



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 Sector Co-Chairs (Government Line Ministries and Cluster Coordinators). It covers the period from 01 to 31 July 2017 (the information in this issue was compiled ahead of the announcement of the HRD mid-year review).

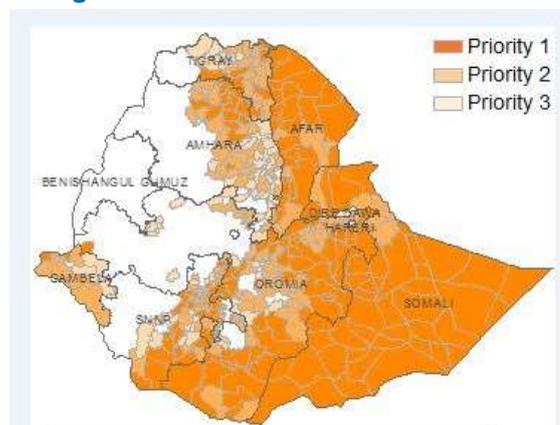
Highlights

- The number of districts requiring immediate life-saving intervention increased to levels not seen since the height of the El Niño drought impacts in 2016.
- In response to the escalating food and nutrition crisis in Somali region, a joint Heads of Agencies mission went to Somali region on 19 July to ensure the roll-out of a Nutrition Scale-up Plan, including key structural and coordination shifts.
- Humanitarian partners prioritized urgent financial requirements – amounting to US\$311.1 million - for acute and time-sensitive humanitarian needs, ahead of the launch of the Humanitarian Requirements Document (HRD) mid-year review.
- The Federal Ministry of Health and partners continue to strengthen national health systems to address ongoing Acute Watery Diarrhoea (AWD) outbreak across six regions.
- Flood incidents continued to be reported in July, affecting households, livelihoods and damaging facilities.
- The Government of Ethiopia successfully negotiated a second extension of the amnesty period for the voluntary return of irregular Ethiopian migrants from the Kingdom of Saudi Arabia.

Situation Overview

Increase in the number of districts requiring immediate life-saving intervention

The revised humanitarian hotspot classification was released in the first week of July after it had been updated based on the findings of the mid-year needs assessment. The number of hotspot Priority 1 *woredas*/districts (requiring immediate life-saving intervention) increased to 228 from 192 in December 2016, representing nearly half of the overall hotspots identified (461 districts). This indicates a return to levels not seen since the height of the El Niño drought impacts in 2016. The 19 per cent increase in Priority 1 districts is largely due to the deepening drought conditions, which continues to deplete water and pasture sources, significantly impacting livestock body condition and milk production. Milk is the main source of food and income for the majority of households in the drought-affected areas. Overall, the status of 102 districts worsened while just 34 improved from December 2016 to June 2017.



Having born the brunt of the current drought emergency, Somali region's Severe Acute Malnutrition (SAM) admissions account for 25 per cent of the national SAM caseload with 34,978 SAM admissions registered in the region between January and May 2017 (the latest data available). The highest concentration of cases remain in Doolo, Jarar, Shabelle, lower Fafan and parts of Koraha zones.

The EHCT endorsed a Nutrition Scale-up Plan

In response to the escalating food and nutrition crisis in Somali region, a joint Heads of Agencies mission went to Somali region on 19 July to roll-out a Nutrition Scale-up Plan, including key structural and coordination shifts. The team agreed to boost the overall response capacity in the region through 1) mobilizing materials and supplies to improve/revive Stabilization Centers and Health Centers functions, 2) increasing Mobile Health and Nutrition Teams outreach, 3) ensuring accountability and performance at *woreda* and zone levels, 4) improving the information management system, 5) investing more on referral systems to ensure child protection programs and 6) continuing and expanding school feeding, proven to have saved lives and improved school attendance.

WFP committed to strengthen the Food-MAM-SAM continuum of care and increase the number of monitors. The

UN Humanitarian Coordinator also led a joint mission to Somali region with UN Heads of Agencies from July 27 to August 2 to strengthen partnership to meet the needs from the escalating emergency.

Humanitarian partners prioritized urgent financial requirements for acute humanitarian needs

Since the launch of the 2017 Humanitarian Requirements Document (HRD) in January 2017, humanitarian partners have been shifting response strategies and priorities to effectively respond to the changing humanitarian context. In July, humanitarian partners prioritized urgent financial requirements – amounting to US\$311.1 million - for acute and time-sensitive humanitarian needs based on the mid-year assessment results. The urgent priorities for donor funding outlined critical gaps across all sectors, including required activity and geographic focus. The priorities outlined were prepared as a complement to the HRD mid-year review, which remains the common plan and implementation framework to address humanitarian needs.

