PART I:

<table>
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<th>TOTAL POPULATION OF ETHIOPIA</th>
<th>PEOPLE TARGETED</th>
<th>REQUIREMENTS (US$)</th>
<th># HUMANITARIAN PARTNERS</th>
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<tr>
<td>94.3* M</td>
<td>5.6 M</td>
<td>948 M</td>
<td>90</td>
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</table>

Legend

- **Major towns**
  - National Capital
  - Regional Capital

- Pastoral & agro-pastoral area

- Areas experienced poor meher/kiremt rains

Elevation (meters)

- -236 - 500
- 501 - 1,500
- 1,501 - 2,300
- 2,301 - 3,700
- 3,701 - 4,517

* 2017 Central Statistical Agency projection, Ethiopia
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<tr>
<th>ACRONYMS</th>
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<td>Africa Development Bank</td>
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<tr>
<td>Belg</td>
<td>Short rainy season from March to May (in highland and mid-land areas)</td>
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<tr>
<td>Birr</td>
<td>Ethiopian currency</td>
</tr>
<tr>
<td>CMAM</td>
<td>Community Based Management of Acute Malnutrition</td>
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<tr>
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<tr>
<td>CSB</td>
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<td>Short rainy season from October to December (in Somali Region)</td>
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<tr>
<td>DRM ATF</td>
<td>Disaster Risk Management Agriculture Taskforce</td>
</tr>
<tr>
<td>DRM-SPIF</td>
<td>Disaster Risk Management Strategic Programme Investment Framework</td>
</tr>
<tr>
<td>DRMTWG</td>
<td>Disaster Risk Management Technical Working Group</td>
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<tr>
<td>ECHO</td>
<td>European Commission – Humanitarian Aid and Civil Protection</td>
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<tr>
<td>EHCT</td>
<td>Ethiopia Humanitarian Country Team</td>
</tr>
<tr>
<td>ERCS</td>
<td>Ethiopian Red Cross Society</td>
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<td>Acronym</td>
<td>Description</td>
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<td>Kebele</td>
<td>Lowest Administrative Level</td>
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<td>Kiremt/Meher</td>
<td>Long and heavy rainy season/post-kiremt harvest</td>
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<td>MAC</td>
<td>Multi Agency Coordination</td>
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<td>MAM</td>
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<td>MHNT</td>
<td>Mobile Health and Nutrition Teams</td>
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<td>MoANR</td>
<td>Ministry of Agriculture and Natural Resources</td>
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<td>MSF</td>
<td>Médecins Sans Frontières</td>
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<td>Ministry of Justice</td>
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<td>Pregnant and Lactating Women</td>
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<td>Region</td>
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<td>RMF</td>
<td>Response Monitoring Framework</td>
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<td>Ready-to-Use Therapeutic Food</td>
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<td>Severe Acute Malnutrition</td>
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<td>Water Sector Working Group</td>
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FOREWORD BY
THE GOVERNMENT OF ETHIOPIA

2016 was a challenging year. Ethiopians felt the impact of the worst *El Niño* in 50 years. Last year, more than 10 million Ethiopians required relief food assistance. To meet these and non-food needs, $1.4 billion were required.

Taking the lead, we, the Government of Ethiopia, allocated more than $735 million to initiate the HRD response and to facilitate a speedy response to additional needs as the situation evolved. Our lead was followed by the generous support of international donors. The contribution of Ethiopian citizens was also remarkable. To save the lives and livelihoods of fellow Ethiopians, the civil society, business people and communities stood in solidarity.

As we turn to 2017, the number of people that require humanitarian assistance has significantly decreased from that of 2016. This is due to the positive impact of the *kiremt/gu/ganna* rains and the subsequent above-average *meher* harvest in northern and western parts of the country. Nevertheless, food security of pastoralist households in southern and south-eastern lowland areas is threatened following the failure of the autumn *deyr/hagaya* rains and in pocket areas throughout the country. The most vulnerable Ethiopians will continue to need some form of humanitarian assistance in 2017.

As we do every year, the Government will allocate resources to finance humanitarian interventions in 2017. The Government will lead, and looks to friends of Ethiopia, humanitarian donors, partners, communities and the private sector to continue their generous contributions in support of the joint efforts to save lives and to protect and restore Ethiopian livelihoods.

In 2017, as humanitarian needs shift to the southern and south-eastern dry areas, response actors are called upon to refocus their response to identified and emerging needs in these areas.

H.E. Mr. Mitiku Kassa,
National Disaster Risk Management Commission, Commissioner
In 2016, through joint efforts over US$1 billion, against the annual HRD requirement, was raised to support Ethiopians impacted by the El Niño-induced drought. For the El Niño response which started in September 2015, the Government allocated more than $730 million to address critical humanitarian needs including some ad-hoc requests that were not captured in the HRD. In addition, international donors contributed $985 million to address humanitarian needs and to safeguard decades of development gains. This phenomenal response enabled the humanitarian partners to successfully meet the needs of the most vulnerable people throughout a challenging year for ordinary Ethiopian women, men and children affected by the drought.

In 2016, the Government of Ethiopia and humanitarian partners provided food to some 10.2 million people, and rolled out the largest national emergency seed response to some 1.5 million households. Together, we facilitated access to clean water for 10 million people and more than 2 million cases of moderate acute malnutrition and at least 220,000 cases of severe acute malnutrition were treated.

The people of Ethiopia bore the brunt of the historic drought, while not forgetting to support their fellow countrymen and women in meeting their needs. The Ethiopians were the first to respond to their neighbours’ needs, and hand in hand with the Government, extended their generous hospitality to refugees that sought asylum in their country. Countless Ethiopians contributed their salaries to help their fellow Ethiopians. Businessmen supplied transportation assets to ensure that people in remote areas could access humanitarian aid. Thousands of volunteers mobilized in the spirit of the Ethiopian culture of sharing.

While Ethiopia continues to reel from the impacts of the El Niño-induced drought, the country is facing a new drought affecting lowland areas in southern and eastern parts of the country. This reflects a shift in the areas where acute humanitarian needs are experienced, a change that requires the humanitarian community to review and adjust the presence in order to save lives and livelihoods.

In 2017, in the tradition of collaboration with the Government and the people of Ethiopia, the humanitarian partners will continue to address the needs of the affected people and we aim to exceed the accomplishments of 2016 and successfully meet new challenges.

If well resourced, the 2017 Humanitarian Requirements Document will also facilitate preparedness and ensure a well-coordinated, timely and prioritized humanitarian response.

But for this we need your support. We now look to donors to continue their generous support to deliver the resources needed for the 2017 response.
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

The post-summer rains/meher harvest assessment and projections for 2017 indicate the following priority needs:

- **1.9M** households in need of livestock support
- **0.3M** severely acute malnourished
- **2.7M** moderately acute malnourished
- **2M** without safe drinking water
- **0.3M** displaced due to shocks

Key humanitarian issues

- Lives remain at risk due to shortage of food and water and the risk of disease outbreaks.
- Livelihoods are at risk due to lack of pasture, livestock death or poor health, and elsewhere remain precarious following the impact of the 2016 drought.
- Critical needs for food, shelter and non-food items lead to displacement.
- Negative coping mechanisms such as child labour and early marriage lead to absenteeism and increased risk of violence against women and girls.

<table>
<thead>
<tr>
<th>SECTOR</th>
<th>PEOPLE TARGETED</th>
<th>TOTAL REQUIREMENTS US$</th>
<th>AVAILABLE RESOURCE US$</th>
<th>NET REQUIREMENTS US$</th>
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<td>183M</td>
<td>415M</td>
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<td><strong>FOOD</strong></td>
<td>5.6M</td>
<td>598M</td>
<td>183M</td>
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<td>Nutrition Supplies(MAM)</td>
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<td>105.6M</td>
<td>46M</td>
<td>59M</td>
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<td>Nutrition(SAM)</td>
<td>0.3M</td>
<td>86M</td>
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<td>4.3M</td>
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<td>9.2M</td>
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<td>1.9M</td>
<td>11M</td>
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<td>9.4M</td>
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<td>Education</td>
<td>0.5M</td>
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<td>1.8M</td>
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<td>Protection</td>
<td>0.6M</td>
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<td>50.9M</td>
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<td>Emergency Shelter/NFI</td>
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<td>17M</td>
<td>233M</td>
<td>715M</td>
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<td><strong>NON-FOOD SUB TOTAL</strong></td>
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<td>17M</td>
<td>50.9M</td>
<td>300M</td>
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<tr>
<td><strong>Total</strong></td>
<td>5.6M</td>
<td>948M</td>
<td>233M</td>
<td>715M</td>
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</table>
OVERVIEW OF THE CRISIS

While Ethiopia battles residual needs from the *El Niño*-induced drought, below average rains in the southern and eastern parts of the country caused by the negative Indian Ocean Dipole have led to a new drought.

Following successful *kiremt* rains between June and September 2016, above-average harvest is expected in northern and western parts of Ethiopia. This is expected to improve the food security situation in these areas. At the same time, reports of livestock deaths and water shortages are emerging from the primarily pastoral areas in southern and south-eastern parts of the country. In addition, disease outbreaks and food and nutritional insecurity persist in pocket areas throughout Ethiopia.

The needs presented in the HRD for 2017 have been established through a robust, Government-led multi-agency *meher* needs assessment, which took place over three weeks in November and December 2016. Nearly 230 representatives from the Government, UN, NGOs and donors visited affected communities across Ethiopia’s nine regions. The assessment concluded that some 5.6 million people will be in need of assistance in the course of 2017."

The *meher* assessment also concluded that the 2016 summer *kiremt* rains resulted in a return to normal *meher* season planting (planting takes place between June and July). Most smallholder cropping households are expected to produce a normal harvest in northern and western cropping areas. However, erratic distribution and below normal *kiremt* rains in lowland areas and failed autumn *deyr/hagaya* (short rainy season from November to December) in pastoral areas tipped southern and eastern pastoralist areas into severe food insecurity. Similarly, hailstorms, landslides and frost in some highland areas significantly reduced crop yields in pocket areas.

The 2015/2016 *El Niño* has left a negative legacy on many households, including those that lost livestock and other productive assets. This 2017 HRD does not include responses to recovery needs, which are expected to be captured in a separate document.

* The June 2017 *belg* assessment will inform the Mid-Year Review of the 2017 HRD.
PART I: HUMANITARIAN NEEDS

HUMANITARIAN NEEDS

In 2017, some 5.6 million people will require emergency food assistance; some 2.7 million children and pregnant and lactating mothers will require supplementary feeding; some 9.1 million people will not have regular access to safe drinking water; and some 1.9 million households will need livestock support. Partners also estimate that 303,000 children will become severely acutely malnourished in the year.

5.6M people will need emergency food assistance

2.7M under 5 and PLW projected MAM cases

0.3M projected SAM cases

4.37M people will require health assistance

2M school-aged children will be targeted for school feeding

9.1M people will require WASH support

1.9M households will need livestock support

0.5M households will need seeds support

0.6M households need shelter and Household NFIs

0.59M people will be targeted for protection assistance

HOTSPOT WOREDAS (AS OF DECEMBER 2016)

Of the 718,000 people who were displaced in 2016, more than half have returned to places of origin. An additional 376,000 people are estimated to be displaced in 2017 due to floods, drought and/or conflict.
RESPONSE STRATEGY

STRATEGIC OBJECTIVES

The projections in the 2017 HRD are based on the findings of the seasonal meher needs assessment as well as early warning data and modeling done by partners. To reinforce inter-sector coordination, the response will be built around three Strategic Objectives (SO) which form the basis for the sector-specific operational plans, presented in the Sector Chapters.

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

During the first half of 2017, humanitarian partners will prioritize areas affected by the new drought in south and southeastern parts of Ethiopia. The mobile approach will address the unique needs of mobile pastoralist communities and provide complete nutritional care and health services, including reproductive health. Support will also be made to enable children to continue their education. During the dry season, when animal milk production decreases, the response will be complemented by supplementary food based on regular screenings to ensure the most vulnerable are reached. Ensuring access to safe drinking water in parallel to hygiene promotion will reduce the spread of disease outbreaks. The potential for further expansion of disease outbreaks is of particular concern reinforcing the need to further expand case management in remote areas and linkages to surveillance systems.

