneficiaries in both regions to date. Significant gaps are identified particularly in WaSH, protection and education sectors.

Gedeo-Guji IDP response: While response has been ongoing since the inter-communal violence erupted in April 2018 – albeit inadequate, it has been challenged by intermittent insecurity preventing access; as well as returns and secondary displacements since August 2018 hindering targeting and programming. From 10 to 12 December 2018, UNHCR and partners conducted a rapid survey in 74 IDP sites in Gedeo and Guji zones to assess the views of the IDPs on the possibility of return to areas of origin and to ensure a voluntary and principled return process. According to the survey result, 94 per cent of the interviewed IDPs preferred not to return in the immediate future mainly due to fear of continued insecurity; lack of assistance in areas of return; damaged property and livelihood and lack of land right. Partners are closely liaising with Government counterparts to encourage more time to be taken to guarantee lasting peace and security and to plan for the restoration of essential services and livelihoods in areas of return, before returning the IDPs. Humanitarian partners are also closely working with Government counterparts at all levels to continue to provide assistance based on needs, including in current areas of displacement, as well as in areas where returns have successfully and voluntarily happened.

Funding Update (as of 15 January 2019)

Ethiopia Humanitarian Fund (EHF) funding update:

In 2018, the Ethiopia Humanitarian Fund (EHF) - an OCHA-managed humanitarian pooled fund - allocated more than US\$72 million supporting 132 multi-sector projects through 39 implementing partners (International NGOs, UN agencies and National NGOs). In addition, the EHF issued the Second Round Reserve Allocation in December 2018 for a total allocation of US\$14.2 million to 1) support the establishment of an Essential Humanitarian Supplies Pipeline Project; 2) to ensure nutrition pipeline commodities and the continuation of critical NGO-implemented nutrition projects and; 3) to support Protection against Sexual Exploitation and Abuse (PSEA) training, reporting and monitoring capacity. At present, the EHF is finalizing the review of submitted proposals. The Fund had a total income of \$87.3 million in 2018, including \$72.6 million mobilized from donors and an additional \$10.2 million carried over from 2017. Contributions were received from Denmark, Ireland, Germany, South Korea, Sweden, Switzerland, the United Kingdom and the United States of America.

The EHF is a mechanism that enables the rapid and targeted disbursement of pooled donor resources to UN and NGO humanitarian partners working in areas acutely affected by crisis; and supporting national service provision at point of delivery. EHF allocations are primarily made in support of agreed priority humanitarian response gaps, as established by the Inter-Cluster Coordination Group and endorsed by the Humanitarian Country Team.

2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review funding update:

As of 15 January 2019, the 2018 HDRP mid-year review of US\$1.494 billion was 77 per cent funded, including \$342 million Government allocation and \$598 million committed by international donors. Taking into account the \$215 million carry-over resources from 2017, the HDRP faces a gap of \$342. An

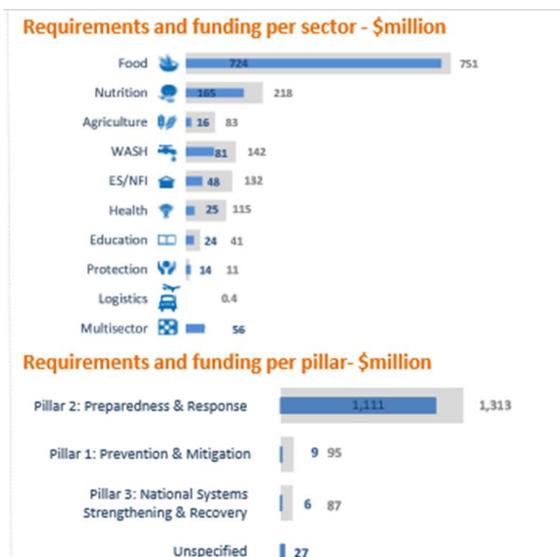


Figure 1 Sources: Donors, recipient agencies, clusters and FTS

additional \$1 million are committed in soft pledges.

