

A product of the Disaster Risk Management Technical Working Group (DRMTWG

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 October 2017.

Highlights

- The Government, with support from humanitarian partners, continue to address the triple challenge of drought, flood and inter-communal conflict, but resources are stretched.
- The Government and humanitarian partners have jointly been conducting verification assessments in few areas affected by the Oromia-Somali communal conflict to identify the scope of humanitarian needs and provide first-line assistance. With available resources, the ES/NFI Cluster can only address 40 per cent of the identified needs for 100,000 households.
- Government and partners released an 'HRD Status Update' on 19 October highlighting all outstanding 2017 HRD MYR requirements against revised sector requirements.

Situation Overview

Government and partners responding to drought, flood and conflict-induced humanitarian needs

The Government, with support from humanitarian partners, continue to address the triple challenge of drought, flood and inter-communal conflict, but resources are stretched. As of the end of October, Round 6 relief food distribution stood at 18 per cent in the Government/National Disaster Risk Management Commission (NDRMC)-covered areas targeting 5.2 million people nationwide, while ETB494.5 million/US\$18 million was allocated for 2.4 million cash beneficiaries.

In Somali region, WFP is providing assistance through a combination of modalities based on needs, including in-kind food assistance; food "top ups" (vegetable oil and pulses) to people receiving cash assistance from the Government; and a cash pilot project. Accordingly, 1.7 million people identified in the Humanitarian Requirements Document (HRD) Mid-Year Review are receiving relief food assistance; 1.7 million PSNP Government cash clients with transitory needs are receiving top-up of vegetable oil and pulses; while some 588,000 beneficiaries are receiving cash-based support as part of the HRD-PSNP cash pilot. Round 6 relief food distribution stood at 78 per cent in the Joint Emergency Operation Program (JEOP)-covered areas targeting 1.6 million beneficiaries,.

To meet the water needs of communities in drought-affected areas, the Government and WaSH partners have deployed 103 trucks (of 299 trucks requested – down from 779 trucks requested in April). At least 3.6 million people have benefited from water trucking service to date. In parallel, permanent water systems are being put in place as a longer term solution in areas experiencing recurrent drought. Separately, 80,000 full emergency shelter and NFI kits were distributed to drought and flood-displaced households in six regions between January and October 2017, including cash-grants for 2,700 households.

Between January and September, 255,623 malnourished children were treated with good quality of care nationwide, with 8.9 per cent of children admitted in stabilization centers for inpatient medical care (latest data available). This is below the 10 per cent emergency threshold, although variation exists across regions. The total admission recorded in September represents 90 per cent of the January-September projection in the HRD MYR.

Concerted efforts to have a better integrated general relief food distribution (GFD), nutrition, health and WaSH interventions are showing positive results. In Somali region for example, admissons of severe acute malnutrition (SAM) cases in September fell by 21 per cent to 6,408 new cases compared to August. Although this success is encouraging, the current level of intervention should be maintained to avoid a relapse given the still dire nutritional situation in the region. In partnership with the Somali Regional State Disaster Prevention Preparedness Bureau, the Regional Health Bureau and NGOs, WFP plans to distribute blanket supplementary

feeding (BSF) commodities in Somali region starting from the first week of November, to supplement general

www.unocha.org 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. Coordination Saves Lives relief food distribution and targeted supplementary feeding interventions. The program aims to reach 45 critically drought-affected districts/*woredas* in seven zones. Approximately 400,000 pregnant and breastfeeding women and children under-5 will benefit from this program for four months.

Response to conflict-IDPS – progress and challenges

The Government and humanitarian partners have jointly been conducting verification assessments in few areas affected by the Oromia-Somali communal conflict to identify the scope of humanitarian needs and provide firstline assistance. The Government has so far distributed 17,277 metric ton (MT) of food (cereal, pulse, corn soya blend, rice, oil and wheat flour); 12,259 carton of energy biscuit and 1,222 tins/cans of milk powder for IDPs in both regions and for those who are temporarily settled in Harar and Dire Dawa. In Somali region, WFP plans to assist 3.7 million people with emergency relief food (HRD+PSNP) from November until the end of the year. This will include the newly conflict-displaced people.

Meanwhile, the Emergency Shelter and Non-Food Items (ES/NFI) Cluster has distributed 8,500 kits to conflictinduced IDPs in Oromia (5,500 kits) and Somali (3,000 kits) regions, based on assessment results. In addition, 1,100 cash grants were distributed in Mieso district/*woreda* of East Hararge zone and Tullo district of West Hararge zone, Oromia region. Health partners are also supporting the Federal and Regional Health authorities to address health risks and outbreaks amongst the displaced population, including reported AWD cases in Fafan zone of Somali region, which was responded to by the Regional Health Bureau, WHO and Oxfam.