2. Protect and restore livelihoods

In the first half of 2017, pastoralist communities in the areas affected by the new drought will need additional support to cope with the loss of livestock in late 2016. The response will include a full range of livestock relief interventions (fodder distribution, animal health and slaughter destocking) as outlined in the Ministry of Agriculture’s National Guidelines for Livestock Relief Interventions in Pastoralist Areas of Ethiopia (2008). These activities will also support pastoralists in northern parts of the country, who require targeted livelihood recovery support following the El Niño-induced drought. Activities to support smallholder cropping households will be introduced during the second quarter of 2017, informed by weather forecasts, to enable the households to take advantage of the 2017 rains.

3. Prepare for and respond to other humanitarian shocks – natural disasters, conflict and displacement

This objective relates to drought and flood-affected areas and supports response efforts to address the needs of people who may become displaced over the course of 2017. Facilitating meaningful and safe access to services including health and nutrition for displaced communities require a flexible mobile service, particularly where host community services are unable to meet the needs of additional people. The MHNTs, that provide health and nutritional services to remote and mobile populations, will work to include areas known to host displaced communities in their operational areas. Scaled-up multi-disease surveillance and improved link to response triggers will also reduce the impact of disease outbreaks that continue to be of concern, particularly among people affected by shocks. Agreements reached on a harmonized, common muti-sector approach to rapid needs assessment and response SOPs following new shocks will be rolled out across affected regions.
Cross-cutting: Government service provision strengthened at point of delivery

This cross-cutting theme cuts through the entire HRD and forms a key component of the response. Almost all humanitarian assistance in Ethiopia is coordinated through the Government, where technical and material support for Government systems is provided by partners at multiple levels. Although there are concerns that the crisis may impact some of Ethiopia’s development gains, there is also hope that if well-funded, the implementation of the HRD will lead to longer-term development outcomes, in particular through the support that will be provided to front-end service providers.

Planning assumptions

Throughout the *El Niño* response, extensive efforts were made to continuously improve the quality of cross-sectoral needs analysis that underpins the 2017 HRD. Where possible, operational bottlenecks were addressed and needs projections developed by the clusters using multi-layered cross-sector indicators, in collaboration with the Government sector chairs. For example, the Logistics Cluster, which was activated in March 2016, conducted a gap analysis and identified bottlenecks for efficient delivery of life-saving assistance. As a result, mitigation measures were introduced in close collaboration with the National Disaster Risk Management Commission (NDRMC). These included augmenting the logistics coordination and information management capacity, as well as enhancing the overall logistics capacity of the Government and that of other humanitarian actors with increased storage facilities and staffing, logistics trainings, and support to the NDRMC hubs and transport.

A number of unpredictable variables remain beyond the control of Government and humanitarian responders that will affect needs and the ability of partners to address them over the coming year, most notably the weather. The following planning assumptions have been agreed as a basis for humanitarian operations outlined in the HRD:

i) **Government capacity in the newly impacted areas (south and south-eastern parts) requires strengthening.** Consequently, all responding partners will need to ensure a strong initial investment in the response capacity to ensure a robust and timely intervention.

ii) **The areas experiencing new drought are large and sparsely populated geographic areas with limited infrastructure.** Limited road networks, warehouse capacity and availability of water schemes in the affected areas will challenge the response efforts and potentially delay the initial delivery of life-saving assistance. These effects can be somewhat mitigated through augmenting the warehouse capacity in the affected areas and by pre-positioning humanitarian relief items.

iii) **The spring 2017 *belg/gu/ganna* rains could be below-normal in south and south-eastern parts of Ethiopia.** Although it is too early to make reliable long-term forecasts, there are some indications that the spring *belg/gul/ganna* rains could be below-average in drought affected lowland areas. Should this happen, the recovery of pastoralists and farmers could be delayed until later in 2017.

iv) **Continued three month lead times for the procurement and delivery of food and other humanitarian assistance.** New funding contributions will take up to three months to translate into concrete assistance delivered to beneficiaries.

v) **The Productive Safety Net Programme (PSNP).** The PSNP will provide monthly food and cash transfers to 7.9 million beneficiaries as planned for the first six months of the year.

vi) **Success in local purchase of cereals as part of response mechanisms will reduce lead time and port congestion.**

vii) **Continuing ‘unseasonal’ migration and displacement.** Heads of households in low-land areas of southern and
eastern Ethiopia may migrate in search of pasture for livestock. There is a high potential for displacement of whole communities due to lack of available drinking water. Congregation around scarce water points can potentially increase inter-communal tensions.

Viii) Services may not fully take into account the needs of vulnerable groups: The lives of vulnerable groups such as women, children, disabled persons and displaced people may be at risk if services are not safe or meaningful and address the special needs of vulnerable groups.

**Prioritization**

The prioritization of activities has been undertaken by humanitarian partners during the development of the sector specific strategies outlined in this plan. The priorities are further refined throughout the year in *ad hoc* prioritization meetings in line with changes in the operating environment.

In 2016, three prioritization meetings were convened. In the meetings, partners agreed on immediate priorities across the different sectors and identified gaps in the response to inform decision-making processes. The outcomes of the prioritization meetings are further discussed by Cluster Coordinators and their Government counterparts and endorsed by the EHCT in close consultation with NDRMC.

For the purposes of this plan, prioritization of activities was determined according to the following criteria:

**Most life-saving:** Responses with immediate, large impact on the lives and livelihoods of the affected people conducted in a cost-effective manner whilst addressing the needs of the most-vulnerable groups.

**Time-critical:** Ensuring timely procurement and distribution of seeds to areas benefiting from the rainy seasons.

**Critically enabling:** Activities supporting the response efforts or complementing the multi-sector response, e.g. transportation of food or nutritional supplies.

Each sector/cluster’s operational plan includes a short list of agreed, prioritized activities, categorized as either ‘high’ or ‘critical’ priority. The associated costing has also been prioritized accordingly.

Geographical prioritization in most sectors is driven primarily by the Government’s hotspot *woreda* classification, which is updated throughout the year. Further *ad hoc* operational prioritization of multi-sector response is undertaken via the DRMTWG and the Inter-Cluster/Sector Coordination Groups.
PART I: OPERATIONAL CAPACITY

OPERATIONAL CAPACITY

Currently there are over 90 humanitarian organizations operating in Ethiopia and supporting the Government-led response.

The Government structures at the national and sub-national levels are the backbone of humanitarian response in Ethiopia. Humanitarian partners operating in support of the Government include 11 UN agencies, 66 INGOs, ICRC, IFRC, and the ERCS. At least 11 national NGOs are conducting and supporting humanitarian operations. These include faith-and community-based organizations, who have the multiplier effect of ensuring that assistance reaches those in the most remote areas.

In south and south-eastern areas affected by the new drought, limited numbers of operational humanitarian partners requires a shift in operational presence for some partners, and a shift in programmatic focus (to include humanitarian activities in ongoing development programming) for others.

COORDINATION

The overall coordination of the humanitarian response is led by the Government’s NDRMC. The NDRMC leads federal and regional DRMTWGs across Ethiopia and hosts a series of specialized task forces that work in tandem with the clusters/sectors. The Government strengthened the DRMTWG presence in the country and rolled out structures in most regions. The NDRMC, with support from humanitarian partners, also conducted gap assessments and capacity building workshops to increase the effectiveness of regional coordination forums. Based on operational presence, UN agencies, NGOs and the Ethiopia Red Cross Society are active participants in federal, regional and sub-regional coordination forums.

The NDRMC also convenes an ambassador/ministerial level Strategic Multi-Agency Coordination (S-MAC) meeting, to ensure a strategic approach to response efforts including resource mobilization and strengthening linkages between government bodies and the wider humanitarian community.

In addition to this, an inter-cluster coordination meeting convened by OCHA is held fortnightly in Addis Ababa to agree on operational priorities, to ensure coherence and complementarity of response efforts. The inter-cluster coordination group identifies and recommends strategic action for the EHCT for decision making and/or advocacy considerations. The EHCT, chaired by the Humanitarian Coordinator, consists of UN agencies, international NGOs, national NGOs and donor representatives as well as observers from IFRC, ICRC, ERCS and MSF.*

The Government and humanitarian partners recognize that men, women, boys and girls are impacted by crises in different ways and therefore have different needs. Similarly, the National Policy and Strategy on Disaster Risk Management (2013) recognizes women, children, the elderly, people with disabilities as well as those living with HIV/AIDS as the most vulnerable to the impact of various hazards and notes that special attention should be given to these vulnerable groups. The Government and the humanitarian community in Ethiopia are committed to ensuring that all affected people are able to access and benefit from protection and assistance. Partners are also encouraged to advance gender equality and women’s rights through their programmes where opportunities exist to do so. The Government and partners in Ethiopia recognise the value and the need to strengthen participatory approaches to programme design, implementation, monitoring and evaluation, and pay particular attention to the inclusion of women and girls.

CASH AS A RESPONSE MODALITY

Market supply for some areas could be variable depending on the nature of infrastructure and traders' capacity. Cash as a response modality will be considered by WFP in areas where markets are functioning as well as considering availability of cash in the pipeline.

* The humanitarian coordination structure in Ethiopia is included in the Annex.
Response monitoring is a continuous process that tracks the delivery of humanitarian assistance to affected people against targets set out in the HRD.

Dashboard of Sector Response and Contextual Indicators

In order to monitor progress against the HRD, clusters have identified a set of response and contextual indicators for which they have committed to provide monthly data. The info graphics produced on the basis of this data are used to understand how the response is progressing and identify bottlenecks so that proactive measures can be taken.

Periodic Monitoring Report (PMR)

Since March 2016, the Periodic Monitoring Report (PMR) has been produced on a quarterly basis. The PMR highlights progress made on Strategic and Cluster Objectives, changes in context and funding trends.

Humanitarian Response Monitoring

In March and October 2016, NDRMC and OCHA conducted a "call around" survey of ongoing humanitarian response reaching out to DPPB and other woreda (districts) officials in priority 1 and 2 woredas. The resulting report allowed for analysis of progress of the ongoing response and revealed new challenges. In 2017, similar surveys will be carried out.

HUMANITARIAN PROGRAMME CYCLE TIMELINE

<table>
<thead>
<tr>
<th>Event</th>
<th>Jan 2017</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
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<tr>
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<tr>
<td>Periodic Monitoring Report</td>
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<tr>
<td><strong>Belg</strong> assessment</td>
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<tr>
<td>Mid-year review of 2017 HRD</td>
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<td>Humanitarian Response Monitoring</td>
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<tr>
<td><strong>Meher</strong> assessment</td>
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<tr>
<td>2018 HRD</td>
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</table>
PART II: OPERATIONAL RESPONSE PLANS
PART I: RESPONSE RESPONSE PLANS

AGRICULTURE

Context

In Ethiopia, 8 in 10 people depend on agriculture and livestock for their livelihoods. More than 80 per cent of the production is rain-fed, which is typically seasonal across the country. Following the failure of two consecutive rainy seasons in 2015, the spring belg and summer kiremt rainfall seasons in 2016 were normal to above-normal in most northern areas, leading to improved crop and livestock production and normalization of prices. However, poor spring gu/ganna rains and failed autumn deyr/hagaya rains in Ethiopia’s southern rainfall belt — generally unaffected by the 2015-2016 El Niño drought — have led to the need for additional emergency agriculture and livestock interventions.

During the first half of 2017, affected pastoral areas of Oromia, SNNP and Somali regions are expected to go through an emergency phase of the drought cycle. At the end of 2016, abnormal early migrations, excess livestock mortality rates and extreme emaciation have already been observed. Urgent interventions are required to help pastoral households maintain their herds and avoid losing their livelihoods.

National crop production is estimated to be 20 per cent higher in 2017 as compared to previous year boosting food availability and access in crop-producing, meher-dependent areas. The preliminary results of a seed system security assessment by the Agriculture Cluster in late 2016 indicate that in 2017, most crop-dependent households will have access to sufficient quantities of quality and preferred types of seed and planting materials. However, the livelihoods of farmers are yet to fully recover in many areas, and there are pocket areas along the Rift Valley, especially in northern and eastern highlands, where production remained low in 2016. Families in these areas will face significant challenges in accessing productive inputs, and will need scaled up agricultural support to prevent another year of poor production and heightened food insecurity.

Targeting

In 2017, the Agriculture Cluster will target farming, agro-pastoral and pastoral households with interventions to support crop- and livestock-based livelihoods.

1. Pastoralists in southern and southeastern Ethiopia will be targeted with emergency animal health, livestock feed and destocking (commercial and slaughter) interventions.

