# HUMANITARIAN RESPONSE PLAN
## ETHIOPIA

# About

This document reflects the Ethiopia humanitarian response that is the result of a close partnership of the Government of Ethiopia, in its leadership role, and the international humanitarian community.

**PHOTO ON COVER**
*The little village of Lafto in Dubuluk woreda, Borena Zone, is deserted. Only women, children, the elderly and weak cattle are left behind, the men took their cattle looking for water and pasture. .*
*Photo: UNICEF Ethiopia/Demissew Bizuwerk*

## Get the latest updates

**OCHA**

OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system
unocha.org/ethiopia

**Humanitarian RESPONSE**

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.
humanitarianresponse.info/en/operations/ethiopia

**Humanitarian InSight**

Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.
hum-insight.info/plan/1079

**fts** Financial Tracking Service

The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.
fts.unocha.org

# Table of Contents

**BALE GOBA/OROMIA REGION, ETHIOPIA**
Sada Sultan Mustafa, 16, was a victim of the Chebsa (a ritual in which a group of men approaches a family and demands the hand in marriage of their daughter). She claims that if the forced marriage had lasted longer, she would have become pregnant or unable to attend school. Photo: UNICEF/NahomTesfaye

# Response Plan Overview

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) | OPERATIONAL PARTNERS |
|---|---|---|---|
| **>20M** | **>20M** | **$3.09B** | **116** |

More than 20 million people are estimated to be in need of humanitarian assistance in Ethiopia in 2022, nearly three quarters of them are women and children. The 2022 Ethiopia Humanitarian Response Plan (HRP) requires US$3.09 billion to target more than 20 million people across the country. This includes 5.5 million internally displaced people (IDPs), and 18.0 million people affected non-displaced and 42 thousand returned migrants.

The prioritized humanitarian response will be guided by the three strategic objectives to address immediate needs of most vulnerable people across the country while ensuring that gender, protection, accountability to affected populations (AAP), and prevention of sexual exploitation and abuse (PSEA) programming are well integrated across the response plan.

Particular attention will be given to building the capacity of the local NGOs, and increasing their participation and engagement in the humanitarian response, in line with the NNGO Engagement Strategy.

The HRP 2022 prioritizes efforts addressing the immediate lifesaving requirements of the most vulnerable people, both displaced and non-displaced, who are unable to meet their basic needs and access essential services and those who face serious protection concerns due to conflict and violence. It further incorporates evolving needs caused by the extreme drought impacting the lives of millions of Ethiopians.

In support of the humanitarian-development-peace nexus, the HRP complements other important plans for Ethiopia, specifically the socio-economic resilience plan and durable solutions initiatives to maximize synergies between humanitarian and development partners in support of the Government of Ethiopia. This is to bolster the safe and dignified return of displaced people and support host communities, living in disaster-affected areas, to rapidly reconstruct their lives and livelihoods and notably rehabilitate the infrastructure and restore basic services.

**TIGRAY REGION, ETHIOPIA**
A WFP general food distribution in the Tigray Region.
Photo: WFP/Claire Nevill.

# Crisis Context and Impact

**Crisis context**

The humanitarian situation in the Federal Democratic Republic of Ethiopia, herein after Ethiopia, has significantly deteriorated during 2021 leading to increased humanitarian needs across the country. In 2022, more than 20 million people are in need of humanitarian assistance and protection. Conflict in the northern part of the country, violence in other parts, and natural hazards such as floods but most notably the drought in the southern part of the country make the main drivers of needs.

The spread of the conflict in Tigray into neighbouring regions of Afar and Amhara during 2021, has left millions of people, displaced and non-displaced, in need of assistance and protection in these three regions of Northern Ethiopia. The violence in Benishangul Gumuz, Oromia, and Southern Nations Nationalities and Peoples' (SNNP) regions have further caused high numbers of displacement and damage to infrastructure and basic services and exposed the population to major protection risks.

**SHIRE/TIGRAY REGION, ETHIOPIA**
An ERCS and UNFPA deployed midwife provides a long-acting family planning method to a displaced women in Shire, Tigray.
Photo: UNFPA/Paula Seijo

Natural hazards such as floods and drought remain the main factors having implications on people's lives and livelihoods. The prolonged drought resulting from three consecutive failed rainy reasons since late 2020 has affected the lives of 6.8 million people living in Oromia, SNNP, Somali and Southwest regions and may affect further regions ahead of the next rainy season in March and April 2022 whose forecast remains to be confirmed. Ethiopia has also been affected by floods in several areas of the country. Between June and September 2021, the above-normal rainfall led to flash floods and landslides, that submerged farm-lands and livestock grazing reserves in six regions (Amhara, Benishangul Gumuz, Gambela, Harari, Oromia and SNNP). Moreover, COVID-19 remains a key challenge in Ethiopia as elsewhere in the globe despite significant efforts that were deployed in 2021 to increase access and vaccination coverage which remains at low levels, standing at 8.9 per cent of the total population.

**People in need**

According to the 2022 Humanitarian Needs Overview (HNO), more than 20 million people are estimated to be in need of humanitarian assistance in 2022, including more than 20 million non-displaced and around 5.8 million displaced people. Returning migrants constitute an additional population group in need of humanitarian assistance. Out of the total population in need, 14.8 million are female, 15 million are male, close to 42 per cent are children, 5.4 per cent are elderly and 18 per cent are people with disabilities.

**Impact**

The various crises affecting the population have serious implications on their lives and livelihoods with increased protection concerns including Gender-Based Violence (GBV), child protection matters such as unaccompanied children, neglect and deprivation, Sexual Exploitation and Abuse (SEA), inability to exercise Housing, Land and Property (HLP) rights, and loss of access to essential services, including food, medical care, water, and education. When humanitarian assistance is not enough, the affected people often resort to negative coping mechanisms to survive, including selling their available assets, child labour, child marriage, begging, transactional sex, or engaging in criminal activity.

IDPs returning to their places of origin often face uncertainties regarding security, HLP rights' issues and access to health services, food, and water among other things. Returning IDPs require economic support, support in the restoration of lost assets, availability of and accessibility to services, improved social cohesion, safety and security, and resolution of legal obstacles such as land disputes.

# Response by Strategic Objective

**S01: Reduce loss of life, physical and psychosocial harm among the most vulnerable population affected by conflict and drought, including 5.0 million IDPs and 12.3 million non-displaced, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and exposure to protection risks, by the end of 2022.**

This strategic objective is focused on the provision of urgent and immediate assistance to ensure survival and prevent mortality. It gathers all relevant lifesaving activities to support most vulnerable populations affected by different and sometimes overlapping crisis and enhance immediate protection services. This objective intends to prevent or avoid further harm and avoid resorting to negative coping mechanisms.

**SO2: Sustain the lives of 16.5 million people requiring humanitarian assistance including 12.5 million non-displaced, 3.9 million IDPs and persons with disabilities across 889 woredas, by ensuring safe, dignified, accountable and equitable access to livelihoods, protection and other essential services by the end of 2022.**

This strategic objective aims at supporting the most vulnerable people affected by a shock, irrespective of their situation, to improve their wellbeing and rebuild, protect and their livelihoods and further safeguard their dignity and safety. This objective further intends to pave the way to access more durable solutions as and when possible, across the country.

**SO3: Enhance the protection environment and avoid and reduce harm by mainstreaming protection and gender and age considerations in the multi-sectoral response and contribute to protection outcomes.**

This strategic objective aims at enhancing protection strategies and improving the quality and accountability of the response to better serve and address the distinct needs of people affected based on their gender, age and mental and physical wellbeing, to foster a more protective environment within a bolstered integrated response.

| STRATEGIC OBJECTIVE | | PEOPLE TARGETED | |
|---|---|---|---|
| S01 | Reduce loss of life, physical and psychosocial harm among the most vulnerable population affected by conflict and drought, including 5.0 million IDPs and 12.3 million non-displaced, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and exposure to protection risks, by the end of 2022. | **17,307,972** | |
| S02 | Sustain the lives of 16.5 million people requiring humanitarian assistance including 12.5 million non-displaced, 3.9 million IDPs and persons with disabilities across 889 woredas, by ensuring safe, dignified, accountable and equitable access to livelihoods, protection and other essential services by the end of 2022. | **16,486,224** | |
| S03 | Enhance the protection environment and avoid and reduce harm by mainstreaming protection and gender and age considerations in the multi-sectoral response and contribute to protection outcomes. | **1,600,384** | |

# Planned Response (Visual)

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITY |
|---|---|---|---|---|
| **>20M** | **>20M** | **31.4%** | **42.1%** | **17.6%** |
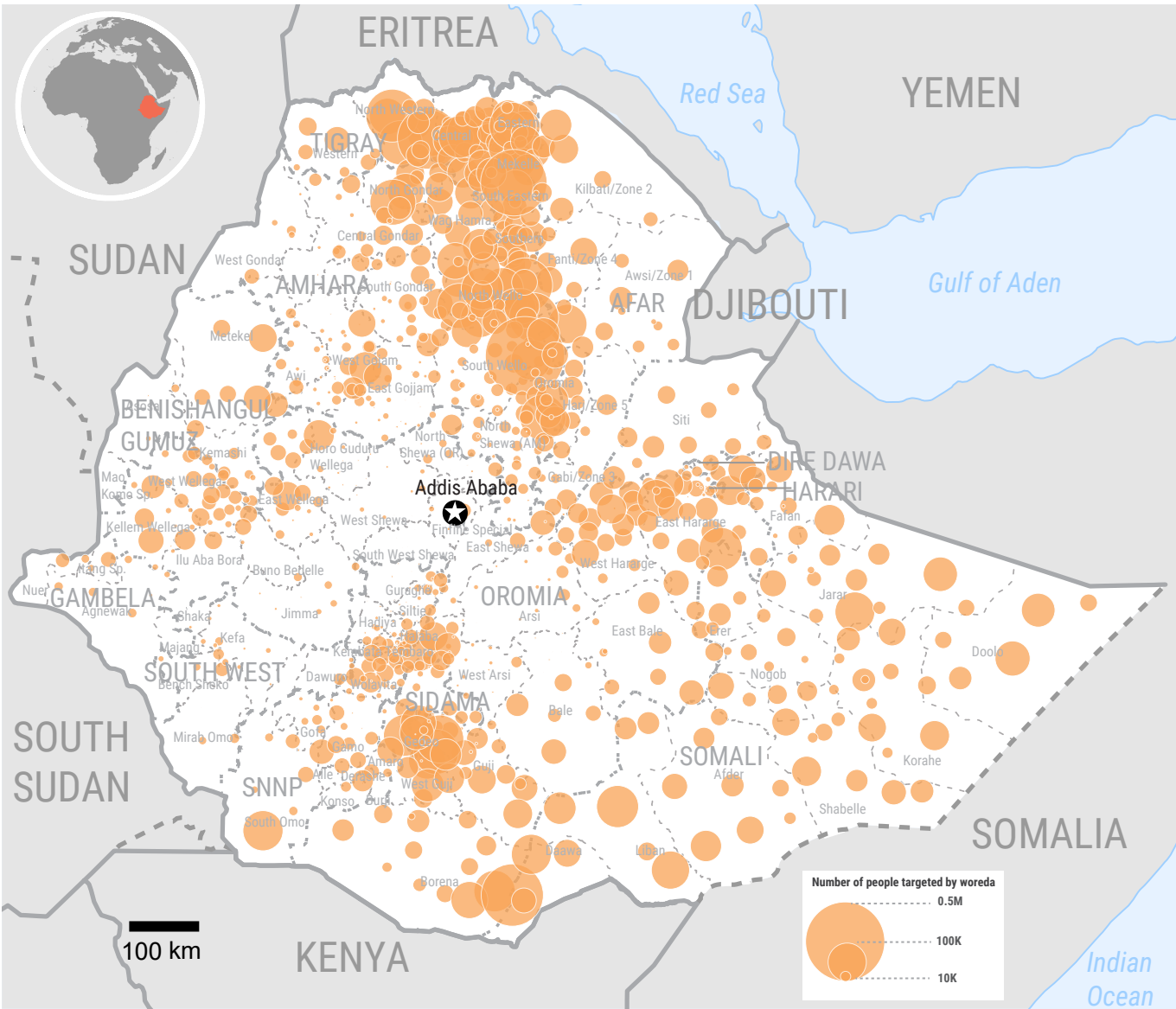
# HRP Key Figures

## Humanitarian Response by Targeted Groups

| POPULATION GROUP | PEOPLE IN NEED | PEOPLE TARGETED | ■ IN NEED  ■ TARGET | % TARGETED |
|---|---|---|---|---|
| Internally displaced people | 5.8M | 5.5M | | 95% |
| Non-displced | 23.9M | 18.0M | | 75% |
| Returning migrants | 45k | 42k | | 93% |

## Humanitarian Response for Persons with Disability

| | PEOPLE IN NEED | PEOPLE TARGETED | ■ IN NEED  ■ TARGET | % TARGETED |
|---|---|---|---|---|
| Persons with disability | 5.2M | 3.8M | | 73% |

## Humanitarian Response by Sex

| GROUP | PEOPLE IN NEED | PEOPLE TARGETED | ■ IN NEED  ■ TARGET | % TARGETED |
|---|---|---|---|---|
| Boys | 6.2M | 4.9M | | 65% |
| Girls | 6.3M | 5.0M | | 79% |
| Men | 8.7M | 6.3M | | 100% |
| Women | 8.6M | 7.4M | | 86% |

## Financial Requirements by Sector and Multi-Sector

| SECTOR/MULTI-SECTOR | FINANCIAL REQUIREMENTS (US$) | |
|---|---|---|
| Agriculture | $176.8M | |
| Coordination & CS | $15.6M | |
| Education | $86.6M | |
| ES NFI | $142.5M | |
| Food | $1.684M | |
| Health | $209.0M | |
| Logistics | $31.0M | |
| Nutrition | $305.4M | |
| Protection GP and HLP | $111.9M | |
| Child Protection | $66.4M | |
| Gender Based Violence | $90.1M | |
| Mine Action | $8.8M | |
| WASH | $120.1M | |
| CCCM | $36.8M | |
| **Total** | **$3.09B** | |

## Humanitarian Response by Age

| AGE | PEOPLE IN NEED | PEOPLE TARGETED | ■ IN NEED  ■ TARGET | % TARGETED |
|---|---|---|---|---|
| Children (0-14) | 12.4M | 9.9M | | 80% |
| Adults (15-64) | 15.8M | 12.1M | | 77% |
| Elders (64+) | 1.6M | 1.6M | | 100% |

# Historic Trends

Between 2013 and 2015, the number of people who were targeted for humanitarian assistance rose from 2.7 to 4 million people with funding requirements between US$ 500 and US$ 600 million. The effects of the 2015-2016 El Niño and the 2017 Indian Ocean Dipole sharply increased the number of people in need to 10.7 million and required US$ 1.6 billion to carry out the humanitarian response.

Since then, the number of people targeted for assistance and funding requirements has remained above 8

million and US$ 1 billion respectively indicating a lack of recovery from these back-to-back climate shocks.

In addition, starting at the end of 2017, conflict-induced displacement emerged as another significant driver of needs, reaching a peak by mid-2019 when Ethiopia reported 3.2 million IDPs.

In 2020 the people in need drastically increased due to the COVID-19 pandemic (15.1 million people), followed by another increase in 2021 due to the conflict in northern Ethiopia.

**NUMBER OF PEOPLE IN NEED VS TARGETED**

■ People targeted
■ People in need not targeted

**FINANCIAL REQUIREMENTS (US$)**
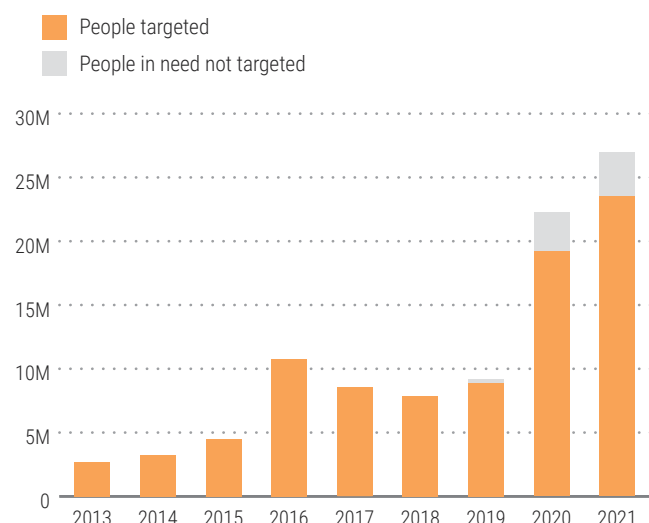
■ Funded
■ Unmet requirements
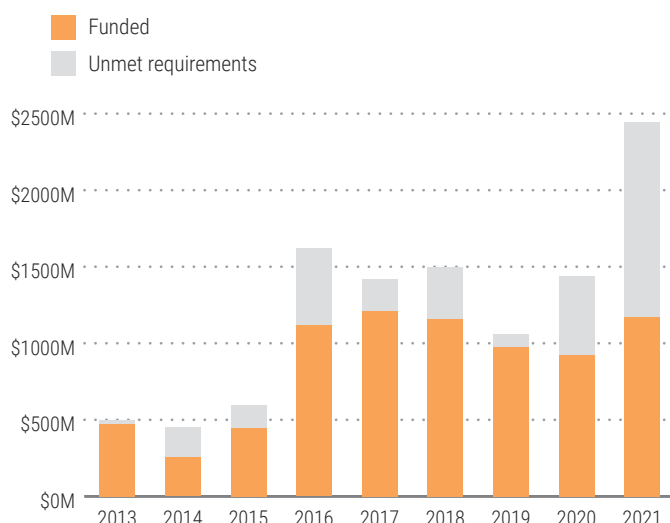
| YEAR OF APPEAL | PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) | FUNDING RECEIVED | % FUNDED |
|---|---|---|---|---|---|
| 2013 | NA | 2.7M | 499.9M | 470.7M | 94% |
| 2014 | NA | 3.2M | 451.9M | 253.1M | 56% |
| 2015 | NA | 4.5M | 596.4M | 449.9M | 75% |
| 2016 | NA | 10.7M | 1,619.8M | 1,115.9M | 69% |
| 2017 | NA | 8.5M | 1,417.4M | 1,208.8M | 85% |
| 2018 | NA | 7.9M | 1,493.9M | 1,158.5M | 78% |
| 2019 | 8.9M | 8.3M | 1,059.7M | 973.7M | 76% |
| 2020 | 19.2M | 15.1M | 1,437.8M | 922.1M | 64%* |
| 2021 | 23.5M | 20.0M | 2,445.0M | 1,274.0M | 52% |

# Part 1:
# Strategic Response Priorities

**SOMALI REGION, ETHIOPIA**
WFP provides school feeding activities throughout Ethiopia. Children are pictured here taking part in school meals in the Somali Region.
Photo: WFP/Claire Nevill.

## 1.1
# Humanitarian Conditions and Underlying Factors Targeted for Response

Conflict, violence, and natural hazards are the main drivers of humanitarian needs in Ethiopia. The conflict in the Northern part with its associated spill over effects to the neighbouring regions of Amhara and Afar has resulted in loss of lives, displacement of millions of people and destruction of essential infrastructure. In Western Ethiopia, violence has equally led to loss of lives and displacement of a high number of people.

Across southern and south-eastern Ethiopia, prolonged drought developed because of three consecutive widespread below-average rainfall since late 2020 affecting the lives of 6.8 million people in drought-affected areas. The impact of COVID-19 has also been felt across the country, resulting in loss of livelihoods, disruption of access to basic services, and has over-burdened the capacity of health service providers. Over the past year, the humanitarian vulner-abilities among the conflict and drought-affected populations have deepened, while the operating environment has become more complex.

Addressing the underlying causes of natural disasters requires concerted efforts of all stakeholders forming the humanitarian-development-peace nexus under the leadership of the Ethiopian Government. The humanitarian action in 2022 will strictly prioritize efforts that address immediate humanitarian needs for the most vulnerable both IDPs and non-displaced, who are unable to meet their basic needs, access essential services, rebuilt their livelihoods and face serious protection threats. The displaced popula-tion continues to suffer from numerous challenges including congestion of shelters, limited access to basic services, including health, education, food, protection, shelter, and water and sanitation. Most of the displaced population continue to live in inade-quate living conditions due to underfunding, access, and operational challenges. In drought-affected regions, several millions of people are experiencing critical food deficit as their purchasing power is signif-icantly reduced due to increased inflation and three subsequent failed rainy seasons impacting acutely harvest outputs and drastically increasing loss of livelihoods with increased livestock deaths.

**Scope of action and response priorities**
The 2022 HRP will be targeting all people in need of humanitarian assistance among population groups identified as most vulnerable, including displaced population, non-displaced population and returning migrants. Due to the compounded crises, the number of people in need has increased. Humanitarian partners will aim to address the needs of the most at risk and vulnerable population by responding through a multi-sec¬toral approach. This method seeks to address the consequences of shocks holistically, ensuring a more efficient and effective response across sectors in an integrated fashion.

In 2022, the humanitarian community will target more than 20 million people, focusing on those living in the most affected woredas with the highest convergence of inter-sectoral needs. This prioritization will act as a guide for partners on where to start multi-sectoral response, in line with the objectives set out in the 2022 HRP. In addition to focusing on life-saving activities in the areas with the most severe humani-tarian needs, partners will also continue advocating for improved access to basic services and protection while mainstreaming gender, AAP, PSEA, and age considerations in the multi-sectoral response and contributing to protection outcomes.

## Strategic Objective 1

Reduce loss of life, physical and psychosocial harm among the most vulnerable population affected by conflict and drought, including 5.0 million IDPs and 12.3 million non-displaced, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and exposure to protection risks, by the end of 2022.

**PEOPLE TARGETED**

# 17.3M
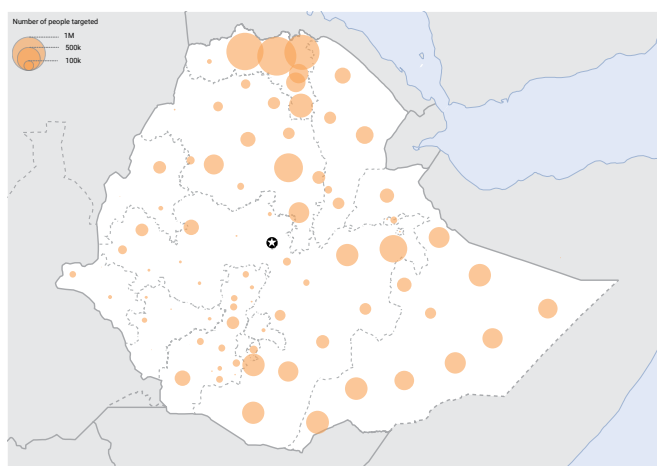


## Strategic Objective 2

Sustain the lives of 16.5 million people requiring humanitarian assistance and protection and basic services, including 12.5 million non-displaced, 3.9 million IDPs and persons with disabilities across 889 woredas, by ensuring safe, dignified, accountable and equitable access to livelihoods and protection and other essential services by the end of 2022 and enhance the protection environment.

**PEOPLE TARGETED**

# 16.5M
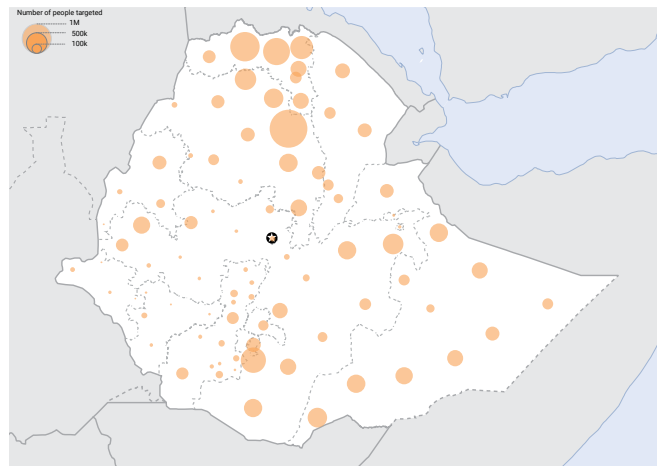


## Strategic Objective 3

Enhance the protection environment and avoid and reduce harm by mainstreaming protection and gender and age considerations in the multi-sectoral response and contribute to protection outcomes.

**PEOPLE TARGETED**

# 1.6M

Strategic Objective 1

# Reduce loss of life, physical and psychosocial harm among the most vulnerable population affected by conflict and drought, including 5.0 million IDPs and 12.3 million non-displaced, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and exposure to protection risks, by the end of 2022.



**BALE GOBA/OROMIA REGION, ETHIOPIA**
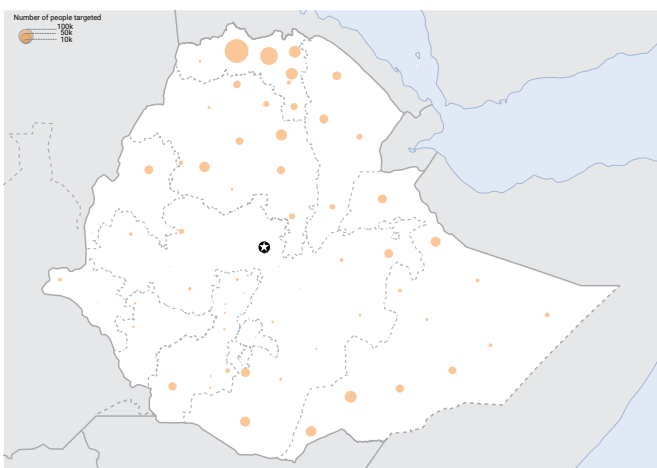Meko Omer, 25, returned to Ethiopia after eight years in the Middle East. Mercury Jemal, 8, is one of her three children, and he suffers from malnutrition. Photo: UNICEF/NahomTesfaye

| PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITY |
|---|---|---|---|
| **17.3M** | **23%** | **54%** | **18%** |

**Specific Objective1.1** Deliver protection, gender, age, diversity, and conflict-sensitive essential life-saving services in WASH, Health, Nutrition and Protection, to 3.1 million displaced, 3.4 million non-displaced conflict and climate people.

**Specific Objective1.2** Minimize protection risks and ensure availability and accessibility of services for urgent protection cases.

**Specific Objective1.3** Severe levels of food insecurity among 4.3 million IDPs and 11.0 million non-displaced people are reduced below emergency level to reduce the risk of mortality.

Strategic Objective one focuses on core emergency response activities, with a focus on addressing immediate life-saving priorities across all sectors.

Efforts will primarily focus on life-saving assistance to at-risk, vulnerable people, IDPs and non-displaced people with the most acute needs, and those facing life-threatening situations. They will be supported with conflict-sensitive essential life-saving services and protection. Given the growing levels of food insecurity due to the recent drought, coupled with the conflict and violence, particular efforts will be made to scale-up operations to address food insecurity and avert extreme hunger, as well as to mitigate people being forced to resort to negative coping mechanisms.

More specifically, partners will also work to provide essential health-care packages; treat severe acutely malnourished children; provide access to safe water and sanitation; and provide child protection and gender-based violence case management services.

## Strategic Objectives 2

# Sustain the lives of 16.5 million people requiring humanitarian assistance and protection and basic services, including 12.5 million non-displaced, 3.9 million IDPs and persons with disabilities across 889 woredas, by ensuring safe, dignified, accountable and equitable access to livelihoods and protection and other essential services by the end of 2022 and enhance the protection environment.



**AFAR REGION, ETHIOPIA**
provides mobile cash transfers in the form of Fresh Food Vouchers throughout Ethiopia.
Photo: WFP/Claire Nevill.

| PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITY |
|---|---|---|---|
| **16.5M** | **38%** | **31%** | **18%** |

**Specific Objective 2.1** Scale up and provide WASH, Agriculture, Education, Nutrition, Health, Shelter, NFIs and Protection services to 12.3 million non-displaced including 41,000 migrants, in 812 woredas by the end of 2022.

**Specific Objective 2.2** Scale up and provide CCCM, WASH, Education, Health, Nutrition, Shelter, Protection, Education and NFIs services to 3.9 million IDPs by the end of 2022.

