



2017

ETHIOPIA

Humanitarian Requirements Document

MID-YEAR REVIEW

THE HUMANITARIAN RESPONSE PLAN

AT A GLANCE

STRATEGIC OBJECTIVE 1



Save lives and reduce morbidity due to drought and acute food insecurity

STRATEGIC OBJECTIVE 2



Protect and restore livelihoods

STRATEGIC OBJECTIVE 3



Prepare for and respond to other humanitarian shocks, including natural disasters, conflict and displacement

PEOPLE TARGETED (HRD)



8.5M

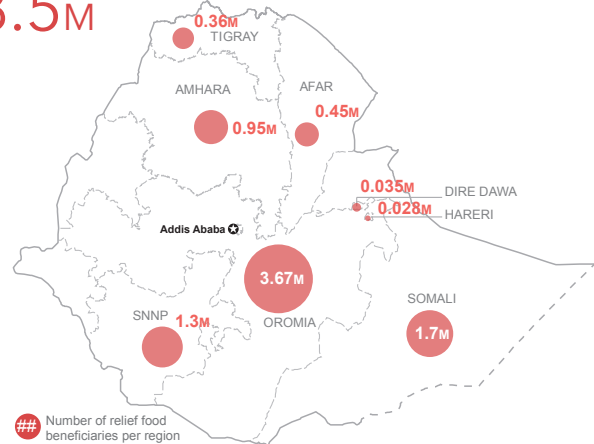
OUTSTANDING REQUIREMENTS (US\$)



\$487.7M

PEOPLE WHO NEED HUMANITARIAN FOOD ASSISTANCE

8.5M



The post-spring rains/*belg* harvest assessment and projections for 2017 indicate the following priority needs:

- 2.25M households in need of livestock support
- 0.375M severely acute malnourished
- 3.6M moderately acute malnourished
- 10.5M without safe drinking water
- 1.02M displaced due to shocks

Key humanitarian issues

- Lives remain at risk due to shortage of food and water and disease outbreaks coupled with malnutrition.
- Pastoralists' livelihoods are at risk due to drought-induced pasture loss, livestock death or poor health and, in crop-producing areas, drought and Fall Armyworm induced harvest loss/reduction.
- Critical needs for food, water, shelter and non-food items continue to lead to displacement.
- Negative coping mechanisms such as child labour and early marriage lead to school dropout and absenteeism and increased risk of violence against women and girls.
- Shortage of school feeding, water supply and learning supplies are among the main reasons for school dropout.

SECTOR	# PEOPLE TARGETED IN JAN	REVISED # PEOPLE TARGETED IN AUG	2017 REQUIREMENTS US\$ IN JAN	REVISED REQUIREMENTS US\$ IN AUG	CARRY OVER 2016 US\$	NATIONAL / INTERNATIONAL CONTRIBUTIONS 2017 US\$	GAP
FOOD							
General Ration: Gross Requirements: 789.3 MT	5.6M	8.5M	598M	838.2M	183.8M	283.8M	371.4M
Nutrition Supplies(MAM)	2.7M	3.6M	105.6M	131M	46M	58.7M	26.3M
Nutrition(SAM)	0.3M	0.375M					
Health	4.3M	6.26M	42.8M	46.0M		15.0M	31.0M
WASH	9.2M	10.47M	86.4M	102.1M		67.6M	34.5M
Agriculture	1.9M	2.25MHH	41.9M	60.1M	0.5M	29.1M	30.5M
Education	2M	1.9M	45.5M	35.3M		13.5M	21.8M
Protection	0.5M	0.7M	11.1M	13.2M	1.6M	2.4M	9.2M
Emergency Shelter/NFI	0.6M	1.0M	17.3M	33.4M	1.8M	9.7M	21.9M
Multi-sector						59.1M	-59.1M
Total	5.6M		948.6M	1.25Billion	232.9M	538.6M	487.7M

SUMMARY

Southern and eastern Ethiopia continue to battle the impact of the Indian Ocean Dipole-induced drought, exacerbated by disease outbreaks, large scale loss of livelihood assets and displacement. The humanitarian situation countrywide has been further compounded by below average spring[1] rains – the third consecutive poor/failed rains in the southern drought belt.

The Government-led, multi-agency *belg* (spring) assessment involved some 200 staff from Government, UN, NGO and donor partners, undertaken over three weeks in June, the main conclusions of which are presented in the following pages (with Regional Snapshots included at the end of the document). Overall, the assessment found that poor *belg* rains affected household food security in *belg*-dependent woredas of Oromia and SNNP regions. In pastoralist areas of Somali region and pocket areas of other spring-rain dependent areas, an increase of livestock mortality and deteriorating body condition of remaining animals – normally a key source of nutrition and livelihood in these areas – was also found. As a result, 8.5 million food insecure Ethiopians require relief assistance to meet basic food needs, up from 7.8 million in April.

The national ‘hotspot’ classification was updated in early July, with a slight increase in the number of priority woredas (districts) from 454 to 461, nearly half of which (228 woredas) are now classified as ‘priority one’ (very severe). Some 3.6 million pregnant and breastfeeding women and children under age 5 are projected to develop moderate acute malnutrition (MAM) and 376,000 children under age 5 severe acute malnutrition (SAM) in 2017.

Water scarcity continues to be a driver of displacement and enables the continued spread of Acute Watery Diarrhea (AWD). Drought-induced displacement is expected to be compounded by floods experienced as a result of kiremt rains, with a disproportionate impact on women and children. Displacement, flood-damage to schools, and families’ financial constraints result in increased teacher and student absentee rates and reported negative coping strategies such as child marriage, migration and labor.

The National Flood Task Force has analyzed early warning data generated through the National Disaster Risk Management Commission (NDRMC) systems and the National Meteorological Agency forecast and identified at least 1.5 million people projected to be affected (500,000 displaced) by flooding during the kiremt season.

A Government-led, well-coordinated and managed response is already underway across affected areas of the country, with details of the response available in the latest Periodic Monitoring Report (PMR) that captures outputs delivered by sectors / clusters against resources received.

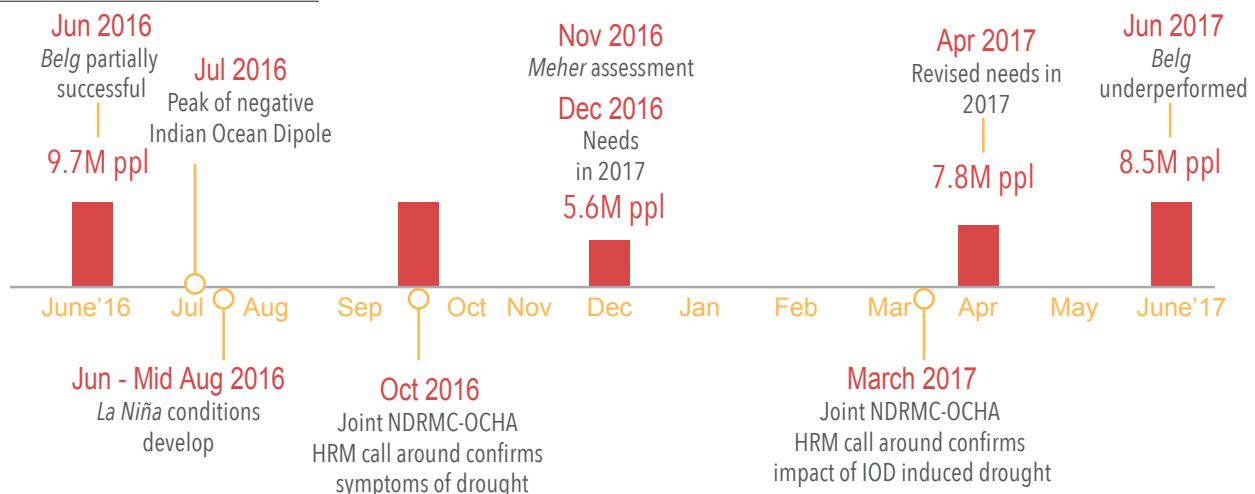
The humanitarian response is focused on support to major relief pipelines – for food, emergency nutrition and

health supplies; and, technical capacity support to national service providers in the areas of greatest need. Latest funding data indicates that all life-saving sectors are underfunded. Efforts have been made to strengthen coordination and sector leadership at sub-national level, to ensure real time, evidence-based decision making in the continual targeting of assistance.

Some 4 million ‘public works’ clients of the Productive Safety Net Programme (PSNP) will also require sustained assistance to the end of 2017. Although not formally included in the HRD Mid-Year Review, the financial requirements are estimated at \$300m, which urgently needs to be resourced.

Given the deteriorating situation, the response needs to be further scaled up through to the end of the year. In highland areas the Meher harvest will only start to be available towards the end of the year; in pastoralist areas rains are only expected again in October, though it will take time for pasture to regenerate.

CRISIS TIMELINE

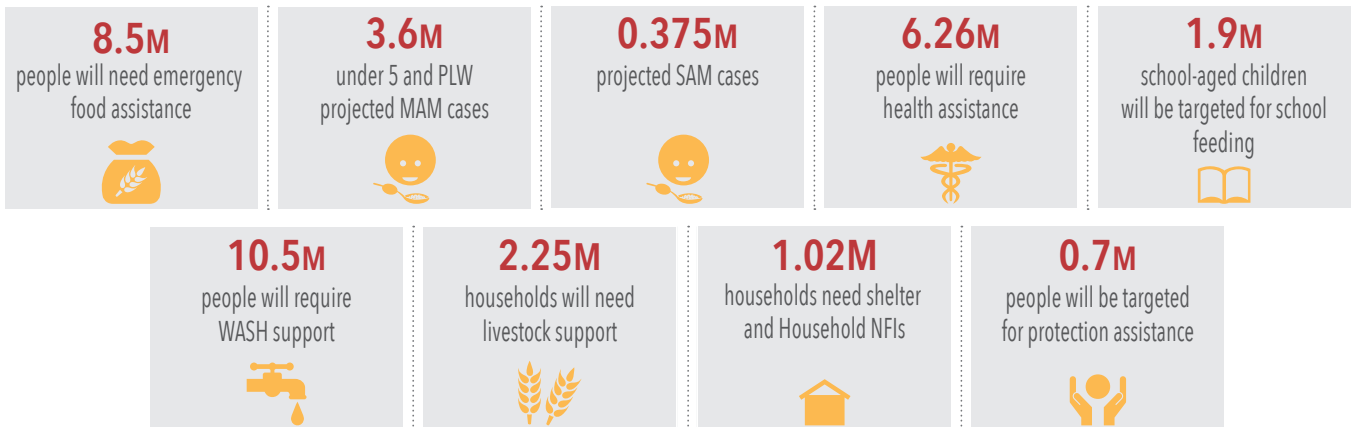


¹Spring rains in smallholder farmer areas, also known in the local languages as sugum-ganna-gu rains in pastoralists and agro-pastoralists Afar, Oromia and Somali regions