2. From January 2017, the most vulnerable smallholder farming and herding households in the northern rainfall belt dependent on the belg/meher seasons will be targeted with livestock interventions aimed at facilitating humanitarian recovery for the most affected and destitute, ensuring that women-headed households are prioritized.

Main Partners

MoANR, MoLF, EGTE, FAO, ACF, Action Aid, ATA, Brooke Ethiopia, CARE, CA, Concern, COOPI, Cordaid, CHF, CISP, CRS, CST, DCA, FHE, FEWS NET, GAA, GIZ, GOAL, Intermon Oxfam, IRC, Mercy Corps, MoT, NCA, NMA, NRC, Oxfam America, PIE, PIN, REST, SCI, SDC, SHA, SoS Sahel, Tufts University, VSF Germany, VSF Suisse, WVE and ZoA.

Implementation and Coordination arrangements

Until the end of 2016, emergency response in the agriculture sector was coordinated through the DRM–ATF, which reports to the DRMTWG and the NDRMC. In 2017, the transition of this responsibility to the MoANR and the MoLF will necessitate adjustments in coordination arrangements.

In the interim, the DRM–ATF will continue to coordinate the overall response in the agriculture sector, the MoANR – supported by the Emergency Seed Working Group.
will take the lead in the coordination of agricultural interventions, and the MoLF – supported by the Emergency Livestock Working Group – will lead the coordination of livestock interventions. Given the scale of the longer than normal dry spells in southern and southeastern Ethiopia, the DRM–ATF is in the process of re-activating subregional DRM–ATF coordination structures in Gode (Somali), South Omo (SNNP) and Yabello (Oromia).

Since its inception in April 2016, the DRM–ATF Strategic Advisory Group has been instrumental in supporting the DRM–ATF in bringing together agriculture sector stakeholders, including donors, UN agencies, and NGOs to jointly solicit resources and plan, coordinate and respond to the El Niño-induced crisis. This important role is expected to continue for at least the first half of 2017.

The two technical working groups under the umbrella of DRM–ATF, and their regional branches, will monitor and evaluate humanitarian response in the agriculture and livestock sectors.

Strategy

Although the gu/genna season typically relieves the impacts of drought in lowland areas, pastoral households continue to require urgent interventions to safeguard their herds, improve milk production and ensure access to feed and water, especially in southern and southeastern pastoral areas. In 2017, the implementation of humanitarian activities to support the livelihoods of 1.4 million pastoral households will require $37.1 million. The majority of support is required in southern and southeastern pastoral areas of the country, while requirements for livestock support in highland areas is estimated at $4.7 million.

Supplementary livestock feed will be combined with tailored animal health interventions for core breeding stock. For interventions in pastoral areas – where feed resources are typically stretched to feed more animals than planned–, communities will be encouraged to establish feed centres that can only be accessed by marked livestock to ensure that the most productive animals survive the drought. As rangeland productivity deteriorates, livestock produce less milk which is a key component of the diet in pastoral areas. To improve nutrition levels among affected households, destocking interventions will be implemented to make protein-rich meat available for the most vulnerable and support livestock prices in local markets.

To ensure the availability of seeds of choice in the 2017 planting windows, the sector needs resources to provide cereal, legume and vegetable seed and root crop planting materials to more than 500,000 households in Amhara, Oromia, SNNP and Tigray regions. The 2016 seed system security assessment and the meher season assessment results informed the planning for the 2017 seed response in belg- and meher-dependent areas. In contrast to the 2016 emergency seed response, priority in 2017 will be given to PSNP beneficiary households. The seed support will be covered by the Government. FAO and the SAG in collaboration with partners will continue to provide technical support to a Government-led seed response.
### Pastoral zones – Afar, Somali, Oromia and SNNP regions

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Activity</th>
<th>Beneficiaries (HH)</th>
<th>Requirements US$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Emergency provision of livestock feed for core breeding animals</td>
<td>0.34 M</td>
<td>21,000,000</td>
</tr>
<tr>
<td></td>
<td>Animal health support (including veterinary equipment)</td>
<td>0.82 M</td>
<td>8,600,000</td>
</tr>
<tr>
<td></td>
<td>Destocking for saving lives and livelihoods and nutritional support to children and safe carcass disposal</td>
<td>0.34 M</td>
<td>5,600,000</td>
</tr>
<tr>
<td>Category 2</td>
<td>Emergency vaccination of livestock after the next rains</td>
<td>1.4 M</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Sub-total</td>
<td></td>
<td>1.4 M</td>
<td>37,200,000</td>
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</table>

### Belg and belg/kiremt smallholder farming zones – Amhara, Oromia, SNNP and Tigray regions

<table>
<thead>
<tr>
<th>Category 1</th>
<th>Activity</th>
<th>Beneficiaries (HH)</th>
<th>Requirements US$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provision of emergency livestock feed for core dairy cattle and plough oxen</td>
<td>0.036 M</td>
<td>2,100,000</td>
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<tr>
<td></td>
<td>Animal health support (including veterinary equipment)</td>
<td>0.47 M</td>
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<td>Category 2</td>
<td>Animal vaccination</td>
<td>0.43 M</td>
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<tr>
<td>Sub-total</td>
<td></td>
<td>0.5 M</td>
<td>4,700,000</td>
</tr>
</tbody>
</table>

**TOTAL REQUIREMENTS**  
1.9 M 41.9M

*An assessment to be made after one season of good rains to determine the viability and appropriateness of the intervention.*
Context

Over the past 25 years, Ethiopia has performed relatively well in expanding formal and non-formal education opportunities, although ensuring the provision of quality education remains a challenge. Enrollment at all levels has improved substantially and youth and adult literacy rate increased from 28 per cent in 1994 to nearly 59 per cent in 2015. Primary school (grades 1-8) gross enrollment increased from 22 per cent in 1994 to over hundred per cent in 2015 in most of the regions. Before 1994, secondary school education was limited to large towns. At the end of 2016, there is at least one secondary school in each woreda.

The education system in Ethiopian is vulnerable to natural disasters and man-made emergencies. Additionally, out of the 738,000 refugees in Ethiopia, 57 per cent are children, putting additional pressure on the Ethiopian education system.

The findings of the 2016 meher needs assessment found that 138 schools in Oromia and 13 in SNNP regions have been closed due to the ongoing emergency. Lack of water and school feeding were identified as major contributors to student absenteeism hampering overall education activities in emergency situation.

The data further shows that some 76 per cent of schools in affected areas are without water which impacts on children’s learning abilities and the overall hygiene conditions at schools.

Similarly, about 73 per cent of schools in Tigray and Oromia, 49 per cent in Afar, and 44 per cent in Amhara regions are without latrines. Generally, 47 per cent of schools in the meher assessed woredas are without latrines.

The loss of assets and livelihoods has also compromised the capacity and purchasing power of parents and care givers to send their children to school.

![Education Map]
their children to school in 2016.

The above factors have contributed to high levels of school absenteeism with the highest numbers recorded between October and November 2016 in Oromia (34,531), followed by Somali (19,978), Gambella (7,902) and SNNP (7,716) regions. The lowest number of school absentee is recorded in Harari region (691).

Parents are unable to cover the costs of school learning supplies (e.g. pens, pencils, exercise books).

Recent information reveals that 147,366 school children are internally displaced in six regions: Afar, Gambella, Harari, Oromia, Somali and Tigray. Of this, about half is estimated to be accommodated within host communities and the rest are targeted by Temporary Learning Centers with WaSH facilities, school feeding and learning supplies.

The residual effect of the 2015/16 drought and floods combined with the new drought in the eastern and southeastern parts of Ethiopia is estimated to disrupt education of some 2.9 million school-age children. Of these, some 2 million school-age children in priority one woredas (mainly in eastern and southern parts of the country and in some pocket areas in other regions) require immediate support.

Targeting

With a focus on children aged 4-18 years, the Government and humanitarian partners aim to target two million school age boys and girls in priority one woredas for emergency school feeding, learning supplies and school WaSH. Most of these children are in eastern and south-eastern Ethiopia.

Main Partners

FMoE, Regional and woreda Education Bureaus, UNICEF, Save the Children, WFP, Child Fund, PIN, DANFE, Islamic Relief, Kelem, LWF, PACT, PTP, Plan

<table>
<thead>
<tr>
<th>Region</th>
<th>Total children</th>
<th>% boys &amp; girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFAR</td>
<td>88,047</td>
<td></td>
</tr>
<tr>
<td>AMHARA</td>
<td>362,837</td>
<td></td>
</tr>
<tr>
<td>DIRE DAWA</td>
<td>7,836</td>
<td></td>
</tr>
<tr>
<td>GAMBELLA</td>
<td>30,799</td>
<td></td>
</tr>
<tr>
<td>OROMIA</td>
<td>28,693</td>
<td></td>
</tr>
<tr>
<td>SNPN</td>
<td>18,586</td>
<td></td>
</tr>
<tr>
<td>SOMALI</td>
<td>187,546</td>
<td></td>
</tr>
<tr>
<td>TIGRAY</td>
<td>95,911</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>2M</td>
<td>55% 45%</td>
</tr>
</tbody>
</table>
Ethiopia, Right to Play, World vision, Italian Center for Child Aid, NRCl, Camara Education, Relief Aid, Imagine 1 Day, and implementing partners.

**Implementation and coordination arrangements**

The Ministry of Education jointly with co-lead agencies (UNICEF and SCI) will continue to lead and coordinate the preparedness and response activities at federal and sub-national levels. Monthly coordination meetings at the federal level are informed by sub-national coordination forums that meet on a monthly basis at regional capitals. The Education Cluster which was reactivated in January 2016 is nationally coordinated by two staff members/technical experts with support from UNICEF and SCI. There is a need to strengthen regional/sub-clusters in terms of staffing and capacity building initiatives.

**Strategy**

The Cluster with support from lead agencies will continue to mobilize resources for Education in Emergency. A list of targeted schools will be shared with the Food, Nutrition and WaSH clusters to ensure that necessary cross cluster interventions are prioritized and schools are used as platforms for broader humanitarian interventions. Learning spaces include gender-sensitive sanitation facilities and school feeding programmes which incentivize families in need to send their children to schools, while improving the overall nutritional situation. Education of IDP children will be conducted in close coordination with IOM.

The cluster/sector partners will devote dedicated attention to youth issues, such as school absenteeism, who are likely to be more vulnerable to abuse, neglect, susceptible to embarking on the often perilous migration journeys risking trafficking and abuse. Jointly with Protection Cluster, the education sector will ensure children continue their education in safe and protective school environments. Go-to-school campaigns are organized jointly with parents and children to bring back dropouts.

<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>ACTIVITY</th>
<th>BENEFICIARIES</th>
<th>REQUIREMENTS US$</th>
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<tbody>
<tr>
<td>Critical</td>
<td>Provide school feeding</td>
<td>2,034,652 school-age children</td>
<td>30,061,821</td>
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<tr>
<td>Critical</td>
<td>Provide school WaSH</td>
<td>2,142 schools</td>
<td>8,056,195</td>
</tr>
<tr>
<td>Critical</td>
<td>Provide learning supplies</td>
<td>2,034,652 school children</td>
<td>5,758,065</td>
</tr>
<tr>
<td>Critical</td>
<td>Establish temporary learning centers</td>
<td>73,683 IDP school children</td>
<td>1,628,319</td>
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<td><strong>TOTAL REQUIREMENTS</strong></td>
<td><strong>2M</strong></td>
<td><strong>45.5M</strong></td>
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</table>
EMERGENCY SHELTER AND NON-FOOD ITEMS

Context

In 2016, severe drought forced pastoralist families to abandon their shelters and household belongings as the result of loss of livestock. Scarce resources and lack of access had also led to inter-community tension and clashes that caused more displacements. Seasonal flooding also traditionally displaces people living in flood-prone areas for up to three months. In average, 90 per cent of the displaced will return to their places of origin.

Based on the 2016 meher assessment, 376,000 persons are at risk of being displaced across five regions (Afar, Amhara, Gambela, Oromia, and Somali). The majority of these (217,000 persons) are expected to be in Somali region with Afar, Gambela and Oromia projecting close to 50,000 each.