New needs have emerged since the release of the mid-year review, which are not reflected in the HDRP mid-year review. The 2019 Humanitarian Response Plan (HRP) is currently being consolidated for expected release in mid-February 2019.

All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA Ethiopia of cash and in-kind contributions by e-mailing: ocha-eth@un.org

Humanitarian Response (NB: 2019 humanitarian needs are being consolidated for release in mid-February 2019)



Food

Needs:

\$ 750.8m
Food requirement, MYR

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review targets 7.95 million people until the end of the year (up from 7.88 million people at the beginning of the year). The overall food requirements were also revised to US\$750.8 million (down from 1.036 billion) due to reduced number of food rounds to be implemented in 2018.
- Based on the National Food-Cash Integrated Plan, more than 2 million beneficiaries will be assisted through cash transfers, and the remaining 6.22 million will receive in-kind food assistance. NDRMC is planning to assist 1.54 million beneficiaries through cash transfers in areas where conditions are feasible for cash transfers. WFP is also targeting 193,000 HDRP beneficiaries in two zones (Siti and Fafan zones, Somali region) through the PSNP-Cash Pilot. Some 269,000 PSNP Public Work (PW) clients will also be assisted through cash transfers in the two zones of Somali region. In addition, food operators will provide support to 3.3 million PSNP-PW clients who will be facing food consumption gaps during the hunger period (Round 5 and Round 6). NDRMC will aim to distribute cash transfers to 536,000 PSNP-PW transitory beneficiaries.
- According to the Famine Early Warning Systems Network (FEWS NET), food security in areas worst affected by the 2016/2017 drought in Somali region will be at Crisis level (IPC Phase 3) during December 2018 and May 2019, similar to areas in northern Afar and lowlands of East and West Hararge zones of Oromia region. Meanwhile, food security is expected to deteriorate from Minimal (IPC Phase 1) to Stressed (IPC Phase 2) in eastern Amhara and Tigray regions.

Response:

- **Benishangul Gumuz/East-West Wollega conflict IDP response:** NDRMC is supporting 221,937 conflict IDPs in Oromia (East and West Wollega zones) and Benishangul Gumuz (Assosa and Kamashi zones) regions. As of 24 January, three rounds of food dispatches were made in 15 *woredas* of East and West Wollega zone; and one round of food was dispatch in Assosa and Kamashi zones reaching 6 *woredas*. Of 3,778 Mt of food (cereals, vegetable oil and corn soya blend -CSB) allocated, 2,860 were dispatched
- **Moyale IDP response:** Only about one third of the total food requirements were dispatched to some 276,089 people (46,082 families) across 51 IDP sites during 2017 and 2018 due to intermittent security and road access constraints. In late 2018, 14 WFP trucks were dispatched from Jijiga/Gode warehouses carrying 135Mt of mixed commodities to Dawa zone. The first four truck have successfully dispatched 40MT of food over the Galun Bridge (connecting Dawa zone with northern and eastern parts of Somali region). WFP has also dispatched additional 0 trucks with 436Mt of mixed commodities from Nazareth to Hudet and Mubarak *woredas*. The 10 trucks had reached Negele, from where they could only be moved through armed escort.
- Overall, some 11 million people in drought, flood and conflict-affected areas of the country were assisted with at least 558,211Mt of relief food commodities and, with support from DFID, with 1.2 billion birr in cash transfer. The food commodities were distributed by NDRMC (58 per cent of distribution), WFP (24 per cent) and the NGO consortium – JEOP (18 per cent). The food operators covered IDP food requirements in Benishangul Gumuz, Oromia, Somali and SNNP regions by re-directing resources planned for distribution as per the 2018 HDRP allocations.
- As for the cash transfers, 88 per cent of all cash transfers were made by NDRMC in Amhara, Oromia, SNNP and Tigray regions reaching some 2.9 million beneficiaries; while WFP made the remaining 12 per cent of the transfers in Sitti and Fafan zones of Somali region, and reached about 270,000 IDPs in East and West Hararge zones of Oromia region with 250 birr per person for one month.

