



This report has been prepared under the auspices of the Federal Disaster Risk Management Technical Working Group, co-chaired by the National Disaster Risk Management Commission (NDRMC) and OCHA with participation of Sector Co-Chairs (Government Line Ministries and Cluster Coordinators). It covers the period from 01 to 30 April 2017.

Highlights

- At least 2.2 million people require food assistance, in addition to the 5.6 million relief food beneficiaries identified in the 2017 Humanitarian Requirements Document. The number is expected to further increase given the poor performance of the spring¹ rains, in line with the National Meteorological Agency forecast.
- Measles and AWD pose a high risk of morbidity and mortality amongst vulnerable and malnourished children in the drought-hit areas, particularly children and pregnant and breastfeeding women.
- A 'command and control' model of coordination was established within the Command Post to step-up the response and curb the spread of the AWD outbreak.
- The Methodology Sub-Working Group convened its first meeting on 27 April, and proposed an early assessment in mid-May to enable early resource mobilization and a timely humanitarian assistance to affected communities.
- NDRMC presented its Early Recovery Framework Concept Note to partners.

Situation Overview

At least 2.2 million additional people require food assistance

The National Disaster Risk Management Commission (NDRMC) officially confirmed the surge in humanitarian needs since January 2017. At the Disaster Risk Management Technical Working Group (DRMTWG) meeting on 25 April, NDRMC stated that at least 2.2 million people require food assistance, in addition to the 5.6 million relief food beneficiaries identified in the 2017 Humanitarian Requirements Document (HRD). The number is expected to further increase given the poor performance of the spring rains, in line with the National Meteorological Agency forecast.

Humanitarian needs have also surged in other critical life saving sectors. Rising levels of malnutrition are registered across the country where the overall admissions of severely malnourished children to Therapeutic Feeding Programs (TFP) increased by 18 per cent between January and February (given the two months lag-time in nutrition data reporting, February data is the latest available). In Somali region, the worst affected region to date, TFP admissions rose from 5,942 to an all time high of 6,619, based on suboptimal reporting rate of only 63 per cent. Response remains a challenge particularly with the lack of sufficient water and health infrastructure in remote, pastoralist communities that are hardest hit by rising malnutrition and disease outbreaks. Also of concern is the rising malnutrition rate in spring rain-dependent *woredas* in SNNP and parts of Amhara and Oromia regions. A 40 per cent increase in TFP admission was registered in SNNP region between January and February. The Emergency Nutrition Coordination Unit is considering an additional list of high-risk *woredas* that are not included in the 192 nutrition hotspot priority 1 *woredas*. These *woredas* are in spring rain-dependent areas where the rains are performing poorly. Land preparation and planting are significantly reduced. The rains are also late and patchy in the pastoralist south-eastern regions, especially southern Somali region, thus unlikely to bring relief to those in dire need of water and grazing replenishment.

AWD and measles coupled with malnutrition are posing a high risk of morbidity and mortality

Water shortage is exacerbating the on-going Acute Watery Diarrhoea (AWD) outbreak, particularly in Somali region. At least 40 *woredas* across seven zones (of a total of 99 *woredas*) are currently affected in the region. The outbreak is reportedly spreading, including a resurface in Qoloji IDP sites in Babile where the Regional Health Bureau is re-establishing the CTC.

The Federal Ministry of Health is deploying over 1,200 health professionals, including 500 nurses and 68 doctors in AWD response. Humanitarian partners have also surged additional staff to Somali region to support

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

the response. A 'command and control' model of coordination was established within the Post to step-up the response and curb the spread of the outbreak. At the Ethiopia Humanitarian Country Team meeting on 26 April, WHO highlighted the need to give the same emergency focus to AWD-affected areas in Afar, Amhara, Oromia and SNNP regions, in order to address the outbreak before it gets out of control. At present, 90 per cent of the AWD cases are reported in Somali region.

