

# Ethiopia: Conflict Displacement Situation Report

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## Executive Summary

This document has been prepared jointly by OCHA and the National Disaster Risk Management Commission (NDRMC), in partnership with Cluster Coordinators, to provide an update on the situation of populations displaced due to conflict on the border between Oromia and Somali regions, and to inform efforts in mobilizing additional international funding and resources in support to the current response.

## I. Displacements Overview

### A. Timeline

The humanitarian situation in Ethiopia has been further exacerbated by an upsurge in conflict around the border areas of Oromia and Somali regions, since early September 2017. Over the course of the following months, the conflict has left hundreds of thousands displaced, often in areas already experiencing ongoing drought-related humanitarian need. Nearly all districts along the regional borders were affected.

According to the National Disaster Risk Management Commission (NDRMC) estimate, some 857,000 people had been displaced by the Somali-Oromia conflict (this includes displacements recorded prior to August-September). Meanwhile, preliminary data from the latest round of the IOM Displacement Tracking Matrix<sup>1</sup> conducted in November 2017 indicates that around 1 million persons have been displaced due to conflict along the Oromia-Somali regional border (nearly 700,000 in 2017 alone, with a significant spike after September 2017).

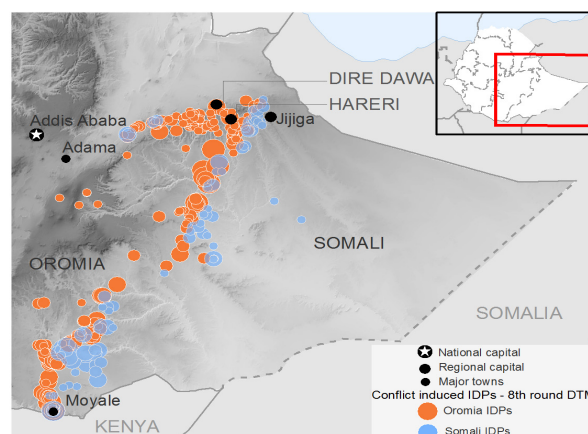
### Displacements conditions

The conflict IDPs are settled in close to 400 locations, either in IDP sites, with host communities or in “collective centers” along the border areas and in major towns or villages across Oromia, Somali, Harar regions, and Dire Dawa and Addis Ababa cities.

- IDPs in spontaneous or planned camps/sites

Around 637,000 IDPs (60 per cent) are living in 145 spontaneous or planned camps/sites in the border areas.

This includes 68,000 Somali IDPs – displaced between mid-2015 and end 2017 - living in Qoloji IDP site on the Jijiga-Harar road.



Current displacement sites due to the Somali-Oromia conflict (DTM Round 8, November-December 2017)



IDPs in collective center, Hamaressa, Harar town



IDPs in Qoloji IDP site, Somali Region

<sup>1</sup> In October, the National Disaster and Risk Management Commission (NDRMC) proposed to use the IOM Displacement Tracking Matrix (DTM) as the main information source to confirm IDPs' locations and numbers. Eight rounds of DTM have taken place in 2017. DTM Round 8 was conducted between November and December 2017 and is currently under review by NDRMC.

- IDPs in transit or collective centers

Some 100,000 IDPs live in transit/collective centers. Most of these are Oromos, with most of the largest sites being located in major towns: Addis Ababa (2,500), Dire Dawa (4,700), Harar (4,500), Adama (3,100), Chiro (4,700). Some 4,000 Somali IDPs are also located in a youth recreation center in Dire Dawa.

- IDPs living with host communities

At least 256,000 IDPs live amongst host communities or relatives in the border areas or dispersed in the two regions, including around 5,000 Oromos displaced from Somaliland and dispersed in various locations in Oromia region.

Often having fled with nothing more than personal possessions at hand, most of the IDPs remain in precarious conditions, fully dependent on Government and international humanitarian assistance, or the generosity of the host community, which often times are themselves vulnerable due to drought impact. The needs of the displaced population significantly varies according to past livelihoods and the displacement categories they are in. While those displaced in spontaneous sites and/or camps are mainly pastoralists, those in transit and collective centers are mainly those displaced from cities and major towns, and who were engaged in various professions. Across the board, the conflict and subsequent populations displacements have generated major protection concerns (child separation, SGBV, access to assistance).

## II. Humanitarian needs snapshot

While the results of the November-December *meher* assessment (national, multi-sector needs assessment) findings in Oromia and Somali regions are still being discussed with federal authorities, the needs outlined below are an analysis of assessments conducted in October, DTM Round 8 and preliminary national needs assessment findings.