**Specific Objective 2.3** Protect livelihoods and related food sources from climate and conflict affected 1.5 million IDPs and 5.8 million non-displaced population across 681 targeted woredas through food assistance, emergency agriculture, livestock, and other livelihood support in line with their livelihoods and seasonality.

Strategic Objective two focuses on living standards of the affected population and their access to basic services. Under this objective, humanitarian partners will work to improve the living conditions of affected people through the adoption of life-sustaining activities in the WASH, nutrition, health, emergency shelter and NFI, food security and protection to IDPs and non-displaced.

Strategic Objective 3

# Enhance the protection environment and avoid and reduce harm by mainstreaming protection and gender and age considerations in the multi-sectoral response and contribute to protection outcomes.



**MILLE ZONE/AFAR REGION, ETHIOPIA**
One of the girls benefited by the distribution of 10,000 Dignity Kits by UNFPA and Afar Pastoralist Development Association (APDA).
Photo: WNFPA/Paula Seijo

| PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITY |
|---|---|---|---|
| **1.6M** | **28%** | **50%** | **18%** |

**Specific Objective 3.1** Support 877,000 affected people through multisectoral response and contribution to protection outcomes by enhancing the protection environment and avoiding and reducing harm by mainstreaming protection.

**Specific Objective 3.2** Strengthen the protection environment, provide conflict-sensitive and gender and age-appropriate response and services in all sectors to prevent, mitigate, and address protection risks across sectors and achieve collective protection outcomes.

Strategic Objective 3 is an encompassing objective around the previous ones and across all clusters. It aims at prioritizing stand-alone and mainstreamed protection activities as a core element of humanitarian action programming. Partners will respond in a multisectoral approach to enhance the protection environment in collaboration with pertinent government ministries. Clusters such as CCCM, Education, ES/NFI, Food Security, Health, nutrition, protection, and WASH, will focus on preventing, mitigating, and addressing protection risks across sectors and achieve collective protection outcomes. The humanitarian action will focus also on ensuring inclusion of people who are often marginalized and excluded, and ensuring meaningful access to essential services, including for people with disabilities, and other persons with specific needs.

# 1.2
# Planning Assumptions, Operational Capacity and Access

**Planning assumptions**

In 2021, insecurity and violence continued to be the primary impediments to relief operations in Ethiopia. Armed hostilities and violence hampered the delivery of assistance and left hundreds of thousands of people without access to aid.

Violence affecting aid workers was also reported with 19 aid workers killed, as well as other incidents ranging from threats, intimidation, harassment, detention, temporary arrests, and confiscation of aid consignments.

In 2022, the humanitarian community, in collaboration with the GoE, will intensify efforts to ensure relief reaches people in need in the more hard-to-reach areas of the country, particularly those affected by conflict and violence.  OCHA will continue to facilitate discussions around access issues with aid partners and support engagement and information sharing with government counterparts to enable relief operations, according to the humanitarian principles.

In terms of humanitarian response capacity, in 2021 the number of NGOs active in the humanitarian response has reached 116, including 12 government agencies, 59 INGOs, 38 NNGOs and 7 UN agencies. This represents a small increased capacity, compared to the 112 partners (11 government agencies, 62 INGOs, 28 NNGOs, 11 UN agencies) who were active in the humanitarian response in 2020. However, this

**AGUSHA KEBELE/BENISHANGUL GUMUZ REGION, ETHIOPIA**
Health extension worker Sadia Andulahi in Agusha kebele.
Photo: UNICEF/Mulugeta Ayene

slight increase is not sufficient to meet the increasing humanitarian needs especially considering that a small number of partners have a presence in affected parts of the country compared to the humanitarian needs they are responding to. During 2022 efforts to

enhance the engagement of NNGOs in the humanitarian response, based on the HCT NNGOs Engagement Strategy will continue and will be led by the Localization Working Group recently established.

**OPERATIONAL PARTNERS**

**116**

**TREND (2015-2021)**



Number of implementing partners
50
25
1
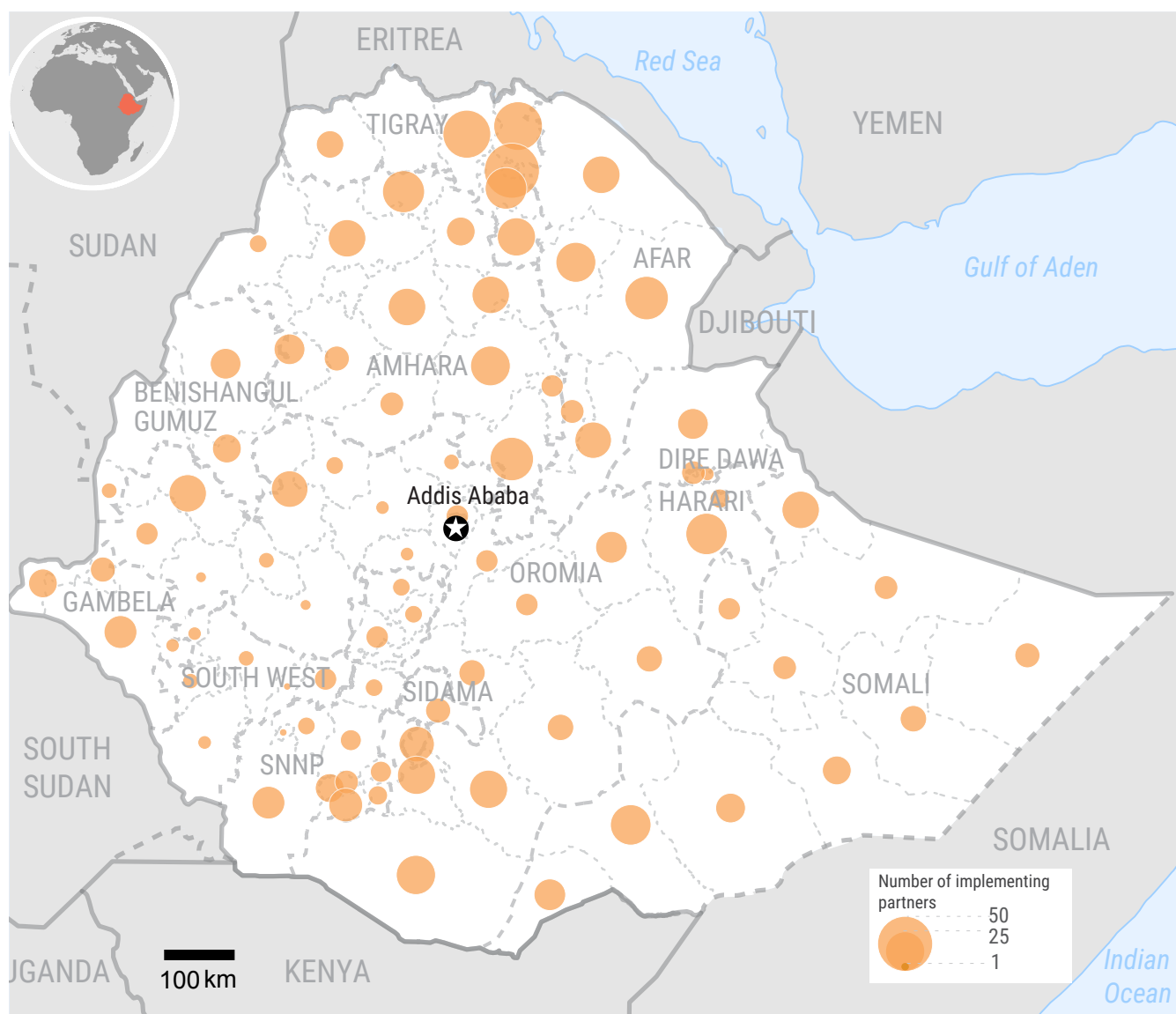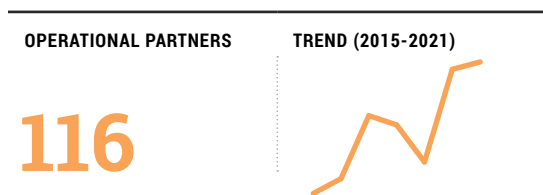
## 1.3
# Protection from Sexual Exploitation and Abuse, and Accountability to Affected Populations, Gender

**Protection from Sexual Exploitation and Abuse**
Sexual exploitation and abuse (SEA) by humanitarian actors inflicts incredible harm on those the humanitarian community is obligated to protect, and consequently jeopardises the credibility of all humanitarian agencies, organisations, and partners. The risk of sexual exploitation and abuse is amplified in crisis, conflict, and forced displacement. These risks result from power imbalances linked to gender, age, disability, belonging, and background, whereby humanitarian actors are in a relative position of power and privilege compared to the affected population. Those most at-risk are women, children, and people with disabilities.

The Humanitarian Country Team- HCT in collaboration with the government of Ethiopia has therefore taken an active lead in overseeing protection from sexual exploitation and abuse (PSEA) as part of humanitarian structures and processes. This is safeguarded through the inter-agency Ethiopia PSEA Network, represented by over 250 trained network and cluster PSEA focal points in Addis Ababa (i.e., national network) as well as in Somali, Oromia, SNNP, Gambella, Tigray (Mekelle and Shire), Afar, and Amhara regions (i.e., eight sub-national networks). The Ethiopia PSEA Network, co-chaired by UNWomen and UNFPA, with support from the Inter-Agency PSEA Coordinator, promotes the global vision of the UN and the IASC to enable a conducive humanitarian environment in which people affected by crises are safe and respected and can access protection services and assistance without fear of sexual exploitation and abuse. To ensure this, the Ethiopia PSEA Network strategy and work plan set out four strategic priorities. These are:

- Coordination and leadership: Full ownership of PSEA in Ethiopia is to be taken by leaders, who should set the tone from the top by demonstrating an active commitment to take account of, give account to, and be held accountable by, the affected population.

- Capacity Building: All members of the humanitarian community need to be able to recognise consequences of sexual exploitation and abuse, the seriousness of the problem, as well as understand how to prevent and respond to any reports in a survivor-centred and gender-specific manner.

- Awareness Raising: Affected populations and humanitarian stakeholders will, through network-led information campaigns, be informed about Community-Based Complaint Mechanisms (CBCMs) and GBV/CP services, the process of reporting sexual exploitation and abuse to focal points, and where to seek guidance and support.

- Survivor-Support: Affected populations and the humanitarian community need to be able to report SEA incidents through accessible and safe channels, whereby survivors will subsequently be provided with timely support, as well as multi-sectoral service provision, to address their intersectional needs.

To deliver on the above priorities, however, the PSEA coordination structure in Ethiopia seeks constant vigilance of senior management, all staff, focal points, clusters, and implementing partners; exchange of best practices; joint training, information campaigns and risk assessments; as well as innovative solutions. This is closely linked to the HCT deeper appreciation of the current realities on the ground, which requires inter-agency and cross-sectoral collaboration as well

as information exchange, as survivors and others do not distinguish amongst humanitarian entities and clusters when they report allegations nor when they seek support. The Ethiopia PSEA Network has therefore developed and endorsed an Inter-Agency (IA) Standard Operating Procedures (SOPs) for CBCMs to ensure that common standards are applied by all stakeholders to ensure zero tolerance for sexual exploitation and abuse.

In this regard, the Ethiopia PSEA Network will continue to work together with the GBV and Child Protection (CP) Area of Responsibility (AORs) to map and design systems that integrate the IA CBCMs into existing referral systems. The GBV and CP Coordinators already provide valuable advice and inputs to the Ethiopia PSEA Network, especially on multi-sector service provision, whereby community trust in the IA CBCMs will be a crucial next step to ensure its effectiveness and sustainability. The Ethiopia PSEA Network will therefore put emphasis on community ownership by focusing on consultations that target at-risk groups. In particular, affected women – in line with best practices globally – will be recognized as contextual safeguarding experts as co-producers of knowledge and decision-making. As such, continued collaboration with women-led civil society organizations will be key to identifying entry points to fully include cultural and social dynamism into the referral mechanisms; thus, ensuring gender-responsive PSEA programming in which gender differences are recognized and inequalities are actively redressed.

**Accountability to Affected Populations**
The Inter-Agency Accountability Working Group of Ethiopia (IAAWG-E) composed of 55 member agencies is chaired by IOM and IRC to bring together humanitarian actors to build capacity towards mainstreaming of AAP in the humanitarian response in Ethiopia.

The IAAWG-E undertook various consultations, including surveys, which culminated in the identification of data categories that now comprise the Community Voices platform that showcases community feedback gathered by IAAWG-E members. Analysis of a total of 4,295 community feedback

received between August and December of 2021 by 12 IAAWG-E member agencies that shared their data with the Community Voices platform shows that 51 per cent of the feedback providers are women and 49 per cent men, with the largest age group to provide feedback are between the ages of 24 and 49 (50 per cent), followed by 18-24 (24 per cent). The most preferred channels for providing feedback include logbooks/registers (29 per cent) and helpdesk (16 per cent). A majority (53 per cent) of the feedback received are complaints against services received, or lack thereof. Most (68 per cent) of the feedback are related to food, followed by WASH (4 per cent), NFIs (4 per cent), shelter (4 per cent), and health (2 per cent). 78 per cent of the feedback received are resolved within a month, while the remaining takes longer to find appropriate resolutions. Reports based on data provided by IAAWG-E partners are regularly prepared and shared with the EHCT and ICCG for planning necessary adjustments.

There are still significant gaps in the way affected people perceive their inclusion in the decision making around aid. Much of the discourse around collective AAP in Ethiopia is limited to Complaints and Feedback Mechanisms (CFMs). However, analysis of community feedback gathered by IAAWG-E members shows a low level of know-how by affected populations on how to make a suggestion or complaint about the humanitarian assistance they receive.

Beyond access to CFMs, aid recipients also demand more consultations from aid actors than they currently receive, with communities reporting a mismatch between expectations and reality. Many aid recipients are not convinced that aid providers are communicating their plans and activities well-enough, while insufficient information is among the most significant barriers to accessing aid. This highlights the need for continued engagement and communication with communities, beyond simply improving awareness of CFMs.

The humanitarian response in Ethiopia will attempt to develop a response-wide and collective strategy for AAP that prioritizes listening and responding over

one-way communication. There is a recognition to build on existing AAP efforts to further enhance the Community Voices platform and capacity-building for organizations on AAP systems and mechanisms. These include two-way information systems, robust CFMs, and encouraging further participation of IAAWG-E partners in sharing the feedback they receive with the platform.

Key AAP objectives for 2022 are to:

- Further increase the percentage of households who are aware of how to make complaints or give feedback about humanitarian aid.

- Increase the percentage of respondents who feel their opinions are being taken into account.

- Increase the percentage of respondents who feel able to cover their most important needs with the aid they receive.

- Increase the percentage of respondents who feel informed of available aid and services.

- Improve feedback and compliance systems of emergency response.

- Strengthen capacity of emergency responders on feedback and compliance mechanisms.

- Establish and strengthen regional AAP working groups.

IAAWG-E will be working with its members towards delivering assistance and services in an accountable manner that respects and fosters the rights of beneficiaries by taking account of the diversity of communities. It will seek to mainstream accountability throughout systems-wide humanitarian responses in Ethiopia. This will help ensure that humanitarian actors deliver quality and responsive programming in line with the evolving needs of beneficiaries, affected populations and communities and enforce zero-tolerance against sexual exploitation and abuse (SEA) and other misconducts.

IAAWG-E will be working with its members to maintain a participatory approach by involving direct benefi-

ciaries, host communities, and other stakeholders throughout the full project cycle, enabling them to influence and shape the design, implementation, monitoring, and evaluation of activities and decision-making processes. Extensive consultations with the local community including women, men, boys and girls, youth, religious and community leaders, minority groups, people with disabilities, and local administration will be encouraged to better understand their needs. Cross-referencing strategies will be encouraged to target the most vulnerable HHs and ensure that women, minorities, and other often-vulnerable groups are included in the process.

IAAWG-E will ensure that affected communities are at the centre of the whole program cycle, that their voices are heard, and feedback is integrated into aid programmes. Accordingly, IAAWG-E will create ways for the affected populations and communities to access relevant information about activities and processes that affect them in a reliable, contextually relevant, and timely manner and in line with literacy levels and language diversity. Relevant information sharing channels will include different printed materials (i.e., posters, banners, leaflets), face-to-face interviews and community meetings, and different awareness sessions. As part of monitoring the response, overall AAP data will be analysed periodically to generate lessons learned which will be used to adjust ongoing implementation and inform future design of interventions. The results of the monitoring will be shared and discussed with the ICCG and the HCT.

**Gender**
The compounded humanitarian crises in Ethiopia continue to disproportionately affect women and girls, and increase pre-existing gender inequalities, exclusion, and risks. In addition to the pain, distress, and grief endured by the affected population at large, women and girls continue to suffer in gender-specific ways. This is not to deny that men and boys of various intersectional backgrounds are also affected by crises, but to emphasize that gender-specific burdens continue to fall overwhelmingly on women and girls, which is intricately connected to the intersectional factors of gender, age, (dis)ability and background.

Ongoing insecurity and instability in the country have led to a breakdown of key services which are critical to the health, protection, and recovery of women and girls weakened informal and formal protection and accountability mechanisms, disrupted livelihoods, increased displacement, and exacerbated humanitarian needs. This, combined with movement and communication restrictions in parts of the country, has increased the risk of gender-based violence (GBV) most of which are consequently unreported and unaddressed amongst crisis-affected women and girls.

Recent reports, including the joint-investigation report from OHCHR and the Ethiopian Human Rights Commission (EHRC), have documented violations in the conflict area. Other forms of physical and mental violence compounded these human rights abuses. In addition, reports show that many women and girls were raped at gunpoint and subjected to physical and verbal assaults as sexual and gender-based violence are increasingly used as weapons of war. Women and girls, including GBV survivors, affected by the Northern Ethiopia conflict described their shops and businesses being looted and destroyed by parties to the conflict, effectively leaving them without a means to earn a living. This has forced many of them to adopt negative coping mechanisms including survival sex.

Help-seeking behaviour among GBV survivors is low due to traditional patriarchal gender norms and fear of reprisals. The subordinate status of women and girls in society increases their risk to GBV in humanitarian emergencies across the country. There is an urgent need to change discriminatory gender attitudes and behaviours in Ethiopia, and violence against women and girls must not be able to occur with impunity.

The above context shows how paramount gender inclusion is as an integral component of this HRP and will be mainstreamed throughout the 2022 Humanitarian Planning Cycle (HPC) in Ethiopia. Fortunately, there are many ongoing efforts and initiatives working on preventing and responding to GBV through focusing on changing attitudes and behaviours against women and girls, increasing coordination between services, capacity-building, and ensuring survivor-centred services are available and accessible to men, women, boys, and girls with different intersectional characteristics including gender, age, (dis)ability, background, and ethnicity.

To support these ongoing and future efforts in a coordinated manner across the humanitarian sectors in collaboration with the government, and to facilitate, coordinate, and advocate for gender mainstreaming throughout the HPC, the inter-agency Gender Technical Working Group (GTWG) will be strengthened. The GTWG will address the existing gap in technical leadership and support on gender-sensitive humanitarian programming and response. Once fully revitalized, the GTWG will submit a strategy and work plan to the HCT for endorsement. It will work in close collaboration with the Government, UN agencies, international and national NGOs, Women-Rights Organisations (WROs), Women-Led Organisations (WLOs), and donors. Finally, it will ensure a nexus approach considering humanitarian-development-peacebuilding (HDP) activities and actors.

Building on recommendations of the inter-agency rapid gender analysis (RGA) in December 2021, the GTWG will also support, monitor, and periodically evaluate the collection of sex-and age disaggregated data (SADD) throughout the humanitarian response and ensure that humanitarian actors are informed and guided by the production and dissemination of strong gender analyses in crises deemed to inform their humanitarian response programming. This will help clusters to better understand the differential impacts of a crisis on men, women, boys, and girls and improve their evidence-based programming.

# 1.4
# Cash

Cash and Voucher Assistance (CVA) program has been present in Ethiopia for many years and is best placed for expansion in 2022 for both sectoral CVA and Multi-Purpose Cash (MPC); evidenced by expressed community preferences, market functionality and access, and in line with the Grand Bargain commitments.

**Use of Multi-Purpose Cash**
Multi-Purpose Cash (MPC) assistance offers flexibility and ensures decision-making power is held by affected populations, empowering them to prioritize their critical needs in the most dignifying manner. Vulnerable households have identified CVA and MPC assistance as a preferred form of assistance; with reports of households selling in-kind items further undermining people's preference to independently prioritize their own needs[1] .

Ethiopia is affected by a variety of crises, such as floods, droughts, and inter-communal conflicts. MPC assistance has been used to address different humanitarian needs; with its flexible utility realized both as a key rapid-response mechanism to shocks as well as a response modality to vulnerable populations in locations of protracted crises.

MPC funding is expected to rise given the current feasibility environment and appetite by donors, humanitarian organizations and communities alike. In 2021, approximately 130,000 households benefited from MPC across the country in several regions, including Afar, Amhara, Gambella, Benishangul-Gumuz, Oromia, Somali, Tigray, and Addis Ababa. Humanitarian organizations have indicated an intention for a clear upscale in MPC interventions in 2022, mainly in Addis Ababa, Afar, Amhara, Tigray, Oromia, Gambella, and SNNP – with sixteen partners planning to reach over 250,000 households.

**MPC Strategy**
Multi-purpose cash (MPC) assistance in Ethiopia will support the most vulnerable households and individuals to meet their most urgent and diverse needs through unconditional and unrestricted cash. The objective focuses on reducing the loss of life among the most affected population for which the Ethiopia Cash Working Group (CWG) has developed a process and related outcome indicators to measure the impact of assistance in the reporting year and, will undertake further feasibility assessments to ensure appropriateness of the modality in the various contexts of operations. In addition, the ECWG will support clusters in streamlining CVA in cluster specific assistance and inclusion of cash-specific indicators in the HPC monitoring toolkit to ensure systematic monitoring of CVA.

**Cash Working Group Role**
The Cash Working Group (CWG) serves as an inter-agency platform providing strategic and technical support on cash programming across clusters through enhanced joint response approaches, prioritizing three key pillars: (i) area-based coordination, (ii) inclusive and participatory approaches, and (iii) evidence based planning, and operational coordination of MPC response.

The formation of the Donor Cash Forum (DCF) has offered a platform where CWG collaborates with donors to address the fragmentation of resources and bolster coherent, effective, and efficient cash programming not the backdrop of scarce resources available. In addition, the CWG is building mutually beneficial partnerships with the Productive Safety Net Program (PSNP) and Better Than Cash Alliance that ensure humanitarian principles are upheld in the identification of entry points in linking humanitarian cash assistance with PSNP and use of already existing government directives on digital payment respectively.

# Part 2:
# Response Monitoring

—

**KOREHEY ZONE/SOMALI REGION, ETHIOPIA**
camels consuming leftover food collected from Kebrideher
town after pasture disappear that follows rain failure. Photo:
OCHA/Ahmed Mahik

## 2.1
# Monitoring Approach

The overall monitoring of the implementation of the 2022 Humanitarian Response Plan will fall under the Disaster Risk Management Technical Working Group (DRMTWG), chaired by the EDRMC (Ethiopia Disaster Risk Management Commission) and Co-chaired by OCHA. Response monitoring will be conducted through sectoral and cluster response monitoring systems and is overseen by the DRMTWG. In 2022, the sector task forces led by line ministries, in collaboration with the Inter-Cluster Coordination Working Group (ICCG) and the Information Management Working Group (IMWG), will put in place monitoring systems to ensure that the response is appropriate and measured. As such, each cluster has defined its objectives and linked them to the strategic and specific inter-sectoral objectives. For each cluster objective, a series of indicators have been defined with their needs and targets.

Each month, all clusters are responsible for reporting their achievements (overall and by indicator) through the Response Planning and Monitoring (RPM) online system. The response achievement data will be reported at the woreda level and will be disaggregated by population group (IDPs, non-displaced and returned migrants), by sex and by age, as well as by people with disability. Clusters will also collect monthly operational presence data from implementing partners.

Through the implementation of complaint and feedback mechanisms, effectiveness and accountability will be prioritised. This will support the response monitoring as it provides communities an opportunity to raise complaints and provide feedback, which will contribute to improving response quality. Clusters will be responsible for ensuring that appropriate, safe and corrective measures are taken.

The views of the affected population will be proactively sought by ensuring they have the information they need to be able to manage their response to crisis; by gathering, analysing and sharing feedback and complaints from the affected population in a way that informs overall response decisions; and by ensuring diverse affected community groups have means to participate meaningfully in emergency response decisions.

Financial tracking will be done through the online Financial Tracking System (FTS) which allows for timely monitoring of funding progress against humanitarian response plan (HRP) and appeal requirements. Various information products and analysis will be produced on a regular basis which will support inter-sectoral monitoring.

**Humanitarian Programme Cycle Timeline**

| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Humanitarian Needs Overview | | | | | | ●————————————————————● | | | | ● | | |
| Humanitarian Response Plan | | | | | | | | | ●————————● | | ● | |
| Periodic Monitoring Report | | | | ● | | | ● | | | | | ● |
| Humanitarian Snapshot | | | | ● | | | ● | | | ● | | |
| Online Humanitarian Dashboard (Humanitarian InSight)" | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
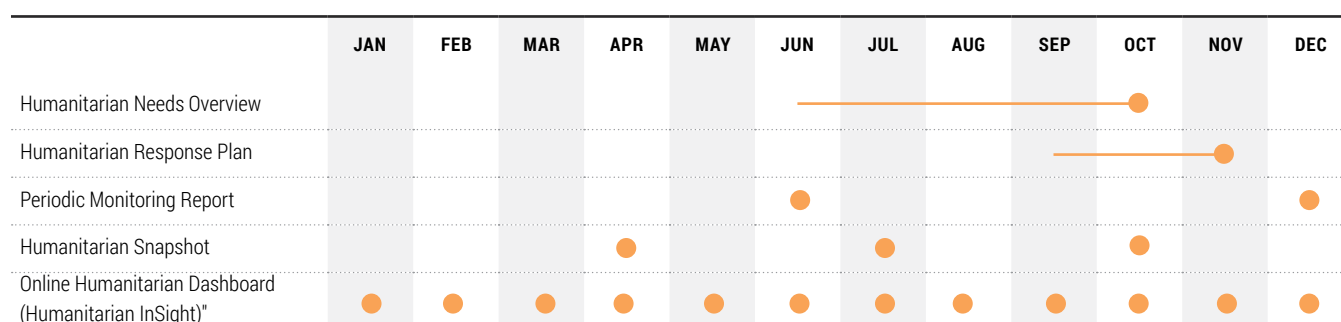
New in 2022 is the roll-out of the projects module of HPC.tools. Humanitarian partners will submit proposed projects to be implemented in 2022, which will then be reviewed by each cluster against the Cluster's strategic objectives, priority geographic areas and priority activities. This will enable better operational coordination, as Cluster Coordinators will have an overview of where all partners will be working in 2022; if there are any key geographical gaps in the response, cluster coordinators can check if any partners could scale-up their programming to areas where there is lack of coverage. It will also enable better monitoring of response and funding, as the projects module will be linked to FTS.

A monthly humanitarian dashboard will be published on the Humanitarian Insight platform and linked directly to the RPM system where data can be found on cluster achievements and well as by indicator at the lowest administrative level (woreda/level 3).

The planned Mid-Year Review of the Humanitarian Response Plan will provide the opportunity to adjust targets and requirements based on achievements and the evolving situation in the course of 2022 of the key drivers of needs such as the drought, the conflict in northern Ethiopia, displacement, and agriculture production.

## 2.2
# Strategic and Specific Objectives: Indicators and Targets

---

**Strategic Objective SO1**

Reduce loss of life, physical and psychosocial harm among the most vulnerable population affected by conflict and drought, including 5.0 million IDPs and 12.3 million non-displaced, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and exposure to protection risks, by the end of 2022.

