The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors.

Highlights

- Integrated multi-sector humanitarian response to be maintained through 2018 given the still fragile humanitarian situation in the south and south eastern lowlands, and indication of a possible deterioration due to climate variations.
- According to the National Meteorological Agency (NMA), the 2018 spring rains in the current drought belt could potentially be erratic and could underperform. If this materializes, it will be the 4th successive year of underperforming rains in areas that have suffered climate shocks.
- The 2018 humanitarian requirements – expected to be released mid-February- will lay out urgent lifesaving needs in 2018, as well as preparedness and recovery opportunities and calls for increased partnership with development partners, setting the ground for a multi-year framework.
- Emergency Relief Coordinator and Under-Secretary-General for Humanitarian Affairs, Mr. Mark Lowcock announced the release of $10 million from the Central Emergency Response Fund (CERF) to provide life-saving assistance for those most in need among the violence-induced internally displaced persons (IDPs) and host communities; and to support IDP durable solutions.

Situation Overview

2017 humanitarian operation – brief recap

Through 2017, the Government of Ethiopia and humanitarian partners have been responding to the rapidly deteriorating humanitarian context mainly due to drought and conflict. The year began with 5.6 million people requiring relief food assistance as a result of the impact of the Indian Ocean Dipole-induced drought in southern and south eastern Ethiopia. The 2017 Humanitarian Requirements Document (HRD) requested nearly US$1 billion for multi-sector response to save lives and livelihoods. By August however, the number of relief food beneficiaries spiked to 8.5 million and the requirements increased to $1.259 billion due to the underperformance of the 2017 spring (February – May) rains, making it the third consecutive poor/failed rains in the southern and south eastern lowlands. This led to massive loss of livelihood assets and increased vulnerability, displacement and disease outbreaks, particularly Acute Watery Diarrhoea (AWD). Adding another layer of complexity to an already dire humanitarian situation is the upsurge in violence along the Oromia and Somali regional borders in early September 2017. At present, there are at least 1 million persons displaced due to violence or fear of violence, often in areas experiencing ongoing drought-related humanitarian need. The conflict and subsequent population displacements have generated major humanitarian needs and protection concerns (child separation, SGBV, access to assistance, targeted violence). The drastic spike in IDPs and associated multi-sector needs; the dire nutrition situation in Somali region; harvest losses due to failed or delayed rains amongst others necessitated a further upward revision of the HRD mid-year requirement to...
$1.417 billion by October 2017.

2017 Response:

With the leadership from the Government of Ethiopia and international partners support, some 8.5 million people were assisted with relief food and cash, more than 1.6 million Moderately Malnourished people (MAM) were supported with supplementary feeding and 315,222 severely malnourished children were enrolled in therapeutic feeding programs during the year (latest data available is as of end November). To prevent further deterioration of the nutritional situation in Somali region, which suffered the brunt of the drought impact, a Blanket Supplementary Feeding Program (BSFP) was introduced in late 2017 to assist 253,044 children under-5 and 122,825 pregnant and lactating women in 45 districts where high malnutrition rates were reported, at a cost of $4.35 million. Overall, key therapeutic feeding program (TFP) performance indicators remained very good and well above the international Sphere standards, while MAM performance indicators monitored from 44 second generation districts, 49 Mobile Health and Nutrition Teams (MHNTs) and 97 districts managed by NGO partners indicated recovery rates well above the Sphere standards.

The ES/NFI Cluster supported displaced households in six regions with 86,616 full emergency shelter and NFI kits, and distributed 12,815 cash grants and vouchers. The WaSH cluster reached 3.18 million people with emergency water supply response such as construction, rehabilitation and expansion of water supply schemes; 6.45 million people with WaSH NFI’s, including water treatment chemicals and 3.7 million people with water trucking service during the year. Some 4.8 million people also benefited from health services. To address the AWD outbreak across six regions, the Federal Ministry of Health and partners strengthened national health systems and increased access to clean water in affected areas. 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.

Meanwhile, with only 52 per cent of the 2017 sector requirements funded, the Agriculture Cluster supported 4.1 million livestock with supplementary livestock feed for core breeding animals; animal health support; commercial and slaughter destocking to increase animal protein consumption and to increase cash availability for vulnerable households. Nutritional support to children and safe carcass disposal benefited 500,000 households distributed in Priority 1 and 2 districts. Projects to improve the capacity of animal health workers are also ongoing. Several thousands were also supported in the Education and Protection sectors.

In addition to the 8.5 million relief food beneficiaries, the humanitarian operation in the second half of 2017 provided continued assistance to 4 million ‘public works clients’ of the Productive Safety Net Program (PSNP), that typically only provides transfers during the first half of the year to those determined to be ‘chronically food insecure’.

