

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 15 June to 15 July 2019.

HIGHLIGHTS

- The Government and humanitarian partners are currently dealing with the triple challenge of drought impact in the eastern and south eastern parts of the country, localized flooding and the still significant humanitarian needs of returnees and IDPs.
- Regions are requesting food assistance to additional needs emerging since the launch of the HRP, including new IDPs and returnees. As a result, the food beneficiary figure increased from 8 million in the HRP to 8.5 million. An additional 3.6 million PSNP public works clients are projected to be food insecure during the peak hunger season (June to October) and will require emergency food assistance in the second half of the year.
- According to the Government, at least 1.8 million IDPs have returned to their areas of origin by end June following the Government-led return operation since early May. Returnees require urgent recovery support and other interim assistance until they are fully back in their homes and until they resume their livelihood.

8.86M

affected people

8.3M

targeted for assistance

3.2M

internally displaced
as of end April 2019

2.1 M

Returned¹

900,000

Refugees

SITUATION OVERVIEW

Ethiopia is experiencing extreme weather variability with some areas experiencing drought, while others are impacted by flooding. Based on the National Meteorological Agency's weather forecast for the *kiremt*/summer (June-September) rainy season, the Government-led Flood Task Force released a revised Flood Alert listing areas at risk of flooding during the current rainy season. According to the forecast, western Ethiopia is expected to receive normal to above normal rainfall; eastern and parts of central Ethiopia will receive predominantly normal rainfall; while Afar, most of Amhara, northern parts of Somali and Tigray are expected to experience normal to below normal rainfall during the season. Heavy rainfalls are likely to cause flash and/or river floods in low laying areas, which are expected to affect 1.3 million people, out of which some 331,000 people are likely to be displaced. Heavy rains in May and early June 2019 have already caused flooding in 38 districts across seven regions, displacing 42,306 families and causing significant number of livestock death and property damage. Afar and SNNP were the most affected regions. A National Contingency Plan was under development as of the end of June.

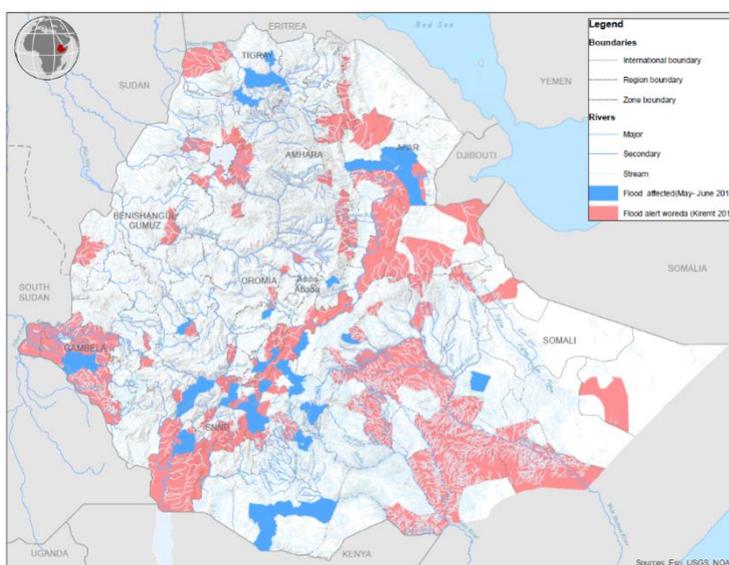


Figure 1 Flood impacted and at risk areas. Source: OCHA Ethiopia

¹According to the Government of Ethiopia

Meanwhile, the eastern and south-eastern parts of Ethiopia, particularly the lowland pastoralist and agro-pastoralist communities in Somali region, lowlands of Oromia, SNNP and parts of Afar regions, are impacted by the current Horn of Africa drought following the late and sub-optimal 2019 spring (mid-February-May) rains. As a result, crop planting were delayed and pasture regeneration and replenishment of water sources did not materialize, further impacting the already dire food security and nutritional conditions of communities in these areas. The current summer rainfall is also not performing well in these areas. For example, only nine of 20 districts in East Hararge and seven of 15 districts in West Hararge received rainfall, albeit in poor quantity. Severe water shortages are being reported in affected *woredas*, including in IDP-hosting areas, with increasing requests for water trucking support. The Nutrition Cluster also reported a deteriorating nutrition situation in affected areas, which is also exacerbated by interruptions or scaling-down of nutrition projects due to funding shortfalls.