Government and partners continued to strengthen AWD response capacity

The Federal Ministry of Health and partners continue to strengthen national health systems to address ongoing Acute Watery Diarrhoea (AWD) outbreak across six regions. Significant success was achieved in Somali region – the epicenter of the AWD outbreak – where the capacity of AWD treatment facilities was strengthened, including through the deployment of nearly 700 Government health workers from around the country. The daily case reporting showed a consistent downward trend since its peak in April 2017. In the last three weeks of July, case reporting stabilized to between 120-140 cases per week.

Meanwhile, the outbreak continues to spread in Afar, Amhara, Oromia, SNNP and Tigray regions. In Oromia, a joint Regional Health Bureau (RHB)/Public Health Emergency Management and WHO team deployed to East Hararge zone to coordinate the AWD preparedness and response ahead of the Kulubi Gabriel religious event on 26 July. In Amhara, the Regional Health Bureau and WHO are assessing holy water sites, which present high risk for AWD spread. In Tigray region, AWD was first reported in Degua Tembien district on 22 June and has since spread to 24 districts. More than 352 suspected cases were reported as of 30 July. There are increased concerns around a further spread of AWD in Tigray region due to the seasonal mobility of daily laborers and pilgrims to the Western and North Western zones, which are areas known for traditional gold and sapphire mines as well as holy water sites. In the last week of July, the Tigray RHB requested support from the Federal Ministry of Health and international partners to address the outbreak. A rapid multi-agency assessment team was deployed and will remain on the ground until 7 August. Meanwhile, the Health Cluster has sent a second team to support response efforts.

The high risk for further spread of the AWD outbreak continues in the second half of the year due to the degradation of health determinants on the back drop of overburdened local health systems, including inadequate access to safe drinking water, widespread food insecurity with general poor nutrition, cross-border movements and internal displacements. Funds for AWD response depleted by the end of July.

Flood incidents affecting lives and livelihoods

Flood incidents continued to be reported in July, affecting households, livelihoods and damaging facilities. In Oromia region, four incidents of flash floods were reported in Adama, Arsi and East Shewa zones in the second week of July, destroying more than 50 houses and more than 800 hectares of fruit and vegetable crops. In Afar region, a flooding incident on 20 July has affected 204 households and damaged one school and health center in Megale *woreda* of Zone 2. Regions have prepared regional Flood Contingency Plans identifying people at risk and projected displacements. Meanwhile the National Flood Contingency Plan released last month had revealed that more than 1.5 million people are projected to be affected by flooding during the summer/*kiremt* season, with nearly 500, 000 people expected to be displaced.

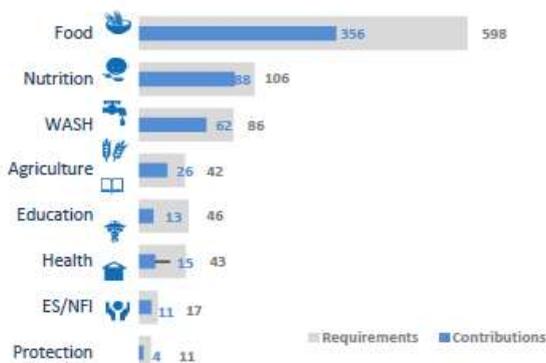
The amnesty period for the Saudi returnees was extended for a second time.

The Government of Ethiopia successfully negotiated a second extension of the amnesty period for the voluntary return of irregular Ethiopian migrants from the Kingdom of Saudi Arabia (KSA). The first extension of the 90-day amnesty period was scheduled to end on 25 July. This second – one month - extension will allow all Ethiopians that have received exit visas to travel back to Ethiopia and also provide additional time for other irregular Ethiopian migrants to choose voluntary return. Out of some 500,000 estimated irregular Ethiopian migrants living in KSA, at least 130,000 have received exit visa, of which 60,000 have returned. According to IOM, an estimated US\$30 million is required for post-arrival and reintegration assistance for the most vulnerable, unaccompanied minors, single mothers and abused migrants. Urgent needs include water and energy biscuits, wet feeds, mobile latrines, diapers, cloths, dignity kits and transportation support to final destinations.

Funding Update (as at end July)

As of the end of July, the Government of Ethiopia has committed \$117 million (\$14 million tracked) and international partners have committed an additional \$382 million towards the January 2017 HRD appeal of \$948 million.

Requirements and funding per sector - \$million



Government pledge to the HRD - \$million

**Government 103

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

Humanitarian Response



Food

Needs:

- At least 7.8 million people are receiving food assistance since April, up from the 5.6 million people identified at the beginning of the year. Mid-year needs assessment findings indicated a further increase in relief food needs in the second half of the year, which is attributed to poor 2017 spring rains received in most regions. The HRD mid-year review is expected to be announced in early August.
- Deepening levels of malnutrition and critical water shortages in the drought-affected areas require TSF, TFP and WaSH package interventions along with relief food assistance.