Also of concern is the new measles outbreak in Somali region. Measles and AWD pose a high risk of morbidity and mortality amongst vulnerable and malnourished children in the drought-hit areas, particularly children and pregnant and breastfeeding women. Health partners are integrating measles prevention and response into the overall health planning.

Methodology Sub-Working Group activated to plan the spring assessment

Meanwhile, the Methodology Sub-Working Group was activated and it convened its first meeting on 27 April to discuss timeline for the spring assessment. Given the poor seasonal rains received so far - in line with the projections by the National Meteorological Agency - the group proposed an early assessment in mid-May. This will allow an early identification of the impact of the poor spring rains, which will enable early resource mobilization and a timely assistance to affected communities. Meanwhile, the National Disaster Risk Management Commission and humanitarian partners are finalizing a 'most likely scenario' document to inform the scope and magnitude of the deepening drought conditions prior to the spring assessment, and guide operational readiness.

NDRMC presented its Early Recovery Framework Concept Note

At the DRMTWG meeting on 25 April, NDRMC presented its Early Recovery Framework Concept Note to partners. The NDRMC, through its Disaster Response and Rehabilitation Directorate, plans to a) undertake sector-wide Disaster Recovery Assessment (DRA) in drought-affected regions of the country b) establish an Early Recovery Cluster/Task Force at federal and regional levels c) build capacity of regional bureaus and agencies, and d) establish a monitoring and evaluation mechanisms to monitor progress and impact. The concept note is being further strengthened and finalized and will be shared with various working groups in due course. Given the loss of asset of communities during the 2016 El Niño drought and the impact of the current lowland drought on pastoralist livelihood, Recovery is increasingly a priority for Government response. NDRMC will liaise with clusters for recovery initiatives in the current drought response. All clusters - with the exception of ETC and Logistics – are requested by the Inter-Agency Standing Committee (IASC²) Principals to integrate early recovery in all phases of the Humanitarian Programme Cycle. This is meant to be the foundation for resilience building in a crisis or post-crisis context.

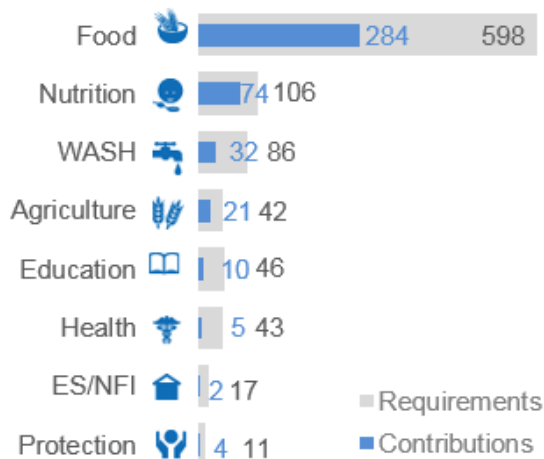
PSNP-HRD linkage

A team comprised of development partners and Government representatives was tasked with undertaking a rapid *woreda* and regional assessment of transfer processes. The overall purpose of this assessment was to better understand how PSNP transfers and relief food aid are managed at *woreda* and community level in order to inform recommendations regarding how the two systems can be better harmonized and consolidated in the future. The findings of the assessment were discussed at a stakeholder workshop held on 20 April 2017. The team found significant similarities in the processes involved in operationalizing a relief food response and implementing the transfer component of the PSNP. Participants that included Government and donor representatives from both PSNP and HRD discussed and agreed on the recommendations for a single needs assessment for PSNP and HRD; a single targeting structure and streamlined payment process; and a single appeals/grievance mechanism for both PSNP HRD. The Food Cluster is now monitoring and reporting on PSNP food and cash transfers, along with the HRD food dispatch and distribution.