According to FEWSNET's food security outlook for June-September 2019, some 3.8 million people are expected to require immediate life-saving and livelihood support during this period. To mitigate the worst of the drought impact, the Central Emergency Response Fund (CERF) allocated US\$10 million in early June to kick start mitigation efforts, with particular focus on WaSH and agriculture/livestock early interventions. An additional EUR20 million will be availed by ECHO to support drought response. The Government also agreed to look into pivoting development funding under the One WaSH national program to conduct emergency water supply rehabilitation, so that humanitarian partners could focus on other life-saving priorities.

Both flood and drought are risk factors for water-related disease outbreaks. At present, the Government's health system, with partners support, is responding to a cholera outbreak. At least 889 cases were reported in Oromia (365 cases), Amhara (202), Afar (142), Addis Ababa (127), Somali (33), Tigray (19) and Dire Dawa (1). Surveillance and case management are being strengthened, while Oral Cholera Vaccination campaign was held in Addis Ababa and West Hararge zone of Oromia region targeting highly vulnerable groups, including street children, people in prison and in sites where Internally Displaced People are sheltered. More than 700,000 vaccines were imported by the Government for this cause, and are provided free of charge. A National Cholera Response Plan is seeking US\$6.6million mostly for surveillance and case management.

In addition to flood and drought response, the Government and partners are dealing with the still significant humanitarian needs of returnees and IDPs pending full recovery. According to the Government, at least 2.1 million IDPs have returned to their areas of origin by end June following the Government-led return operation since early May. Returnees require urgent recovery support and other interim assistance as most are still not fully back in their homes and have not resumed their livelihood. Partners' scale up of assistance in areas of return is critical to avoid further suffering and a deterioration of the returnees' condition. According to the Government's IDP Plan, the returnees will be provided with humanitarian assistance up to six months from return, while recovery and rehabilitation activities are implemented side-by-side. Ongoing support need also be provided to IDPs that opted not to return. A CERF grant proposal for Rapid Response was submitted by OCHA requesting \$11.4 million to address secondary displacement. The National Disaster Risk Management Commission and NDRMC also launched a four-year project to support the recovery of 50,000 households through the restoration of basic services, provision of sustainable livelihoods and the rehabilitation of damaged infrastructure and households at a cost of \$20 million with funding contribution from the Government of Denmark, Japan and UNDP. The project targets areas most impacted by the Gedeo/West Guji inter-communal violence, including Kercha and Hamela Wamena *woredas* (West Guji) and Gedeb and Yirgachefe *woredas* (Gedeo). It seeks to complement humanitarian assistance by building resilience in post-crisis situation through introducing sustainable livelihoods.

Meanwhile, ongoing insecurity and active hostilities in some parts of the country, notably Western and Southern Oromia region, continue to impede humanitarian access. While 70 per cent of the return areas are in areas where conditions are relatively viable for return, the remaining 30 per cent are in areas experiencing security and other constraint, threatening the sustainability of the returns. For example, almost 90 per cent of IDPs returned to areas of origin in Kamashi zone of Benishangul Gumuz region have reportedly returned back to West Wollega zone (Oromia region) due to insecurity and lack of assistance. The Protection Cluster, IOM and OCHA have recently developed a Risk Analysis of IDP return areas to guide interventions in conflict areas.

The Government-led multi-agency and multi-sector national needs assessment started on 22 June. The assessment will gauge the performance of the spring rains and its impact on food security and identify other non-food needs. The findings will capture new needs since the release of the 2019 Humanitarian Response Plan (HRP), and will inform the Mid-Year Review of the HRP.