Given heightened protection concerns in displacement settings, humanitarian partners are increasingly working to scale up protection interventions. Accordingly, Protection Mobile Teams, established with the support of the Ethiopia Humanitarian Fund (EHF) and hosted by Oxfam and DRC, are operating in Liben, Dawa, Jarar and Doolo zones of Somali region. The team has already identified key protection concerns, including lack of access to basic services such as specialized services for the elderly and disabled and limited information on available services. The mobile teams will gradually be expanded to cover more areas in other regions.



Cash-based assistance has also been provided where market assessments confirmed the viability of this modality. According to the ES/NFI Cluster, assessments have confirmed that a cash-based response is possible in East and West Hararge zones of Oromia region and Fafan zone of Somali region. So far, the ES/NFI Cluster has distributed 1,100 cash grants in Mieso district of East Hararge zone and Tullo district of West Hararge zone, Oromia region.



Overall, insufficient funding impedes full coverage of identified needs across all sectors. the nutrition sector, additional **IDP-hosting** districts to be supported with targeted supplementary feeding (for the displaced people and hosting community) will have significant resource implications. The ES/NFI Cluster can only address 40 per cent of the identified needs for

100,000 households with available ES/NFI kits and vouchers. Meanwhile, at least 110,000 school age children (65,228 in Oromia and 44,350 in Somali) had their schooling interrupted due to the conflict. Without urgent intervention, these children will not be able to continue their education. The Government is working to address this gap and allow the affected children to continue their education.

Sector requirements and programs are flexibly being adjusted to fit changing humanitarian context

To reflect the rapidly changing humanitarian context in Ethiopia since the release of the Humanitarian Requirement Document Mid-Year Review (HRD MYR) in early August, the Government and partners released an 'HRD Status Update' on 19 October highlighting all outstanding 2017 HRD MYR requirements against revised sector requirements. The revision reflected the increase in internally displaced people and associated multi-sector needs; the dire nutrition situation in Somali region necessitating the introduction of Blanket Supplementary Feeding Program to supplement ongoing relief food and other nutrition interventions; seed support requirements in areas where seasonal rains failed or where crops failed; and funding required for the prevention and control of Fall Armyworm infestation.

Accordingly, the HRD requirement was revised to \$1.417 billion up from \$1.259 billion in August. Except for the Education and Protection Clusters, all sectors have revised their funding needs. While the health, agriculture, nutrition, Emergency shelter and non-food items (ES/NFI) and WaSH sectors were revised upwards by \$103.5 million, the food sector increased its requirement from \$838.2 million to \$892.8 million. The updated requirements in the food sector are lower than anticipated due to the compromises made in the National Integrated Food-Cash Relief Plan released on 5 October. This Plan was developed to align ongoing humanitarian responses with the new approach to food/cash relief assistance and the planned increase of cash-based assistance, where markets allow. The Plan proposed a) eight relief food rounds for 2017, instead of the initially planned nine rounds, b) full pulse ration for all beneficiaries depending on stock availability, c) increased proportion of the planned cash-based assistance, which lowers operational costs, and d) nutritional support to be provided using a combination of other approaches, including Blanket Supplementary Feeding, Targeted Supplementary Feeding and through the mobile health and nutrition teams, instead of the standard procedure of including corn soya blend (fortified food) in the HRD relief basket. These interventions will prioritize children under-5 and pregnant and breastfeeding women.

Funding Update (as at end October)

As of the end of October, the Government of Ethiopia had committed \$147 million (tracked) and international partners had committed an additional \$982 million towards the 2017 HRD MYR revised requirement of \$1.417 billion, leaving a gap of \$288 million.





2017 donor contributions/commitments to the HRD - \$million



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



Needs:

• At least 8.5 million people are in need of food assistance, up from the 5.6 million people identified at the beginning of the year.