Gaps & Constraints:

- The number of planned food distribution rounds was revised from nine to six during the mid-year review due to delays in the launch of 2018 HDRP, challenges in implementing food assistance, including registration of beneficiaries in the first round and delays in food deliveries to distribution points. At present, food operators are implementing the fifth round. The sixth round will be the bridging round to the 2019 response plan.
- Incomplete food basket due to lack of pulse in NDRMC food basket.
- Logistics challenges to transport food to remote and insecure areas.
- Some IDPs in East/West Wollega prefer *teff* over maize, as it is not culturally consumed in the area.
- Ensuring that programmatic capacity is available to ensure consistent general food distribution in Dawa zone is a high and time-bound priority given the upcoming rainy season.
- In 2018, food cluster partners noted gaps in the targeting, registration and verification of displaced and conflict affected people. This is expected to be addressed through increased coordinated approaches at all levels of the response, from needs assessments, identification of food insecure people and distribution of food assistance.

**Agriculture****Needs:****\$83.3m**Agriculture requirement,
MYR

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review targets 2.2 million households for agriculture (crop and livestock) interventions (down from 3.43 million households targeted at the beginning of the year).
- In the Mid-Year Review, the Agriculture Sector advocated for strengthening Pillar 1 of the HDRP (prevention and mitigation) and prioritized resilience interventions across the regions at the cost of \$8 million, as improved agricultural resilience can avert the loss of lives resulting from food insecurity, malnutrition and loss of livelihoods. The sector asked for crop, forage and vegetables seed distribution to areas under Pillar 2 targeting 0.4 million households. Secondly, the sector advocated for livestock feed provision for 0.7 million households in need to strengthen their livestock body mass, reproduction and milk production. Finally, the sector asked for additional animal health support (vaccination, treatment and veterinary equipment) for 1.8 million households. Animal health support is vital prior to the dry season to keep the livestock healthy until the next rainy season. The total cost under pillar 2 is \$67 million.
- Under pillar 3 of the HDRP, little investment has been made towards recovery and strengthening of national systems. The sector recommended more focus on this pillar and is seeking \$4 million until the end of the year.
- The increase in conflict IDPs have resulted in a spike in need, especially as many (particularly in Gedeo and West Guji) have or are about to return to their places of origin. Support for animal health for IDPs is critical as well as support returnees to re-establish their livelihoods (seeds, tools, and livestock feed).

Response:

- Overall, the cluster reached 19 per cent (424,186 households) of the 2.2 million households targeted for assistance, and provided assistance for over 6.5 million heads of livestock in Afar, Amhara, Dire Dawa, Oromia Somali, SNNP and Tigray regions.
- The intervention focus of the cluster was primarily on the provision of livestock feed and animal health service in regions reporting high livestock mortality or deteriorating livestock body condition, particularly Oromia, SNNP and Somali regions. As of October 2018, the sector reached 18 per cent of the targeted 1.82 million households with livestock interventions, including 34,802 households who received livestock feed support benefiting 152,852 heads of livestock; 311,267 households benefitted from animal health service and vaccination reaching 6.5 million heads of livestock.
- At least 5,827 displaced households received animal feed, emergency seed and farm tool support and were assisted through restocking of small ruminants.
- Meanwhile, the sector reached 27 per cent of the 0.39 million households targeted with crop interventions in areas that registered poor crop performance in Amhara, Oromia and Tigray regions, including 100,791 households who received emergency seed and farm tools support and 63,169 households who benefitted from resilience building interventions such as feed production and storing, water scheme development and rehabilitation.

Gaps and Constraints:

- Only 26 out of 40 partners were part of the Agriculture sector response - indicating a gap of 35 per cent. Of the 26 partners, 25 per cent reported not having any ongoing projects in areas targeted in the HDRP. This gap correlates with seasonality and significant funding gaps involved in the sector's response.
- The sector has so far only received and spent 19 per cent of the total requirement.

- many communities missed access to activities that would strengthen their livelihoods, and in particular to productive activities that would reduce future dependency on emergency food, seeds, animal health, and other humanitarian assistance. Cluster members highlighted the lack of funding in this sector as the main challenge facing them.
- The cluster continues to advocate for an increase in support for Pillar 1 of the HDRP (prevention and mitigation), to support essential activities to build the resilience of affected communities, and decrease the need for humanitarian interventions in the future.



