

Ethiopia

Immediate Humanitarian Funding Priorities



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(April-June 2019)

HRP

Overview

The humanitarian context in Ethiopia continues to evolve rapidly, mainly due to pockets of inter-communal conflict across parts of Ethiopia. As of January 2019, around 3 million people remain displaced and are likely to require continued humanitarian assistance throughout the year regardless of their location. Though the average *meher* harvest replenished household stocks in *meher* producing parts of the central and western Ethiopia, in portions of the eastern lowlands of Oromia, eastern Amhara and southern Tigray, and conflict affected areas of SNNPR, and Oromia, *meher* production is below average and access to food for the majority of households is constrained.¹ Areas of concern (areas with high number of displacements) include East/West Wollega, Kamashi, Gedeo/West Guji, and Central/North Gonder.

This prioritization document was prepared to support donor funding decisions for the next three months (April-June) and outlines the collectively agreed humanitarian funding priorities stemming from the 2019 Humanitarian Response Plan (HRP) requirements. The paper draws on an expected countrywide scenario for the second quarter of 2019 and identifies anticipated critical pipeline or operational gaps in the response. It reflects analysis undertaken within clusters, debated during an inter-cluster exercise, and endorsed at the Ethiopia Humanitarian Country Team.

Without urgent additional funding, most life-saving operations, including nutrition interventions, will cease

beyond March 2019. Donors interested to fund are encouraged to consult with relevant clusters, consider channeling support via the EHF - the humanitarian multi-donor pooled fund led by the UN Humanitarian Coordinator and managed on her behalf by OCHA - that enables the rapid and targeted disbursement of resources to UN and NGO humanitarian partners in line with this prioritization.

The conclusions presented here have been reviewed and ratified by the Humanitarian Country Team and National Disaster Risk Management Commission (NDRMC).

Full descriptions and justifications of prioritized activities by sector appear in Annex I.

Anticipated pipeline breaks beyond June

While \$332.9M will cover response activities from April-June, it does not address the anticipated pipeline ruptures in Q3 (July-September). Given procurement and transportation lead times, Food, Health and Nutrition Cluster are calling for an additional \$278.3M be available before end April to avoid pipeline breaks in June, the height of the lean period.





Full descriptions of anticipated pipeline breaks and impact appear in Annex II.



The 'top priority' funding requirements to address critical gaps for the coming three months (April-June) are \$332.9M, of which 60 per cent will be used towards pipeline requirements.


Cluster	2019 HRP Requirement (USD)	Carry-over (USD)	Net Requirement (USD)	Priority for the next three months (USD)	Percentage against net requirement
Agriculture	63,300,000	1,296,455	62,003,545	7,100,000	11.5
Education	44,642,480	1,799,341	42,843,139	5,340,000	12.5
ESNFI	112,205,500	12,835,986	99,369,514	37,800,000	38.0
				150,000,000 (\$71.5M for cash and \$78.5M for in-kind commodities)	29.1
Food	600,300,000	84,280,831	516,019,169		
Health	143,000,000	2,642,939	140,357,061	34,200,000	24.4
Nutrition	202,992,505	29,941,493	173,051,012	46,908,000	27.1
Protection	13,449,400	2,058,517	11,390,883	3,970,000	34.9
WASH	133,700,000	14,790,470	118,909,530	47,580,000	40.0
Total	1,313,589,885	149,646,032	1,163,943,853	332,898,000	28.6


¹ Ethiopia Food Security Outlook, February to September 2019. FEWSNET, February 2019.

This prioritisation statement has been prepared by OCHA with inputs received from Sector Taskforces / Clusters and is endorsed by the Ethiopia Humanitarian Country Team.

Cluster	Activity	Funding	Activities related to Pipeline/ lifesaving/ protection	Activities related to Livelihoods/ early recovery/ durable solution	Activities related to Capacity building/ Preparedness/Early Warning	Comments
	Provision of animal health services for livelihood deficit communities (615,841 HHs)	\$1.8M	X			Oromia (335,000 HHs), Somali (280,841 HHs)
	Provision of animal health services and feed for IDPs (73,334 HHs)	\$1.7M	X			Afar (6,173 HHs), Amhara (92 HHs), Gambela (1,260 HHs), Oromia (49,907 HHs), SNNP (523 HHs), Somali (15,112 HHs), Tigray (267 HHs)
	Provision of emergency seed for livelihood deficit communities (331,395 HHs)	\$3.5M		X		Afar (12,352 HHs), Amhara (1,259 HHs), Oromia (138,774 HHs), SNNP (1,552 HHs), Somali (171,100 HHs), Tigray (6,358 HHs)
	Provision of emergency seed for IDPs (65,301 HHs)	\$0.1M		X		Afar (1,067 HHs), Amhara (199 HHs), Oromia (26,798 HHs), SNNP (501 HHs), Somali (36,572 HHs), Tigray (164 HHs)
	Accelerated School Readiness	\$0.64M		X		For 16,062 children; Oromia (11, 222), and Somali region (4,840)
	Accelerated Learning Program	\$0.12M		X		For 30,664 children; Oromia (21,424), and Somali region (9,240)
	Provision of learning stationary	\$3.41M		X		For 572,348 children; Amhara (20,366), Benishangul Gumuz (7,474), Oromia (316,080), SNNP (104,778), and Somali region (123,650)
	Psycho-social support training for teachers to support conflict-affected children	\$0.43 M			X	For 1,903 teachers in all regions
	Provision of biscuits	\$0.74M	X			For 99,668 children; Oromia (32,646), Somali (20,462), Gedeo (26,194), and Amhara region (20,366)
	Provide safe, appropriate and critical life-saving Emergency Shelter and Non-food items for displaced populations either in cash or in-kind	\$30.6M	X			For 175,000HHs IDPs in East Wollega, West Wollega, East Hararge, Dawa, Fafan, Sitti Doolo, Nogob, Liben, West Gondar and West Gojam and Benishangul and Gedeo
	Increase preparedness efforts through pre-positioning of ES/NFI stocks to support newly displaced households	\$3.5M			X	For preposition 20,000 ESNFI kits in strategic location ensuring that supplies are accessible to Cluster partners
	Upgrade and repair shelters and replenish core household items for vulnerable populations	\$2.8M		X		Shelter repair activities for 5,500 HHs in this will cover 25 per cent of the case load of West Guji and Gedeo
	Distribution of core relief items to vulnerable returnees either in kind or in cash	\$0.9M	X			Basic non-food items for 12,000 returnees
	Cash/Food distribution for Round 1 to Round 3 (\$50.7M for cash and \$34M for in-kind commodities)	\$84.7M	X			NDRMC
	Cash/Food distribution for Round 1 to Round 3(\$20.8M for cash and \$44.5M for in-kind commodities)	\$65.3M	X			WFP