**TARGET**
**17,307,972**

| | | BASELINE/NEED | TARGET |
|---|---|---|---|
| **Specific Objective SP1.1**<br>Deliver protection, gender, age, diversity, and conflict-sensitive essential life-saving services in WASH, Health, Nutrition and Protection, to 3.1 million displaced, 3.4 million non-displaced conflict and climate people. | | 7,968,637 | 6,523,540 |
| **INDICATORS** | # of emergency health and RH kits distributed | 4,329 | 1,410 |
| | # of OPD consultations | 6,570,718 | 3,525,138 |
| | # of normal deliveries attended by skilled birth attendants | 249,116 | 139,998 |
| | # of children with severe acute malnutrition (SAM) treated for medical complications | 750,349 | 76,086 |
| | # of children 6 months-15 years receiving emergency measles vaccination | 5,852,723 | 3,347,775 |
| | # of emergency patient/maternal referrals conducted for specialized lifesaving services | 249,116 | 139,998 |
| | # of persons monitored and screened to identify vulnerability and exposure to a protection risk | 8,793,099 | 1,600,149 |
| | OCV coverage in hotspots (percentage of population receiving two doses) | 100% | 95% |
| | # of Health workers trained and have the capacity to manage an outbreak | 3,263 | 12,450 |
| | # of water sources tested and treated in accordance to set WHO standards | 261 | |
| | # of people having access to safe drinking water through emergency Water trucking | 4,709,852 | 2,620,266 |
| | # of people accessing sanitation facility (latrines & bathing/hand washing facilities) | 6,457,683 | 3,671,430 |
| | # of people provided with lifesaving WASH NFI | 6,457,683 | 3,671,430 |
| | # of girls and boys with child protection concerns (including unaccompanied and separaed children) identified and supported through case management services including referrals to multi-sectoral specialised services. | 168,681 | 104,514 |

| | | |
|---|---|---|
| % of identified unaccompanied and separated girls and boys who have been reunited with their family/caregiver or provided with quality alternative care by the end of 2022 | 100% | 70% |
| # of girls, boys and caregivers provided with focused and specialized mental health and psychosocial support or clinical care (level 3 & 4) | 126,089 | 39,665 |
| # of girls, boys and caregivers provided with level 2 community-based mental health and psychosocial support, including access to safe and friendly spaces with intersectoral programming interventions. | 843,825 | 265,450 |
| # of GBV survivors and vulnerable women and girls reached with core GBV response services including case management, PSS, legal aid and referrals. | 232,201 | 54,954 |
| # of GBV survivors and vulnerable women and girls reached with core GBV response services including case management, PSS, legal aid and referrals. | 580,503 | 219,818 |
| # of Children Received Treatment for Severe Acute Malnutrition | 1,213,870 | 820,312 |

| | | BASELINE/NEED | TARGET |
|---|---|---|---|
| **Specific Objective SP1.2** Minimize protection risks and ensure availability and accessibility of services for urgent protection cases. | | 1,344,083 | 738,811 |
| **INDICATORS** | # of individuals needing mental health and psychosocial support and receiving it | 124,558 | 69,999 |
| | # of eligible survivors of rape receiving post-exposure prophylaxis within 72 hours of an incident or from exposure, and emergency contraception within 120 hours of an incident or from exposure. | 249,116 | 139,998 |
| | # of individuals with injuries and disabilities treated and referred for further care | 124,187 | 69,999 |
| | # of survivors of mines and explosives-related incidents and their family members benefiting from individual assistance | 933,523 | 2,000 |
| | # of locations with victim assistance services mapping established | | 10 |

| | | BASELINE/NEED | TARGET |
|---|---|---|---|
| **Specific Objective SP1.3** Severe levels of food insecurity among 4.3 million IDPs and 11.0 million non-displaced people are reduced below emergency level to reduce the risk of mortality. | | 15,324,806 | 15,324,806 |
| **INDICATORS** | Number of beneficiaries assisted through in-kind food or cash transfers | 15,324,806 | 15,324,806 |
| | Quantity of food distributed to beneficiaries | 1,077,772 MT | 1,077,772 MT |
| | Value of cash/voucher distributed to beneficiaries | 219,027,795 | 219,027,795 |

**Strategic Objective SO2**

TARGET
**16,486,224**

Sustain the lives of 16.5 million people requiring humanitarian assistance and protection and basic services, including 12.5 million non-displaced, 3.9 million IDPs and persons with disabilities across 889 woredas, by ensuring safe, dignified, accountable and equitable access to livelihoods and protection and other essential services by the end of 2022 and enhance the protection environment.

| | | BASELINE/NEED | TARGET |
|---|---|---|---|
| **Specific Objective SP2.1**<br>Scale up and provide WASH, Agriculture, Education, Nutrition, Health, Shelter, NFIs and Protection services to 12.3 million non-displaced including 41,000 migrants, in 812 woredas by the end of 2022. | | 21,667,194 | 12,341,524 |
| **Specific Objective SP2.2**<br>Scale up and provide CCCM, WASH, Education, Health, Nutrition, Shelter, Protection, Education and NFIs services to 3.9 million IDPs by the end of 2022. | | 5,779,511 | 7,329,650 |

| INDICATORS | | | |
|---|---|---|---|
| | # of individuals i.e. specialised frontline GBV services providers, trained on CMR, PSS, PFA, case management, etc. | 26,413 | 10,002 |
| | # of persons in target locations reached with GBV sensitization and awareness creation | 4,063,521 | 1,519,775 |
| | # of people reached through essential sanitation and hygiene message | 16,258,298 | 8,583,865 |
| | # of displacements affected population that received in-kind or cash for emergency shelter assistance to improve physical protection and to reduce overcrowding | 903,821 | 781,617 |
| | # of Returnees and non-displaced people covered by Shelter and NFI assistance, disaggregated per gender and age. | 2,255,803 | 981,647 |
| | # of community members receiving health messages | 13,102,311 | 7,050,276 |
| | # and frequency of coordination meetings held | | Bi-weekly, 24 |
| | # of alerts investigated and responded to timely within 48 – 72 hours of notification | 3,224 | |
| | # and frequency of Information Products generated and shared regularly for decision making and response | | 12 (monthly) |
| | # of persons provided with cash to minimize their exposure to protection risks and counter negative coping mechanisms | 307,290 | 130,302 |
| | # of persons whose civil documents protected, replaced or issued | 307,290 | 130,302 |
| | # of persons benefiting from awareness raising, capacity building and community-based activities concerning their rights and addressing protection risks that affect them | 4,225,677 | 1,717,883 |
| | # of individuals receiving information on HLP | 71,119 | 30,157 |
| | # of individuals receiving counselling on HLP | | 20,000 |
| | # of persons receiving technical assistance and legal representation on HLP | | 10,000 |

| INDICATORS | | | |
|---|---|---:|---:|
| | # of individuals who obtain HLP documentations | 35,381 | 15,003 |
| | # of persons benefiting from support to access alternative dispute resolution mediation, negotiation, arbitration and conciliation, and formal justice system to resolve HLP related disputes | 4,740 | 2,010 |
| | # of GBV survivors and vulnerable women and girls provided with livelihood skills and support for IGAs. | 116,101 | 43,964 |
| | # of individuals from the community trained to provide community based GBV interventions e.g. para-counselors, para - legal etc. | 116,101 | 43,964 |
| | # of girls and boys with specific needs, including children (including specific needs of girls) associated with armed forces and groups, children engaged in hazardous forms of labour, girls survivors of child marriage, etc. provided with reintegration services, including livelihoods, financial literacy training, vocational training, life skills training etc. | 67,472 | 19,917 |
| | # of caregivers (women and men) participating in structured parenting programmes | 84,340 | 29,046 |
| | # of households that received animal health interventions | 13,508,096 | 7,336,238 |
| | # of households that received agricultural inputs | 14,399,705 | 6,527,811 |
| | # of households that received animal feed interventions | 10,222,845 | 5,607,334 |
| | # of people having access to safe drinking water through durable solution | 5,656,525 | 2,575,160 |
| | # of health facilities rehabilitated and are fully functional in areas affected by humanitarian crisis and health emergency | 4,502,094 | 3,652,118 |
| | # of Health facilities conducting integrated diseases surveillance and reporting | 4,488,690 | 3,652,118 |
| | # of Health facilities with minimum staffing level to offer essential package of health care delivery services | 4,488,690 | 3,652,118 |
| | # of people that received destocking intervention | 3,522,838 | 821,270 |
| | # of children and PLWs received treatment for Moderate Acute Malnutrition | 5,447,362 | 3,294,709 |
| | # of crisis affected children accessing  education | 4,806,611 | 2,597,594 |
| | # of schools / classes rehabilitated | 11,089 | 3,000 |
| | # of TLS established | 2,109 | 450 |
| | # of community members reached with back to school messages | 5,000,000 | 2,000,000 |
| | # of children reached with multi-sectoral lifesaving messages including mine risk reduction, school safety and evacuation, and covid-19 prevention | 6,781,702 | 2,597,594 |
| | # of crisis affected girls in schools benefiting from sanitary pads/dignity kits and MHM | 600,000 | 200,000 |
| | # of children participating to AEP | 4,806,611 | 650,000 |
| | # of children participating to ASR | 720,992 | 407,870 |
| | Number of displacements affected populations that have received Non-food items that consider the most vulnerable or at risk and benefizciaries' safety | 2,286,287 | 1,380,650 |

| | | |
|---|---|---|
| Number of persons with disabilities, older people and persons with chronic illness covered by Disability and Inclusion NFI Kits | 403,462 | 243,644 |
| # of standard nutrition assessments conducted | 30 | 20 |
| # of trainings in nutrition in emergencies | 4 | 3 |
| Number of beneficiaries assisted through in-kind food or cash transfers | 5,064,419 | 5,064,419 |
| Quantity of food distributed to beneficiaries | 323,967 MT | 323,967 MT |
| Value of cash/voucher distributed to beneficiaries | 83,804,171 | 83,804,171 |
| # of Children and PLW reached with BSFP CBCM | 847,927 | 365,729 |
| # of CCCM staff and authorities capacitated in site management | 1,000 | 600 |
| # of sites with improved and/or maintained communal infrastructure | 290 | 154 |
| # of sites with functional community-led committees with inclusive participation and representation | 290 | 154 |
| # of GBV survivors and vulnerable women and girls reached with core GBV response services including case management, PSS, legal aid and referrals. | 87,075 | 32,973 |
| # of women and girls provided with dignity kits | 1,161,006 | 439,635 |

| | BASELINE/NEED | TARGET |
|---|---|---|
| **Specific Objective SP2.3** Protect livelihoods and related food sources from climate and conflict affected 1.5 million IDPs and 5.8 million non-displaced population across 681 targeted woredas through food assistance, emergency agriculture, livestock, and other livelihood support in line with their livelihoods and seasonality. | 11,766,327 | 7,329,650 |
| **INDICATORS** # of crisis affected children receiving Teaching and learning materials, hygiene materials, recreational kits, etc. | 4,806,611 | 2,597,594 |
| # of Teachers trained on PSS/ pedagogy/ methodology | 688,887 | 9,000 |
| # of stakeholders trained on EiE response/ data collection, etc. | 688,887 | 4,500 |
| # of teachers and education personnel trained on MHPSS, trauma healing, PFA and CSG | 688,887 | 4,500 |
| # of established or rehabilitated water structures | | 10 |
| # of established feed and seed banks | | 18 |
| # of households that received forage seed provision | 10,222,845 | 5,607,334 |
| # of people benefiting from IGA support | 4,307,149 | 954,610 |
| # of households benefited with restocking/destocking | 4,030,311 | 384,566 |
| # of households benefiting from drought power support | 3,090,208 | 594,671 |

**Strategic Objective SO3**

Enhance the protection environment and avoid and reduce harm by mainstreaming protection and gender and age considerations in the multi-sectoral response and contribute to protection outcomes.

**TARGET**
**1,600,384**

| Specific Objective SP3.1 | BASELINE/NEED | TARGET |
|---|---|---|
| Support 877,000 affected people through multisectoral response and contribution to protection outcomes by enhancing the protection environment and avoiding and reducing harm by mainstreaming protection. | 1,601,889 | 876,622 |

| INDICATORS | | BASELINE/NEED | TARGET |
|---|---|---|---|
| | # of national NGOs capacity enhanced | 12 | 6 |
| | Number of displacements affected population receiving emergency shelter and NFI assistance in kind or disaggregated per gender and age. | 1,418,290 | 764,755 |
| | Number of displacements affected population that received in-kind or cash for emergency shelter assistance to improve physical protection and to reduce overcrowding | 1,193,646 | 727,283 |
| | Number of persons with disabilities, older people and persons with chronic illness covered by Disability and Inclusion NFI Kits and accessed appropriate emergency shelter assistance | 250,287 | 134,957 |
| | # of child protection workers and services providers who received training on child protection issues and who later report improved knowledge and confidence following their training | 2,090,008 | 1,021,324 |
| | # of girls, boys, women and men (including community and religious leaders, local authorities, youth and adolescents' group, women-led organizations, CBOs, etc.) who have been provided with gender and age sensitive information, training and sensitization in order to prevent and mitigate the risk of violence, exploitation, abuse, neglect and harmful practices | 74,220 | 42,479 |
| | # of women and men humanitarian workers from non-CP sectors, community members, and government actors who received training on CP issues to prevent and mitigate the CP risks and enhance cross-sectoral referral | 111,329 | 63,719 |
| | # of individuals benefiting from awareness-raising and Explosive Ordnance Risk Education training activities | 933,523 | 435,338 |
| | # of locations where needs assessments and markings carried out | | 20 |
| | # of service providers, including government officials and other duty bearers, community representatives and humanitarian staff, trained in protection issues and safe and inclusive service delivery | 14,223 | 6,031 |
| | # of sites with functional complaints and feedback mechanisms | 290 | 154 |

| Specific Objective SP3.2 | BASELINE/NEED | TARGET |
|---|---|---|
| Strengthen the protection environment, provide conflict-sensitive and gender and age-appropriate response and services in all sectors to prevent, mitigate, and address protection risks across sectors and achieve collective protection outcomes. | 4,632,939 | 1,261,667 |

| | | BASELINE/NEED | TARGET |
|---|---|---|---|
| | # of individuals i.e. non-specialised staff from other sectors trained on GBV mainstreaming and GBV pocket guide. | 26,413 | 10,002 |
| | # of individuals trained on Explosive Ordnance Risk Education from service providers, including risk education teams, community representatives and humanitarian staff | | |

Part 3:
# Cluster/Sector Objectives and Response

—

**KEBRIDAHAR/SOMALI REGION, ETHIOPIA**
children cross the dry field near Saglo village.
Climate change wreaks havoc on the livelihoods of
communities in Somali region.
Photo: UNICEF/Mulugeta Ayene

# Overview of Sectoral Response

| SECTOR/MULTI-SECTOR | FINANCIAL REQUIREMENTS (US$) | | OPERATIONAL PARTNERS | PEOPLE IN NEED | PEOPLE TARGETED | IN NEED TARGETED |
|---|---|---|---|---|---|---|
| Agriculture | $176.8M | | 30 | 17.5M | 11.5M | |
| CCCM | 36.8M | | 7 | 4.2M | 0.9M | |
| Education | $86.6M | | 27 | 9.7M | 2.9M | |
| ES NFI | $142.5M | | 47 | 7.8M | 4.5M | |
| Food | $1,684M | | 3 | 20.4M | 20.4M | |
| Health | $209.0M | | 41 | 13.1M | 7.1M | |
| Logistics | $31.0M | | 62 | - | - | |
| Nutrition | $305.4M | | 28 | 7.5M | 4.5M | |
| Protection | $277.3M | | 63 | 8.8M | 3.7M | |
| WASH | $120.1M | | 59 | 16.3M | 8.6M | |
| Coordination and CS | $15.6M | | 10 | - | - | |
| **Total** | **$3.09B** | | | | | |

## 3.1 Agriculture

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) |
|---|---|---|
| 17.5M | 11.5M | $176.8M |



Number of people targeted
1M
500K
250K
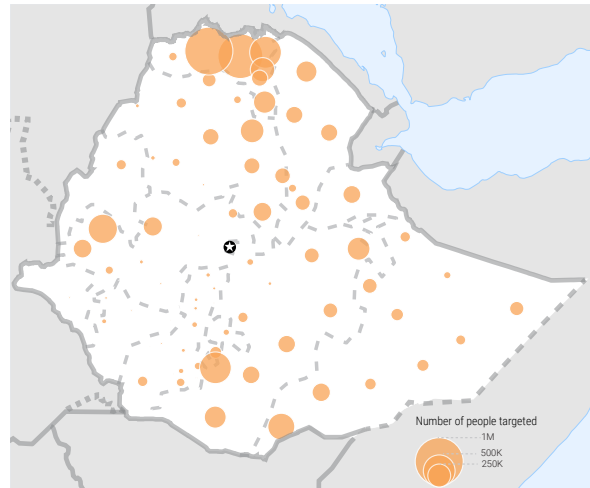
## 3.2 CCCM

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) |
|---|---|---|
| 4.2M | 933k | $36.8M |



Number of people targeted
175k
100k
50k
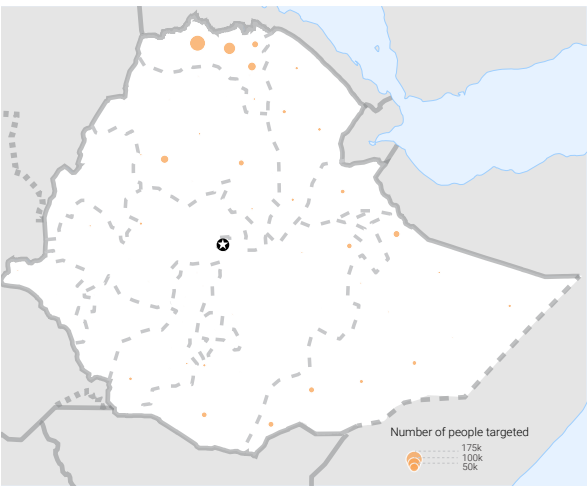
## 3.3 Education

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) |
|---|---|---|
| 9.7M | 2.9M | $86.6M |



Number of people targeted
220k
110k
55k
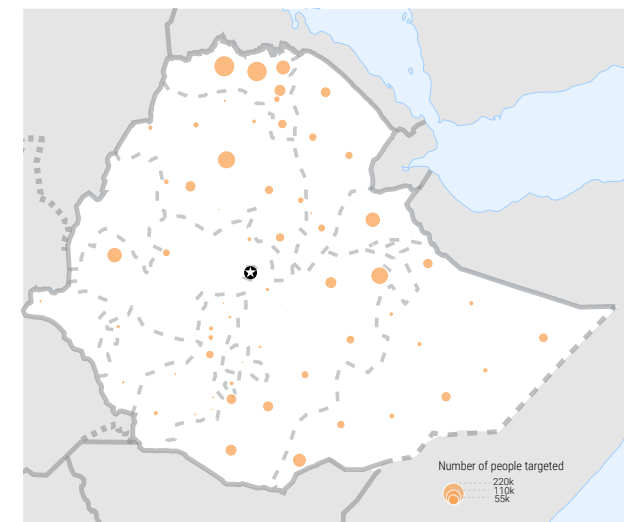
## 3.4 ESNFI

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) |
|---|---|---|
| 7.8M | 4.5M | $142.5M |



Number of people targeted
500k
250k
125k
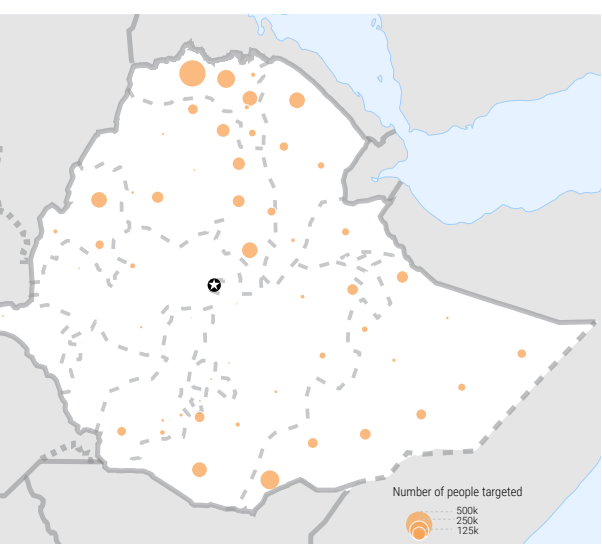
## 3.5 Food

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) |
|---|---|---|
| **20.4M** | **20.4M** | **$1.684B** |



Number of people targeted
1.6M
800K
400K
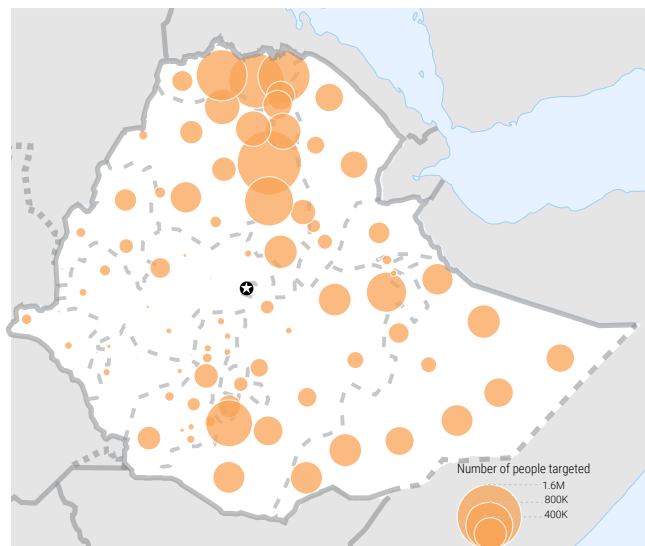
## 3.6 Health

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) |
|---|---|---|
| **13.1M** | **7.1M** | **$209.0M** |



Number of people targeted
700k
350k
175k
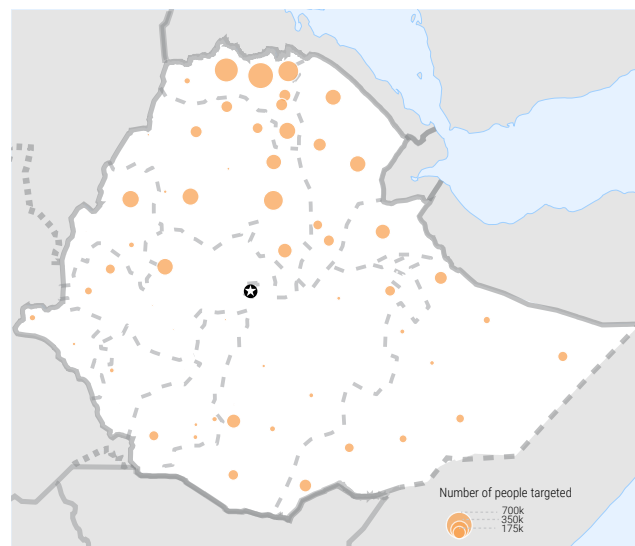
## 3.7 Nutrition

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) |
|---|---|---|
| **7.5M** | **4.3M** | **$305.4M** |



Number of people targeted
400k
200k
100k
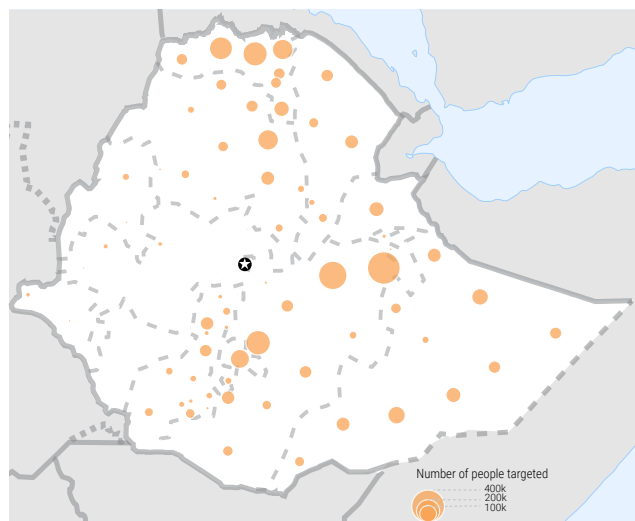
## 3.8 Protection (General Protection & HLP)

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) |
|---|---|---|
| **8.8M** | **3.7M** | **$111.9M** |



Number of people targeted
1.2M
600K
300K
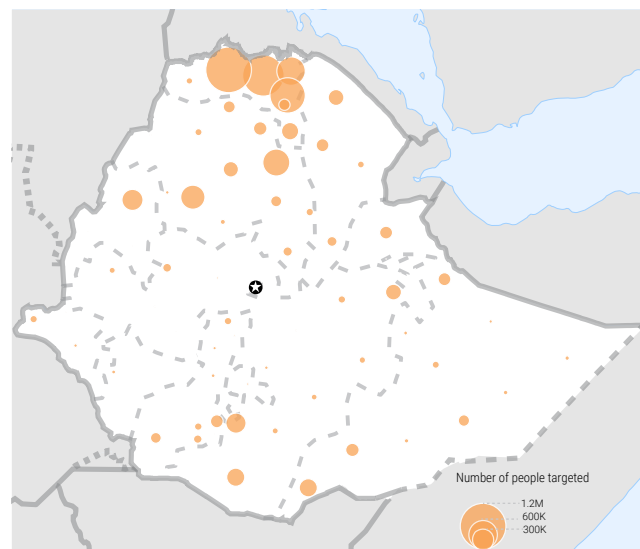
### 3.7.1 Protection CP

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) |
|---|---|---|
| 6.1M | 1.6M | $66.4M |

Number of people targeted
250k
125k
75k
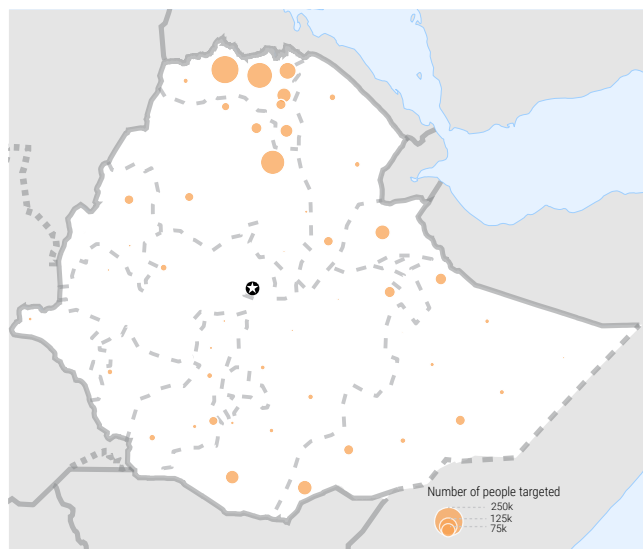
### 3.7.2 Protection GBV

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) |
|---|---|---|
| 5.8M | 2.2M | $90.1M |

Number of people targeted
320k
160k
80k
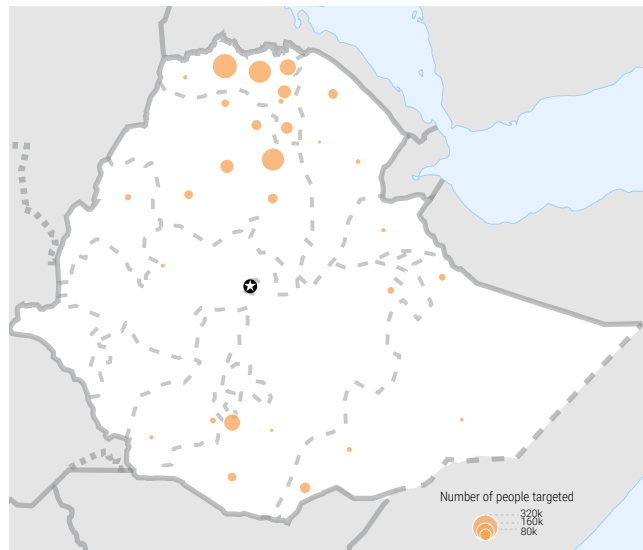
### 3.7.3 Protection MA

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) |
|---|---|---|
| 933k | 439k | $8.8M |

Number of people targeted
140k
70k
45k

### 3.9 WASH

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) |
|---|---|---|
| 16.3M | 8.6M | $120.1M |

Number of people targeted
1M
500K
250K

# 3.1
# **Agriculture**
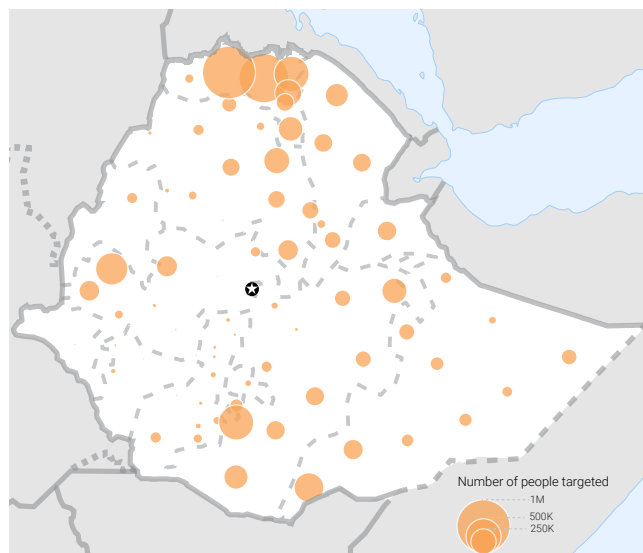
| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITIES |
|---|---|---|---|---|
| **17.5M** | **11.5M** | **21%** | **54%** | **6%** |

| REQUIREMENTS (US$) | PARTNERS |
|---|---|
| **$176.8M** | **30** |

## Objectives

1. To protect and sustain core-agricultural livelihoods of climate and conflict affected households in Ethiopia through humanitarian interventions in 2022.