Emergency Shelter and Non-Food Item (NFI)

Needs:

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review targets 2.8 million internally displaced people for Emergency Shelter and Non-Food Item (ES/NFI) assistance.
- The needs have long surpassed the mid-year review target, and the number of internally displaced people in the country continue to rise. The crisis in Benishangul Gumuz region and adjacent areas of Oromia has displaced an estimated 250,000 people since the mid-year review, and needs are still under assessment. IDPs are also on the rise in Amhara, Dire Dawa, Harar and Tigray regions.

\$132.3m

ES/NFI requirement, MYR

Response:

- **Benishangul Gumuz/East-West Wollega conflict IDP response:** MSF-Spain, NRC, ICRC IOM and Nekemte Catholic secretariat have operational presence in the Wollegas, although interventions have been inadequate so far. Transitional shelter (which provides adequate shelter from heavy rains) is necessary ahead of the upcoming rainy season, as the plastic sheets initially distributed are already worn out.
- **Gedeo-Guji conflict IDP response:** IOM, UNHCR, World Vision, Save the Children, NRC, GOAL, CARE, CRS, ICRC, Shelterbox, Ethiopian Red Cross are providing ES/NFI support in Gedeo/Guji.
- Overall, the cluster only reached 58 per cent (197,364 households) of targeted households with ES/NFI support as of end November in eight regions.
- While 129,571 households received full ES/NFI support cash grants, 67,793 households received partial support. In addition, NDRMC distributed 28,207 partial kits in flood affected areas of Somali region as well as in conflict-affected Gedeo zone (SNNPR). As of the same date, the cluster had 53,064 full/partial ES/NFI kits and 19,852 Cash Assistance in stocks and pipeline.
- In terms of more substantial and durable shelter programming, one agency has built 75 temporary shelters and 10 dome-shaped traditional houses in Dire Dawa, as well as 146 CGI-covered transitional shelters in Deder.
- A number of capacity building activities have taken place to increase sector knowledge in support of Pillar 1 and Pillar 3 interventions, including a 'flood mitigation technical workshop' and a technical training on durable shelter solutions.
- In all interventions, the cluster is cautious to ensure conflict-sensitive programming and a do-no-harm approach every step of the way.

Gaps & Constraints:

- Insufficient funding continues to impede full coverage of all identified needs. The lack of prepositioned stocks limits the ability to mount immediate responses in new flood and conflict emergencies.
- Shelter and household NFIs for at least 100,000 displaced households and clothing pipelines for 250,000 IDPs are urgently needed for the Benishangul Gumuz/East and West Wollega IDP response.
- One ES/NFI cluster coordinator covers Gedeo and Guji zones, which limits its coordination efficiency. It is advisable that one additional cluster coordinator be hired for the area.



Health

Needs

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review targets an estimated 7.5 million vulnerable people (up from 6.47 million people at the beginning of the year) in need of emergency health services and at risk of communicable disease outbreaks until the end of the year.
- The massive conflict-induced displacement since April 2018 in different parts of the country has stretched water and health services in host communities, which were already inadequate prior to displacement.
- At least 3,255 cases of acute watery diarrhea (AWD) were reported in 2018, the majority in Tigray (1,835 cases) followed by Afar (1,010 cases) regions.