- "In the Food Cluster, additional funds [from those stated in the HRD MYR] are required mainly to accommodate the inclusion of 4 million former PSNP clients into the HRD. This has been done through the development of a National Integrated Food-Cash Relief plan, which represents an integrated and prioritized approach to delivering relief food and cash to the 8.5 million HRD beneficiaries and 4 million former PSNP clients. Furthermore, the estimates for the number of moderately and severely malnourished children are premised on the assumption that there will be a fully resourced and well-managed food response across the country, making a well-funded food pipeline key in the prevention of malnutrition." (HRD Status Update, 19 October 2017).
- Given the continuing drought situation in the region, the Oromia Regional Government has requested JEOP to take on an additional relief food caseload of 309,878 individuals starting from Round 7. At the same time, following recent assessments it conducted, the Amhara Regional Government requested JEOP to make some modification on its current caseload as follows: in Wag Himra zone, JEOP is requested to increase the beneficiary numbers by 15,230 whilst in North Wollo and South Gondar zones, JEOP will make a net decrease of 49,585 people. Both these adjustments will take effect from Round 7. Two new districts/woredas Angot and Gazo, split from Meket and Gubalafto respectively have been agreed between the JEOP and the national and regional governments to continue to be served by JEOP under the old districts of Meket and Gubalafto through the end of the year to avoid any targeting and approval delays. Consequently, JEOP will be supporting 1.84 million people nationwide starting from Round 7.
- Meanwhile, in Somali region, WFP plans to provide 3.7 million people with emergency relief assistance (HRD+ PSNP) from November until the end of the year. This includes newly displaced people as a result of the Oromia-Somali communal conflict. WFP will also initiate a six-month cash pilot in November 2017 to reach 588,000 PSNP and HRD beneficiaries in 10 districts in Somali region.
- Deepening levels of malnutrition and critical water shortages in the drought-affected areas require nutritional interventions, including Blanket Supplementary feeding (BSF) in targeted areas, Targeted Supplementary Feeding (TSF), Therapeutic Feeding Program (TFP) and WaSH package interventions along with relief food assistance.

Response:

• In Somali region, the UN World Food Program (WFP) is providing relief and PSNP assistance through a combination of modalities based on needs: in-kind food assistance; food "top ups" (vegetable oil and

¹ Except for the Education and Protection Clusters, all sector requirements are adjusted based on the HRD Status Update document released on 19 October 2017

\$80.6m

Agriculture requirement

pulses) to people receiving cash assistance from the Government; and a cash pilot project. Accordingly, 1.7 million identified in the HRD Mid-Year Review are receiving relief food assistance; 1.7 million Productive Safety Net Program (PSNP) Government cash beneficiaries with transitory needs are receiving top-up of vegetable oil and pulses; while some 588,000 beneficiaries are receiving cash-based support as part of the HRD-PSNP cash pilot.

- As of end October, NDRMC dispatched 91 per cent of Round 6 food allocation, WFP dispatched 63 per cent of Round 6 food allocation, and JEOP dispatched 99 per cent of Round 6 food allocation. Distribution and cash-based assistance details are provided in the table below.
- The Government, through the National Disaster Risk Management Commission (NDRMC) has provided 17,277 metric tons (MT) of food for the conflict-displaced people in Oromia and Somali regions and in Harar and Dire Dawa towns. This food was taken as loan from the sixth round relief food stock, which NDRMC plans to restock with the expected relief food shipment in the coming days.
- In partnership with the Somali Regional State Disaster Prevention Preparedness Bureau, the Regional Health Bureau and NGOs, WFP plans to start dispatching blanket supplementary feeding (BSF) commodities in the first week of November. The program aims to reach 45 critically drought-affected districts in seven zones of Somali region. For the implementation of the program, WFP will directly dispatch Blanket Supplementary Feeding commodities to cooperating partners CPs (GOAL, SCI, IR, MC and DBBPH) district warehouses, for onward distribution of the commodities by CPs to Food Distribution Points. Approximately 400,000 pregnant and lactating women and children under-5 will benefit from this program for four months. The Blanket Supplementary Feeding, coupled with general relief food distribution and targeted supplementary feeding for pregnant and breastfeeding women and children under five with moderate malnutrition, is expected to stabilize the deteriorating nutritional situation in Somali region.

NDRMC: (17 October 2017)	WFP: (31 October 2017)	JEOP: (31 October 2017)
 6th Round 2017 dispatch 91%, distribution 18% ETB494.5 million/US\$18 million allocated for 2.4 million cash beneficiaries. 	 6th round 2017 dispatch 63% 1.7 million cash beneficiaries will receive food top-ups 518,000 people will receive a one off cash support. 	• 6 th round 2017 dispatch 99%, distribution 78%

Gaps & Constraints:

- Food operators could still not access some areas affected by the Oromia-Somali border conflict, resulting in an average of 2 to 3 weeks delay in relief food dispatch and distribution.
- 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.