2. To enhance vulnerable households' ability to withstand recurrent and future shocks in Ethiopia through early recovery and resilience interventions.

## Response

The Agriculture Cluster will target 11.5 million people by the end of 2022, with special attention to gender and age roles especially among farming and pastoralists communities. This is a significant increase from the 8.8 million people targeted in the previous Response Plan. The Agriculture Cluster response strategy will prioritize the immediate lifesaving activities in multiple crisis scenarios to address severe food insecurity, mitigate malnutrition and prevent famine. The cluster will focus on developing an integrated response with the nutrition by strengthening and supporting initiatives addressing cross-cutting issues of food security and nutritional status of vulnerable groups and promoting nutritional practices at household levels through nutrition-sensitive responses. The Cluster will target those populations who have been hit by both conflict and climate shocks and will aim at restoring and enhancing the livelihoods of conflict displaced people, host communities, returnees, and vulnerable farming and pastoralist communities. Three consecutive seasons of poor rainfall have driven southern communities in Somali, Oromia, and SNNP regions to an increase in food insecurity, with high likelihood that the drought may expand to additional woredas or regions. The cluster will provide emergency agricultural and livestock support to farmers and pastoralists, with a special focus on administrative zones affected by natural disasters, conflict, and pests. Desert Locust situation will be strictly monitored in the coming months, even if as today there are sign of improvement in the affected areas. Diversified livelihoods programmes will be scaled-up for improved self-reliance, resilience-building and social protection of all vulnerable communities.

Actions developed by agriculture partners will focus on improving crop production, access to seeds and tools, and enhancing livestock health and production. This will be done by targeting conflict-affected smallholder farmers and drought affected agro-pastoral communities to enhance their resilience to recover. The response will use largely (80 per cent) in-kind support due to the non-functionality of markets in most of the targeted locations. However, cash and voucher (20 per cent) will also be utilized in locations where markets are functional.

**SOMALI REGION, ETHIOPIA**
Happy farmers walk back home after receiving
seeds from FAO, in the Somali region.
Photo: FAO/Michael Tewelde

The response also includes repair and equipping of emergency agriculture facilities (irrigation, vet clinics and cold chain systems) and other urgently needed interventions designed to mitigate the effects of a disrupted season and reduce the food availability gaps. The following activities will be the priorities of the Agriculture Cluster: a) Agricultural inputs' (cereal, legumes and vegetable seeds, fertilizers, and agro-chemicals) support to the farming population to resume dry period agricultural activities; b) Provision of critical livestock support activities (vaccines, drugs, and vet equipment and supplies, water trucking); c) Rehabilitation and/or restoration of damaged veterinary clinics across the regions; d) Drought power support (hiring tractors/oxen) for irrigation cropping; and e) emergency seed pack (cereals, legumes, vegetables and maize) and fertilizer provision.

Vulnerable population groups such as IDPs, women, children, older people and people living with disabilities face serious protection concerns with the increase of food insecurity, including GBV, sexual violence, abuse and early marriage. The Cluster partners will ensure that agriculture activities will prevent the risks of GBV, SEA and child abuse and promote actively protection mainstream and GBV mitigation activities. In addition, women will be encouraged to participate in agriculture activities and targeted with ad hoc programmes and training. The partners through trainings, meetings and field visits will be encouraged to include the critical elements of protection in all their projects. The AAP core themes are expected to be part of the planning, implementation, monitoring and reporting of all ATF partners to ensure that Communication with Communities/ good community entry/ participatory approaches. are employed and that inclusive approaches of engagement consider the needs of the children, youth and elderly; of people with varying degrees of disability and of women and girls, men and boys (gender).

**Cost of the response**
The Agriculture Cluster's response plan requires US$ 176.8 million to implement and achieve its expected

results until December 2022. Vulnerable population groups such as IDPs, women, children, older people and people living with disabilities face serious protection concerns, including GBV, rape and sexual violence, and child marriage.

The agriculture cluster will use a mixed/hybrid costing approach. Costing is based on agriculture inputs and evaluated by the cluster' strategic advisory group (SAG). In addition, for the project costing the Cluster strategic review committee (SRC) will vet all projects against various criteria, including alignment with the agriculture objectives and strategy, Centrality of Protection, Gender and Age Marker, Disability inclusion, realistic costing, and avoidance of potential overlaps in assistance. Whenever applicable, the Agriculture Cluster will recommend the use the Cash. While FSC will scale-up cash-based transfers, the use of this modality will be rooted in in-depth market assessments and feasibility analyses with the aim of minimizing operational costs and improving the effectiveness, efficiency and timely and safe delivery of agriculture, and livelihood assistance in a dignified manner.

**Monitoring**

Agriculture Cluster will monitor the response through regular reporting of partners including the government and special indicators that contribute to each specific objective. Response data including both planned and actual implementation will be collected and monitored monthly at the woreda level: "Who does What, Where, When and for Whom (5W)" dashboard. The data will be disaggregated by Age, Gender and Diversity (AGD) to facilitate impact monitoring, informed policymaking, and programme development. The agriculture partners will conduct field monitoring through various methods to ascertain the food security situation of households, assess risk factors that contribute to food insecurity, highlight vulnerable geographical areas and groups. This information on vulnerability and the evolving situation will enable well-informed decision-making processes for programme design and targeting purposes.  The Cluster will also dedicate special meetings to drought, conflict or any other emergency response that needs to be closely monitored.

## Objectives, Indicators and Targets

### Cluster Objective CO1

To protect and sustain core-agricultural livelihoods of climate and conflict affected households in Ethiopia through humanitarian interventions in 2022.

| | | NEED | TARGET |
| --- | --- | --- | --- |
| | | **14,357,162** | **9,482,504** |

| Contributes to Specific Objective SP1.3 & SP2.3 | | BASELINE | NEED | TARGET |
| --- | --- | --- | --- | --- |
| **INDICATORS** | # of Households that received animal feed interventions | 000k | 10,134,467 | 6,695,912 |
| | # of households that received animal health interventions | 000k | 13,512,623 | 9,482,504 |
| | # of households that received agricultural inputs | 000k | 14,357,162 | 8,009,194 |
| | # of people that received destocking intervention | 000k | 3,661,076 | 872,198 |

### Cluster Objective CO2

To enhance vulnerable households' ability to withstand recurrent and future shocks in Ethiopia through early recovery and resilience interventions.

| | | NEED | TARGET |
| --- | --- | --- | --- |
| | | **10,134,467** | **6,695,912** |

| Contributes to Specific Objective SP2.1 & SP2.2 | | BASELINE | NEED | TARGET |
| --- | --- | --- | --- | --- |
| **INDICATORS** | # of households that received forage seed provision | 000k | 10,134,467 | 6,695,912 |
| | # of people benefiting from IGA support | 000k | 4,307,149 | 969,108 |
| | Households benefited with restocking/destocking | 000k | 4,030,311 | 379,911 |
| | # of households benefiting from drought power support | 000k | 3,090,208 | 596,671 |

# 3.2
# Camp Coordination and Camp Management

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITIES |
|---|---|---|---|---|
| **4.2M** | **933k** | **192k** | **384k** | **53k** |

| REQUIREMENTS (US$) | PARTNERS |
|---|---|
| **$36.8M** | **7** |

**Objectives**

Promote the protection, safety, and dignity of 4.2 million conflict and disaster affected people, through targeted, community-centered multi-sector interventions that "do no harm" and contribute to social cohesion outcomes.

**Response**

Camp Management and Camp Coordination (CCCM) cluster's mandate is focused on displaced population who are living in camps. Its approach is consistent in both displacement and return contexts applying the CCCM strategic response pillars and where applicable, using an area based approach at the level of the Kebele and/or Woreda to displaced population who are living outside camps. CCCM's strategic response pillars are:

1) Camp Planning and Development

2) Coordination and Information Management

3) Capacity Building

4) Community Participation and Self- Governance

As an approach, CCCM will be primarily engaged in IDP camps for the care of the IDP population and the maintenance of the communal facilities required to assist and protect the IDP residents for as long as the camps remain populated and require support with CCCM activities. In the context of ongoing relocation and returns in the country, CCCM activities will specifically respond in line with its four pillars however, when it comes to returns, CCCM response will be confined to activities happening before any return takes place in collaboration with the Government, Durable Solutions Working Group, and other development actors.

CCCM Cluster collaborates and coordinates primarily with the government and other clusters e.g., Education, ESNFI, Health Protection and WASH, as their respective strategy offers cross-cutting elements with the CCCM cluster response pillars in the implementation of various life-saving requirements in camp setting in all phases of the camp life cycle. The CCCM, in collaboration with other clusters and cross-cutting issues coordination forum, aims at ensuring that PSEA, AAP, inclusion and mainstreaming of protection activities are parts of the intersectoral approach at the camp level.

CCCM cluster will incorporate a robust referral mechanism based on the data gathered and analyzed from the complaint, feedback and response mechanism (CFRM) component and work towards a timely turnaround from the service providers at camp level. The

cluster also is actively collaborating with specific advisers on Gender, PSEA, AAP and inclusion and has dedicated cluster focal points to these cross cutting AORs particularly in the design and implementation of communal facilities in the camp to make them gender-sensitive and inclusive. The cluster regularly holds tri-cluster coordination meetings with Shelter and WASH. CCCM will focus on a people-centered approach ensuring inclusive and representative self-governance in the way that IDP camps are governed and that IDP leaders are consulted in decision making about relocation and return. The Cluster emphasizes the centrality of accountability to affected people in its response and will continue to advocate for zero-tolerance on sexual exploitation and abuse against the affected people.

**Cost of the response**

The CCCM Cluster's response plan requires US$ 36.8 million to target around 923,000 displaced people. CCCM Cluster adapted the combined/mixed approach in its costing to enumerate the total financial requirements for the year. The total requirement is derived from the cumulative number of identified activities consistent to the Cluster's strategic response pillars. To come up with the total ask, the general identification and standardization of all the activities under four pillars have been agreed upon and in close consultation with the other sectors to ensure market prices for labour, materials and contracts are consistent. Efforts to harmonize regional/local labor costs are also constantly discussed to ward off abuses.

Inflation, prevailing market rates for goods and services were used to arrive at the overall costs per activity, in close coordination and collaboration with relevant clusters. Historical rates and inflation rates are taken into consideration in calculating the average unit cost against the projected number of trainings planned. CCCM is heavily invested in personnel cost in the conduct of its activities. In terms of project implementation, the cost is also heavily affected by the availability of skilled and unskilled labor, communication cost as well as materials and equipment. Local/Regional unique costs are taken into consideration as

well particularly in terms of workshops, trainings, and other related activities.

**Monitoring**

CCCM cluster will collect routine data that measures progress against targets and indicators to track changes and deviations in the program performance of partners. To this end, CCCM cluster developed and utilized monitoring tools such as 4Ws, Individual Site Profile, Service Monitoring and Service Mapping to collect, analyze, share and report results to relevant partners through the various platforms and coordination channels. Routine monitoring visits, partner reporting and assessments will also form part of the monitoring activity to inform programming in terms of trends in needs, gaps, and other pertinent operational challenges to ensure robust response capacity. CCCM cluster will routinely review the level of satisfaction of the cluster lead and the cluster partners concerning the overall performance of the cluster against its roles and responsibilities.

## Objectives, Indicators and Targets

| **Cluster Objective CO1**<br>Establish services to collect, analyze, share, refer & take action regarding feedback and complaint of the IDP population | | **NEED**<br>**000k** | **TARGET**<br>**000k** |
|---|---|---|---|
| Contributes to Specific Objective SP1.1 & SP1.2 | **BASELINE** | **NEED** | **TARGET** |
| **INDICATORS**   # of people in sites requiring access to functioning complaints and feedback mechanisms IDPs are aware of an existing CFRM at site level and are using it | 927k | 768k | 768k |

| **Cluster Objective CO2**<br>Ensure care and maintenance of site infrastructure while mitigating the impacts of environmental degradation | | **NEED**<br>**000k** | **TARGET**<br>**000k** |
|---|---|---|---|
| Contributes to Specific Objective SP1.1 & SP1.2 2 | **BASELINE** | **NEED** | **TARGET** |
| **INDICATORS** # of population in sites requiring appropriate site management services All site residents have an environment that is physically, socially, and culturally appropriate | 927K | 768K | 000k |

| **Cluster Objective CO3**<br>Support establishment of inclusive and representative community structures | | **NEED**<br>**000k** | **TARGET**<br>**000k** |
|---|---|---|---|
| Contributes to Specific Objective SP1.1 & SP1.2 | **BASELINE** | **NEED** | **TARGET** |
| **INDICATORS** # of people in sites requiring inclusive and representative governance structures Inclusive and representative community structures are accountable to and have the capacity to meet the needs of the site population | 927K | 768K | 768K |

| **Cluster Objective CO4**<br>Provide CCCM Capacity building support to staff and authorities | | **NEED**<br>**000k** | **TARGET**<br>**000k** |
|---|---|---|---|
| Contributes to Specific Objective SP1.1 & SP1.2 | **BASELINE** | **NEED** | **TARGET** |
| **INDICATORS** # CCCM staff and authorities capacitated in site managementstructures CCCM teams have the operational and technical capacity to manage the sites Inclusive and representative community structures are accountable to and have the capacity to meet the needs of the site population | 1K | 600 | 600 |

# 3.3
# Coordination and Common Services

**REQUIREMENTS (US$)**

# 15.6M

**PARTNERS**

# 10

**Objectives**

1) Adapt the coordination mechanism to the context and ensure that strategical and operational humanitarian decision making is coordinated, inclusive, and accountable.

2) Promote, coordinate, and harmonize timely, relevant, evidence-based multi-sectoral information management, analysis, advocacy and needs assessments.

3) Enhance operational impact and scope and contribute to safety and security of humanitarian response and workers through information products and advocacy.

Coordination and Common services cluster aims to facilitate the coordination of the response and advocacy, while ensuring protection of the affected population and making sure the most vulnerable people are reached.

The Government of Ethiopia and the Ethiopia Humanitarian Country Team (HCT) coordinate the overall humanitarian response in Ethiopia. At the national level, the key joint strategic forum is the Disaster Risk Management Technical Working Group (DRM-TWG) that plays a key role in the coordination of the humanitarian response. It is chaired by the EDRMC and co-chaired by OCHA. The inter-cluster coordination mechanism at the national and sub-national levels will support the implementation of the HRP for 2022. Clusters are co-led by the Government line Ministries and the UN Cluster Lead Agencies and other human-

itarian partners. Besides the national Inter-Cluster Coordination Group (ICCG), there are six sub-national ICCGs, covering Afar, Amhara, Benishangul-Gumuz, Oromia, Somali and Tigray regions. This decentralized approach enables a coordinated response of sudden onsets and complex emergencies which require agility effectiveness and principled multi-sectoral response.

The partners of the Coordination and Common services cluster will ensure that strategic and operational decision-making bodies and coordination platforms have access to accurate, up-to date and evidence-based information to guide their work. The Coordination and Common Services (CCS) cluster supports humanitarian partners to guide the humanitarian response, regarding coordination, information management, needs assessments, tracking of population movements, advocacy for humanitarian access, safety and centrality of protection. The CCS contributes to the work of the HCT and ICCG through several information products such as monitoring reports, dashboards, snapshots, and humanitarian bulletins to support their decision-making processes. A total 10 partners contribute to the CCS in Ethiopia.

| ACTOR | FINANCIAL REQUEST (US$) |
|---|---|
| CCRDA | $ 55,475 |
| IOM DTM | $ 3,000,000 |
| PSEA Network | $ 400,000 |
| FSMS | $ 500,000 |
| OCHA | $ 9,000,000 |
| AAP | $ 242,000 |
| Reach Initiative | $ 675,000 |
| GTWG | $ 220,0008 |
| iMMAP | $ 1,500,000 |
| HINGO | -- |
| Total | $ 15,592,475 |

## Objectives, Indicators and Targets

---

### Cluster Objective CO1

| | | | | NEED<br>000k | TARGET<br>000k |
|---|---|---|---|---|---|

Ensure that strategic and operational humanitarian decision making is coordinated, inclusive and accountable

| Contributes to Specific Objective SP1.1 & SP1.2 | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| INDICATORS | # of hubs that have regular coordination meetings with appropriate Government and partner representation | 7 (6 sub national and 1 national ICCG) | | 7 |
| | # of coordinated assessments - including intersectoral, inter-agency, and access assessments conducted | 4 | | |

---

### Cluster Objective CO2

| | | | | NEED<br>000k | TARGET<br>000k |
|---|---|---|---|---|---|

Promote, coordinate and harmonize timely, relevant, evidence-based multi-sectoral information management, analysis and advocacy

| Contributes to Specific Objective SP1.1 & SP1.2 2 | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| INDICATORS | # of common information management products, including infographics, datasets, consolidated and stored information sets on PiN, needs and response, made available on a regular or ad-hoc basis | 60 | | 60 |

## 3.4
# Education

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITIES |
|---|---|---|---|---|
| **9.7M** | **2.9M** | **15%** | **70%** | **12%** |

| REQUIREMENTS (US$) | PARTNERS |
|---|---|
| **$86.6M** | **27** |

**Objectives**

1. Ensure equitable access to safe, protective, and conducive (pre-primary and primary) learning environments for crisis-affected girls, boys, including children with disabilities.

2. Provide quality, relevant and age-appropriate education (formal and non-formal) for crisis-affected girls, boys, including children with disabilities.

3. Strengthen the capacity of education institutions, education personnel and communities to provide crisis-sensitive education for emergency-affected girls, boys, including children with disabilities.

4. Strengthen institutional and technical capacity of local NGOs to increase the education responses in terms of reach.

**Response**

The education cluster will target 2,886,215 people (50 per cent girls) who include 2,597,594 children and 288,621 Adults (50 per cent female) out of a total population in need of 9,620,718. The education cluster will work closely with the Ministry of Education and its structures and other clusters such as WASH, Child Protection, GBV, Food, CCCM clusters to increase

the level of reach and ensure a holistic approach to maximize the benefits to the affected population.

The education cluster will respond to the immediate humanitarian needs guided by its cluster strategy and adopt multi-sectoral approaches as much as possible. For example, rehabilitation of schools would definitely include the rehabilitation of gender-sensitive WASH facilities ensuring disability inclusion, while Back to Learning would include Mine Risk education and child safeguarding measures through working closely with Child Protection and GBV AoRs. Standalone approaches will be adopted for example for Education in Emergency EiE pedagogy related training.

The education response will work towards ensuring that cluster partners and other key education stakeholders understand their CSG responsibilities and have improved capacities to meet these responsibilities which results in safer and inclusive education responses. The CSG initiatives will be linked to GBV, Child protection, child participation AAP, PSEA and disability inclusion. In a multi-sectoral approach, the education cluster will ensure feedback, complaints and reporting mechanisms are in place and operational throughout the targeted communities.

The education cluster will also prioritize institutional capacity strengthening for NNGOs to ensure a more timely and accountable response.

## Cost of the response

Education cluster's estimated cost is US$ 86,586,450 million which includes construction/ rehabilitation of over 11,000 schools damaged due to conflict/natural disasters, procuring and distributing of teaching and learning material, provision of Accelerated education programme/Accelerated Schools Readiness programme, teachers training, institutional capacity strengthening of NNGOs, and capacity building of education stakeholders and NNGOs.

## Monitoring

Education cluster will monitor the progress through 5Ws. Cluster will collect monthly 5Ws from education cluster partners, consolidate, analyze and produce dashboards and reports. Cluster team will also monitor the progress through field visits, bi-lateral discussions and bi-monthly updates during coordination meetings. Education cluster will review its progress against the planned target on monthly basis through the key indicators below:

## Objectives, Indicators and Targets

| **Cluster Objective CO1** Establish services to collect, analyze, share, refer & take action regarding feedback and complaint of the IDP population | | **NEED 000k** | **TARGET 000k** |
|---|---|---|---|
| Contributes to Specific Objective SP1.1 & SP1.2 | **BASELINE** | **NEED** | **TARGET** |
| **INDICATORS** # of crisis affected children accessing education | 432,580 | 4,806,611 | 2,597,594 |
| # of schools / classes rehabilitated | | 11,089 | 11,000 |
| # of TLS established | | 2,109 | 2,000 |
| # of community members reached with back to school messages | | 5,000,000 | 2,000,000 |
| # of children reached with multi-sectoral lifesaving messages including mine risk reduction, school safety and evacuation, and covid-19 prevention | | 6,781,702 | 2,597,594` |
| # of crisis affected girls in schools benefiting from sanitary pads/dignity kits and MHM | | 600,000 | 200,000 |

## Cluster Objective CO2

Provide quality, relevant and age-appropriate education (formal and non- formal) for crisis-affected girls, boys, including children with disabilities.

**NEED** 000k

**TARGET** 2,597,594 (50% G, 12% CwD))

| Contributes to Specific Objective SP1.1 & SP1.2 | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | # of children participating education through AEP | 134,036 | 4,806,611 | 1,619,480 |
| | # of children participating in ASR (Early childhood children getting access to Accelerated school readiness programme) | 68,783 | 720,992 | 407,870 |
| | # of crisis affected children receiving teaching and learning materials, hygiene materials, recreational kits, etc. | 148,916 | 4,806,611 | 2,597,594 (50% G, 12 % CwD)) |
| | # of teachers trained on PSS/ pedagogy/ methodology | 8,298 | 688,887 | 9,000 |
| | # of crisis affected children receiving teaching and learning materials, hygiene materials, recreation kits, etc. | 148,916 | 4,806,611 | 2,597,594 (50% G, 12 % CwD)) |
| | # of teachers trained on PSS/ pedagogy/ methodology | 8,298 | 688,887 | 9,000 |

## Cluster Objective CO3

Strengthen the capacity of education institutions, education personnel and communities to provide crisis-sensitive education for emergency-affected girls, boys, including children with disabilities

**NEED** 688,887

**TARGET** 4,500

| Contributes to Specific Objective SP1.1 & SP1.2 | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | # of stakeholders trained on EiE response/ data collection, etc. | 000k | 688,887 | 4,500 |
| | # of teachers and education personnel trained on MHPSS, trauma healing, PFA and CSG | | 688,887 | 4,500 |

## Cluster Objective CO4

Strengthen the capacity of education institutions, education personnel and communities to provide crisis-sensitive education for emergency-affected girls, boys, including children with disabilities

**NEED** 12 NNGOs

**TARGET** 6 NGOs

| Contributes to Specific Objective SP1.1 & SP1.2 | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | # of local NGOs benefitting from institutional capacity strengthening | 3 | 12 | 6 |

## 3.5
# ESNFI

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITIES |
|---|---|---|---|---|
| **7.8M** | **4.5M** | **1.2M** | **2.1M** | **326k** |

| REQUIREMENTS (US$) | PARTNERS |
|---|---|
| **$142.5M** | **47** |

**Objectives**

The Emergency Shelter and Non-Food Items (NFI) will focus on three sectoral objectives to address the affected populations' needs in priority locations in 2022, ensuring contextualized access to lifesaving shelter and NFIs for the conflict/disaster-affected population, and focusing on the most vulnerable and at-risk population groups to safeguard their health, security, privacy, and dignity. Activities under these objectives will also include strengthening national NGOs' engagement and participation, local and national authorities' capacities, and affected communities' participation in the assessment and response processes to support the Government's ownership further and strengthen the affected communities' resilience.

CO1: Strengthened access to appropriate live-saving Emergency Shelter and Non-food Items (NFI) to safeguard the health and protection of the displacement-affected population. Under this objective, 3.4 million IDPs, returnees, and non-displaced populations have improved living conditions and mitigation measures in place to prevent health consequences related to access to essential household items.

CO2: Contribute to improving protection outcomes by ensuring the conflict/displacement affected people have adequate safety, dignity, well-being, and equi-

table access to shelter solutions. Under this objective, the Cluster will undertake interventions to provide emergency shelters to 1.6 million IDPs, returnees, and non-displaced populations, focusing on those living in inadequate living conditions.

The Emergency Shelter/NFI Cluster will work closely with EDRMC and Protection Cluster to coordinate and improve ES/NFI collected and analyzed data incorporating protection information to inform and adjust the shelter response, focusing on the needs of vulnerable groups. The Cluster will continue mobilizing partners and carrying out effective advocacy on behalf of affected populations. The Sector will also initiate activities to ensure that IDPs and returnees are informed, and minimum standards of safety and dignity are met. Community awareness, mobilization, and co-existence initiatives will be aimed at restoring relations between the displaced population and host communities to improve social cohesion.

All ES/NFI activities will incorporate the relevant and appropriate engagement approaches in all responses, including settlements-based approach, and involve appropriate cross-cutting themes: i.e., protection mainstreaming, do no harm principle, conflict sensitivity, GBV risk mitigation, mitigation of health risks, Housing Land and Property (HLP) messaging for the security of tenure, and cash/market-based program-

ming. AAP and Prevention of Sexual Exploitation and Abuse (PSEA) will also remain at the heart of the response modalities.

**Response**

The complexity and severity of the ongoing humanitarian crisis in Ethiopia has resulted in a 44 per cent increase in the number of people in need of Shelter and NFI response. Although 7.5 million people have humanitarian shelter and NFI needs in 2022, the ES/NFI Cluster has planned to reach 4.48 million people. This gap between needs and targets results from a realistic analysis of partners' capacity to deliver and funding received in past years, however the Sector has the capacity to further scale-up the response if and when required, given sufficient funding.

The Cluster's response priorities aim to align with the population's needs and reduce humanitarian consequences associated with health and protection risks and inadequate living conditions. The Emergency Shelter/NFI response will be delivered in a conscientious, inclusive, accountable, dignified, and timely manner. It will be guided by substantial evidence-based analyses of humanitarian needs as well as a rights-based approach. Partners are committed to continuing their efforts to deliver assistance by working with national partners, building their capacity, and overcoming operational and access challenges.

The Cluster will diversify its shelter response to the conflict/disaster-affected population by building upon the positive coping mechanisms and resilience strategies it has seen work through community engagement and empowerment. Based on the living conditions and the type of settlements, a range of responses such as the distribution of ESNFI kits, NFIs/Core Relief items, Emergency Shelter Repair Kits, and partitioning and rehabilitation of communal shelters as well as existing buildings will be supported to ensure privacy and protection. Cash-for-Rent along with other modalities of rental assistance will also be considered for conflict/disaster-affected persons where appropriate. Prepositioning of material is vital to respond promptly. Cash can also be "prepositioned" through pre-established agreements with Financial Service Providers

(FSPs) in advance. Achieving the Cluster's objectives is contingent upon the availability of sufficient resources and humanitarian access.