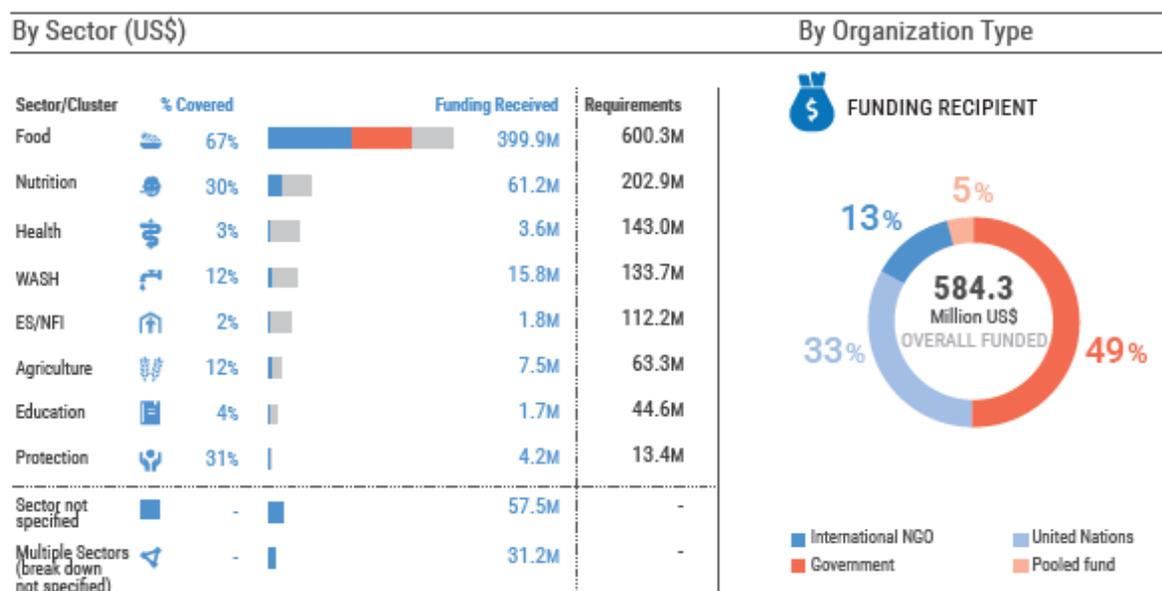
FUNDING

Ethiopia Humanitarian Response Plan (HRP) Update:

The 2019 HRP of US\$ 1.313 billion is currently 44.5² per cent funded, including \$288.1 million in Government funding and \$296.2 million in international donor funding. At the end of March 2019, the Government and humanitarian partners had released the Immediate Funding Priorities document which lays out urgent funding priorities costing at \$332.9 million for three months (April-June), stemming from the 2019 HRP, to support donor funding decisions. The prioritized requirements is to allow rapid scale up of humanitarian response and to prevent further interruptions of ongoing life-saving assistance and pipeline breaks of critical humanitarian supplies.

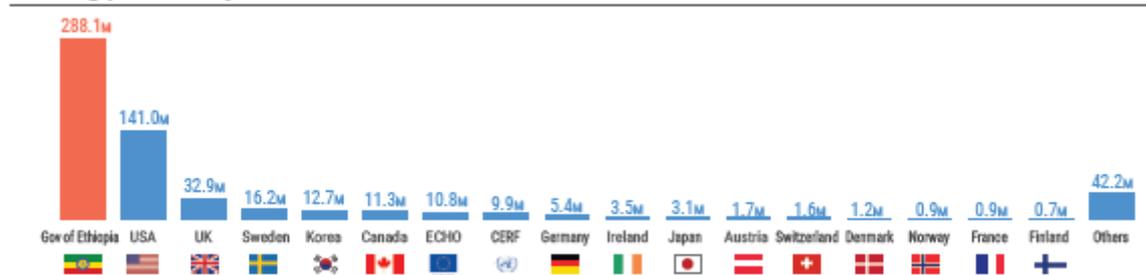
ETHIOPIA Consolidated Appeal 2019

US\$1.313 billion requested



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

Funding provided by donor



All data, except for Government of Ethiopia funding, is provided by the Financial Tracking System (FTS): <https://fts.unocha.org>, which records all humanitarian contributions, (cash, in-kind, multilateral and bilateral) to emergencies. FTS reflects funding flows received against HRP as reported by donors and/or partners.

²HRP funding level as per FTS is 28.9 per cent as this does not take into account Government contributions.

HUMANITARIAN RESPONSE

Food

Needs:

- 8.1 million people in need, of whom 8 million are targeted in the 2019 Ethiopia Humanitarian Response Plan (HRP).
- Additional 474,000 displaced people were included in the first round of food distribution, increase the targeted beneficiaries to 8.5 million.
- Additionally, 3.6 million PSNP public works clients are projected to be food insecure during the peak hunger season (July to October) and these individuals will require emergency food assistance in Rounds 5 and 6.
- Due to delays experienced in Round 1 as a result of the beneficiary targeting exercise, the overall food rounds for 2019 were reduced from 8 to 6 Rounds. The overall HRP requirements will be revised during the mid-year review, mainly due to the changes in the number of rounds, including support to 3.6 million PSNP transitory needs and findings from the *belg* seasonal assessment.