Needs:

- Following the HRD Mid-Year Review, the number of households requiring livestock support was revised to 2.25 million, up from the 1.9 million households targeted at the beginning of the year.
- Livestock-dependent households are struggling to sustain their animals amidst parched rangelands and scarce water sources in southern and southeastern Ethiopia. Priority pastoralist areas are Borena zone of Oromia, South Omo zone of SNNP and southern zones of Somali regions. The ongoing long dry season is further enhancing vulnerabilities and compromising the livelihoods of the worst-affected. If response is not sufficient, the risks are massive and the costs high.
- Livestock feed supplementation and associated animal health and relocation of livestock to areas of continued good grazing or feed distribution are prioritized for pastoralist livestock.
- As of end September, 418 districts/woredas across the country were affected by the Fall Armyworm infestation. Latest data indicate that 549,262.75 hectares of maize cropland were infested, accounting for 26.6 per cent of the total area planted. Only 43 per cent of the 549 262.75 hectares infested have been sprayed with pesticides. Up to 2.0 million hectares of maize crops planted during the summer/meher season are at risk nationwide.
- Crop failure are reported in eastern Amhara, most parts of Oromia and SNNP regions due to frost and failed rains, in addition to Fall Armyworm damages in these and other parts of the country. Although in the Mid-Year Review the Government was said to be able to cover all seed requirements, the

increased needs necessitate partners' involvement for emergency seed distribution for replantation using residual moisture or irrigation schemes – in support of Government efforts to protect smallholder farmers.

- While the October December fall/deyr rains in south and southeastern regions will give some respite to drought-affected communities in the area, recent international weather forecasting systems indicate an increased likelihood for a near normal to below normal rainfall with potentially delayed onset and early cessation. On 25 September, the Ethiopian National Meteorological Agency also forecasted normal to below normal fall/deyr season. Accordingly, pasture regeneration is expected in the coming weeks in areas where fall/deyr rains have started, which will reduce 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 2018 to protect pastoralist households from falling into destitution
- 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.
- "Due to reported crop failures in Amhara, large parts of Oromia and SNNP regions, emergency seed provision needs to be sustained to allow for replanting. For this an additional \$16 million is required. Moreover, the number of districts affected by Fall Armyworm has reached 418 as of beginning of September with 2 million hectares of maize crops at risk. To control this outbreak \$4.5 million is needed to support the Government in protecting smallholder farmers." (HRD Status Update, 19 October 2017).

Response:

- With only 50 per cent of sector requirements funded, partners are prioritizing livestock-based livelihood assistance in all Priority 1 and 2 districts, including 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.
- Implementing partners have so far distributed livestock feed for core breeding animals and provided animal health services (treatment of livestock for parasitic and other diseases and distribution of vouchers for animal health services) to more than 4.4 million livestock, benefiting more than 500,000 households. Projects to improve the capacity of animal health workers are also ongoing. Around 59,000 weak animals were destocked to supplement pastoralists' income and improve the nutritional intake of vulnerable households. More than 20 dysfunctional water points were also rehabilitated.
- High influx of conflict-IDPs moving with their livestock to areas facing livestock feed shortages, are
 putting additional pressure on limited resources. This is having an impact on current livestock
 interventions. The cluster is drafting a response strategy for conflict-induced IDPs in camps in Oromia
 and Somali regions and those living with host communities. The strategy will also include needs of the
 host community to avoid competition/conflict between the host community and IDPs.
- 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 43 per cent of infested croplands were sprayed with pesticide and 57 per cent of cropland were treated through traditional methods (handpicked and killing). At least \$4.5 million is required to support ongoing Government efforts.
- 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:

- The sector requirement is only at 50 per cent funded. With this funding level and considering resources in the pipeline most of which were due for delivery by June/July the cluster can only address less than 10 per cent of the needs in the HRD MYR. \$30 million is urgently required to address critical needs until the end of the year. With each delay in adequate intervention, significant livestock loss is inevitable.
- 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.

- Despite initial Government and FAO allocations to address the Fall Armyworm infestation, \$7.8 million is needed urgently given the magnitude of the potential damage it could cause.
- At least \$16 million is urgently required for seed distribution for replanting, to capitalize on the remaining soil moisture and in irrigation schemes.

Education

Needs:

- The HRD MYR identified 1.9 million school children requiring support in Education in Emergency, including school feeding, WaSH support in coordination with the WaSH Cluster, provision of learning stationary and establishment of temporary learning centers in IDP sites in Somali and selected zones of Oromia and SNNP regions, at a cost of \$35.3 million. About 24.8 million USD is required to support 1.9 million EiE targeted school children until the end of the year.
- For the Education Cluster, responding to the educational needs of school-aged IDP children affected by drought and conflict continues to be a top priority. The geographic priorities are the 195 drought and flood affected schools in 19 districts/*woredas* in 5 zones (Bale, Borena, Guji, East Hararge and West Hararge) of Oromia region and 17 districts in 5 zones (Erer, Dawa, Fafan, Liben and Siti) of Somali region.
- According to the Oromia and Somali Regional Education Bureaus, schooling of about 110,000 school age children (65,228 in Oromia and 44,350 in Somali) is interrupted due to recent inter-communal conflict along the Oromia and Somali borders. Moreover, 22,663 school children (11,946 boys and 10,717 girls) in 49 schools across 12 districts in 6 zones are affected by flood emergency. Without maintaining and/or scaling-up interventions, these children will not be able to continue their education.