\$114.8 m

Health requirement, MYR

Response

- **Benishangul Gumuz/East-West Wollega conflict IDP response:** MSF-Spain, IRC, SCI and MCMDO (Only West Wollega) are implementing health programs in East and West Wollega zones, with available resources. However, WHO and UNICEF stocks will be depleted by February – at the very latest.
- **Gedeo-Guji conflict IDP response:** GOAL, UNFPA, Save the Children and IOM are implementing health programs in Gedeo/Guji zones, with available resources. Additional mobile health facilities are urgently required to scale up IDP response, particularly in the IDP collective centres.
- **Moyale IDP response:** GOAL, CARE and Mercy Corps have operational presence in Moyale. The poor health system and the lack of healthcare professionals, as well as insufficient pipeline of drugs and medical supplies heavily limit the emergency health assistance of some 175,000 IDPs in Moyale, Borena complex.
- AWD response, prevention and control activities are ongoing in all areas reporting and at risk of an outbreak. The cluster maintained the rapid response mechanisms with continuous capacity building of health staff, including Health Extension Workers. At least 6.1 million beneficiaries were directly reached through Rapid Response Mechanisms. As a result of strengthened early warning system, the number of AWD cases reported in 2018 were lower compared to the 2017 outbreak.
- At least 1.8 million drought and conflict IDPs benefitted from curative consultations through the Regional Health Bureaus and NGOs-run Mobile Health and Nutrition Teams – MHNT, supported by UNICEF. Some 2.2 million people were also reached through risk communication and health promotion on communicable diseases.

Gaps & Constraints:

- Threat of diseases outbreak and malnutrition among IDP and the host communities, inadequate operational funds to support MHNT and health facilities, RRT, surveillance staff and core pipeline of essential medicines and medical supplies remained the major challenges during the reporting period.
- Other challenges include unavailability of mental health and psychosocial care for IDP.
- Insecurity continues to hinder Regional Health Bureau (RHB) and health partners' support for IDPs in Kamashi zone, Benishangul Gumuz region, as well as in East and West Wollega zones.



Nutrition

Needs:

- The annual projection for children treated for severe acute malnutrition (SAM) in 2018 was increased from 350,000 to 370,000 during the 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review. Similarly, the projection for children and pregnant and breastfeeding mothers treated for moderate acute malnutrition (MAM) was increased from 3.5 million to 4.16 million, with increased coverage of support provided for IDPs living within and beyond priority one *woredas*.
- Food insecurity and malnutrition remain a high concern due to protracted drought conditions and massive internal displacements resulting from inter-communal conflict in various pockets of the country. Continued monitoring and pipeline top up is needed to enable scaled-up nutrition support beyond the moderate malnutrition targets reflected in the mid-year review.
- Continued support for the Government CMAM/IMAM program is still needed in order to ensure high coverage of quality CMAM services to treat severe and moderate malnutrition. According to the Government Emergency Nutrition Coordination Unit (ENCU), in collaboration with the most affected regions, at least 120 *woredas* will continue to need NGO support for a minimum of six months, specifically to improve coverage of CMAM/TSFP in hard-to-reach areas; to ensure IDP access to MAM treatment; and to continue to promote health system strengthening, including support for IMAM where relevant. The estimated cost of NGO continued/new support from December 2018 through May/June 2019 is \$13 million. This will be revised in the 2019 Humanitarian Response Plan.

\$218.3m
Nutrition requirement,
MYR

Response:

- **Benishangul Gumuz/East-West Wollega conflict IDP response:** East and West Wollega zone are generally food secure areas. However, the current crisis has disrupted livelihoods and have stretched the capacity of Government health system. Ensuring sufficient commodities to address moderate malnutrition for some 250,000 IDPs in the area is one of the priorities for the cluster. UNICEF, MSF-Spain, IRC, SCI and MCMDO (in West Wollega) are supporting the Zonal Health Departments with providing nutrition support to IDPs.
- **Gedeo-Guji conflict IDP response:** GOAL, UNICEF, IOM, World Vision, WHO and Save the Children have ongoing operational presence in the area.
- **Moyale IDP response:** AAH, GOAL, CARE, HelpAge, Mercy Corps have operational presence in the area. There is an urgent need to avail commodities to treat severe and moderate malnutrition for the estimated 84,000 children-under-5 and pregnant and breastfeeding mothers in Borena zone, as well as for the

additional 160,000 people in need in Dawa zone. Basic health and nutrition services were severely disrupted by the heavy fighting in the area. In addition to ensuring adequate nutrition supplies, damaged stabilization centers for the treatment of severe malnutrition need to be speedily renovated, and new ones need to be established fitting the increased caseload.

