

HIGHLIGHTS

- Resource shortfalls are already affecting life-saving operations. Of particular concern are the three most critical life-saving sectors: Food, Nutrition and Health.
- The lack of or inadequate assistance in one sector has a negative impact on other related sectors. For example, delayed or inadequate relief food assistance impacts the nutritional status of already vulnerable communities.
- US\$332.9 million required to address critical, prioritized gaps for the coming three months.



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Resource Shortfalls Affect Life-saving Operations

While seeking durable solutions for IDPs where and when feasible, the Government and partners continue to provide humanitarian assistance to the displaced population based on need. However, resource (financial and human) shortfalls continue to hamper adequate delivery of assistance. Of particular concern are the three most critical life-saving sectors: Food, Nutrition and Health. The Food Cluster reports a shortfall of US\$20.8 million to support 764,000 beneficiaries with cash grants, and \$44.5 million for in-kind commodities to cover the costs for the first three rounds of relief food assistance in WFP-covered areas. In Government-covered areas, a shortfall of \$50.7 million is reported to support 2.2 million beneficiaries with cash grants for the first three rounds, and a shortfall of \$34 million for in-kind food commodities for Rounds 2 and 3. Meanwhile the NGO Consortium (JEOP) has secured enough resources to cover food needs of 1.5 million beneficiaries for the year (except for pulses that will break at the end of September)

Meanwhile, the Nutrition Cluster is experiencing shortages of specialized food to treat moderately malnourished children under-5 and pregnant and breastfeeding mothers. Without urgent funding, these life-saving commodities will near full stock-out by May 2019. The Health Cluster is also reporting shortfalls in emergency health drugs and kits, including full stock out vaccines for measles outbreak and mosquito nets for pregnant women. Similar funding constraints are leading to interruptions/reductions of emergency education, protection and other responses.

The lack of or inadequate assistance in one sector has a negative impact on other related sectors. For example, delayed or inadequate relief food assistance impacts the nutritional status of already vulnerable communities. A deteriorated nutrition condition in turn increases the risk for heightened morbidity and mortality, particularly amongst children under-5 and pregnant and breastfeeding mothers. In another example, lack of adequate shelter assistance increases health and protection risks.

Overall, the 2019 Humanitarian Response Plan of \$1.314 billion is 29 per cent funded, including \$149.6 million carried over from 2018, \$176.7 million in Government pledge and \$48.9 million in international donor funding.

FIGURES

Affected population	8.3 million
MAM	4 million
SAM	609,000
# of people displaced due to conflict	2.4 million
# of people displaced due to climatic shocks	0.6 m

FUNDING

US\$1.314 billion

Requirement for the 2019 Ethiopia Humanitarian Response Plan

- Despite the noticeable increase in the number of humanitarian partners on the ground (especially in East Wollega), the level of assistance is still very low. The priority needs identified are food, shelter, NFI, Nutrition, health care, WaSH, protection and psychosocial support.
- According to local authorities, the improvement in security in East Wollega has encouraged returns of IDPs to their respective areas of origin along the border areas within Oromia.



Of the overall requirement for the year, \$332.9 million is urgently needed to address critical, prioritized multi-sector gaps for the months of April, May and June. The urgency is even more pronounced given the procurement and transportation lead times required, especially for internationally procured humanitarian commodities. See the full sector breakdown of the prioritized funding gap on <https://bit.ly/2GIRA2s>

More partners needed to respond to the IDP needs in East and West Wollega zones

An OCHA team conducted a field mission to East and West Wollega zones of Oromia region from 2 to 5 April, to gauge the level of response and identify gaps. The team met with zonal Government officials, humanitarian partners and visited IDP sites in both zones, including the IDP collective site in Sasiga *woreda* in East Wollega zone and Western Star College IDP collective site in West Wollega zone.

It has been seven months since the conflict-displacement occurred in the area, but despite the noticeable increase in the number of humanitarian partners on the ground (especially in East Wollega), the level of assistance is still very low. The priority needs identified are food, shelter, NFI, Nutrition, health care, WaSH, protection and psychosocial support.

Until recently, access impediments due to insecurity were parts of the reasons hampering partners' response scale-up. However, the security situation has reportedly drastically improved. Partners reported that all areas in East Wollega are accessible, while in West Wollega, some areas especially Najo *woreda* and *woredas* bordering Benishangul Gumuz are not yet safe for travel. Despite West Wollega zonal authorities' report of vehicle movement along the Assosa-Najo-Kemashi road, UNDSS has not yet lifted travel security restriction between Najo and Kemashi for all UN personnel.