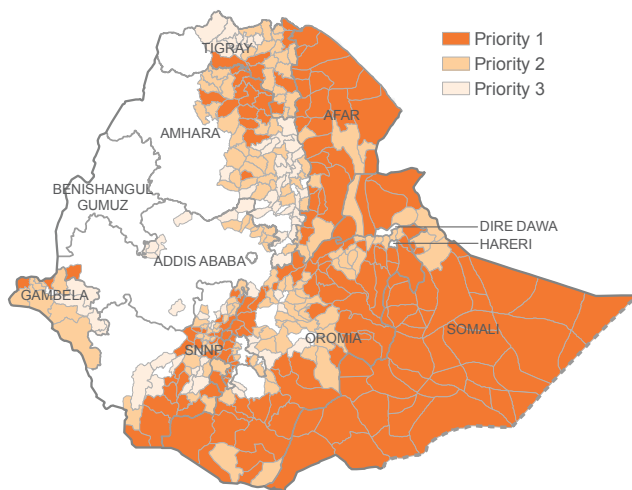
SUMMARY OF

ASSESSED NEEDS

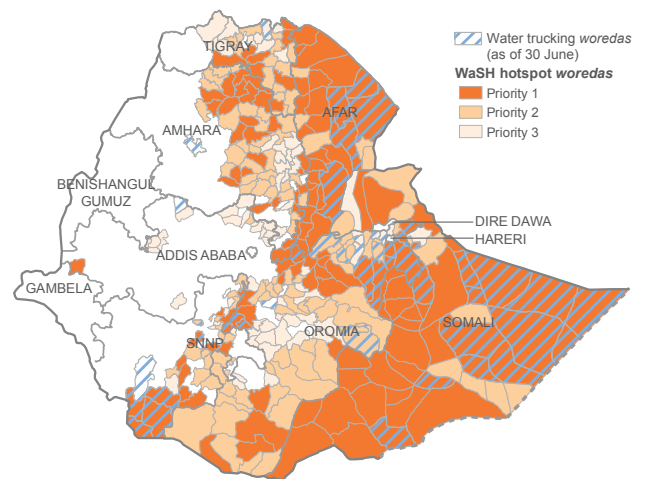
In the second half of 2017, some 8.5 million people will require emergency food assistance, some 3.6 million children and pregnant and lactating mothers will require supplementary feeding, some 10.5 million people will not have regular access to safe drinking water and some 2.25 million households will require livestock support. Partners also estimate that 376,000 children will become severely acutely malnourished until the end of 2017.



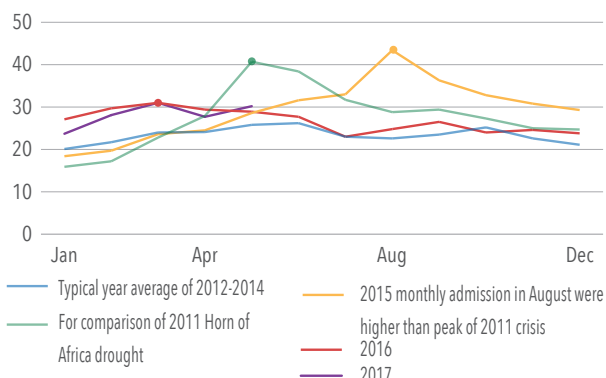
HOTSPOT WOREDAS (AS OF JUNE 2017)



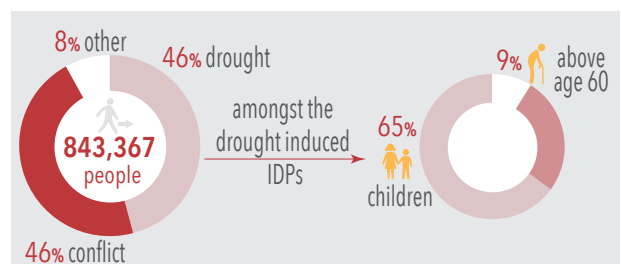
WASH HOTSPOT WOREDAS VS WATER TRUCKING (AS OF JUNE 2017)



SEVERE ACUTE MALNUTRITION ADMISSIONS



DISPLACEMENT FIGURES





Agriculture



Education



Emergency Shelter



Food



Health



Nutrition



Protection



WASH



PART II: OPERATIONAL RESPONSE PLANS

AGRICULTURE



PEOPLE TARGETED

2.25M(HH)

REQUIREMENTS (US\$)

60.1M

OF PARTNERS

88

IN SUPPORT OF STRATEGIC OBJECTIVES 1 AND 2

CLUSTER OBJECTIVE 1

1 To provide chronically poor households that have experienced drought and related shocks with 'seeds of choice' to plant their full land holdings and improve household food and nutrition security

CLUSTER OBJECTIVE 2

2 To protect livestock herds where drought conditions are already at the alarm stage of the drought cycle model

The spring *belg* assessment confirmed that rainfall was below normal in terms of onset, distribution and cessation in many parts of the country. Some *belg* receiving areas in Amhara received good rains and are harvesting good crops. However, humanitarian needs continue to escalate in Ethiopia's livestock-dependent communities, especially in southern and south-eastern pastoralist areas.

Livelihood needs are highest in southern Somali region, South Omo zone of SNNPR and the lowlands of Borena, Bale and Guji zones of Oromia region, where pastoralist communities are almost entirely dependent on livestock for their food security, nutrition and income and still reeling from poor/ failed spring and autumn rains in 2016. While the 2017 spring rains brought temporary improvements to water and browse availability, the spring rains were below normal and it is expected that these areas will return to drought conditions as early as July/August until the autumn rains of October/November 2017.

Successive poor/failed rains impacted pasture and water availability causing abnormal migration, deteriorating livestock body condition and, earlier in the year, significant livestock deaths. Preliminary estimates indicate that between November 2016 and April 2017, thousands of livestock death was reported in southern and south-eastern areas. Milk production in cattle declined by as much as 80 per cent while significant milk production losses were also recorded in camels and goats, raising serious concerns over already high malnutrition rates.

Urgent livelihood-based support is required to help protect surviving livestock, prevent further deterioration in levels of food and nutrition security and shorten the time needed for recovery. Households that lost 50 per cent or more of their livestock will take between two and four years to fully recover in highland areas. To support the livelihoods of 2.25 million households, 60.1 million USD is needed for

livestock response until the end of 2017. Priority interventions include livestock feed distribution, livestock relocation to Government state farms and irrigation schemes, animal health and, destocking (as a last resort). With a return to drought condition projected in July-August 2017, interventions must be taken to scale urgently.

In terms of crop production, below-average and erratic rainfall resulted in less area planted and a decrease in average yields of *belg*-dependent crops (such as wheat, teff and maize) – a yield reduction of up to 60 per cent in worst-affected *woredas*. Emergency seed response is being implemented by the Government and, as projected in the HRD released in early 2017, will not require humanitarian funding. However, the rapid spread of a new pest – the Fall Armyworm – is threatening crop production across the country. The pest is reported in 374 *woredas* in six regional states (Amhara, Benishangul-Gumuz, Gambella, Oromia, SNNP and Tigray). Of the 1.7 million hectares of maize planted, by June 22 per cent (378,158 hectares) were heavily infested, with all maize-growing areas at risk of damage. There is significant concern that the Fall Armyworm will soon spread to sorghum-growing areas in Afar, Amhara, Tigray and Somali regions.

Urgent response of 4.5 million USD is needed to support Government efforts to protect smallholder farmers' harvests from Fall Armyworm. Without immediate action to control the infestation, the self-sustainability of 10 million households will be at risk. Immediate actions include monitoring, surveillance and control measures in affected and at-risk areas, as well as awareness raising and training, to benefit up to 10 million crop-producing households across the country. Furthermore, a nationwide Fall Armyworm survey and a health and environmental impact assessment will be conducted.

PRIORITY	ACTIVITY	BENEFICIARIES (HH)	REVISED BENEFICIARIES (HH)	REQUIREMENTS US\$	REQUIREMENTS REVISED US\$
Pastoral zones – Afar, Somali, Oromia and SNNP regions					
Category 1	Emergency provision of livestock feed for core breeding animals	0.34M	0.40M	21M	32M
	Animal health support (including veterinary equipment)	0.82M	0.82M	8.6M	8.6M
	Destocking for saving lives and livelihoods and nutritional support to children and safe carcass disposal	0.34 M	1.25M	5.6 M	15M
Category 2	Emergency vaccination of livestock after the next rains	1.4M	1.5M	2M	2.9M
Sub-total		1.4M	1.75M ¹	37.2M	58.5M
Belg and belg/kiremt smallholder farming zones – Amhara, Oromia, SNNP and Tigray regions					
Category 1	Provision of emergency livestock feed for core dairy cattle and plough oxen	0.036 M	0M	2.1M	0M
	Emergency animal health - voucher based	0.47 M	0M	1M	0M
Category 2	Animal vaccination	0.43 M	0.50M	1.6M	1.6M
Sub-total		0.5 M	0.5M ²	4.7M	1.6M
TOTAL REQUIREMENTS		1.9 M	2.25M	41.9M	60.1M

¹ The total 1.75 million pastoralist zone beneficiaries include two distinct groups: 0.25 million households who benefit from destocking and 1.5 million households whose livestock will receive emergency vaccination, feed and health support.

²The 0.5 million includes households who will benefit from a selection of the three listed activities. Some overlap may occur.

EDUCATION



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



IN SUPPORT OF STRATEGIC OBJECTIVES 1 AND 3

CLUSTER OBJECTIVE 1

1 Support 1.9 million emergency-affected school-age girls and boys continue their education

CLUSTER OBJECTIVE 2

2 Support 49,000 IDP school-age girls and boys to continue their education*

The spring *belg* assessment revealed that the main determinants that obstruct or encourage children from going to school are the provisions of school feeding, availability of water and learning supplies and availability of learning spaces in IDP sites. For instance, the closure of schools reduced from 400 to 158 in Somali region and from 137 to 45 Oromia region after the provision of school feeding in the 2016/17 academic year. In Amhara and Tigray regions where school feeding and water is provided, the dropout rate is almost nil. Moreover, the *belg* assessment revealed that as household income in emergency affected areas is depleted, families are unable to buy learning supplies (exercise books, pens and pencils) for their children, reducing school attendance and increasing dropout rates.

In addition to the *belg* assessment IOM data show that there are 166,616 school age children in IDP sites (Afar, Oromia and Somali regions) and more

than 50 per cent are not going to school. Further, the education of over 50,000 school children is hindered due to school closures in Afar, Oromia and Somali regions. Targeting and providing education in emergency support for IDP school children and addressing the closure of primary schools are the sector's critical priorities for the humanitarian response.

More than 1.9 million school children across the regions of Oromia (Bale, Borena, Guji, West and East Hararge and West Guji zones), SNNP (Gamo Gofa, Segen and South Omo zones) and Somali (all zones) require Government and humanitarian partners' support in the upcoming academic year. In recognition of the greater efficiencies achieved through including water provisioning to schools through a consolidated multi-sectoral approach, school WaSH will be delivered through the WaSH Cluster emergency response.

PRIORITY	ACTIVITY	BENEFICIARIES	REVISED BENEFICIARIES	REQUIREMENTS US\$	REQUIREMENTS REVISED US\$
Highly critical	Education for IDP school age children				
	Provide school feeding	73,000	49,000	1M	0.86M
	Provide learning supplies	73,000	49,000	0.29M	0.19M
	Establish temporary learning centers	73,000	49,000	1.3M	1.4M
	Sub-total			2.67M	2.4M

Highly critical	Education for children whose schools are closed in Ethiopia Somali, Oromia and Afar				
	Provide school feeding		50,769		0.71M
	Provide learning supplies		50,769		0.15M
	Sub-total				0.86M
Critical	Education for children of most emergency affected and prioritized regions (Ethiopia Somali, Oromia & SNNP)				
	Provide school feeding	2,034,652	1,872,122	30M	26.3M
	Provide learning supplies	2,034,652	1,872,122	5.7M	5.6M
	Sub-total			35.7M	31.9M
TOTAL REQUIREMENTS		2M	1,971,891	45.5M	35.3M



EMERGENCY SHELTER AND NON-FOOD ITEMS

PEOPLE TARGETED

1.02M

REQUIREMENTS (US\$)

33.4M

OF PARTNERS

14

IN SUPPORT OF STRATEGIC OBJECTIVES 2 AND 3

CLUSTER OBJECTIVE 1:

1 To improve flood-resilience of existing shelters to minimize loss of household assets.

CLUSTER OBJECTIVE 2

2 To provide immediate humanitarian assistance to newly displaced and people in prolonged displacement not yet reached with assistance.