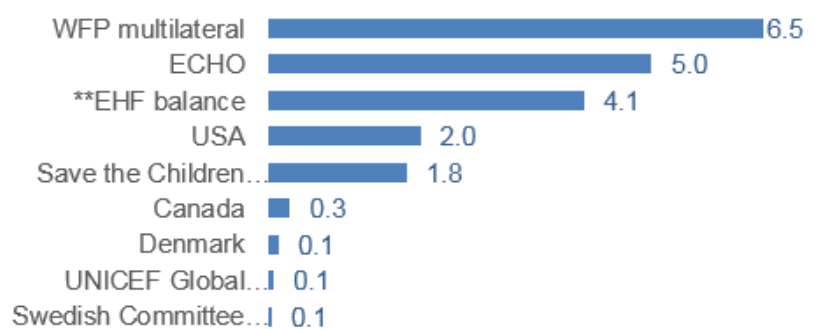
² This is the primary mechanism for inter-agency coordination of humanitarian assistance. It is a unique forum involving the key UN and non-UN humanitarian partners.

Funding Update (as at 25 April)

Requirements and funding per sector - \$million



Donor multi-sector commitments - \$million



Government pledge to the HRD - \$million



All humanitarian partners, including donors and recipient agencies, are encouraged to inform OCHA Ethiopia of cash and in-kind contributions by e-mailing: ocha-eth@un.org

Humanitarian Response



Food

Needs:

- At the Disaster Risk Management Technical Working Group meeting on 25 April, the Government/NDRMC announced that the number of people requiring food assistance has increased to 7.78 million, up from 5.6 million at the beginning of the year. The number is expected to further increase given the poor performance of the spring rains, in line with the National Meteorological Agency forecast.
- Deepening levels of malnutrition and critical water shortages in the drought-affected areas require TSF, TFP and WaSH package interventions along with relief food assistance.
- Rising rate of malnutrition are also being registered in areas beyond the new drought belt, as a result of poor spring rains so far.

\$598m

Food requirement

Response:

- As of 20 April, the first round dispatch by all operators stood at 99 per cent and the distribution at 95 per cent. Meanwhile, the second round relief food was 94 per cent dispatched and 67 per cent distributed.

NDRMC: (20 April 2017)

- 1st Round 2017 dispatch 98%, distribution 91%
- 2nd Round 2017 dispatch 100%, distribution 40%

WFP: (20 April 2017)

- 1st Round 2017 dispatch 101%, distribution 100%
- 2nd Round 2017 dispatch NA, distribution NA

JEOP: (20 April 2017)

- 1st Round 2017 dispatch 100%, distribution 96%
- 2nd Round 2017 dispatch 91%, distribution 71%

- While agreements with NGOs on MAM treatment in being finalized, WFP committed to include CSB in the relief food basket from rounds 3 to 5. This arrangement will target 35 per cent of the relief food caseload in targeted *woredas* of Somali region.
- The Government is facilitating a gathering of the affected community and their livestock around temporary sites for ease of assistance (integrated emergency service delivery center).
- In areas with functional markets in Amhara (5 *woredas*) and Oromia (17 *woredas*), the Food Cluster has allocated \$3.2 million for relief cash transfer to 197,877 beneficiaries in Rounds 2 and 3. Dispatch and distribution in ongoing. Cash assistance beyond Round 3 is dependent on new resources made available.
- At the request of Somali regional authorities, WFP supported more than 50,000 IDPs.

Gaps & Constraints:

- Operational/logistics challenge due to the high number of food distribution points in Somali region.
- Delays in food dispatch and distribution by all operators due to delay of a) *woreda* beneficiary targeting, b) Community watershed development campaign, and c) insecurity along the Somali-Oromia regional borders
- Considering available resources and confirmed contributions, WFP will only be able to support 1 million beneficiaries (of 1.7 million planned) in Somali region for round 3. NDRMC will face shortfalls post-June and JEOP will face shortfalls post-September 2017.
- With the phase out of the Logistic Cluster and the termination of the surge staff, NDRMC is increasingly facing low distribution reporting.