	Procurement, repositioning and distribution of Emergency Health and RH kits	\$10.2M	X			Medicines and medical commodities for free of charge treatment of patients
	Surge support to health facilities and outreach services	\$9M	X			Additional health workers for facilities in IDP receiving locations, and support to health facilities providing periodic outreach clinics to populations not accessing facilities
	Mobile Health and Nutrition Teams (MHNT)	\$3M	X			For locations with no or limited functional health facilities
	Social and behavioural change communication (SBCC)	\$0.2M			X	Community mobilization for health service utilization
	Integration of emergency RH including MISP and CMR into emergency health services	\$1.8M	X			RH services as part of the PHC package
	Strengthen early warning and rapid response mechanisms	\$1M			X	Regular data and information collection and analysis, on epidemic prone diseases and public health events
	Disease outbreak response including case management and vaccination campaigns	\$5M	X			Address current widespread measles outbreaks, and prepare capacity for AWD
	Infection prevention and control	\$0.6M			X	Includes minimum standards, universal precautions, water quality testing and health promotion
	Support capacities for disabled, including personnel, equipment and medicines	\$0.3M		X		This will improve access to essential health services for people with disabilities in emergency settings
	Support MHPSS services in health facilities and establish linkages with psychosocial support	\$1.1M		X		To ensure that persons with mental and psychological needs in emergency settings have access to essential services
	Refer cases from health facilities and MHNT for higher and specialized services	\$1.5M	X			For ambulance services, and direct support to patients/clients on transit
	Minimal/basic health facility rehabilitation	\$0.5M			X	In locations affected by conflict and adverse weather, where simple/temporary shelter for health services is lacking
	Procurement of RUTF, essential drugs, materials and Stabilization Centre kits for SAM treatment	\$6.2M	X			Procure 3-month supply pipeline to support SAM treatment for an estimated 137,875 children and prevent shortfalls in treatment in Q2
	Establish and maintain 55 higher level referral Stabilization Centres	\$0.73M	X			Maintain higher SC support in critical health facilities in target zones of Somali Region (24), West Guji (5) and Gedeo zones (5), establish SC capacity as higher referral centres in 2 Health facilities supporting BG response as needed

	Procure Specialized Nutritious Foods for MAM rehabilitation	\$25.8M	X		Procure 3-month supply pipeline of specialised nutritious foods to support MAM treatment for an estimated 477,712 children aged 6-59 mnth and 549,111 PLW, to repair pipeline ruptured in April, included capacity building target response areas	
	Procure non-food items for IMAM implementation	\$1M	X		Procurement is needed to support roll out of IMAM across 6 regions	
	Conduct Vitamin A supplementation and screening activities in highly affected communities	\$1.05M	X		One round screening and Vitamin A supplementation within target period	
	Deployment of NGO partners to target areas for full IMAM support to MOH	\$8.83M	X		Prioritised 92 woredas for immediate intervention extension/ new (Somali 41, Oromia, 20, Afar 15 Amhara 8, SNNP 8)	
	Conduct 20 nutrition assessments in target locations	\$0.4M			X	Q2 SMART and rapid SMART surveys planned for Somali, Afar, Oromia, Tigray, Amhara, SNNP
	Support FMOH to roll out training of health workers on the FMOH AM Management Guidelines 2019	\$2.9M			X	Q2 master training to start in Q2 and cascade to regional health teams within April-June Q2 period
	Protection risks, human rights violations and gaps in available service, are identified and addressed through protection monitoring and analysis; training is provided on IDP rights to local government authorities including law enforcement and court authorities.	\$0.59M			X	Protection monitoring and training on IDP rights is required in all locations, however the areas that currently do not have protection monitoring and training on IDP rights will be prioritized and include: East and West Wollega, East and West Hararge, Amhara region, Dawa and Liben zones in Somali region.
	Information, counselling and technical assistance on Housing, Land and Property (HLP) and legal identity documentation.	\$0.3M			X	HLP and legal identity document interventions are interlinked and complimentary to one another. The HLP activities in West Guji and Gedeo zones should be expanded to include legal identity documentation support services. Similarly, the legal identity documentation activities in the Somali region should be expanded to include HLP activities. Funding is needed to conduct HLP and legal identity documentation assessments in other regions/zones to assess the needs and appropriate interventions.
	Children at risk, including unaccompanied and separated children, are identified and provided case management services, provided with psychosocial support (PSS) services through Child Friendly Spaces and structured community-based interventions. Women and adolescent girls are provided with PSS through women friendly spaces and caregivers are engaged in activities to promote wellbeing and protection of children.	\$1.24M	X			Capacity building of service providers is conducted and most vulnerable IDP and host community children, including UASC, are identified and provided with case management services (medical, legal, MHPSS, alternative care, family tracing and reunification). As part of case management, the system links between child protection (including legal/justice), education, health, livelihoods, is strengthened to help ensure children receive coordinated and multi-disciplinary support. Children, adolescent girls and women in emergency affected locations, attend i) Child Friendly Spaces. ii) Women Friendly Spaces and/or participate in structured community-based psychosocial support activities facilitated by trained caregivers. Referral mechanisms are developed for more specialized interventions for severely affected children, training is undertaken of front-line child protection staff and community members to provide psychological first aid (PFA) to children and care givers. Caregivers of children with specific needs