During the first half of 2017, the ES/NFI Cluster distributed 32,902 full emergency shelter and NFI kits to displaced households in five regions, in addition to cash grants and vouchers to 982 households. An additional 4,791 kits are under distribution or ready for distribution. Therefore, of the 77,437 kits projected for distribution to households in the 2017 HRD, 38,675 kits or cash grants and vouchers, equivalent to kits, were distributed before the midyear review. During this time, the Cluster received requests from Government authorities to assist 62,746 displaced households with shelter and NFIs in the Afar, Gambella, Oromia and Somali regions. However, the *belg* assessment revealed a significant spike in the number of people requiring ES/NFI support (124,502 households in Afar, Ahamra, Oromia and Somali regions), while IOM's DTM identified more than 140,000 displaced households in need of support in seven regions. Additional displacements are expected during the *kiremt* season. According to the National Flood Contingency Plan, localized heavy rains are projected to cause flooding in flood prone and flood risk areas (more than 1.5 individuals likely to be affected of whom nearly 500,000 individuals would be displaced as per Flood Task Force projections).

The Cluster response aims to target the IDPs affected by natural disasters (droughts,

seasonal floods and other natural hazards), conflict and vulnerable returnees. In close collaboration with Government counterparts, the Cluster will continuously assess/monitor the needs of affected population, particularly through the bi-monthly Displacement Tracking Matrix reports.

The response of the Cluster will consist of the distribution of shelter materials and relief items, through an environment-friendly and economically sustainable in-kind response; support to house repair for those not displaced and efforts to promote recovery shelter assistance. The Cluster will also encourage and support cash-based approaches. Accountability towards beneficiaries, protection and GBV mainstreaming and coordination with other clusters will be reinforced to ensure the quality and efficiency of the response.

Given the life-saving nature of shelter and NFI assistance, which is considered a basic human need and a critical determinant for survival and coping in the majority of crises (source: The Sphere Project), the Cluster will remain fully engaged in targeting and addressing critical needs and to this end, aim to decentralize and expand its coordination system.

PRIORITY	ACTIVITY	BENEFICIARIES	REVISED BENEFICIARIES	REQUIREMENTS US\$	REQUIREMENTS REVISED US\$
Activities under SO2					
High	Flood-prone area rehabilitation activities (estimated 30% of flood displaced population in 2016)	19,200	40,000	5.76M	12M
Activities under SO3					
High	Distribution of shelter and NFI kits or their equivalent in cash or vouchers	64,000	131,500	8.7M	18.4M
High	Preposition of stocks	15,000	15,000	0.98M	0.98M
Critical	Displacement Tracking Matrix	N/A	N/A	1,400,000	2M
TOTAL REQUIREMENTS					33.4M

FOOD



PEOPLE TARGETED

8.5M

REQUIREMENTS (US\$)

838.2M

OF PARTNERS

3

IN SUPPORT OF STRATEGIC OBJECTIVES 1 AND 3

CLUSTER OBJECTIVE 1

1 To improve food consumption of targeted households.

CLUSTER OBJECTIVE 2

2 Humanitarian shock related food needs prepared and responded to.

The spring *belg* assessment indicated that the *belg* performance was significantly weaker than the same period last year particularly in Indian Ocean Dipole (IOD) affected areas. Similarly, a recent food security study indicated that a significant proportion of the relief beneficiaries targeted in the HRD continue to exhibit poor food consumption despite four rounds of food assistance. This could be due to the little contribution from own sources as a result of high level asset depletion (mainly livestock), low market value for the remaining livestock and gaps in food assistance to address actual needs. The proportion of relief beneficiaries that have inadequate food consumption in April this year is higher compared to the same period last year.

As the regular PSNP transfer programme ended in June, 4 million vulnerable PSNP public work clients in priority 1 *woredas* will continue to receive assistance. The PSNP direct support beneficiaries will continue to receive their entitlements through the PSNP programme and are not considered as transitory beneficiaries and thus will not

be overlapped in this case. The mid-year multi agency assessment identified 8.5 million beneficiaries in need of emergency food assistance in the second half of the year (August-December 2017). As it has been the case in the first half of the year, NDRMC/WFP are expected to cover 84 per cent of the total caseload and the remaining 16 per cent will be assisted through the NGO consortium, JEOP.

In the event that resources are not sufficient, prioritization of the most-affected *woredas* and households will be carried out by the Food Cluster/Sector led by the NDRMC and assisted by *woreda* authorities. The category of the *woreda* in the hotspot priority ranking, MAM/SAM admission rates recorded by Nutrition Cluster partners and the level of household food insecurity will inform this prioritization. Data supporting this exercise will originate from health and nutrition screening carried out by *woreda* authorities and the results of the 2017 *belg* assessment.

PRIORITY	ACTIVITY	BENEFICIARIES	REVISED BENEFICIARIES	REQUIREMENTS US\$	REQUIREMENTS REVISED US\$
Critical	Emergency Food Assistance (NDRMC / WFP)	4.7M	7.1M	502M	838.2M
Critical	Emergency Food Assistance (JEOP)	0.9M	1.4M	96M	
TOTAL REQUIREMENTS		5.6M	8.5M	598M	

HEALTH



PEOPLE TARGETED



6.26M

REQUIREMENTS (US\$)



46M

OF PARTNERS



12

IN SUPPORT OF STRATEGIC OBJECTIVES 1 AND 3

CLUSTER OBJECTIVE 1

1 To strengthen the capacity of the health system to deliver lifesaving interventions aimed at reducing morbidity and mortality resulting from public health events.

CLUSTER OBJECTIVE 2

2 To detect and respond to epidemic disease outbreaks in high risk areas.

Back to back *El Niño*-driven droughts for three consecutive years affected large parts of Ethiopia with significant public health impacts. The reclassification of hotspots based on 2017 *bel/gu* assessments shows a 6 per cent increase in priority 1 (P1) and priority 2 (P2) *woredas* (from 366 to 389) compared to the classifications from December 2016. The increase of P1 *woredas* from 192 to 274 reflects the severity of drought-related health consequences. Consequently, the target population increased to 6.26 million people. The AWD outbreak continues to spread at an alarming rate and without maintaining the response and control efforts, there is a risk for further spread due to the degradation of health determinants such as access to safe drinking water, widespread food insecurity with general poor nutrition and increasing SAM incidence, along with cross-border movements, internal displacement, on the back drop of overburdened local health systems. Measles outbreaks continue in four of the most drought-affected regions. Dengue Fever, typhoid fever and malaria are also on the rise.

The immediate/medium term risk for further spread of AWD but also for other types of outbreaks remains high with a potential surge in August and September. The early scale-down of the AWD response and control at the end of 2016, primarily due to insufficient resources, created the conditions for the resurgence of the outbreak in 2017. The recent downward trend in the reported

AWD cases in spite of the aggravation of underlying causes presents a good opportunity for controlling the outbreak and this opportunity should not be missed.

The mortality rate in children under-5 is likely to increase given the vicious cycle of poor nutrition/malnutrition – increased susceptibility to infection - illnesses – severe malnutrition causes more children with MAM to fall into SAM and further medicalization of SAM care.

The health coverage of drought-induced displaced people and pastoralist communities is insufficient and fails to meet basic requirements. An additional 400,000 newly displaced people in Oromia and Somali regions overburden existing health facilities in host areas. Frequent stock outs, supply shortages and unequal distribution of qualified medical staff are wide spread.

The response to the AWD outbreak required massive collaborative efforts of multiple partners. FMOH showed strong commitment and repurposed resources for the 90 days response plan from SDG funds. The overall response and control measures for AWD prevention and control are currently addressing over 5 million people through surveillance, RRT, WASH, case management and social mobilization which helped stabilize the spread of the disease and led to significant reduction of cases.

PRIORITY	ACTIVITY	BENEFICIARIES	REVISED BENEFICIARIES	REQUIREMENTS US\$	REQUIREMENTS REVISED US\$
Critical	Access to integrated PHC and referral services for targeted communities	Indirect – 4,370,000 individuals	6,26 M	6.3M	25M
Critical	Response, control and prevention of disease outbreaks..	Indirect – 4,370,000 individuals	6,26 M	3.84M	7.3M
Critical	Strengthen the nutrition surveillance at HF level and technical support for SAM management.	Indirect – 3,300,000 individuals	5M	22.87M	3.8M
Critical	Strengthen the PHEM capacity at Federal, regional and zonal level to prepare and respond to all health hazards and threats.	MoH/EPHI (PHEM) and Health Bureaus	14 Federal, Regional, and Zonal EOCs	9.8M	9.79M
TOTAL REQUIREMENTS		4.37M	6.26M	42.8M	46M

NUTRITION



PEOPLE TARGETED

 3.9M

REQUIREMENTS (US\$)

 131M

OF PARTNERS

 27

Findings from the *belg* assessment conducted in June, identified 461 *woredas* classified as hotspot priority 1-3 (P1, P2 or P3). The number of P1 *woredas* increased from 192 (December 2016) to 228 in July 2017, P2 decreased from 174 to 158 and P3 decreased from 88 to 75 *woredas*. From the observed deterioration in food security in pastoral and *belg* dependent areas, the outlook for extended drought conditions and ongoing disease outbreaks in parts of six regions and given that SAM admissions in the first four months of 2017 were 20 per cent above the initial projection for 2017, and that MAM targets have been surpassed, a multi-agency group strategic advisory group lead by the NDRMC/ENCU revised the projected needs to 376,000

SAM admissions and 3.6 million MAM admissions (1.84 million children aged 6-59 months and 1.76 million pregnant and lactating women). The worst affected areas remain in the southern belt of Somali region and 4 zones of Afar region and across *belg* producing zones of Oromia and SNNP regions. Due to population data updates, the target for biannual nutrition screening, Vitamin A supplementation and deworming were revised to target 13.3 million children aged 6-59 months.

Projected shortfalls in the pipeline for specialized nutritious commodities for MAM treatment, has resulted in austere targeting to ensure that foods is directed only to P1 *woredas* where



IN SUPPORT OF STRATEGIC OBJECTIVES 1,2 AND 3

CLUSTER OBJECTIVE 1

1 376,000 SAM cases and 3.6 million MAM cases identified and treated for severe and moderate acute malnutrition, ensuring the beneficiaries have access to a continuum of care and IYCF-E support.

CLUSTER OBJECTIVE 2

2 Integrated response (at least with WASH, Health, WASH and food) promoted to mitigate against nutrition vulnerability

CLUSTER OBJECTIVE 3

3 5,000² acutely malnourished children from internally displaced population timely identified and treated with MAM and SAM management services to prevent further impact of the experienced shocks.

the risk of mortality is greatest and where the capacity to deliver effective MAM treatment is present. No P2 *woredas* have been targeted for MAM treatment due to the shortfall in nutrition commodities. Disease outbreaks prevail, notably AWD and measles which greatly increase the risk of mortality especially

among malnourished children. Enhanced services and treatment quality is central to the revised strategy for the nutrition response in particular inpatient treatment to avert mortality among children with medical complications associated with SAM.