**Agriculture****Needs:****\$41.9m**

Agriculture requirement

- About 1.9 million households – pastoralists in southern lowlands and parts of the northern rangelands – in particular Afar – where the spring rains are not performing well at this point. In addition, many smallholder farmers in spring rain-dependent areas have either not ploughed or planted all their arable cropping land.
- Based on the agriculture sector prioritization conducted in March, the number of households requiring livestock support was revised to 2.6³ million, up from the 1.9 million households targeted in the 2017 HRD.
- While the *Gu/Ganna* rains have improved in the last week and pasture and water availability expected to improve, it is far from clear that the rains will be adequate to regenerate pastures fully and many pastoralists are expecting an early return to drought conditions in the summer months. If response is not immediate and sufficient, the risks are massive and the costs high.
- With limited funds available for livestock interventions, in particular if interventions have to be extended through the summer months, livestock feed supplementation and associated animal health and relocation of livestock to areas of continued good grazing or feed distribution are prioritised for pastoral livestock.

Response:

- Humanitarian partners are implementing livestock-based livelihood interventions in affected communities using funds available to date, including \$5million from the OCHA-managed Ethiopia Humanitarian Fund (EHF), \$4.5 million from other donors, \$2.5 million from crisis modifiers, as well as the recent CERF allocation of \$3 million (detailed below).
- Of the \$18.5 million allocated by the Central Emergency Response Fund (CERF), \$3million was channelled to the Food and Agriculture Organization (FAO) for the provision of supplementary livestock feed for core breeding animals, animal health support (including veterinary equipment), destocking, nutritional support to children and safe carcass disposal in 10 *woredas* of Doolo Ado, Korahe and Shebelle zones of Somali region. The interventions target 434,500 animals (100,000 shoats and 334,500 cattle), and some 350,000 drought-affected pastoralists (equivalent to 50,000 households) will benefit as a result.
- The \$5 million EHF fund is being utilized to treat 175,000 animals, provide feed to 4,562 animals and destock (slaughter) 930 cattle in South Omo zone, SNNPR; In Southern Somali region, 53,853 animals will get animal feed and treatment and 300 cattle will be slaughtered; while in Borena zone of Oromia region, 10,950 animals will get animal feed and treatment and 8,100 cattle will be slaughtered.
- The \$4.5 million received from other donors and the \$2.5 million from crisis modifiers will be used for animal health, animal feed and destocking (commercial and slaughter) activities.
- Government of Ethiopia is conducting commercial and slaughter destocking in targeted areas with an estimated value of \$5.4 million. The meat is being supplied to universities, institutions and mega projects catering for a larger number of employees and communities.
- Coordination at sub-regional level is strengthening and an integrated approach is being pursued as strongly promoted by EHCT.
- Following a slow-paced response operation in January and February, implementing partners scaled-up their interventions since March. Procurement and project implementation have significantly improved as a result. In April, partners provided the full package of drought livestock activities, including feed

³ Pending NDRMC approval

supplementation, some limited water point rehabilitation and destocking, although not at the scale that is required due to resource limitations.

- EHF has allocated an additional US\$2.5 million for livestock response, although disbursement of funds await fulfillment of pledges by EHF donors.

Gaps & Constraints:

- The sector needs an additional \$21 million to address all identified needs until the end of June (the funding gap may go as high as \$50 million if it factors the increase in need from 1.9 households to 2.6 households).
- Current funding is covering needs for April and May 2017 only, and if additional funding is not secured, significant livestock mortality will inevitably ensue, considering poor rainfall to date.
- The limited supply of animal feed has resulted in a significant increase in the price of fodder. The number of beneficiaries partners are able to reach with available resources has decreased as a result.



Education

Needs:

- The number of emergency-affected school age children increased from 2 million (HRD target) to 2.8⁴ million requiring school feeding and WaSH support.
- 184 temporary learning centers are required to enable 73,683 Internally Displaced (ID) school age children pursue their education.

