

# Ethiopia

## Immediate Humanitarian Funding Priorities



24 May, 2018

HDRP

### Overview

The priority funding gaps presented here are intended to inform urgently required funding decisions by donors, and a new allocation from the Ethiopia Humanitarian Fund (anticipated balance of US\$23 million once current pledges are realized). The priorities have been reviewed and endorsed by the UN Humanitarian Coordinator, Ethiopia Humanitarian Country Team and the Commissioner of the National Disaster Risk Management Commission (NDRMC).

Following preparatory work at regional level (consultation with regional Disaster Risk Management Technical Working Group partners) and within sector-specific clusters (co-chaired by Government Line Ministries), Cluster Coordinators and key UN and NGO partners were convened by OCHA to consider response priorities and the most-critical funding gaps for the next six months in the context of the Humanitarian and Disaster Resilience Plan (HDRP).

The HDRP has been presented around three 'pillars' covering: prevention and mitigation / response and response preparedness / national system strengthening and recovery. Described here are priorities for immediate funding by humanitarian donors, as well as activities that will contribute to 'enabling' the response, and that could reduce overall anticipated costs, for example through the 'flexing / pivoting' of development resources.

During the prioritization exercise, particular consideration was given to a review of the existing response models targeting around one million conflict IDPs in the area of the Somali-Oromia regional border. Several agreements on common approaches to planning and response were reached, including that: humanitarian action needs to be further stepped-up for at least the coming six months

(potentially longer) whilst plans for durable return or relocation are being worked on (dependent on further reconciliation between affected communities, and agreements on border demarcation between the regions); that humanitarian partners working in woredas hosting IDP sites need to increase the frequency of response monitoring visits to sites being targeted; clusters to ensure 'minimum packages' of response to sites above a certain size, i.e. access to (temporary) static health facilities for sites hosting >6,000 people, and improved regular water supply infrastructure for sites hosting >2,000 people (to remove the present need for widespread, expensive and unsustainable water trucking). A summary of all the cluster-specific plans are included later in this document. UNHCR will work closely with partners and authorities to improve current IDP site management to ensure dignified living conditions of the most vulnerable IDPs.

Donors interested to fund in line with these priorities are encouraged to consult with relevant clusters, and with OCHA for the latest financial tracking information. Donors are also encouraged to consider channelling support via the EHF - the humanitarian multi-donor pooled fund led by the UN Humanitarian Coordinator and managed on her behalf by OCHA - that enables the rapid and targeted disbursement of resources to UN and NGO humanitarian partners in line with this prioritization.

The total 'top priority' funding requirements to address critical gaps for the coming six months are \$280.4 million.

The prioritized requirements reflected here do not include a shortfall of \$164m in the integrated national food-cash plan, needed to ensure fulfillment in the NDRMC-implemented cash response to the end of the year (includes covering a significant share of an anticipated 3.6m PSNP public works clients in the second half of the year).

### Preventing pipeline breaks, ensuring presence and mitigating needs

Cluster	Activity	Funding	When needed	Comments
	Provision of feed for core breeding animals	\$0.9M	Immediately	Afar regions
	Animal health services for an estimated 130,000 HH	\$5.5M	Immediately	Afar, Oromia, and SNNP
	Provision of emergency seed for around 92,000 HH	\$3.8M	Immediately	Oromia (IDPs/Host Community), Afar, Amhara, Somali and Tigray regions
	Construction of 3 fodder banks in Somali region	\$0.8M	Immediately	To preserve the excess production and to utilize the available pasture for the next dry period. (Pillar 1)

*This prioritisation statement has been prepared by OCHA with inputs received from Sector Taskforces / Clusters and is endorsed by the Ethiopia Humanitarian Country Team.*