A regular supply of food for the IDPs in both regions needs to be further secured (details in Food Sector breakdown below).

To improve targeting and reduce the potential for sudden spikes in moderate malnutrition (MAM) and corresponding increases in severe malnutrition (SAM) incidence, the Nutrition Cluster identified the need to maintain high level NGO support to Government community management of acute malnutrition (CMAM) services (including targeted supplementary feeding, stabilization, outpatient therapeutic feeding programme, and infant and young child feeding in emergencies) and strengthen screening, referral pathways and monitoring of nutritional services for host and IDP communities. Where needed, consider the use of Mobile Health and Nutrition in contexts under the guidance of regional health bureaus.

To offset increased consumptions of medicine and medical supplies for routine and outbreak response due to the IDP response, the Health Cluster identified the need to increase supplies by 25 per cent.. In addition, maintaining NGO operations, addressing capacity gaps of Regional Health Bureaus rapid response teams and MHNTs targeting IDP-hosting areas are critical.

The needs for safe water has been significantly increasing due to the displacement, absence of available safe water sources and impact of below-normal autumn *deyr* rain. In addition, the majority of IDPs do not have access to sanitation facilities. A lack of sanitation and hygiene facilities have imposed a public health risk.

An analysis of DTM Round 8, ongoing response and ES/NFI partner assessments indicate that as of 16 January 2018, some 110,000 households need urgent ES/NFI support. More than 58,000 households are in Oromia region and more than 41,000 households are in Somali region.

At least 93,000 conflict-displaced school-aged children in Oromia and Somali (of the 250,000 identified in DTM Round 8) have their schooling interrupted due to displacement, and hence require the full package of education in emergency services – which includes temporary learning facilities, WASH services, school feeding and learning stationary.

Due to the increase in protection-related incidences and risks as a result of the conflict-induced displacements, emergency protection service, such as family reunification, tracing, and GBV intervention are urgently required. More than 1,500 children in Oromia and Somali regions, are reported to be separated or unaccompanied. Most of the assessed districts affected by the conflict in Oromia and Somali regions confirmed the existence of GBV, which was mostly reported as sexual violence, psychosocial distress and domestic violence.

The Agriculture and Livestock Cluster identified 33,000 agro-pastoralist IDP households in Oromia (able to cultivate cereal crops due to some access to land) and 19,000 pastoralist IDP households in Somali (kitchen gardening, restocking with small ruminants

livestock feed, health, bee keeping and poultry interventions) that require support to address immediate needs and reduce longer term humanitarian assistance using the available opportunities based on geographic, pre-displacement household livelihood, and access to resources in displacement.

### III. National Plan for conflict IDPs

In response to the current conflict and subsequent displacement, the Ethiopian government has put a number of political and humanitarian measures in place. In early September, The Ethiopian Prime Minister established a National Steering Committee under the Ministry of Federal and Pastoralist Affairs to specifically look into the humanitarian impact of the Oromia-Somali conflict, address identified needs and work to normalize the situation and ensure service continuity. The National Disaster Risk Management Commission (NDRMC) and the National Security Force are members of the Steering Committee, which is meeting on a weekly basis. In the initial weeks of displacement, a joint Disaster Risk Management Technical Focus Group - DRMT-FG meeting (with cluster members, donors and Line Ministries) had been convening regularly under the chairmanship of NDRMC and co-chaired by OCHA, to ensure a coordinated, multi-sector response to the conflict-affected and host populations.

NDRMC will be convening the Disaster Risk Management Technical Working Group in the next week, to share an update with partners on Government plans, and to review the conclusions of the exercise being managed by OCHA to secure further response mobilization by humanitarian partners down to site level (details below).

Overall, the Government plan to address the conflict displacement revolves around two options:

- Voluntary return to areas of origin

To discourage protracted displacement situations and to uphold the constitutional right of Ethiopian citizen to reside in areas of their choosing regardless of ethnicity, religion or political belief, the Government's primary preference is to encourage voluntary return, where security situation allows.

Government-led community peacebuilding/reconciliation efforts that are currently underway are also with a view to establishing conditions for return for the hundreds and thousands displaced.

As of the end October, around 60,000 Somali IDPs were believed to have been returned to their villages of origin in Moyale district. Recent reports also indicate that most IDPs in Guchi district (Borana zone, Oromia region) returned to their areas of origin. However, recurrent instability in these areas may not make their return sustainable. Overall, all indications point to the likelihood of the majority of the displaced population remaining in displacement in the short and medium term. Intention surveys conducted in a few sites across both regions show that return was not considered as an option by these IDPs.