- Overall, at least 280,892 children were treated for severe acute malnutrition (SAM) between 01 January and 31 October 2018 (80.9 per cent reporting rate). This represents 90.3 per cent of the projected admissions for this period based on the annual target of 370,000 SAM admissions. Performance indicators remain very good with average cure rate of 91 per cent, death rate of 0.2 per cent and default rate of 2 per cent combined for outpatient therapeutic feeding program (OTP) and inpatient treatment in stabilization centers. Admissions for acute malnutrition treatment remain high in Somali and Oromia regions. SAM treatment is provided through routine health extension program in more than 18,700 health facilities across the country. The number of health facilities providing SAM treatment services continued to expand in 2018, with an additional 55 facilities establishing new stabilization centers, and 327 facilities establishing outpatient therapeutic feeding program services for non-complicated SAM.
- At least 1,024,557 moderately malnourished children under-5 were treated during the same time period, representing 64 per cent of the projected annual target. Performance indicators remain very good with average cure rate 90.8 per cent, default rate of 7.3 per cent and zero deaths, which is well above the international and SPHERE standards. MAM treatment is delivered – with WFP support - through health facilities and at community level across 256 hotspot Priority 1 *woredas*; *woredas* hosting IDPs; as well as in non-Priority 1 *woredas* that have ongoing IMAM services.
- Looking at IDP-specific data, 260,000 IDP children under-5 were treated for MAM, while 201,000 IDP pregnant and breastfeeding mothers were treated for acute malnutrition.
- The Cluster continues to promote integrated programming, and joint targeting across specific clusters, notably health and WaSH.
- Additional emergency nutrition response will continue to be generated based on early screening and service status update followed by tailored response in areas where sudden onset crisis arises.

Gaps & Constraints:

- Pockets of insecurity in various parts of the country limited access to deliver core nutrition commodities and technical support to *woredas* where needs remain critical.
- According to WFP, the national pipeline for targeted supplementary feeding supplies to treat moderate malnutrition ruptured mid-year due to the unforeseen spike in IDP needs, and shortfalls in funding has impacted the planned delivery of MAM treatment in 2018. Shortfalls in specialized nutritious foods and breaks in MAM treatment reduces the full rehabilitation of individuals with SAM, notably children.
- In addition, shortfalls in relief food/cash performance, low coverage of sufficient WASH and Health response due to shortfalls in funding continues to undermine the emergency nutrition response due to the impact of illness on nutrition status and due to the impact of family sharing of specialized nutritious foods and therapeutic food intended to treat acute malnutrition to promote optimal recovery and rehabilitation.



Needs:

- The 2018 Humanitarian and Disaster Resilience Plan (HDRP) mid-year review targets 0.9 million people (up from 0.34 million people at the beginning of the year) with protection interventions.
- Spikes in inter-communal violence and related displacements have increased the need for protection interventions. Women and the youth account for 51 per cent of the displaced population according to the displacement tracking matrix (DTM 14) covering November-December 2018.

\$11.3m

Protection requirement,
MYR

Response:

- **Benishangul Gumuz/East-West Wollega conflict IDP response:** There are no protection partners with operational presence in the area. Meanwhile, an inter-agency rapid protection assessment was conducted in East Wollega zone from 28 to 30 January, with the participation of UNHCR, UNICEF, OHCHR, IRC and Protection Cluster staff. The team assessed the voluntariness of the relocation of some 4,000 IDPs from Nekemte to Sasiga *woreda*, and to capture any protection needs of the newly relocated IDPs. The assessment finding is currently being compiled.
- **Gedeo-Guji conflict IDP response:** UNHCR, UNFPA, World Vision, GOAL, UNHCR, NRC, Save the Children, CARE, PLAN, ECCMY are implementing protection interventions, with limited capacity. Sufficient field-level senior level staff are need to oversee the coordination of protection interventions, including monitoring of IDP returns. There is also capacity gap for gender-based violence and child protection issues. The cluster also prepared a Protection Monitoring Report on IDPs in West Guji zone covering the October-December 2018 period.