In support of the seasonal assessment first round of Displacement Tracking Matrix (DTM), carried out between September and October 2016, identified 167,688 persons (30,676 households), 66 per cent of which are under 18 years old, who have been displaced in 2016. Of these 33 per cent were as the result of inter-community clashes, 23 per cent from drought and 44 per cent due to flooding. The majority of displaced populations were in Somali, Gambella and Afar regions. The DTM data indicates that majority (55 per cent) of the displaced population are living with host communities, sharing limited resources. This was further confirmed by the meher assessment where some woredas in Somali region are hosting more than double their population size. There is a need to explore multiple response modalities to better address the need of those in different contexts.

New waves of drought-related displacements towards woreda centres in search of assistance is already being reported in Somali. Host communities, left with low coping and absorption capacity following the 2015/16 El-Niño will likely be faced with increased vulnerability. Inter-community clashes are expected to cause further displacements, in some cases resulting in secondary and multiple displacements that are likely to further reduce the families’ abilities to cope.

The seasonal and cyclical nature of flood displacement and subsequent responses highlights the need for technical assessment to gain better understanding of flood-induced displacements within the context of shelter. Evidence-based decisions can then be made to address needs that require longer-term and more sustainable solutions.

Targeting

The Cluster will target people who have lost access to shelters and their belongings due to shocks that have caused damage to their habitats. This includes 90 per cent of the newly displaced people as projected in the meher assessment as well as households identified by the DTM to have remained in prolonged displacement situations without adequate assistance. In collaboration with Cluster partners, geographical prioritization for preposition of stocks will also be done using regional response plans and the DTM, severity levels, vulnerability criteria, and at-risk factors.

Based on seasonal assessment findings and flood-contingency plans the Cluster will target communities in flood-prone areas that are at risk of cyclical displacements for disaster risk reduction assistance at the place of origin.

Main Partners

NDRMC, DPPB/DPFSAs, ERCS, ICRC, IOM, IRC, NRC, UNICEF, ACF, Concern Ethiopia, Help Age, People In Need, Save the Children, ZOA, IMC, Islamic Relief.
Implementation and Coordination arrangements

Led by NDRMC and with support of IOM, the Cluster meets at the Federal level on a bi-weekly basis, to ensure coordinated and effective response and mitigate displacements. In Somali region, the Cluster meets on a monthly basis under the leadership of the regional DPPB. Ad hoc coordination forums also take place for response in Afar, Tigray, Gambella and Oromia regions. Strengthening of coordination structure and information management system support at the regional and zonal levels in priority areas, will be vital in 2017. More emphasis will also be placed on monitoring and evaluation as well as accountability to affected populations through feedback and complaint mechanisms.

Strategy

The Cluster aims to expand its activities into disaster risk reduction and rehabilitation assistance in flood-prone areas while also maintaining focus on responding to emergency shelter and household NFI needs of affected and displaced populations.

The immediate humanitarian response will be based on joint assessments carried out following reports of new displacements, as well as verification conducted by Government and humanitarian partners. Traditionally the Cluster response modality is based on in-kind provision of emergency shelter and household NFI kits at the family-unit level. While this will remain the majority of the Cluster’s response, studies and pilots will be carried out to explore the feasibility of using cash or voucher system in both emergency response for NFIs, and recovery assistance for shelter in order to increase the flexibility and efficiency of response.

For in-kind responses, emphasis will continue to be placed on minimizing environmental impact and supporting local economies through local sourcing of materials where possible without compromising the quality of assistance. The Cluster will continue to improve NFI kit quality, and advocate for distribution of dignity kits alongside shelter and NFI responses to mitigate the impacts of gender-based violence during displacement. The Cluster, through its technical working group, will also work to define recovery shelter kits to support those who have suffered complete damage to their homes but remain at their place of origin, to contribute to self-recovery effort.

In flood-prone areas, geographical prioritisation based on priority woredas with history of repeated flood-related displacements and other contributing vulnerabilities will be used to target communities for recovery shelter assistance at place of origin with strong disaster risk reduction and management component. In-depth technical and social economical studies around traditional construction practices will be carried out to provide evidence and framework for response planning. Shelter recovery assistance will include awareness raising campaigns and trainings on safer-construction practices; material and/or conditional cash grants to support shelter improvement towards better flood resilience; and construction of model shelters where appropriate.
The Cluster will coordinate its activities with other sectors as well as working groups including Gender: Cluster partners are advocating to conduct an assessment and distribute dignity kits simultaneously with household NFIs distribution; guidelines for kit content and distribution as per the Dignity Kit Taskforce within the CP/GBV sub-cluster. In terms of protection: Promote good programming that takes into account specific needs of the most vulnerable groups (e.g. the elderly, the disabled, children, child-headed households, female-headed households and polygamous households), awareness and recognition of protection related incidences and use of appropriate referral mechanisms. Complaint and feedback mechanism will be set-up to ensure accountability to affected populations. The IDPs and Durable Solutions Working Groups also coordinate with the working groups to identify and target those in prolonged displacement for possible support both at the federal and regional levels.

<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>ACTIVITY</th>
<th>BENEFICIARIES</th>
<th>REQUIREMENTS US$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Activities under SO2</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>Flood-prone area rehabilitation and DRR activities (estimated 30% of flood displaced population in 2016)</td>
<td>19,200</td>
<td>5,760,000</td>
</tr>
<tr>
<td></td>
<td><strong>Activities under SO3</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical</td>
<td>Emergency shelter &amp; NFI kits or Recovery Shelter Kits: 90 per cent of the estimated new displacement in 2017</td>
<td>64,000</td>
<td>8,690,000</td>
</tr>
<tr>
<td>Critical</td>
<td>Emergency shelter &amp; NFI kits: Remaining gap from 2016 (est. at 30% of existing IDPs - funded)</td>
<td>13,437</td>
<td>0</td>
</tr>
<tr>
<td>High</td>
<td>Preposition Stock (7,000 funded)</td>
<td>15,000</td>
<td>980,000</td>
</tr>
<tr>
<td>Critical</td>
<td>Displacement Tracking Matrix</td>
<td></td>
<td>1,400,000</td>
</tr>
<tr>
<td>Critical</td>
<td>Cluster Coordination</td>
<td></td>
<td>450,000</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL REQUIREMENTS</strong></td>
<td><strong>614,004 ppl</strong></td>
<td><strong>17.2M</strong></td>
</tr>
<tr>
<td></td>
<td><em>(111,637 HH)</em></td>
<td></td>
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</tr>
</tbody>
</table>
FOOD

Context

The 2015 El Niño episode was one of the strongest in modern history. In Ethiopia the El Niño was manifested by severe drought in the northern rangelands of Afar and northern Somali regions and late onset, erratic and poor summer kiremt (long rainy season between June and September) rains in the eastern highlands. In the most drought-affected highland areas, it is estimated that El Niño reduced the 2015-2016 meher harvest by between 50 and 90 per cent. While the cumulative 2016 kiremt rains were normal to above normal to most areas, dry spells in parts of eastern Amhara, eastern and central Oromia, parts of SNNP and eastern, central and southern Tigray resulted in harvest reductions and subsequent food shortages for the most vulnerable households. Of particular concern are the lowland areas in highland woredas.

Over the course of 2016, food consumption improved significantly as a result of humanitarian assistance as well as improved food access from the belg rains. However, negative coping mechanisms continued to be practiced, highlighting the need to support households with recovery and livelihood protection measures.*

In 2016, households’ access to food from their own production remained very low despite some improvements resulting from the belg.

In northern pastoralist areas that experienced unusually high livestock deaths in 2015/16, it is expected that milk and cash income from livestock sale will be lower in 2017, especially in the first six months of the year. Separately, southern pastoralist areas, (7 southern zones of Somali region, southern Oromia pastoralists and South Omo pastoralists in SNNP) experienced below average October to December rains in 2016. This is likely to lead to low milk productivity as livestock body condition deteriorates and reduced cash income from livestock sale, which in turn could lead to reduced access to food.

Cropping households in meher receiving areas received normal to above-normal 2016 rains. However, pocket areas that experienced dry spells and late onset of rains are expected to result in harvest reductions while poor households in these areas will likely face food shortages. Vulnerable cropping households in belg crop dominant areas that had poor production in 2016 are also likely to experience poor household food security as the main harvest is only expected in July.

Among people targeted for food assistance in 2016, the positive impact of increased levels of emergency food assistance was evident as the rate of inadequate consumption fell by nearly 50 per cent throughout the year.

Targeting

The food response in 2017 will focus on immediate and transitory needs that have
emerged as a result of shocks such as drought, flooding or conflict. The PSNP and relief food are complementary and do not overlap in terms of beneficiary households and offer a continuum of support to the most vulnerable households. This said, vulnerable segments of the population will be prioritized including people displaced by drought as well as women- and child-headed households.

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 ranking, the prevalence of global acute malnutrition 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, the results of the 2016 meher assessment and the WFP Community and Household Surveys.

Main Partners

NDRMC, WFP, JEOP (CRS, CARE, Save the Children International, WVE, FHE, REST, ECC-SDCOH-Harar, ECC-SDCOM-Meki, ORDA).

Implementation and Coordination arrangements

The food response in 2017 will be led by NDRMC, who, together with WFP, will assist a projected 4.7 million people in close to 327 woredas. The JEOP will provide support to 0.9 million people in 70 priority woredas.

CRS, representing the JEOP consortium, and WFP participate in a monthly NDRMC-led Prioritization Committee Meeting, which is the forum for reviewing the national pipeline and recommending allocations to address the emergency food needs of the country. In addition, CRS and WFP co-lead the Food Cluster/Sector structure. CRS, NDRMC and WFP also participate in monthly Food Aid Management Task Force meetings which meet to discuss operational challenges such as transport and port operations.

Strategy

The 2016 meher assessment concluded that 57 million people will require food assistance in 2017. For the relief response covering 5.6 million people during 2017, NDRMC and WFP will mobilize to cover 4,700,000 people, while the CRS-led JEOP will cover the needs of 939,869 people.

It is essential to consider food assistance, supplementary and therapeutic feeding and WaSH as package of interventions. Evidence shows that failure to distribute food and operate supplementary feeding both undermines the effectiveness of nutrition interventions and causes significant increases in severe acute malnutrition.

<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>ACTIVITY</th>
<th>BENEFICIARIES</th>
<th>REQUIREMENTS US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical</td>
<td>Emergency Food Assistance (NDRMC/WFP)</td>
<td>4.7M</td>
<td></td>
</tr>
<tr>
<td>Critical</td>
<td>Emergency Food Assistance (JEOP)</td>
<td>0.9M</td>
<td></td>
</tr>
<tr>
<td>TOTAL REQUIREMENTS</td>
<td></td>
<td>5.6M</td>
<td>598M</td>
</tr>
</tbody>
</table>
Context

In 2016, Ethiopia experienced and responded to several El Niño driven adverse events with public health repercussions. These events included outbreaks of diseases such as AWD and scabies, flooding which destroyed health facilities in Afar and Somali and displaced more than 200,000 people; drought drove over 450,000 children and 1.8 million pregnant and lactating women to malnutrition. The drought condition which led to severe shortage of water for hygiene and sanitation predisposed people for AWD and throughout the affected 10 of the 11 regions and city administrations, most zones, sub-cities and woredas. Other sporadic disease outbreaks attributed to the drought that occurred in 2016 included measles, chikungunya (> 900 cases) and dengue fever (>100 cases).

The Government, with support from partners mobilized a robust public health response. The response to the various events over-stretched the health system and required diversion of resources from regular health care services. The response to the anticipated events in 2017 will exert a similar burden on the health system, especially in pastoralist and semi-pastoralist regions. In 2017, the Ministry of Health anticipates that severe acute malnutrition will continue to be a major health problem among children, and lactating and pregnant mothers in areas that are currently affected by the ongoing drought in Somali, Afar, low lands of Oromia, SNNP and pockets areas in other regions. Outbreaks of AWD, meningitis, measles, dengue fever and malaria will remain an anticipated health problems that will affect the population.

The ongoing outbreak of AWD in Somali region is aggravated by the dry spells and will continue to pose the risk of the wider expansion of disease to many woredas and even to other parts of the country. Population displacement due to drought and flooding is also expected.

To continue supporting the Government of Ethiopia in its response to various public health emergencies in 2017, a focus on improving access to health care, strengthening outbreak response capacity particularly to communicable disease outbreaks, preparedness and support for life-saving essential health care services in affected areas, is requested.

The goal of the Health Cluster support is to strengthen the capacity of the health system to deliver lifesaving interventions aimed at reducing morbidity and mortality resulting from public health events.