- Voluntary resettlement and integration with host community

On 4 January 2018, the Government of Ethiopia had announced an allocation of ETB 500 million (\$18.6 million) to rehabilitate over 500,000 people displaced by the conflict around the border areas of Oromia and Ethiopian Somali regional states. The allocation was made after the House of People's Representatives (HPR) received a report by a team deployed to see the conditions of the displaced people. And on 16 January 2018, a public statement by the Minister of Government Communication Affairs announced the mobilization of some US\$40 million from state and private entities for the relocation or local integration of the displaced.

In Oromia region in particular, the regional government has started implementing a phased rehabilitation program. Accordingly, some 86,000 persons (14,000 households) are scheduled to settle in 12 towns of the region under phase 1. The resettlement programme is based on the ongoing IDPs verifications exercise by Haromaya University. A regional committee has been set up to oversee the implementation of the IDP rehabilitation.

Where extended families are known and/or traced, the Government has been encouraging people to move-in with them, and where accepted, supporting transport to destination.

### IV. International humanitarian response

Details of response provided to-date are included in the sector-specific reporting on the following pages.

A new exercise to secure further commitments from partners, to respond to the needs of the conflict IDPs in their areas of existing operations, has been launched:

In connection with the work of the Disaster Risk Management Technical Working Group (DRMTWG), OCHA has been facili-

tating an exercise amongst humanitarian members of clusters, making use of information captured by the latest 'Round 8' of the IOM-supported Displacement Tracking Matrix (DTM) on the location of conflict IDP sites / concentrations. The exercise will allow for three statements to be more clearly answered: i) what response has been delivered, or could be delivered with existing resources used flexibly; ii) what further response are partners ready to commit to provide if additional resources are made available; and, iii) are there impediments to providing a response in areas of proposed operations.

This exercise has been designed to increase commitments to respond in areas where humanitarian partners already have an active presence, though which may until now have been focused more on drought response. Further prioritization and targeting of humanitarian partner response will be considered in line with the conclusions of additional analysis of the data from DTM Round 8, which includes respondent feedback on whether key services and assistance are available at site level. All operational coordination in this regard will be handled in partnership with regional line bureaus.

Several donors – including ECHO, OFDA and the Ethiopia Humanitarian Fund – have made it clear to partners that there is flexibility to retarget allocated funds in areas of operations to people with the most acute needs, i.e. that funding initially provided for drought response can also be used to address the needs of conflict IDPs.

### **c) Access constraints**

Partners involved in the inter-Cluster 'plus' exercise have now confirmed that access to almost all sites hosting Oromia-Somali conflict IDPs is possible, despite occasional difficulties. Between August 2017 and January 2018, around 270,000 persons (drought-affected and conflict IDPs) in Dawa zone (south of Somali region) have had no access to WFP food distributions. Access to Dawa zone should however improve in 2018 with the completion of a new bridge allowing direct road connection with the rest of Somali region. Given the narrow nature of the bridge, however, it is advised that all humanitarian supplies are moved before rainy season, as there is high likelihood of the river overflowing.

As of the end of December, some 146 schools (109 in Oromia and 37 in Somali with over 50,000 school-aged children out of school) were closed and 73 health facilities (including AWD treatment facilities in Fafan zone of Somali region) were intermittently closed.



Overall, access to some *kebeles* (lowest administrative level) along the border areas with ongoing/ intermittent conflict remains a challenge for all sectors. In other cases, partners face some issues in acquiring/ sustaining services from private contractors who fear damage to property whilst operating in conflict-affected areas. Despite this, majority of access constraints can be relieved with logistical alternatives.



# Sector Breakdown: Response and Constraints



## Food

### Target

In Oromia region, the Government of Ethiopia, through the National Disaster Risk Management Commission (NDRMC) aims to target nearly 600,000 IDPs, and WFP is supporting some 300,000 IDPs in the Somali region.

### Response approach

- The NDRMC and WFP plan to respond to the acute food needs of approximately 900,000 IDPs affected by the conflict in Oromia and Somali regions. IDP households are being prioritised for food assistance activities including the household food distributions and have been folded into humanitarian caseload in both regions.

