

Ethiopia: West Guji – Gedeo

Conflict Displacement

Flash Update 5

29 June 2018



OCHA



Highlights

- The number of people displaced by the West Guji (Oromia) – Gedeo (SNNP) inter-communal violence reached 818,000.
- Overall, the security situation in the conflict-affected areas is improving. However, tensions and intermittent, localized incidents continue to be reported and to hinder humanitarian response.
- In support of the Government, humanitarian partners have been extending lifesaving assistance mainly by flexing existing resources, and are trying to scale up response despite the still challenging context and major resource constraints.
- Unless preventive, surveillance and case management capacity is urgently scaled-up, the overcrowded living condition in the IDP sites creates a high risk for a major disease outbreak.
- OCHA and partners are working to strengthen zonal coordination and information management by deploying additional dedicated staff to the areas. Operational hubs are established in Dilla (Gedeo) and Bule Hora (West Guji).
- The National Disaster Risk Management Commission (NDRMC) and humanitarian partners have released a prioritized multi-sector Response Plan¹ for the Gedeo-West Guji displacement crisis, urgently seeking US\$117.7 million.

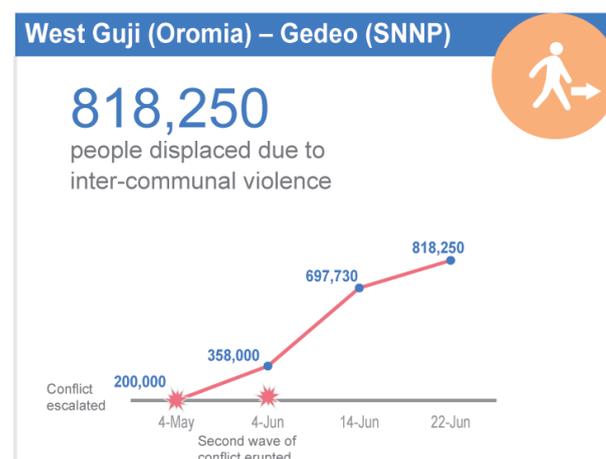
I. Displacement overview

The number of people displaced by the West Guji (Oromia) – Gedeo (SNNP) inter-communal violence has further increased to 818,250 people as of 22 June. According to the SNNP regional and zonal authorities, there are more than 642,152 IDPs in Gedeo zone dispersed across Bule (38,459 IDPs in one site), Dilla Zuria (12,751 IDPs living with host communities), Gedeb (306,572 IDPs in three sites), Kochere (82,423 IDPs living with host communities), Wonago (32,784), Yirgachefe (106,832 IDPs in four sites) woredas and Dilla Town (62,511 IDPs in one “collective” type center).

In West Guji, some 176,098 IDPs are scattered across Abaya (9,377 IDPs), Birbirsa Kojowa (9,767 IDPs), Bule Hora (15,330 IDPs), Gelana (43,224 IDPs), Hambela Wamena (29,086 IDPs) and Kercha (69,264 IDPs) woredas. Around 33 per cent of the IDPs in West Guji are ethnic Gedeos.

The displaced people are mostly settled with already food insecure host communities or residing in cramped public buildings without adequate food and water and substandard sanitation and hygiene facilities. Most of the IDPs, including children, are sleeping on the cold floors of the public buildings for lack of mattress and blankets, exposing them to pneumonia. Unless preventive, surveillance and case management capacity is urgently scaled-up, the overcrowded living condition creates a high risk for a major disease outbreak.

Figure 1 source: Government/OCHA



¹ See full document at <https://bit.ly/2KddHeX>

The level of acute malnutrition among children in the Gedeo and West Guji zones is now a grave concern. Malnutrition rates will likely increase given the sub-optimal general food ration support so far. In wordas where the population requiring health services has doubled due to the IDP influx, health conditions will go untreated and child morbidity will exacerbate when combined with malnutrition.

Recognizing the need for urgent scaled-up multi-sector response and based on a working scenario of the displacement situation continuing for at least the next six months, the National Disaster Risk Management Commission (NDRMC) and humanitarian partners have released a multi-sector Response Plan², with the aim of addressing the immediate needs of 818,250 people displaced by the Gedeo-West Guji violence. The Plan urgently seeks US\$117.7 million, of which approximately \$6.99 million has already been mobilized by Government and partners, primarily through diverting resources from life-saving drought, flood and conflict response elsewhere in the country.



Figure 2 Gedeo IDPs sheltered in a public structure. Women and children were prioritized for the limited mattress and blanket distribution. Credit OCHA

Overall, the security situation in the conflict-affected areas is improving. However, tensions and intermittent, localized incidents continue to be reported and to hinder humanitarian response.

Upon the request of the SNNP Regional Government, the start of the mid-year humanitarian needs assessment was postponed twice, due to the ongoing security situation in the region. The national mid-year assessment (which would inform the revision of the Humanitarian and Disaster Resilience Plan - HDRP) has started last week elsewhere in the country. The assessment in SNNPR is expected to start on 7 July.

II. Humanitarian response and gaps

The Federal Government is providing food assistance (with reduced rations - cereals (maize), oil and CSB provided at 0.5kg/day/person for 10 days) re-directed from food originally programmed for relief food beneficiaries targeted in the HDRP. The Government has also dispatched partial non-food items and has deployed six water trucks to these zones (2 in Gedeo and 4 in West Guji). The Ministry of Health has delivered 33 emergency drug kits (EDKs) to Gedeo response and 5 to West Guji. However, the increasing needs are overwhelming Government capacity to respond. The regions are sending requests for additional food and non-food assistance to the federal Government to meet the increasing needs.

In support of the Government, humanitarian partners have been extending lifesaving assistance mainly by flexing existing resources. Despite the still challenging context and major resource constraints, partners are trying to scale-up response, including through raising internal resources and increasing current capacity on the ground with additional surge deployments.