- **Moyale IDP response:** HelpAge (2018), UNICEF, IOM, and OWDA (local NGO) have operational presence in the area, but their activities were limited due to heavy inter-communal fighting and overall insecurity. UNHCR/UNICEF/UNFPA are urgently required to deploy a protection team to lead an assessment in Borena zone, initiate child protection activities (in both Borena and Dawa zones) and map out a referral pathway. UNFPA/IOM/UNICEF to ensure dignity kits for the estimated 160,000 women of reproductive age in Moyale, Oromia and Somali.

Gaps & Constraints:

- There are no protection partners with operational presence to respond to the Benishangul Gumuz/East-West Wollega conflict IDPs.
- Where the cluster is present, there is an overall capacity gap to respond adequately and at-scale to the many protection concerns identified in all IDP settings.



Water, Sanitation and Hygiene

Needs:

\$142.3m
WaSH requirement, MYR

- The 2018 HDRP mid-year review targets 8.2 million people (up from 6.86 million people at the beginning of the year) with WaSH interventions.
- WaSH intervention needs are continuously increasing with the rising number of displaced population. According to the latest displacement tracking matrix (DTM 14) covering November-December 2018, 92 per cent of the internally displaced people in the country do not have access to safe drinking water at 5 litres per person per day; while 61 per cent of the IDPs do not have access to sanitation facilities, posing health outbreak risks.
- In all regions, rehabilitation of water supply systems and expansion of water pipeline network to IDPs are given a priority as a more sustainable and cost-effective solution.
- There are many health centers, health posts and schools that have no proper WaSH facilities. Latrine construction in close coordination with health administrations at zonal level and new construction at the institutional level (schools and health facilities) are promoted. In principle, development program such as One WaSH National Program is expected to address WaSH needs at those institutions. However, due to high density of IDPs and huge risk of AWD, WaSH Cluster partners are urged to urgently respond such WaSH needs. This would contribute to AWD preparedness and response activities in the long run.

Response:

- **Benishangul Gumuz/East-West Wollega conflict IDP response:** MSF-Spain, FIDO (local NGO) and UNICEF are supporting to Zone Water Department with WaSH supplies such as roto tanker and water treatment chemical. The WaSH response needs to significantly be scaled up, particularly in West Wollega zone.
- **Gedeo-Guji conflict IDP response:** WHO, CARE Ethiopia, DORCAS, GOAL, IOM, SCI, NRC, Oxfam, People in Need (PIN), Plan International, Save the Children and World Vision are implementing WaSH projects in the area. However, the response is currently negatively impacted by insufficient senior level staff overseeing implementation and coordination.
- **Moyale IDP response:** The widespread destruction of water schemes due to inter-communal violence has further reduced the number of functional boreholes in Dawa zone, limiting IDP and host community access to safe drinking water. Rehabilitation and maintenance work have so far been limited due to access constraints. However, with the improving access to the area, rehabilitation work will be prioritized (work to start as early as February) by the cluster ahead of the upcoming rainy season.
- Overall, the cluster enabled more than 12 million people access safe drinking water; reached more than 4.3 million people with hygiene messaging, and enabled 842,211 people access improved sanitation. IDPs were also supported with water trucking service, sanitation improvement, hygiene promotion, distribution of WaSH NFIs and rehabilitation and expansion of water schemes. The responses are however inadequate given the ever increasing internally displaced people and related humanitarian needs. Humanitarian WaSH responses provided sanitation facilities to only 38 per cent of IDPs, according to DTM Round 14.

Gaps & Constraints:

- There are many IDP collective sites with no adequate latrines. Many IDP hosting communities are also facing chronic water shortage and have limited access to safe water and sanitation.
- According to the latest displacement tracking matrix (DTM 14) covering November-December 2018, 92 per cent of the internally displaced people in the country do not have access to safe drinking water at 5 litres per person per day; while 61 per cent of the IDPs do not have access to sanitation facilities, posing health outbreak risks.
- Active cases of AWD were reported in 21 *woredas* of Tigray region in August 2018.