### Response to date:

- NDRMC dispatched some 4,000MT of food rations to Somali region in October for conflict IDPs. This was part of the Government first round of IDP food distribution.
- In Somali region, WFP included conflict IDP households in Round 6 and 7 of the general food distribution. In Round 6, WFP distributed 2,032MT in Somali region, assisting around 58 percent of planned IDPs (nearly 120,000 out of 206,000 planned) IDPs. In Round 7, the IDP caseload increased to 294,000, and 56 percent (2,787MT of the 4,989MT) of the planned tonnage was dispatched and nearly 20 per cent was distributed as of 15 January.
- In Oromia region, NDRMC has responded to the influx of IDPs since September 2017 through distribution of food rations. In the first round of IDP food distribution, about 716,096 IDPs received 12,203MT of food rations, 7,333 cartons of biscuits and 10 cartons of milk powder. The number of IDPs planned to be assisted in the second IDP food distribution round is about 600,000, with 11,098MT of which over 7,500MT were dispatched so far. The NDRMC also reported the distribution of 4,316MT of food, 172 cartons of biscuits and 172 cartons of milk powder to assist 26,546 in Hawi Gudina *woreda* of West Hararge zone, in addition to the IDPs assisted in round 1 and round 2.

### Constraints:

- The conflict along the Oromia and Somali regional border, has disrupted supply routes, impacting the delivery of both commercial and humanitarian commodities to the south-eastern parts of the country. Supplies of cereals and other food crops from the Hararge highlands to the Somali region have been severely affected, and this may result in price increases and shortage of some commodities in the markets.
- Food cluster partners, particularly WFP, had intermittent access to some Somali border areas affected by conflict around the border areas of Oromia and Somali regions, resulting in an average of 2 to 3-week delay in relief food dispatch and distribution in Rounds 6 and 7.
- The high number of food distribution points (FDPs) in Somali region (over 2000) continues to pose logistics challenges, and can result in delays in food deliveries.
- To cover the food needs of the IDPs, food cluster partners will require an estimated allocation of 15,255Mt of food in each round, (61,020Mt for four rounds in first half of 2018). Some 67 percent of the food (10,170MT for each round and 40,680MT for four rounds) will be required in the Oromia region which is supported through NDRMC - there are indications of pipeline challenges for the regular HRD beneficiaries in this region.
- Coordination and sequencing of GFD in the respective regions, to mitigate security concerns and the perception of bias in the provision of assistance.
- Coordination of the GFD and nutrition interventions is critical to maximize positive recovery outcomes.



## Agriculture

### Target

33,000 agro-pastoralist households in Oromia and 19,000 pastoralist households in Somali

### Response approach and target:

- The cluster response strategy aims to address immediate needs and provide a foundation for recovery using the available opportunities based on geographic, pre-displacement household livelihood, and access to resources (e.g. land). In Oromia region, it is estimated that 30 per cent of the IDPs (approximately 33,000 households) are agro-pastoralists and are able to

cultivate cereal crops and pulses. In Somali region, an estimated 93 per cent of IDP households do not have access to land for cultivation, thus kitchen gardening and livelihoods interventions will be prioritized for approximately 19,000 households.

- In collective centers and urban settings, the cluster is prioritizing kitchen garden kits, limited restocking of poultry and small ruminants, livelihoods diversification and skills development.
- Within host communities and spontaneous sites, and for those households with access to land, the cluster will support the provision of crop seeds and training on crop production.
- Some households have been displaced with their livestock to areas experiencing livestock feed shortages. For this group will be supported with animal health treatments and supplementary feeding for essential core-breeding animals.

#### Response to date:

- N/A

#### Constraints:

- IDPs with access to land (even small plots sufficient for vegetable gardening) have greater opportunities for improvement in nutrition and food security. For those without access, the response is limited.
- The number of IDPs displaced with their livestock in Somali region has not been identified. Pending an assessment, interventions will be limited to kitchen gardening and livelihoods diversification.
- Urgent funding is required before the onset of the next rainy season (March 2018). Delayed intervention would significantly heighten risk for livestock loss.

## Education

#### Target

93,000 conflict-displaced school-aged children in Oromia and Somali.

#### Response Approach

- The Education Cluster aims to target 49,252 conflict-displaced children in Oromia and 43,907 children in Somali regions (who have no access to education) with a full education in emergency response, including provision of temporary learning classrooms, school feeding, WaSH, learning stationary and psychosocial support. This represents 37 per cent of the total conflict displaced school-age children identified by DTM Round 8.
- DTM Round 8 identified nearly 250,000 displaced school aged children of which more than 144,000 were in Oromia region and nearly 111,000 were in Somali region.
- The Cluster is coordinating closely with the WaSH Cluster for school WaSH activities and with the Protection Cluster in areas of psychosocial support for school children and teachers.

#### Response to date:

- The INGO Imagine1day has signed an agreement with UNICEF to support 4,000 conflict-displaced pre-primary school age children in Oromia region.
- The National NGO Ogaden Welfare and Development Association (OWDA) is supporting the education of 1,000 pre-school age displaced children and 2,400 primary school age children in Somali region, through UNICEF support.