Response:

- 1.4 million school children (71 per cent of target) benefitted from school feeding programs in the last academic year. The Government covered 90 per cent of the cost.
- Save the Children is providing school feeding, learning stationary and WaSH supplies for about 19,000 school children, at a cost of \$1.8 million.
- IRC has started to implement a project for education access for IDP school children in Somali region with \$1 million EHF allocation, which will benefit 7,663 IDP children.
- Preliminary discussions are ongoing with the Protection Cluster to develop a joint project proposal for an integrated education and protection intervention for IDPs. The integration of key sectors such as protection and WaSH with education interventions remains a priority.
- A concept note on the impact of the Oromia-Somali conflict on education and the impact of flood on education in Oromia region, including needs and gaps was prepared and shared with cluster partners for resource mobilization.
- An Education in Emergency (EiE) need anlaysis was carried out and a Somali region-specific operational response plan was prepared and shared with partners. In addition, the Cluster, with support from a staff from Global Education Cluster, is preparing to conduct a needs analysis and prepare a response plan for Oromia and SNNP regions.
- A paper that provided analysis of 2015 -17 EiE Needs, Reponses and Gaps was produced and shared with DAG as a means to mobilize resource. The Ministry of Education is negotiating with the World Bank on modalities to utilize unutilized fund from the General Education Quality Improvement Project 2 (GEQIP2).

Gaps & Constraints:

- Shortage of school feeding, learning stationary and school WaSH remains a constraint disrupting the education of school age children.
- EiE response requires \$24.8 million to address identified needs of 1.9 school age children until the end of the year. About \$4.6 million is required to assist school children affected by recent conflict and 1 million USD for those who were affected by flood.
- The recent flood and conflict-induced caseload need immediate support to allow the children continue their education.

\$43m

ES/NFI requirement

Emergency Shelter and Non-Food Item (NFI)

Needs:

- 1.02 million displaced people need emergency shelter and non-food items (ES/NFI) support, including the displaced caseload from 2016 and newly displaced households in 2017 (HRD MYR).
- DTM Round 7 (September-October 2017) revealed the presence of at least 198,381 displaced households in need of emergency shelter and/or NFI assistance in the assessed regions. (See graph)
- Following assessments and verifications on the ground, over 100,000 IDP HH have been identified as in need of shelter and NFI assistance due to intercommunal clashes along areas bordering Oromia and Somali regions since 6 September.
- The National Flood Contingency Plan has identified more than 300,000 people at risk of flooding in Afar, Amhara, Gambella, Oromia and



Somali regions, of whom at least 100,000 were projected to risk displacement until the end of the year.

- At the end of September, the cluster updated its hotspot classification for the 231,000 households reportedly in need of shelter/NFI assistance, which were classified into Priority 1 (145,000 HH) and Priority 2 (86,000 HH). The cluster will update this prioritization at the beginning of November, to include the DTM R7 results and add households recently displaced by flood and conflict.
- "The number of people that require Shelter/Non-Food Items assistance has increased mainly due to flooding and increased displacement in Oromia and Somali regions. These additional needs have increased the requirements for the sector by \$9.6 million." (HRD Status Update Document. 19 October 2017).

Response:

- Since the beginning of 2017 and as at 26 October 2017, 80,000 full emergency shelter and NFI kits had been distributed or were being distributed to displaced households in 6 regions, 2,700 households having received cash grants. As of end of October, there were 5,000 household cash grants and vouchers and 25,000 kits in the pipeline and in stock.
- For the conflict response, the Emergency Shelter and Non-Food Items (ES/NFI) Cluster, has distributed 8,500 kits to conflict-induced IDPs in Oromia (5,500 kits) and Somali (3,000 kits) regions, based on assessment results. In addition, 1,100 cash grants were distributed in Mieso district of East Hararge zone and Tullo district of West Hararge zone, Oromia region.
- In addition, the cluster assisted 1,000 flood-affected households in Gambella region (of 4,000 households requiring support) and 500 flood-affected households in Afar region (of 4,000 households requiring support).
- The cluster is coordinating the response to conflict-induced IDPs with the WaSH Cluster through joint verification assessments and distribution of NFIs.

Gaps & Constraints:

• Insufficient funding impedes full coverage of identified needs in the HRD MYR and the recent flood and conflict-induced increases in need.