The Emergency Shelter/NFI Cluster ensures that services are adapted to the needs of the affected people. Partners will map and address barriers to access that could influence people's ability to participate in Shelter/NFI interventions. Additionally, Shelter/NFI responses will ensure that the services provided are safe and situated in easy to reach locations for the affected population. The community's participation in all phases of the project cycle is crucial for quality programming and to ensure sense of ownership. The Sector will remain committed to ensuring that PSEA is at the core of the overall response programming.

The response modalities used will include in-kind and market-based assistance where markets can support this type of intervention without a negative impact on people and/or markets, with approximately 70 per cent expected to be in-kind.

The Sector will continue to work closely with humanitarian partners to support an integrated response that contributes to an overall improvement of the humanitarian situation while mainstreaming protection and gender-related issues, including mitigation of GBV risks across the response.

The Cluster will also continue to harmonize and coordinate assistance packages, including the quality of materials, through the development and streamlining of technical standards and guidelines such as standardized NFI Kit specification.

**Cost of the response**

The ES/NFI Cluster seeks US$ 142 million in 2022 to reach 4.48 million people. An activity-based costing methodology is applied to estimate the requirements of the ESNFI Cluster. The conflict/disaster-affected population requires a variety of Emergency Shelter/NFI support, from the reconstruction of destroyed houses to the provision of essential lifesaving ESNFIs. These services are provided in-kind or in cash, where partners assess the living conditions and do rigorous

prioritization exercises. Emergency Shelter and NFI interventions require significant material and incur procurement, transportation, and distribution costs, likely to be increasing due to price fluctuations and inflation. Insecurity in some parts of the country can also increase project costs, particularly for delivery and warehousing. Costs related to the provision of Emergency Shelter and NFIs are based on a full cost recovery model that includes the procurement of the Emergency Shelter and NFIs on the local and international markets and costs related to warehousing, transportation, distribution, human resources, and monitoring. All the ESNFI cluster standard response options are developed, and their relative costs were estimated through the Technical Working Group (TWiG) and the overhead cost, is set by the Strategic Advisory Group (SAG).

**Monitoring**

The ES/NFI Cluster will continue to rely on DTM and cluster-led assessments as its key data sources. Other proxy sources will be sought, including individual partner assessment or regional or OCHA-led multisectoral assessments. Through sub-national counterparts, the Cluster will also continue to monitor displacement and the impact of disasters throughout the year to guide preparedness and response to needs.

Three main tools will be used at the sector level throughout the program cycle: monthly 5Ws on which partners report on activities and beneficiaries disaggregated by age and gender, as well as items/supplies in stocks and pipeline. These reports indicate whether the Cluster is on track to meet its targets and reach different geographical areas. Furthermore, the ES/NFI Cluster will use post-distribution and construction monitoring and link with agency Complaints and Feedback Mechanisms (CFMs) to enable effective partner operations feedback that can be used to improve program designing in the future.

Monitoring data will be publicly available on the Humanitarian Response website and the ES/NFI Sector website every month and through complementary sector-specific products (maps, interactive dashboards, etc.). Periodic Response Planning and Monitoring (RPM) will be uploaded monthly to highlight progress against the targets. Additionally, the Sector will publish quarterly reports on the Global Cluster website with data and analyses as well as circulate monthly dashboards reflecting outcome progress, gaps, and response analysis.

## Objectives, Indicators and Targets

### Cluster Objective CO1

| | | | NEED | | TARGET |
|---|---|---|---|---|---|
| Contribute to improving protection outcomes by ensuring the conflict/ displacement affected people have adequate safety, dignity, well-being, and equitable access to shelter solutions. | | | **3,409,938** | | **1,763,264** |

| | | BASELINE | NEED | | TARGET |
|---|---|---|---|---|---|
| Scale up and provide Emergency Shelter and NFIs, services to 1.43 million IDPs by the end of 2022 | | | | | |
| **INDICATORS** | # of displacements affected population that received in-kind or cash for emergency shelter assistance to improve physical protection and to reduce health consequences | 230,000 | 1,154,135 | | 781,617 |
| | # of Returnees and non-displaced people covered by Shelter and NFI assistance, disaggregated per gender and age. | 21,584 | 2,255,803 | | 981,647 |
| | # of community members reached with back to school messages | | 5,000,000 | | 2,000,000 |
| | # of children reached with multi-sectoral lifesaving messages including mine risk reduction, school safety and evacuation, and covid-19 prevention | | 6,781,702 | | 2,597,594` |
| | # of crisis affected girls in schools benefiting from sanitary pads/dignity kits and MHM | | 600,000 | | 200,000 |

### Cluster Objective CO2

| | | | NEED | TARGET |
|---|---|---|---|---|
| Strengthened access to appropriate live-saving Emergency Shelter and Non-food Items (NFI) to safeguard the health and protection of the displacement affected population | | | **2,689,749** | **1,624,294** |

| | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| SP2.2 Scale up and provide Emergency Shelter and NFIs, services to 1.36 million IDPs by the end of 2022 | | | | |
| **INDICATORS** | # of displacements affected populations that have received Non-food items that consider the most vulnerable or at risk and beneficiaries' safety | 834,545 | 2,286,287 | 1,380,650 |
| | # of persons with disabilities, older people and persons with chronic illness covered by Disability and Inclusion NFI Kits | 1,946 | 403,462 | 243,644 |

### Cluster Objective CO3

| | | | NEED | TARGET |
|---|---|---|---|---|
| Contribute to improving protection outcomes by ensuring the conflict/displacement affected people have adequate safety, dignity, well-being, and equitable access to shelter solutions. | | | **2,862,222** | **1,626,996** |

| | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| SP3.1 strengthen the protection environment, provide conflict-sensitive and gender and age-appropriate response and services in all sectors to prevent, mitigate, and address protection risks across sectors and achieve collective protection outcomes; | | | | |
| **INDICATORS** | # of displacements affected population receiving emergency shelter and NFI assistance in kind or disaggregated per gender and age. | 520,000 | 1,418,290 | 764,755 |
| | # of displacements affected population that received in-kind or cash for emergency shelter assistance to improve physical protection and to reduce overcrowding | 150,000 | 1,193,646 | 727,283 |

# 3.6
# Food

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITIES |
|---|---|---|---|---|
| **20.4M** | **20.4M** | **4.8M** | **10.7M** | **3.7M** |

| REQUIREMENTS (US$) | PARTNERS |
|---|---|
| **$1.68M** | **3** |

**Objectives**

Shock-affected population in targeted areas are able to meet their food needs throughout the year.

**Response**

Food cluster in collaboration with the EDRMC and the partners aim to support the most vulnerable people in Ethiopia, through the distribution of cash and in-kind food rations. Targeted population groups will include conflict-affected people in various woredas - displaced households, returnees and households affected by socio-economic impact of the conflict. In addition, people affected by natural hazards will be prioritized in the response, particularly households that have been negatively impacted by the drought in the southern and south-eastern parts of the country.

Through coordination with other clusters, mainly the Agriculture, Nutrition, Protection and CCCM Clusters, partners will ensure that there are referral mechanisms for an integrated response. The Food Cluster will continue to seek guidance from the Protection Cluster in following up on issues that are identified through protection risk assessments. Provision of supplementary and nutrition-rich food commodities, through commodity/cash top-ups will be considered in woredas where there are concerns of a deteriorating nutrition situation. This includes support to

households with vulnerable members - children under the age of five, households with elderly, disabled or chronically ill members. There are indications that some of the displaced households have returned or are planning to return to their places of origins, prompting the need to start implementing activities that will restore livelihoods of the affected households. Considering that majority of the targeted areas have agriculture-based livelihood sources, where possible, the cluster will work with Agriculture Cluster for an integrated response, which factors the seasonality of needs and entails delivery of multi-sector response package.

Food cluster and partners will continue to coordinate the response through existing structures at the regional and national levels. At the national level, the Prioritization Committee (PC) Chaired by EDRMC will provide guidance on the prioritization of available resources, for partners to be able to support the most food insecure people in case of shortfalls in resources or pipeline breaks. At regional level, the Food Cluster coordination mechanism will support beneficiary targeting, distributions processes and following-up on findings from monitoring exercises or complaints/feedback mechanisms. Partners will implement CFM to receive feedback from assisted communities, and this will be through systems such as hotline,

complaints and feedback desk, complaints and feedback box and monitoring visits. Information from Communication with Communities working group and PSEA Network(s) will inform partners on issues to be adjusted in response planning and implementation process.

Responses will be implemented through cash and in-kind food distributions. In-kind food commodities will consist of a basket that has cereals, pulses, and vegetable oil. Cash assistance will be considered in areas that have been assessed and confirmed to be feasible for cash transfers including where markets are functioning, woredas with sustainable payment mechanisms and where households will have safe access to markets. Evidence from assessments and monitoring exercise will inform any adjustments or changes in the response modalities, and this includes adjustments in the cash transfer values.

**Cost of the response**

The food cluster is estimating that US$ 1,684,021,417 will be required for partners to provide six rounds of food or cash assistance to 20.4 million people in 2022: 18 per cent (US$ 303,019,173) through cash transfers and 82 per cent (US$ 1,381,002,245) through in-kind commodities. Projected targeted people have increased from 18 million in 2021 to 20.4 million, due to negative impact of conflict and drought conditions on food security situation. Assistance will be distributed on a round basis (a round is about 1 and a half months) and the first round is expected to start in the first week of April 2022. People identified to be food insecure in the first quarter of the year will be assisted with planned food/cash allocations from 2021 pending rounds.

Cash requirements were estimated using the revised wage rates for 2014 EFY, that are also being applied

in estimating PSNP cash transfer values. However, partners will continue to conduct market assessments and provide evidence that will be considered in making changes to cash transfer values. Financial requirements for in-kind food commodities are based on the estimated quantity of cereals, pulses, and oil that are required to assist beneficiaries for the six rounds. In 2022, there are indications that the average cost per metric tonnage (MT) has increased by 25 per cent when compared to 2021 (from an average of US$ 788 to US$ 985/MT), contributing to an increase in financial requirements. Both cash and in-kind food requirements are based on a full-cost recovery calculation, which provides an estimate of all the costs involved in the food cluster response.

**Monitoring**

Food cluster partners will conduct monitoring of cash and in-kind food distributions, to ensure that assistance is provided to the targeted beneficiaries. This will involve interviews with beneficiaries during and after distributions, for partners to receive feedback from beneficiaries on the distribution process, and any issues that require follow-ups and address them

accordingly. Post distribution monitoring exercises will continue in sampled locations to collect information on how food/ cash resources are utilized by households, feedback on distribution process and on indicators (food consumption and coping capacity) to better assess the outcomes of the assistance provided. Market monitoring will provide evidence to update food commodity prices and information required to make evidence-based adjustments in cash transfer values. Food Security Monitoring System (FSMS), Emergency Food Security Assessments and Seasonal Assessments will provide updated information on food insecure people, and this will include analysis of various food security indicators. The Household Economy Approach (HEA) analysis will continue to provide an indication of people facing survival deficit. The cluster will also follow-up on assessments and surveys that are conducted by technical partners and Government early warning systems at federal and regional level.

**Objectives, Indicators and Targets**

| **Cluster Objective CO1** | | **NEED** | **TARGET** |
|---|---|---|---|
| Cluster Objective: Shock-affected population in targeted areas are able to meet their basic food needs throughout the year | | **XXM** | **XXM** |

| Contributes to Specific Objective SP1.1 & SP1.2 | | **BASELINE** | **NEED** | **TARGET** |
|---|---|---|---|---|
| **INDICATORS** | Number of beneficiaries assisted through in-kind food or cash transfers | 15,424,814 | 20,389,225 | 20,389,225 |
| | Quantity of food distributed to beneficiaries | 1,101,252 MT | 1,452,924 MT | 1,452,924 MT |
| | Value of cash/voucher distributed to beneficiaries | $ 39,059,830 | $ 280,550,027 | $ 280,550,027 |

## 3.7
# Health

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITIES |
|---|---|---|---|---|
| **13.1M** | **7.1M** | **3.78M** | **3.85M** | **792k** |

| REQUIREMENTS (US$) | PARTNERS |
|---|---|
| **$209.0M** | **41** |

### Objectives

The health cluster targets to reach 7.1 million with health care services in an effort to fulfil its key objectives (1) To provide accessible essential lifesaving health services to the targeted population including internally displaced population and affected host communities, returnees, children, women of reproductive age group and pregnant women; (2) Prepare for, detect, and respond to health emergencies and epidemic prone disease outbreaks, including COVID-19 pandemic; (3) To provide quality care for people with physical injuries, disabilities, and mental health needs of all forms of conflict and violence including sexual and gender-based violence, during and after health emergency / disaster and (4) To support recovery and restoration of essential health services disrupted or damaged by natural or human induced disasters including minor rehabilitation of health infrastructure

### Response

The cluster will have a multi-sectoral response in collaboration with the Ministry of health and other clusters such as WASH and Nutrition clusters where partners will carry out integrated projects. The cluster will support the activities of Protection AoR such as the provision of MPHSS, capacity building for health workers on the clinical management on MPHSS and

availability of psychotic drugs. The health cluster in partnership with UNFPA is supporting also Sexual & Reproductive Health (SRH) services targeting women and girls of reproductive age (15-49 years) and the boys in adolescence age.

The health cluster will deliver services to the vulnerable and the affected populations, through on site and outreach visits to the IDPs and host communities. Mobile Health and Nutrition Teams will conduct visits to affected population and offer integrated services for both Health & Nutrition in line with the guidelines governing the formation of the MHNTs. The guidelines include the cadres included in the team composition, deployment procedures as well as reporting mechanisms to the cluster and to the health authorities at the woreda and regional levels. WHO provides the MHNTs with Emergency kits supplies, while UNFPA provides Sexual & Reproductive Health SRH emergency kits and UNICEF provides Emergency Drug Kits.

To save lives and reduce suffering to the affected populations, the health cluster will provide coordinated health care, treat the affected populations including IDPs, host communities and those living with disabilities with dignity, compassion and with respect. The cluster through its partners will provide the Federal Ministry of Health- FMOH and Regional Health Bureaus with the necessary support during

humanitarian response as well as the capacity building to ensure partnership is strengthened through collaboration with other clusters. The beneficiaries' rights will be adhered to as per the IASC principles while the cluster will be accountable to the affected populations and will attend AAP forums with beneficiary leaders and integrate the feedback received.

**Cost of the response**

To reach the targeted 7.1 million people, an estimated cost of US$ 228 million is required to respond to health needs.  The main modality of provision of health care is through Mobile Health & Nutrition Teams (MHNTs) who provide an integrated package of health services which includes identifying non communicable diseases patients and referring them health facilities, provision of MHPSS, GBV in health as well as Maternal & Child health services which are all costed per beneficiary estimated at US$ 30. The cost of each MHNT include transportation, training of the team, team incentives and their supplies. The cluster will incur some expenses in training of other response players e.g. Rapid Response Teams to respond to disease outbreak, capacity building health workforce on specific modules e.g. Minimum Initial Service Packages (MISP) for SRH, MHPSS, PSEA and GBV.

**Monitoring**

The Health Cluster will monitor the implementation of the stipulated HRP activities through monthly/weekly reporting using 5Ws while an approved HRP framework by the cluster partners will be used to ensure the cluster is on track in implementation of the indicators as well as partners projects in line with OCHA guidance. Collaboration and notes comparing with other clusters mainly Nutrition & WASH will be critical in monitoring where the clusters will share data and develop reports with relevant units in the FMOH and in the Regional Health Bureaus RHBs e.g. Ethiopian Public Health Institute (EPHI).

Information products e.g. partners presence maps, dashboards, flash updates and regular partners updates shared during the health cluster meetings

will be used to ensure that partners are well aware of the cluster performance. The cluster will continue providing updates to the FMOH at the national level and RHBs at the regional level on their performance where gaps and areas requiring improvement are identified from both sides.

Any necessary revision of data collection tools will be conducted with involvement of all stakeholders and any orientation will be conducted to ensure that the information collected is serving the needs as expected to improve health outcomes for the targeted beneficiaries.

Four indicators have been selected to estimate and monitor severity of health needs of populations affected by emergencies. These indicators were chosen based on their importance for monitoring vulnerability to outbreaks (cholera incidence, measles incidence) and performance of the health system (measles coverage). For future HNO, we will work to improve data collection for the indicator "number of trained birth attendants by woreda". When data for this indicator becomes available, it can be used as a strong proxy for health status of the population. The cluster continues to work towards improving availability and quality of health data.

Strengthening capacity to receive and promptly investigate outbreak alerts is of paramount importance for the health sector in its efforts to reduce morbidity and mortality associated with communicable diseases. In this regard, the cluster gives highest priority to improving the capacities of rapid response teams (RRTs) at all levels of the health system. RRTs are key for outbreak preparedness and response.

## Objectives, Indicators and Targets

### Cluster Objective CO1

Provide accessible essential lifesaving health services to targeted populations including internally displaced population and affected host communities, returnees, children, women of reproductive age group and pregnant women

| | | NEED 000k | TARGET 000k |
|---|---|---|---|

| Contributes to Specific Objective SP1.1 & SP1.2 | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | # of kits distributed | 4,329 | 13,141,437 | 7,050,276 |
| | # of OPD consultations | 1,670,377 | 13,141,437 | 7,050,276 |

### Cluster Objective CO2

SO.1.2. Prepare for, detect, and respond to health emergencies and epidemic prone disease outbreaks, including COVID-19 pandemic

| | | NEED 000k | TARGET 000k |
|---|---|---|---|

| Contributes to Specific Objective SP1.1 & SP1.2 | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | # of alerts investigated and responded to timely within 48 – 72 hours of notification | 3,224 | 750,349 | 608,686 |
| | # of Health workers trained and have the capacity to manage an outbreak | 3,263 | 748,115 | 608,686 |
| | # of community members receiving health IEC messages | 2,769,231 | 13,102,311 | 7,050,276 |
| | Number and frequency of coordination meetings held | NA | | |
| | Number and frequency of Information Products generated and shared regularly for decision making and response | NA | | |
| | # of Water sources tested and treated in accordance to set WHO standards | NA | | |

### Cluster Objective CO3

To provide quality care for people with physical injuries, disabilities, and mental health needs of all forms of conflict and violence including sexual and gender-based violence, during and after health emergency / disaster

| | | NEED 000k | TARGET 000k |
|---|---|---|---|

| Contributes to Specific Objective SP1.1 & SP1.2 | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | Number of individuals needing mental health and psychosocial support and receiving it | 174,483 | 124,558 | 69,999 |
| | Number of eligible survivors of rape receiving post-exposure prophylaxis within 72 hours of an incident or from exposure, and emergency contraception within 120 hours of an incident or from exposure. | 16,968 | 249,116 | 139,998 |
| | Number of individuals with injuries and disabilities treated and referred for further care | 666 | 124,187 | 69,999 |

## Cluster Objective CO4

| | NEED | TARGET |
|---|---|---|
| To support recovery and restoration of essential health services disrupted or damaged by natural or human induced disasters including minor rehabilitation of health infrastructure | 000k | 000k |

| Contributes to Specific Objective SP1.1 & SP1.2 | BASELINE | NEED | TARGET |
|---|---|---|---|
| **INDICATORS**  # of Health Facilities rehabilitated and are fully functional in areas affected by humanitarian crisis and health emergency | | | |
| # of Health facilities conducting integrated diseases surveillance and reporting | | | |
| # of Health facilities with minimum staffing level to offer essential package of health care delivery services | | | |

# 3.7
# Logistics

**REQUIREMENTS (US$)**

## $31.0M

**PARTNERS**

## 62

**Objectives**

The Logistics Cluster in collaboration with EDRMC aims to continue to facilitate access to sufficient and reliable information-sharing, coordination mechanisms and logistics services, in particular storage, overland transport, air transport and fuel for humanitarian organizations within Ethiopia. The Logistics Cluster will support the humanitarian community through:

- Filling logistics gaps for partners by providing common services such as storage and transportation services, as well as coordination of convoy movements, air transportation and fuel.

- Coordination and Information Management on logistics gaps and bottlenecks in strategic locations.

- Logistics capacity strengthening of partners through training.

While WFP will continue to run United Nations Humanitarian Air Service- UNHAS to enable humanitarian workers to reach and respond to needs through the implementation and monitoring of projects. UNHAS will provide safe, efficient and cost-effective inter-agency transport to UN agencies, non-governmental organisations (NGOs) and other stakeholders. The operational fleet consists of two C-208Bs 12-seaters mainly focusing on destinations in the Somali region of Ethiopia (Melkadida, Dolo, Gode, Jijiga, Dire Dawa, Kebri Dahar and Warder), and a DHC8-402 76-seater to support the Northern Ethiopia response (Tigray).

These aircraft were selected according to the demand (capacity) and the operational requirements (such as airstrip conditions, endurance, etc.), and seats can be removed to accommodate cargo if/when required.

**Cost of the response**

The Logistics Cluster estimated operational requirement for 2022 are US$ 18,500,000, with the following breakdown:

1. Transportation costs: US$ 6,500,000

2. Storage costs: US$ 3,200,000

3. Coordination and Information Management: US$ 2,300,000

4. Fuel (3.9 million liters): US$ 6,500,000

5. UNHAS' budget for 2022 amounts US$ 12,456,977.

**Monitoring**

The Logistics Cluster monitors its logistics services through the Relief Item Tracking Application (RITA). All Service Request Forms (SRFs) submitted by partners requesting logistics services provide data on the type of service required and details on the cargo which is requested to be handled on behalf of the Logistics Cluster. Additionally, the Logistics Cluster tracks the movement of convoys and airlifts to north Ethiopia in collaboration with teams and partners on the ground and using established reporting channels.

The Logistics Cluster updates its Concept of Operations as required which is accessible on the Cluster's website.

The Logistics Cluster in collaboration with the Government convenes regular coordination meetings taking place in its different hubs.

The Logistics Cluster tracks the number of published Information management products on its website, and through the support of the Logistics Cluster HQ, is also tracking the number of visits on the website.

UNHAS monitoring follows WFP Aviation standard procedures to minimize risks and ensure operational efficiency and effectiveness. UNHAS' main governing body is the Steering Committee (SC), based in Addis Ababa to provide administrative advice and guidance on funding modalities and mobilization, review of utilization of air transport resources, and the host government's policies on air transport for humanitarian activities. The flight schedule and the operational fleet are adjusted if and when required following feedback from users at the User Group Committee (UGC) meetings. UNHAS Ethiopia monitors and evaluates passenger

and cargo traffic using its Performance Management Tool (PMT), which allows for trends to be visualized and performances to be monitored. The PMT enables the identification of strategic and operational areas for improvement (efficiency/effectiveness). In addition, surveys such as the Passenger Satisfaction Survey (PSS) and the Provision of Access Satisfaction Survey (PASS) are used to measure the overall satisfaction of users and to ensure that UNHAS is adequately serving the needs of the humanitarian community.

In terms of cargo airlift demand, the LC and UNHAS will monitor the ability to meet the needs of humanitarian partners and the amount of cargo transported using WFP's internal platforms. The cluster endeavours to prioritize the most efficient and effective mode of transportation to support humanitarian partners to deliver relief items in a timely manner. The LC will manage the prioritization, coordination and information related to cargo requests, and coordinate with UNHAS for air delivery of prioritized urgent cargo. Whenever possible, the use of air assets will be revised and other more cost-effective means such as road transport will be deployed.

## 3.8
# Nutrition

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITIES |
|---|---|---|---|---|
| **7.5M** | **4.3M** | **28%** | **72%** | **5%** |

| REQUIREMENTS (US$) | PARTNERS |
|---|---|
| **$305M** | **28** |

**Objectives**

1. Improve access to treatment services for management of acute malnutrition in children under five years of age and pregnant and nursing women.

2. Increase coverage of services preventing acute malnutrition in women and children through Blanket Supplementary Feeding Programme and protection, promotion, and support of adequate Maternal, Infant and Young Children Feeding (M Middle Upper Arm Circumference) practices through a multi-sectoral response approach.

3. Strengthen local health system capacities including coordination mechanisms, early warning, nutrition situation monitoring and nutrition emergency preparedness and response planning.

**Response**

The Emergency Nutrition Coordination Unit (ENCU/Nutrition Cluster) will aim to prevent further deterioration of the nutrition situation among women children and other vulnerable members of the community by protecting the nutritional status of the Ethiopian population and to ensure a timely and effective nutrition response. The ENCU/nutrition cluster approach will be grounded in a multisectoral programming approach where nutrition partners will work with the WASH part-

ners in ensuring safe sanitation and hygiene practices for good nutrition. While health sector provides the platform for delivery of nutrition intervention, nutrition partners will collaborate to increase the number of mobile health and nutrition teams, capacitate the health workforce to provide essential nutrition services, while guaranteeing nutrition commodities are available in all health facilities. Work closely with food security to enhance diets for children while making sure that the social protection system for women and children is nutrition responsive.

The ENCU/Nutrition Cluster will employ a 2-pronged approach. In underserved rural areas, the response will be provided through a health system strengthening approach to continue supporting the institutionalization of the Community management of acute malnutrition (CMAM) services while scaling-up community-based maternal infant and young child feeding (MIYCF) activities. This first package of support will be provided at regular times to vulnerable communities facing several deprivations and will ensure stronger linkages with development actions. A second response package will consist of an enhanced support to life-saving nutrition services at times of acute shocks with adjusted modalities of support, i.e., scaling-up mobile health and nutrition units to enhance access to nutrition services in

remote and hard to reach communities to ensure IDP/Returnees access these essential nutrition services. A simplified treatment approach will be used in such circumstances.

The ENCU/Nutrition Cluster will work closely with EDRMC, Ministry of Health, the Health and WASH Clusters toward promoting the use of a minimum package for integrated response in selected woredas facing emergencies and targeting the same communities, health facilities and households toward maximizing the positive outcomes of the response. Finally, ENCU will contribute to support the Government's capacities in coordination, information management, early warning and monitoring and will support Nutrition emergency preparedness and response planning especially at sub-national level. In 2022, the ENCU/Nutrition Cluster will increase the number of Protection risks analysis with regards to nutrition services, will work more closely with the Protection Cluster to define a protection mainstreaming checklist and ensure programmatic adjustments are made to address the identified risks as well as the concerns and feedback of beneficiaries.

**Cost of the response**

It is estimated that US$ 305 million will be needed for the Nutrition response in 2022. The biggest proportion of the budget forecast is for therapeutic foods such as Ready-to-Use Therapeutic Foods (RUTF), therapeutic milks (F75 and F100), specialized nutritious foods (SNFs) such as RUSF and Super Cereal Plus, and medicines. Nutrition supplies costs include logistics costs for their shipment, storage, and distribution/ dispatch. The Comprehensive cost to treat one severe malnourished case is estimated at US$ 120 consisting of different preventative, curative, and promotional interventions. Within these costs surge support from nutrition partners in priority woredas is also included. Besides capacity building events and training costs, budget for Nutrition-related assessments and support to Nutrition coordination mechanisms at national and sub-national levels represent very small portion of the total budget.

**Monitoring**

ENCU jointly with Nutrition partners and The Ethiopian Disaster Risk Management Commission EDRMC, FMoH and EPHI will assess and monitor the nutrition situation through rapid assessments, Nutrition surveys (SMART methodology) and routine Nutrition program data including Mid-Upper Arm Circumference MUAC screening results. Three indicators will be specifically used to monitor the nutrition response including the number of children affected by SAM and MAM admitted for treatment and the number of malnourished Pregnant and Lactating Women PLW benefiting from targeted supplementary feeding program.