\$598m

Food requirement

Response:

- Round 3 food distributions have reached 7.3 million (97 per cent) beneficiaries as of 17 July. Round 4 dispatches have completed while distributions are ongoing. At least 4.5 million (64 per cent) beneficiaries were reached as of 17 July. In Somali region, WFP was only able to support 1 million beneficiaries (of 1.7 million planned), including 76,000 drought and conflict affected IDPs due to resource constraints.
- With the resources at hand, WFP can cover 1.7 million beneficiaries with food for the next three months and 420,000 beneficiaries with cash transfer for five rounds as part of the HRD-PSNP cash pilot in 8 *woredas* of Fafan and Sitti zones.
- Discussions with the Government on transfer modalities (food vs cash) in Somali region have delayed Round 5. In the meantime, dispatches to 590,000 beneficiaries in 22 *woredas* are currently ongoing. Dispatches to the remaining 18 *woredas* will commence as soon as the Government shares the final list of food distribution points (FDPs) with WFP. The current agreed plan is for WFP to support 40 P1 *woredas* in Somali region with food assistance, covering HDR relief, PSNP Public Works and Direct Supports beneficiaries and IDPs with a full relief basket (cereal, pulses and oil).
- WFP has started delivering SC+ for MAM treatment based on the June 2017 prioritization targeting the 1st cohort of 127 P1 *woredas*. The dispatch of SC+ for the remaining 101 P1 *woredas* will start in mid-August once the food commodities have arrived. WFP continues to closely monitor TSF implementation in Somali and SNNP regions.

NDRMC: (17 July 2017)	WFP: (17 July 2017)	JEOP: (17 July 2017)
<ul style="list-style-type: none"> • 2nd Round 2017 dispatch 99%, distribution 100% • 3rd Round 2017 dispatch 99%, distribution 97% • 4th round 2017 dispatch 96%, distribution 63% 	<ul style="list-style-type: none"> • 2nd Round 2017 dispatch 100%, distribution 99% • 3rd Round 2017 dispatch 99%, distribution 97% • 4th round 2017 dispatch 83%, distribution 54% 	<ul style="list-style-type: none"> • 2nd Round 2017 dispatch 100%, distribution 99% • 3rd Round 2017 dispatch 100%, distribution 88% • 4th round 2017 dispatch 100%, distribution 86%

Gaps & Constraints:

- Considering available resources and confirmed contributions, WFP is only supporting 1 million beneficiaries (of 1.7 million planned) in Somali region for round 4.
- Increased relief food needs in Somali region resulted in distributing food to more than the planned beneficiaries (by over 20 per cent), causing food dilution and consequently reduced contribution of general food distribution in improving malnutrition
- The high number of FDPs in Somali region continues to pose a logistics challenge. The nutrition situation is likely going to deteriorate due to lack or late food deliveries.
- Using available information, WFP is considering the possible implementation of Blanket Supplementary Feeding Program (BSFP) for children under-5 in parts of Somali region, as the nutrition situation continues to deteriorate. Timely and accurate MAM admission data and nutritional screening are needed to inform further decisions.



Agriculture

Needs:

\$41.9m

Agriculture requirement

- Based on the agriculture sector prioritization conducted in March, the number of households requiring livestock support was revised to 2.6 million, up from the 1.9 million households targeted in the 2017 HRD.
- Following poor and erratic spring rains this year, an early return to drought conditions is forecast in August in the current drought belt. Having lost significant numbers of livestock in December 2016 and early 2017, pastoral livelihoods in southern and eastern Ethiopia are in crisis. If response is not immediate and sufficient, the risks are massive and the costs high. Priority pastoral areas are Borena zone of Oromia, South Omo zone of SNNP and southern zones of Somali regions.
- With limited funds available for livestock interventions, in particular if interventions have to be extended through the summer months, livestock feed supplementation and associated animal health and relocation of livestock to areas of continued good grazing or feed distribution are prioritized for pastoral livestock.
- Since February 2017, Fall Armyworm has affected 520,637 hectares of *belg* and *meher* cropland (of 2.3 million hectares planted) – particularly maize - across 389 *woredas* in six regions – mostly in surplus producing and densely populated areas. Without timely intervention, up to 2 million hectares of maize cropland are at risk, leading to between 3 to 4 million metric tons of grain loss and 20-30 per cent reduction in the national maize production.