600.3M

Requirement

Response:

- All food operators are currently dispatching and distributing relief food for Rounds 1 and 2. As of 27 June, 86 per cent of Round 1 allocation, targeting 8.5million beneficiaries was dispatched to food distribution points and 68 per cent was distributed. 267,800 IDPs and returnees in East and West Hararge zones also received cash assistance. Meanwhile, 22 per cent of Round 2 food allocation, also targeting 8.5 million beneficiaries, was dispatched and 5 per cent distributed. 1.6 million beneficiaries in NDRMC-covered areas are targeted for cash assistance under Round 2, while 116,119 IDPs are targeted for cash assistance in Hudet and Moyale *woredas* in Dawa zone, Somali region.
- According to the Food Cluster, two food operators there are indications of pipeline breaks in pipeline of the three food operators: WFP, NDRMC, and the NGO-led Joint Emergency Operations Plan (JEOP). The Cluster informed that JEOP will have a shortfall of vegetable oil in Food Rounds 5 and 6 (mid-October-mid-January), while WFP will experience a pipeline break in Food Rounds 4 through 6 (September-mid-January) for 2.1 beneficiaries in Somali region and Oromia (IDPs in East and West Hararge zones). The third food operator – NDRMC – is currently facing shortfalls for cereal in the food baskets for Round 2. No shortfalls are expected for Rounds 4 to 6 for NDRMC.
- NDRMC announced ETB 1.2 billion contribution to cover two rounds of cash transfers targeting 1.6 million beneficiaries in NDRMC operational areas. Another round of cash transfers will also be covered through contributions from DFID and UNICEF in NDRMC operational areas.

Gaps & Constraints:

- Gaps in the relief food pipelines are a concern, requiring urgent additional funding to fill the gap. Delays in relief food assistance have a cascading impact on the nutrition situation of vulnerable groups, particularly children and pregnant and breastfeeding mothers, increasing the risk for higher morbidity.
- Additional food insecure people are expected to require food assistance in the second half of the year, from the PSNP – PW clients, in areas where households are projected to have significant food consumption gaps.
- The highly mobile IDP and returnee population calls for better joint planning and coordination of the return operation to ensure timely and adequate response to both IDPs and returnee population.
- There is need to ensure that returning households are being assisted through an integrated approach, by providing both food and non-food assistance, and sustainable livelihood support.

Health

Needs:

- 6 million people in need, of whom 4.8 million are targeted in the 2019 Ethiopia Humanitarian Response Plan (HRP).
- Of the total requirement, the cluster prioritized \$34.2 million to re-stock emergency medicine and medical supplies, for continuation and expansion of MHNTs, disease outbreak control, surge support, minimal health facility rehabilitation for April-June 2019.
- At least 889 cases were reported in Oromia (365 cases), Amhara (202), Afar (142), Addis Ababa (127), Somali (33), Tigray (19) and Dire Dawa (1).
- Health risks of IDP returnees, who are sheltered in collective sites or makeshift shelters in their areas of origin, are high, which requires continued attention.

143M

Requirement

- Based on current morbidity data, the most common health conditions reported in IDP sites are pneumonia, diarrheal diseases, upper respiratory tract infections, scabies, intestinal worms and acute febrile illness, which includes malaria.

Response:

- 20 Health Cluster partners are responding to various health emergencies across the country, mostly through direct support to health facilities and Mobile Health and Nutrition Teams (MHNT).
- The cluster prioritized Gedeo zone of SNNP; West Guji, East and West Wollega, East and West Hararge and Bale zones of Oromia region; Zone 2 of Afar region and Kamashi zone of Benishangul Gumuz for the Ethiopia Humanitarian Fund (EHF) allocation, earmarking \$2 million to support core pipeline and \$2 million for frontline response activities by partners.
- The Government's health system, with partners support, is responding to a cholera outbreak since April 2019. Surveillance and case management are being strengthened, while Oral Cholera Vaccination campaign was held in Addis Ababa and West Hararge zone of Oromia region targeting highly vulnerable groups, including street children, people in prison and in sites where Internally Displaced People are sheltered. More than 700,000 vaccines were imported by the Government for this cause. The health, WaSH and nutrition clusters are members of the cholera technical working group located at EPHI's Emergency Operation Center.

Gaps & Constraints:

- Although IDPs are granted access to free health care, there are reports of denial of access due to shortages or lack of medicines. Health Cluster is trying to cover the gaps through the emergency kits to ensure free access for IDPs.
- A National Cholera Response Plan is seeking US\$6.6 million mostly for surveillance and case management.