Strategy

The strategies for the response are:

1. Strengthen leadership and coordination of the health response to public health emergencies at all levels (FMoH, RHB, zonal and woreda health offices)
2. Strengthen the capacity for emergency preparedness, early detection, response and control of communicable diseases at all levels (FMoH, RHB, zonal and woreda health offices)
3. Strengthen the capacity to provide essential health services to populations affected by the humanitarian crisis (pastoralist communities, IDPs, refugees and others).
4. Strengthen capacity to investigate and respond to risks of outbreak.

Targeting

The health sector aims to target some 4.37 million people through coordinated response to the anticipated health conditions and disease outbreaks. This number includes 370,000 IDPs and...
300,000 women and adolescent girls who will benefit from emergency reproductive health services.

To address the anticipated health hazards and the ongoing disease outbreak response, as well as to strengthen surveillance and to provide essential emergency health care services, it is estimated that $42.8 million is required until the end of 2017.

<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>ACTIVITY</th>
<th>BENEFICIARIES</th>
<th>REQUIREMENTS US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical</td>
<td>Support provision of essential health services and supplies, referral support and outreach services including preventive and curative, routine immunization, support to access and provision of essential health services including emergency reproductive health care services to IDPs and others</td>
<td>Indirect – 4,370,000 individuals</td>
<td>6,300,000</td>
</tr>
<tr>
<td>Critical</td>
<td>Public health surveillance, prevention and control of the occurrence of communicable disease outbreaks</td>
<td>Indirect – 4,370,000 individuals</td>
<td>3,840,000</td>
</tr>
<tr>
<td>Critical</td>
<td>Identification of malnutrition emergencies, screening and response</td>
<td>Indirect – 3,300,000 individuals</td>
<td>22,870,000</td>
</tr>
<tr>
<td>Critical</td>
<td>Monitoring and evaluation and technical support to Federal and Regional Health Bureaus, Emergency Operation Centers to strengthen coordination of all-hazards emergency response</td>
<td>MoH and Health Bureaus</td>
<td>9,790,000</td>
</tr>
</tbody>
</table>

TOTAL REQUIREMENTS 4.37M 42.8M

Main Partners
FMoH, EPHI, Regional Health Bureaus, WHO, UNICEF, UNFPA, UNHCR, ACF, Care, Concern, CDC, CRS, ERCOS, GOAL, IMC, IRC, Islamic relief, MSF-France, MSF-Spain, MSF-Holland, Mothers and Children Multi sectoral Development Organization (MCMDO), OXFAM, Save the Children, World Vision, WAHA.
PART II: NUTRITION

**Context**

The *El Niño* induced drought has had the most devastating impact on livelihoods and food security in more than 50 years. At its peak, the number of priority 1, 2 and 3 woredas reached 443, (approximately 60 per cent of Ethiopia). Some 458,000 of severe acute malnutrition and 2.5 million cases of moderate acute malnutrition (1.75 million children and 700,000 pregnant and lactating women) were treated.

Following the onset of the *belg* and replenishment of water sources, the number of priority woredas was revised down to 420. The number of priority 1 woredas reduced from 219 to 206, with an estimated SAM caseload of 420,000 and 2.36 million MAM cases in 2016.

From January to October 2016, a total of 272,165 children aged 6 and 59 months suffering from SAM were reached with monthly admissions - the highest ever recorded in Ethiopia (compared to 351,969 SAM cases in 2015). Furthermore, since mid-2015 the number of MAM and PLW admissions have continually increased and reached a record high in 2016 with 2.15 million reported cases.

**Targeting**

The *meher* assessment is used to redefine the hotspot classification, and contribute to estimating the number of MAM, SAM and PLW cases. The number of cases are established based on feeding programme admission trends as of October 2016, survey data and previous analog years such as 2011, while considering risk factors like diseases such as the recent AWD, livestock/livelihood loss, food insecurity associated with the emerging drought and water scarcity in some drought affected areas that directly reduce the quality of water consumed and childcare indirectly. The estimated numbers were further validated by the results of the 2016 *meher* assessment and the December 2016 hotspot classification. The hotspot classification categorized 192 woredas as priority 1, 174 woredas as priority 2 and 88 woredas as priority 3.

In 2017, an estimated 303,000 SAM cases and 2.7 million MAM cases* (1,371,235 MAM children and 1,372,758 PLWs) are expected to be reached in Ethiopia. These estimated cases consider the highly vulnerable woredas countrywide, though the prioritization for response will focus on areas identified as most vulnerable in priority 1 and 2 at the very least. Populations with special needs will be considered as necessary including nutrition response for the elderly, women of child bearing age and teenage mothers in particular.

In addition, appropriate infant and young child feeding in emergencies (IYCF-E) support will be given to 1 million children through their caretakers and to 550,000 pregnant and lactating women.

**TRENDS IN SEVERE ACUTE MALNUTRITION ADMISSIONS**

* WFP targets 1.3 million MAM cases (668,201 MAM children and 657,416 PLW)
lactating women. Special attention will be given to young mothers who need guidance on child care as well as support for their own nutrition wellbeing, who will be targeted with micro-nutrient supplementation.

Main Partners


Implementation and coordination arrangements

The nutrition coordination is led by the Emergency Nutrition Coordinating Unit (ENCU), which sits under NDRMC. As part of the El Niño response, the Federal Ministry of Health has established a Health and Nutrition Incident Command Post, which monitors the overall health situation, the ongoing response, challenges, and mobilizes required support from the Government as well as partners. Continued engagement with this coordination platform will be required as long as it remains operational.

Strategy

The Government and partners have agreed to focus on key nutrition strategies and activities in the at-risk woredas. These include:

1. Improved community-level screening for acute malnutrition in children under 5 years and PLW. This includes periodic screening exercises for acute malnutrition, mobile teams moving to various sites as well as health extension workers conducting screenings in their areas of coverage.

2. Ensure timely, safe and quality access to CMAM services countrywide (SAM treatment) and in priority woredas (MAM and PLW treatment) including capacity strengthening of health and nutrition extension workers.

3. Strengthened MAM-SAM continuum of care through the CMAM approach. This includes facilitating a referral system between the two programme components to ensure optimal recovery, capacity strengthening of health workers and their response skills.

4. Enhanced delivery of IYCF-E promotion in woredas through capacity strengthening of health workers, provision of appropriate information, education and communication materials, engagement of community and religious leaders and peer support groups. The optimal coverage of vitamin A supplementation and de-worming for children under-5 will also be sustained.

5. Strengthened coordination and early warning with particular focus on harmonizing strategies and information in sub-regional administrations, timely and quality information flow between the regions and federal levels. Strengthen appropriate linkages and collaboration between Nutrition and WaSH, Health and Food sectors/clusters among others, will be fostered.

The emergency nutrition response is primarily delivered by the Government’s Health Extension Workers (HEWs) with support from humanitarian partners. The HEWs work at the kebele level providing basic preventive and curative health services including the prevention and treatment of acute malnutrition. Nutrition partners play a crucial role in supporting the nutrition response in the priority woredas and overall response quality enhancement. The NGO partners provide technical and logistical support to the Regional Health Bureaus, including delivery of CMAM supplies.

Many at-risk woredas, as per the earlier 2016 classification, in Somali and southern SNNP regions were less affected by El Niño therefore did not benefit from the 2016 humanitarian response. Strengthened efforts and support will be made to reach these woredas in 2017 and beyond.
<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>ACTIVITY</th>
<th>BENEFICIARIES</th>
<th>REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical</td>
<td>Management of SAM, including technical and logistical support</td>
<td>303,000</td>
<td>40,200,000</td>
</tr>
</tbody>
</table>
| Critical | Management of MAM and PLW, including technical and logistical support | • 1,371,235 MAM children 6 to 59 months  
• 1,372,758 acutely malnourished PLW | 60,500,000 |
| High     | Infant and Young Child Feeding – Emergency (IYCF-E) | Caregiver of 1 million children 0-23 months and 550,000 pregnant and lactating women | 500,000 |
| Critical | Malnutrition screening including Vitamin A supplementation and deworming | 10.3 million children 6-59 months | 2,800,000 |
| High     | Early warning and coordination | 42 nutrition surveys ENCU coordination platforms in Addis Ababa and six regions | 1,600,000 |
| **TOTAL REQUIREMENTS** | **3M** | **105.6M** |
Context

The Government’s National Policy and Strategy on Disaster Risk Management (2013) recognizes women, children, the elderly, people with disabilities and people living with HIV/AIDS as the most vulnerable to hazards and related disasters. Nearly half of the population in Ethiopia are under 18 years, and women and children constitute the majority of internally displaced populations.

The 2016 meher assessment reported that in two regions more than 1,000 cases of children and 300 cases of elderly who were left behind when parents/caregivers migrated and more than 2,300 children across four regions were reported to have migrated without parents/caregivers. The depletion of household income and assets caused by the El Niño-induced drought was reported to have exacerbated certain protection risks for children, women and other vulnerable groups during 2016. The Gender Analysis, conducted by cluster partners in 2016, indicated that the drought reduced the productivity, income generating and remunerative activities of both women and men. As men and boys were temporarily migrating with their livestock, the number of female-headed households increased.

The meher assessment also found that the most commonly reported child protection risks (reported in more than 50 per cent of assessed woredas, across most regions) which had significantly increased in the last 3 months were: children migrating without parents, child marriage, psychosocial distress, and sexual violence against women and girls (including rape) while moving outside home. Between April and October 2016, across 50 drought-affected kebeles, the Bureaus of Women and Children’s Affairs and Labour and Social Affairs had identified 6,597 unaccompanied and separated children (59 per cent boys, 41 per cent girls), often associated with the migration of children or their parents in search of livelihood and other opportunities, and more than 8,800 cases of children (56 per cent boys and 44 per cent girls) in need of child protection services and referrals. The meher assessment noted the linkages between drought (from 2015 and new symptoms in 2016), student absenteeism, child migration and child labour.

During emergency and displacement, women and girls of reproductive age have increased needs of safety, security, as well as hygienic needs, and the exacerbation of pre-existing gender inequalities can put women and girls at higher risk of GBV. The Gender Analysis highlighted the psychosocial impacts of drought on male breadwinners, which may negatively impact the household situation or care of children. The meher assessment reported almost 5,000 cases of domestic violence against women and girls, although data was limited to a few regions, and in three regions the issue of women and girls trading favours or sex for food and survival was raised. The assessment also indicated that 277 cases of sexual violence against women and girls reported in the assessed woredas of Oromia, Afar, Amhara and SNNP regions.

The 2016 meher assessment showed that there is limited access to basic services for the most vulnerable groups mainly people living with disability, the elderly, and IDPs. Furthermore, the meher assessment highlighted the importance of conducting protection mainstreaming activities as well as having protection analysis in most drought affected areas.

In addition, the Inter-Agency Protection field missions conducted in 2016 indicated that, displacement situations may place additional strain on the available limited resources, which may also lead to competition over resources between host communities and displaced persons. These reports also highlighted that access to services is not designed to incorporate the needs of vulnerable groups including IDPs amongst affected populations and the need for durable solutions.
Targeting

To prevent, mitigate and respond to the protection risks of vulnerable groups, including through service provision and system strengthening, the Cluster will support 590,000 people. This will include 210,000 emergency-affected population and service providers through general protection monitoring and mainstreaming activities, with the aim to ensure that 10 per cent of the people are with disabilities and the elderly. The identification of and response to child protection cases (including referrals, as appropriate), and multi-layered psychosocial support, is expected to benefit 70,000 children (50 per cent boys, 50 per cent girls) directly. Child Protection actors will also work with more than 100,000 caregivers, family members, community members, social workers, teachers, health workers, police, humanitarian workers and other service providers to facilitate protective care and support for children. In addition, 158,000 women, girls and service providers will benefit from priority GBV prevention and response activities. The Protection and CP/GBV sub-cluster are working closely with partners to facilitate psychosocial support services, case management, increase GBV prevention and establish/strengthen referral systems and roll out of the GBV information management systems (IMS), and provide dignity kits for vulnerable women and girls.