	Emergency education for 26,088, conflict induced IDP children	\$1.6M	Immediately	Somali and Oromia region including Gedeo-Guji conflict (9,600 IDP children)
	Emergency education for 51,755 flood affected school children	\$0.9M	Immediately	Oromia and Somali
	<i>Distribution of ES/NFI support in kind and in cash for 124,000HH under Pillar 2</i>	\$21.7M	Immediately	To cover conflict IDPs i.e. the Somali-Oromia/Guji-Gedeo conflict caseload plus flooding
	<i>Rehabilitation and transitional shelter support, targeting 8,000HHs under Pillar 3</i>	\$6.5M	Immediately	<i>Recovery activities to support 14,000 HH overall (8,000 rebuild and 6,000 repair) with transitional shelter, repair activities under Pillar 3</i>
	<i>Shelter repair activities through shelter kits, tools and technical support targeting 6,000 HH under Pillar 3</i>	\$2.3M	Immediately	<i>Recovery activities 6,000HHs with repair activities under Pillar 3 (flood and conflict)</i>
	<i>Prevention and mitigation activities including shelter retrofit activities for 16,000 HH in disaster prone areas under Pillar 1</i>	\$6.0M	Immediately	<i>Will reduce flood-displaced humanitarian requirements from August</i>
	Cash as part of integrated food-cash plan for Somali region from Round 3 to 7	\$52.0M	Immediately	WFP in Somali region
	Provision of food for 182,670 IDPs in East and West Hararges of Oromia region	\$15.0M	Immediately	for 6 months
	Food as part of integrated food-cash plan for Somali region	\$25.0M	September	WFP in Somali region (pipeline breaks in December and required in September)
	Address the present stock out of medicines and medical supplies and ensure health pipeline	\$6.0M	Immediately	(medicines for PHC, AWD, MRH, Trauma) for IDPs, Drought and floods stock rupture to enable the health activities of 73 MHNTs of NGOs and support RHBs
	Continuation of presence of MHNTs and expansion to cover prioritized IDP areas by additional MHNTs/temporary static clinics	\$2.0M	Immediately	24 existing MHNT that will suspend in July, and 18 additional MHNTs/Temporary static clinics to fill in critical gaps of IDPs
	UNOPS continuation of activities in Oromia	\$0.5M	Mid-June	Resources required to cover from July until end of the year
	Sustaining a flexible and scalable rapid response mechanism in to health threats in all high risk regions/zones/woredas	\$2.5M	Immediately	The required resource will cover until November
	Ensure continuation of RHB run MHNTs in Somali and Afar	\$2.4M	End of June	The resource required to cover from July until the end of the year.
	Moderate Acute Malnutrition commodities	\$32.4M	Immediately	August-December 2 rounds TSFP will cost \$32.4 million (specialised nutritious foods and operations) and funds need to be secured in the first week of June to avert a pipeline rupture.
	Severe Acute Malnutrition commodities and program management	\$12.7M	Immediately	Technical and operation support for 350,111 children will run out at the end of June. Due to procurement lead time, resources required immediately.

	NGO presence with additional outreach staff to manage screening support.	\$11.6M	Immediately	NGO CMAM service support for up to 163 P1 with low capacity to manage significant increase in Acute Malnutrition
	Manage technical and treatment commodity needs of Stabilization centres	\$2.4M	Immediately	WHO supports RHB to train, and incentives (DSA) for staff in each SC, provide full M-SAM kits and additional SC supplies, deploy mentors for quality assurance and manage information and supervision at these sites-feeding into the RHB.
	A comprehensive package of protection services in the prioritized IDP sites	\$12.2M	Immediately	Will cover prevention, response and support services for persons with critical needs at a unit cost of approximately \$180,000 per IDP site
	An emergency contingency fund for IDP site improvement	\$0.3M	Immediately	Will need to be established to facilitate IDP site improvements, as needed, in close coordination with relevant Clusters, in particular but not limited to the ESNFI Cluster.
	Provision of water supply to IDPs and host communities through alternatives to water trucking (durable piped solutions)	\$27.1M	Immediately	There is an agreement that IDP sites are likely to continue a minimum of 6 months. The construction of alternatives to water trucking as an emergency response would reduce significantly the resources needed in the near-future (when rains stop and water trucking needs scale up) and will reduce the risk of using unsafe water sources
	Installation of sanitation facilities specifically in IDP sites	\$6.5M	Immediately	The recent IDP Sanitation strategies for Somali and Oromia regions have highlighted the need to prioritize sanitation in IDP sites in order to prevent AWD and other outbreaks. This amount is the minimum required to initiate first emergency response in those two regions.
	Hygiene promotion (social mobilisation)	\$1.2M	Immediately	Hygiene promotion will be conducted in combination with the sanitation campaigns and is related to AWD/outbreaks prevention.
	Water trucking	\$6.0M	Immediately	IDPs and host communities and drought affected communities. Top priority in Somali, Afar, Amhara, SNNP, Somali and Tigray. Needs in Oromia currently covered by UNICEF until September.
	Procurement of essential WASH NFIs and water treatment chemicals	\$5.0M	July	NFI requirements have increased slightly due to recent displacement (i.e. floods, SNNPR-Oromia IDPs). To avoid supply, break up of critical supplies such as household water treatment chemicals, jerry cans and soap, there is need to invest a minimum of \$5 million before July.
	Rehabilitation and Operation & Maintenance	\$7.6M	Immediately	In line with pillar 3 of the 2018 HDRP, there is a need to rehabilitate some infrastructures damaged by conflict and/or infrastructures which can provide WASH services to affected groups. Including water quality monitoring.
<b>Total</b>		<b>\$280.4M</b>		