Needs:

 6.26 million people will need health interventions to address anticipated health conditions and disease outbreaks, up from 4.37 million at the beginning of the year (HRD MYR)



- "In the health sector, additional funds are needed for medicines and medical supplies for AWD treatment and to meet the needs of increasing numbers of IDPs. Essential medicines for Primary Health Care services for some 500,000 IDPs especially in Somali and Oromia regions are urgently needed. Medicine and medical supplies are also required for the previously deployed Mobile Health and Nutrition Teams (MHNT) in Somali region. Additional MHNTs are also needed in SNNPR and Afar." (HRD Status Update Document. 19 October 2019).
- AWD: Since the beginning of 2017, nearly 48,000 AWD cases were reported across the country. with Afar, Amhara, Benishangul-Gumuz, Dire Dawa, Oromia, and Somali still reporting cases. Over the past two weeks, the highest number of new AWD cases was reported in Amhara and Benishangul-Gumuz regions.
- After the surge in AWD cases in week 36-37 (mid-September) with 600-700 cases/week, there is a decrease to 350-450 cases/ week. The situation is more stable with low number of cases maintained in Afar and Tigray. Despite decreasing trends however, a resurgence of large number of AWD cases is expected in Amhara, Oromia and Tigray if the scale of the AWD prevention and control measures are not maintained. 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 new drought-related internal movements are high. With more than one million seasonal workers, there is a high risk for AWD outbreaks in parts of Amhara and Tigray during the upcoming sesame harvest season.
- Measles: cases are on the decrease probably because of vaccination campaigns in major IDP settings (East and West Hararge zone, Oromia region) – no clustering of new cases reported. In September, 4 districts in Oromia (Babile and Jima Spe town, East Hararge zone) and Somali (Afder and Warder) reached the measles outbreak threshold.
- Dengue Fever: more than 100 cases of suspected Dengue Fever cases were reported from Dire Dawa city administration(Four WHO staff got sick and two required hospitalization).
- 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 medecines.

Response:

- Health partners are supporting the Federal and Regional Health autorities address health risks and outbreaks amongst the displaced population following the inter-community clashes along the Oromia-Somali borders. In Fafan zone of Somali region, at least three new AWD clustering of cases were identified, investigated and responded to by RHB, WHO and Oxfam amongst the conflict-induced IDPs. The establishment of a CTC in Qologi is ongoing with RHB and WHO support. In Oromia region, Health staffs were deployed from Haromaya University (to support IDPs health care), but have limited basic drug and medical supplies. Public awareness activities were conducted on hygiene and sanitation. Mobile health clinics were established and IDPs with chronic diseases were linked to Hiwot Fana Specialized Hospital to continue with their medication that was discontinued due to their displacement. SCI, MCMDO and IRC are ready to activate the MHNT with WHO support. ICRC delivered Trauma kits (2) for around 100 surgical interventions.
- Eleven samples recently sent to Dakar from Doloo zone, Somali region (for Acute Jaundice Syndrome (test, reported since july) tested positive for Hepatitis A. Improvement in water and sanitation situation and health education remain crucial for mitigating risk factors.
- WHO trained 120 zonal level RHB and Water authority management staff in East and West Hararge on emergency planning and zonal response plans developed aim to improve coordination. The same will be done for Bale, Borena, and Guji zones.
- WHO, UNICEF and the clusters supported the development of the FMOH proposal for DFID SDG funds, including 60 isolation centers/CTC in high risk zones/districs in five regions; vaccination of 6 million children against measles in districts with suboptimal vaccination coverage; sustainable WaSH improvement in selected Holly Water Sites in Amhara and Tigray regions; SAM care – supplies and medicines.
- 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 districts 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 HFs.

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.

- Medicine shortages and disruption of essential routine services persist and are widespread in areas of displacement and the border areas between Oromia and Somali regions, due to high service utilization rates in IDP areas and the need to establish temporary clinics. Health partners with Oromia RHC identified areas where MHNTs will be activated. The same process is ongoing in Somali region.
- Poor inter-sectorial coordination and data management at zonal level for the response to conflict IDPs.
- Weak capacity/experience of regional, zonal and woredas authorities to deal with large scale emergencies.
- 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.



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 the HRD MYR figure is 375 000 severely malpourished children under 5 and 3.6 million moderately ma \$166.1m Nutrition requirement

- 375,000 severely malnourished children under-5 and 3.6 million moderately malnourished children and pregnant and lactating women.
- 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*/districts across the country. Most of the Priority 1 districts are in areas hit hardest by the negative Indian Ocean Dipole-induced drought and the poor performance of spring rains this year.
- "In addition to the ongoing Government and NGO supported nutrition responses, the Nutrition sector will implement Blanket supplementary feeding programme (BSFP) in 45 districts of Somali region where high malnutrition rates are reported. The BSFP will target 253,044 children under-5 and 122,825 pregnant and lactating women (PLW) where there is a high probability for a continued escalation in need. The newly Integrated Nutrition Plan for Somali region also significantly contributed to the increase of the needs and requirements." (HRD Status Update Document. 19 October 2017)
- Nationally, 27,247 children were admitted for SAM treatment in September (reporting rate 90.7 per cent). This is a decline of 3.5 per cent from the previous month of August, which registered 28,247 with 88.1 per cent reporting rate. The total admission represents 90 per cent of the January September projected caseload in the HRD MYR.
- Regions that registered a decline in TFP admissions between August and September include SNNP (by 12.2 per cent), Somali (by 21.1 per cent), Afar (by 4.9 per cent) and Gambella (by 1.1 per cent).
- Regions that registered an increase in TFP admissions between August and September include Oromia (by 1.9 per cent), Amhara (by 35 per cent), Tigray (by 6.9 per cent), Benishangul Gumuz (by 16.8 per cent).