Response:

- Humanitarian partners are implementing livestock-based livelihood interventions in affected communities using funds available to date, including \$8million from the OCHA-managed Ethiopia Humanitarian Fund (EHF), \$4.5 million from other donors, \$2.5 million from crisis modifiers and the CERF allocation of \$3 million.
- On 24 July, the UN Humanitarian Coordinator allocated US\$44.7 million through the OCHA managed Ethiopia Humanitarian Fund (EHF) to address prioritized, most life-saving and time-critical needs across sectors. From the total allocation, \$4 million is for the Agriculture sector.
- With available funding, partners are prioritizing provision of supplementary livestock feed for core breeding animals; animal health support (including veterinary equipment); commercial and slaughter destocking to increase animal protein consumption and to increase cash availability for vulnerable households; some limited water point rehabilitation; nutritional support to children and safe carcass disposal. Following a slow-paced response operation in January and February, implementing partners scaled-up their interventions since March. Procurement and project implementation have significantly improved as a result.
- At least 1.8 million livestock were reached with animal feed, animal health and destocking, benefiting 324, 587 pastoralist households.

- The Government, with support from the Food and Agricultural Organization (FAO) and other partners, is taking several – albeit limited given the scale - measures to curb the spread of the Fall Armyworm infestations. While insecticide spraying is ongoing, the traditional means of control (handpicking of the worms) has reportedly brought better results. So far 69 per cent of infested croplands were sprayed and/or handpicked.
- Coordination at sub-regional level is strengthening and an integrated approach is being pursued as strongly promoted by EHCT.
- Before committing to cover high fodder prices, the cluster is looking at alternative options, including moving to Multi-Nutrient Block (MNB) or concentrate feed; providing transportation services to move Government animal feed (if supplied); conditional cash transfer or other innovative options.

Gaps & Constraints:

- US\$ 38.6 million is immediately required to target approximately 2.25 million households with livestock interventions until the end of December 2017. Without adequate interventions by mid-August, significant livestock loss is inevitable.
- The limited supply of animal feed has resulted in a significant increase in the price of fodder. The number of beneficiaries partners are able to reach with available resources has decreased as a result.
- Between US\$3.1 and 4.5 million is required to address the Fall Armyworm crisis for the next six months alone and \$7.8 million for the entire year. While the Government has so far allocated ETB 45 million, FAO has committed \$600,000. But given the magnitude of the potential damage it could cause, more needs to be done and urgently.



Education

Needs:

\$45.5m

Education requirement

- The number of emergency-affected school age children increased from 2 million (HRD target) to 1.9 million requiring school feeding, WaSH support, learning supplies and establishment of temporary learning centers in Somali and selected zones of Oromia and SNNP regions, at a cost of \$35.5 million.
- According to IOM's DTM data, there are 166,616 IDP children, of which 49,000 IDP school age children in Somali region are targeted for EiE support at a cost of \$2.4 million, including for school feeding, learning supplies and establishment of temporary learning centers.

Response:

- On 24 July, the UN Humanitarian Coordinator allocated US\$44.7 million through the OCHA managed Ethiopia Humanitarian Fund (EHF) to address prioritized, most life-saving and time-critical needs across sectors. From the total allocation, \$1 million is for the Education sector.
- 1.4 million school children (69 per cent of target) benefitted from school feeding programs. The Government covered 90 per cent of beneficiaries, WFP (regular school feeding program in emergency-affected areas) and Save the Children International (SCI) covered the remaining 10 per cent.
- 33,934 school children benefitted from school WaSH programs. The Education Cluster will continue to closely work with the WaSH Cluster to ensure school access to WaSH.
- UNICEF finalized the construction of 20 temporary learning centers, benefitting 8,000 IDP children in Somali region. Moreover, SCI supported 4,240 IDP children in the same region. Therefore, a total of 12,240 IDP children (16.2 per cent of the target) have benefitted.
- Stakeholders are reviewing the draft school health program and school feeding strategy including in emergency situation. The Cluster is working with the Ministry of Education to include EiE 2017/18 activity plans in the same.

Gaps & Constraints:

- Shortage of school feeding and school WaSH remains a constraint disrupting the education of school age children.
- EiE response requires an additional \$34.5 million to address identified needs of 1.9 school age children for the upcoming new school year.



Emergency Shelter and NFI

Needs:

\$17.2m

ES/NFI requirement

- 1.02 million displaced people need ES/NFI support, including the displaced caseload from 2016 and newly displaced households in 2017 (revised HRD).
- Since the beginning of the year, the cluster has received requests to assist 62,746 households from the authorities.
- The Somali Disaster Prevention and Preparedness Bureau (DPPB) reported more than 41,700 households displaced in eight zones, requiring urgent assistance.
- DTM Round 5 (May-June 2017) revealed the presence of at least 171,089 displaced households in Afar, Amhara, Gambella, Oromia, Somali and Tigray regions, of which more than 140,000 are reportedly in need of emergency shelter and/or NFI assistance.
- In addition, the Cluster projects that 17,906 flood-displaced people households will require ES/NFI support during the 2017 summer season.