*Xxxx = Critical prevention/mitigation and early recovery activities; could also be addressed through flexing of development resources*

## AGRICULTURE AND LIVESTOCK

### Priority requirements: **\$11.0M**

The food security situation in all parts of Afar has been deteriorating for the last couple of months due to the extended dry and cold condition of *Gilal* season. The 2017 *kerma* rain started late and terminate earlier than normal with the amount largely inadequate. Moreover, the failed *sugum* rain has negatively impacted on crop production and household food security. Hence provision of feed, animal health service and crop seed is highly crucial. The 2018 belg rain has reportedly failed in certain pocket areas of the Amhara and Tigray regions. Hence, with the remaining period where the planting window is still open (June and July), provision of seed to those areas is critical. Given majority of the areas in pastoral area have received good rains and as result currently there is good pasture. In order to preserve the excess production and to utilize the available pasture beyond this period particularly for the next dry period, establishment of Livestock Feed Bank is prioritized as one of the activity for the coming few months. The flash flood washed out the cultivated land along the main rivers in Somali region and affected the crop production. Despite flood has caused damages and is a serious humanitarian concern, it is also possible to use it as an opportunity to carry out flood recession agriculture-grow food and fodder when the flood retreat. Hence, distribution of crop seeds, forage seeds and agricultural implements to communities whose crops have been washed away by the floods is one of the key intervention required.

The Agriculture sector immediate priorities include provision of feed for core breeding animals in Afar region particularly for Zone 1 and 3 for an estimated 6,400 HH; animal health services for an estimated 130,000 HH in Afar, Oromia, and SNNP; provision of emergency seed for around 92,000 HH in Oromia (IDPs/Host Community), Afar, Amhara, Somali and Tigray regions; and Construction 3 fodder bank in Somali. The cluster is prioritizing provision of emergency seed to 92,000 HH which is equal to 460,000 people. Ensuring provision of seed before the planting window is closed means these people will have enough food after the next harvest to sustain them for months without any food assistance in the next year. Some \$11 million is urgently required to address around 228,000 households with the above priority interventions in the next six months.

## EDUCATION

### Priority requirements: **\$2.5M**

Nearly 2.2 million school children were affected by drought and conflict induced emergencies across the country. In response, the Cluster has so far reached 1.6 million school children with education in emergency interventions, primarily through the provision of school feeding.

According to DTM R10 46,344 IDP school children in Oromia and Somali were reported to have no access to any form of education. Further, the recent re-ignited Gedeo-Guji conflict has led to the closure of five schools and has caused damage to the structures of nine schools, leaving them fully destroyed. Consequently, 9,600 school age children require temporary learning spaces as well as learning supplies to continue their education.

The recent floods in Somali have left a number of schools damaged and has caused the disruption of 50,664 school children's education, primarily in Shabelle and Liban zones, in 115 out of the 148 affected schools. In Gelena woreda of Oromia region another two schools were reported to be damaged due to the recent floods, leaving 1,000 children out of school. Temporary solutions for the children to continue their education needs to be provided until the schools will be rehabilitated following the floods.