As of early January 2018, a large part of the assistance to the conflict IDPs had been provided by the Ethiopian Government, civil society, the private sector, members of the diaspora and the host community, which often times are themselves vulnerable due to drought impact. Humanitarian agencies have provided some level of support, but the assistance level was inadequate due to funding and operational constraints (see detailed sector-specific conflict IDP response update under the Humanitarian Response section below). Based on multi-sector data collected on ongoing response, possible response scale-up with available resources and potential response with additional funding through the OCHA-led Inter-Cluster ‘plus’ group1, a site-level mapping of response and gaps was conducted, covering 437 IDP sites. International humanitarian response to the conflict IDPs is being scaled-up, and the full requirements are captured in the 2018 requirements document (expected to be released mid-February).

Overall, the Government plan to address the conflict displacement revolves around voluntary return to areas of

1 The group consists of luster Coordinators and partners operating in the conflict-affected areas.
Current levels of humanitarian operations should be sustained in 2018

The integrated multi-sector humanitarian response should be maintained through 2018 given the still fragile humanitarian situation in the south and south eastern lowlands, and indication of a possible deterioration of the drought impact. While the 2017 October – December fall/deyr rains in south and south eastern regions gave some respite to drought-affected communities in the area, the overall delayed onset and near normal to below normal rainfall received point to a likely early return to drought conditions. Chronic shortages of water and fodder is already observed in most parts of the current drought belt. Emergency livestock feed intervention was needed as early as January/February 2018 to protect pastoralist households from falling into further destitution, especially during the dry season of February and March. In addition, the influx of conflict IDPs with livestock in areas that are facing livestock feed shortages are putting additional pressure on limited resources. In cropping areas, crop seeds should be availed ahead of the planting season in March 2018 in areas of Amhara, Oromia, Southern Nations Nationalities and Peoples and Tigray regions that reported failed crops during the last season. If response is not on time and adequate, the risks for vulnerable population who suffered two years of drought are massive and the costs high.

Risk factors for AWD are also still prevalent and health partners (including the Ministry of Health) are projecting some 36,000 new AWD cases in 2018, with 6 million people at risk. Meanwhile, the ES/NFI Cluster plans to support approximately 36,000 conflict-displaced households in the coming months. But with the current needs exceeding the ES/NFI stocks and pipeline, the pipeline is de facto “broken”. The cluster is forced to prioritize its response to challenging levels. Many extremely vulnerable beneficiaries are excluded in distributions and left in unsafe/life threatening conditions. At least 125,035 IDP school age children who have no access to any form of education require urgent Education in Emergency response. The National Disaster Risk Management Commission, the Federal Ministry of Health, WFP and UNICEF also projected more than 350,000 Severe Acute Malnutrition (SAM) and 3.5 million MAM cases in 2018 based on the January hotspot classification.

Climate outlook for 2018 spring (mid-February – May) rains

The humanitarian situation will likely deteriorate further if the projected La Niña affects the spring rains in 2018, in mainly the lowland pastoralist and agro-pastoralist areas, extending the dry season.

According to the National Meteorological Agency (NMA), the 2018 spring rains in the current drought belt could potentially be erratic and could underperform. If this materializes, it will be the 4th successive year of underperforming rains in areas that have suffered climate shocks. Global weather forecasting systems have also identified Ethiopia as one of the four countries at highest risk of being impacted by La Niña during this period.

Early warning information will be availed to pastoralist and agro-pastoralist communities in these areas for timely and informed decision making. The Government and partners will also take preventive and preparadness measures. To this end, frontloading of pipelines and of funding to partners on the ground is urgently required.

Addressing predictable and recurrent drought crises in Ethiopia

Recognizing the recurrence and predictability of droughts in Ethiopia, the Government and humanitarian and development partners have began a process to gradually shift the strategic and operational approach in addressing these needs in the longer term. The 2018 humanitarian requirements – expected to be released mid-February- will lay out urgent lifesaving needs in 2018, as well as preparedness and recovery opportunities and calls for increased partnership with development partners, setting the ground for a multi-year framework.
**First New Way of Working joint mission by UNOCHA and UNDP principals.**

From 27 to 29 January 2018, Emergency Relief Coordinator (ERC), Mr. Mark Lowcock and UNDP Administrator, Mr. Achim Steiner, jointly visited Ethiopia for the first time to look into a New Way of Working where humanitarian and development actors collaborate to build climate-resilient communities and economies. The delegation visited IDP sites in Gode, Somali; IDP resettlement sites in Oromia region and attended a high-level event on the New Way of Working, chaired by UN Secretary General António Guterres and Ethiopian Prime Minister Hailemariam Desalegn. At the event, the UN Humanitarian and Resident Coordinator for Ethiopia, Ms. Ahunna Eziakonwa-Onochie said that this is “a new way of working, not a new way of wording,” and called for activities that are development-oriented but that will have impacts on the humanitarian situation. Mr. Mark Lowcock announced the release of $10 million from the Central Emergency Response Fund (CERF) to provide life-saving assistance, including shelter, clean water and sanitation services for those most in need among the displaced and host communities; and to also support durable solutions.

**Funding Update (as of 11 January 2018)**

As of 11 January 2018, the Government of Ethiopia had committed $147 million and international partners had committed an additional $771 million towards the 2017 HRD requirements of $1.417 billion. Taking into account the $232 million carry-over resources from 2016, this leaves a gap of $267 million. This results in an 81 per cent funded HRD.