## Objectives, Indicators and Targets

### Cluster Objective CO1

| | | NEED | TARGET |
|---|---|---|---|
| Improve access to treatment services for management of acute malnutrition in children under five years of age and pregnant and nursing women. | | 1,531,739 | 3,576,123 |

| Contributes to Specific Objective SP2.1 & SP2.2 | | NEED | TARGET |
|---|---|---|---|
| **INDICATORS** | # of admission in SC For treatment of severe acute malnutrition with medical complication (Inpatient) in children under 5 | 49,959 | 121,378 |
| | # of admission in OTP Treatment of severe acute malnutrition without medical complication (OTP) in children under 5 | 435,953 | 1,092,483 |
| | # of admission TSFP Management of moderate acute malnutrition in children under 5 | 1,531,739 | 3,576,123 |
| | # of admission PLW TSFP Management of moderate acute malnutrition in Pregnant and nursing women | 735,245 | 1,871,239 |

### Cluster Objective CO2

| | | NEED | TARGET |
|---|---|---|---|
| Increase coverage of services preventing acute malnutrition in Women and children through Blanket Supplementary Feeding Programme and protection, promotion, and support of adequate Maternal, Infant and Young Children Feeding (MIYCF) practices through a multi-sectoral response approach. | | 000k | 000k |

| Contributes to Specific Objective SP2.1 & SP2.2 | | NEED | TARGET |
|---|---|---|---|
| **INDICATORS** | # Supplemented with VIT A | 2 574 808 | 3,576,123 |
| | # Supplemented with MNP (Micronutrient supplementation) | NA | 3,576,123 |
| | # Enrolled in BSFP (Blanket Supplementation feeding) | 656 000 | 847,927 |

### Cluster Objective CO3

| | | NEED | TARGET |
|---|---|---|---|
| Strengthen local health system capacities including coordination mechanisms, early warning, nutrition situation monitoring and nutrition emergency preparedness and response planning. | | 000k | 000k |

| Contributes to Specific Objective SP2.1 & SP2.2 | | NEED | TARGET |
|---|---|---|---|
| **INDICATORS** | # of Mobile health and nutrition teams constituted providing comprehensive health and nutrition services | 150 | 100 |
| | # of SMART survey conducted/ nutrition assessment conducted | 30 | 20 |
| | # of RENCU activated and functional | 6 | 5 |
| | # of nutrition in emergency training conducted | 4 | 3 |

# 3.9
# **Protection**

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITIES |
|---|---|---|---|---|
| **8.8M** | **3.7M** | **25%** | **50%** | **1%** |

| REQUIREMENTS (US$) | PARTNERS |
|---|---|
| **$102.3M** | **61** |

## Objectives

In 2022 the Protection Cluster – together with its Child Protection, Gender-based Violence, Mine Action AoRs and House, Land and Property (HLP) Working Group – will seek to prevent and mitigate the protection risks and their harmful consequences which affect the civilian population in Ethiopia due to conflict, natural disasters, and food insecurity. The Cluster will further work with community-based structures and other non-protection actors to identify the most vulnerable people and address their protection needs.

More than 22 million individuals in Ethiopia require specialized protection services in 2022, and the Protection Cluster, as a whole, will target 7.9 million people in need, taking into account partners' limited resources and access constraints.

While the response will maintain its focus on the conflict in Northern Ethiopia, the Cluster aims to adequately serve those in need in other regions affected by violence and natural disasters. The Cluster will target those living in, or fleeing from, 130 woredas classified in the 4-5 severity scale, prioritizing those at heightened risk such as female- and child-headed households, pregnant and lactating women, unaccompanied and separated children, older persons, those suffering from chronic diseases and persons with disabilities.

Under the General Protection and HLP components, the Cluster has identified about 5.3m people in severity scale 4 or 5 – 3.5m and 1.8m people respectively. Mindful of access and capacity limitations, the Cluster is looking to reach 70 per cent of this group, thus targeting 3.7m people living in the most difficult and vulnerable conditions.

Working with the Government of Ethiopia and 61 partners, and relying on more than 10 coordination mechanisms at the regional level, the Cluster's interventions will serve the following objectives:

1. To stop or mitigate the harm caused to persons who have suffered life-threatening violence, abuse, or serious neglect, and to restore — as much as possible — the person's capacity to live a safe and dignified life.

2. To reduce the vulnerability of persons at heightened risks of violence, exploitation, serious neglect, or discrimination; to enhance their capacities and reduce the risk of resorting to negative coping mechanisms (e.g., street begging, child labor, child marriage, survival sex and petty crime).

3. To raise awareness and build the capacity of service providers, including duty bearers, community members and humanitarian actors, in order to identify and support the most vulnerable, prevent

unintended harm and ensure safe, inclusive and accountable service delivery.

Based on ongoing monitoring and vulnerability screening, the response will have, first and foremost, a remedial character, seeking to alleviate the harm and traumatic effects caused by armed conflict and displacement, including loss of life, loss or damage to the family home, livelihood, dignity, and support networks. The Cluster's emergency interventions include psychosocial support, in-kind and cash assistance, legal counselling, case management and referral services. It further includes improving access to civil documentation to facilitate easy and safe access to basic services, activities to promote

social cohesion and reduce tension, promoting livelihood opportunities, and safe and sustainable durable solutions.

The Cluster will engage with affected communities, local authorities, and non-protection actors to raise awareness to protection risks, including explosive hazards, identify those in need, and ensure safe and inclusive service delivery. The Cluster will also conduct training activities to strengthen the protection environment, build local capacity and respect for national legal instruments, human rights, and humanitarian law.

### 3.9.1  Housing, Land and Property (HLP) Response

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) | PARTNERS |
|---|---|---|---|
| **8.8M** | **3.7M** | **$9.7M** | **18** |

The overall objective of the HLP Working Group (WG) is to facilitate a more systematic approach to identifying, understanding, and addressing HLP issues affecting people of concern, and directly impacting the work of the sectors at national and sub-national levels.

During 2022, vulnerable displaced persons will be supported to allow them to access, claim, and exercise their HLP rights during displacement and return process. Awareness raising activities on HLP rights will also be conducted to reduce the risk of eviction and violations of HLP rights. Support with securing the required HLP documentation will be provided to increase security of tenure and exercising of HLP rights. HLP actors will also support access to alternative dispute resolution mechanisms or to the formal justice system, with special attention to women and girls' rights.

The HLP WG will also advise and provide technical expertise – as requested – to other UN

and I/NGO coordination structures, such as the Durable Solution WG.

In order to mitigate the risks of HLP issues from becoming the cause for further dispute or conflict as a result of humanitarian response, the HLP WG will support relevant actors to undertake due diligence before implementing activities that can have a direct or indirect effect on HLP rights (including construction of IDP site, the reconstruction and/or rehabilitation of houses or shelter, allocation of housing and agricultural land in relocation sites, or other construction such as WASH facilities). In this context, the HLP WG will provide capacity development to humanitarian and durable solutions actors on HLP and due diligence[2] , especially in priority returnee areas.

**Cost of the response**
The total cost of protection activities in 2022 is US$ 276.8 million, of which 112 million is dedicated for General Protection, including HLP; US$ 66 million for Child Protection, US$ 90 million for GBV and US$ 8.8 million for the Mine Action response.

The cost per activity was validated in consultation with partners and compared to estimated costs used by partners in various projects during 2021. Costs for protection activities typically cover the recruitment and deployment of expert staff, such as social workers, case workers, lawyers and protection monitors who are working closely with community-based structures on a daily basis. The costs of some activities, for example legal aid and specialized psychosocial support, are therefore relatively high.

The estimated cost of activities which are also common to the Cluster's AoRs such as monitoring and vulnerability screening, training or psychosocial support, has been aligned with their costing methodology. Activity cost includes, where appropriate, staff, transportation, and support costs, as well as implementation in hard-to-reach areas. Activities are expected to be completed within the ordinary HRP period (12 months).

**Monitoring**

The Protection Cluster will monitor the implementation of the response using, primarily, the 5Ws reporting mechanism to which all HRP partners are reporting monthly. The Cluster will produce dashboards to reflect the progress made, and to identify gaps and delays. Additional monitoring will be conducted through the Cluster's online service mapping tool, which is updated on a quarterly basis, the Financial Tracking Service (FTS), partners assessment reports, as well as feedback from donors and the sub-national clusters in the field. The coordination team will also conduct monitoring field missions.

**Objectives, Indicators and Targets**

| Cluster Objective CO1 | | | NEED | TARGET |
|---|---|---|---|---|
| Stop or mitigate the harm caused to persons who have suffered life-threatening violence, abuse or serious neglect, and to restore — as much as possible — the person's capacity to live a safe and dignified life. | | | 8,793k | 1,600k |

| Contributes to Specific Objective SP1.1 & SP1.2 | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| INDICATORS GP | # of persons monitored and screened to identify vulnerability and exposure to a protection risk | 000k | 000k | 1,600,000 |
| GP | # of persons benefiting, following vulnerability screening, from individual emergency support or referred to specialized services such as NFIs, cash (other than cash for rent), medical care, psychosocial support and legal aid (disaggregated data) | 000k | 000k | 320,000* |
| HLP | # of persons benefiting from cash for rent | 000k | 000k | 20,000*. |

* Included in the 1.6M; breakdown of indicator 1.

## Cluster Objective CO2

Reduce the vulnerability of persons at heightened risks of violence, exploitation, serious neglect or discrimination; to enhance their capacities and reduce the risk of resorting to negative coping mechanisms.

**NEED** 8,793k  **TARGET** 2,137k

Contributes to Specific Objective SP1.1 & SP1.2

| | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | # of persons provided with cash to minimize their exposure to protection risks and counter negative coping mechanisms | 000k | 000k | 130,000 |
| | # of persons whose civil documents protected, replaced or issued | 000k | 000k | 130,000 |
| | # of persons benefiting from awareness raising, capacity building and community-based activities concerning their rights and addressing protection risks that affect them (disaggregated data) | 000k | 000k | 1,800,000 |
| **HLP** | # of individuals receiving information on HLP | | | 30,000 |
| **HLP** | # of individuals receiving counselling on HLP | | | 20,000 |
| **HLP** | # of individuals receiving assistance and legal representation on HLP | | | 10,000 |
| **HLP** | # of individuals who obtain HLP documentations | | | 15,000 |
| **HLP** | # of individuals receiving support to access alternative dispute resolution mediation, negotiation, arbitration and conciliation, and formal justice system to resolve HLP related disputes | | | 2,000 |

## Cluster Objective CO3

Raise awareness and build the capacity of service providers, including duty bearers, community members and humanitarian actors, in order to identify and support the most vulnerable, prevent unintended harm and ensure safe, inclusive and accountable service delivery

**NEED** 000k  **TARGET** 6000

Contributes to Specific Objective SP1.1 & SP1.2

| | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | # of service providers, including government officials and other duty bearers, community representatives and humanitarian staff, trained in protection issues and safe and inclusive service delivery | 000k | 000k | 6000 |

### 3.9.2  Child Protection

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITIES | REQUIREMENTS | PARTNERS |
|---|---|---|---|---|---|---|
| 6.1M | 1.6M | 255k | 1.0M | 130k | $66.5M | 19 |

**Objectives**

Over six million persons have been estimated to be in need of child protection services in 2022, representing a 22 per cent increase compared with 2021.  In line with the Humanitarian Response Strategic Objectives, the Child Protection AoR response strategy for 2022 seeks to (1) reduce the vulnerability of displaced and non-displaced girls, boys, and their caregivers affected by conflict and natural hazards through the availability of life-saving, accessible child protection services;  (2) improve the safety, resilience  and well-being of girls and boys through age-and gender-appro-priate community-based child protection reintegration services, ensuring young children, adolescents and their communities benefit from quality community-led, sustainable solutions; and (3) strengthen the child protection system through engagement, awareness raising and capacity building of community-based structures, child protection service providers, and other sectoral service providers to prevent and mitigate risks of violence, abuse, including sexual exploitation and abuse, neglect, and family separation, while addressing barriers to accessing child protec-tion services.

The Child Protection AoR is committed to ensuring a well-coordinated, effective, and rights-based response by targeting 1,635,023 people in 202 most severely affected woredas.

**Response Strategy and Modalities**

Building on the 2021 AoR Strategy which aimed at aligning the response with the Minimum Standards for Child Protection in Humanitarian Action (2019) socio-ecological approach, the 2022 Response strategy will seek to further put children, their families, communities, and societies at the core of the response.

While strengthening linkage with government services and community-based protection mechanisms, part-ners will continue providing and strengthening case management services, targeting the most vulnerable children, including unaccompanied and separated children, children affected by violence and abuse and children with disabilities. CP partners will focus on quality and timely family tracing and reunification, family-based alternative care, and updated user-friendly referral pathways[3].

In 2022, direct child protection service provision and capacity building of frontline workers, civil society and government social services' workforce will be scaled up, in addition to supporting community-led interventions, and promoting local leadership or co-leadership within coordination groups to contribute to localization efforts. CP partners will focus on struc-tured parenting/caregiver programmes and capaci-ty-building of community-based structures to promote children's enjoyment of their rights, ensure supportive and safe households, mitigate risks – notably hazardous child labour, child marriage, child separa-tion – and safely identify, refer, and handle CP risks, including cases of abuse and gender-based violence.

Moreover, in 2022, partners will roll out community-re-integration interventions to support girls and boys engaged in hazardous labor, those at risk/affected by child marriage, etc.  Through the reintegration process, partners will assess children's individual needs based on gender, age, disability and will provide tailored assistance, including livelihood opportunities, voca-tional training, literacy classes, life skills training, and peer support. Cash-based modalities will be encour-aged wherever feasible.

The Child Protection AoR will also continue its integration approach with the Education cluster, including through the development of a joint response

framework. Priorities include increasing outreach to vulnerable children in displacement and return areas by strengthening case management and mental health and psychosocial support (MHPSS), referral mechanisms in schools and learning spaces by training teachers on safe identification and referrals for children at risk, as well as promoting reintegration. CP partners will also increase integration with health actors on MHPSS specialized support through capacity building of frontline health workers on child-sensitive care, safe identification, and referral.

Finally, through awareness raising and community sensitization, CP partners will contribute to changes in social norms and behaviors that condone violence, abuse, exploitation, and harmful practices, while equally promoting child participation to inform programming and child safeguarding.

### Cost of the response

The Child Protection AoR requires US$ 66.5 million to target 1.63 million people in need of child protection services. 58 per cent of the cost (US$ 38,838,471) will respond to children with immediate and life-saving protection needs including case management; family tracing and reunification (FTR) and alternative care; mental health and psychosocial support through the MHPSS pyramid of services. 32 per cent of the cost (US$ 21,160,750) will support investment into strengthening the child protection system in Ethiopia through awareness raising, and capacity building/training for increased risks prevention and mitigation. Finally, 10 per cent of the cost will cover reintegration

and rehabilitation of girls and boys (including adolescents) with specific needs, including children involved in armed conflict, children engaged in worst forms of labor, children at risk or affected by child marriage, etc.

### Response Monitoring

The Child Protection AoR will monitor implementation through the monthly (and when required weekly) collection of 5Ws reporting system. A detailed HRP monitoring framework will be designed, in consultation with partners with quantitative and qualitative indicators, to ensure that services provided contribute to the improvement of the safety and well-being of children and their caregivers. A monthly dashboard will be produced by the AoR to show progress and to support advocacy with partners, government and donors.

In 2022, the Child Protection AoR will support partners with identifying protection risks associated with specific interventions through the devolvement of a standardized tool for assessing the Availability, Accessibility, Acceptability, and Quality (AAAQ). The aim is to ensure that proper analysis of risks and barriers – including gender and disability related risks and barriers – is integrated throughout the different phases of projects. Finally, the child protection AoR will encourage partners to conduct safety audits to inform child protection risk mitigation efforts as well cross-sectoral advocacy.

## Objectives, Indicators and Targets

### Cluster Objective CO1

| | NEED | TARGET |
|---|---|---|
| Reduce the vulnerability of displaced and non-displaced girls, boys, and their caregivers affected by conflict and natural hazards through the availability of lifesaving, accessible child protection services | **1.2M** | **458k** |

| Contributes to Specific Objective SP1.1 & SP1.2 | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | # of girls and boys with child protection concerns (including unaccompanied and separated children) identified and supported through case management  including referrals to multi-sectoral specialized services. | 144k | 269k | 153k |
| | % of identified unaccompanied and separated girls and boys who have been reunited with their family/caregiver or provided with quality alternative care by the end of 2022 | N/A | 100% | 70% |
| | # of girls, boys and caregivers provided with focused and specialized mental health and psychosocial support or clinical care (level 3 & 4) | 155k | 126k | 39k |
| | # of girls, boys and caregivers provided with level 2 community-based mental health and psychosocial support, including access to safe and friendly spaces with intersectoral programming interventions | | 843k | 265k |

### Cluster Objective CO2

| | NEED | TARGET |
|---|---|---|
| Improve the safety, resilience and well-being of girls and boys through age-and gender-appropriate community-based child protection reintegration services, ensuring young children, adolescents and their communities benefit from quality community-led, sustainable solutions | **151k** | **48k** |

| Contributes to Specific Objective SP2.1 & SP2.2 | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | # of girls and boys with specific needs, including children involved in armed conflict, children engaged in hazardous forms of labor, girls survivors of child marriage, etc. provided with reintegration services, including livelihoods, financial literacy training, vocational training, life skills training etc. | N/A | 67k | 19k |
| | # of caregivers (women and men) participating in structured parenting programs | N/A | 84k | 29k |
| | % of caregivers (women and men) who report increased knowledge of caring and protective behaviors towards children under their care following their participation in a family strengthening programme | N/A | 100% | 80% |

**Cluster Objective CO3**

Strengthen the child protection system through engagement, awareness raising and capacity building of community-based structures, child protection service providers, and other sectoral service providers to prevent and mitigate risks of violence, abuse, including sexual exploitation and abuse, neglect, and family separation, while addressing barriers to accessing child protection services

| | | NEED | TARGET |
|---|---|---|---|
| | | **2.2M** | **1.1M** |

| Contributes to Specific Objective SP3.1 & SP3.2 | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | # of girls, boys, women and men (including community and religious leaders, local authorities, youth and adolescents group, women-led organizations, CBOs, etc.) who have been provided with gender and age sensitive information, training and sensitization in order to prevent and mitigate the risk of violence, exploitation, abuse, neglect and harmful practices | 55k | 2m | 1m |
| | # of child protection workers and services providers who received training on child protection issues | 61k | 74k | 42k |
| | # of women and men humanitarian workers from non-CP sectors, community members, and government actors who received training on CP issues to prevent and mitigate the CP risks and enhance cross-sectoral referral and who later report improved knowledge and confidence following their training | NA | 111k | 63k |

### 3.9.3 Gender-Based Violence

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITIES | REQUIREMENTS | PARTNERS |
|---|---|---|---|---|---|---|
| 5.8M | 2.2M | 879k | 1.1M | 22k | $90.1M | 56 |

#### Objective

Women and girls who are disproportionately affected by GBV will be the main target for GBV response services, with community mobilization targeting the wider community. Persons living with disabilities, adolescent girls, female heads of households and other vulnerable groups will be prioritized for support.

In order to achieve the strategic AoR objectives[4], the response priorities for 2022 are 1) Strengthening existing One Stop Centres (OSCs) and establishing new ones, 2) expanding access to multi-sectoral GBV response including integration with sexual & reproductive health (SRH) services, 3) strengthening GBV referral pathways through comprehensive GBV services and partner mapping, 4) increasing Women and Girls' Friendly Spaces (WGFS) to scale up access to multi-layered PSS activities including GBV case management, counselling, & other social activities for women and girls, 5) raising awareness to GBV risks through community engagement and mobilization, with a focus on behaviour change, support to survivors and access to available response services, 6) distributing dignity kits to women and girls of reproductive health age, 7) strengthening GBV coordination mechanisms through decentralizing and establishing coordination structures in the scale up hubs, 8) capacity building of frontline service providers on case management, psychosocial support and clinical management of rape through training, mentorships and on the job coaching, 9) investing in livelihood programming for vulnerable women and girls to mitigate their exposure to negative coping mechanisms and exploitation, 10) GBV mainstreaming across the humanitarian response using the GBV guidelines for integration of GBV in humanitarian action and the ongoing joint PSEA and GBV AoR roll out of the GBV pocket guide to ensure other sectors are addressing GBV and SEA risks, 11) strengthening the GBV response environment through development of GBV SOPs, rolling out of GBVIMS+ for data management,

rolling out the IASC GBV Minimum Standards as well as periodic GBV assessments. The GBV services delivery is multi-sectoral in nature and thus the GBV AoR will work closely with the health, legal and security sectors in order to ensure comprehensive services delivery.

There will be mainstreaming of GBV in other clusters to enhance risks mitigation, as well as access to services for survivors via the referral mechanisms. There will also be an enhanced collaboration between the AoR and Ethiopia PSEA network in capacity building, awareness creation as well as development of guidance documents. Cash and voucher will be utilized in some livelihoods and material support interventions.

#### Cost of Response

The GBV AOR requires US$ 90,146,858 million to target 2,178,176 million persons, most of them vulnerable women and girls including those living with disabilities. The cost per activity is inclusive of services provision, human resources, logistics, infrastructural support (OSCs and WGFSs) for core service delivery, while coordination and assessments are included as a percentage of each of the activity cost. The funds received towards the response will be tracked through a hybrid model of the FTS as well as quarterly update from partners to the AoR.

#### Monitoring

Monitoring will be undertaken via the monthly/quarterly collation of 5Ws for GBV dashboards, periodic on-site monitoring and routine cluster led assessments. Gaps and challenges will be addressed during cluster routine meetings with the aim of re-defining implementation modalities to suit context.

## Objectives, Indicators and Targets

### Cluster Objective CO1

Enhance access to multi-sectoral lifesaving interventions for GBV survivors as well as vulnerable women and girls

| | | | NEED | TARGET |
| --- | --- | --- | --- | --- |
| | | | **5,805k** | **2,198k** |

| Contributes to Specific Objective SP1.1 & SP1.2 | | BASELINE | NEED | TARGET |
| --- | --- | --- | --- | --- |
| **INDICATORS** | # of GBV survivors and vulnerable women and girls reached with core GBV response services including case management, PSS, legal aid and referrals. | N/A | 928k | 219k |
| | # of individuals i.e. specialized frontline GBV services providers, trained on CMR, PSS, PFA, case management, etc. | N/A | 16k | 10k |
| | # of persons in target locations reached with GBV sensitization and awareness creation | 000k | 4,644k | 1,538k |

### Cluster Objective CO2

Empower and strengthen the community's especially women and girls' strategies to mitigate and cope with GBV risks

| | | | NEED | TARGET |
| --- | --- | --- | --- | --- |
| | | | **290k** | **105k** |

| Contributes to Specific Objective SP2.1 | | BASELINE | NEED | TARGET |
| --- | --- | --- | --- | --- |
| **INDICATORS** | # of GBV survivors and vulnerable women and girls   provided with livelihood skills and support for IGAs. | N/A | 174k | 44k |
| | # of individuals from the community trained to provide community based GBV interventions e.g. para-counselors, para - legal etc. | N/A | 116k | 44k |
| | # of women and girls provided with dignity kits | 000k | 1,161k | 435k |

### Cluster Objective CO3

Enhance GBV risk mitigation in other sectors through GBV integration and mainstreaming.

| | | | NEED | TARGET |
| --- | --- | --- | --- | --- |
| | | | **N/A** | **10k** |

| Contributes to Specific Objective SP 3.1 | | BASELINE | NEED | TARGET |
| --- | --- | --- | --- | --- |
| **INDICATORS** | # of individuals i.e. non-specialized staff from other sectors trained on GBV mainstreaming and GBV pocket guide. | N/A | N/A | 10k |

### 3.9.4 Mine Action

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITIES | REQUIREMENTS | PARTNERS |
|---|---|---|---|---|---|---|
| 0.9M | 0.4M | 117k | 202k | X | $8.8M | 3 |

**Objective**

In close collaboration with the pertinent authorities and through the facilitation of the EDRMC and disaster risk management entities, the AoR will aim at raising awareness around the risk of unexploded ordnance to ensure the safety and security of vulnerable people and support their livelihoods. AoR partners will assist 438,959 people, including about 77,260 IDPs in camps, 290,939 IDPs in host communities and 71,140 non-displaced groups including host communities, returnees and conflict-affected in Amhara, Afar, Tigray while maintaining operational readiness for other regions including Benishangul Gumuz, Gambela, Somali and Oromia.

In hard-to-reach areas, humanitarian actors will work together to spread life-saving messages and to train community focal points to raise awareness and prompt safe behavioral changes. Effective and sustainable Explosive Ordnance Risk Education (EORE) can help reduce injury and death rates, especially among children and IDPs in contaminated areas. Context analysis and needs assessments will be carried out to ensure that EORE messages are relevant to the specific contaminated areas, for example, to socioeconomic conditions, language, literacy, disability, displacement status, and access to digital

devices. On the other hand, the finding of the needs assessment will determine the accurate level of explosive ordnance contamination, and where possible, mine action partners will carry out marking of contaminated locations to inform at-risk communities of the threat imposed by the presence of explosive ordnance. The AoR will promote the accurate collection of data on risks and available specialized services in conflict-affected areas that will enable connections between victims and service providers and other cluster partners - such as Health, Education, and Emergency Livelihoods - for appropriate interventions.

**Cost of the response**

The total cost of Mine Action activities is US $ 8.8 million in 2022. The core cost driver is related to EORE, Assessment and Victim assistance. Common activities among all areas of responsibility are costed with agreed average costs, taking into consideration indirect costs, including transportation, implementation in hard-to-reach areas and out-of-camp locations, human resource-related costs and monitoring.

## Objectives, Indicators and Targets

### Cluster Objective CO1

Stop or mitigate the harm caused to persons who have suffered life-threatening violence, abuse or serious neglect, and to restore — as much as possible — the person's capacity to live a safe and dignified life.

| | | NEED | TARGET |
|---|---|---|---|
| | | **5,805k** | **2,000k** |

| Contributes to Specific Objective SP1.2 | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | # of individuals benefiting from awareness-raising and Explosive Ordnance Risk Education training activities (disaggregated data) | | | 434,921 |
| | # of locations with victim assistance services mapping established (Beneficiary data not required) | | | 8 |

### Cluster Objective CO2

SO2 Sustain the lives of XX million people requiring humanitarian assistance including XX million non-IDPs, XX million IDPs and persons with disabilities across XX woredas, by ensuring safe, dignified, accountable and equitable access to livelihoods, protection and other essential services by the end of 2022.

| | | NEED | TARGET |
|---|---|---|---|
| | | **-** | **434,959** |

| Contributes to Specific Objective SP2.1 and SP2.2. | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | % of Explosive Ordnance Risk Education beneficiaries that demonstrate an increase in knowledge between unsafe and safe practices. | | | 70% |

### Cluster Objective CO3

Raise awareness and build the capacity of service providers, including duty bearers, community members and humanitarian actors, in order to identify and support the most vulnerable, prevent unintended harm and ensure safe, inclusive and accountable service delivery

| | | NEED | TARGET |
|---|---|---|---|
| | | **-** | **434,959** |

| Contributes to Specific Objective SP 3.1 | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | # of individuals trained on Explosive Ordnance Risk Education from service providers, including risk education teams, community representatives and humanitarian staff | - | - | 2,000 |
| | # of locations where needs assessments and markings carried out | - | - | - |

## 3.10
# WASH

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN | CHILDREN | WITH DISABILITIES |
|---|---|---|---|---|
| **16.3M** | **8.6M** | **4.4M** | **2.8M** | **1.5M** |

| REQUIREMENTS (US$) | PARTNERS |
|---|---|
| **$120.1M** | **59** |

**Objectives**

In 2022, the WASH Cluster will work with the government and 47 partners to preserve life, well-being and dignity and reduce risk of WASH-related disease through timely interventions to vulnerable populations, as well as preparedness to respond to shocks. Significant humanitarian WASH needs are projected in Ethiopia in 2022, with an estimated 16.2 million people in need of assistance.

**Response**

The WASH response will be articulated around 5 activities:

1. Water trucking/ tankering: emergency water trucking will be used where there is a critical water shortage and acute humanitarian need to save lives.