Nutrition

Needs:

- 5.9 million people in need, of whom 4.3 million are targeted in the 2019 Ethiopia Humanitarian Response Plan (HRP).
- The annual projection of SAM in the 2019 HRP is 487, 969.
- Of the total requirement, the cluster prioritized \$46.9 million to support the MAM and SAM pipelines, support higher level referral Stabilization Centers, and ensuring nutrition partner presence for April-June 2019.
- The current drought impact and delayed food distribution is impacting nutritional status of vulnerable communities, including IDPs and returnees. Insufficient nutrition interventions due to resource shortfalls are also exacerbating the situation. The cluster reported a worsening SAM condition in Gedeo/West Guji, pockets of Afar, and SNNP regions.

202.9M

Requirement

Response:

- From January to April 2019, 110,826 severely malnourished children (SAM) were admitted to therapeutic feeding centers nationwide. This constitutes 105 per cent of the annual national target for SAM admissions. Oromia region saw a 23 per cent increase in SAM admission in April compared to the previous month, mostly in East and West Hararge and West Arsi zones.
- UNICEF has initiated quarter 3 distribution of SAM treatment supplies across all regions, prioritizing IDP-hosting areas for distribution.
- WHO is providing training on SAM management; AMIYCN with emphasis on IYCF in emergencies for 32 (27 male; 5 female) health care professionals and providing continued technical support to improve quality of care in the stabilization centers in Somali and SNNP regions, Gedeo/West Guji returnee areas and in East and West Hararge zones of Oromia region.
- Shortage in targeted supplementary feeding supplies (TSFP) for the moderately malnourished children and mothers is impacting the nutrition response. For example, out of the 23 priority hotspot districts in Afar region where the food security and nutritional situation are dire, only 15 districts are receiving supplementary feeding support due to resource shortfalls. At least 12,000 children under 5 and pregnant and breastfeeding women in the eight remaining districts are in urgent need of TSF support. The lowlands of Afar region are one of the areas that are impacted by the current drought.
- The revised Integrated Management of Acute Malnutrition (IMAM) Guidelines launched at the end of June will inform planning of the nutrition treatment caseload, supplies and capacity building.

Gaps & Constraints:

- Gaps and challenges of multiple nature, including resource shortfall and inadequate and late General Relief Food Distribution, are affecting TSF programming and are putting the nutritional status of drought and conflict-affected population at increased risk of deterioration.
- Strengthening of infant and young child feeding (IYCF) in areas of population displacements in Gedeo and West Guji and protection of IYCF practices should be part of the cholera response outbreak.
- Securing core health pipelines is essential to mitigate overuse of essential medicines needed to manage SAM.

 **Protection**
Needs:

- 2.95 million people in need, of whom 0.74 million are targeted in the 2019 Ethiopia Humanitarian Response Plan.
- Of the total requirement, the cluster prioritized \$3.9 million to ensure protection services are provided to IDPs and the host community in emergency-affected locations that face protection concerns for April-June 2019.
- In most of the returnee *kebeles* of West Guji and Gedeo zones, women and girls are traveling long distance to fetch water which increase the risk of GBV.
- Key informant interviews with government stakeholders in GBV service provision in East Wollega identified general low level of knowledge around GBV basic concepts (safety, respect, confidentiality, non-discrimination) as well as lack of knowledge on information sharing protocols, which may jeopardize the safety and well-being of survivors

13.4M

Requirement

Response:

- The last Protection Monitoring report was shared on 28 May. The IDP return stopped at the end of May, and return monitoring reports were not compiled in June. Internet restrictions have also complicated the June reporting.

East and West Wollega

- At least 34 unaccompanied and separated children (UASC) were identified and documented in East and West Wollega zones of Oromia region, bringing the total number of UASC caseload in the Wollegas to 1,130 (493 girls, 637 boys). Follow up and response services are ongoing, including family tracing.
- With support from UNICEF, World Vision reached 134 (72 women, 62 men) IDPs with risk mitigation and prevention interventions to address gender-based violence (GBV).
- A gender-based violence referral pathway was established at East Wollega zonal level, as well as in IDP return *woredas* in the zone, to ensure case management services. A similar referral pathway is being established in West Wollega.
- World Vision Ethiopia provided child protection case management training for East and West Wollega Government stakeholders (48 CP-GBV focal persons) and UNFPA provided basic GBV case management training.
- The cluster is providing technical support for Wollega University Referral Hospital to strengthen GBV case management.
- Case management and psychosocial support services were provided for GBV survivors in three IDP return *woredas* and Wollega University Referral Hospital.