PRIORITY	ACTIVITY	BENEFICIARIES	REVISED BENEFICIARIES	REQUIREMENTS US\$	REQUIREMENTS REVISED US\$
Critical	Management of SAM, including technical and logistical support	303,000	376,397	40.2M	48.2M
Critical	Management of MAM and PLW, including technical and logistical support	<ul style="list-style-type: none"> 1,371,235 MAM children 6 to 59 months 1,372,758 acutely malnourished PLW 	1,834,251 MAM children 6 to 59 months 1,765,714 acutely malnourished PLW	60.5M	77.1M
High	Infant and Young Child Feeding – Emergency (IYCF-E)	Caregiver of 1 million children 0-23 months and 550,000 pregnant and lactating women	Caregiver of 1 million children 0-23 months and 550,000 pregnant and lactating women M	0.5M	0.5M
Critical	Malnutrition screening including Vitamin A	10.3 million children 6-59 months	13.3 M children 6-59 months	2.8M	3.6M
High	Early warning and coordination	42 nutrition surveys ENCU coordination platforms in Addis Ababa and six regions	surveys	1.6M	1.6M
TOTAL REQUIREMENTS		3.9M		105.6M	131M

PROTECTION



PEOPLE TARGETED



REQUIREMENTS (US\$)



OF PARTNERS



IN SUPPORT OF STRATEGIC OBJECTIVES 1 AND 3

CLUSTER OBJECTIVE 1

1 Vulnerable groups, including women, girls and boys, are protected from life threatening protection risks including GBV, neglect, abuse, exploitation and other forms of violence.

CLUSTER OBJECTIVE 2

2 Coordination, analysis and monitoring of protection as core intervention for humanitarian actors is ensured in close collaboration with authorities

In Ethiopia, drought, conflict and flooding forced 843,367 people (135,352 households) into displacement, many are in IDP sites. Women and girls in particular, note that 80 per cent of IDP sites lack toilets and some 95 per cent lack adequate lighting and report feeling vulnerable at night.

The 2017 spring *belg* assessment highlighted a significant increase in negative coping mechanisms such as child marriage, child migration and child labor. In Somali region, 47 per cent of interviewed key informants stated that the increase in early marriage was due to drought-induced poverty. In some 43 per cent of the assessed *woredas*, key informants reported child migration and hazardous child labor was reported in 41 per cent of these *woredas*. In Tigray region, 67 per cent of the assessed *woredas* reported cases of GBV and domestic violence while reports of women and girls trading sex for food or other goods were reported in 33 per cent. In Afar, some 41 per cent of the assessed *woredas* reported increased abduction of children and women as a result of drought. However, there are limited formal case management systems/services for affected families and access to services targeting vulnerable groups (e.g.: gender, age and disabled) are limited.

In drought situations, families and communities are forced to make difficult decisions for their survival. Internal displacement exacerbates the already challenging circumstances surrounding the ongoing drought. The overwhelming majority of IDP sites are not covered by social workers or protection workers (e.g. 91 per cent of all IDP sites report that they have no child protection services). Community spaces (for women and children) and effective referral services to support survivors and those at risk

is critical. Children often drop out of school and/or leave their families to search for food or money, engaging in risky movement and facing abuse and exploitation. Child friendly spaces and especially schools are critical and life-saving interventions to mitigate these dangers. Where the elderly are without caretakers, and people with disabilities, they often do not have access to food or to critical medical care.

During the second half of the year, the protection response scale-up, particularly in the Somali region, where Regional Protection Sub-Cluster is being established to work alongside the Regional CP GBV Sub Cluster, will continue. To facilitate access to services, community spaces for children and women will be co-located with other services. Protection partners will monitor and respond to CP, GBV and other protection-related situations and providing early warning mechanisms to support preventive action, including through mobile teams. Furthermore, the Protection Cluster will work with the revitalized Durable Solutions Working Group (DSWG), with a focus on communities that are in protracted displacement, that is where the process for finding durable solutions is stalled and /or IDPs are marginalized as a consequence of lack of protection including of their economic, social and cultural rights.

PRIORITY	ACTIVITY	BENEFICIARIES	REVISED BENEFICIARIES	REQUIREMENTS US\$	REQUIREMENTS REVISED US\$
Activities under SO1					
Critical	Child protection cases (within or moving from emergency affected areas) are identified, referred and responded to	22,500 direct (50% girls, 50% boys)	22,500	2.1M	2.1M
Critical	GBV cases are identified, referred and responded to	10,000 direct Beneficiaries	5,000 direct 5,000 indirect	1M(GBV)	1M
Critical	Vulnerable elderly and people with disabilities are identified and provided with protective support or referral services	-	28,000	-	1.2M
Critical	Equip health facilities with medicines and treatment kits for survivors of sexual violence Target: 136 health facilities	-	1600	0.2M	0.2M
Critical	Children, parents and caretakers provided with skills and support (including psychosocial) to prevent, mitigate or respond to risks for children	50,000 direct (20,000 girls, 20,000 boys, 5000 women, 5000 men),	50,000 direct (20,000 girls, 20,000 boys, 5000 women, 5000 men),	1.8M	1.8M
Critical	Vulnerable women and girls provided with psychosocial support services through WFS	20,000 direct beneficiaries	30,000	0.9M	1.35M
High	Community members, social workers, teachers, health workers, humanitarian workers, police and other service providers are provided with knowledge and skills to identify, prevent and respond to child protection cases and GBV risks	195,000 indirect beneficiaries	195,000	1.7M	0.7M
High	Reproductive age women and girls provided with dignity kits	67,000	67,000	1.5M	1.5M

Activities under SO3					
Critical	Governmental official, humanitarian workers and other service providers are provided with knowledge and skills to identify, prevent and respond to protection risks as well strengthening coordination on durable solutions for IDPs and other affected population	150,000	150,000	0.3M	0.3M
Critical	CP and GBV cases within IDP or conflict-affected communities are identified, referred and responded to	5,500	13,000	0.48M	1M
High	Establish and strengthen GBV information management system Target: 37 <i>woredas</i>	-	17,000	0.56M	0.56M
Critical	IDP children, women and carers provided with skills and psychosocial support	10,000	20,000	0.6M	1.14M
High	Monitoring and evaluation activities to assess and analyze protection risks and the effectiveness of response in reducing risks	60,000	60,000	0.1M	0.1M
Critical	IDPs have enhanced protection and access to services through strengthened coordination, operational standards and advocacy actions	50,000	50,000	-	0.15M
TOTAL		590,000	714,100	11.1M	13.2M

WATER, SANITATION AND HYGIENE



PEOPLE TARGETED



10.5M

REQUIREMENTS (US\$)



102.1M

OF PARTNERS



48

IN SUPPORT OF STRATEGIC OBJECTIVES 1 AND 3

CLUSTER OBJECTIVE 1:

1 Save lives by responding to emergencies through improved coordination at all levels, to deliver water, sanitation and hygiene promotion assistance to affected populations.

CLUSTER OBJECTIVE 2

2 Prepare for humanitarian shocks – flooding, conflict and displacement and be well-positioned to provide WaSH services during the response phase of an emergency.

At the start of the year, it was projected that 86 million USD would be required to reach 9.2 million USD people. As the situation deteriorated in the first half of the year, the sector focused on water trucking where more than 2.9 million people in 185 *woredas* were supported; the maintenance of boreholes (serving communities and being used to replenish trucks) and the provision of household water treatment chemicals.

Although poor, *belg* rains since April slightly and temporarily improved water availability in priority *woredas* leading to a decrease in water trucking demands. However, the use of rain-fed unprotected unsafe water sources raises the risk of water borne disease transmission and requires increased access to household water treatment chemicals.

At the same time, acute water scarcity expanded beyond IOD-induced drought-affected areas as spring rains were late in onset and sporadic in Afar and in pocket areas throughout the northern *belg*-receiving areas. Public health risks associated with lack of safe water increased.

Health risks caused by water borne diseases such as AWD coupled with malnutrition, requires WaSH service provision in facilities that are providing public health prevention and treatment services. Preparedness and prevention through hygiene and sanitation and

increased safe water practices, are critical to reduce public health risks. This is particularly true of WASH services at displacement sites in Somali region. Currently the sanitation and hygiene coverage is extremely low and requires immediate attention.

During the second half of the year, water trucking interventions will focus on mitigating public health risks and IDP sites. Alternatives to water trucking such as construction of new or rehabilitation of non-functional water point near IDP sites, in priority *woredas*, and Health/Nutrition priority locations will be explored and prioritized to minimize the cost and increase sustainable water supplies. Providing household WaSH NFIs, including water treatment chemicals, storage containers, soap will be prioritized to minimize public health risks along with continued hygiene and sanitation promotions.

102 million USD is required to reach some 10.5 million people in the second half of the year. More than half of the beneficiaries will be supported with household water treatment chemicals, WaSH NFIs and hygiene promotions.

ACTIVITY		BENEFICIARIES	REVISED BENEFICIARIES	REQUIREMENTS US\$	REQUIREMENTS REVISED US\$
Water: Access to safe water through provision of :					
Critical	Water: Access to safe water through provision of <ul style="list-style-type: none"> Rehabilitation and upgrade of water points Operation and maintenance of water points Emergency water supply at crucial points – water trucking and EMWAT kits Repair and maintenance of water supply / sanitation at institutional level in high priority locations (Schools, Health centres etc.) 	2,682,830	3,165,739	37.5M	39.3M
High	<ul style="list-style-type: none"> New water points / sources / system construction in crucial areas New construction of WaSH facilities at institutional level in high priority locations (Schools, Health centres etc.) 	445,912	588,604	22.3M	29.4M
WASH response to minimize public health risks					

Critical	(water / vector borne diseases) <ul style="list-style-type: none"> Household water safety and security (Provision of water treatment chemicals, WASH NFIs and awareness raising in urban and rural communities) Promotion of Safe sanitation and hygiene (e.g. soap for personal hygiene and cleaning, C4D activities and materials, etc) 	4,835,469	5,222,307	9.7M	14.3M
Water: Access to safe water through provision of :					
High	Water: Access to safe water through provision of <ul style="list-style-type: none"> Rehabilitation and upgrade of water points Operation and maintenance of water points Emergency water supply at crucial points – water trucking and EMWAT kits Repair and maintenance of water supply / sanitation at institutional level in high priority locations (Schools, Health centres etc.) 	1,208,867	1,498,995	16.9M	18.98M
TOTAL REQUIREMENTS		9,200,000	10,475,645	86.4M	102.1M

PART III: ANNEXES

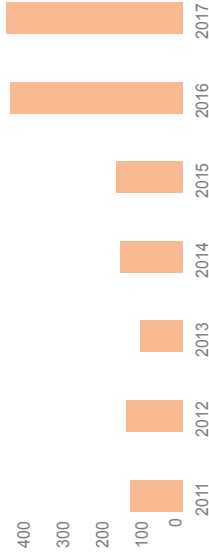
Regional Needs Snapshots: *Belg* Assessment Results
2017 Government of Ethiopia and Donor contribution
Coordination Structure in Ethiopia

Afar Region: Belg Assessment Summary (as of August 2017)

BASELINE DATA

Population:	1.7 million (CSA 2016)
Livelihood:	pastoralism (90%) and agro pastoralism (10%)
Rainfall Calendar:	<i>sugum</i> (March - April), <i>karma</i> (July - September)

Food insecure population trend (in thousands)



SEASONAL PERFORMANCE

- The 2017 *sugum* rains were late in onset and near normal in cessation with localized variability. The rains were erratic in distribution and ranged in quantity from average to poor in the 17 assessed *woredas*.