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](mailto:ocha-eth@un.org)
**Humanitarian Response**

**Needs:**

- To alert donors of 2018 humanitarian needs and funding requirements, and pending the official release of the 2018 requirements document², the cluster projected that between 5 to 7 million³ people may be in need of emergency food assistance in 2018, 60 per cent of whom will be in the lowland pastoralist areas. The projection is based on analysis of years with similar rainfall patterns and factoring transitory needs of chronically vulnerable people whose situation has been made acute by repeated shocks. An additional 588,000 people in 10 districts/woredas of Somali region will continue to be assisted through an HRD-PSNP integrated cash pilot, during the first half of 2018. Eight rounds of relief/cash assistance are planned for the year.

**Response:**

- In 2017, the Food Cluster has been providing relief food and cash assistance to some 8.5 million people nationwide. In addition, the cluster has been supporting some 4 million ‘public works clients’ of the Productive Safety Net Program (PSNP) in the second half of the year. In Somali region in particular – the worst drought-affected region - the UN World Food Program (WFP) has been providing relief and PSNP assistance through a combination of modalities based on needs: in-kind food assistance to some 3 million beneficiaries in 83 districts of Somali region and cash assistance to some 588,000 beneficiaries in an HRD-PSNP integration cash pilot project in 10 districts/woredas, also targeting conflict-IDs in rounds 6 and 7.
- As of 23 January, NDRMC dispatched 97 per cent of Round 7 food allocation (72,219 MT of 74,190MT) and distributed 91 per cent (67,394 MT of 74,190MT). In addition, NDRMC allocated ETB174.8million for 959,000 cash beneficiaries in Oromia and SNNPR regions.
- As of 4 February, JEOP fully dispatched Round 7 food allocation of 31,223MT and distributed 98 per cent (30,599MT of 31,223MT), reaching 1.8 million beneficiaries. Meanwhile, dispatch of Round 8/bridging round stood at 41 per cent and distribution at 5 per cent.
- As of 6 February, WFP dispatched 70 per cent of Round 7 food allocation and distribution stood at 51 per cent. WFP is supporting 3 million beneficiaries including 1.2 million PSNP beneficiaries. Food allocation for Round 8/bridging round in WFP operational areas is approved for dispatched.
- Support to conflict IDPs: Initial access restrictions to conflict-affected districts in Dawa zone, Somali region (Hudet, Legehidhat, Moyale, Mubarak, Selhad districts) since September 2017 had delayed completion of WFP Round 6 and Round 7 general food distributions, also targeting conflict IDPs. As a result of access improvements to Dawa zone since late December however, WFP food movements to the affected areas picked-up, and as of 15 January 2018, nine trucks were able to deliver food to Moyale and Mubarek districts. WFP is targeting 205,808 conflict IDPs under Round 6 general relief food allocation and 294,344 IDPs in Round 7. Round 7 food for IDPs is 74 per cent dispatched and 58 per cent distributed. In Oromia region, NDRMC targeted 598,304 IDPs in its second round food allocation for IDPs (11,085MT, of which 98 per cent is dispatched); and 543,924 IDPs in its third round allocation – which is a three months-worth ration (30,228MT, of which 73 per cent is dispatched). Some ETB 2 million was also apportioned to 7,700 conflict-affected people in Oromia.

**Gaps & Constraints:**

- Between $127.3 to $220.6 million are required to cover four rounds of food/cash response in 2018 (January - June).
- Pipeline: in Somali region, WFP has food commodities to reach 1.7 million people for two full rounds of assistance. In other regions, JEO has secured resources to cover food needs of 1.2 million people for four full rounds of assistance. However, in other regions outside the WFP-covered Somali region and JEO-covered districts, NDRMC has a 100 per cent shortfall starting in January 2018.

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² Based on the November/December 2017 meher/deyr/hagaya national needs assessment.
³ This number will be adjusted based on the results of the 2017 November/December meher/deyr needs assessment, which will inform the 2018 HRD, expected to be released mid-February.
⁴ The Productive Safety Net Program typically only provides transfers during the first half of the year to those determined to be ‘chronically food insecure’.
• The high number of food distribution points (FDPs) in Somali region continues to pose a logistics challenge. The nutrition situation is likely to deteriorate due to lack or late food deliveries.

Agriculture

Needs:

• The sector requires $102 million to assist 3.4 million households in the first half of 2018, including $15.2 million for crop seed provision and other agriculture interventions for 1 million households in drought-affected cropping areas in eastern Amhara, East and West Hararge zones of Oromia, SNNP and eastern Tigray regions; and $ 86.8 million to assist 2.4 million pastoralist households with destocking of weak and unproductive animals (commercial and slaughter), fodder production, rehabilitation of water points, supplementary feeding and associated animal health interventions.