				in emergency affected locations participate in structured programmes to develop parenting skills that promote the wellbeing and protection of children. Priority locations include East and West Wollegas, East and West Hararghe, Amhara, Benishangul-Gumuz, Gedeo Zone and Dawa zone in the Somali region.
Affected populations, and women and adolescent girls in particular, are provided with GBV awareness raising and risk mitigation activities and survivors of GBV, including SEA, are identified and referred for multi-sector response services as required. In addition, access to GBV response services is enhanced through capacity development and support for GBV response service providers and providers of humanitarian assistance.	\$0.54M	X		Activities are conducted in emergency affected locations to increase GBV awareness among men, women, boys, and girls in displaced and host communities including on available services and support for survivors and actions are taken to reduce the risk of incidents of GBV, especially for women and adolescent girls. Capacities are strengthened of service providers in the Bureaus of Women, Children and Youth Affairs for GBV case management to ensure a survivor-centered approach, development of referral mechanisms and coordination with other sectors to ensure multi-disciplinary support. Psychosocial support provided to vulnerable women and adolescent girls and Dignity Kits are provided to displaced women and adolescent girls to support mobility and dignity in their communities. Priority locations include East and West Wollegas, East and West Hararghe, Amhara, Benishangul- Gumuz, Gedeo Zone and Dawa zone in the Somali region.
Site Management Services (SMS) include: site rehabilitation and upgrades, community services to establish and support community-level structures, site management teams and capacity development initiatives.	\$1.3M	X		Site Management Services (SMS) will be prioritized in locations that currently do not have support, which include: East and West Wollegas, Amhara region, East and West Hararge. However, funding for SMS is still needed in Gedeo and Guji zones as well as the Somali region.
 Provide water through trucking	\$7M	X		Continuous water trucking is critically needed in many IDP sites in Somali, Oromia, SNNP and Amhara regions as there is no available sustainable solution for provision of safe drinking water. However, following water trucking strategy of the cluster, water trucking should be a temporary measure till durable solution is applied.
Pipe extension – Durable solution	\$4.2M		X	For those IDP sites along the Oromia-Somali border in existence for an extended amount of time, durable pipe solutions would be more cost effective, as the construction of durable pipe solution is equivalent of 6-months of water trucking in Oromia (8 months in Somali region). The construction of alternatives to water trucking as an emergency response would significantly reduce the resources needed in the near-future (when rain stops and water trucking needs to scale up) and will reduce the risk of using unsafe water sources.
Rehabilitation and maintenance – Durable solution	\$14M		X	There are significant needs to rehabilitate some infrastructure either damaged by conflict or not functioning for a certain period of time in order to provide safe water to both affected population and surrounding host communities. This is applicable for most IDP sites adjacent to host communities or at institutions. As temporary water trucking support requires an exit strategy, rehabilitation of existing water facility is one of the most cost effective and prioritized WASH response.

New water source development – Durable solution	\$10M		X		There are IDP sites where affected population is totally dependent on water trucking without alternative water source. In such a situation, development of new water source needs to be considered as an exit strategy of water trucking. This provide life-saving water supply service for severely affected and also reliable service for nearby host communities who are also indirectly affected by displacement.
Installation of sanitation facilities specifically in IDP sites	\$9M	X			To prevent AWD and other disease outbreaks, the installation of sanitation facilities in IDP sites is a critical response. Types of sanitation facilities vary in natures of IDP sites but this amount is the minimum required to initiate an emergency response in Oromia, Amhara, SNNP and also provision of reliable facilities for protracted displacement population in Somali/Oromia regions. It is anticipated that emergency latrines will need to be decommissioned and reconstructed, particularly in shallow water table areas where elevated barrel latrines and desludging are required. Regular cleaning and maintenance of these emergency latrines will be required for the duration of the displacement in these centers. This is also applicable to health centers and schools as cross sector program to benefit health, nutrition and education clusters.
Hygiene promotion (social mobilization)	\$2.4M			X	Hygiene promotion will be conducted in combination with the sanitation campaigns and is related to AWD/outbreak prevention. Hygiene promotion needs to be carried out extensively at IDP sites where open defecation is observed to improve hygiene practices with WASH NFIs distributed and latrines constructed.
Procurement of essential WASH NFIs and water treatment chemicals	\$1M	X			NFI requirements remains high especially for protracted displacement in Oromia and Somali regions as well as recent displacement in Wollega and Amhara. To avoid pipeline breaks of critical supplies such as household water treatment chemicals, jerrycans and soap, there is need to invest a minimum of \$1M before June. However, its timing and quantity also depends on availability of supplies by SWAN consortium.
Total	\$332.9M				

Annex I: Prioritization Activities



AGRICULTURE

Priority requirements: **\$7.1M**

Despite the benefit of recent rains, recovery of pastoral and agro-pastoral livelihoods will not be spontaneous and requires concerted assistance. Consecutive years of drought eroded the capacity of households to utilize recent rains to recover their livelihoods. The sector will continue to work with pastoralists and agro-pastoralists to recover the body condition of remaining livestock in order to improve milk production and reproduction success rates.

The main two activities for the mentioned communities during the next three months are (a) the need to strengthen and provide animal health interventions (vaccination and treatment). Though pasture is currently available in the lowland areas, regional cluster leaders are deeming it important to establish feed banks instead (concentrate and/or fodder production and storage); especially, since rain has contributed to good pasture that can be utilized for this purpose. Hence, the cluster strongly recommends (b) implementing such resilience-building activities to ensure the availability of feed after the current rainy season (March to April). These feed bank interventions will be complimentary to the activities highlighted in the response plan, and not captured as a specific cost.