Response:

- Nationally, 255,623 children have been treated with very good quality of care (above International Standards) between January and September, with 8.9 per cent of children admitted in stabilization centers for inpatient medical care. This is below the 10 per cent emergency threshold, yet variation exists across regions. The total admission recorded represents 90 per cent of the January-September projection in the HRD MYR.
- Overall, key TFP performance indicators remain very good and well above the international SPHERE standards: overall cure rate at 89.8 per cent; death rate at 0.3 per cent; and default rate at 2.1 per cent (combined SC/OTP national average).
- 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 results in terms of declined SAM admissions in Somali region, where September admissions fell by 21 per cent from August to 6,408 new cases. Although this success is encouraging, continued high level interventions need to be maintained to avert future rise in SAM, given the vulnerable food security situation across the region.
- UNICEF has secured severe acute malnutrition (SAM) commodity pipeline until early June 2018 (unless additional shock increases burn rate). 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 105 SCs into 2018.

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Protection requirement

- WFP is delivering Super Cereal Plus for Moderate Acute Malnutrition treatment based on the June 2017 prioritization targeting all 228 Priority 1 districts. WFP continues to closely monitor TSF implementation in Somali and SNNP regions.
- WFP has already secured TSFP commodities for MAM treatment for all Priority 1 districts up to the end of this year. So far, 100 per cent dispatch was made for Afar, SNNP and Tigray regions and 97 per cent dispatch for Somali. The September – November dispatch is under way in Amhara and Oromia regions.
- In September, 286,726 moderately malnourished children under-5 and 296,609 pregnant and breastfeeding mothers received MAM treatment in 212 districts, including support for 49 MHNT in Afar and Somali regions.
- WFP, in partnership with the Somali Regional State Disaster Prevention Preparedness Bureau, will start implementation of the Blanket Supplementary Feeding Program (BSFP) in targeted districts in the first week of November. 25 out of the 45 Priority 1 districts will be managed by NGOs (SCI, IRE, GOAL, and MC) and the remaining 20 by WFP/DPPB with support from RHB. The BSFP will be reaching approximately 254,000 children under-5 and 123,000 pregnant and lactating women in the targeted districts for three months. MHNT with MAM treatment services will continue without disruption as they target the most remote and vulnerable groups.
- WFP boosted Targeted Supplementary Feeding (TSFP) support for 110,451 conflict-IDP in Oromia and Somali regions. The modality to reach IDP in non-P1 *woredas*/districts needs close attention.

Gaps & Constraints:

- Rising cases of malnutrition are being reported in Afar region following a two-months delay in distribution of targeted supplementary feeding (TSF) supplies. WFP and NDRMC will discuss alternative methods for moving the food in WFP warehouses to affected population.
- 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). Nutrition interventions should also target IDP-hosting communities. Additional districts to be supported by WFP will have significant cost and commodity implications. A strategy will be discussed between the Government Emergency Nutrition Coordination Unit (ENCU), WFP, WHO.
- 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. Nutrition partners will also suspend TSFP for three months in 45 Priority 1 (P1) districts while three cycles of monthly BSFP for all children under-5 and PLW will be provided. Thereafter the TSFP will be resumed for NGO with continued funding for CMAM, until the end of their MOU/FLA with WFP.
- Without additional funding for NGOs in Somali region between October and December, NGO nutrition response interventions will expire in 33 P1 districts. An additional 18 will expire in early January/February. Efforts are ongoing across key donors and with partners to a) to support NCE requests and b) to plan for fund extensions in critical districts.
- Concern remains on the nutritional impact in districts receiving cash-based assistance instead of inkind/relief food handout, and availability of food commodities to provide a sufficiently diverse diet for drought-affected communities.
- Multiple layers of coordination and monitoring- will not substitute treatment- if staff shortfalls remain acute. Need to strategize for bolstered RHB staff for the year ahead.