• While the 2017 October – December fall/deyr rains in south and southeastern regions will give some respite to drought-affected communities in the area, the overall delayed onset and near normal to below normal rainfall received point to an early return to drought conditions. Accordingly, pasture regeneration is expected in areas where fall/deyr rains have been received, which would have reduced the need for emergency feed distribution. However, pastures will be exhausted earlier than in normal years and emergency feed will be needed as early as January/February 2018 to protect pastoralist households from falling into destitution, especially during the dry season of February and March. In addition, the projected La Niña condition will potentially affect the spring rains in mainly the lowland pastoralist areas, extending the dry season.

• The full recovery of pastoralist households will at least take between two to four years. Even with a good rainy season, livestock (shoat) production will take up to six months from the time pasture has regenerated, while cattle production will resume in nine to ten months. As a result, drought conditions and subsequent impact on affected communities will continue in early 2018. Emergency livestock intervention will therefore need to continue until the next major rainy season in April/May 2018.

• In cropping areas, crop seeds should be availed ahead of the planting season in March 2018 in areas of Amhara, Oromia, SNNP and Tigray regions that reported failed crops during the last season. If response is not on time and adequate, the risks for vulnerable population who suffered two years of drought are massive and the costs high.

Response:

• With only 52 per cent of the 2017 sector requirements funded, the sector supported 4.1 million livestock with supplementary livestock feed for core breeding animals; animal health support (including veterinary equipment, treatment of livestock for parasitic and other diseases and distribution of vouchers for animal health services); 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, benefiting 500,000 households in all Priority 1 and 2 districts. Around 59,000 weak animals were destocked, more than 20 dysfunctional water points rehabilitated. Projects to improve the capacity of animal health workers are also ongoing.

• Support to conflict IDPs: The cluster has prepared a response plan for conflict-induced IDPs in camps in Oromia and Somali regions and those living with host communities. The strategy also considered needs of the host community to avoid competition/conflict between the host community and IDPs. Accordingly, the plan targeted 52,000 households for various livelihood interventions, under three categories: 1) agro-pastoralists that are located within host communities and spontaneous sites and are able to cultivate, cereal crops and pulses will be provided; 2) pastoralists that have been displaced with their livestock, animal health treatments and supplementary feeding for core-breeding animals will be provided; 3) for IDPs that are in collective centers and urban settings, the cluster is prioritizing kitchen garden kits, limited restocking of poultry and small ruminants, livelihoods diversification and skills development.

• Coordination at sub-regional level is strengthening and an integrated approach is being pursued as strongly promoted by EHCT.

• Humanitarian interventions are conducted without losing sight of resilience building activities. The sector is currently proactively participating in the discussion and development of nexus between emergency and development. Donors, including the Japanese and Austrians are showing interest in this nexus and are willing to invest.

Gaps & Constraints:
• February and early March are critical intervention months for the cluster in 2018. In pastoralist areas, this is the dry season, and the provision of livestock feed for core breeding livestock, fodder production, animal health services and destocking of unproductive livestock must be carried out during this. For cropping areas, seed procurement must start as soon as possible in order to avail crop seed ahead of the planting season in March. With each delay in adequate intervention, significant livestock loss is inevitable; and the probability of missing the next planting window heightened.

• Influx of conflict-IDPs with livestock in areas that are facing livestock feed shortages are putting additional pressure on limited resources. This is having an impact on current livestock interventions.

Education

Needs:
• Some 3.1 million school children are affected by drought and conflict-induced emergencies in 212 hotspot Priority 1 districts. The 2018 HRD (yet to be officially released) targeted 2.2 million school-age children in 150 Priority 1 districts in south and south eastern Ethiopia and pocket areas in the north, north western and eastern parts of the country.

• 125,035 IDP school children (of 444,839 IDP school children identified) have no access to education, and require learning space package support. For the Education Cluster, responding to the educational needs of school-aged IDP children affected by drought and conflict continues to be a priority. In recognition of the greater efficiencies achieved through water provision in a consolidated multi-sectoral approach, school WaSH will be delivered through the WaSH Cluster emergency response.

Response:
• Ten Regional Education Bureaus (Tigray, Amhara, Afar, Oromia, SNNP, Harari, Dire-Dawa, Somali, Gambella and Benishangul Gumuz) confirmed receipt of the Government budget allocated for school feeding ($10.7 million in total), and have started the implementation process.

• WFP is providing school feeding to 87,860 school children (45,622 in Oromia and 42,238 in SNNPR).

• Support to conflict IDPs: As of January 2018, NGO partners (Imagine1Day with the fund from UNICEF and World Vision) distributed learning kits for 11,900 IDP school children in Oromia. Imagine1day also provided training to 20,40 Parent Teachers Association members and 100 Facilitators in Oromia region.

• The integration of key sectors such as protection and WaSH with education interventions remains a priority.

Gaps & Constraints:
• From the total amount ($55.6 million) which is required to support 2.2 million targeted children indicated in 2018 draft HRD, $17.5 million (31 per cent) is secured. Resource for school feeding, learning stationary and temporary learning classrooms remains a constraint. Particularly for school WaSH, the cluster identified that 84 per cent of schools in emergency-affected parts of Oromia, 77 per cent of schools in emergency-affected parts of SNNP, 84 per cent of schools in Somali and Afar have no water provision. This affects school attendance, leading to absenteeism and high drop-out rate.