The sector also recommends other resilience activities, such as the establishment of seed banks, water harvesting and rehabilitation of water points (bore holes, shallow wells, ponds, water cistern, small irrigation schemes, etc.) and finally, flood-related mitigation interventions.

The planting season is upon us. Regions that had crop failure during the last harvest in 2018 would need immediate assistance to strengthen their resilience and access to improved seeds, and not miss the coming planting season.

Finally, humanitarian assistance in agriculture for IDPs is largely dependent on the IDPs' access to land and the livelihood assets they have been able to maintain during displacement. For such households, emergency feed and animal health interventions are needed to reduce the burden host communities resource and prevent the spread of diseases, especially for animals displaced across regional borders. Where appropriate land is available, crop seeds, farming tools and training will be provided to support IDP households to improve their food security and reduce the above-mentioned burden on host communities.

Failing to support livelihood deficit communities and IDPs to protect their livelihood assets will exacerbate food insecurity, malnutrition, population displacement and conflict over access to resources. Ultimately, failure to address these needs will mean that other sectors will have to respond to an increased IDP population, increased food requirements and increased needs for MAM and SAM treatments.



EDUCATION

Priority requirements: **\$5.34M**

According to the Humanitarian Response Plan (HRP) caseload, about 2.3 million children require education emergency support, of which 1.3 million are from host communities. Based on Displacement Tracking Matrix (DTM) 14, and as stated in the HRP, a total of 1,063,796 school-age children have been displaced nationally, of which 856,781 children are displaced due to conflict. Out of this, 143,528 children, from Oromia and Somali regions, are in 114 IDP sites and do not have any form of education services. According to HRP's note on immediate humanitarian funding priorities, the conditions are severe with a year in displacement and at risk of remaining in crisis. The displaced children, who remained without any education service for the year are, therefore, considered top priority. Of the total, about 32,124 and 61,328 are in pre-primary and primary respectively while the rest are from secondary. Half of these children will be catered for by this support while the rest are expected to be reached by the available carryover resources.

A total of 526, 477 are within the inter-cluster priority areas of Dawa (Somali), East and West Wollega (Oromia), East and West Hararge (Oromia) and Guji (Oromia), Gedeo (SNNP) and Assosa and Kamashi zones (Benishangul Gumuz). Though there are schools in their vicinities, it is unlikely for them to continue their education as the livelihoods of their parents was affected by conflict, and therefore, would not be able to buy school supplies. The children are also traumatized by the conflict and would need psycho-social support by their teachers. The peace building efforts of the government could also be enhanced by peace building and conflict mitigation knowledge and skills for the children. Teachers will be trained in helping children acquire those skills. Recently about 51,000 school-age children are displaced in West and Central Gondar of Amhara region and may also need learning stationary and psycho-social support.



ESNFI

Priority requirements: **\$37.8M**

The prioritization for Shelter/NFI is delineated with three indicators; type of displacement, duration of displacement, and, the living conditions. In the December hotspot classification, 65 woredas were categorised as critical for Shelter and NFI response. Within the 65 woredas, through the prioritization indicators, SNFI identified 31 highest priority critical woredas, where the presence of partners and the capacity of NDRMC is considered inadequate. Some \$31M are immediately required to provide lifesaving ESNFI kits to conflict-affected IDPs in East, West Wollega, East Hararge, Dawa, Fafan, Doolo, Jarar, Korahe, Nogob Shabelle, Sitti, Gedeo, Liben, West Gondar, and South Gondar. According to East/West Wollega Shelter/NFI assessment in February 63 per cent of the IDPs in collective sites remain in congested conditions, seriously impacting physical and psychological well-being, especially for children, women, and persons with disabilities. The lack of adequate lighting in shelters and public spaces was

reported as a top safety concern followed by lack of privacy and exposure to weather.

Currently, the Cluster has a very limited stock to provide an efficient and effective response. Considering the planned return, censuses and the current political dynamic in the country maintaining a pre-position of 20,000 ESNFIs is the immediate priority of the Shelter/NFI cluster. February pipeline and stock analysis highlighted that very few individual organizations possess stock that could constitute assistance for ESNFIs package for emergency responses. Regardless of the willingness of organizations to contribute their stock, it has been difficult to mobilize these items quickly and effectively in response to an emergency and this delay impacted the delivery of lifesaving items by a minimum of four months.

Construction of temporary shelters and repair of damaged shelters can support the peacebuilding and recovery efforts in conflict areas. In SNNPR and Oromo caseload, there is a lack of a clear and concrete plan for all IDPs and the cluster will target the returning IDPs whose return process is principled and volunteer.

The financial breakdown \$2.1M for shelter repair activities is mainly for SNNPR conflict IDPs, to provide immediate life-saving shelter repair package for those HHs that have completely lost their homes. In addition; they will also receive core household items for 5,500 most vulnerable households. Funding for these activities will reduce the need for recurring funds to be spent on emergency relief items on an annual basis as shelter assistance directed towards recovery shelter interventions will provide households with longer-term shelter solutions and a reduction in overall funding over time.

FOOD Priority requirements: **\$150M (\$71.5M for cash and \$78.5M for in-kind commodities)**

Inter-communal conflict and negative impact of climatic hazards contributed to increased food insecurity in Ethiopia. This is worsened by limited access to sustainable livelihood sources in both pastoralist and agro-pastoralist areas, particularly in zones that recorded high livestock losses during the 2015/16 El Niño drought period.

Inter-communal conflict in Amhara, Benishangul Gumuz, Oromia, SNNP and Somali regions resulted in population displacements and worsened the food security status of affected households due to a depletion of livelihood sources - limiting household access to food and incomes. DTM 14, conducted in November/December 2018, estimated that 3.2 million individuals were displaced from their homes, increasing the vulnerability of affected individuals. Seasonal assessments noted that food and income sources were severely impacted by conflict in some of the affected areas, including in zones where farmers could not harvest crops from the meher season.