Education
Needs:

- The cluster targeted 2.6 million pre-primary and primary school age children for Emergency in Education interventions in 2018, including more than 700,000 displaced. Planned interventions included school feeding and provision of learning stationary, as well as the construction of 64 temporary learning centers, Accelerated School Readiness, Accelerated Learning Program and Psychosocial support for displaced students.
- Some 1.4 million pre-primary and primary school age children (46 per cent girls) were targeted for direct humanitarian response.

\$40.6m

Education requirement

Response:

- The majority of the fund received by the cluster – a significant portion of it from the Government - was utilized for school feeding programs.
- For the new academic year, food is dispatched to support 724,851 school age children through the Regional Health Bureaus (SNNP and Amhara), WFP (Afar, Somali, Oromia and SNNP) and Save the Children International (three *woredas* in Somali). At least 59 per cent of the school feeding interventions are in Oromia and Somali regions.
- The cluster also transferred scholastic materials and fund for purchasing of learning stationary to support 450, 673 displaced school age children.
- 64 temporarily learning centers are planned for construction for IDP students in Gedeo-Guji with EHF funding.
- Accelerated School Readiness (ASR) and Accelerated Learning Program (ALP) are ongoing, 58, 234 pre-primary and primary school age children with EHF and UNICEF support.
- The Ministry of Education dispatched 195,625 dignity clothes/uniforms (65 per cent in Gedeo-Guji) and 3,867 black boards (74 per cent in Gedeo-Guji), benefitting some 63, 750 school children in Gedeo-Guji alone.

Gaps & Constraints:

- Limited response in school feeding beyond the MoE's allocation. Additional funds are required to ensure school feeding is continued in high-risk areas and WaSH is availed in schools. Some 2 million school children remain in need of school feeding services, impacting their learning process.
- In addition, some 700,000 IDP school age children require a safe learning environment through the establishment of temporary learning centers and strengthen quality of education through ASR and ALP.
- An additional \$1.9 million is required to assist 83,832 displaced students in Benishangul Gumuz/East and West Wollega zones.

General Coordination

The overall humanitarian coordination in Ethiopia is led by the Government's National Disaster Risk Management Commission (NDRMC). The NDRMC leads federal and regional level Disaster Risk Management Technical Working Groups (DRMTWGs) and hosts a series of specialized task forces that work jointly with the cluster lead agencies. The DRMTWG is the umbrella forum that brings all actors together at the technical level, including government and donor representatives. With the development of the crisis, the Government and humanitarian partners are working to strengthen regional DRMTWGs. At a higher level, NDRMC Commissioner and the Humanitarian Coordinator co-chair a Strategic Multi-Agency Coordination (S-MAC) forum to deliberate on humanitarian response operations and address challenges.

Response coordination for the conflict-induced displacements in Gedeo-Guji since April 2018

The Government and partners have taken several measures to enhance response coordination and to boost response capacity at site level. Two Emergency Operation Centres (EOCs) were established in Dilla Town in Gedeo zone and in Bule Hora Town in West Guji zone. The EOCs have four sections: 1) Management, which is responsible for the overall response management under the leadership of NDRMC and Zone Administration, 2) Planning, which is responsible for collecting, evaluating and disseminating information, 3) Logistics, which is responsible for identifying and procuring resources and serving as the link with partners to ensure effective and timely delivery, and 4) Operations, which is responsible for coordinating all operations to support the response. The National Disaster Risk Management Commission (NDRMC) and humanitarian partners have deployed staff to support the EOCs. While the humanitarian context in both Gedeo and West Guji zones has been rapidly changing due to the dynamics of return since August 2018, the EOCs continue to coordinate emergency response and

support return. *Woreda*-level coordination meetings were established in all *woredas* to coordinate the response to the returnees.

Response coordination for the conflict-induced displacements along the Oromia-Benishangul Gumuz regional boundary since October 2018

A regional emergency technical committee established in Assosa town in mid-October has been coordinating the response. A regional and zonal-Government led “EOC” was established in Nekemt, through strengthening existing zonal coordination mechanisms to oversee the response. OCHA has recently opened a sub-office in Nekemt with three key staff to help Government authorities in coordinating the response efforts. Partners are also being encouraged to assign relevant focal points at the appropriate level to oversee cluster-specific interventions.

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