• 125,035 IDP school age children who have no access to any form of education are identified as priority target groups for EiE response. Some $3.5 million is required to assist the IDP school children.

Emergency Shelter and Non-Food Item (NFI)

Needs:
• An analysis of DTM Round 8, ongoing response and ES/NFI partner assessments indicate that as of 16 January 2018, some 110,000 households need urgent ES/NFI support. More than 58,000 households are in Oromia region and more than 41,000 households are in Somali region.

Response:
• In 2017, cluster members (IOM, Ethiopian Red Cross Society, NRC, IRC, ICRC, UNICEF, Save the Children, CARE,) have distributed 86,616 full emergency shelter and NFI kits to displaced households in six regions, as well as 12,815 cash grants and vouchers. At present, an additional 3,824 kits are under distributions or allocated for planned distributions.

• Support to conflict IDPs: As of 30 January 2018, ES/NFI support was mobilized for 72,736 households, including 43,880 households in Oromia, 28,856 in Somali and 1,264 in Dire Dawa and Harar (please note that these are not completed but just mobilized – i.e. include those in pipeline and those being currently distributed).
• The cluster is coordinating the response to conflict-induced IDPs with the WaSH Cluster through joint verification assessments and distribution of NFIs.
• The cluster currently has 34,364 ES/NFI kits in stock and/or pipeline.

Gaps & Constraints:

• Insufficient funding continues to impede full coverage of all identified needs. Some $23.53 million has been raised against the $43 million 2017 HRD requirement (55 per cent).
• The cluster plans to support approximately 36,000 conflict-displaced households in the coming months. But with the current needs exceeding the ES/NFI stocks and pipeline, the pipeline is de facto “broken”. The cluster is forced to prioritize its response to challenging levels. Many extremely vulnerable beneficiaries are excluded in distributions and left in unsafe/life threatening conditions.

Health

Needs

• Risk factors for AWD are still prevalent and health partners (including the Ministry of Health) are projecting some 36,000 new AWD cases in 2018, with 6 million people at risk. In January 2018, a new outbreak of AWD was identified in Somali region. The outbreak is still ongoing with 68 cases being reported to date. Most of the reported cases are from Shabelle zone.
• An estimated six million people are at risk of communicable disease outbreaks, including acute watery diarrhoea (AWD) and scabies. The risk needs to be addressed through effective early warning and flexible rapid surge mechanisms, including case management to support the Government health system response. The Health Cluster is represented in the Scabies Working Group established by the Federal Ministry Of Health.
• Medicines and medical supplies need to be provided for PHC and outbreak response to complement response efforts by the Federal Ministry of Health. Routine health services are affected by drug shortage, especially antibiotics, due to high consumption rate for the IDP response.
• Poor sanitation in IDP camps is leading to high morbidity in diarrhoea, pneumonia and upper respiratory tract infections (URTI)
• There is poor health and nutrition education for pregnant and lactating women in the IDP camps
• Dengue: Suspect dengue cases were reported in Liben zone of Somali region and Dire Dawa City Council.
• Measles cases continue to be reported in Somali region, mainly in Dollo and Jarar zones
• Zonal sector and inter-sector coordination is affected by recent conflict and these need to be strengthened in areas hosting conflict-IDPs.
• Immunization activities in some IDP camps and in some health services in East and West Hararge zones of Oromia region have been affected by rumors regarding AEFIs, putting many children at risk of contracting preventable diseases.

Response:

• In 2017, some 4.8 million people benefited from health services.
• The Cluster continues to strengthen community-based AWD surveillance to detect new cases for timely response.
• Health sector coordination at federal level is co-led by the Federal Ministry of Health /Public Health Emergency Management and WHO through the Emergency Operating Center (EOS) as the operational arm for emergency response. In Somali region there is an Incident Command Post led by the vice-president’s office/Humanitarian advisor for multi-sector coordination. Meanwhile, the Regional Health Bureau (RHB) and an International Health Cluster lead the sector coordination. In the five other states of humanitarian interest, there are Health and Nutrition Task Force coordination platforms led by RHBs, supported by WHO (for health) and UNICEF (for Nutrition). The Federal Ministry of Health coordination and surge capacity needs to be improved through the strengthening of the EOC at the Ethiopian Public Health Institute (EPHI) and the implementation of EOCs at the regional level.
• Support to conflict IDPs: Emergency Drug Kits (EDKs) and IEHKs kits were supplied to NGOs supporting the conflict IDPs through mobile health and nutrition teams (MNHTs) in Oromia and Somali regions. The MNHTs continue to provide health and nutrition services to conflict IDPs living in 142 sites (13 sites in Somali region and 129 sites in Oromia region). Health workers working in health facilities across the 12 towns identified by the Federal Government for Oromia IDP resettlement, have received training on surveillance,IPC and nutrition.