A total of 107,608 school children are prioritized for immediate EiE intervention across the country out of which over 29,000 children are targeted with the latest EHF allocation, leaving 51,664 flood affected and 26,288 conflict affected IDP children in immediate need.

The cluster urgently requires \$2.5 million to provide school feeding, temporary learning centers and school materials to the affected children so that they continue their learning until the new academic year, September 2018.

## ESNFI

### Priority requirements: **\$36.5M** (\$21.7M under Pillar 2, \$8.75M under Pillar 3 and \$6M under Pillar 1)

The S/NFI updated its prioritisation in early May and S/NFI Cluster partners agreed on several criteria to guide prioritisation which include: - 1) type of emergency, 2) duration of displacement, and 3) sub-standard shelter conditions including IDPs hosted in collective centres and open air sites. Thresholds for the criteria were also agreed and in the subsequent analysis the cluster identified 193 IDP hosting woredas mostly in Oromia and Somali regions, as well as Tigray, Gambella and Addis Ababa municipality. A total of 161,600 HH are in need of urgent shelter and NFI assistance. At present the Cluster has a total of 57,000 kits in stocks and pipeline. The Cluster requires urgent funding to address the needs of 124,600 HHs that are living in desperate displacement conditions across the country. This caseload is predicted to increase as the flooding continues in the coming months.

In terms of priority activities, the SNFI Cluster is in need of ES/NFI support for 124,000 HH displaced mainly due to flood and conflict under Pillar 2, primarily in Oromia and Somali Regions. In addition, the Shelter and NFI Cluster requires immediate funding for recovery activities to support 14,000 HH (8,000 rebuild and 6,000 repair) with transitional shelter support and shelter repair activities under Pillar 3. The breakdown is \$2,250,000 for shelter repair activities and \$6,500,000 for construction of transitional shelters that provide immediate life-saving shelter for those households that have fully damaged houses as a consequence of conflict as well as those affected by the flooding. Funding for these activities will reduce the need for recurring funds to be spent on emergency relief items on an annual basis as shelter assistance directed towards recovery shelter interventions will provide households with longer-term shelter solutions and reduction in overall funding over time. In addition, to prevent and reduce the risk of future displacement and of subsequent humanitarian requirements in disaster prone areas, Shelter and NFI Cluster partners are seeking priority funding to support

“building back safer” activities including shelter mitigation/retrofit support for 16,000 households outlined in Pillar 1 at an estimated cost of \$6 million. Overall the Cluster urgently requires a total of \$30M (\$21.7m under Pillar 2, and \$2.3m under Pillar 3 and \$6m under Pillar 1).

The Cluster has so far distributed cash for 12,984 HH in 2017 in 3 Regions, 6 zones and 11 woredas, and 6,990 HH in 2018 in 3 Regions, in 7 zones and 15 woredas. Market assessments have been conducted in 4 Regions across the country and revealed that woredas in both Tigray and Gambella regions as well as Shebelle, Sitti, Fanfan, Doolo, Liben, Korahe of Somali region and East & West Hararge zones of Oromia region, as well as Dire Dawa are locations where cash is a feasible modality for ES/NFI interventions. Partners are also currently assessing markets in Bale and Borena and a market assessment is being planned in Guji and SNNPR in the coming week to assess cash feasibility in these locations. The Cluster is increasing its cash based programming to ensure integrated market based recovery for the displaced households that will also benefit hosting communities in the IDP hosting *woredas*.



## FOOD

Priority requirements: **\$92.0M**

The 2018 Humanitarian and Disaster Resilience Plan (HDRP) projected that 7.88 million people will be in need of food assistance in Ethiopia in 2018. In addition, 3.6 million people from the Productive Safety Net Programme (PSNP) public works clients are also estimated to be in need of food assistance during the transitory period, from April to December 2018. The inability of recovering from previous consecutive drought years, rising food inflation, the lack of sustainable sources of livelihood are the main factors contributing to high levels of food insecurity in the country. In order to ensure an effective and harmonized response plan to meet acute food needs in the country, the Government led a national cash-food integrated plan through a steering committee, supported by both humanitarian and development partners.