IMPACT

- A growing number of households that lost their livestock due to drought dropped out of pastoralism in the predominantly pastoralist region while alternative livelihoods are not viable nor widely available.
- Water supply coverage varies and some 350,000 people in 83 *kebeles* do not have access to safe water. Of the 352 water supply schemes, 319 (90.6 per cent) are functional.
- Insufficient rains substantially reduced *sugum* crop production. In crop-dependent Argoba Special *woreda* crops failed for the sixth consecutive year. In areas such as Dallo *woreda* crop losses were due to flash floods.
- The rains improved pasture availability and livestock body condition. However, an expected return to drought conditions by the end of July may result in increased early migration of livestock within and out of the region.
- The distribution of PSNP and relief food supplies reduced demand for cereals in local markets and consequently low supply of cereals to markets.
- The three primary causes of morbidity are malaria (19 per cent), diarrhea (19 per cent) and pneumonia (18 per cent).
- The January-April SAM admission rate, on average 1,700 children per month, was lower compared to the same time last year (April 2017 admissions were 11 per cent lower than April 2016).
- Floods affected 162,423 people in 25 *Kebeles* in four *woredas*. 3,335 households (16,675 people) were internally displaced in 11 *woredas* due to drought, flood, inter-community conflicts and strong winds that damaged shelters including infrastructure for social services.
- Of the 645 primary and ABE center schools, 14.1 per cent (91 schools) were affected by emergencies: three schools were closed due to conflict, seven schools affected by drought, 16 schools by flooding and 65 schools by high winds.
- Women and girls were disproportionately affected. A spike in the number of cases of GBV, including physical and sexual violence, early child marriage, and child separation. Limited access to services, neglect of elders and psychosocial distress are amongst the reported protection concerns.

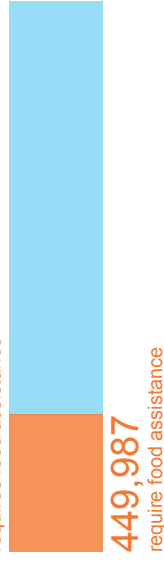
COPING MECHANISMS

- Sale of livestock and dependence on food assistance.
- Migration to areas with better water and pasture, culling infant animals (lambs and kids) to save core breeding stock and preserve milk for household consumption, and sharing resources amongst relatives and community members.
- Sex for food and child labour were reported in some *woredas*.

CURRENT RESPONSE

- Emergency SAM and MAM treatment and management through Government health systems, were supported with TSF supplies for P1 *woredas*, TFP supplies, and (four) CMAM monitors. Thirteen of the 23 P1 *woredas* and four of the nine P2 *woredas* were supported by NGO nutrition interventions.
- The regional AWD task force and technical working group including surveillance, daily reporting and CTCs established in six AWD-affected *woredas*.
- Beneficiaries in Zone 2 (except Aldera and Megale *woredas*) and Zone 4 received (fully or partially) Round-6 of PSNP and Round-3 of food assistance. Zones 1, 3 and 5 (except Semurobi *woreda*) received Round-4 of PSNP and Round-3 of food assistance.
- 22,330 livestock received feeding support, benefitting 3,519 households. 309,838 livestock received health support, benefitting 19,823 households. 4,524 livestock restocked, benefitting 1,528 households. 588,677 livestock were vaccinated, benefitting 49,143 households. 150 households benefitted from forage seed and/or cutting support. Between 19-25 per cent are female headed households.

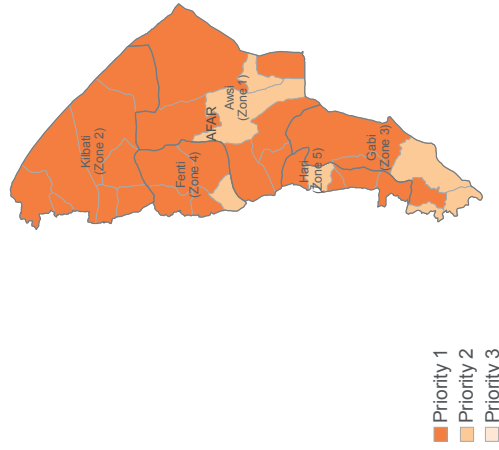
26% of the region's population requires food assistance



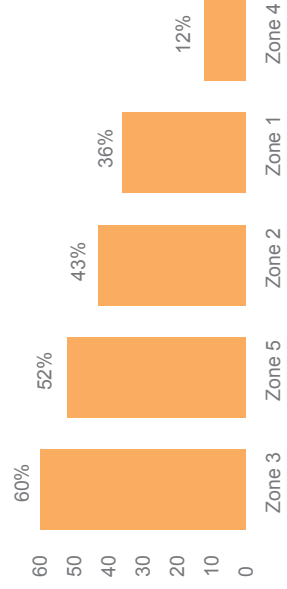
KEY RECOMMENDATIONS

- Support all P1 and P2 *woredas* with emergency nutrition interventions and prioritize for food assistance and MAM support.
- Rehabilitate water harvesting facilities to improve water availability and water trucking as a last resort. Ensure access to safe drinking water and separate school latrines for boys and girls.
- Strengthen and link between early warning, preparedness and response systems.
- Provide ES/NFIs to 3,335 households prioritizing female headed households and other vulnerable groups.
- Strengthen regional referral systems for CP/GBV survivors as well as surveillance, management and control of public health threats.

HOTSPOT WOREDAS AS OF JUNE 2017



Sustainable water supply coverage

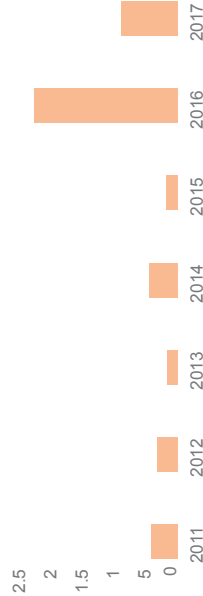


Amhara Region: Belg Assessment Summary (as of August 2017)

BASELINE DATA

Population:	20.7 million (CSA 2016)
Livelihood:	100% agrarian (mixed cropping and livestock)
Rainfall Calendar:	<i>belg</i> (March–May) and <i>kiremt</i> (June–September)

Food insecure population trend (in millions)



SEASONAL PERFORMANCE

The overall performance of the *belg* rains was near normal. The rains improved pasture and water availability, however the amount and distribution were insufficient for *belg* crop production in most of North and South Wollo zones. The dry spell from the third week of March to the second week of April reduced the *belg* yield however, improved rains after the third week of April benefitted *belg* crop growth and the planting of long cycle *meher* crops.

IMPACT

- Moisture stress, pests and crop diseases, hailstorms and floods resulted in a 26 per cent *belg* crop yield reduction. A food deficit is expected in most of South Wollo and North Wollo zones and in some parts of North Shewa zone.
- The body condition of shoats and cattle in most *belg*-receiving areas improved due to the availability of pasture and water and livestock prices slightly increased.
- The supply and price of staple food were stable along the normal trend as compared to last year, however the price of pulses increased due to supply shortages. Food assistance and PSNP transfers helped to stabilize supply and market prices in most *woredas*.
- An AWD outbreak, first reported in February at Holy Water Sites, affected 32 *woredas*. Without sustained intervention the risk for further spread is significant. Ten *woredas* in Amhara region reported 28 per cent of the national measles caseload. Typhoid fever and scabies are also reported as major public health threats.
- Between November 2016 and April 2017, 21,610 children aged 6-59 months were admitted for SAM treatment (average 3,602 per month).
- 77,297 people in 12 assessed *woredas* had no or limited access to safe water. 79 schools and 27 health facilities do not have water supply. Only 42 per cent of schools have separate latrines for boys and girls and more than 50 per cent of schools do not have hand-washing facilities. There is no access to safe water and proper sanitation in Holy Water Sites and for the displaced population/seasonal workers, creating significant health risks.
- Increased incidence of child marriage, migration of children and women by force or false promise, psychosocial distress, women and girls trading sex for food/favours were reported. Reportedly, sexual and domestic violence increased.

COPING MECHANISMS

Excessive sell of livestock and meal reduction in quality and quantity, migration in search of livelihoods, children farm workers, and girls engaging in collection of fire wood as an income generating activity were reported.

Income from the sale of livestock, livestock products, and eucalyptus pole, wage labour, remittances, and petty trade contribute to the household economy in most *belg* dependent areas.

CURRENT RESPONSE

- 8,521 livestock heads restocked, benefitting 2,281 households, 20 per cent are female headed households.
- Trained by the CP/GBV sub-cluster, *woreda* Women, Children Affairs Office and *woreda* Police Office coordinate efforts for comprehensive case management, psychosocial support in response to reports of GBV and CP cases.
- The RHB chaired AWD response meeting, meets daily to review surveillance reports from affected *woredas*. 24 CTCs and CTUs were established, and medical staff trained. IEC activities are ongoing. The Regional WASH AWD prevention and control plan is focused on Holy Water Sites, agricultural investment areas and other high risk communities.

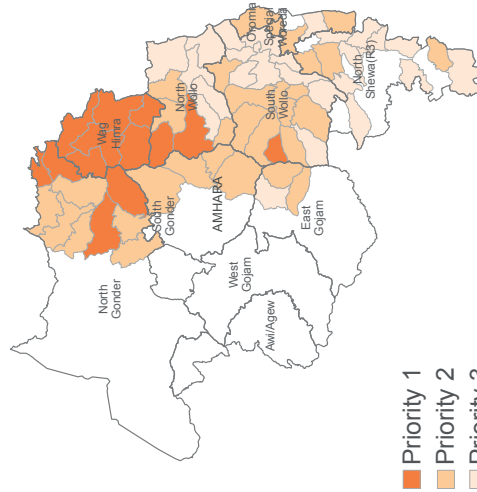
4.6% of region's population requires food assistance

952,570 require food assistance

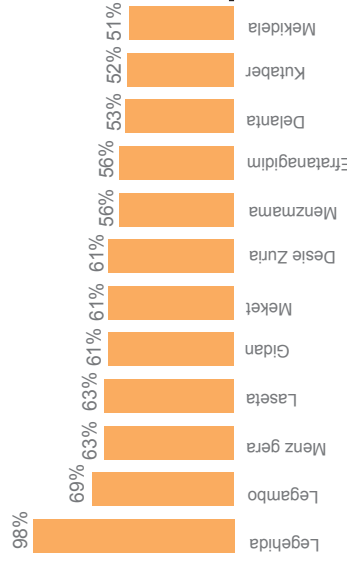
KEY RECOMMENDATIONS

- Timely and adequate emergency food aid assistance for people who lost their crops and have no means to support their families.
- Clusters to prioritize and support AWD response. Priority to improving maintenance capacity of water technicians, rehabilitate and maintain non-functional water schemes, distribution of household water treatment chemicals, strengthen hygiene and sanitation promotion activities, improve quality of reporting and coordination.
- Expand active surveillance system (daily reporting) in all outbreak affected zones, neighbouring *woredas* and agricultural investment areas. Improve access to basic health care for IDPs and other high risk communities. Establish a network of multidisciplinary Rapid Response Teams for early investigation and immediate response to health threats.
- Provide school feeding programs for targeted schools and construct separate latrines in primary and secondary schools.