Response:

- On 24 July, the UN Humanitarian Coordinator allocated US\$44.7 million through the OCHA managed Ethiopia Humanitarian Fund (EHF) to address prioritized, most life-saving and time-critical needs across sectors. From the total allocation, \$3 million is for the ES/NFI sector.
- In 2017, cluster members (IOM, Ethiopian Red Cross Society, NRC, IRC, ICRC and UNICEF) have distributed 50,119 (against the HRD target of 77,347) full emergency shelter and NFI kits in six regions (including 13,347 kits carried-over from 2016). 3,189 kits are currently being distributed and 2,831 kits are allocated for planned distributions. There are 6,089 kits in stock and 17,300 kits are being procured.
- The cluster has introduced amendments in the DTM data collection form to ensure an increased adequacy with information requirements on shelter and NFI needs. The data collection for the round 6 survey, using the amended form, started in the first week of July.
- The cluster is actively engaged in the Flood Task Force and mobilized to assess and cover the needs should financial resources become available.
- The cluster participates in the newly created dignity kit working group, under the CP/GBV sub-cluster, to ensure better coordination and monitoring. The cluster is also closely working with the WaSH Cluster to avoid duplication in the distribution of WaSH NFIs, particularly for flood-affected households.

Gaps & Constraints:

- Insufficient funding impedes full coverage of identified needs.



Health

Needs:

\$42.8m

Health requirement

- 4.37 million people will need health interventions to address anticipated health conditions and disease outbreaks, including 300,000 women and adolescent girls targeted for emergency reproductive health services and 370,000 IDPs (HRD)
- AWD: Since the beginning of 2017, 37,989 AWD cases were reported across the country. 90 per cent of the national caseload is from Somali region, mostly in Doolo, Jarar and Korahey zones.
- Late and patchy spring rains aggravated the lack of safe water and food in drought-affected areas increasing the risk for water borne diseases (including AWD), as more susceptible people affected by poor nutrition are using water from unprotected sources.
- Without expansion of response and control measures, a resurgence of large number of AWD cases is also expected in Amhara, Oromia and Tigray in August and September where the risks of Holy Water sites, mass gathering of more than 100,000 people per event, agricultural schemes (with large number of seasonal workers moving between regions) and massive new drought-related internal movements (more than 450,000 people since January 2017)
- Increasing risk of other types of outbreaks (measles, dengue fever, typhoid fever) due to the degradation of environmental conditions, draw-backs in routine vaccination during the peak of AWD response (only 51 per cent of HFs provide EPI in Somali region). The number of cases of these diseases are on rise in the Somali, Oromia and Amhara.
- Support for the delivery of essential primary health care (PHC) services to cover the additional IDP caseload especially in Oromia and Somali regions is urgent, including re-activation of HFs into the provision of a full PHC package not only AWD, and expansion of coverage. Out of 173 HFs delivering services for IDPs, only 51 per cent have sufficient staff and medicines.

Response:

- FMOH re-purposed SDG funds for response to AWD and the 90 days plans for all affected regions finalised and implementation started
- The Command Post structure in Somali region, activated by the RHB and Vice-president office, is co-chaired by WHO and supported by all health, nutrition, WASH and logistic partners to coordinate the response to the AWD outbreak. This include monitoring and strengthening of adherence to infection prevention and control for case management practices, medicines availability, strengthening active surveillance, source identification and contact tracing, epidemiological analysis and laboratory support.
- The Health and WaSH clusters agreed on a new AWD response coordination mechanism, which includes a) FMOH Minister-led Heads of Agency level monthly meeting b) FMOH Deputy Director General-led monthly meeting (co-chaired by HC) c) Regional coordination mechanisms for Somali, Amhara, SNNP, Tigray, Afar, and Oromia regions continue with RHB and the Technical working groups under cluster mechanism.
- The Global Outbreak Alert and Response Network (GOARN) partners deployed an emergency response team to Ethiopia to scale up response to the ongoing outbreak of acute watery diarrhea. The team is composed of an Incident Manager, Technical/Health Operations lead, Information Lead, and Health Cluster Leadership.
- WHO increased the number of *woreda*-level dedicated surveillance officers and epidemiologists to increase technical support in Somali, Amhara, SNNP, Afar and Oromia regions. However, more funding is needed for additional health actors to provide case management and surveillance reports, logistics and especially social mobilization and community outreach activities in more *woredas* in all affected regions. The Rapid Response Teams mechanisms had proven effective, and need to be expanded as coverage (*woreda* level) and scope of work to cover all the existing health threats and nutrition emergencies.
- 212 CTC and CTU established across the affected regions.
- Cluster partners advocated for the scale up of distribution of water quantity monitoring for guiding and monitoring the AWD response and control along with water treatment chemicals to the affected *woredas* of the country. Provision of safe water and improved sanitation in health facilities is also essential for much needed improvement of quality of care in health facilities, treatment centers and SC inbedded in HF.