The NDRMC, WFP and JEOP are responding to acute food needs in the country, and the three operators are expected to provide resources based on the national cash-food integrated plan. However, analysis of resources available to respond to the acute food needs indicates that there is a 100 per cent cash shortfall for the NDRMC and WFP for Round 2 to 7. The cost for cash transfers is estimated at \$220 million for the two food operators.

1. NDRMC will have an estimated shortfall of \$168 million from R2 through R7 for the cash transfers to an average of 2.3 million beneficiaries targeted for cash assistance.
2. With available food commodities in NDRMC pipeline, NDRMC pipeline indicates that the needs of both food and cash beneficiaries are secured from Round 2 to 4. The food transfer would be of cereals, oil and CSB (which substitutes for pulses). The shortfall for Round 5 to 7 would then fall to \$180 million if food would continue to be the transfer choice for both food and cash beneficiaries, approximately 5.1 food insecure

people including the PSNP public works clients that will receive transitory support.

3. If assistance is provided through cash transfers, then the Round 5 to 7 NDRMC shortfall would be \$90 million for the 2.3m cash beneficiaries. For the remaining NDRMC food beneficiaries, average of 2.8 million for Round 5 to 7, there is an estimated shortfall of 110,000 MT at a cost of \$82 million.
4. For WFP cash transfers in the Somali Region covering 1.6 million people (approximately 1 million for PSNP ex-Public works clients with transitory food needs and 0.6 million HDRP beneficiaries) in 34 woredas, the shortfall is \$52million for Round 3 to 7 and \$25 million to provide in kind assistance to 1.8 million beneficiaries in Somali region as of September. The overall gap for WFP is \$77 million for both the in-kind and cash assistance. WFP is also supporting about 165,066 flood affected people including 124,000 displaced in Somali region.
5. JEOP is resourced for five full rounds of food distributions up to October 2018, for approximately 1.5 million beneficiaries.

In addition, WFP will require \$15 million to support the NDRMC in provision of 18,600Mt of food assistance for 182,670 IDPs in East and West Hararges of Oromia region, to ensure access to food. This cost will include procurement and transportation of food commodities to IDPs sites and also to support in distribution of food rations to beneficiaries.



## HEALTH

Priority requirements: **\$13.4M**

The Cluster urgently requires a total of \$12.2 million to address the present stock rupture and to establish a health pipeline until the end of 2018. The supplies will support the health humanitarian response of NGOs and RHBs for about 1.8 million people affected by conflict, drought and floods in Oromia, Somali and Afar facilitating access to free-of charge health care. In addition, availability of medicines for curative care will prevent the use of SAM medication, a practice that continues to be an issue with negative impacts on both components (health and nutrition). The supplies will support the functioning of 73 MHNTs run by NGOs - 46 existing, 21 planned under the first round 2018 EHF allocation, and 6 new MNHTs recently committed by donors.

The AWD kits are essential (immediate) to complement the contingency stock in Afar, Amhara, Dire Dawa, Gambela, Oromia, Somali, SNNPR, and Tigray as risk increases during and immediately after the rainy season on the backdrop of unchanged/aggravated underlying factors. More than 230 woredas remain at very high risk.

24 existing MHNTs, (2 in Oromia and 22 in Somali) (covering about 500,000 people) will cease activities in June, and 9 MHNTs in Oromia will run out of funding by September. Additional 18 MHNTs/temporary static for IDP response (10 in Oromia and 8 in Somali) are needed to fill in immediate gaps.

Some \$2 million immediately needed to maintain NGO presence and fill in urgent coverage gaps covering 74

priority sites (32 woredas) in Oromia and 56 priority sites (27 woredas) in Somali region in coordination with nutrition sector to promote complementarities and enhance impact of both sectors.

Essential and urgent for the consolidation of AWD outbreaks control is sustaining a flexible and scalable rapid response mechanism in all high risk regions/zones/woredas. WHO reports that \$2.5 million will remain a gap to continue the support for regional and zonal rapid response mechanism related to early warning and timely containment of health threats, technical support (including training), coordination, monitoring, risk communication, and minimal RHB surge capacity. Related to maintaining an essential regional surge capacity, UNOPS reports an immediate gap of \$400,000 for the continuation of activities in Oromia region (that without will cease in July).