\$45.5m

Education requirement

Response:

- 1.3 million school children (61 per cent of target) benefitted from school feeding programs. While the Government is covering 90 per cent of beneficiaries, WFP (regular school feeding program in emergency-affected areas) and Save the Children International are covering the remaining 10 per cent.
- Oxfam and Save the Children International are providing school WaSH for 6,000 school children (0.5 per cent of target).
- UNICEF finalized the construction of 26 temporary learning centers in Somali region, while the construction of an additional 7 centers is in progress. Some 8,000 IDP school age children (11 per cent of the target) are benefiting from these temporary learning centers.
- Save the Children and Plan International have submitted project proposals for the education of IDP school age children in Oromia and Somali regions on the basis of the recently allocated EHF fund amounting \$2 million. The cluster reviewed the proposals and provided inputs.
- A four-day training was provided to some 25 participants from national and regional Education Cluster lead and co-lead agencies on Core Humanitarian, Sphere, LEGS, INEE standards and, Protection and EiE Strategies. EiE needs, response and gaps were discussed and actions plans drawn.
- The Cluster prepared two scenarios (May to June and May to December) with funding requirements.
- In preparation for the spring assessment, EiE data collection tools were revised and shared with cluster partners and regional education bureaus for feedback.

Gaps & Constraints:

- Shortage of school feeding and school WaSH remains a constraint disrupting the education of school age children. Regional reports indicate that about 300,000 school children irregularly attend classes (experiencing absenteeism).
- EiE response requires an additional \$22 million to address identified needs until the end of June.



Emergency Shelter and NFI

Needs:

- 600,000 displaced people need ES/NFI support, including displaced caseload from 2016 and estimated displacements in 2017 (HRD).
- Since the beginning of the year, the cluster has received requests for assistance to more than 53,000 households in Afar, Gambela, Oromia and Somali regions. While 35 per cent of the displacements were reportedly due to conflict, 61 per cent were due to drought.

\$17.2m

ES/NFI requirement

⁴ Pending NDRMC approval

- The Somali Disaster Prevention and Preparedness Bureau (DPPB) reported more than 24,000 households displaced in eight zones, requiring urgent assistance.
- There have been reports of further clashes along the Somali-Oromia border around Guji zone (3,500 households affected) and East Hararge zone (over 14,000 households affected).
- IOM recorded nearly 34,000 newly displaced individuals in March in Afar, Gambella, Oromia and Somali regions. The displacements were due to conflict, drought and seasonal flooding.

Response:

- NTR

Gaps & Constraints:

- NTR

**Health****Needs:****\$42.8m**

Health requirement

- 4.37 million people will need health interventions to address anticipated health conditions and disease outbreaks, including 300,000 women and adolescent girls targeted for emergency reproductive health services and 370,000 IDPs (HRD)
- AWD: Since the beginning of 2017, 26,966 AWD cases were reported in Amhara, Afar, Oromia, SNNP, Somali and Tigray regions. Ninety-eight per cent of these cases were from Somali region. There was a four-fold increase in the number of AWD affected *woredas* in the country between 1 January and 9 April 2017 when compared to the same period last year.
- With the coming spring rains – although widely late and patchy, the Cluster projects an increase in diarrheal diseases, including (AWD) across the country as more people use water from unprotected sources.
- New measles outbreak reported in Somali region.

Response:

- The health partners are supporting the Command Post structure in Somali region to coordinate the response to the AWD outbreak, including monitoring and strengthening of adherence to infection prevention and control and case management practices, strengthening active surveillance, epidemiological analysis and laboratory support.
- The Global Outbreak Alert and Response Network (GOARN) partners deployed an emergency response team to Ethiopia to scale up response to the ongoing outbreak of acute watery diarrhea. The team is composed of an Incident Manager, Technical/Health Operations lead, Information Lead, and Health Cluster Leadership.
- The Cluster conducted on-the-job training on infection prevention and control at the CTCs. A training was also delivered on surveillance and epidemiology of acute watery diarrhea.
- WHO increased the number of *woreda* level dedicated surveillance officers to increase technical support in Somali region.
- Random water quality testing and monitoring was conducted in Korahey zone of Somali region.
- Cluster partners advocated for the scale up of distribution of water quantity and water treatment chemicals to the affected *woredas* in Somali region.