Main Partners


Implementation and coordination arrangements

The Ministry of Women and Children Affairs (MoWCA) and the Bureau of Labour and Social Affairs will continue to lead and coordinate the response of the child protection/gender based violence (CP/GBV) sub-cluster at the national and regional levels. Monthly meetings at the federal and sub-national levels, working in close collaboration with the CP/GBV sub-cluster coordinators and cluster partners. At the federal level, the Protection Cluster is working closely with NDRMC to identify a sector chair, to be supported by the Cluster Coordination team. An IDP sub-working Group established in 2016, under the Protection Cluster, to address IDP protection concerns and advise on durable solutions as appropriate at the federal level, and link with relevant regional level working groups.

Strategy

The effect of emergency in exacerbating pre-existing issues of migration, GBV, child marriage and child labour highlight the importance of strengthening linkages between humanitarian and development actors in 2017 and further building capacities of formal and community based systems to prepare for, prevent and respond to future emergencies. The ultimate goal of all interventions is to provide life-saving protection and support for children, women and vulnerable groups.

The Protection Cluster strategy is two pronged:

1. Ensuring timely, safe and quality access to services for emergency-affected girls, boys, women, people with disabilities, elderly, IDPs and other vulnerable groups, including specialized services (such as for GBV survivors and child protection cases) where needed.

2. Strengthening systems to prevent, mitigate and respond to protection risks, including normative frameworks, institutional capacities, community structures, and application of understanding of protection mainstreaming; alongside service
provision for the most vulnerable groups. This includes technical expertise, analysis, and advocacy to support the exploration and development of durable solutions for displaced people.

All activities will be implemented in line with the global CP Minimum Standards for Child Protection in Humanitarian Action (2012), the Interagency Standard Operating Procedures for Child Protection Case Management Services for Emergency Response in Ethiopia (2016) and the Inter Agency Standing Committee Guidelines for Integrating GBV into Humanitarian Interventions (2015). Targeted Cluster mainstreaming activities will prioritize the Food, WaSH, Health/Nutrition and Education Clusters to support service design and delivery that is sensitive to sex and age specific needs and vulnerable groups, and to strengthen inter-cluster referral pathways.

<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>ACTIVITY</th>
<th>BENEFICIARIES</th>
<th>REQUIREMENTS US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities under SO1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical</td>
<td>Child protection cases (within or moving from emergency affected areas) are identified, referred and responded to</td>
<td>22,500 direct (50% girls, 50% boys)</td>
<td>2,100,000</td>
</tr>
<tr>
<td>Critical</td>
<td>GBV cases are identified, referred and responded to</td>
<td>10,000 direct Beneficiaries (GBV)</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Critical</td>
<td>Equip health facilities with medicines and treatment kits for survivors of sexual violence Target: 136 health facilities</td>
<td></td>
<td>186,450</td>
</tr>
<tr>
<td>Critical</td>
<td>Children, parents and caretakers provided with skills and support (including psychosocial) to prevent, mitigate or respond to risks for children</td>
<td>50,000 direct (20,000 girls, 20,000 boys, 5000 women, 5000 men),</td>
<td>1,800,000</td>
</tr>
<tr>
<td>Critical</td>
<td>Vulnerable women and girls provided with psychosocial support services through WFS</td>
<td>20,000 direct beneficiaries (GBV)</td>
<td>900,000</td>
</tr>
<tr>
<td>High</td>
<td>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</td>
<td>195,000 indirect beneficiaries (100,000 GBV, 95,000 CP) (50% women targeted)</td>
<td>600,000 (CP)</td>
</tr>
<tr>
<td>Level</td>
<td>Description</td>
<td>Estimated Impact</td>
<td>Budget Allocation</td>
</tr>
<tr>
<td>-------</td>
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<td>-----------------</td>
<td>------------------</td>
</tr>
<tr>
<td>High</td>
<td>Reproductive age women and girls provided with dignity kits</td>
<td>67,000</td>
<td>1,540,000</td>
</tr>
</tbody>
</table>

**Activities under SO3**

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Estimated Impact</th>
<th>Budget Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical</td>
<td>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</td>
<td>150,000</td>
<td>280,000</td>
</tr>
<tr>
<td>Critical</td>
<td>CP and GBV cases within IDP or conflict-affected communities are identified, referred and responded to</td>
<td>2,500 (CP) 3,000 (GBV)</td>
<td>230,000 (CP) 250,000 (GBV)</td>
</tr>
<tr>
<td>High</td>
<td>Establish and strengthen GBV information management system Target: 37 woredas</td>
<td></td>
<td>560,000</td>
</tr>
<tr>
<td>Critical</td>
<td>IDP children, women and carers provided with skills and psychosocial support</td>
<td>5,000 (CP) 5,000 (GBV)</td>
<td>270,000 (CP) 300,000 (GBV)</td>
</tr>
<tr>
<td>High</td>
<td>Monitoring and evaluation activities to assess and analyze protection risks and the effectiveness of response in reducing risks</td>
<td>60,000 (indirect)</td>
<td>120,000</td>
</tr>
</tbody>
</table>

**TOTAL** | 590,000 | 11.1M |
PART II: WATER, SANITATION AND HYGIENE

WATER, SANITATION AND HYGIENE

Context

Some 57 per cent of Ethiopia’s population has access to safe water sources, with coverage higher in urban areas (92 per cent) as compared to rural areas (45 per cent). According to the 2015 Joint Monitoring Programme (JMP), 29 per cent people in Ethiopia practice open defecation and some 43 per cent have access to shared latrine or unimproved latrine.

The 2015/16 El Niño WaSH response focused on facilitating access to water and supporting response to public health risks. As of October 2016, the WaSH Cluster partners have reached to 4.6 million people with emergency water supply, 1.4 million people with the household water treatment chemicals provision and 3.5 million people with sanitation and hygiene promotions.

The 2016 meher assessment indicates that some 6.4 million people living in 200 woredas are still living in acute water scares areas. This is due to increased non-functionality of water points in the identified woredas, poor rain and lowering of ground water levels. Lack of WaSH facilities and water supply systems were also identified in many schools and health centres.

Additionally, according to the joint UNICEF and Hydrogeological Department of Addis Ababa University analysis on the impact of drought on ground water availability, below-average rainfall reduced the ground water table and its recharge. The analysis shows that in woredas prioritised by WaSH Cluster, accessing ground water is becoming increasingly complex. Ground water is the primary water source for 80 per cent of the population in Ethiopia.

As required, urgent water supply needs will be assessed in rapid WaSH assessment that will inform response plans to address emergency water supply needs.

The Government and WaSH partners began response to AWD in Moyale woreda, Liben zone in Somali region when the outbreak began in November 2015. Since then, AWD outbreaks have been

WASH HOTSPOT WOREDAS VS WATER TRUCKING AS OF JAN 21, 2017

Legend

<table>
<thead>
<tr>
<th>1</th>
<th>Water trucking as of 21 Jan 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2017 WaSH hotspot woredas</td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>
reported in all regions in approximately 351 woredas (including 120 woredas in Addis Ababa). To effectively respond to the AWD outbreak, the WaSH Cluster in coordination with health stakeholders continues working to ensure household water safety and security, and hygiene promotions.

Targeting

In 2017, the WaSH Cluster will target IDPs, vulnerable rural and urban communities, and health and education facilities. The 2017 plan, largely an expansion of 2016 activities will target 9,173,078 people with a focus on activities that support 1) Increasing access to safe water in Indian Ocean Dipole (IOD) affected communities and, 2) WaSH response to water/vector borne disease outbreaks.

Humanitarian response will target in hotspot priority 1 woredas where - the amount of water supply is less than 5 liters per person per day, water trucking distance is more than 20 kilometers, the level of malnutrition is severe, increased cases of water/vector borne diseases (including AWD, Scabies, etc.) exist, and reduced livestock productivity or increased animal death is present.

To improve the response quality in 2017, the WaSH Cluster will address specific WaSH needs of vulnerable groups including pastoralist communities, IDPs, the elderly, people living with disabilities, women, boys and girls while prioritizing safety and dignity, facilitating meaningful access to WaSH services, accountability, participation and empowerment of people targeted for WaSH cluster support.

Main Partners

FMoWIE and regional water bureaus, FMoH and regional health bureaus, NDRMC, ONEWASH/CWA development partners (UNICEF, OCHA, DFID, IDA, AFDB, JICA, USAID, GoF, WB); 34 NGOs OXFAM, IRC, Save the children, CARE, Islamic Relief, Plan International, NRC, DRC, GOAL, ACF, IMC, PIN, Action Aid, AMREF, CCF Canada, Child Fund, CISP, CRS, ERCS, ICRC, FHE, IAS, NCA, WV, REST, VSF; private sector WaSH service providers.

Implementation and coordination arrangements

The Ministry of Water, Irrigation and Electricity and the Ministry of Health will continue to lead and coordinate the response at federal and sub-national levels working in close collaboration with the Emergency WaSH Task Force (ETF) and the Water Sector Working Group (WSWG). Regular meetings at the federal and regional levels will enable information sharing through the 4Ws matrix. Coordination of WaSH actors at the woreda level will be strengthened, for equitably distributed WaSH services.

Monthly meetings at federal level are complemented by alternate meeting of AWD response partners’ meeting chaired by WHO and co-chaired by the WaSH Cluster.

Inter-cluster/sector information exchange with the health and nutrition emergency task forces will be reinforced at the Government-led command post and federal/regional coordination bodies.

Cluster/sector partners will ensure that interventions undertaken are in line with the Government’s National Emergency Response Plan. To ensure the longer term impact, cluster/sector partners including UNICEF, are dedicating resources to communication and advocacy campaigns that aim to show families how to improve daily sanitation and hygiene practices.

Strategy:

The Cluster/Sector response strategy is two-pronged - focus on rehabilitating existing boreholes/water points rather than digging new ones, where infrastructures exist. In hard to reach areas such as parts of Oromia lowlands, Somali and Afar, drilling and construction of emergency boreholes would be the most cost-effective response. Water trucking, according to the National Water
Trucking Guidelines developed by the Cluster/Sector, is a last resort. Water trucking will be triggered as a “bridging measure” while drilling and rehabilitating is being undertaken. Water provision – quantity and quality – will be according to National Water Quality standards. The minimum is 15 litres per person per day. For water trucking the threshold is five litres per person per day. Provision of water treatment chemicals (along with essential WaSH NFIs and community mobilisation) will be prioritized in areas where ponds and surface water (unsafe) are available with perceived high water/vector borne risks.

<table>
<thead>
<tr>
<th>PRIORITY</th>
<th>ACTIVITY</th>
<th>BENEFICIARIES</th>
<th>REQUIREMENTS US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical</td>
<td>Water: Access to safe water through provision of:</td>
<td>2,682,830</td>
<td>37,559,620</td>
</tr>
<tr>
<td></td>
<td>• Rehabilitation and upgrade of water points</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Operation and maintenance of water points</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Emergency water supply at crucial points – water trucking and EMWAT kits</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Repair and maintenance of water supply / sanitation at institutional level in high priority locations (Schools, Health centres etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>• New water points / sources / system construction in crucial areas</td>
<td>445,912</td>
<td>22,295,600</td>
</tr>
<tr>
<td></td>
<td>• New construction of WaSH facilities at institutional level in high priority locations (Schools, Health centres etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WASH response to minimize public health risks</td>
<td>Critical</td>
<td>(water / vector borne diseases)</td>
<td>4,835,469</td>
</tr>
<tr>
<td></td>
<td>• Household water safety and security (Provision of water treatment chemicals, WaSH NFIs and awareness raising in urban and rural communities)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Promotion of Safe sanitation and hygiene (e.g. soap for personal hygiene and cleaning, C4D activities and materials, etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>Operation and maintenance of water points</td>
<td>1,208,867</td>
<td>16,924,138</td>
</tr>
<tr>
<td>------</td>
<td>------------------------------------------</td>
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</tr>
<tr>
<td></td>
<td>Rehabilitation and upgrade of water points</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Emergency water supply at crucial points – water trucking and EMWAT kits</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Repair and maintenance of water supply / sanitation at institutional level in high priority locations (Schools, Health centres etc.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| TOTAL REQUIREMENTS | 9.2M | 86.4M |
PART III: ANNEXES

Regional Needs Snapshots: *Meher* Assessment Results
2016 Government of Ethiopia and Donor contribution
Coordination Structure in Ethiopia
Afar Region: Meher Assessment Summary (as of December 2016)

**BASELINE DATA**
- Population: 1.7 million (CSA 2016)
- Livelihood: pastoralism (90%) and agro pastoralism (10%)
- Rainfall Calendar: sugum (March - April), karma (July - September)

**SEASONAL PERFORMANCE**
- The 2016 Karma rain in Afar region is characterized by normal onset, erratic distribution and early cessation.
- The impact of the rainfall on the browse and pasture condition has been good in all the visited woredas except in Zone 4 and Argoba Special Woreda in Zone 3.