Gaps & Constraints:

- UN and NGO partners are seeking additional funds to maintain and expand the AWD response, control and prevention activities in all regions reporting cases and at high risk of resurgence of different types of outbreaks using Somali region model.
- Resources for the continuation of AWD (including medicines, medical and laboratory supplies and equipment/medical refurbishing) was exhausted end of July.
- Expansion of the geographical and programatic scope of early warning/surveillance and RRTs mechanisms using an all hazard approach to include all health threats and nutrition.
- Medicines, medical supplies and staff for the coverage of the new IDP caseload and increased diseases burdden caused by poor nutrition amongst drought affected communities.
- Longer term strategy for addressing the underlying causes of AWD (mostly drought induced) as part of a more efficient and sustainable approach.

**Nutrition****Needs:**

- Given the onset of the typical lean season and the protracted drought across the southern belt, coupled with the stretched MAM and relief food pipelines, the new revised SAM and MAM caseload as per July HRD figure is 376,000 severely malnourished children under-5 and 3.6 million moderately malnourished children and pregnant and lactating women.
- The first quarter (January – March) SAM caseload exceeded the first quarter projection by 25 per cent. The projection made at the beginning of the year was the basis for the 303,000-annual target for SAM treatment in children under-5. This trend will continue particularly in Somali region, where the caseload is double of the projected estimate in the January HRD, as well as in the southern belt of Oromia (Bale, Borena, Guji and West Guji and Arsi, East, Hararge and West Hararge), and SNNP (Segen, South Omo, and also in non-IOD driven drought-affected areas of Gedeo, Sidama Hadiya, Alaba Special, KembataTembaro and Silte zones) regions. Concerns regarding the impact of depleting TSFP and relief pipeline will have on malnutrition warrants contingency of additional caseloads for SAM.
- The revised hotspot classification, released in early July, identified 228 Priority 1 (up from 192 in December); 158 Priority 2 (down from 174) and 75 Priority 3 (down from 88) *woredas* across the

\$105.6m
Nutrition requirement

country. Most of the Priority 1 *woredas* are in areas hit hardest by the negative Indian Ocean Dipole-induced drought and the poor performance of spring rains this year.

Response:

- A total of 141,636 severely malnourished children under-5 were treated in TFP sites across all affected areas between January and May 2017. Within the same period, 1,042,991 (534,498 under five children and 508,493 PLW) were treated for MAM.
- Given the deterioration in the nutrition situation and projected increased SAM caseloads for 2017, UNICEF secured additional SAM nutrition supplies and operational cost for the continuous response.
- On 24 July, the UN Humanitarian Coordinator allocated US\$44.7 million through the OCHA managed Ethiopia Humanitarian Fund (EHF) to address prioritized, most life-saving and time-critical needs across sectors. From the total allocation, \$11.7 million is for the procurement and distribution of nutrition supplies to treat moderate acute malnutrition (MAM), for community management of acute malnutrition (CMAM) and to enhance technical capacity of Government monitors and health staff in prioritized areas of Oromia, Somali and SNNP regions
- With available resources, WFP has prioritized 127 out of the 228 Priority 1 *woredas* with TSFP, including all Priority 1 *woredas* in Somali region. USAID/FFP supports 10 *woredas* in Somali region, from which 8 are Priority 1 *woredas*. The remaining 93 *woredas* will be covered from mid-August when/if resources are made available.
- NDRMC, Somali Regional Government (DPPB/RHB), WFP are pushing forward with mix modalities to maximize coverage of MAM treatment. The ideal scenario is to have NGO to implement TSFP with WFP support through MOU/FLAs to make this happen.
- An integrated 18 months response plan has been developed by the Somali RHB, UN agencies and NGO partners to support both the humanitarian as well as early recovery in Somali region.
- The Somali Regional Government has developed a comprehensive multi-sector emergency response plan targeting *woredas* with high numbers of displacement (IDPs), including Doolo, Korahe, and Jarar zones. Afder, Nogob/Erer, Liben and Shabelle are also being closely monitored. The response plan includes plans to increase mobile and temporary health and nutrition services specially to improve IDP and remote communities' access to services.
- ENCU continues to mobilize resources and guide NGOs to *woredas* of greatest need where capacity to respond needs support. In Somali region, the NGOs currently working on nutrition are fully stretched; the resulting gaps will be addressed by Government/UN response plan.
- UNICEF has increased the CMAM monitors numbers from 11 to 18 in total and repurpose staff to critical zones in being considered and supporting temporary treatment facilities for SAM-MAM service provision in IDP areas as an interim in the absence of full NGO supported response. In addition, UNICEF plan to deploy a total of 9 Nutrition Officers in the 9 critically affected zones of Somali hence boosting the technical capacity of technical staff in the zone.
- A total of 225 UNOP Health staff who have been repurpose for the nutrition response in Somali region have received 2 days Nutrition Orientation training and this will be followed by a comprehensive CMAM/IYCF-E training in the month of August. UNICEF through the ENCU is working on ways to boost coordination efforts at sub regional level. From 10th August, there will be an International Regional Nutrition Coordinator based in Jijiga, Somali region and additional 5 Zonal Nutrition Coordinators will be added to the existing 4 in Somali region.