Gaps & Constraints:

- UN and NGO partners are seeking additional funds to start and/or scale up health activities in Somali region.
- Need for complete CTC kits appropriate to the Somali environmental conditions. Need for 600 beds (replacements of used beds). PFSA stock nearly depleted

**Nutrition****Needs:****\$105.6m**

Nutrition requirement

- Some 2.7 million moderately malnourished (MAM) people, including 1.37 million children and 1.37 million pregnant and lactating mothers will require supplementary feeding. An estimated 303,000 children under five years will become severely acutely malnourished (SAM) this year (HRD)

- The December hotspot classification identified 192 priority one (P1); 174 priority two and 88 priority three *woredas* across the country. The most affected regions are Somali (67 P1 *woredas*); Oromia (51 P1 *woredas*); Afar (23 P1 *woredas*); and SNNP (27 P1 *woredas*).
- SAM cases are rising in Afar, Somali, southern belt of Oromia (Bale, Borena, Guji and West Guji), and SNNP (Segen, South Omo, and also in non-IOD driven drought-affected areas of Gedeo, Sidama and Silte zones)

Response:

- With the blessing of NDRMC and Somali Regional Government (DPP/RHB), WFP is pushing forward with mix modalities to maximize coverage of MAM treatment and, where not feasible to have TSFP, to provide CSB+ to 35 per cent of relief population across all 99 *woredas* for a limited period. The ideal scenario is to have NGO TSFP across all *woredas*, while WFP supports MOU/FLAs to make this happen.
- OFDA has secured support for NGO partners, including Mercy Corps and ACF in 10 *woredas* of Somali region and Concern Worldwide in eight *woredas* of Amhara and Tigray regions. An additional SAM support for SCI is being discussed.
- The call for proposals by OCHA-EHF has spurred a surge in commitment by partners to scale-up and intervene, especially in Somali region.
- Using the recently allocated CERF money (\$5 million), WFP will provide 3,278MT of CSB++ (Super Cereal Plus) for three months, benefiting 142,038 people.
- WFP is stepping-up fund raising efforts and advocacy to cover increasing needs for MAM treatment in Somali region, and additional needs in *belg* high-risk *woredas* beyond the HRD projections.
- Between January and March 2017, at least 681,327 individuals with MAM were treated, including 324,809 children and 356,428 PLW with support from WFP; and 10,633 children and 13,944 PLW (24,607 individuals) by NGOs supported by USAID using Food For Peace commodities.
- The Somali Regional Government has developed a comprehensive multi-sector emergency response plan targeting *woredas* with high numbers of displacement (IDPs), including Doolo, Korahe, and Jarar zones. Afder, Nogob/Erer, Liben and Shabele are also being closely monitored. The response plan includes plans to increase mobile and temporary health and nutrition services especially to improve IDP and remote communities' access to services.
- ENCU's push on partners to scale up response in priority 1 and 2 *woredas* is narrowing the gap. At present, gap in full CMAM response stands at 11 priority 1 *woreda* (9 from Erer/Nogob) and 13 priority 2 *woredas* in Somali region alone.
- UNICEF is increasing CMAM monitors and repurpose staff to critical zones in being considered and supporting temporary treatment facilities for SAM-MAM service provision in IDP areas as an interim in the absence of full NGO supported response.
- The cluster is working on ways to boost coordination efforts at sub regional level. The recruitment of six zonal coordinators (4 in Somali, 1 in Oromia (Yabello) and 1 in SNNPR (Jinka)) is going on by the respective regional DPPFS offices.

Gaps & Constraints:

- The TSF programme for priority 1 *woredas* is fully funded until June 2017, but will face a \$16 million shortfall in the last six months of 2017. The TSF programme for priority 1 *woredas* is not funded and the need for 2017 is \$24 million.
- No P2 TSFP response was secured by NDRMC (apart from WFP P2 response in Somali region)
- Funds are insufficient to support NGO intervention scale up in all P1/P2 *woredas*- reprioritisation is ongoing to maximise life saving impact in worst areas.