The Health Cluster is supporting the Ministry of Health in case management and disease outbreak mitigation efforts, given the heightened risk. WHO has dispatched one CTC kit (medicines, renewable, logistic and equipment modules) for Gedeo and two IEHK (Primary Health Care Medicines) for Gedeo and two for Guji; as well as six CTC UNICEF hardware kits. UNICEF has donated 20 EDKs to Gedeo and 10 to West Guji with technical support. IRC and MCMDO have been supporting three mobile health and nutrition teams (MHNTs) in three woredas in West Guji. MCMDO had established two additional MHNTs (staff and medicines) for Hambala Wamena and Kercha woredas in West Guji but access is currently hampered by security constraints. Resources are available for two more MHNTs in Gole Darbisa and Bule Hora. To boost response capacity, WHO deployed three additional staff (2 public health and 1 environmental health officers) to Gedeo and two additional public health officers to West Guji. WHO is also ready to deploy three additional national staff and one international incident manager for Gedeo/Dilla.

Stocks of AWD medicines for 4,000 cases with severe dehydration and 12,000 cases with moderate dehydration will arrive in-country next week. Given the risk of a measles outbreak, the Health Cluster is in discussions with the Ministry of Health to pivot SDG funds for emergency measles vaccines. These vaccines can rapidly be mobilized from the annual routine vaccine stock, if resources to replenish the stock are identified. Meanwhile, MSF Spain is ready to provide some 20,000 emergency measles vaccines.

The WaSH Cluster is distributing household water treatment chemicals and WaSH NFIs. UNICEF has dispatched household water treatment chemicals and WaSH NFIs for 100,000 people in West Guji zone and for some 56,000 people in Gedeo zone. The INGO People in Need is currently distributing WaSH NFIs for 2000 households in Dilla Town. World Vision International will begin WaSH NFI assistance in Gelana woreda of West Guji zone using funds received through IOM Rapid Response Fund. UNICEF has recently committed to cover all WaSH NFI needs, as funds become available, and to bridge the gap in access to dignity kits.

¹ See full document at <https://bit.ly/2KddHeX>

Complementing Government ES/NFI distribution, the Ethiopian Red Cross Society has distributed some partial NFI kits in five woredas of Gedeo zone, while IRC has provided partial NFI kits in one woreda each across both zones. IRC and Save the Children are planning to distribute partial NFI kits to 3000 households in Gedeo in the first week of July. World Vision International has secured additional funding (including from internal reserve) and has initiated the purchase of shelter and NFIs locally for distribution in both Gedeo and West Guji. People in Need has secured a donation of 40,000 sanitary kits from Lutheran World Relief, and is looking for funding to bring it in country.



Figure 3 Government relief food, near Dilla IDP sites. Credit: OCHA

In line with the scaled-up response being developed by Regional Governments, Nutrition Cluster partners are mobilizing a full emergency nutrition response to ensure screening and quality SAM and MAM treatment services through Government health facilities and through mobile health and nutrition teams (MHNT) where needs exist. Additional site and camp management and coordination support is included in this approach. In the interim, the cluster and UN partners are committed to deploy additional logistics and technical support to zones and affected woredas through additional CMAM monitors and two zonal emergency nutrition coordinators for SAM management, as well as for screening and IYCFE promotion. GOAL plans to fully cover CMAM/TSFP in Dilla Town and Yirgachefe. WFP will scale-up support for targeted supplementary feeding program (TSFP) including through deploying additional quality assurance monitors and providing logistics support to improve the quality of MAM treatment services for a 3 month period, in areas where NGO TSF program is yet to start. Save the Children has requested for a crisis modifier to be triggered to expand its existing health and nutrition development programs to address IDP needs.

OCHA and partners are working to strengthen zonal coordination and information management by deploying additional dedicated staff to the areas. Following regional authorities' request for support, cluster lead agencies are deploying incident managers/cluster coordinators to reinforce the response in Gedeo and West Guji zones. Operational hubs have been established in Dilla (Gedeo) and Bule Hora (West Guji). Humanitarian partners have also committed to support woreda-level coordination to increase information flows that facilitate more responsive and flexible humanitarian action. UNHCR is also exploring the possibility of deploying Emergency Response Teams with expertise in protection, registration and site management, logistics and SGBV.

While efforts to mobilize response are ongoing, a huge majority of needs remain unaddressed, which is a concern for Government and partners. There are critical gaps in the emergency shelter and non-food items (ES/NFI) supplies. Of 135,000 prioritized households for urgent NFI support, the Government supported 16,000 households with partial NFIs and partners reached 5,000 households. Resources are on hand to support an additional 29,000 households, leaving a critical gap of 85,000 households requiring immediate assistance. The ES/NFI Cluster is seeking to mobilize resources from within and outside the country, and the Government has indicated readiness to expedite / waive any custom clearance delays for NFIs coming in for this response. The Nutrition Cluster requires new funds to ensure NGO CMAM/TSFP response. Other critical gaps include water trucking and WaSH NFIs, lack of logistics support to transport supplies from zone to woredas or IDP sites, insufficient relief food ration and incomplete basket, and overstretched health and nutrition supplies and coverage amidst a high-risk environment for disease outbreaks. In light of the crisis, Ireland and Sweden have committed additional funding to the OCHA-managed pooled fund (Ethiopia Humanitarian Fund – EHF) on 28 June: 1.5 million Euro from Ireland and 20 million Kroner from Sweden.

UNICEF, WHO, WFP, World Vision, MSF-Spain, People in Need, IRC, GOAL, Save the Children, CARE, Plan International NRC and ERCS are some of the major partners operating in these areas.

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Endnotes