Somali region

- Awareness raising on various protection issues (GBV, child protection, FGM, early marriage) were conducted across the region.
- NRC conducted ICLA activities geared towards facilitating access to legal identity documents in Fafan, Erer, Doolo, Jarar, Liben, and Korehe zones. At least 739 individuals attended Group Information Sessions and 99 individuals received legal counselling and/or legal assistance. This includes legal assistance to 55 IDP children in Liben zone, to enable them to obtain birth certificates. These cases are ongoing. NRC also facilitated a workshop with local authorities in Korehe zone to increase capacity to issue legal identity documents.
- UNICEF supported the development of Information sharing protocol to facilitate the exchange of UASC data/information for family tracing and tracking of UASC in the return locations.

West Guji (Oromia)

- Eight SGBV cases were reported in June from four *woredas* of west Guji zone and were provided with medical and psychosocial support and referred to police based on informed consent. Some 3,166 IDPs, returnees and host community were addressed through community mobilization on GBV prevention and availability of SGBV response services. UNFPA provided 24 Post Rape Treatment Kit to selected health facilities in the zone. Cluster members also provided on the job and other technical support to health facilities in the area to ensure the provision adequate support and treatment for SGBV survivors.
- NRC's ICLA team facilitated the signing of 552 MOUs by beneficiaries receiving conditional cash assistance for the reconstruction of shelter. All beneficiaries received legal advice on HLP issues and participated in a due diligence process. An additional 43 beneficiaries received legal counselling on some other issues. Some 110 additional beneficiaries are expected to receive HLP assistance in the next month.
- Verification of UASC data is ongoing in West Guji. As of 14 June, there were 1,919 (1027 girls, 892 boys) UASC caseload in the zone, of whom 213 children were followed up for care and support and 416 children (197 girls, 219 boys) were reunified with their families.

Gedeo (SNNPR)

- UNICEF supported the development of Child Protection returnee response plan for Gedeo.
- Child Protection partners staff and *woreda* social workers participated in a returnee joint targeting exercise to ensure that UASCs are targeted in the data collection process.
- Case management service inclusive of ongoing IDTR and verification of UASC is in progress; similarly, startup of six semi-permanent CFS activities are underway.
- UNICEF in partnership with ZoWCA provided 2 days training on the basic concept of GBV for 39 social workers, community workers, child protection officers at the *woreda* and Zonal level. Onsite orientation on administration of post rape treatment kit and SGBV case referral for comprehensive response services were given for 16 health professionals from 5 health centers of Dilla zuria *woreda*.

Gaps & Constraints:

- Limited funding to ensure Protection Monitoring and service provision.
- As CP response services depend on a multi-sector /integrated approach, the limited support from other clusters indirectly impacts the response service for UASC.
- Additional dignity kits are needed to help ensure mobility and meet hygiene needs of women and girls of reproductive age.
- Localized security incidents, as well as the high mobility of IDP and returnee population continue to hamper response activities.

Shelter and Non Food Item (ES/NFI)

Needs:

- 3.4 million people in need, of whom 2.7 million are targeted in the 2019 Ethiopia Humanitarian Response Plan.
- Of the total requirement, the cluster prioritized \$37.8 million for ES/NFI support (cash and in-kind), prepositioning of ES/NFI stocks, shelter repair and replenishment of core household items, and distribution of core relief items to vulnerable returnees for April-June 2019.

112M

Requirement

Response:

- Cluster members continue to support IDPs and returnees with ES/NFI based on available resources.
- In Gedeo/West Guji, UNHCR, through ANE, IOM, UNDP NRC, DRC, CRS, WVI, Christian Aid, CARE and PiN, is at various stages of implementation of Shelter/NFI activities, including in Hambala, Birbigsa Kojoa, Ela Fard, Kercah, Dogo Sodu and Yirgachefe *woredas*. GOAL and CARE also amongst the partners on the ground providing ES/NFI support as well as reconstruction and rehabilitation activities.
- In East Wollega and Benishangul Gumuz, IOM, EECMY, UNHCR and DRMO are implementing ES/NFI activities. NRC has also plans to distribute 2000 NFI kits in East Wollega.
- There are no cluster interventions in West Wollega due to insecurity and widespread secondary displacements. But NRC has plans to distribute 400 NFIs in the zone and discussions are ongoing with the local government to identify *woredas* to be targeted.