Needs:

- The Cluster will support 590,000 people to prevent, mitigate and respond to protection risks of vulnerable groups, including through service provision and system strengthening (HRD).
- Based on findings of the November-December *meher* assessment, the Cluster has identified 68 priority *woredas*, the majority in Somali (45) and Oromia (14) regions. Criteria for selection included a) presence of drought conditions, b) high level of internal displacement and c) high prevalence of protection concerns.
- Protection mainstreaming: As part of its protection mainstreaming efforts, the Cluster has developed a draft Cheat Sheet to be used with the Nutrition Cluster. Once approved following discussions with the Nutrition Cluster, the Cheat Sheet will be used as a quick reference tool to enable the Nutrition Cluster mainstream protection issues within its activities. This will be replicated with other clusters.

\$11.1m

Protection requirement

Response:

- Using the small amount of fund carried over from 2016, child protection services and follow-up are on-going in some 2016 HRD priority *woredas*. Of the 590,000 people targeted for various protection interventions in the 2017 HRD, the sector assisted 9,860 individuals, especially in drought - affected priority one *woredas*.
- 5,368 children (46 per cent girls) accessed Child Friendly Spaces; 452 children (48 per cent girls) accessed case management services; and 388 separated children (50 per cent girls) were identified, of which 77 children (48 per cent girls) were supported to return to their families.
- 5,017 children in emergency-affected areas in Oromia, SNNP and Somali regions received psychosocial support via child friendly spaces.
- 936 vulnerable groups (895 women and girls and 41 men) in Somali, Afar, Tigray, Amhara, Oromia and SNNP regions received psychosocial support services through Women friendly spaces.
- With UNICEF support, two Child Friendly Spaces, manned with six (two female) para-social workers, were established in Garlegube (*Warder woreda*) and Yu'ub (Ilehel-Yu'ub *woreda*) sites in Somali region
- The report of the Inter-Agency Child Protection Rapid Assessment ('CPRA') of Babile and Qubi *woredas* in Somali region was released in April 2017. The assessment was conducted in December 2016 by BoWCA and sub-cluster members. The report includes information on Child separation, physical violence and Harmful Traditional Practices, psychosocial distress and child care, child labor, migration and sexual violence.
- From 4 to 9 April, the ProCap conducted a mission to Afar to gain a better understanding of the IDP situation in the region. The mission report will be shared in due course.
- The Protection Strategy is finalized. Broad consultations on the operationalization of the strategy is required with partners.
- BoWCA in Somali region has recruited seven additional Child Protection Officers to be deployed to Korille and EI-Bahay IDP sites. UNICEF is supporting the recruitment, training and mentoring of the new officers.
- The Protection Cluster, jointly with IOM, conducted a 3-day protection mainstreaming and camp management and site planning training for IDPs in Somali region. The training targeted local governmental officials as well as other service providers.

Gaps & Constraints:

- A mapping in Somali region revealed the availability of only 10 BoLSA Social Workers in *woreda* towns (with no outreach to IDP sites). The contract of more than 150 BoWCA and BoLSA social and para social workers deployed to emergency-affected *kebeles* in 2016 (supported by UNICEF) ended as of the end of March due to fund expiration.

**Water, Sanitation and Hygiene****Needs:**

\$86m
WaSH requirement

- Some 9.2 million people will require WaSH support, including 2.6 million people to access safe drinking water, through
 1. Operations and maintenance of functional water points, rehabilitation of existing water points, water provision in schools and health facilities, and water quality monitoring
 2. Promoting latrine construction in close coordination with health administration at zonal level and new construction at the institutional level (schools and health facilities)
 3. Household WaSH safety – Provision of water treatment chemicals, WaSH NFIs, hygiene promotion (HRD)
- Water scarcity, for human and livestock consumption, in the new drought belt is seriously impacting lives and livelihood. An estimated 4 million people need urgent support to access safe drinking water.
- Supplies of household water treatment chemicals and WaSH NFIs are generally a concern, and there is an urgent need to stock up supplies until June 2017.
- In all regions, rehabilitation of permanent water supply systems is given precedence as a more sustainable and cost effective solution.
- WaSH facilities and supplies are needed in new CTCs as they arise in new AWD outbreak areas.