Gaps & Constraints:

- TSFP pipeline will need to be replenished from July to continue national response. MAM gap is \$15 million, while SAM gap - based on elevated cases and buffer with technical capacity boosting- is \$4.4million.
- There is need to train the additional UNOPS, RHB and NGOs staff that are being deploy in Somali region in order to improve their capacity to provide quality nutrition services.
- Funds are insufficient to support NGO intervention scale up in all P1/P2 *woredas*- reprioritization is on-going to maximize lifesaving impact in worst affected areas.
- IDPs in Somali region need continued support as wet feeding provision by WFP/Government have ceased since the start of Ramadan.



Needs:

- The Protection Cluster has prioritized Afar, Gambella and Oromia for the expansion of the Mobile Protection Teams based on high number of conflict induced IDPs.
- The issue of limited access to basic services for IDPs remains.

\$11.1m

Protection requirement

Response:

- During June, CP activities continued to be very limited due to funding restrictions. In Somali region, BoWCA Child Protection Workers (supported by UNICEF) in Korile and Elbahay IDP sites supported mobile health and nutrition teams to undertake house to house visits in which 246 cases of child malnutrition were identified and 6 children were identified for referral to health centres. Awareness raising activities were provided to 505 (331 women) on Forced Genital Mutilation and early marriage in both sites.
- 2,870 women/girls and 197 men in Somali, Afar, Tigray, Amhara, Oromia and SNNP regions received psychosocial support; 9,909 women/girls, 1867 men/boys were involved in community conversation sessions on GBV prevention and response; in Afar, SNNP, Oromia, Tigray and Amhara regions, 326 frontline service providers and community representatives (*woreda* administration, justice office, police department, court, women and children affairs office, kebele representatives, community groups, education office, health office, health facilities, *woreda* DPPC and NGOs) received capacity building training on GBV Coordination, GBV case management and Psycho- social support including psychological first aid. Similar trainings were given to 161 service providers in Somali and SNNP regions from 19 to 26 July.
- The cluster organized a two days training for the Protection Mobile Teams in Jijiga on 11-12 July. The aim of the training was to introduce basic protection concepts, and to explain the roles and responsibilities of the mobile teams.
- On 6 July, the Protection Cluster organized a training for Protection Focal Persons. WaSH, Agriculture, ES/NFI, Education, Nutrition and Food Clusters attended the training where expectations from the focal persons was discussed. Action plan on how the focal persons can integrate protection within their respective clusters were developed by each focal person.
- The Mobile Protection teams from Oxfam have been deployed in the Somali region following the MPT training in July 2017. Focus group discussion and key informant interviews have begun by the teams. The Protection Cluster will be established in Jijiga through funds received from EHF. The Cluster will be co-facilitated by DRC with support from IUNV from UNHCR in Jijiga. The Cluster in Jijiga will support the work of the mobile teams.
- On 24 July, the UN Humanitarian Coordinator allocated US\$44.7 million through the OCHA managed Ethiopia Humanitarian Fund (EHF) to address prioritized, most life-saving and time-critical needs across sectors. From the total allocation, \$1 million is pledged for the Protection sector for the expansion of the Mobile Protection Teams in Oromiya, Gambella and Afar.
- The objectives of the EHCT Protection Strategy have been endorsed during the 20 July EHCT meeting. The Strategy is subsequently being developed.
- After the PSEA Strategy and ToR for the PSEA network that will be responsible for the implementation of the PSEA has been approved by the EHCT on 26 May 2017, next steps have been agreed for UN Agencies to nominate PSEA Network focal persons. However, limited number of organizations have so far assigned their focal persons despite efforts made to have timely response from different relevant organizations.

Gaps & Constraints:

- In order for the work of the PSEA Network to begin, all UN Agencies and relevant partners need to assign focal persons.