Needs:

- 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.
- The main protection concerns reported in different assessment/verification missions along the Oromia-Somali border include are: i) GBV incidents reportedly accompanied the expulsion of women and girls in both Somali and Oromia regions ii) Inadequate protection-focused planning and management in IDP sites iii) Insufficient humanitarian response iv) Missing children and family members (reunification of separated families/children is critical).

Response:

 With the support of various clusters, the Protection Cluster compiled protection concerns within the context of the overall humanitarian situation, including recent clashes between the Somali and Oromia regions. These findings were presented to the National Disaster Risk Management Commission (NDRMC) to ensure common understanding and agree on ways forward. The Protection Cluster together with its Child Protection and Gender Based Violence colleagues is currently working on a list of key life-saving protection needs/priorities to be presented to NDRMC and mobilize partners for response.

- Psychosocial support services were provided to 278 drought-affected women and girls, while 953
 women and girls participated in community conversation sessions on GBV prevention, risk reduction
 and response in Amhara, Oromia and Tigray regions.
- The cluster is working with other sectors to mainstream protection issues into their activities. For example, the cluster is working with the Food Security Cluster on protection approaches in the Blanket Supplementary Feeding Program (BSFP). A training program was conducted on 21 October. Support to Durable Solutions workshop was conducted on 30-31 October; and an intention survey is planned for 3-9 November. The Protection Cluster also plans to support the health and nutrition mobile team trainings in the Somali and Oromia regions by covering protection agenda.
- The cluster conducted a half day refresher workshop on 25 October for protection focal persons. The objectives of the workshop were to follow-up on the progress made by each focal person in mainstreaming protection in their respective clusters and to identify challenges and improvements needs.

Gaps & Constraints:

- Resource gap to address all identified protection needs.
- Absence of an inter-agency/regional government action plan for the Oromia population affected by the conflict.
- Expect extended drought for the incoming farming season might overstretched the response capacity of the communities hosting IDPs. When local resources will be exhausted people will be re displaced to the collective centers



Needs:

• Some 10.5 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 and expansion of existing water points and water provision in schools and health facilities
- 2. Household Water safety Provision of water treatment chemicals, WaSH NFIs, hygiene promotion
- 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 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 facilities in displacement sites is also 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, 103 trucks (of 299 trucks requested down from 779 trucks requested in April) are deployed, leaving a gap of 196 trucks (considering 5 l/c/d).
- In Amhara region, social mobilization and capacity building activities have been undertaken in AWD affected areas as well as water treatment chemical distribution.
- In Oromia region, 19 water trucks are delivering water in Bale, Borena East and West Hararge zones (about 10 trucks are operating in IDP sites). Following recent rains received in Borena zone, all government-operated trucks were discontinued. Some areas in Guji and West Guji zones have also received rains. 25,800 conflict-IDPs in Borena, Guji and West Guji zones have received water treatment chemicals. The cluster plans to reach an additional 60,733 most vulnerable conflict-affected households with water treatment chemical support in Bale, Borena, Guji, West Guji and East and West Hararge zones. UNICEF is working with the Oromia Regional Water and Health Bureaus to maintain/repair dysfunctional water schemes (\$100,000 earmarked) and conduct hygiene promotion activities (\$65,000 earmarked).

- In Somali region, 70 water trucks are deployed in 37 districts. At least 56 IDP sites and 11 health facilities are receiving water trucking support. Following recent rains in the region, stakeholders are conducting discussions on the need to continue water trucking operations at the current scale. The Regional Water Bureau together with Oxfam and the Somali WaSH Cluster members are conducting an assessment for decision. WaSH Cluster partners supported 1,700 households in Hudet and Moyale districts of Dawa zone with water treatment chemicals; 1,000 households were supported in Salahad and Legehadi district of Erer zone; and 500 households in Raso district of Afder zone.
- In Tigray region, 8 water trucks are benefiting 40,000 people (3 in Sheraro town, 1 in Abi Adi town, 3 in Mekelle town and 1 Tahtay Adiyabo districts). Mass sensitization activities are ongoing in religious sites and communities for AWD prevention.
- The WaSH and NFIs clusters will work in coordination to avoid duplication in WaSH-related NFI distribution.
- Overall, the cluster reached 3.48 million people with construction, rehabilitation and expansion of water supply schemes and sanitation and hygiene activities; 4.46 million people with WaSH NFIs including water treatment chemicals and 3.6 million people with water trucking service.

Gaps & Constraints:

- 441 people are sharing one latrine (on average) in Somali region, compared to 50 people per latrine as per Sphere standard, indicative of the highly inadequate partner response. Additional funding is required to address this gap. In Oromia region, according to DTM 6 report, 60 per cent of IDP sites in Oromia do not have functioning latrine.
- There is a huge gap in hygiene and sanitation coverage in IDP settings in Oromia and Somali region, pausing a high risk for further spread of 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 (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 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.

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