Climatic hazards - erratic rains, long dry spells and early cessation of the rains – have also resulted in reduced crop

harvests in some of agro-pastoral areas. This will shorten the period households have access to food from their own production and increase reliance on market purchases. Prices of food commodities were also reported to have increased during the pre-harvest period.

The priority for the food sector is to cover funding gaps for the first three rounds of food and cash distributions, which is estimated to be \$150M - \$71.5M for cash and \$78.5M for in-kind commodities, to cover the costs for food needs in WFP and NDRMC operational areas. This is based on the national cash-food integrated plan principle, where cash assistance is planned in areas that have functioning markets and have infrastructure to support cash assistance. The immediate requirements include:

- Estimated \$65.3M to cover the first three rounds of food and cash assistance in WFP operational areas in East and West Hararge zones, Oromia region and in 11 zones in Somali region for 2.28 million beneficiaries. There shortfall include \$20.8M of cash for 764,000 beneficiaries and \$44.5M for in-kind commodities to cover the costs of in-kind commodities, from Round 1 through Round 3.
- \$84.7M for NDRMC to distribute food and/or cash from Round 1 through Round 3 to 4.3 M beneficiaries in nine regions (Afar, Amhara, Benishangul Gumuz, Dire Dawa, Gambella, Harari, Oromia, SNNP and Tigray). It is estimated that NDRMC will urgently require \$50.7M for cash assistance to assist 2.2 million beneficiaries starting from Round 1 through Round 3. There is also a shortfall of \$34M for in-kind food commodities for Rounds 2 through 3. In-kind food requirements are secured only for Round 1 in NDRMC operational areas targeting 2.1 million beneficiaries.
- JEOP has secured in-kind food commodities for the first four rounds. Cash resources are also available for 52,000 beneficiaries to be assisted through cash transfers. JEOP will be targeting 1.5 million beneficiaries in five regions - Amhara, Dire Dawa, Oromia, SNNP and Tigray regions.

HEALTH Priority requirements: **\$34.2M**

Out of 32 emergency health kits and commodities, 10 are already out of stock, and 18 will rupture by April. With \$10.2M, it is possible to address the immediate medical needs of 2 million people in IDP sites and host communities, by procuring, repositioning and distributing essential medicines and medical supplies. 160 existing mobile health and nutrition teams (MHNT) are faced with funding constraints, and many will be phasing out by the end of March. MHNT have been used to reach populations with life-saving emergency health services, including IDP that have none or limited access to health facilities. These are largely utilized in Somali, SNNP, Oromia and Afar regions. \$3M will maintain some of these MHNT, while gradually shifting direct support of \$10.8M to the more sustainable

health facilities and outreach services in those locations, to ensure continuation of health services including reproductive health.

There're ongoing widespread disease outbreaks in the country with measles the most notable. Upwards of 20 woredas in Somali and Oromia regions are affected by measles outbreaks. Oromia has the largest burden, with 2069 cases reported so far, and 601 cases in Somali region. IDP are at increased risk of measles outbreaks, due to congestion, poor living conditions and lack of adequate WaSH facilities and practices. Even without AWD cases currently, more than 200 hotspot woredas mostly in Somali, Tigray, Afar, Dire Dawa, Oromia and Addis Ababa and IDP sites remain at high risk of outbreaks. \$6M is required to conduct measles vaccination campaigns for children 6 months to 15 years of age in affected locations, combination approaches for control of scabies including treatment of cases, and strengthening early warning and rapid response mechanisms. Conflict affected Kamashi, Dawa, Wellegas, Hararges, West Guji, Gedeo, and Borena/Moyale, will be prioritized in that order.



NUTRITION

Priority requirements: **\$46.9M**

Under Strategic Objective 1, the immediate priorities for the period March -May are firstly to secure pipelines and provide operational support to ensure access to quality services to treat and manage acute malnutrition in children and pregnant and lactating women.

The cost to ensure SAM and MAM treatment for three months for an estimated 137,875 children with SAM, 477,712 children with MAM and 549,111 PLW with acute malnutrition is reflected in this document.

UNICEF report secured pipeline of therapeutic milks (F75, F100) to meet projected needs of Q2 and Q3 but will need to procure these products in Q3 to ensure the Q4 treatment need in Q4 for all children requiring medicalised inpatient care for SAM with complications.

WFP has reported a shortfall of 39 per cent of Super Cereal Plus and 26 per cent shortfall of RUSF supplies in April which will rise to shortfalls 83 and 91 per cent respectively in May unless the pipeline for specialised nutritious food commodities is immediately replenished. This will severely limit the coverage of the MAM treatment response planned by WFP, raising the risk of further deterioration in the nutrition status of affected children and PLW with the likelihood of increase SAM levels.

Given that international procurement can take up to three months to secure in-country securing this pipeline is the top priority at the start of the response to mitigate any disruption in the provision of life-saving treatment of acute malnutrition. Given past experience, the cluster works with partners to mobilise resources to meet the needs for six months to mitigate serious pipeline rupture in July ahead of the lean season.

Under Strategic Objective 2, one round of preventive nutrition services for all children aged 6-59 months will be provided during this period, specifically provision of vitamin A supplementation and the anti-helminths to prevent micronutrient deficiencies. Nutrition screening is included with Vitamin A supplementation interventions and will be strengthened in emergency affected areas.

Under Strategic Objective 3, NGO deployment for comprehensive emergency nutrition support for government, rapid deployment is urgently needed in 92 *woredas* prioritised across Somali, Oromia, SNNP, Amhara and Afar regions based on where government capacity is insufficient to manage quality treatment with high coverage for host and IDP communities where the levels of global acute malnutrition remain high and/or where access has been limited and nutrition service disruption need immediate support. *Woreda* targets reflect where extended support is justified, where development interventions can be flexed with minimal additional costs to manage emergency nutrition response, and where weak capacity requires health system strengthening interventions to ensure quality treatment is provided for children under five years and PLW with acute malnutrition.