HOTSPOT WOREDAS AS OF JUNE 2017



Sustainable water supply coverage



Oromia Region: Belg Assessment Summary (as of August 2017)

BASELINE DATA

Population:	34.5 million (CSA 2016)
Livelihood:	agrarian (85%) and pastoralist (15%)
Rainfall Calendar:	<i>ganna/belg</i> (April -mid-June), <i>kiremt</i> (July - October), <i>ragaya</i> (October-November)

SEASONAL PERFORMANCE

- Characterized by late onset, inadequate amount, long dry spells and flooding and landslides and early cessation, the *belg/genna* rains were poor for the third consecutive season. Pastoralist and agro-pastoralist lowlands (Bale, Borena, Guji West Guji zones) and low- and mid-lands of East and West Hararge zones are of particular concern.

IMPACT

- Planting was 30 per cent lower than 2016 and a Fall Armyworm infestation in eight zones expected to further reduce *belg* yield. Up to 90 per cent harvest loss expected in parts of Borena, Guji and West Guji zones; less than 20 per cent harvest expected in West Hararge and no harvest in East Hararge zone. Floods destroyed farmlands and houses in parts of West Arsi and East Shewa zones.
- Reported below normal pasture availability while drought and disease led to significant livestock deaths in six zones. Increases in crop and decreases in livestock prices were reported, except East and North Shewa (crop prices stable).
- In 2017, 2,404 AWD cases reported in three zones. Malaria, scabies and meningitis continue to be public health threats. Suboptimal vaccination coverage resulted in measles outbreaks affecting all age groups.
- Compared to the same period last year, SAM cases decreased, except in Arsi, East Hararge, and West Guji zones where SAM admissions with medical complications increased.
- 18 per cent of schools were affected by drought. Shortages of food and water, educational materials, absence of sex segregated latrines and hand washing facilities, early marriage, and child labor reportedly contributed to increased school absenteeism and drop out.

- In drought-affected pastoralist communities, increased vulnerability of women and children, especially unaccompanied children. Lack of IDP access to basic social services and reportedly some 44,446 households were reported displaced, 71 per cent require shelter/NFIs.
- More than 1.3 million people dependent on non-functional water sources use unprotected water sources. Access to water in schools is very low and nearly 420 health centers require support to access water until the end of 2017. Some 1.89 million people live in high risk areas for WaSH-related emergencies.

COPING MECHANISMS

- Negative coping strategies included migrating to better-off areas and selling livestock, child labor, polygamy, early marriage and commercial sex. However, livestock deaths, poor livestock body condition and low demand in local market make the strategy increasingly difficult to use.

CURRENT RESPONSE

- NDRMC delivered three rounds of relief food. In March, the relief food caseload increased. Four PSNP transfers were completed and in 17 cash pilot *woredas*, 166,867 people received two rounds of cash transfers (ETB 57.5 million).
- Nutrition partners support government CMAM programs in 41 of the 64 *woredas* and 19 of the 56 P2 *woredas*.
- Weekly RHB-chaired and WHO co-chaired AWD Technical Working Groups to implement the regional plan. The Early Warning component of IDSR activated and RRTs deployed. Ten AWD tented CTC/CTU established in HF and HEWs mobilized.
- 90,735 livestock (18,243 households) received animal feed; 44,224 livestock (22,961 households) received veterinary services; 13,453 received meat; 1,120 livestock (280 households) restocked, and 1,421 households received forage seed.
- EIE interventions facilitated normal school function and active teaching-learning processes.

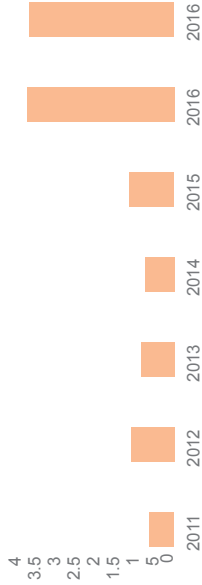
10.6% of region's population require food assistance

3.67M require food assistance

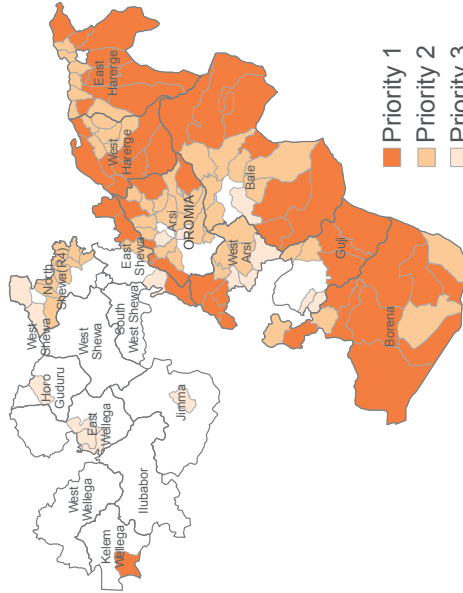
KEY RECOMMENDATIONS

- Continued assistance to PSNP public work clients until the end of 2017.
- Ensure MAM treatment in all P1 and optimal CMAM services for SAM.
- Provide ES/NFIs to 31,924 households and support house repairs in East Hararge zone.
- Provide animal fodder, veterinary drugs, vaccines and veterinary equipment and livestock water support.
- Prioritize EIE interventions, including school-feeding, WaSH and supplies to reduce dropouts and irregular attendance/absenteeism.
- Strengthen OWCA to address growing women and child protection needs, mainstream protection in zonal emergency response and preparedness plans, and response packages.
- Continue water trucking in affected communities, schools and health centers while maintaining strategically selected non-functional water schemes. Distribute household water treatment chemicals and regularly disinfect water reservoirs.
- At least one CTC per AWD-affected *woreda*; ensure availability and distribution of supplies; ensure surge capacity of 1 RRT for each affected *woreda* and 2 regional RRTs; increase social mobilization for AWD awareness; improve coordination with WaSH partners; and ensure optimal response through RRT, SBCC technical capacity and surveillance.

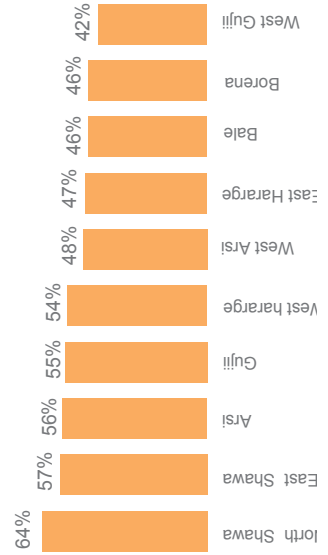
Food insecure population trend (in millions)



HOTSPOT WOREDAS AS OF JUNE 2017



Sustainable water supply coverage

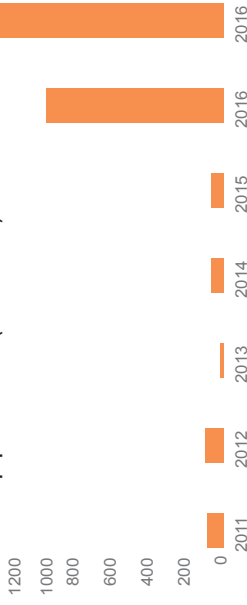


SNNP Region: Belg Assessment Summary (as of August 2017)

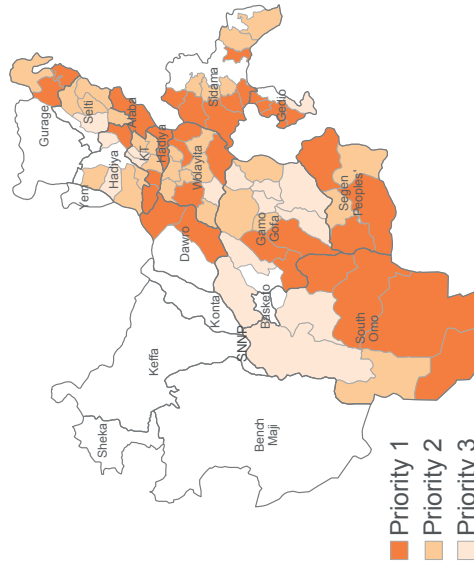
BASELINE DATA

Population:	18.7 million (CSA 2016)
Livelihood:	cropping (88%), agro-pastoralism (4%) and pastoralism (8%)
Rainfall Calendar:	<i>belg</i> (March-May) and <i>kiremt</i> (June-September)

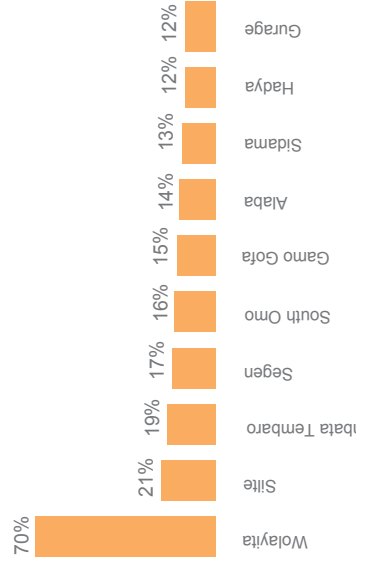
Food insecure population trend (in thousands)



HOTSPOT WOREDAS AS OF JUNE 2017



Sustainable water supply coverage



SEASONAL PERFORMANCE

- Late and irregular spring *belg* rains in most parts of the region. Large rainfall deficits were registered in pastoralist, lowland and dry midland crop producing areas. Improved rains from May to the first week of June did not improve the overall performance.

IMPACT

- On average, less than 70 per cent of the total cropland planted, *belg* production is expected to be below average. The July harvest, an important bridge for many communities postponed to October.
- The Fall Armyworm infestation affected all zones and is expected to further reduce the yield.
- Below average national coffee production will reduce labor opportunities, limiting additional income sources for poor households.
- Significant livestock deaths reported in Segen and South Omo zones.
- Since 2016, in drought-affected areas cereal prices steadily increased, while cattle prices decreased by 50 per cent.
- Steadily increasing monthly SAM admissions since January, in May, 5,805 admissions to TFP were recorded, while long distances to TSFP distribution points, particularly in South Omo, decrease access. Potential relief and TFSP pipeline breaks in densely populated areas where a *belg* failure could trigger a food insecurity spike and rapid deterioration of children's nutrition status.

- Measles reported in two *woredas*, with a risk of the measles outbreak spreading. The incidence of malaria could also increase due to potential breeding sites and the low usage of insecticide treated nets. AWD triggers include poor access to safe drinking water and poor sanitation along the Omo and Bilitain rivers, and in sugar factory sites.
- Over 1.1 million people travel long distances to access functional water schemes or use unprotected water sources. Of assessed water supply schemes, 12.7 per cent were non-functional, with water shortages in Gamo Gofa, Segen and South Omo zones.
- While latrine coverage ranges from 85 to 98 per cent, most lack hand washing facilities, which increases the risk of WaSH-related diseases.
- Schools and health facilities do not have access to water and lack separate blocks of latrine for men/boys and women/girls.

COPING MECHANISMS

- Crop and livestock sales, petty trade, handcraft, sale of charcoal and firewood, remittances and local agricultural labor are income sources for the poor and very poor households.

- Reported distress coping strategies include unsustainable sale of livestock, sale of productive animals, and increased consumption of enset.

CURRENT RESPONSE

- 478,151 people received emergency food assistance until June.
- Government and NGO partners provided SAM treatment in 24 IOD drought-affected *woredas* and 15 drought-affected *woredas* in Gamo Gofa, Segen and South Omo zones.
- Temporary availability of water, reduced the number of water trucks to 13, serving 52,000 people in 10 *woredas*. The RWB and partners rehabilitated non-functional water schemes and distributed water treatment chemicals.
- Emergency school feeding and water rationing by Government, WFP and NGOs.