Figure 1 Photo credit: OCHA Ethiopia

According to local authorities, the improvement in security in East Wollega has encouraged returns of IDPs to their respective areas of origin along the border areas within Oromia. Some 40,000 IDPs, of the estimated 157,000 IDPs in East Wollega zone have reportedly returned so far. Some IDPs, particularly those displaced from Kamashi zone of Benishangul Gumuz region have expressed their wish to be relocated to other areas of Oromia region and called for livelihood support.

The people in this picture are displaced from Kamashi zone, Benishangul Gumuz region, fleeing violence that broke out in September 2018. They are sheltered in an IDP camp in East Wollega zone, Oromia region.

This IDP spokeswoman stated: "We don't want to stay in this camp, we want to relocate. Oromia is big enough to accommodate all of us."

The wish of these IDPs is to be relocated in other areas of Oromia region and supported to restart their livelihood. In the interim, however, they need to be better supported with adequate multi-sector humanitarian assistance.

- ‘I used to grow enough food to feed my family and give to friends and neighbors. I want support to resettle and get on with my life,’ IDP from Kamashi zone sheltered in an IDP camp in Gimbi Town, Oromia region.
- The Government presented a draft Strategic Plan to Address Internal Displacement in Ethiopia to donors and international agencies on 8 April, to ensure the voluntary, safe, dignified and sustainable return/relocation of conflict-displaced population.



Figure 2 Photo credit: OCHA

This is Badasa, which means abundance in the Oromifa language. He is one of thousands displaced people from Kamashi zone. He is currently sheltered in an IDP camp in Gimbi Town, Oromia region.

He said, ‘I used to grow enough food to feed my family and give to friends and neighbors. I want support to resettle and get on with my life.’

The Government’s Long-Term Solutions to Internal Displacement

The Government of Ethiopia, through the Ministry of Peace (MoP) and the National Disaster Risk Management Commission (NDRMC) presented a draft Strategic Plan to Address Internal Displacement in Ethiopia and a costed Recovery/Rehabilitation Plan to donors and international agencies on 8 April.

The overall objective of the IDP Strategic Plan is to ensure the voluntary, safe, dignified and sustainable return/relocation of conflict-displaced population in seven regions and one administrative city.¹ The Plan lays out activities to achieve four broad results including, Result 1 - Restoring law and order and restoration of justice to address crimes committed; Result 2 - Ensuring peace and reconciliation and enable systems to allow for IDPs’ informed decision to pave the way for voluntary and informed return or relocation; Result 3 - Rehabilitation and livelihood support in areas of return or relocation; and Result 4 - Interim multi-sector assistance of affected people in areas of displacement, return or relocation. While Results 1 and 2 are absolute pre-conditions to return, Result 4 will be ongoing solely based on need and until sustainable return/relocation materializes.

Several assessments and verification missions undertaken since January 2019 by the MoP and NDRMC-established federal Command Post informed the Strategic Plan. These assessments confirmed that there are at least 2.9 million conflict-IDPs in the assessed regions, of whom 1.34 million are living in sub-standard collective centers or in make-shift camps, while some 1.56 million IDPs are living with the host communities. The assessment and verification findings have also informed a three-phased, sequenced approach in the process of advancing durable solutions for IDPs



Figure 3 State Minister of MoP Ato Zeynu Jemal, NDRMC Commissioner Mitiku Kassa, and UN Resident and Humanitarian Coordinator Mr. Aeneas Chuma at the official presentation of the IDP Strategic Plan, 8 April 2019. Photo Credit: MoP

¹ Tigray, Amhara, Oromia, Somali, SNNP, Benishangul Gumuz, Harari regions and Dire Dawa city administration

- The Government's IDP Recovery/Rehabilitation Plan is costed at an estimated US\$700 million.
- The international community welcomed the Government's attempt to facilitate joint efforts with international humanitarian and development partners, to advance durable solutions for the IDPs, and affirmed its support, in accordance with international humanitarian principles, and suggesting that lessons from past return process be taken into account.

including, Phase 1 - persons displaced from within their region of origin and where conditions allow voluntary, dignified and sustainable return; Phase 2 - persons displaced from areas where substantial security and rehabilitation of basic services is required before returns; and Phase 3 - persons displaced from areas where alternative solutions to returns are preferred, including IDPs whose places of origin are deemed viable for return but who still choose not to return.