Budget preparation and transfer will be needed upfront to ensure the timely start-up of master training and cascade training of focal Government health staff on the new Acute Malnutrition Treatment Guidelines.

A total of 20 SMART Nutrition assessments are planned in this period to continue the support to the government's early warning systems for nutrition response.

The scale and severity of nutrition needs, the context and the capacity of the government to manage full nutrition response will continue to define the response strategy. The nutrition needs of children under five years and PLW from both the host communities and IDPs will be targeted.

Urgent and full nutrition response will target *woredas* where there is: (i) a rapid rise or sustained high levels of acute malnutrition among children under five years and PLW that are beyond the government's capacity to manage such as 61 P1 *woredas* of Somali region where extended NGO support is critical; targeted zones of Oromia (including East and West Harerge, East and West Wollega, Borena, Guji and West Guji, Bale); pockets in highlands of Amhara, and targeted areas of Afar. The IDP burden and nutrition status in these areas informs the response design. Full CMAM/IMAM and General Food Distribution (food/cash) are essential support, with additional health, WASH and protection service strengthening will be integral in the response. (ii) where access has been impeded or prohibited, resulting in the likely disruption or cessation of routine health and nutrition service delivery. Notably the situation in Dawe zone of Somali region where access was impeded throughout 2018, requires partners intervention to curb rising MAM; Kamashi Zone, Benishangul Gumuz where access has been limited since last September 2018 and concerns have been raised regarding significant loss of trained health personnel.



PROTECTION

Priority requirements: **\$3.9M**

The Protection Cluster urgently requires \$3.9 million to ensure protective services are provided to IDPs and the host community in emergency affected locations that face protection concerns including: sexual and gender based violence (SGBV), physical violence, child marriage, family separation (including unaccompanied and separated children), psycho-social distress and trauma, persons with specific needs not receiving or being able to access life-saving services, persons without adequate shelter and living in collective sites, persons missing documentation and having no legal redress for lost property, livelihood or human rights violations. Funding will be used to respond to newly affected locations as well as supporting continuity of life-saving services in areas of protracted displacement.

The priority activities include rapid assessments and protection monitoring to collect, verify and analyse information in order to identify violations of rights and protection risks faced by IDPs, returnees, and other emergency affected populations for the purpose of informing effective responses that do not exacerbate risks or reinforce patterns of violation.

To address the continued lack of basic and specialized protection services, including child protection and SGBV, that meet global standards of care, capacity support is urgently needed and will be prioritized for service providers, including local government. The lack of quality care, monitoring of the quality of service provision, and specialized response is especially concerning as communities continue to be exposed to violence and experience stress due to displacement and conflict. Services and qualified personnel are needed to be put in place in new emergency affected locations or scaled-up and monitored in current operational contexts, for psychosocial support, case management and referral services (medical, legal, safety), interim care, family tracing and reunification of unaccompanied and separated children, support for survivors of GBV (including men and boys), provision of information, counselling, technical assistance and training with respect to Housing, Land and Property (HLP), legal identity documentation.

Additionally, training UN staff, government and partners working with emergency affected populations, on the rights of IDPs, child protection and gender-based violence prevention, mitigation and response, and Protection from Sexual Exploitation and Abuse (PSEA) is urgently needed. Setting-up women friendly and child friendly spaces will ensure that persons with specific needs, including women, adolescent girls and older persons at risk, persons with disabilities, persons with serious medical conditions, and children at risk of violence or exploitation, including harmful practices, or without appropriate care, are identified and provided with appropriate emergency protection services. Additionally, women, adolescent girls and girls of reproductive age with specific needs will be supported with dignity kits and awareness raising on their right to access

support. Reproductive health follow-up services also remain a priority to increase access and utilization of services in addition to strengthening of health systems capacity for appropriate response.

IDPs face particular obstacles in accessing HLP rights and legal identity documentation during displacement. Priority activities include working with duty bearers to ensure that a procedure is in place to assess competing HLP claims and that the conflict is not used as a means through which to re-distribute HLP. Additionally, community awareness on the importance of legal identity, civil and other documentation will be provided, as well as the relevant counselling, technical assistance and referral, to address concerns, as IDPs seek to replace their documents and assert HLP rights.

SMS services improve living standards in displacement sites, which include collective centres, planned sites and spontaneous settlements. Priority activities entail working with service providers across all sectors to further enhance safety, service quality and accountability, while continuing to advocate for major improvement works such as site upgrades and rehabilitation. To ensure a healthy, safe and dignified living environment in displacement sites across the country, activities such as Communicating with Communities (CwC), information management and ensuring accountability to the affected population (AAP) interventions are included in all SMS activities.

The cluster urgently requires a total of \$3.9 million to address the above-mentioned priorities during the next 3 months.



WASH

Priority requirements: **\$47.58M**

The WASH Cluster urgently requires \$47.58 million to ensure the provision of basic services to conflict and drought induced IDPs; AWD preparedness and rapid response during outbreaks; and provision of emergency WASH services to key institutions such as health centers, CTCs and schools and/or vulnerable groups.

The priority activities include installation of sanitation facilities specifically in IDP collective centers; hygiene promotion (social mobilization); the provision of water supply to IDPs and host communities through alternatives to water trucking (durable piped solutions); water trucking; procurement of essential WASH NFIs and water treatment chemicals; and rehabilitation and O&M of water schemes.

Targeted population falls under severity scale 4 and 5, which consists of about 40 per cent of total targeted population. The geographic priorities where these activities will be implemented are conflict-induced IDP collective centers in Oromia (East and West Hararge, East and West Wollega, West Guji, Bale and Borena), Somali (Afer, Dawa, Sitti, Liben Erer, Fafan Shabelle, Korahey), SNNP, Amhara, health facilities without WASH services in Oromia and Somali where overlapping priority needs for health and nutrition (i.e. entire Somali with special focus on woredas with IDP presence).