- 2,268 livestock provided feed, benefitting 756 households; veterinary support provided to 87,516 livestock, benefitting 8,751 households; 116 livestock destocked, benefitting 116 households and 920 households provided with meat from destocked animals.

- The 90 day AWD regional plan was finalized and six AWD technical working groups meet weekly. WHO and UNICEF surged emergency teams. An AWD treatment center was established in Sodo Hospital and mapping of HF for zonal AWD CTCs is ongoing. The IDSR with zero daily reporting was activated and weekly epidemiological and operational reports produced. Media messages on prevention of AWD were initiated.

6.9% of the region's population requires food assistance

1.3M require food assistance

KEY RECOMMENDATIONS

- Full CMAM support is needed in parts of Gedeo, Gamo Gofa, Hadiya, Kembata Tembaro, Sidama, Silte and Wolayita. Provide MAM treatment through TSFP and expand second generation TSFP in target P1 *woredas*. In South Omo, review TSFP distribution points to reduce distances and increase accessibility for vulnerable communities.
- Strengthen the quality of care at stabilization centres where 15-16 per cent SAM admissions are treated each month.
- Ensure school feeding and prioritize these schools when deploying water trucks.
- Improve the quality and coverage of the surveillance in all high health risk areas. Increase data analysis capacity and integrate health and nutrition surveillance.
- Ensure AWD treatment capacity in high risk zones, including trained staff, equipment (including PPE) and premises including the RHB and Sodo CTC. Establish three regional RRTs and strengthen community level prevention through the HEWs network.
- Conduct water quality surveillance in all high risk *woredas* and

Somali Region: Belg Assessment Summary (as of August 2017)

BASELINE DATA

Population:	5.5 million (CSA 2016)
Livelihood:	agro-pastoralism (30%), pastoralism (60%), sedentary (10%)
Rainfall Calendar:	gu (April - June) and deyr (November - December)

SEASONAL PERFORMANCE

- The *gu* rains were poor, erratic and ceased early except for Fafan, Sitti and parts of Liben and Dawa zones. While there was a temporary improvement in pasture and water availability, a return to drought conditions is expected by end July.

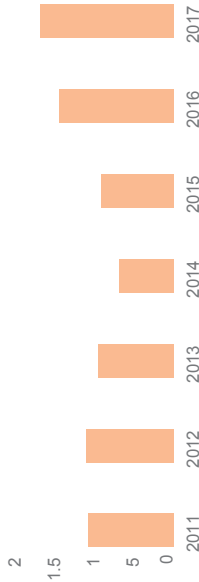
IMPACT

- The *gu* harvest is expected to be poor, resulting in short-term grain price spikes. Prospects are better for crops in irrigated fields along rivers.
- Anecdotal reports of significant livestock deaths in Doolo, Jarar, Korahé and some in Liben and Nogob zones drive below average livestock prices and large-scale population movement to IDP camps was reported.
- By end April, some 30,000 AWD cases were treated in 10 zones and measles outbreaks were reported in Doolo, Jarar, Korahé and Nogob zones. Overburdened health facilities reported shortages of supplies and personnel.
- Malnutrition reached nearly 8,000 new admissions per month in the first quarter of 2017. At least 27,687 children were treated for SAM by April 2017.
- Of the assessed water sources: 28 per cent of 32 river intakes, 25 per cent of 26,267 birkads, 28 per cent of 155 hafir dams, 55 per cent of hand-dug wells, and 28 per cent of 369 boreholes were non-functional. Latrine coverage is under 3 per cent and only 1 per cent of the IDP population have access to sanitation facilities.
- Only 9 per cent of 228 health centres have functional water sources, 73 per cent have latrines.
- 158 schools were affected by drought, heavy winds or conflict. Primary school drop outs reached 5 per cent (37,034 children - 21,145 boys, 15,889 girls).
- DTM-5 identified over 570,000 IDPs with limited access to basic services. 80 per cent live outdoors and in sub-standard shelters.
- Domestic violence, child separation, child marriage and hazardous child labour reportedly increased. The elderly and people with disabilities are often unable to access services; many IDPs experience psychosocial distress.

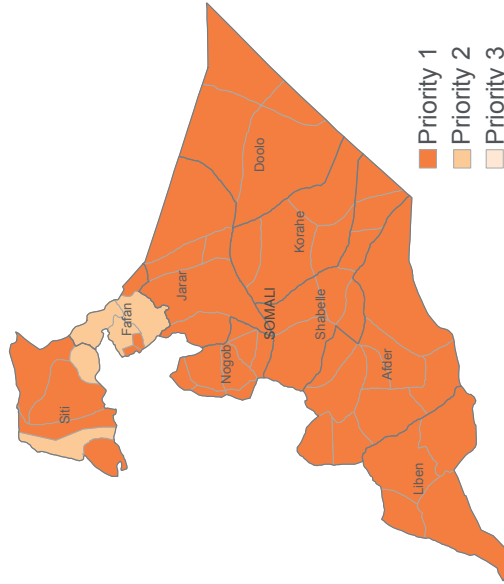
CURRENT RESPONSE

- Four rounds of relief food distributed to 1.4 million people, school feeding for 198,265 students in 229 schools.
- MAM/SAM treatment and management, supported by NGOs in 57 woredas; TSF commodities provided in 62 woredas and blanket supplementary feeding in 21 woredas.

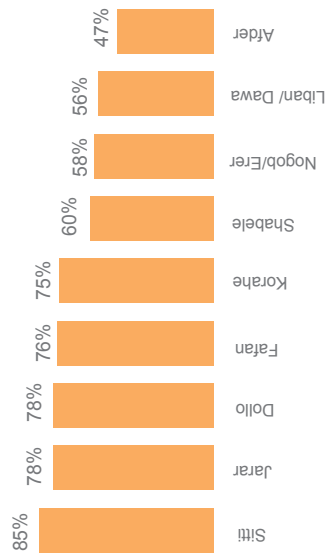
Food insecure population trend (in millions)



HOTSPOT WOREDAS AS OF JUNE 2017



Sustainable water supply coverage



- The number of malnutrition treatment facilities increased to 924; 29 MHNTs were deployed to provide SAM, MAM and basic emergency health services in remote and IDP communities and 30,000 people were treated for AWD.
- 22,000 IDP households received ES/NFI kits.
- 700,000 people in 48 woredas were dependent on water trucks in 48 woredas.
- 218,683 livestock (39,161 HHs) received animal fodder; 320 HHs received forage seed; 348,717 livestock (35,750 HHs) received veterinary services; 253,484 livestock (20,226 HHs) were vaccinated; 38,073 livestock destocked (31,859 HHs) and meat provided to 43,436 HHs. Between 19-25 per cent were female headed households.
- An Emergency Operating Center and technical groups, including six zonal joint case management technical support centers, established to implement the AWD response plan and reinforce surveillance with 56 additional officers. 174 CTCs and CTUs established and 668 health workers deployed by FMOH.

31% of region's population require food assistance

1.7M

assistance

KEY RECOMMENDATIONS

- Ensure continued food (or cash) distribution particularly in hotspot P1 woredas to facilitate the food-MAM-SAM continuum. Strengthen surveillance, screening, and referral; promote infant and young child feeding in emergencies (IYCF-E); and train health staff on SAM with AWD management.
- Provide regular nutrition screening and services, child and maternal health, WaSH, shelter and education for IDPs.
- Maintain and expand all AWD forums to regional "whole health approach" surveillance/early warning system including entry points.
- Complete mapping of AWD CTC/CTUs that need maintenance and improve quality of care in CTCs and HF. Improve supply chain and regional warehouse management and delivery systems. Continue RRT activities with adequate surge capacity for all health threats.
- Scale-up the school feeding program and rehabilitate 158 damaged schools.
- Continue water trucking from July to October 2017, with 125 water trucks for 403 drought-affected kebeles.
- Deploy mobile maintenance teams to repair non-functional boreholes. Prioritize the 40 "quick fixes", benefitting 560,000 people. Drill 40 new deep boreholes including connection to water systems.
- Conduct hygiene promotion campaigns and household water treatment chemical distribution in 99 woredas, prioritizing AWD affected and at risk woredas. Construct 500,000 new latrines.
- Mainstream protection in all sectors and increase multi-sector targeting of IDPs and pastoralists. Build partner protection capacity and ensure the availability of psychosocial support. Establish case management systems to track child protection and GBV cases.
- Provide emergency seeds in lowland agro-pastoralist woredas and support

Tigray Region: Belg Assessment Summary (as of August 2017)

BASELINE DATA

Population:	5.1 million (CSA 2016)
Livelihood:	agriculture (100%)
Rainfall Calendar:	<i>belg</i> (January-May), <i>azmera</i> (April to end of May), and <i>tsedia</i> (June-September)

SEASONAL PERFORMANCE

- The *belg* rainfall was below normal in distribution and amount with a late onset and early cessation in all six *belg*-receiving woredas.

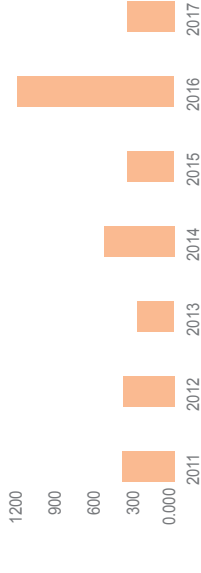
IMPACT

- Approximately 8,609 hectares of cropland wilted or failed in all six *belg* producing woredas and some 5,400 hectares of cropland were replanted during the season.
- Despite the negative effects of the *belg* rains on the crop performance, livestock forage, browse and water availability is normal in all areas, except in few *kebeles* of Raya Azebo.
- With the exception of pulses, the supply of cash crops, staple food and livestock to the market is normal. However, the price of cereals, pulses, and livestock significantly increased compared to the reference year and slightly increased compared to last year. A further spike in prices may occur during the July-September hunger season, depending on the performance of the *kiremt* season.
- Malaria and scabies are public health concerns. Rains, poor hygiene and sanitation coverage and the AWD outbreak on the Amhara-Tigray regional boundary and seasonal workers' mobility during end August/early September increase the risk of an AWD outbreak in Tigray region. The region is prone to water borne and sanitation related diarrheal diseases due to poor access to improved latrines, low hand washing practices and lack of access to potable water supplies.
- Some 83,010 people (41,589 female, 41,421 male) have no access to safe drinking water, and an additional 79,260 people (39,780 female 39,480 male) maybe are at risk of water shortages.
- Of 245 water supply schemes identified, about 72 hand dug wells, springs and shallow wells (30 per cent) are non-functional. Decreasing water level/dryness and mechanical breakdown (availability of spare parts, scarcity of budget and technical staff) are the main causes of non-functionality. Sustainable water supply solutions need to be strengthened in chronically drought-affected woredas.
- Of 24 schools and 19 health facilities (health centers and health posts) assessed, only five schools and 15 health facilities have access to potable water sources.
- Child labour, marriages, and trafficking and limited access to services for children with special needs as well as elderly and people with disabilities.