All durable solution operations will be preceded by joint assessments in areas of return/origin to gauge availability of services and to see safety/security conditions; the complete sharing of timely information to IDPs on the situation at the area of potential return; intentions surveys; and damage and loss assessments. Some 800,000 IDPs have been identified in the first phase for returns.

In addition, a separate Recovery/Rehabilitation Plan was prepared to implement Result 3 of the IDP Strategic Plan through ensuring access to basic and social services and the rehabilitation of IDPs either in areas of return, reintegration or relocation. The Recovery Plan is costed at an estimated US\$700 million based on the following breakdown:

1. Return - 80 per cent of the total IDPs will return to areas of origin at an estimated cost of \$ 462-508 million.
2. Reintegration - 15 per cent of the total IDPs will be reintegrated in current areas of displacement at an estimated cost of \$ 131-144 million.
3. Relocation - 5 per cent of the total IDPs will be relocated to other areas within a region at an estimated cost of \$ 44-48 million.

The international community welcomed the Government's attempt to facilitate joint efforts with international humanitarian and development partners, to advance durable solutions for the IDPs, and affirmed its support, in accordance with international humanitarian principles and suggesting that lessons from past return process be taken into account. Recognizing the need for more comprehensive peace building and reconciliation efforts in order to ensure that durable solutions are sustainable, partners offered expertise to engage with civil society groups in support of the peacebuilding process.

EPHI Activates the Public Health Emergency Operation Center



Figure 4 The newly activated Public Health Emergency Operation Center. Photo credit: EPHI

time representatives from EPHI, different Directorates of the Ministry of Health (MoH) and other Government sectors, WHO, CDC, UNICEF, and other partners currently sit at the PHEOC.

The Ethiopian Public Health Institute (EPHI) has activated its Public Health Emergency Operation Center (PHEOC) as of April 1st, 2019. The PHEOC was activated in response to the worsening IDP situation in Gedeo/Guji and other parts of the country. The PHEOC will serve as a platform to better coordinate the multidimensional health sector response and to rapidly respond to IDPs' health needs in all regions. The PHEOC follows an Incident management system (IMS), and is led by the Deputy Director General of EPHI, Dr. Beyene Moges. Full

The PHEOC reports to the Minister of Health, who is also a member of the National Task Force for IDP response at the Ministry of Peace. PHEOC It is also linked to the zonal EOC activated in Dilla; and works with all Regional Health Bureaus and Public Health Emergency Management teams.

Since its activation, the PHEOC facilitated the deployment of a mix of professionals and epidemiologists to SNNP, Oromia, Somali and Tigray in support of the IDP response. More than 150 advanced Field Epidemiology residents were deployed to all IDP-hosting regions to strengthen surveillance and response activities. PHEOC also facilitated the supply of Emergency Drug Kits to Gedeo and Tigray IDPs.; prepared the National IDP Response Plan for health; and is working on Mental Health and Psychosocial support across all regions. The center is working on capacity building to frontline health care workers to provide basic mental health service. To date, EPHI has provided more than US\$17 million to IDPs nationally.

Some of the urgent concerns in the overall IDP health response include the phasing out of some NGO health operations due to resource shortfalls and the shortage of latrines and other WaSH facilities in IDP sites, posing health risks. EPHI is also facing financial constraints as its operations are stretched across all regions in response to the IDP situation.

HNO Officially Released for the First Time in Ethiopia

The Humanitarian Needs Overview (HNO) was introduced for the first time in Ethiopia by OCHA, in collaboration with the National Disaster Risk Management Commission, to improve data analysis and need-based targeting of humanitarian response. Although a summary of major data was released together with the 2019 Humanitarian Response Plan, the full document was officially released last week.

The 2019 Humanitarian Needs Overview (HNO) identified 8.86 million people in need of humanitarian assistance (49.7 per cent female), of whom 8.3 million people in acute need are targeted for food and non-food support in the 2019 Humanitarian Response Plan at a cost of US\$ 1.314 billion. The 8.3 million people in acute need include the 3.1 million IDPs. The full document can be accessed at <https://bit.ly/2G5xh9a>

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