**IMPACT**
- In Karma season crop production was seriously challenged by flood in Zone 1, 2 and 3 and shortage of rainfall in Argoba Special woreda.
- In Argoba Special woreda most of the cultivated land failed at flowering stage due to shortage of rainfall, farmers were obliged to feed the stover to livestock.
- In the 20 assessed woredas a total of 12,439 children have been treated for SAM during last 6 months. The current number is higher than last year.
- The average proxy GAM and proxy SAM are 20.8% and 1.4% respectively.
- Except Koneba, Afdera, Gulina, Teru, Telalak and Dalifage woredas during the last six month AWD outbreak was reported from majority of assessed woredas.
- AWD, diarrhea, malaria, measles and pneumonia are Major morbidity causes of under-five children in the region.
- Total of 64 kebels are identified as critical water shortage areas which includes 303,234 individuals.
- 14% water schemes are not functional in the region. 16 motorized schemes will need urgent maintenance and rehabilitation.
- 5,608 displaced households are in dire need of NFIs.
- 75% of the assessed schools do not have safe water.

**COPING MECHANISMS**
- The major coping strategies practiced in the region are sales of livestock (destocking and additional income), migration within and out of the region (in some cases even to near-by country) and dependence on relief food.

**CURRENT RESPONSE**
- 3,612 Households displaced by drought and flood received ES/ NFI support.
- 549,086 children (6-59 Months) have been screened between May to October 2016.
- The water trucking services are still running in Elidaar (3-trucks) and Gewane (2-trucks) by Government and Private sectors.

25% of the region’s population requires food assistance

415,987 require food assistance

**KEY RECOMMENDATIONS**
- Scaling up of SAM-MAM continuum of care.
- Establish and functionalize the Multi-sectoral PHEM coordination forum at all levels and follow-up as per the TORs.
- Expand emergency school-feeding program to other schools.
- Water trucking in all water shortage areas.
Amhara Region: *Meher* Assessment Summary (as of December 2016)

**BASELINE DATA**
- Population: 20.7 million (CSA 2016)
- Livelihood: 100% agrarian (mixed cropping and livestock)
- Rainfall Calendar: *belg* (March-May) and *kiremt* (June-September)

**SEASONAL PERFORMANCE**
- The 2016 *meher* season rainfall could be rated as normal and above normal in the region which has contributed to a good production of crops in mid & highland areas in addition to improving animal feed and water in lowland areas.
- However, the season was characterized by different natural hazards: moisture stress, excess rains, hailstorm, frost, pest & crop disease, that affected a significant number of household livelihoods in pocket areas of the region.
- Below normal yield was reported from pocket lowland areas because of moisture stress and early cessation of the rainfall, due to excessive rainfall, hail storm and frost hazards in high and mid lands.

**IMPACT**
- A total area of 3,510,809 hectares (99%) of the planned 3,532,469 hectare arable land has been planted with different crops.
- Agriculture products of the region have increased by 4% and beneficiaries almost decreased by 43% to 85% compared to last year.
- Prices of teff and maize rose by 15% and 3.5% while wheat and barley declined by 12% & 11% respectively.
- Average increment in the price of ox, cow and shoats are 18%, 18% and 25% respectively.
- A total of 1,133,459 under five children screened in October 2016, 5,064 and 86,906 were SAM and MAM respectively.
- Proxy GAM for pregnant and lactating women(PLW) has peaked in July and dropped the following month by 72%, which might require further investigation.
- Among six visited health posts (HPs), water is available only in one HP and four reported shortage of therapeutic supplies for the coming three months.
- High turnover of trained PHEM and nutrition officers and health workers has been reported.

**HOTSPOT WOREDAS AS OF DECEMBER 2016**

**KEY RECOMMENDATIONS**
- Supplies and logistics should be continuously available at health facilities
- Strengthen surveillance at all levels and allocate adequate emergency fund at all levels.
- Water trucking should be a priority action in critical water shortage kebeles in the coming dry period and distribution of household water treatment chemicals.
- The community members and DPPCs strongly recommended provision of canvas bags at household level to support collection of water by loading on pack animals to the hilly areas.
- Water trucking in critical areas and rehabilitation of non-functional water schemes.
PART III: ANNEXES

Benishangul Gumuz Region: Belg Assessment Summary (as of December 2016)

BASELINE DATA

Population: 1.0 million (CSA 2016)
Livelihood: agriculture (100%)

Rainfall: meher (June-September)
Calendar:

SEASONAL PERFORMANCE

The onset of rain was timely in all zones of the region. Generally, the distribution and amount were similar to normal years in most of the woredas of the region.

In Assosa zone, the onset was normal except in Oda Bidigilu and Sherkole woreda, where it was delayed to the beginning of June. The amount and distribution of rains was good for crop growth and livestock performance. However, adverse weather conditions (hailstorm and strong wind) have affected crops (sorghum, teff, pepper and maize) in pocket kebeles of Assosa Bambasi and Homosha woredas.

IMPACT

The total planted area has been increased by 5.76% compared to last year.
Meher production is estimated to increase by 26.7% compared to last year.
Enough quantity of pasture and water is available for livestock consumption, livestock body condition is also good.
In metkel zone the price of major cereals (maize, sorghum and cash crop) are very low, which is favouring the farmers. Farmers are switching to other crops.
AWD is still ongoing though the number of cases has declined now, no case has been reported for the last 2 weeks.
Increase of SAM cases has been reported in Metekel zone.
511 (17%) water schemes are non-functional in the region. Water supply coverage in all visited woredas is less than 70%.
Increased migrations of adolescent and youth from Pawi woreda to other areas have been observed.
Water points are not located in proximate distance which has impact on meaningful access of water sources.

COPING MECHANISMS

The major coping strategies are: relying on less preferred food/cheaper or low quality food, limit frequency and size of meal, agricultural labour, hunting and gathering of wild food/roots.

KEY RECOMMENDATIONS

• Capacity building for health workers & health extension workers on proper SAM and MAM cases management, proper recording of performance and reporting.
• Strengthen sectoral coordination and information flow to control AWD.
• Strengthen the multi-sectoral PHEM taskforces at all levels with regular meeting with documented minutes.
• Rehabilitation of non-functional water schemes.

Food insecure population trend (in millions)

Relief food beneficiaries per month (2015 Jan. - 2016 Dec.) (in thousands)

2% of region’s population require food assistance

20,999 require food assistance
Harari and Dire Dawa Regions: Meher Assessment Summary (as of December 2016)

Harari

BASELINE DATA
Population: 0.23 million (CSA 2016)
Rainfall Calendar: kiremt (June to September)

SEASONAL PERFORMANCE
• The meher rain started in time, but with inadequate amount and erratic distribution. The rain in the lowland 9 kebeles was much below normal. Overall, there was insufficient rainfall with an erratic and uneven distribution, both spatially and temporally. There was a dry spell in June, July and September. In midland areas, the conditions were better than last year.
• Erratic distribution and dry spells highly affecting the crop growth especially in lowland and semi lowland areas. This created favorable conditions for infestation of stalk borers on sorghum and for the spread of striga weed, which is responsible for the stunted growth of crops resulting in a yield reduction of 12.5% of sorghum and the total loss of maize in lowland areas.

IMPACT
• Plantation was late by two weeks in the midland areas, it was on time in lowland areas.
• Moisture stress at late vegetative to flowering stages in the lowlands contributed to significant yield reduction.
• Plantation areas increased by 9% compared to the average of last 5 years (2010-2015) plantation.
• Due to belg failure and below normal rains of meher, water availability for livestock has decreased.
• Price for staple cereals continued to increase through October 2016 but a change is anticipated upon completion of meher harvest.
• Recent prices indicate a rising trend both for staple food and livestock markets.
• AWD has been reported as major health problem in the region, 352 cases have been reported from July to October 2016.
• The top five causes of morbidity in under five: Diarrhea (Non bloody), Acute Upper Respiratory Tract Infection (AURTI), Pneumonia, Acute Febrile illness (AFI) and Helminthiasis.
• The decline has been seen in the malnutrition admission while GAM, MAM and SAM rates are 1.9%, 2.5% and 4.34% respectively.
• 31% water schemes are not functional in the region while 18 rural pipe systems are not working at all.
• School drop-out has decreased from 7.6% to 4.7% since last year.

COPING MECHANISMS
• Normally, major coping mechanisms in the regions are retail marketing of vegetables, increased firewood and charcoal sales, urban labor in Harare town, chat harvesting, livestock sales and food assistance.

Relief food beneficiaries per month

KEY RECOMMENDATIONS
• Provide school feeding where the drought emergency is severe and has a great possibility to cause school drop outs.
• Maintenance of damaged water schemes.
• Capacity building for vaccine management system of measles i.e. cold chain, transportation, training of health workers must be cross checked against reported measles cases and deaths.
• Multi-sectoral collaboration must be established and response timely to any kind of disease outbreaks at regional level.

5% require food assistance
14,500

Dire Dawa

BASELINE DATA
Population: 0.23 million (CSA 2016)
Rainfall Calendar: kiremt (June to September)

SEASONAL PERFORMANCE
• The kiremt/meher rain was below normal in July, above normal rain was reported during the end of July. The rain ceased during first half of September which is earlier than the normal time.

IMPACT
• Crops plantation was late by 2 weeks.
• Moisture stress at flowering and seed filling stages created significant yield reduction.

KEY RECOMMENDATIONS
• Out of the planned 13,149 ha land only 11,977 ha was cultivated and planted with sorghum and maize.
• Supply of staple cereals experienced seasonal decline during the peak lean period (June to September).
• The number of SAM cases increased as compared with respective months of 2015 (May-October 2015) except for the months of September and October which showed a slight decreased due to better production during these months.
• In the last reporting quarter 38 cases of physical violence were presented to police in the region. This is an increase from the 4th quarter of FY08 cases where 18 cases were presented and addressed.
• Overall water coverage is 71% in the region.
• 82% of the functional primary schools have access to safe water and separate latrine for boys and girls.

8% of region's population require food assistance
35,224

COPING MECHANISMS
• For the poor to very poor households with limited land holding and crop production coping strategies are reduction in non-food expenditure to food purchase has been reported also.
• Emergency preparedness for supplies of priority disease must be obtained.
• Maintenance of non-fictional water schemes rather than water rationing.
• Strengthening of malnutrition data management system.
• Strengthen OWCA in data management, documentation and evidence based intervention/programming.
Gambella Regional *Meher* Assessment Summary  
(as of December 2016)

**Baseline data**

| Population: | 0.4 million (CSA 2016) |
| Livelihood: | mixed agriculture (100%) |
| Rainfall Calendar: | belg (March-May) and meher (June - Sept.) |

**Seasonal performance**

- The 2016 meher season rainfall onset was early in most of the areas. The amount of rainfall was very high in the beginning which resulted both flash and river flooding.

**Impact**

- The food damaged maize crop and vegetable highly at fruit setting and flowering stages.
- 57% area has been planted against total planned of plantation.
- The physical condition and productivity of livestock is good for now.
- Livestock herd size has been decreased in Jor, Lare and Jikaw woredas due to murle cattle raiding activities and attacks and in Dima woreda due to surma attacks.
- Currently the supply and demand of staple food commodities (maize and sorghum) are balanced while increments in prices have been observed.
- In majang zone trends of both OTP and SC cases increased dramatically.
- The number of cases seen at OTP and SC in May 2016 has been reported increased compared to same month in 2015.
- The top five causes of morbidity in the under five are malaria, pneumonia, diarrhea (non bloody), acute respiratory tract infection and Diarrhea with no dehydration in order of occurrence.
- The sanitation and hygiene coverage of the Region is which is below the national average and the lowest as compared to other Regions.
- 197 water schemes out 1,068 are non-functional, there is shortage of potable water in most assessed woredas due to scheme damage and nonexistence of water schemes.

**Coping mechanism**

- The coping strategies practiced in all woredas of the region are intensification of livestock sale, purchase and consumption of cheaper food, such as sweet potatoes, cassava and also the intensification of fishing. The expansion of wild fruits roots and leaves collection, and the intensification of charcoal and grass sale is also an added value. Very poor households also depend on gifts from relatives and seasonal migration to neighbouring Woredas and kebeles.