2. Rehabilitation and maintenance of water schemes and pipe-line expansion: as long-term water trucking operation is not cost-efficient, durable solutions like rehabilitation of water schemes and pipeline extension will be utilized for protracted displacement as well as for the general affected population.

3. Construction of emergency latrine, bathing and handwashing facilities. This will include different types of latrines, such as VIP latrines, semi-permanent latrines, and also emergency trench latrines according to the needs and context.

4. Sanitation and hygiene promotion will go along with risk communication and community engagement (RCCE) activities for people affected by or at risk of disease outbreaks.

5. Provision/distribution of lifesaving WASH NFIs including water treatment chemicals will be distributed to affected population to facilitate water storage and household level water treatment. Kit contents have been agreed upon by cluster partners.

Technical specifications of WASH facilities will be designed in collaboration with affected people to incorporate their specific needs and protection perspective. The WASH response will also implement measures to prevent SEA and GBV such as ensuring proximity of water points to the user community to minimize the risk of exposure of women and girls to violence. Implementing the WASH minimum standards which promotes protection; providing adequate orientation for partners to consider protection in their

plans and responses and capturing best lessons from all WASH humanitarian responses. Design and style of latrines should be inclusive and consider gender, age and physical disabilities. Latrines will be barrier-free, located close to living areas to minimize security threats to users, segregated for male and female, and have an inside lock.

Rapid response mechanisms such as UNICEF's rapid response mechanism (RRM); the IRC-lead emergency response mechanism (ERM) and the Save the Children led SWAN consortium will remain essential elements of the WASH cluster response in 2022.

WASH partners will implement the "full WASH package" including water, sanitation, hygiene and NFIs. Not only does this allow affected populations to benefit from more services but it also makes the monitoring of the response, and hence its quality, easier to achieve.

The WASH cluster will continue to collaborate with development partners to harmonize humanitarian response with development projects. This will be particularly important for areas prone to regular drought, floods and other climate shocks.

Access to safe drinking water and availability of reliable sanitation facilities will significantly contribute to addressing challenges in Health, Nutrition, ESNFI and Protection Clusters. Therefore, the WASH Cluster will encourage inter-cluster coordination through joint assessment, application of common indicators and response coordination not only through ICCG mechanism but also through operational coordination at sub-national levels.

Finally, the WASH cluster will expand its collaboration with local partners to ensure close contact with the local community and maintain a prompt and agile response capacity.

**Cost of the response**
The total requirement for the WASH response for 2022 is US$ 120 million to reach 8.5 million people. The unit cost per beneficiary is about US$ 14.

As in the majority of cases, the affected populations are in semi-arid and drought prone areas where securing a reliable water source is extremely difficult, the provision of safe drinking water highly depends on expensive water trucking operations. Other more sustainable alternatives will also be sought in parallel.

**Monitoring**
The WASH Cluster will monitor the response and its progress through monthly updates by partners using 4W tables. Ad-hoc updates at bi-weekly national cluster meetings will provide update on the context, the WASH response and identified gaps.

In 2022 the number of field monitoring visits will increase. The quality of response will be monitored through joint monitoring visits with support from Government counterparts and WASH partners. AAP will be ensured through Post-Distribution Monitoring (PDM) reports, Compliant Feedback Mechanisms (CFM) and collaboration with the AAP working group.

## Objectives, Indicators and Targets

| Cluster Objective **CO1** | | | NEED | TARGET |
|---|---|---|---|---|
| Deliver conflict-sensitive essential life-saving WASH services to affected people. | | | **5,805k** | **2,000k** |

| Contributes to Specific Objective SP1.1 | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | # of people having access to safe drinking water through emergency Water trucking | | 4,709,852 | 2,620,266 |
| | # of people accessing sanitation facility (latrines & bathing/hand washing facilities) | | 6,457,683 | 3,671,430 |
| | # of people reached through essential sanitation and hygiene message | | 16,258,298 | 8,583,865 |
| | # of people provided with lifesaving WASH NFI | | 6,457,683 | 3,671,430 |

| Cluster Objective **CO2** | | | NEED | TARGET |
|---|---|---|---|---|
| Affected people have access to essential WASH services to reduce mortality. | | | **-** | **434,959** |

| Contributes to Specific Objective SP2.1 and SP2.2. | | BASELINE | NEED | TARGET |
|---|---|---|---|---|
| **INDICATORS** | Rehabilitation and maintenance of water schemes and Pipe-line expansion | | 4,877,489 | 2,575,160 |

Part 4:
# Returning Migrants Response Plan

—

# Returning Migrants Response Plan

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) | PARTNERS |
|---|---|---|---|
| **125k** | **44k** | **$1.52M** | **11** |

## Background

Ethiopia is a country of origin and destination for migrants in the Horn of Africa. Ethiopians, particularly people from the Amhara, Oromia and Tigray regions, are the most mobile population in the region, with tens of thousands leaving the country every year along the Eastern Route via Somalia, Djibouti and Yemen towards the Gulf States, with the Kingdom of Saudi Arabia being the destination of the majority. In 2021, 126,632 persons left the country using the Eastern route, crossing the border to Djibouti or Somalia, according to IOM. These figures correspond to pre-pandemic levels, indicating that with the gradual relaxing of COVID-19 movement restriction measures, human outflows from the country may increase. That same year, almost 80,000 Ethiopians were returned from the Kingdom of Saudi Arabia, with 67 per cent originating from the conflict-affected regions of Afar, Amhara, and Tigray. In addition, starting from March 2020, a wave of spontaneous and forced returns emerged at the country's main border areas with Sudan, Djibouti, and Somalia due to the movement restrictions imposed by countries to reduce the spread of the COVID-19 pandemic. As a result, over 23,000 Ethiopians returned to the country, 25 per cent of whom were from Afar, Amhara, and Tigray regions. The lack of solutions for safe return to their areas of origin results in 2022 is expected to leave over 70,000 returnees in displacement-like situations upon their arrival in Ethiopia, with very little to no resources to provide for their subsistence.

## Objectives

In line with the Migrant Response Plan for the Horn of Africa and Yemen 2022 (MRP), the Migrant chapter under the HRP aims to promote comprehensive, quality, timely and inclusive humanitarian, protection, and recovery solutions to the most vulnerable returnee migrants from the conflict-affected areas in Ethiopia. The MRP in Ethiopia will support additional departing migrants from Ethiopia as well as those returning to their country of origin in areas that have not been affected by the conflict in the country, responding to and addressing the regional dimensions of the migration linking the Horn of Africa and Yemen. The HRP covers two of the MRP's strategic objectives, namely:

1. Provide life-saving assistance to vulnerable migrants and host communities; and

2. Provide quality, timely and inclusive protection assistance and services to migrants and host communities.

## Response

In 2022, MRP partners will respond to the humanitarian and protection needs of 43,833 vulnerable returnees who may end up in displacement-like situations upon their return to Ethiopia in line with the government priorities established during the consultative processes. Assistance will be provided by some 11 international and national NGOs as well as UN agencies and in close collaboration with local authorities and affected populations. Through this

**ADDIS ABABA, ETHIOPIA**
UN Women Ethiopia Office in collaboration with the Ministry of Women, Children and Youth Affairs distributed food items to ease the impact of the COVID-19 crisis on women migrants returnees sheltered at the Good Samaritan Association Ethiopia Centre Photo: UNWOMEN

plan, returnee needs will be mainstreamed into the national humanitarian cluster response, including in health, ES-NFI, WASH and protection planning. Localized, adaptive, and system-strengthening approaches will be prioritized, with a focus on key institutions, subnational, and local actors.

Because of the multi-sectoral nature of the MRP, the response to migrant returnees contributes to all three HRP strategic objectives. In 2022, MRP partners aim to provide life-saving assistance to vulnerable migrants and communities of return through specific activities including provision of food, water, non-food items, multipurpose cash support, shelter, and health care, including mental health and psychosocial support (MHPSS).

MRP partners will address protection risks and threats through the provision of inclusive protection specialized services and engagement with duty bearers and other key stakeholders. This involves child protection, GBV prevention and response, family

tracing, reunification or other alternative care, as well as provision of services to vulnerable returnees such as victims of trafficking and GBV survivors through a case management approach. MRP partners will also conduct protection monitoring to better inform the response to returnees and ensure evidence-based decision making.

MRP partners will use an Age, Gender and Diversity approach in all aspects of their operations. MRP partners will conduct all the interventions respecting the do no harm principle and following non-discriminatory and needs-based approaches, safeguarding safety and dignity, and fostering empowerment and participation of the vulnerable migrants. The response to migrant returnees will be done in close coordination with partners working with displaced persons in the country to ensure harmonization on the responses and assistance provided to all conflict-affected populations.

**Cost of response**

While the MRP 2022 in Ethiopia estimates an overall funding requirement of US$ 20.9m, US$ 1.52m will also fall under the scope of the HRP. The overall cost reflects the multi-sector response modality spread across the ES/NFI, WASH, Health and Protection clusters to support returnees from conflict-affected areas in Ethiopia. This requires significant financial investment to ensure effective and adapted responses. Fluctuation of prices in the market and high inflation rates can be considered as the main cost drivers in 2022. Shortage of fuel and of services in remote border areas are also taken into consideration. Financial needs are also influenced by the capacity of MRP partners to conduct assessments and develop needs-based budgets.

**Monitoring**

In line with the MRP Monitoring Plan, partners will make use of the existing comprehensive framework for monitoring activities, including standardized monitoring tools. Data will be disaggregated by target populations, sex and age (SADD) and where and when applicable by location, and MRP partner. The monitoring data collected will be analyzed for strategic, operational, and tactical decision-making and to inform advocacy efforts and programmatic adjustments during the MRP cycle.

Part 5:
# Annexes

—

**KORAHE ZONE/SOMALI REGION, ETHIOPIA**
Hafsa Bedel, a mother of six, fears that she will lose more livestock in the coming months. "We are just one month into the long dry season (Jilaal) , and I have already lost 25 goats and sheep. Photo: UNICEF/Mulugeta Ayene

## 5.1
# Response Analysis

The response analysis process was conducted by the HPC analysis Team during a time of uncertainty, related to the intensification of the conflict in the north of the country and the increasing evidence about the scope and the impacts of the drought in the South and South-eastern parts. The joint humanitarian needs analysis relied on the multi-agency seasonal assessment in cropping and pastoral areas which was complemented by a desk review especially for non-food sectors, which was able to provide a good evidence base analysis of the needs among the drought and conflict-affected people. Consequently, the joint humanitarian response in 2022 will remain focused on addressing the acute humanitarian needs of the people directly affected by conflict, violence, drought and other natural hazards covering displaced population, non-displaced people and returning migrants.

In particular, the humanitarian response will be targeting people living in severity 4-5 conditions to reduce loss of life among the most affected population by conflict and drought through the provision of conflict-sensitive essential life-saving services. In addition, the humanitarian action will target people in need assessed in severity 3 when they are living in woredas classified in severity 4 or 5 with the aim of providing humanitarian assistance, protection and basic services aimed at sustaining their living standards to ensure safe, dignified, accountable and equitable access to livelihoods.

The types of needs experienced by the different population groups, and the factors driving those needs, informed the development of the response framework. These include poor living conditions, congestion of shelters, limited access to basic services, including education, health, shelter, food, water, and sanitation. The drivers, or causes, of humanitarian needs must be addressed through a broader peace and development lens, to ensure post-conflict rehabilitation and sustainable solutions to displacement in close coordination with the government and through the Durable Solutions Working Group (DSWG).

Based on the three inter-cluster strategic objectives each cluster identified its own strategic objectives, and activities aimed at responding to the humanitarian needs identified.

The humanitarian response capacity in 2021 has been affected by the increasing numbers of people in need, however at the same time the humanitarian community has not been in a capacity to scale-up the humanitarian response as needed. This was mainly due to insecurity, administrative and access constraints as well as shortage of funds (almost 44 per cent of the required ask).  The HCT and the ICCG will continue their work to address these issues through joint efforts and advocacy for improved humanitarian access and resources mobilization.

## 5.2
# Costing Methodology

Following consultations with partners and clusters, it was agreed to retain the Activity-Based Costing approach used in the 2021 HRP, in addition to rolling out the projects' submission module that agencies and partners will provide through the Projects Module of HPC.tools. This hybrid approach will allow for a strategic and flexible method of planning and costing humanitarian interventions, that will facilitate programmatic adjustments if the situation changes.

To make the planning and costing process more transparent, streamlined, and comparable, activity formulation has been harmonized across clusters. Activities have been designed to clearly align with the needs identified as well as the strategic objectives in the HRP; while also standardizing the units of targets and deliverables to allow for better aggregation and comparison across activities and clusters. This will allow for more cohesive and comprehensive monitoring and reporting. For each activity in this plan, clusters have established units cost ranges, considering cost differences in modality, geographic area, population groups, timing, and COVID-19-specific modifications to standard activities. All the prices are in US dollars.

**Agriculture:**
The unit-based costing methodology developed by the agriculture cluster is a product stemming from a series of consultations with the Government, Disaster Risk Management Agriculture Task Force (DRM-ATF) members including the Ministry of Agriculture, national NGOs, International NGOs, UN agencies, and donors. These consultations were done at zonal, regional and national levels. The consultations could not reach all the zonal levels due to access, time constraints and the absence of Agriculture Task Force ATFs in some of the zones, however all the regions were consulted. The methodology took into consider-

ation the operational differences amongst the partners and the differences in operational costs for the different locations. The unit costs also considered the anticipated risks (conflict and exchange rates).

The major cost driver for the sector is that of agricultural inputs (seeds, fertilizer, vaccines, drugs and tools). The local seeds are usually not adequate for the planned response and in some cases fall short of the required quality. This means some of the seeds needs to be imported, thus increases the cost of the response. The delivery cost varies from one region to another, although the differences in the cost of the agricultural inputs are not too significant, thus an average cost for each activity, was used across the regions.

The average cost for the HRP 2022 activities is as follows:

1. Animal health is determined by multiplying 3 animals per household by US$ 12 for treatment and covering the operational cost (excluding cost of vaccines).

2. Animal feed is determined by providing 3.5kg of fodder (bale of hay at US$ 4) and 2.5 kg of concentrate (1 quintal at US$ 20) for 90 days for 3 core breeding animals.

3. Emergency seeds are determined by multiplying the total targeted people by an average of 0.75 hectares with the unit price of different seeds varieties (price differs per type) and farming tools at a total cost of US$ 20.

4. Animal restocking is determined based on types of animals recommended during the assessment (price differs per type) for households at risk. Restocking is recommended for 5 goats at a cost of US$ 98.

5.  Animal destocking is determined based on types of animals recommended in the seasonal assessment (price differs per type) for households at risk during a drought period. It's recommended to de-stock 2 animals at US$ 88.

6.  Multipurpose Cash Transfer is estimated at US$ 40 per household equivalent to about 90 per cent of the Productive Safety Net Programme [PSNP] wage rate.

7.  Capacity building activities, including PSEA, for FSC partners, Govt stakeholders, etc. (venue for training, per diems, materials etc.): US$ 60 per participant.

**Food:**

Food cluster activities are implemented through either cash or in-kind food distributions. For the estimated cost for cash transfers, the cluster is using wage rates for 2021/22 (Ethiopia Fiscal Year 2014), which are also being used to determine requirements for the Productive Safety Net Programme (PSNP). The wage rate for 5 days is multiplied by the number of beneficiaries in each woreda. The cash transfer values will be adjusted based on evidence from monitoring, surveys and assessments that are conducted by partners.

Cost for In-kind commodities is based on a food basket of cereals (15kgs per person/round), pulses (1.5kgs per person/round)) and Vegetable Oil (0.45l/person/round). The total food required for the 6 rounds of distribution is then multiplied by the average MT cost, which is a full cost recovery (FCR) estimate. In 2022, the average cost per MT is US$ 985.21 /MT. By adding the estimate for cash transfers and in-kind food distributions, the food cluster estimated the amount required to meet food needs of the projected food insecure people.

**Education:**

1.  School feeding: US$ 40 per child. School feeding duration highly depends on the critical needs – max 3- 4 months from education cluster's support till we advocate to initiate the process through WFP/ Govt. type of the Food – meal that contains 150 grams mix of cooked cereals containing 6 grams of edible oil and 3 grams of iodized salt per child per day which is estimated to contain 1/3 of 1,200 kilocalorie (The daily requirement is 1,200-1,500 Kc 1/3 and 28-36 gram protein. Besides, all micronutrients should be enriched or fortified. The meal should be nutritious and culturally acceptable.)

2.  Learning supplies (stationery) Unit cost US$ 5 per child One school in a box could cover 40 children and one recreation kit could cover 90 children and kits will be distributed based on the needs.

3.  Rehabilitation/ reconstruction of damaged schools to be determined the actual need as this is an average estimate which is US$ 24,000 for a very light rehabilitation.

4.  Support for Accelerated School Readiness programme US$ 30 per child calculated (stationaries and teachers capacity initiative are not included as they covered separately)

5.  Accelerated Learning Programmes (ALP) focuses on students who dropped out of school and are re-joining or are over age when joining school. US$ 40 per child calculated (stationaries and PSS support not included as they covered separately)

6.  Temporarily Learning Spaces: ensure 450 TLS to be established children have access to education, including IDP camps US$ 1,500 per one TLS. Training for teachers (venue for training, per diems, materials etc.): US$ 100 per teacher – to be delivered to at least 9,000 teachers: Amount US$ 900,000.

7.  Technical and Institutional capacity strengthening for local and national organizations – 6 CSOs- Amount- US$ 120,000.  Please confirm whether it will include CP PSEA – This is specifically for NGOs from education cluster this will include PSEA and SEA at policy and strategy level as well.

**ES/NFI:**

For the ES/NFI-related assistance, the exact costs depend on the household's size, including the presence of persons with specific needs. The methodology for the present costing considers market inflation and other cost drivers.

1. ES/NFI kit (Emergency Shelter and Non-Food Items)-Emergency shelter kit, bedding set, mosquito net set, kitchen set, and partial hygiene kit. The ESNFI kit is intended for IDPs settled in a camp-like setting, living without sufficient protection against weather and exposed to protection and health risks. Given the large-scale needs beyond the resources and pipelines, the Cluster advocates for ES/NFI responses to be adapted to the household size to upgrade or complement as coverage rates increase. Procurement, transportation, storage, distribution, and other operational expenses. Cost: US$ 205/Household (HH).

2. NFI kit (Bedding set, mosquito net set, and kitchen sets. The NFI kit is intended for IDPs that settled within the host community, in communal shelters, camp-like situations, or IDPs who didn't receive ES/NFI kits for the past 12 months. Procurement, transportation, storage, distribution, and other operational expenses. Cost: US$ 130/HH.

3. Emergency Shelter kit - Tarpaulins, ropes, and wooden poles. The Emergency Shelter kit is designed to address the emergency shelter and protection needs of new IDPs, IDPs living in congested situations or sub-standard shelters, and returnees in transit. Procurement, transportation, storage, distribution, and other operational expenses. Cost: US$ 130/HH.

4. Full Emergency Shelter Repair Kit (Roofing materials, such as CGIs, wooden poles, materials for constructing walls and fixtures, and cash to cover labour cost): Procurement, transportation, storage, distribution, and other operational expenses: Cost US$ 350/HHs.

5. Partial Emergency Shelter Repair Kit (CGIs, fixtures, and cash to cover labour cost): Procure-ment, transportation, storage, distribution, and other operational expenses: Cost US$ 150/HH.

6. First Line Return Kit- it includes essential household items and emergency Shelter. Cost US$ 110.

7. Rental support for an average HHs of 21m2: Including distribution and operation, cost estimated at US$ 30/month for six months. Cash transfer, distribution, and other operational expenses: Cost US$ 250/HH.

8. Training in building back better and HLP support: Cost US$ 10/HHs.

The ES/NFI Cluster will regularly monitor the cost to ensure cost estimates remain relevant and are based on the latest available evidence (e.g., prices, access, availability of goods on the local market, currency fluctuations, price inflations, etc.).

**Health:**

The total requirements for health emergency response are determined by taking US$ 30 as the average cost per beneficiary per year. Of the total calculated based on this estimate, 30 per cent goes to essential health supplies (mainly emergency health kits).

This figure was estimated based on experience in similar emergency settings. Estimated numbers of cases of major communicable diseases are calculated using attack rates; the cost of treatment is based on cost of standard treatment (using the national guidelines) for each case.

For the displaced population, the estimated number of outpatient visits per 100 persons per year is 3-4. This helps in estimating the cost of essential health services provided through Mobile Health and Nutrition Teams (MHNTs) and fixed health facilities.

Additional cost elements are HR costs, training, mobility (fuel and DSA) for MHNTs and RRTs, printing costs (for surveillance tools, manuals and guidelines) and supervision costs are also factored in.

**Nutrition:**

The unit-based cost is determined by estimating the cost of essential nutrition supplies required to provide an emergency nutrition service such as treatment of a severe or moderate acutely malnourished child or the provision of supplementary food for a pregnant and lactating woman.

The estimated unit cost per beneficiary per activity is provided to the cluster coordination team by UNICEF and WFP who are the agencies procuring and delivering essential nutrition supplies. In addition, the cost of deploying a surge capacity is provided by NGOs working in various operating environments in the country.

The coordination team in consultation with partners reviewed the unit cost estimates and set the cluster level cost per beneficiary per activity standard. These standards are subjected to revision whenever there is a significant change in the cost of nutrition commodities and operational context. WASH:

The WASH cluster response is based on the implementation of the five main WASH activities:

- Water trucking/tankering

- Rehabilitation and maintenance of water schemes and pipeline expansion

- Provision/distribution of essential lifesaving WASH NFIs including water treatment chemicals

- Construction of emergency latrine and bathing/hand washing facilities

- Sanitation and hygiene promotion

For each of these activities, main cost drivers were identified. Cost ranges were collected from WASH partners. Average overall costs per cost driver were calculated. From there, unit costs per person were calculated based on the average overall cost of activities by the number of people benefiting from them in an area and timeframe. Results are listed below:

- Unit cost of water trucking is at US$ 7/person/6-month to provide 5litres/c/d with the assumption that water trucking will be done for 6 months only with an exit strategy.

- Unit cost for rehabilitation and maintenance of a water scheme is US$ 14/person.

- Unit cost for pipeline expansion of a water scheme is US$ 21/person.

- Unit cost of NFIs including water treatment chemicals was calculated at the rate of US$ 2.5/person based on the cost of the average NFIs kit.

- Unit cost of latrine construction is US$ 18/person with coverage of 100 people per latrine stance, assuming 1 block consists of 7 stances.

- Unit cost of handwashing facility is US$ 1.2 per person.

- Unit cost of hygiene promotion is US$ 1/person.

**Protection (including HLP):**

The cost per activity was validated in consultation with partners and compared to estimated costs used by partners in various projects during 2021. Costs for protection activities typically cover the deployment of expert staff, such as social workers, case workers, lawyers and protection monitors who are working closely with community-based structures on a daily basis. The costs of some activities, for example legal aid and specialized psychosocial support, are therefore relatively high. The estimated cost of activities which are also common to the Cluster's AoRs such as monitoring, training or psychosocial support, is aligned with their costing methodology. Activity cost includes, where appropriate, staff, transportation and support costs, as well as implementation in hard-to-reach areas. Activities are expected to be completed within the normal HRP period (12 months).

**GBV AoR:**

- The cost of the GBV response is high on programmatic personal, material, and infrastructural support (GBV One Stops Centers, Women and Girls' Friendly Spaces, and safe houses). Activity costing was done in a participatory manner and considered the inputs required for the different interventions and target population.

- Unit cost of GBV community outreach activities including prevention, awareness and mitigation is US$ 25 per person reached.

- Unit cost of psychosocial support (group activities and individual support) is US$ 40 per person reached, and case management for GBV survivors is US$ 250 per person.

- GBV capacity building costs to facilitate online and in-person training is US$ 150 per person reached.

- Dignity kits costs are inclusive of procurement, delivery, logistics and staffing cost. Unit cost is US$ 20 per person reached.

The unit cost per person is calculated based on the average cost of activities for a certain number of people in different areas.

### CP AoR:

The CP AoR used the Protection Cluster Guidance for its unit-based costing methodology to determine the unit cost for case management and other interventions through a consultative process with AoR members.

- The unit cost for case management is $135 per person. The cost is calculated based on the average cost of both the estimated labour support and operational costs.

- The unit cost for Mental Health and Psychosocial Support (MHPSS) is US$ 71 per person targeted. It is an average estimated cost for a number of interventions from level 1 to 4 on the MHPSS pyramid[5] of interventions, including notably training to health workers, psychologist/psychiatrist wage, establishment and operational cost for CFSs.

- Reintegration unit cost is US$ 220 per person targeted. It is calculated based on estimated programme cost involving a multi-sectoral needs package including notably health, education, justice, economic recovery, at individual, family, and community levels.

- The unit cost for awareness raising and community engagement for prevention and risk mitigation is US$ 15 per person targeted, and is calculated based on estimated cost for programmatic cost and operational cost (including procurement of communication materials, development and dissemination of IEC material, etc.)

- The unit cost for capacity building for sectoral and other service providers for mainstreaming and integration is US$ 55 per person targeted.

### Mine Action AoR[6]

- Unit cost per person that receive Explosive Ordnance Risk Education EORE is US$ 15 in addition to 30 per cent of staffing and administration costs for projects implemented in 23 districts.

### CCCM:

The following steps were used to come up with costing methodology:

1. General identification and standardization of all activities under the four pillars in CCCM namely -Site improvement/Site development, Governance/Community participation, Capacity building and Coordination/IM Support.

2. Establishment of a range of projects/unit/market costs for those activities.

3. Calculation of average unit cost per activities and multiplying the same with the projected number of activities to enumerate the total cost.

4. An indication of cost drivers respective to each pillar envisioned.

Site improvement and development:

- Generate Site Plan (estimated cost of US$ 6,500 being the cost of recruiting/salary site planners).

- Site visit/site feasibility assessment (estimated at US$ 2,500 being the salary of CCCM site focal points).

- Site clearing (for machines used and the machinery hours at a cost of US$ 60 per hour).

- Site levelling (use of skilled and semi-skilled workers at an average cost of US$ 15/day).

- Site demarcation (use of skilled and semi-skilled workers at an average cost of $15/day).

- Drainage (drainage construction materials costing US$ 35 per linear meter).

- Construction of communal facilities (Child Friendly Space CFS, Complaint Feedback Mechanism, CFM, Community Kitchen, Food distribution points, etc.) at an average of US$ 9,000 per structure.

- Solar streetlights for protection mainstreaming at cost of US$ 1,500.

- Various site improvement works through Cash for Work (CFW) modality through hiring workers at a rate of US$ 20/day.

### Coordination and IM support:

- Site level coordination meetings and support for Camp Management Agency (National) logistics at US$ 200 per meeting.

- Site level coordination meetings and support for Camp Management Agency (Sub-National / Regional) logistics at US$ 50 per meeting.

- Site level coordination meetings and support for Camp Management Agency (IDP Leaders Weekly Meetings) logistics at US$ 10 per meeting.

- Complaint Feedback Mechanism CFM booths with each booth costing US$ 200. This cost also includes complaints box contractors, feedback meetings, hotline, banners with key messages. Staff mobilization of US$ 500 per staff.

- Referral mechanism with costs including material support, referral cards and other cards at a cost of US$ 3 per referral.

- daily service mapping, daily care and maintenance monitoring includes the Site Manager's salary.

- IM salaries for IM, producing IM tools, IM products, Sitreps, minutes at US$ 5,000 (Lumpsum).

### Community Participation:

- Training/Coaching/Mentoring including COVID-19 - Basic CCCM/ToRs/ Code of conduct, SEA etc with a cost estimate of US$ 300 (Lumpsum).

- Protection mainstreaming (GBV, Disability Inclusion, PSEA, AAP) with a cost estimate of US$ 300.

- Provision of Information, Education and Communication IEC & Visibility materials including Covid 19 materials, and tools for communicating with communities 5,000 (Lumpsum)

### Capacity Building:

- Conduct basic CCCM trainings for camp level staff, govt, INGO, NNGO partner and UN Personnel estimated at 10,250/ per training all inclusive.