- In Somali region, ZOA is supporting the returnees with reconstruction of houses, while NRC distributed ES/NFI kits. GOAL distributed cash assistance for 2,200 households in Moyale, and plans are also underway to distribute cash for an additional 5000 households. NRC is also planning to distribute cash for 1000 households in Erer.
- Accordingly,
- In East/West Hararge, IMC supported 1098 households in Babile, Chinaksen and Kersa *woredas*, and has plans to distribute plastic sheet for 800 households.
- In Gambella, IOM and ZOA are providing ES/NFI kits in Etang *woreda*.
- GOAL is planning to do reconstruction activities in Amhara region, while IRC is planning to distribute 500 ES/NFI kits.

Gaps & Constraints:

- Overall, limited funding for shelter rehabilitation; access constraints in some areas, including Benishangul Gumuz region and East/West Wollega of Oromia region; insufficient partner presence and high mobility of IDPs and returnees are some of the key challenges.
- In coordination with NDRMC, the ES/NFI Cluster estimates that 273,000 households require either reconstruction or recalibration support to live in an adequate living condition. As of the end of June, the cluster only had 17,000 Repair Package in the pipeline. As a front-line response, 103,000 households in East/West Hararge, East/West Wollega, Borena (Oromia), Somali region and Benishangul Gumuz region urgently require repair materials and core relief items to prevent exposure to protection and health risks.
- The need for ESNFIs remain the same in Somali region, recurring environmental shocks that are likely to intensify in the coming month due to the repeated droughts and flooding will exacerbate the displacement situation in the region.

Water, Sanitation and Hygiene (WaSH)

Needs:

- 7.26 million people in need, of whom 7.2 million are targeted in the 2019 Ethiopia Humanitarian Response Plan.
- Of the total requirement, the cluster prioritized \$47.58 million to ensure the provision of basic services to conflict and drought induced IDPs; AWD preparedness and response and provision of institutional WaSH services for April-June 2019.

133.7M

Requirement

Response:

- WaSH response needs and activities have spiked as a result of the current drought impact and localized flooding, as well as the ongoing cholera outbreak, with limited resources available.
- UNICEF has been supporting the Regional Water Bureau to drill boreholes in Gedeb to increase water supply (including water trucking). Though IDP collective sites were demolished, following the request by the Government these boreholes are expected to provide more water for both returnees and host community.
- Activities at collective sites in Gedeb had to be postponed or revised due to IDP movement, including emergency latrine construction, water trucking, rehabilitation of springs and water schemes. Currently zonal cluster coordination platform has been discussing how decommissioning and site cleaning need to be conducted and coordinated by partners on the ground.
- UNICEF together with RWMEDB dispatched NFIs and WTCs to the Amaro *woreda* of Segen Area Peoples zone, where around 45,000 IDPs are residing in collective centers and with the host community.
- WaSH Cluster is one of the two clusters prioritized for allocation of the \$10million CERF grant for drought response.

Gaps & Constraints:

- Availing a helicopter to respond to the cholera outbreak in Amhara region is extremely urgent as it is extremely difficult to reach the affected *woreda* road due to the difficult topography.
- Somali region is experiencing critical WaSH-related needs in all zones. As per DTM reports, less than 5 per cent of all IDP sites are accessing at least 15 liters per person per day, while at least 63 per cent of IDP sites do not have a single latrine facility. At least 30 per cent of existing boreholes are dysfunctional, putting more pressure on the functioning boreholes. Critical interventions such as rehabilitation of broken water schemes and provision of latrine facilities in prioritized IDP-hosting areas did not materialize due to financial constraints.
- Water supply and sanitation gaps is still persistent in IDP sites across the country.



Agriculture

Needs:

- 3.1 million households in need, of whom 1.38 million are targeted in the 2019 Ethiopia Humanitarian Response Plan.
- Of the total requirement, the cluster prioritized \$7.1 million to strengthen and provide animal health intervention and emergency fodder bank for April-June 2019.
- Pastoralist and agro-pastoralist lowlands of eastern and south eastern Ethiopia are impacted by the current Horn of Africa drought, leading to significant livestock loss.
- The majority of IDPs have returned to their areas of origin, but are still unable to resume their livelihood. Plowing and planting tools and seeds have been reported as amongst the priority needs. If their needs are not addressed soon, they will fall into the humanitarian relief cycle for the next 6 to 19 months (depending on the area).