Response:

- The Government, with support from UNICEF and NGOs, is trucking water to affected communities to address the immediate water need for humans, while permanent water systems are being put in place as a longer term solution for recurrent drought.

- At present, 437 trucks (of 784 trucks requested across 209 *woredas* – up from the 522 trucks requested at the launch of the HRD) are deployed, leaving a gap of 347 trucks. The current cost per week, if all needs were to be met, is \$2.7 million. However, if the spring rains fail as forecast, an additional \$24.7 million will be required to support increased water trucking needs until June 2017.
- UNICEF supports the Somali Regional Water Bureau (RWB) with four mobile maintenance teams to rehabilitate non-functional wells for four months, benefiting 785,000 people.
- The Cluster is currently rehabilitating 206 water schemes targeting at least 120,000 people. In all regions, rehabilitation of water supply schemes are the main focus to secure water supply.
- As demand for water treatment chemicals increased due to the drought and the AWD outbreak, particularly in Somali region, UNICEF has provided more than 11 million sachets of Water Maker and Aquatabs to Somali Region since January 2017.
- UNICEF, together with Somali RWB began a mass chlorination of water sources in Somali region for AWD prevention and response. This includes training for borehole attendants at water trucking filling locations, HTH logistics management, and shock treatment of open sources
- UNICEF mobilized a drilling crew to Gashamo for deep well drilling

Gaps & Constraints:

- Considerable financial gap for water trucking operations to support new AWD response areas for CTCs, CTUs, and health facilities in addition to unmet demands for water from the drought response.
- Increased social mobilization for AWD messaging and household water treatment instructions required in AWD-affected areas, with additional financial requirements identified under the response plan.

General Coordination

The overall humanitarian coordination in Ethiopia is led by the Government's National Disaster Risk Management Commission (NDRMC). The NDRMC leads federal and regional level Disaster Risk Management Technical Working Groups (DRMTWGs) and hosts a series of specialized task forces that work jointly with the cluster lead agencies. The DRMTWG is the umbrella forum that brings all actors together at the technical level, including government and donor representatives. With the development of the crisis, the Government and humanitarian partners are working to strengthen regional DRMTWGs. At a higher level, NDRMC Commissioner and the Humanitarian Coordinator co-chair a monthly Strategic Multi-Agency Coordination (S-MAC) forum to deliberate on humanitarian response operations and address challenges.

2017 drought response coordination:

An Incident Command Post (ICP) was established by the Government to strengthen humanitarian assistance in drought-hit pastoralist areas, including addressing gaps and occasional delays in aid delivery. The Ethiopia Humanitarian Country Team (EHCT) agreed that through the ICP, detailed zonal operation planning should inform the work of humanitarian partners in close collaboration with the regional Government. Meanwhile, humanitarian partners are strengthening a multi-sector integrated response plan, which aims to strengthen zonal coordination and improve information management (drilling down to the lowest level of coverage), with a focus on multi-sector efficiency, accountability, and identification of a decision-making platform according to three basic principles:

1. Cluster specific activities that define *woreda* coverage by partners and associated financial requirement;
2. Zonal response coordination led by zonal Disaster Prevention and Preparedness Bureau (DPPB), supported by OCHA and partners;
3. Information management system that enables informed decision-making

The principles are also based on the flexibility of donor agencies to shift/re-direct programed funds to priority humanitarian interventions identified by the multi-sector integrated response plan.

For inquiries, please contact:

Choice Okoro, OCHA Ethiopia, okoroc@un.org, Cell: +251-911216465, Tel.: +251-11-5-444059
 Malda Nadew, OCHA Ethiopia, nadew@un.org, Cell: +251-929-034346, Tel: +251-11-5-444059