In addition, UNICEF reported a gap of \$2.4 million for the continuation of the 49 MHNTs run by the RHBs of Oromia and Afar and C4D activities (from August to October 2018). Response options for health and nutrition and site prioritization have been jointly agreed by the clusters to promote synergies.



## NUTRITION

Priority requirements: **\$59.1M**

It is likely that the nutrition status of IDP in collective sites (including large urban centres and multiple smaller sites scattered across highly food insecure rural districts) will rapidly deteriorate as woredas' contingency and community contributions provided since September 2017 complimenting the government response, are now exhausted and relief response remains sporadic and insufficient (far below full basket, irregular, and targeting challenged). Unless the full general food distribution is provided, along with comprehensive WASH and health services with quality screening to identify wasting early, the nutrition situation will deteriorate among the most vulnerable children and pregnant and lactating women. Given the lack of comprehensive support so far, a high priority' for all nutrition partners under the government leadership is to ensure monthly screening, ensure quality services for management of SAM and MAM, IYCFE promotion (including baby friendly spaces, education and materials to support IYCF and effective links to health service referrals. Extended outreach through Mobile health and nutrition teams will remain an essential part of the response for remote communities and IDPs.

There is continued concern regarding the impact of the high IDP influx has had on an overstretched health system and its capacity to deliver effective nutrition services for children and PLW for the additional the 1.1 million conflict affected IDP hosted in collective centres and dispersed in rural communities of Oromia Region (approximately 577,000 largely in 6 zones) and Somali Region (approximately 237,000 IDP (42,000 conflict affected + drought IDP, new flood affected 195,000 people). Where IDP are integrated with host communities in lowlands/pastoral areas of East and West Harerge, Bale, Borena, Guji and West Guji of Oromia and Dawe, Nogob, Afder and Fafan zones of Somali Region, complete package of CMAM/IYCFE/TSFP support

to government CMAM services is required. Additional support (logistics and staffing) for static health facilities to respond to this additional need is expected.

In collective sites which tend to be around urban centres, the model to be implemented by partners will depend on the size of the site, its proximity to static health facilities and the capacity of these static health facilities. Health centres will need to have staff at least on par with full MHNT (5 trained health staff providing maternal and child care, curative treatment, Expanded Program for Immunization (EPI) services plus nutrition) and full complement of basic curative drugs and EPI for primary health care plus commodities to manage quality SAM&MAM treatment. These collective IDP sites- require a tailored response package of Relief, WASH, ES-NFI, Health, Nutrition and Protection defined by their size (number of individuals as >6,000, <6000 to 2,000, and under 2000 >1,000) and access to viable services.

The Nutrition cluster has agreed the key activities by NGOs to support the RHB ensure that this package is delivered. Static service, outreach and MHNT are part of the operation model for this support. The nutrition component is part of the MHNT costed under the Health Cluster; however additional outreach staff to manage screening support needs to be factored into the NGO response plan for nutrition.

Emergency nutrition response package is well defined and continues to form a key component of the overall response package providing sufficient Relief food (full basket Cereal/pulse/oil or cash as appropriate), Health services (effective essential PHC services through static, outreach, mobile H&N teams) and WASH (latrine and clean water access, hygiene promotion and awareness). Protection and Education support is cross cutting the response provided by these key sectors.

UNICEF will continue to procure RUTF, therapeutic milks, essential drugs and technical support for effective treatment of at least 350,111, children with SAM nationally through over 18,000 health facilities providing OTP and SC services.

There is a 3.5 month lag period to import the SAM treatment commodities. By the mid-of May UNICEF will need \$12.7 million for overall SAM programming including procurement of sufficient commodities to manage Q3, and Q4 pipeline for SAM treatment and management and avert a national pipeline break. This includes \$1.7 mill for BP5 to act as gap fill in inaccessible flood and conflict affected communities where CMAM services have been temporarily disrupted.

WHO – upgrading 59 priority Stabilisation centres in 6 regions in Q1, and Q2 of 2018. Total need of \$2.4 million is costed. (maintaining 33 and start up 26).