**Current response**

- In the region a total of 42,800 beneficiaries from 13 woredas received emergency relief food assistance for a period of 6 months (rounds) in 2016. In additional emergency food assistance was distributed for cross-border attacks and flood victims. During the relief operation there was a delay in allocation, delivery and distribution was not full basket. Cereals and pulses were the only food that was provided. There were problems and challenges in targeting, recording and reporting of the relief operations.

**9% of region’s population require food assistance**

**Hotspot woredas as of December 2016**

**Key recommendation**

- Seeds provision for the next year’s crop production to crop-failure farmers.
- Crop production and livestock related training should be conducted for farmers.
- Training on Community management of acute malnutrition (CMAM) and infant young child feeding during emergencies for zonal and woreda office experts should be provided as soon as possible.
PART III: ANNEXES

Oromia Region: Meher Assessment Summary (as of December 2016)

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

SEASONAL PERFORMANCE
• The onset of hagaya rain was late in all Pastoral and Agro-Pastoral parts of Oromia by 2-6 weeks. In Borena Zone it was reported that, it has been difficult to define the exact onset time of the rains as small showers were occurring in some places for one day and followed by long dry spell conditions until the next shower.
• In general, the performance of hagaya rains in pastoralist areas was a failure during the season in terms of improving water and pasture availability. Unseasonal rains that happened during mid of November over all pastoral areas was assessed to have a positive impact in improving water availability to some extent, but not expected to enhance pasture and crop conditions as their duration was short.

IMPACT
• In high and mid land areas the performance of crops was good. However, in low land areas the crop performance was affected by late onset, erratic distribution and below normal meher rains as well as failed hagaya rain in pastoral areas.
• Livestock body conditions are very poor in low land and pastoral areas with significant livestock death reported from Borena and West Guji zones.
• Staple food prices are increasing while the livestock prices are decreasing in the low land and pastoral areas but prices are stable in the high and mid land areas.
• Early migration reports from Bale, Borena, Guji and West Guji zones in search of pasture and water, with increased school absenteeism as children migrate along with their families.
• AWD continues with the current cases at 5, 200 cases with active cases in East Hararghe, West Hararghe, West Arsi and East showa zones. In addition, there is a malaria outbreak in Hawi Gudina of West Hararghe zone with 1,680 cases. Although, there is decrease in SAM admission when compared to last year same time, the cases remain high in lowland and pastoral areas, for instance in Gololcha, Merti and Rayitu woredas.
• Critical water shortages have been reported in Bale, Borena, Guji and

Food insecure population trend (in millions)

Relief food beneficiaries per month (2015 Jan. - 2016 Dec) (in millions)

HOTSPOT WOREDAS AS OF JULY 2016

COPING MECHANISMS
• Coping mechanisms are mainly increased labour migration to urban areas for instance in low lands of East and West Hararghe and Arsi zones as well as use of negative coping mechanisms such as excessive sale of livestock, charcoal and firewood across the low land and pastoral areas.
• Withdraw of children from school and reduction in number of meals have been reported also as coping mechanisms.

CURRENT RESPONSE
• During belg and meher seasons a total of 243,137 quintals of emergency seed of different varieties were provided to ten zones, out of which 78,598 quintals (32.3%) contributed by NGOs while the remaining covered by government.
• Water trucking is on-going in water shortage areas.
• The Bureaus of women and children Affairs had already identified 1,123 unaccompanied and separated children (55% boys and 45% Girls)

KEY RECOMMENDATIONS
• Strengthen coordination at all levels for effective and timely humanitarian response
• Strengthen and coordinate the ongoing response to contain AWD outbreak
• Timely delivery of water trucking as well as maintenance and rehabilitation of water schemes.
• Support for schools with school feeding programme and water
• Timely support of livestock feed for critically affected areas, in particular the pastoral areas.

In 2016, ad hoc assistance was provided to 14,197 flood victims in April and May (not included in the HRD).

Nearby 10,474 households and total of 50,474 people are displaced mainly due to flood, drought and conflict from 11 woredas (about 1,563 from Somali region), more than half of the IDPs are women and children requiring protection. The IDPs require short and long term assistance.

In 2016, ad hoc assistance was provided to 14,197 flood victims in April and May (not included in the HRD).
SNNP Region: Meher Assessment Summary (as of December 2016)

BASELINE DATA

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

SEASONAL PERFORMANCE

- The overall performance of kiremt rain was favourable for crop production, pasture development and improvement of livestock productivity. Short dry spells between July- August and September - October led to some replanting to overcome patchiness in germination of planted crops.
- The kiremt rain was much below normal in most woredas of Gamo Gofa and South Omo zones. Below normal and erratic rainfall received in lowlands.
- Heavy rains, hailstorm and flooding also had adverse effects on crop production in highland localized pocket areas.

IMPACT

- Total area planted and expected crop production increased compared to last year except in Gamo Gofa and South Omo zones.
- Higher meher crop production is expected this year due to relatively better kiremt rains.
- Much below average performance of short rains (September- October) has caused crop failure in agro-pastoral areas of the region.
- Well-functioning food markets play a good role, mainly in the pastoral and food insecure areas of the region.
- Food prices have shown an increasing trend in areas reporting significant yield reduction with declined supply of grains in the local market.
- Top five causes of morbidity for under five is listed to be: Pneumonia, Diarrhea, all respiratory diseases, acute febrile illness and malarial in the region. Order represents the higher to lower risk.
- Compared to last year same period, SAM admissions have declined in almost all zones assessed.
- Non functionality (13%) of water points is still a challenge and people are forced to use unsafe drinking water.

HOTSPOT WOREDAS AS OF DECEMBER 2016

- More than 560 cases of children left behind after parents / caretakers migrated; 207 Children have been identified as migrated without parents/Caretakers to 17 woredas.

COPING MECHANISMS

- The current coping mechanism in the region are: sale of livestock and migration with livestock. Seasonal migration with the livestock is common in search of pasture and drinking water to the nearby highlands and other water abundant areas.

CURRENT RESPONSE

- CMAM program has been implemented in 12 zones and one special woreda in SNNP.
- According to the regional Health Bureau, the screening coverage for under five children is above 75% in most of the months except for July 2016 when the screening coverage was 72.4%.

11% of the region’s population requires food assistance

- 458,157 require food assistance

KEY RECOMMENDATIONS

- In general, the assessment team proposed Emergency school feeding programme for a total of 416,782 students of 390 schools in the region.
- Facilitate timely delivery and distribution of relief food assistance
- Advocate for more TSF food and ensure timeliness of existing TSF distribution.
- Rehabilitation of non-functional water schemes.
**Somali Region: Meher Assessment Summary (as of December 2016)**

**Population:** 5.5 million (CSA 2016)  
**Livelihood:** agropastoralist (30%), pastoralist (60%), other (10%)  
**Rainfall:** 6-year average

### **BASELINE DATA**

- **Food insecure population trend (in millions)**
  - With the exception of some woredas
    - Gashamo, Gunagado, Daror and part of Aware districts of Jarar zone, Kalafo, and Muzatahil districts of Shebelle zone, Doloado, Bokolmayo,
  - worst affected areas of the region including Dolo, Korahe, Jarar,
  - acute water shortages affecting the community.

### **COPING MECHANISMS**


### **CURRENT RESPONSE**

- **SAM, rollout of Targeted Supplementary Feeding (TSF) is necessary.**

### **KEY RECOMMENDATIONS**

- **Provision of improved crop seeds for agro-pastoralists and riverine farmers.**

### **IMPACT**

- **Emergency livestock feeding to save core breeding animals in the worst affected areas of the region including Dolo, Korahe, Jarar.**

### **PART III: ANNEXES**

- **Emergency water trucking to affected areas.**

- **Urgent water trucking to all affected 460 woredas to help alleviate the acute water shortages affecting the community.**
Red Sea

Food insecure population trend (in millions)

**BASELINE DATA**

**COPING MECHANISMS**

- Coping mechanisms: cash/food assistance, sale of livestock and livestock products, sale of expensive crops such as teff and pulse to purchase cheaper crops. Expand labor income, minimize expenditure on non-food items, change food consumption pattern and support through CCC (Community Care Coalition).

**SEASONAL PERFORMANCE**

- The start of the rain was about normal in almost all woredas of the region, and the amount and distribution of rain was also normal for both production seasons azmera and tsedia. The cessation of rainfall was earlier by one to four weeks than normal across the region.

- Apart from erratic distribution, the performance of this year’s tsedia rainfall, mainly during July and August, was relatively good as compared to last year. Rainfall adversities such as hailstorm, waterlogging, wind, moisture and flooding have been reported.

**CURRENT RESPONSE**

- Both emergency relief and PSNP programs have contributed a lot to save lives and livelihood of the drought affected people and protected from stress migration and asset depletion. Moreover, significant public works on the roads, irrigation and social infrastructures were constructed through the use of labor for the beneficiaries.

- The screening coverage of 6-59 months old children of the assessed woredas from the October 2016 mass screening was 85%.

**KEY RECOMMENDATIONS**

- Capacity building should be given for household economy, livelihood analysis, early warning activities, production estimation, market assessment and forecast at woreda level.

- Continue TSFP, if needed, to the affected woredas.

- Strengthen disease surveillance system. Preposition some key emergency drugs and medical supplies at woreda level.

- Continue school feeding program to the affected schools.

**IMPACT**

- 83% increased crop production compared to last year.

- Because of the good rains both in azmera and tsedia areas fodders sources are adequate to cover overall requirements of the region except in some pocket areas.

- In all market places the price of staple food, staple crops, staple food and livestock to the market is normal except in some pocket areas.

- Food prices have decreased while livestock prices have increased compared to last year.

- Acute respiratory tract infection (40%), skin infection (24%), pneumonia (20%), non-bloody diarrhea (12%) and malaria (11%) are the five top causes of morbidity in the region.

- 4.8% children have proxy of Global Acute Malnutrition (GAM) rate by October 2016.

- 0.2% with proxy of Sever Acute Malnutrition (SAM) rate by October 2016.

- 22% water schemes are non-functional in the whole region.

- Critical water shortage in 126 kebeles of 16 woredas. A total of 389,657 people are currently in need of water supply for drinking water. 21% water schemes are non-functional in the whole region.

- Due to heavy rain fall and high wind, 23 schools are affected and 169,446 students are affected due to emergency and health related reasons.

- Limited access to services for disabled persons, children and HIV patients.
2016 GOVERNMENT OF ETHIOPIA AND DONOR CONTRIBUTION

Ethiopia: Humanitarian funding update (as of 30 December 2016)

**US$1.62 billion required**

- **$537m gap**

**$1.06b allocated to sectors**

**$20m allocated to multi-sector**

**$0.6m pledged**

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**2016 donor contributions/commitments to the HRD - $million**

- Donor multi-sector commitments - $million
  - ECHO + EU delegation: $7.4
  - EHF Donors: $3.4
  - Save the Children...: $2.7
  - Austria: $0.9
  - Switzerland: $0.6
  - Finland: $0.5
  - UNICEF Global: $0.5
  - Denmark: $0.5
  - Canada: $0.4
  - Kuwait: $0.2

**Donor pledges to the HRD - $million**

- Switzerland: $0.6

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**Revised requirements and funding per sector - $million**

- Food: $677.4
- WASH: $115
- Agriculture: $71
- Nutrition: $83
- Nutrition Supplies: $48
- Health: $60
- Education: $52
- ES/NFI: $12
- Protection: $15
- Logistics: $12

**Government contributions - $million**

- 2016: $272
- 2015: $309

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**HRD funding - sector allocation and gap - $million**

- Allocated to sectors: $1,062
- Allocated to multi-sector: $37
- Gap: $20

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**Other donors:**

- Austria, IKEA, UNICEF, Russia, TOP/FAD, internal, WHO, Hungary, Egypt, Private donors
- (UNICEF, WFP, LIDS, START, Finland, Belgium, Rome, UNA, Spain, NMFA, Kuwait, Czech Republic and Monaco)

*Includes US$60.5m carry-over, US$97.6m Government contribution to food and US$11m to education,
**MAM (Moderate Acute Malnutrition),
***does not include donor contributions to NGO Nutrition requirements **$3m

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**Additional $15.5 (UK -$13.6m and Ireland -$1.9m) is secured for 2017 implementation, through EHF.**
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.