Recognizing that IDPs are receiving safe water by water trucking under protracted displacement situation, much higher priority is attached to more sustainable and durable solution for water supply. This durable solution to safe water is also applied to institutions such as health centers and schools as long as they are highly prioritized under nutrition, health and education cluster. It may not be inevitable to supply safe water by trucks at an initial stage of WASH response, but water trucking guidelines in the cluster clearly indicates that there needs to be an exit strategy to that. Water supply durable solution is highly cost effective (i.e. 1 durable solution for 6-month water trucking in Oromia and for 8-month water trucking in Somali). As operation and maintenance of water schemes would be a responsibility of water utilities and water offices, this would be also an entry point for further NEXUS approach in water sector.

Though durable solution would be cost effective, it requires significant investment in the beginning and requires longer period of time to complete the work. Therefore, this needs to be highly prioritized in the beginning of planning year so that the cluster can expect it cut down the cost for water supply for protracted IDPs. Moreover, even IDPs return back to their homes, those facilities would be utilized by host communities and institutions, such as health centers and schools. And such intervention would also be a measure for peace building.

Targeted population for immediate WASH responses are 0.5 million for water trucking, 1.4 million for durable water supply solution, 500,000 for latrine construction, 2million with hygiene promotion, and 1 million for WASH NFIs distribution. Water trucking and NFI distribution needs to be closely coordinated with OCHA EHF funded consortium to apply cluster's priority for their preposition and timely distribution especially in Oromia, Somali and Amhara regions.

Annex II: Pipeline Breaks

Given procurement and transportation lead times, Food, Health and Nutrition Cluster are calling for an additional \$278.3M be available before end April to avoid pipeline breaks in June, the height of the lean period.

For visualization of the pipeline breaks, please see the links under Annex III.



FOOD

Pipeline requirements: **\$230M**

- **\$230M** is immediately required to cover four rounds of food 2.2 million displaced people and 4.4 non-displaced people in NDRMC and WFP operational areas. This include \$97.8M for cash transfers and \$132.2M for in-kind commodities)

The Government of Ethiopia, through the National Disaster Management Commission (NDRMC), WFP and JEOP, are responding to the emergency food needs of 8 million people in Ethiopia, of which 2.7 million are displaced and 5.3 million are in areas affected by drought conditions, including cumulative negative impacts from previous drought years.

The three operators are planning to distribute a standard food basket comprised of 15 kilos (kg) of cereals, 1.5kgs of pulses and 0.45kg of vegetable oil, per person per round – with each round taking place approximately every 1.5 months. Beneficiaries targeted for cash-based transfers will receive cash allocation to purchase the equivalent of the above standard food basket. In order to provide full food baskets on a regular basis, food sector operators require \$600M for the planned eight rounds.

To ensure timely delivery of food rations and avoid food consumption gaps and household level negative coping mechanisms, food operators should have prepositioned food commodities to cover at least four rounds of food and cash for cash *woredas*. However, analysis of pipeline status indicates critical shortfalls in WFP and NDRMC pipelines, starting from the first round – launched on 14 March. Taking into account the lead time it takes to have commodities from international markets, the main source for the operators, arrive in country, this is a concern. For WFP, timely contributions and confirmed pledges will allow for immediate purchase of the commodities from the Global Commodity Management Facility (GCMF) which has commodities in-country, at the main hubs.

It is estimated that NDRMC will require \$125M to ensure uninterrupted delivery of food and cash assistance to 4.3 million targeted beneficiaries in the four immediate rounds, including assistance to 1 million displaced individuals and 3.3 million non-displaced people. NDRMC secured in-kind food commodities for 2.1 million beneficiaries for the first round and with an expected shortfall of approximately \$55M from the second through fourth rounds. Approximately \$70M will be required to cover the cash resources for 2.2 million beneficiaries in the four rounds.

WFP immediately requires \$105M to cover the costs of four rounds – \$27.8M for cash transfers and \$77.2 for in-kind commodities, including for cereals that are in shortfall from the first round. This will enable WFP to provide emergency food assistance to 720,000 displaced people and 1.1 drought affected people in Somali region, 420,000 displaced people in East and West Hararge zones, of Oromia region.

People at risk of food insecurity are in households that have limited access to food and income from other sources and are likely to adopt negative coping mechanisms if food/cash is not provided on regular basis. These includes households in conflict affected communities where income and food sources were severely disrupted.



HEALTH

Pipeline requirements: **\$6.7M**

- **\$10.2M** required for the procurement, prepositioning, and distribution of emergency and reproductive health kits and ensure the delivery of essential life-saving health services.

Displaced people are faced with poor living conditions, accommodation, WaSH facilities and practices, and a lack of food. These factors predispose them to increased transmission and caseloads of infectious diseases, and may lead to outbreaks including acute watery diarrhoea (AWD) and measles, and direct mortality. Clinical consultation rates are much higher in displaced populations. For these reasons, \$4.8M is required for emergency health kits to treat 2 million people with common infections and trauma. \$1.2M is required for long lasting insecticide treated nets to protect 112,000 PLW against malaria. \$311,000 is required for treatment of up to 1,800 cases of AWD.

Measles may precipitate acute malnutrition due to poor feeding by the sick child. Given that malnutrition compromises the immunity, a child's nutritional status may also be the key factor in determining the severity of measles and the likelihood of mortality. As such, \$2.2M is required for emergency preventive vaccination of 1M children 6 months to 15 years of age. Malnourished children are also prone to secondary infections and medical conditions with resultant complications.

The sexual and reproductive health needs of women and girls in crisis and post-crisis situations must also be addressed. \$1M is required to ensure 549,000 women of child bearing age have access to modern contraception and quality maternal and new-born health services, and effective referral mechanisms, to prevent unplanned pregnancies, maternal morbidity and mortality.

Women and girls particularly are at increased risk of sexual violence including sexual exploitation and abuse and related morbidities during displacement. In emergency contexts, all survivors of sexual violence will have critical needs for medical care. \$295,000 is required to avail essential medicines to treat cases of rape.