Gaps & Constraints:
• WaSH response in many regions continues to be weak; all risk factors for AWD continue to be present and cases are expected to continue to appear in the coming months. New larger scale outbreaks are expected after February 2018, following the usual epidemiological trend. The poor sanitation and living conditions at the IDP sites need to be addressed by the WaSH and Shelter clusters.

• Lactating IDP women are not producing enough milk for breastfeeding due to lack of nutritious food. In addition to diarrhea, pneumonia is also affecting the IDPs due to lack of warm clothing and shelter.

• Better coordination and continued regular AWD taskforce and technical working group meetings at all levels needs to be encouraged, as well as strengthening surveillance, especially in areas most affected by the ongoing drought and areas affected by conflict resulting in population displacements.

• At regional level, there is insufficient laboratory capacity for testing and conducting periodic surveillance.

• There is a need for continued quality monitoring of water trucked by the private sector.

Nutrition

Needs:

• $130.2 million is needed at the beginning of 2018 to ensure early procurement of essential nutrition commodities to mitigate pipeline breaks later in the year, and sustain the emergency nutrition operations for the treatment of SAM and MAM, response coordination and NGO operation. Requirements for the immediate scale-up of response for the rising IDP nutrition support needs are also included in this projection. The average procurement lead time for emergency nutrition supplies is four months.

• The National Disaster Risk Management Commission, the Federal Ministry of Health, WFP and UNICEF projected more than 350,000 Severe Acute Malnutrition (SAM) and 3.5 million Moderate Acute Malnutrition (MAM) cases in 2018 based on the January hotspot classification. This is a significant increase from the beginning of 2017 when projected caseloads were 303,000 SAM cases and 2.7 million MAM cases. The increases are attributed to the high vulnerability of a population affected by two years of successive droughts. The classification identified 216 Priority 1 (P1), 161 Priority 2 and 86 Priority 3 districts, the majority – similar to last year - in Somali region (83 P1) followed by Afar (25 P1), Amhara (15 P1), Oromia (67 P1), SNNP (18 P1), Tigray (7 P1), Gambella (1 P1). The Geographic footprint remains the same as in 2017, with few additional P1 districts identified in northern and north eastern Amhara and in Afar regions.

• To prevent further deterioration of the nutritional situation, a blanket supplementary feeding program (BSFP) was introduced in 45 Priority 1 districts of Somali region late in 2017 where high malnutrition rates were reported. The BSFP targets all 253,044 children under-5 and 122,825 pregnant and lactating women in the 45 districts, and is complementing the regular CMAM program implemented by the Government with support from UN agencies and NGOs, at a cost of $4.35 million. In 2018, WFP proposed to add 10 additional districts, increased the number of districts covered by the BSFP to 55, focusing on the lower Shabelle and Afder zones where MAM rates have been rising and where the quality and coverage of the general relief food distribution remains a concern. A total of 470,000 individuals will be targeted for the second round of 3 months BSFP in 2018 at a cost of $17 million. Given the $8.8 million carry-over funds, there remains a gap of $8.3 million to cover the BSFP cost, and is included in the total ask.

• Quality general food distribution (GFD), WaSH and health service provision, including access to maternal and child health as well as curative care, need to be delivered alongside the TSFP for MAM treatment, BSFP as a prevention in critical districts and CMAM for SAM management for optimal result.

Response

• In 2017, more than 1.6 million moderately malnourished children under-5 were supported with supplementary feeding and 315,222 severely malnourished children were enrolled in therapeutic feeding programs, which represents 91 per cent of the HRD target for SAM treatment in this period (latest data available is as of end November).

• In Somali region, UN agencies scaled-up the number of technical staff in the region for better information management, better coordination at regional and zonal level and to improve treatment quality for SAM and MAM. NGOs scaled-up response to 79 of the 83 P1 districts in Somali region (this support has now waned to less than 20 districts by end of January 2018). The combined efforts of Government and partners to implement a better integrated response with general food distribution (GFD), Nutrition, Health and WaSH is starting to show positive results. Although this success is encouraging, continued high level interventions need to be maintained to avert future rise in SAM, given the vulnerable food security across the region. The Integrated Nutrition Plan for Somali region also significantly contributed to improving the multisector response across the food, health, WaSH and nutrition sectors.

• In 2017, 145 P1 districts had NGO support for CMAM for an average of six-month intervention period. The MAM performance indicators monitored from 44 second generation districts, 49 MHNTs and 97 districts
managed by NGO partners indicate recovery rates well above the Sphere standards. NGO partners include CF, SCI, PIE, AAH, CARE, Mercy Corps, Islamic Relief, GOAL, CONCERN, IMC, WVE, MCMDO, IRC and ERCs.