- Conduct basic CCCM training to IDP representatives estimated at US$ 1,000

- Conduct basic CCCM for national/regional stakeholders (care of cluster) estimated at US$ 7,500 which includes Daily Subsistence Allowance (DSA) per person per day/Transportation per person per day/meals/ refreshments/materials

- Conduct National/Regional level ToT on CCCM estimated at US$ 13,000 per training all inclusive.

- NB: Note all training above include production, provision and distribution of training resource material and production and provision of CCCM reference materials

-  Coordination by Cluster Lead Agencies:

- Coordination cost (includes personnel and admin costs for cluster co-leads.)

### Logistics Cluster:

The total Requirements for the Logistics Cluster is US$ 18.5 million for the HRP 2022. The largest amount of the budget is driven by Transportation and Storage costs, which are part of the common services delivered by the Logistics Cluster. Transportation can be provided to partners upon request between the Logistics Cluster hubs (Addis Ababa, Adama, Kombolcha, Gondar, Semera, Mekelle and Shire) and can also be delivered to final destination, subject to access. The rates for transportation vary from origin

to destination and some of the movement has to include the cost of Light vehicles for convoy leaders, convoy leaders' salaries, and demurrage costs when the cargo is delayed to reach its final destination as planned. However, the unit cost of in-land dedicated transport, including services, varies from US$ 3,000 to a maximum of US$ 5,000 for 40 MT movement between logistics hubs and final destination.

The Logistics Cluster also reserves a small portion of its transportation budget for the airlift of critical, prioritized cargo, from Addis Ababa to Mekelle. The airlift component and the prioritization of cargo is done in cooperation with the Inter Cluster Coordination Group (ICCG) to ensure an efficient use of resources. The requirement for the Logistics Cluster transportation services air and inland for 2022 is US$ 6.5 Million.

Given the limited fuel availability within Tigray region at present, the Logistics Cluster will provide refuelling services to partners for 3 months. The fuel needs are around 1.3 million litres a month, and would require US$ 6.5 Million. This cost already includes rental of fuel tankers, fuel cost, staff and support cost that will be specific for the project.

However, the operational requirements could be subject to reviews, considering possible increase of air transport for the delivery of prioritized humanitarian cargo.

The Logistics Cluster facilitates storage capacity to partners, which is available in the seven Logistics Cluster hubs. This allows partners to preposition humanitarian cargo in strategic locations. The cost of warehouse supplies of the storage space available to partners is US$ 5 per sqm. The Logistics Cluster has a total of 15,000 sqm in the 7 hubs. Additionally, the Logistics Cluster prepositions Mobile Storage Units (MSUs) across the country which can be deployed upon request. The estimated unit cost of an MSU of 320 m2 storage capacity is US$ 20,000. The unit cost of intervention in terms of earthworks and engineering services for storage areas is US$ 5,000 per Mobile Storage Unit (MSU). The budget required for storage is US$ 3.2 Million.

The Logistics Clusters supports also the humanitarian community through coordination efforts, and by identifying logistics gaps and bottlenecks faced by the partners seeks to address those challenges as a last resort service provider. The requirement for information management and coordination is US$ 2.3 million.

UNHAS: the largest portion of the yearly budget of US$ 12.5 million covers service delivery costs (staff, aircraft leasing and operational costs) for a fleet of 3 aircrafts - two C-208Bs 12-seaters mainly focusing on destinations in the Somali region (Melkadida, Dolo, Gode, Jijiga, Dire Dawa, Kebri Dahar and Warder), and one DHC8-402 76-seater to support the northern Ethiopia emergency (Tigray). The partial cost recovery component on the regular weekly schedule is US$ 200 per passenger and US$ 2 per kg of light cargo, both per flight.

# 5.3  Refugees Response Plan

## Background

Ethiopia has a long-standing history of granting asylum to refugees. The country has maintained an open-door policy for refugee inflows and provided protection to those fleeing from other countries and seeking asylum on its territory. The Government of Ethiopia continues to implement its pledges made at the 2019 Global Refugee Forum, including the realization of nine pledges submitted during the Leader's Summit in 2016 to support the gradual inclusion of refugees in national services. In addition, the Government continues its transformational agenda, including the strengthening of national systems and capacity, targeted humanitarian response, community-based public works, livelihoods and job creation, human development (integration of services), and durable solutions.

Ethiopia is the third largest refugee-hosting country in Africa, sheltering 823,959 registered refugees and asylum-seekers from 26 countries as of 31 December 2021. Refugees are forced to flee their countries of origin mainly as a result of conflict, generalized violence, persecution, serious human rights violations, forced military conscription, political instability and conflict-induced famine. The overwhelming majority of the refugees originate from South Sudan, Somalia, Eritrea and Sudan. Refugees from these countries, except Eritreans, are automatically granted asylum upon arrival in Ethiopia recognition as prima facie refugees.  The majority of refugees in Ethiopia are located in refugee camps or settlements in the Tigray, Afar, Benishangul-Gumuz, Gambella, and the Somali regional States. In addition, the country hosts more refugees and asylum-seekers in urban areas, fleeing from the conflict in Northern Ethiopia or referred from the refugee camps across the country.

The conflict and instability have spread from the Tigray region to Afar, Amhara and Benishangul-Gumuz regions and affected the local population, including refugees and other persons of concern, who are living in these areas.  The humanitarian impact on refugees, in particular Eritreans and South Sudanese, is increasing, while monitoring of the situation in refugee-hosting areas remains a challenge due to lack of access. The disruptions in the distribution of humanitarian aid supplies are contributing to the worsening of the humanitarian context, as many affected communities have remained without critical assistance for prolonged periods of time.

Furthermore, the COVID-19 pandemic continues to impact the humanitarian situation in the country. While there has not been any large-scale outbreak in the refugee camps and settlements, refugees, as well as their host communities, continue to be exposed to the risk of infection, and the delivery of humanitarian assistance is affected.

## Inter-agency Response

The updated Inter-agency Country Refugee Response Plan for Ethiopia (CRRP) 2022 outlines the multi-agency comprehensive response strategy and financial requirements of humanitarian and development partners supporting Ethiopian authorities to provide protection and multi-sectoral assistance to a projected refugee population of 924,216 individuals, by the end of 2022. This plan is also targeting some members of the affected local population and host communities for assistance through the inter-agency response mechanism. The plan will be revised as needed and complemented with further activities to scale up the inter-agency response.

## Objectives

While the strategic objectives aim at addressing the specific situations and needs, core common objectives include preserving and enhancing the protection environment and living conditions for

refugees, maintaining the civilian character of asylum; enhancing and  promoting peaceful coexistence and social cohesion between host communities and refugees; strengthening refugee protection through the expansion of improved community-based and multi-sectorial child protection, PSEA, MHPSS and GBV programmes; strengthening access to basic services in an inclusive manner in camps and outside of camps; expanding labour opportunities; supporting the implementation of the Government's Comprehensive Refugee Response Framework (CRRF) Pledges to expand access to rights, services, and self-reliance opportunities in the longer-term in line with the Global Compact on Refugees and the UNSDCF; contributing to the development of linkages to local and national development interventions; and expanding access to solutions, including resettlement and voluntary repatriation when feasible and complementary pathways such as family reunification and study and work abroad. A whole-of-society settlement approach will be furthered that places an emphasis on the expansion of existing community facilities in health, education, WASH, environmental protection, social protection and gainful employment as part of the broader refugee response.

The COVID-19 pandemic, and its implications on the overall assistance-delivery structure, has also been considered in terms of modalities of aid delivery by partners, including in the areas of WASH, education, health and community mobilization. New ways of working adopted since 2020, including the adaptation of distribution protocols to eliminate close contacts and prevent the spread of the infection, will continue to be implemented to ensure the highest levels of protection and assistance.

**Response**
A key focus of the 2022 refugee response will be on promoting socio-economic growth and access to livelihoods opportunities for urban and camp-based refugees, as well as on ensuring the provision of adequate food and nutrition. Assistance will be targeted based on the specific needs and capacities of refugees.

Cash-Based Interventions (CBI) will be expanded to address the basic needs of refugees through sectoral or multi-purpose assistance. This will be based on feasibility studies and response analysis to improve self-reliance of refugees, while assessing the impact on local markets and communities and mitigating protection risks.

In the context of the ongoing situation in Northern Ethiopia and in the Benishangul-Gumuz region, accountability towards refugees and asylum-seekers will include the continuation of the delivery of protection and basic services, including voluntary relocation to safer areas, as well as adequate responses for those, who have self-relocated to other parts of the country. To accommodate those relocated refugees, the new refugee site of Alemwach in the Amhara region will have the capacity to accommodate up to 25,000 Eritrean refugees, while more than 17,000 have been relocated to Tsore temporary site in Assosa, and new land is being identified for the relocation of refugees from Berhale camp in the Afar region.

Strengthening of registration and documentation will be rolled out through the establishment of One-Stop-Shops in each refugee camp and potentially in Addis Ababa, where services will be equally accessible to refugees and host communities. Inclusion of refugees in regional One-Stop-Centres for survivors of Gender-Based Violence (GBV) for holistic service provision and inclusion of refugee children in national Child Protection programmes will be achieved through the gradual strengthening of national services to absorb refugees, and upscale the quality of services for refugees and nationals alike.

Partners will also enhance community engagement to prevent GBV, including through engaging men and boys, challenging negative masculinities, norms and attitudes. The Refugees and Returnees Service (RRS) and partners will continue to implement the Ethiopia National Action Plan to mainstream GBV prevention and response across the sectors of Child Protection, Education, Shelter, Health, Nutrition, CBI, Livelihoods and Energy to address risks through a multi-sectorial approach.

In line with the CRRF approach, UNHCR and child protection partners promote the inclusion of refugee children in the national child protection and birth registration systems, as well as the provision of targeted support for children with specific needs in their best interest. Considering that forced displacement often exacerbates child protection risks, humanitarian actors will prioritize the support and strengthening of community-based child protection mechanisms, ensure the meaningful participation of children and empower refugee youth.

Education is a key social sector and means of protection. Access to quality learning opportunities from pre-school to tertiary education for refugees and host communities will be increased. In 2022, partners will continue to collaborate with the Ministry of Education and Regional Education Bureaus to realize the GoE pledges in this sector. In the framework of the Joint Action Plan ("Blueprint"), UNICEF and UNHCR will continue to deliver a measurably better response for refugee children and their families, focusing on education, water, sanitation and hygiene (WASH) and child protection in 2022, undertaking programming activities and engaging development actors to ensure that children and their families can enjoy their rights and access national services.

**Monitoring**

Inter-agency partners within the CRRP have developed a monitoring framework based on agreed indicators to measure progress, as well as gaps per sectoral response activities. This will include disaggregated population data and profile, sector data and routine collection of programme indicators to inform multi-sector analysis. Protection monitoring, assessments and evaluation remain key components to ensure that key outcomes are met, and corrective action is taken, where necessary, and to promote meaningful participation of persons of concern. Importantly, the framework will be implemented to ensure prioritized attention to persons with specific needs. The monitoring framework of the CRRP also establishes coordinated and common reporting tools, determines methods of obtaining indicators, assigns responsibility for information gathering, determines timeframe
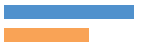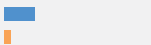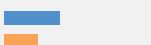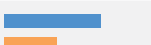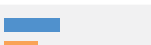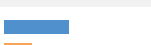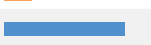
and frequency of data collection and establishes clear mechanisms for knowledge and information sharing. Refugee-Led Organizations (RLOs) will be engaged in relevant planning, coordination, and decision-making fora to ensure meaningful participation of refugees and strengthen localized approaches. Communication with Communities (CwC) will be strengthened by using means that are appropriate and accessible to all groups in a community, as well as by establishing and operating feedback and response systems, including for confidential complaints, such as helplines, suggestion boxes, Short Message Service (SMS) systems. The AGD approach is central to the Ethiopia refugee response and requires that all actors in the response consider the distinct needs and views of affected populations. Finally, the humanitarian and development community in Ethiopia is strongly committed to implement and monitor the Strategy on Protection from Sexual Exploitation and Abuse (PSEA), in an effective and well-coordinated manner

5.4
# Planning Figures by Sector and by Geography

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US$) | PARTNERS |
|---|---|---|---|
| >20M | >20M | $3.09B | 116 |

## By sector

| | SECTOR/MULTI-SECTOR | PEOPLE IN NEED | PEOPLE TARGETED | IN NEED / TARGETED | REQUIREMENTS (US$) | | OPERATIONAL PARTNERS |
|---|---|---|---|---|---|---|---|
| | Agriculture | 17.5M | 11.5M | | $176.8M | | 30 |
| | CCCM | 4.2M | 0.9M | | 36.8M | | 7 |
| | Education | 9.7M | 2.9M | | $86.6M | | 27 |
| | ES NFI | 7.8M | 4.5M | | $142.5M | | 47 |
| | Food | 20.4M | 20.4M | | $1,684M | | 3 |
| | Health | 13.1M | 7.1M | | $209.0M | | 41 |
| | Logistics | - | - | | $31.0M | | 62 |
| | Nutrition | 7.5M | 4.5M | | $305.4M | | 28 |
| | Protection | 8.8M | 3.7M | | $277.3M | | 63 |
| | WASH | 16.3M | 8.6M | | $120.1M | | 59 |
| | Coordination and CS | - | - | | $15.6M | | 10 |

## By geography

| PROVINCE | PEOPLE IN NEED | PEOPLE TARGETED | ■ IN NEED ■ TARGETED |
|---|---|---|---|
| Addis Ababa | 0 | 35k* | |
| Afar | 1.3M | 1.2M | |
| Amhara | 6.4M | 5.7M | |
| Benishangul Gumz | 541k | 393k | |
| Dire Dawa | 84k | 51k | |
| Gambela | 112k | 95k | |
| Harari | 30k | 20k | |
| Oromia | 9.1M | 5.2M | |
| Sidama | 290k | 125k | |
| SNNP | 2.2M | 1.3M | |
| Somali | 4.1M | 4.2M** | |
| South West | 263k | 94k | |
| Tigray | 5.3M | 5.2M | |

\* Returning migrants were not included in the inter-sectoral PIN calculation because of lack of indicator data. But their estimated target is included for Addis Ababa as their main point of entry.

\*\* Following the intersectoral needs analysis, the target for drought-affected areas was updated by few clusters based on the latest information on the drought situation and related response needs. This led to a target for Somali region that is slightly higher than the initially estimated people in need.

## 5.5
# What if We Fail to Respond?

The cost of inaction will be high on the lives of millions of the most vulnerable Ethiopians, whom the majority are women and children. Hunger and acute malnutrition will strike, public health diseases and outbreaks will be a substantial threat, and exposure to protection risks will amount. Failure to respond will jeopardize restoring and enhancing the livelihoods of conflict displaced people, host communities, returnees, and vulnerable people. Failure may well lead to irreversible harm with implications to the affected population and will cause further vulnerabilities.

More than 20 million most vulnerable Ethiopians will be supported through distribution of cash and in-kind food rations, and 4.5 million people will receive nutrition interventions. Lack of action will bring them to the brink of hunger and severe malnutrition, and potentially leading to higher mortality rates, especially among children under five years. Failure to provide adequate nutrition rich food basket will result in worsened food consumption gaps, exposing the household to negative coping mechanisms, at times with irreversible consequences. Food insecurity will further deteriorate if the agricultural sector is not supported to improve crop production, access to seeds and tools, and enhancing livestock health and production for farming and pastoralist communities.

Similarly, millions of people, including those with physical injuries, disabilities, mental health needs, and survivors of sexual and gender-based violence, will not have access to essential lifesaving health services if we do not act. Mitigating and responding to health emergencies and epidemic prone disease outbreaks, including COVID-19 pandemic, will be compromised if there is no proper intervention. Recovery and restoration of essential health facilities disrupted or damaged will be put on hold and deprive more people from receiving health care services.

Failure to deliver the required services in displacement camps will deny more than 930,000 targeted internally displaced people the appropriate physical, social and cultural environment and will exacerbate the vulnerabilities of women, children and those living with special needs. Without adequate shelter, people may be left exposed to the elements, secondary displacement, and increased needs.

If we fail to respond, protection concerns are likely to worsen. Survivors of violence and abuse will be left without life-saving support, exposed to further victimization. The cost of inaction in responding in children's needs will have damaging, irreparable effects on them including on their growth, development, and mental health and psychosocial well-being. Without child protection interventions, children will be more vulnerable to violence, exploitation, abuse, harmful practices, and resorting to negative coping mechanisms, including child marriage, child labor, and transactional sex.

Failure or delay in responding would increase the number of children dropping out of school, putting girls and boys at much higher risk of violence along with the loss of learning opportunities. Learning losses will be huge and the need for investment in school infrastructure and catch-up programmes will continue to increase. About 2.6 million crisis-affected girls, boys, including children with disabilities, will lose equitable access to safe, protective, and conducive learning environments while the capacity of education institutions and personnel will be weakened.

Significant humanitarian WASH needs are projected in Ethiopia in 2022, with more than an estimated 16 million people in need of assistance. Failing to respond will decrease their access to adequate, safe, water supply and sanitation and will jeopardize the dignity of vulnerable people including women, children, people with disabilities, and the elderly. Finally, the life, livelihoods, and well-being of the affected people will be impacted if the timely delivery of life-saving humanitarian cargo is hampered by operational and security challenges.

5.7
# How to Contribute

To see the country's humanitarian needs overview, humanitarian response plan and monitoring reports, and donate directly to organizations participating to the plan, please visit https://www.unocha.org/ethiopia

**Government of Ethiopia**
The Government of Ethiopia has a risk financing mechanism for humanitarian and development interventions. Bilateral financial support directly targeting the Government of Ethiopia can be made through this channel.

**Support projects within the Ethiopia Humanitarian Response Plan**
Direct financial contributions to reputable aid agencies, coordinated through the Clusters, are one of the most valuable and effective forms of response in emergencies. Proposed projects by aid agencies are reviewed by Clusters on whether they are in line with the HRP cluster response plans and whether there are no duplications and the most critical response gaps are addressed. A list of endorsed projects is available.

**Contribute through the Central Emergency Response Fund (CERF)**
The CERF provides rapid initial funding for life-saving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website: https://cerf.un.org/donate

**Contribute through the Ethiopia Humanitarian Fund (EHF)**
The Ethiopia Humanitarian Fund (EHF) is a country-based pooled fund (CBPF). CBPFs are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC) and managed by OCHA, at the country level under the leadership of the Humanitarian Coordinator (HC). Find out more about CBPFs and how to make a contribution by visiting: https://www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpf

For information about the EHF, please visit https://www.unocha.org/ethiopia

**In-kind relief**
The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the supplies that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please contact: logik@un.org

Registering and recognizing your contributions OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity, to show the total amount of funding, and to expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form: https://fts.unocha.org

## 5.8
# Acronyms

| | | | | |
|---|---|---|---|---|
| **5W** | Who does What, Where, When and for Whom | | **CRRP** | Country Refugee Response Plan for Ethiopia |
| **AAAQ** | Availability, Accessibility, Acceptability, and Quality | | **CSG** | Child Safeguarding |
| **AAP** | Accountability to Affected Populations | | **CVA** | Cash and Voucher Assistance |
| **AGD** | Age, Gender and Diversity | | **CwC** | Communication with Communities |
| **ALP** | Accelerated Learning Program | | **CwD** | Children living with disabilities |
| **AOR** | Area of Responsibility | | **CWG** | Cash Working Group |
| **ASR** | Accelerate School Readiness | | **DCF** | Donor Cash Forum |
| **BSFP** | Blanket Supplementation Feeding | | **DRM-ATF** | Disaster Risk Management Agriculture Task Force |
| **CBCMs** | Community-Based Complaint Mechanisms | | **DRMTWG** | Disaster Risk Management Technical Working Group |
| **CBI** | Cash-Based Interventions | | **DSA** | Daily Subsistence Allowance |
| **CBOs** | Community Based Organisations | | **DTM** | Displacement Tracking Matrix |
| **CBPF** | Country-Based Pooled Fund | | **EDRMC** | Ethiopia Disaster Risk Management Commission |
| **CCCM** | Camp Management and Camp Coordination | | **EFY** | Ethiopia Fiscal Year |
| **CCRDA** | Consortium of Christian Relief and Development Associations | | **EHF** | Ethiopia Humanitarian Fund |
| **CCS** | Coordination and Common Services | | **EHRC** | Ethiopian Human Rights Commission |
| **CERF** | Central Emergency Response Fund | | **EiE** | Education in Emergency |
| **CFMs** | Complaints and Feedback Mechanisms | | **ENCU** | Emergency Nutrition Coordination Unit |
| **CFRM** | Complaint, Feedback and Response Mechanism | | **EORE** | Explosive Ordnance Risk Education |
| **CMAM** | Community Management of Acute Malnutrition | | **EPHI** | Ethiopian Public Health Institute |
| **CMR** | Clinical Management of Rape | | **ERC** | Emergency Relief Coordinator |
| **CO** | Cluster Objective | | **ERM** | Emergency Response Mechanism |
| **CP** | Child Protection | | **ES/NFI** | Emergency Shelter and NFI |
| **CRRF** | Comprehensive Refugee Response Framework | | **FCR** | Full Cost Recovery |
| | | | **FMOH** | Federal Ministry of Health |

| | | | |
|---|---|---|---|
| **FSC** | Food Security cluster | **IRC** | International Rescue Committee |
| **FSMS** | Food Security Monitoring System | **IYCF-E** | Infant and Young Child Feeding in Emergencies |
| **FSPs** | Financial Service Providers | **LC** | Logistics Cluster |
| **FTR** | family tracing and reunification | **MAM** | Moderate Acute Malnutrition |
| **FTS** | Financial Tracking System | **MHNT** | Mobile Health and Nutrition Teams |
| **GBV** | Gender-Based Violence | **MHPSS** | Mental Health and Psychosocial Support |
| **GoE** | Government Of Ethiopia | **MISP** | Minimum Initial Service Packages |
| **GTWG** | Gender Technical Working Group | **MIYCF** | Maternal, Infant and Young Children Feeding |
| **HC** | Humanitarian Coordinator | **MNP** | Micronutrient supplementation |
| **HCT** | Humanitarian Country Team | **MPC** | Multi-Purpose Cash |
| **HDP** | Humanitarian-Development-Peacebuilding | **MRP** | Migrant Response Plan |
| **HEA** | Household Economy Approach | **MSU** | Mobile Storage Unit |
| **HH** | Household | **MT** | Metric Tonnage |
| **HINGO** | Humanitarian-International Non-Government Organization | **NFI** | Non-Food Items |
| **HLP** | Housing, Land and Property | **NGO** | Non-Government Organization |
| **HNO** | Humanitarian Needs Overview | **NNGO** | National Non-Government Organization |
| **HPC** | Humanitarian Planning Cycle | **OCHA** | United Nations Office for the Coordination of Humanitarian Affairs |
| **HQ** | Head Quarters | **OHCHR** | Office of the United Nations High Commissioner for Human Rights |
| **HRP** | Ethiopia Humanitarian Response Plan | **OPD** | Out-Patient Department |
| **IA** | Inter-Agency | **OSCs** | One Stop Centres |
| **IAAWG-E** | Inter-Agency Accountability Working Group of Ethiopia | **OTP** | Outpatient Therapeutic Program |
| **IASC** | Inter-Agency Standing Committee | **PASS** | Provision of Access Satisfaction Survey |
| **ICCG** | Inter-Cluster Coordination Working Group | **PC** | Prioritization Committee |
| **IDPs** | Internally displaced people | **PDM** | Post-Distribution Monitoring |
| **IEC** | Information, Education and Communication | **PFA** | Psychosocial First Aid |
| **IGAs** | Income Generating Activities | **PiN** | People in Need |
| **IM** | Information Management | **PLW** | Pregnant and Lactating Women |
| **IMWG** | Information Management Working Group | **PMT** | Performance Management Tool |
| **INGO** | International Non-Government Organization | | |
| **IOM** | International Organization for Migration | | |

| | | | | |
|---|---|---|---|---|
| **PSEA** | Prevention of Sexual Exploitation and Abuse | | **ToT** | Training of Trainers |
| **PSNP** | Productive Safety Net Program | | **TSFP** | Targeted Supplementary Feeding Program |
| **PSS** | Psychosocial Support | | **TWiG** | Technical Working Group |
| **PSS** | [Logistics cluster] Passenger Satisfaction Survey | | **UGC** | User Group Committee |
| **RCCE** | Risk Communication and Community Engagement | | **UN** | United Nations |
| **RENCU** | Regional Emergency Nutrition Coordination Unit | | **UNFPA** | United Nations Population Fund |
| **RGA** | Inter-Agency Rapid Gender Analysis | | **UNHAS** | United Nations Humanitarian Air Service |
| **RH** | Reproductive Health | | **UNHCR** | United Nations High Commissioner for Refugees |
| **RHB** | Regional Health Bureaus | | **UNICEF** | United Nations Children's Fund |
| **RITA** | Relief Item Tracking Application | | **VA** | Victim Assistance |
| **RLOs** | Refugee-Led Organizations | | **WASH** | Water, Sanitation and Hygiene |
| **RPM** | Response Planning and Monitoring | | **WFP** | World Food Program |
| **RRS** | Ethiopian Refugees and Returnees Service | | **WG** | Working Group |
| **RRT** | Rapid Response Team | | **WGFS** | Women and Girls' Friendly Spaces |
| **RUSF** | Ready-to-Use Therapeutic Foods | | **WHO** | World Health Organization |
| **SADD** | Sex-And Age Disaggregated Data | | **WLOs** | Women-Led Organisations |
| **SAG** | Strategic Advisory Group | | **WROs** | Women-Rights Organisations |
| **SAM** | Severe acute malnutrition | | | |
| **SC** | Steering Committee | | | |
| **SEA** | Sexual Exploitation and Abuse | | | |
| **SMS** | Short Message Service | | | |
| **SNFs** | Specialized Nutritious Foods | | | |
| **SNNP** | Southern Nations Nation and Peoples | | | |
| **SOPs** | Standard Operating Procedures | | | |
| **SP** | Specific Objectives | | | |
| **SRC** | Strategic Review Committee | | | |
| **SRFs** | Service Request Forms | | | |
| **SRH** | Sexual & Reproductive Health | | | |
| **TLS** | Temporary Learning Spaces | | | |

5.9
# End Notes

1   The intersectoral target considers only humanitarian interventions that alleviate affected population's humanitarian needs directly, and hence excludes activities related to awareness raising and training.

https://www.humanitarianresponse.info/en/operations/ethiopia/ethiopia-cash-working-group

https://www.calpnetwork.org/publication/feasibility-study-on-cash-and-voucher-assistance-in-amhara-and-gambella-regions-of-ethiopia/

2   Due diligence will include, at a minimum, document verification together with local administrators, as well as social confirmation practices to support or verify claims of rights over land, or housing/property rights over assets.

3   In line with inter-agency guidelines, the national child protection case management framework and the 2021 Northern Standard Operating Procedures (SOP) on Family Tracing and Reunification and Alternative Care.

4   1) enhancing access to multi-sectoral lifesaving interventions for GBV survivors as well as vulnerable women and girls, 2) empowering and strengthening the community's strategies, especially of women and girls, to mitigate and cope with GBV risks, and 3) enhancing GBV risk mitigation in other sectors through GBV integration and mainstreaming

5   Level 1 activities include basic and multisectoral services that support the dignity and well-being of children and community; Level 2 includes community and family strengthening supports to recovery resilience, etc. usually delivered by communities themselves; Level 3 includes focused and non-specialized activities provided by trained and supervised workers to individuals, families or groups with mental health conditions; and level 4 services are specialized services, provided by clinicians (psychologists/psychiatrists) to those with severe mental health conditions or distress, beyond the scope of general social and health care services".

6   Activities focused mainly on raising awareness and education around the risks associated with unexploded ordnance.

# HUMANITARIAN
# RESPONSE PLAN
## ETHIOPIA