People with mental health and psychosocial conditions, and patients cut off from regular medical treatment and family support need psychosocial support and protection.

\$381,000 is required to provide essential mental health medicines to 500,000 people.

To deliver the essential life-saving health services with these medicines, \$12M is urgently required to support surge capacity by filling in healthcare workers and trainings for over 100 health facilities, outreach services and over 100 mobile health and nutrition teams.

Left untreated, most common infectious diseases like pneumonia, malaria, diarrhoea, and non-communicable diseases like diabetes, heart diseases, mental disorders and trauma result in directly attributable deaths. In some cases, chronic complications will arise, leading to a bigger burden of more expensive medical costs, and/or long-term disabilities and negative economic impact to the individual and household. Treatment of cases is an effective way of interrupting transmission of infectious diseases, therefore, without timely intervention, the caseloads of AWD will continue increasing, further straining an already stretched health system.

The overriding assumption is that Government will match every dollar raised for the emergency health response, since the interventions are complimentary to existing health services. Hence, the funds estimated to meet the projected medicines and medical supplies have been halved. With \$7.5 per beneficiary, it is possible to provide adequate free emergency medicines, medical supplies and health services to affected populations for three months. This support will also cushion the health system against the deficits of providing free services to populations in emergencies, which deviates from the current patient cost sharing model.



NUTRITION

Pipeline requirements: \$7.2M to UNICEF;
\$34.4M to WFP

- **\$7.2M** required for additional 143,760 RUTF cartons to meet the SAM treatment needs of a projected 159,732 children.
- **\$34.4M** required to ensure 18,316 MTs of SNF is available for the MAM treatment needs for 993,315 individuals across the 316 priority *woredas*, including \$500,000 for capacity building to implement the second round of IMAM.

To avoid disruptions in SAM treatment from early April, UNICEF immediately requires \$6.2M to procure 124,086 cartons of RUTF to support treatment of 137,875 children under five years of age with SAM during the three-month period April-June (Q2). The SAM treatment needs for a projected 159,732 children in Q3 (July-September) will require an additional 143,760 cartons of ready to use supplementary food (RUTF) costing \$7.2M.

Given the three-month lag period (time required from order to receipt in-country of therapeutic commodities), the continued high needs of SAM treatment in 2019, the start of the main lean season from July and the need to avoid at all costs any ruptures in the \$13.4M (267,846 cartons RUTF) for six months, funding is urgently required now.

The pipeline for therapeutic milk (F75/100), essential for the specialised feeding of children requiring medicalized treatment for SAM with complications at Stabilisation Centres is solid until June, and will need replenishment in June for Q4 October-December. Procurement, at a cost of \$245,677, will be needed in Q3 from July to ensure rupture is mitigated. For essential medicines required for SAM treatment, there will be a gap in Amoxicillin 82,997 packs (\$184,253) and Mebendazole 15,981 packs (\$19,177) from Q2 (April onwards).

WFP reports that national MAM treatment efforts will start to be impacted from early April with a 36 per cent shortfall in CSB++ and 26 per cent shortfall of ready to use supplementary food (RUSF) needed to treat children with MAM and PLW with AM projected at 2.8 million individuals in 316 priority *woredas* in 2019. In terms of treatment – WFP projects that 154,628 of the 477,712 children with MAM, and 219,517 of the 549,111 PLW with acute malnutrition will not be treated in April. Furthermore, based on current in-country availability of specialized nutrition foods (SNF) in May, a shortfall of 83 per cent CSB++ and a 91 per cent shortfall of RUSF – disrupting MAM treatment for 428,217 children and 446,675 PLW with MAM.

A prioritization exercise led by the government urged partners to target the highest priority *woredas* in April/May within the 316 *woredas* WFP committed to support in 2019. Therefore, WFP urgently requires \$25.3M for 13,622 MT of SNF and \$500,000 for capacity building to implement new protocols and IMAM start-up activities in the three-month period April-June to immediately reduce the ruptures or cessation in supplementary nutritional food (SNF) pipeline and MAM treatment for priority *woredas* in April to manage Q2 needs.

A further \$33.9M will be needed to ensure 18,316 MTs of SNF is available in country in June to ensure Q3 MAM treatment needs for 993,315 individuals is ensured across the 316 priority *woredas*. In addition, \$500,000 for capacity building to implement the second round of IMAM start up in the three-month period, July-September 2019.

Given that WFP solely relies on internationally sourced SNF (Super Cereal Plus and RUSF), and that it takes 12 weeks from placing the order to receiving the commodities in country (three-month lag period), the Nutrition Cluster urgently requires \$60.2M (31,938 MTs of SNF comprising of 5,456 MTs RUSF and 26,482 MTs Super cereal plus) for the next six months to mitigate a complete pipeline rupture ceasing MAM treatment from July, ahead of the peak hunger season.

Annex III: Links to Cluster Pipeline Infographics

WASH <https://www.humanitarianresponse.info/en/operations/ethiopia/infographic/ethiopia-wash-pipeline-update-and-activity-mapping-11-march-2019>

Protection <https://www.humanitarianresponse.info/en/operations/ethiopia/infographic/ethiopia-protection-pipeline-update-and-activity-mapping-11-march>

Nutrition <https://www.humanitarianresponse.info/en/operations/ethiopia/infographic/ethiopia-nutrition-pipeline-update-and-activity-mapping-14-march>

Health <https://www.humanitarianresponse.info/en/operations/ethiopia/infographic/ethiopia-pipeline-update-health-20-march-2018>

Food <https://www.humanitarianresponse.info/en/operations/ethiopia/infographic/ethiopia-pipeline-update-food-19-march-2019>

ESNFI <https://www.humanitarianresponse.info/en/operations/ethiopia/infographic/ethiopia-pipeline-update-and-gaps-esnfi-11-march-2019>