- MHNTs are operated through the Regional Bureau of health in Afar (20 sites) and Somali (29 sites) regions. With WHO support, 35 additional MHNT were managed by NGOs predominantly for conflict and drought-related IDP response.
- UNICEF has secured SAM commodity pipeline until early June 2018 (unless additional shock increases burn rate). Resource mobilization for the SAM pipeline through December is ongoing, and funding needs to be secured in the first quarter of 2018 to avert pipeline breaks. WHO is seeking additional support for stabilization center (SC) upgrading in 75 SCs in 2018. Meanwhile, WFP commodity pipeline that supports the targeted supplementary feeding program in P1 districts, blanket supplementary feeding in Somali region and targeted supplementary feeding program for all IDPs will break at the end of March, unless additional funds are secured immediately (burn rate elevated due to scaled-up IDP response).
- WFP, in partnership with the Somali Regional State Disaster Prevention Preparedness Bureau, started the implementation of the Blanket Supplementary Feeding Program (BSFP) in the 45 targeted districts of Somali region in the first week of November. Of the 45 targeted Priority 1 districts, 25 districts are managed by NGOs (SCI, IRE, GOAL, and Mercy Corps), while the remaining 20 are managed by WFP and the Government Disaster Prevention and Preparedness Bureau with support from the Regional Health Bureau. Coverage for an additional 10 districts is being planned for in the 2018 response given the extent of the drought impact across the southern zones and vulnerabilities that exist in terms of food insecurity, high loss of assets and livelihoods and lack of recovery.

Gaps & Constraints:
- Using two Nutrition response indicators only as ‘screening yes/no and report of TSFP in recent month’, In Oromia region, 203 IDP sites (64 per cent) were found to have a high response gap, some 34 IDP sites were found to have a medium response gap and some 39 IDP sites were found to have low response gap. While in Somali region, 58 IDP sites (48 per cent) were found to have a high need and some 36 IDP sites were found to have a low response gap.
- Full basket of GFD or quality cereal plus, market assessed top-up cash is needed for the IDP response to avert a rise in malnutrition among children and pregnant and lactating women.
- There are few nutrition partners present and no TSF program in Priority two and three districts hosting IDPs in Oromia, which presents an operational challenge to deliver TSF support (except in few second generation TSFP). In Somali region, additional districts to be supported by WFP and the Government Disaster Prevention and Preparedness Bureau with support from the Regional Health Bureau. Coverage for an additional 10 districts is being planned for in the 2018 response given the extent of the drought impact across the southern zones and vulnerabilities that exist in terms of food insecurity, high loss of assets and livelihoods and lack of recovery.
- Food for Peace (FFP) commodities were exhausted in October for Somali region and NGOs are discussing securing additional commodities with WFP to ensure service continuity.
- Without additional funding for NGOs, NGO nutrition drought response interventions across Somali, Afar, Oromia and SNNP will expire in at least 122 P1 districts by January end (some go to February). Efforts are ongoing across key donors for fund extensions in critical districts, but the Q1 period is typically a vacuum for new funding, and most donors wait for the HRD 2018 to commit additional fresh funds, this TIMING AND SYSTEM IS NOT WELL ALIGNED TO SECURE CARRY-OVER NEEDS INTO 2018 AND AVERT OPERATIONAL BREAKS IN EMERGENCY RESPONSE.

Protection

Needs:
- Due to the increase in protection-related incidences and risks as a result of the conflict-induced displacements, emergency protection service, such as family reunification, tracing, and GBV intervention are urgently required. Most of the assessed districts affected by the conflict in Oromia and Somali regions confirmed the existence of GBV which was mostly reported as sexual violence, and domestic violence.
- The Protection Cluster has prioritized Oromia and Somali for the expansion of the Mobile Protection Teams based on high number of conflict and drought-induced IDPs.
- The issue of limited access to basic services for IDPs remains a concern.
- The main protection concerns reported in different assessment/verification missions along the Oromia-Somali border are: i) GBV incidents reportedly accompanied by the expulsion of women and girls in both Somali and Oromia regions ii) Inadequate protection-focused planning and management in IDP site, including community based protection to prevent and response to protection-related issues iii) Insufficient humanitarian response iv) Missing children and family members including tracing, reunification and assessment of care arrangements.
Response:

- The cluster is working with other sectors to mainstream protection issues into their activities, also in an effort to strengthen the integrated, multi-sector humanitarian response. The cluster is working with the Food Security Cluster on protection approaches, through providing protection trainings and supporting in the Blanket Supplementary Feeding Program (BSFP). The cluster will support the health and nutrition mobile team trainings in the Somali and Oromia regions by covering protection agenda.

- Support to conflict IDPs: In Somali region, 6,600 dignity kits were distributed to IDPs in Shinile, Hadigale and Erer districts of Siti zone, and Warder, Geladi and Lehel-yu'ub woredas in Doollo zone. Tents were provided to existing Women-Friendly Spaces (WFS) in IDP sites of Shinile, Hadigale and Asbuli in Erer district. Meanwhile, the Mobile Protection Teams in conflict-affected areas are seeing increasing protection needs (e.g.: psychological support, access to livelihood...etc.) for men. In Fitiltu district for example, 51 men (and 37 women) were registered for targeted specialized protection assistance. In Jarar zone, a special provision is being made to provide men with hygiene kits based on the findings of Mobile Protection Teams in the area.