63.3M

Requirement

Response:

- Cluster members reported a contribution of around \$2.9 million (5 per cent of total HRP requirement), of which \$1.8 million is already spent.
- The cluster is preparing a strategic document to better approach the priorities and needs of IDPs, returnees and host communities. The document is still in draft and will be shared with all stakeholders upon completion.
- The cluster prepared a Roadmaps for Crop and Livestock Interventions in a humanitarian setting.
- The cluster is one of the two clusters prioritized for allocation of the \$10million CERF grant for drought response

Gaps & Constraints:

- The agriculture sector is still underfunded. However, the interventions of the cluster are seasonal, and most interventions (such as planting, vaccinations, animal feed etc.) started to be implemented in June, missing planting windows for some of the main crops (i.e. maize in the maize belt of Ethiopia, Wollegas, Benishangul Gumuz)
- The cluster foresees challenges for the purchase of vegetable seeds and animal drugs (treatment not vaccination) since their prices are higher than usual due to the current economic conditions.
- The cluster also foresees funding gaps for animal feed given delayed/lack of regenerated pasture.

Education

Needs:

- 2.6 million children in need of Education in Emergency (EiE) support, of whom 2.3 million children are targeted in the 2019 Ethiopia Humanitarian Response Plan (HRP)
- Of the total requirement, the cluster prioritized \$5.34 million for emergency education support for conflict displaced children and psycho-social support training for teachers for April-June 2019.

44.6M

Requirement

Response:

- The first draft of the Education Cannot Wait (ECW) is now nearing completion and will be submitted to the ECW Secretariat in New York for review. The ECW is aimed at providing support to IDP, returnee and refugee children. It is a multi-year program covering the nexus of recovery-resilience-development.
- The OCHA-managed Ethiopia Humanitarian Fund (EHF) allocated U\$2 million for Education in Emergency interventions. Using the fund, the Cluster is providing EiE assistance for affected school children in Gedeo/West Guji, East/West Wollega and Amhara region
- The Ministry of Education has developed a three-month intensive support program to 300,000 IDP and returnee children to make-up for lost time in preparation the next academic year. The Ministry hopes to receive private sector contribution and over 12,000 volunteer teachers to achieve the plan. The cluster provided support to the Ministry in developing the three-month plan.

Gaps & Constraints:

- Resource shortfall to implement all planned activities and address all identified needs.

GENERAL COORDINATION

The overall humanitarian coordination in Ethiopia is led by the Government's National Disaster Risk Management Commission (NDRMC). The NDRMC leads federal level Disaster Risk Management Technical Working Group (DRMTWG) and oversees 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 line ministries, humanitarian clusters and donor representatives. The Government and humanitarian partners are working to strengthen regional DRMTWGs. At a higher level, the Commissioner of NDRMC and the Humanitarian Coordinator co-chair a Strategic Multi-Agency Coordination (S-MAC) forum which deliberates on strategic humanitarian issues.

Response coordination for the conflict-induced displacements in Gedeo-Guji

The Government and partners have taken several measures to enhance coordination and boost response capacity at site level. In August 2018, NDRMC set up Emergency Operations Centers (EOCs) in Dilla and Bule Hora to enhance coordination of humanitarian response for IDPs in Gedeo and West Guji zones respectively. The EOC mechanism brought together Federal, Regional and Zonal level Government counterparts and humanitarian partners in the planning and implementation of humanitarian response activities for IDPs. Currently, the zonal EOC and ICC meetings are held every two weeks both in Bule Hora (West Guji zone) and Dilla (Gedeo zone).

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

A regional emergency technical committee was initially established in Assosa Town in mid-October to coordinate the response. In early November, the regional DRM-TWG was established and is currently overlooking IDP response under the DRMO. OCHA deployed staff to Assosa since October 2018 to support the coordination of response of the response. A zonal-Government led coordination and information hub was established in Nekemte, to strengthen zonal coordination mechanisms to oversee the response. In January 2019, OCHA set-up a sub-office in Nekemte with three key staff to help Government authorities coordinate the response efforts in East and West Wollega zone as well as Kamashi zone in Benishangul Gumuz region. There are currently 44 UN staff deployed to the area to oversee cluster-specific interventions.

Response coordination for the conflict-induced displacements in Amhara region

Regional Government-established coordination structures in Bahir Dar which currently oversees the IDP response across the region. Zonal coordination mechanisms have also been established in Central and West Gondar zones. OCHA Amhara focal point continues to support coordination and IDP response.

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