Water, Sanitation and Hygiene

Needs:

- Some 10.4 million people will require WaSH support, including 2.6 million people to access safe drinking water, through:
 1. Operations and maintenance of functional water points, rehabilitation of existing water points, water provision in schools and health facilities, and water quality monitoring
 2. Household WaSH safety – Provision of water treatment chemicals, WaSH NFIs, hygiene promotion
- Improved spring rains since April has temporarily increased surface water availability. As a result, water trucking demand has decreased and most of the agencies are phasing out their water trucking operation.
- In all regions, rehabilitation of permanent water supply systems is given precedence as a more sustainable and cost effective solution.
- Promotion of latrine construction in close coordination with health administration at zonal level and new construction at the institutional level (schools and health facilities).

\$86m

WaSH requirement

- Sanitation and hygiene awareness in displacement sites is minimal, while such intervention is critical to minimize public health outbreaks.

Response:

- The Government, with support from UNICEF and NGOs, is trucking water to affected communities to address the immediate water need for humans, while permanent water systems are being put in place as a longer term solution for recurrent drought.
- At present, 210 trucks (of 450 trucks requested – down from 784 trucks requested in April) are deployed, leaving a gap of 240 trucks (considering 5 l/c/d).
- Against the 60 days target in WaSH in Somali region, 14 per cent of targeted boreholes were rehabilitated; 39 per cent of latrine constructed in IDP sites; 26 per cent of HTH supplied to targeted *woredas*; 61 per cent of borehole attendants trained in chlorination and 27 per cent trained in the treatment of water in jerry cans at open wells.
- Two months' worth household WaSH NFIs, including water treatment chemicals and NFIs for safe water handling were prepositioned in priority areas in Somali region. An additional \$5.3 million is needed to ensure sufficient supplies until the end of the year.
- UNICEF supports the Somali Regional Water Bureau (RWB) with four mobile maintenance teams to rehabilitate non-functional wells for four months, benefiting 785,000 people across nine zones.
- The Cluster is currently rehabilitating 206 water schemes targeting at least 120,000 people. In all regions, rehabilitation of water supply schemes is the main focus to secure water supply.
- In response to the increasing demand for water treatment chemicals, particularly in Somali region, UNICEF provided more than 11 million sachets of Water Maker and Aquatabs to Somali region since January 2017.
- UNICEF, together with Somali RWB, has conducted mass chlorination of water sources in Somali region for AWD prevention and response. This includes training for borehole attendants at water trucking filling locations, HTH logistics management and shock treatment of open sources
- In support of the AWD and drought response in Somali region, UNICEF has ordered 120 sets of generators and submersible pumps and 20 pioneer tanks of 95 cubic meter capacity.
- A One AWD operational/response plan – WaSH, Health and Nutrition is being developed.
- Overall, the cluster reached 1.8 million people (of 4.23 million people planned) with emergency WaSH; 2.5 million people (of 5.22 million people planned) with WaSH supplies; and 2.9 million people (of 3.5 million people planned) with water trucking.

Gaps & Constraints:

- The Cluster prioritized household water safety through the distribution of WaSH NFIs, including water treatment chemicals along with hygiene promotions especially in areas where families collect surface water (\$1.8m); targeted water trucking prioritizing institutional WaSH to minimize public health risks (\$8m); and ensuring adequate WaSH service in large displacement sites (including schools) where access to basic services is limited (\$19m).
- According to the WaSH Cluster, less than 20 per cent of the existing deep boreholes in priority 1 *woredas* are functional. Following recent spring rains – albeit poor - people have been able to access rain-fed water sources. But these sources are mostly unprotected and remain sources of critical public health risks, particularly when coupled with poor sanitation and hygiene practices and the existing high rates of malnutrition. Rehabilitation and maintenance of water points remains important to ensure access to safe water.

General Coordination

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

2017 drought response coordination:

An Incident Command Post (ICP) was established by the Government to strengthen humanitarian assistance in drought-hit pastoralist areas, including addressing gaps and occasional delays in aid delivery. The Ethiopia

Humanitarian Country Team (EHCT) agreed that through the ICP, detailed zonal operation planning should inform the work of humanitarian partners in close collaboration with the regional Government. Meanwhile, humanitarian partners are strengthening a multi-sector integrated response plan, which aims to strengthen zonal coordination and improve information management (drilling down to the lowest level of coverage), with a focus on multi-sector efficiency, accountability, and identification of a decision-making platform according to three basic principles:

1. Cluster specific activities that define *woreda* coverage by partners and associated financial requirement;
2. Zonal response coordination led by zonal Disaster Prevention and Preparedness Bureau (DPPB), supported by OCHA and partners;
3. Information management system that enables informed decision-making

The principles are also based on the flexibility of donor agencies to shift/re-direct programed funds to priority humanitarian interventions identified by the multi-sector integrated response plan.

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