- During the next six months, Oxfam will scale up the mobile protection teams (MPTs), composed of three protection staff and one staff from the Bureau of Women and Children's Affairs (BOWCA), to continue regular monitoring in the IDP sites in Gashamo, (Jarar zone), Galadi (Dollo zone). Furthermore, the Oxfam MPTs will identify individuals requiring specialized services and assistance and refer them to relevant organizations, including Norwegian Refugee Council (legal assistance), GOAL and MSF (nutrition).

- BoWCA (with UNICEF support) is providing Child Protection response in three IDP sites in Somali region (covering family reunification, psycho-social support and CP case identification and response). In Qoloji IDP site, a total of 160 beneficiaries accessed children and women's safe spaces, 103 children were identified as at risk and requiring follow-up support, and 160 unaccompanied or separated children received assistance for family reunification or alternative care placement. In the other two sites, beneficiary numbers are still being verified.

Gaps & Constraints:

- Resource gap to address all identified protection needs, including capacities, coverage, lack of protection services for referrals and mobility constraints to reach services.
- The Mobile Protection Teams are only operating in 4 out of 11 zones of Somali region.
- The issue of separated children continues to be of concern in Somali region. This has been raised to the national protection cluster, who is taking action to scope the problem and provide advice for a solution. In the meantime, the regional Bureau of Women and Children's Affairs (BoWCA) continues to take the lead and work with NGO partners such as IRC and DRC and support from UNICEF to register as many separated children as possible, noting that the bureau has a shortage of resources to undertake this work.
- Expected extended drought for the incoming farming season might overstretch the response capacity of the communities hosting IDPs. When local resources will be exhausted people will be displaced to the collective centres.

Water, Sanitation and Hygiene

Needs:

- Nationwide, 626 water trucks are required to address water needs for human consumption. Specifically, for the IDPs in Oromia and Somali regions, 116 trucks are required, including 95 in Oromia and 20 in Somali regions.
- In all regions, rehabilitation of permanent water supply systems is given a priority 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).
- The new influx of internally displaced (IDPs) due to a conflict between Oromo and Somali could put more pressure on the existing WASH infrastructure/services in the IDP-receiving communities, in particular in lowland areas of Oromia and Somali regions. Sanitation and hygiene awareness and sanitation facilities in displacement sites is also minimal, while such intervention is critical to minimize public health hazards. According to DTM round 8, 95 per cent of IDP sites in Somali and 77 per cent of those in Oromia do not have a single functioning latrine on site.
Response:

- In 2017, the cluster reached 3.18 million people with emergency water supply response such as construction, rehabilitation and expansion of water supply schemes; 6.45 million people with WaSH NFIs, including water treatment chemicals and 3.7 million people with water trucking service.

- Of 626 water trucks required nationwide, 172 trucks are deployed, leaving a gap of 454 trucks as of 31 January 2018. Rehabilitation of water points, distribution of water treatment chemicals and social mobilization and capacity building activities in AWD-affected areas or at-risk areas are also ongoing.

- The WaSH and ES/NFI clusters continue to work in coordination to avoid duplication in WaSH-related NFI distribution.

- **Support to conflict IDPs:** 43 of 96 trucks required are operational in Oromia region; and 16 of 20 trucks required are operating in Somali region. In addition, in Somali region, AAH, NRC, SCI and UNICEF are distributing water treatment chemicals and WaSH NFIs, hygiene promotion, water trucking and capacity building are also ongoing. The Regional Water Bureau is doing rehabilitation of boreholes. In Oromia region, HelpAge is implementing water pipe extension. AAH, CRS, CISP, GOAL, HelpAge, IRC, SCI and UNICEF are distributing water treatment chemicals and WASH NFIs.

Gaps & Constraints:

- Given the EHCT decision for the humanitarian community not to build any more permanent infrastructure except sanitation facilities in Qoloji camp of Somali region, there is the need to support the affected population by water trucking until they are resettled.

- There is a huge gap in hygiene and sanitation coverage in IDP settings in Oromia and Somali regions, posing a high risk for further spread of AWD.

- Water trucking demands has increased in Oromia region, specifically due to the recent influx of conflict IDPs.

- The immediate requirement for the cluster is $35 million to cover water trucking and WaSH NFI needs, as well as distribution of water treatment chemical, expansion of water schemes to vulnerable population and IDPs, sanitation facilities for IDPs, hygiene promotion and mobile water team deployment in response to AWD.

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 (DRMTWG) 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 response coordination for the conflict-induced displacements along the Oromia-Somali border

Prime Minister Hailemariam Dessalegn has established a National Steering Committee under the Ministry of Federal and Pastoralist Affairs to specifically look into the humanitarian impact of the conflict, address identified needs and work to normalize the situation and ensure service continuity. NDRMC and the National Security Force are members of the Steering Committee.

In order to avoid operational imbalance, partners’ response will be initiated following requests by the Federal Government, through the National Disaster Risk Management Commission (NDRMC)-chaired DRM Focus Group forum. Co-chaired by UNOCHA, this forum was established to coordinate response to this emergency and regularly meets twice a week at NDRMC in the presence of cluster members, donors and Line Ministries. At regional level, response coordination is conducted through regular humanitarian response coordination channels.