WFP – TSFP pipeline will rupture from the end of July. WFP immediately require \$32.4 million to secure MAM treatment (commodities, technical and operation support) for TSFP for 1.08 million individuals from P1 and 170,000 IDP and avert pipeline rupture.

The overall gap of the Cluster against the 2018 HDRP remains \$108.8 million. The Cluster urgently requires \$59.1 million.



## PROTECTION

Priority requirements: **\$12.5M**

In both conflict and climate-induced IDP situations, individuals or groups with specific needs such as women, children, persons with disabilities, older persons are highly susceptible to protection risks/incidents. Different assessments and results of protection monitoring conducted by the Protection Cluster and Mobile Protection Teams in Oromia and Somali Regions have identified lack of access to basic services, lack of psychosocial support services for survivors of violence (including through safe spaces), separation of children from their families, GBV and absence of documentation to access services as the main protection concerns identified. Lack of government capacity and community outreach to support children affected by the conflict and drought/floods has been identified.

The response will prioritize conflict-affected IDP locations, however, will extend services to drought-affected areas as identified, if and when deemed necessary. Criteria used for prioritizing locations are IDP sites with 3,000 or more IDPs.

The following prioritization is developed to make efficient use of available resources for IDP protection responses through application of a holistic approach and by maximizing limited funding available.

Priority activities include:

1. Protection partners will prioritize enhanced field presence together with capacity and institutional development, as needed.
2. A comprehensive package of protection services in the prioritized IDP sites will cover prevention, response and support services for persons with critical specific needs, including GBV survivors and children with protection risks, among others. The package of services is estimated to have a unit cost of approximately \$180,000 per IDP site with a total budget of \$12.2million.
3. Individual agencies will initially cover procurement of specific Core Relief Items (CRIs) such as individual household solar lamps and other essential CRIs. Depending on the type of interventions - of which some will be covered by other Clusters such as ESNFI - additional funding may be required for the coming 6 months to supplement planned procurement depending on identified needs in prioritized IDP sites.
4. An emergency fund for contingencies will need to be established to facilitate IDP site improvements, as needed, in close coordination with relevant Clusters, in particular but not limited to the ESNFI Cluster. The funding required for such a mechanism is estimated at \$300,000.

Some \$12.5 million urgently required to implement the above priorities. In total, 68 IDP sites are deemed to fulfill the criteria of having conflict-IDPs and a total number of IDPs of more than 3,000 individuals per site. The Protection Cluster has prioritized all of these IDP sites.



## WASH

Priority requirements: **\$53.4M**

The Cluster urgently requires \$53.4 million to ensure AWD preparedness and rapid response during outbreaks; provision of basic services to conflict-induced IDPs and drought-induced IDPs; and provision of emergency WASH services to key institutions such as health centers, CTCs and schools and/or vulnerable groups.

The priority activities include the provision of water supply to IDPs and host communities through alternatives to water trucking (durable piped solutions); installation of sanitation facilities specifically in IDP sites; hygiene promotion (social mobilization); water trucking; procurement of essential WASH NFIs and water treatment chemicals; and rehabilitation and O&M. WASH response to flood affected areas in the Somali region.

The geographic priorities where these activities will be implemented include, hotspot priority 1 woredas in Afar, Amhara, Oromia, Somali, SNNP and Tigray regions; conflict induced IDP sites over 2,000 people in each of Somali and Oromia region, Health facilities without WASH services in Oromia and Somali where overlapping priority needs for Health & Nutrition (I.e. Entire Somali with special focus on woredas with IDP presence), hotspot priority 1 woredas in Bale, hotspot priority 1 and 2 woredas in Borena, lowlands of Arsi, Guji and W Guji and East and West Hararghe zones of Oromia region as per Nutrition hotspot classification, areas with high levels of non-functionality.

The major change of situation is that flooding in the Somali region is considered and that durable solution must be addressed, especially exit strategies for water trucking. The targeted population in the coming prioritization is 583,604 conflict induced IDPs for emergency sanitation and 542,271 conflict induced IDPs for water supply. Also target are 98,016 people displaced due to the floods in the Somali region. The standard for water trucking is 5 liters per person per day and for new or rehabilitated water scheme the standard is 15 liters per person per day.