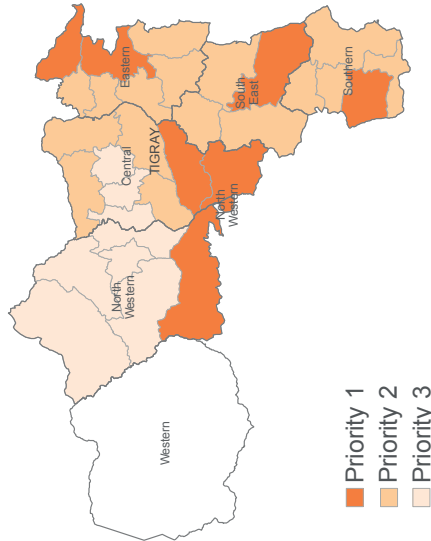
COPING MECHANISMS

- Community Care Coalitions in assessed woredas successfully solve local issues locally, collect, distribute and utilize local resources to

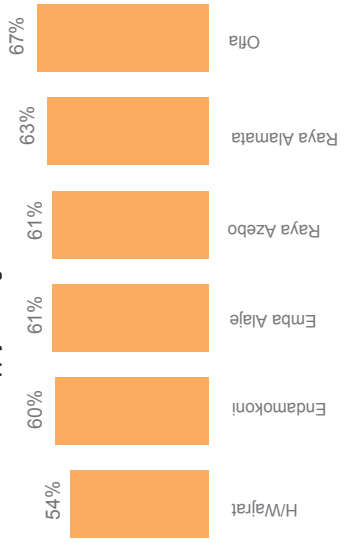
Food insecure population trend (in thousands)



HOTSPOT WOREDAS AS OF JUNE 2017



Sustainable water supply coverage



CURRENT RESPONSE

- The Regional Water Resources Bureau allocated funds for the rehabilitation and the construction of new water harvesting structures such as ponds and mini dams for livestock and water treatment for human consumption. Development partners are complementing with WaSH development interventions.
- The regional vice-president activated a regional task force for AWD response and control and the RHB with WHO support established technical working groups, rolled out the 90 day AWD response plan and deployed 52 additional health officers to activate early warning reporting. Full AWD treatment center established in Mekele Hospital and 224 PHC HF's received ORS and able to treat AWD mild and moderate dehydration.
- Regional CMAM provides routine SAM treatment and management through 816 OTP and 72 Stabilisation Centres. Twelve woredas have second generation TSFP ongoing. Tigray nutrition situation is considerably better compared to early 2016, and accounts for 3 per cent of the national SAM burden.

7.1% of region's population requires food assistance

365,272 require food assistance

KEY RECOMMENDATIONS

- Train some 230 health professionals on AWD and CTC management; replenish AWD treatment and PPE supplies. Train regional and high risk zone rapid response teams (RRT) and provide the RRTs with operational support.
- Decentralize CTC management capacity in 224 health facilities in high risk zones (currently only have capacity for ORS treatment for mild dehydration). At present, only Mekele Hospital has full capacity to treat AWD.
- Health awareness for prevention should be linked with the HEWs and local leaders.
- The malaria outbreak in Hintallo Wajerat woreda requires close follow-up for effective control.
- Ensure that all P1/P2 woredas have the required capacity for SAM/MAM management and response during the July-September hunger season.
- Enable community members and strengthen capacity of local authorities to minimize risk, identify and respond to protection concerns.
- Strengthen woreda capacity to undertake repairs, rehabilitation, maintenance and operation of water points to ensure access to safe water and provide sanitation and hygiene promotion to prevent water borne disease outbreaks and minimize public health risks.

2017 GOVERNMENT OF ETHIOPIA AND DONOR CONTRIBUTION

Ethiopia: 2017 Humanitarian funding update (as of 04 August 2017)



US\$948.6m
required



\$177.1m gap

\$59.1m
allocated to
multi-sector



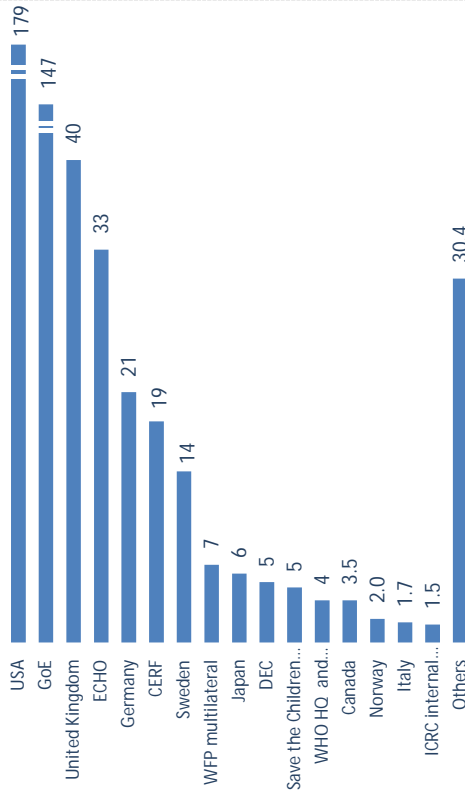
***\$712.5**
allocated
to sectors

a

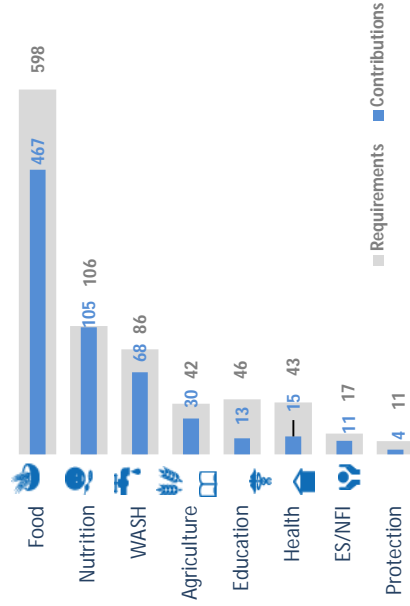
\$34.9m Pledged

c

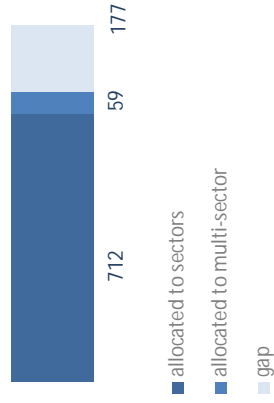
2017 donor contributions/commitments to the HRD - \$million



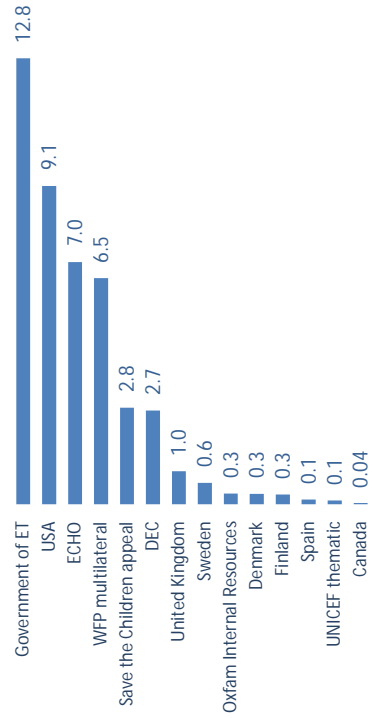
a Requirements and funding per sector - \$million



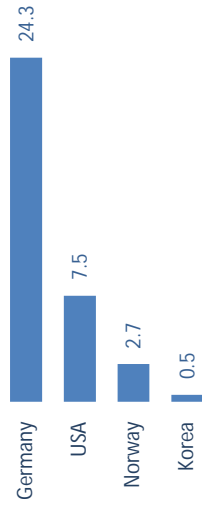
HRD funding - sector allocation and gap - \$million



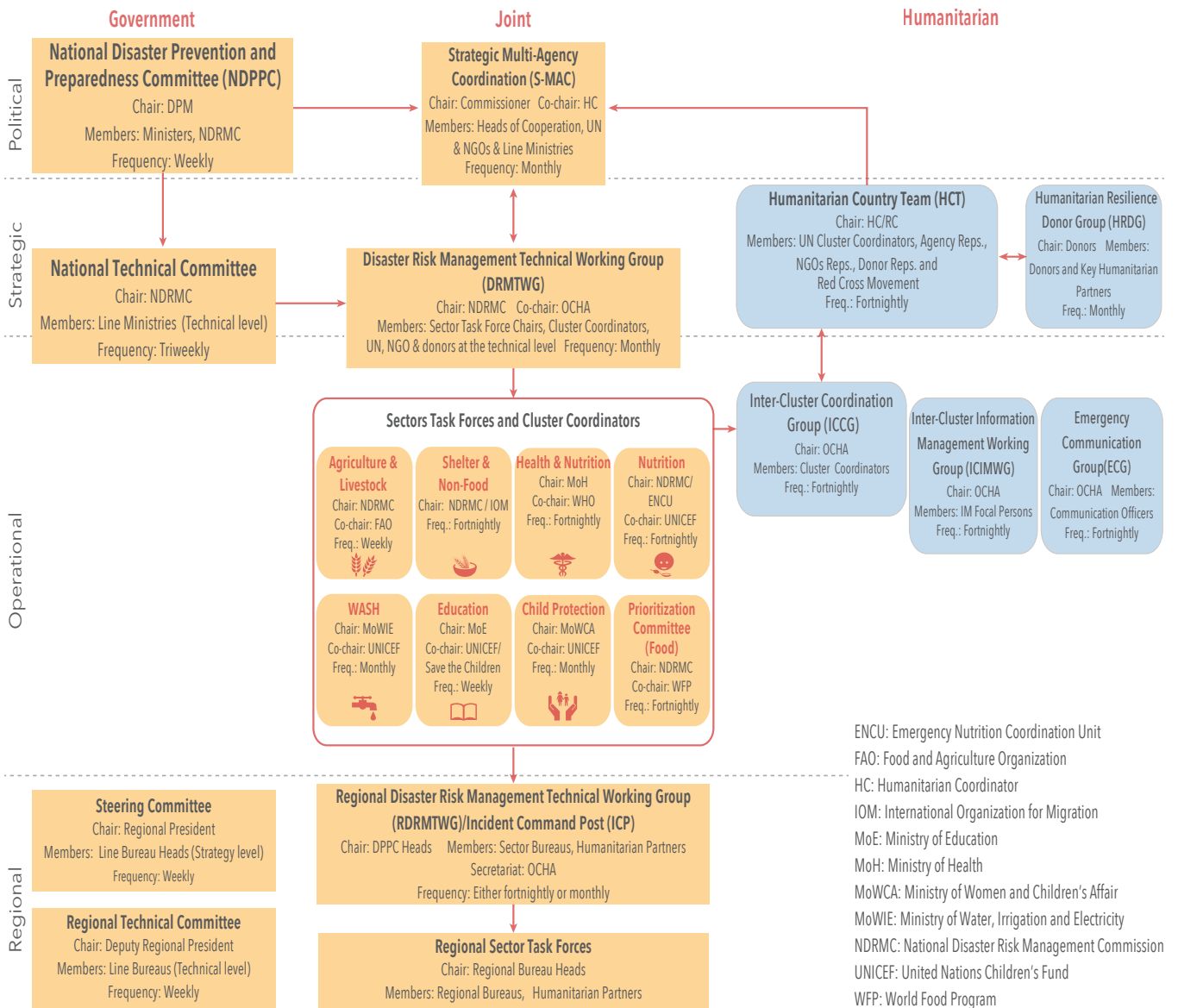
b Donor multi-sector commitments - \$million



c Donor pledges to the HRD - \$million



COORDINATION STRUCTURE IN ETHIOPIA



This is a joint Government of Ethiopia and Humanitarian Partners' document.

This document provides a shared understanding of the crisis, including the most pressing humanitarian needs, and reflects the joint humanitarian response planning.