#### Constraints:

- Teacher/students ratio is 1 to over a hundred; and classrooms in host community schools are overcrowded as they are accommodating displaced students. On the other hand, teachers of closed schools are not working as they await the re-opening of the schools once the security situation normalizes and/or students return.
- The 2017 November/December *meher* assessment identified 109 primary schools closed in Oromia region and 41 in Somali region as a result of conflict around the border areas of Oromia and Somali regions.
- If no response is provided, some 93,000 conflict IDP school age children will remain out of school.



## Emergency Shelter and Non-Food Item (NFI)

### Target

110,000 IDP households with in-kind and/or cash support.

### Response approach and target:

- The cluster has been flexibly adjusting its targeting and response priorities based on findings and figures as assessed and verified on the ground. Since September 2017, when the recent wave of Oromia-Somali conflict flared-up, the cluster conducted or participated in 17 assessments, including five multi-sector assessments, in both regions.
- As of the end of December 2017, the cluster identified 149,046 priority households that were settled in a range of IDP settlement, including collective centers, spontaneous settlements and host family accommodation that required shelter/NFI assistance according to DTM 8.
- The cluster is coordinating the response with the WaSH Cluster through joint verification assessments to ensure that the distribution of ES/NFI kits corresponds with WASH activities.

### Response to date:

- As of January, nearly 60,000 were supported by the ES/NFI cluster. 29,733 households were supported with full ES/NFI kits, 17,150 households with partial kits and 12,833 households assisted with cash grants in districts located in Bale, Borena, Guji, East and West Hararge, zones of Oromia region, and in Erer, Dawa, Fafan, Liben and Noqob zones of Somali region.
- As of January 2018, the cluster has 30,708 full kits and 3,500 cash grants in stock and/or pipeline which are allocated to address the needs of people displaced by the Oromia-Somali conflict.

### Constraints:

- The cluster will support an additional 30,208 HH in the coming months, leaving a gap of 76,076 households in need of ES/NFI assistance. With the current needs exceeding the ES/NFI stocks and pipeline, the pipeline is de facto “broken”. The cluster is forced to prioritize its response to challenging levels. Many extremely vulnerable beneficiaries are excluded in distributions and left in unsafe/life threatening conditions.
- Monitoring of use of cash distributions has been a challenge due to insecurity and access, although cash Post Distribution Monitoring (PDM) is planned for January to gain an overall understanding of the impact of this modality. The cluster is prioritizing this modality in locations close to the border where cash is feasible to support families with an immediate and effective response.
- Greater inter-cluster coordination is required in order to ensure that multi-sectoral needs are addressed for all the conflict-displaced families.



## Health

### Response approach and target:

- Hosting communities' pay for health services at health facilities within their communities. Some IDPs do not have the capacity to pay for the service, creating a potential barrier to health services. However, in areas hosting IDPs, the Health Cluster has seen an increased utilization of medicines and medical supplies, which indicates that a local arrangement to facilitate access to services may have been found. This is not sustainable.
- To increase coverage and supplement the static health facilities, the Health Cluster deployed Mobile Health and Nutrition Teams (MHNT) to provide health and nutritional services to IDPs and hosting communities. The decision to include hosting communities aimed to reduce the erosion of local agreements for support systems.
- Ensuring AWD rapid response teams are available in IDP areas to respond any reported cases in collaboration with WASH cluster to increase adherence with water quality standards.

### Response to date:

- 11 MHNTs are functional in Somali region and 11 MHNTs in Oromia region target IDP sites and hosting areas.
- Health Cluster partners, including SCI and CCM, received medical kits/supplies to enable emergency health interventions targeting IDPs in Somali and Oromia regions, with WHO support.
- WHO distributed emergency kits (IHEK and FMOH kits) to Liban zone, Somali region.

### Constraints:

- Ensuring appropriate technical capacity within the MHNTs continues to be a challenge.
- The unusual spike in SAM caseloads in conflict-affected border areas may result in poor quality of care. Due to lack of capacity, managing co-infection of AWD and SAM, and other co-morbidities remains a challenge.
- Medicine shortages and disruption of essential routine services were widespread in the border areas between Oromia and Somali regions, due to high service utilization rates in IDP areas and the need to establish temporary clinics. Consequently, the pipeline that supports the MHNTs and static (permanent and temporary) health facilities is insufficient given increased burn rate of medicines and medical supplies. Delays in local and international procurement processes reduces availability of supplies for MHNTs targeting IDPs.



### Response approach and target:

- WFP relies on its partnership with the regional DPPB to provide nutritious food to malnourished children and PLW among conflict-affected IDPs in Somali and Oromia regions. For the MAM treatment program to be effective, the contribution of other sectors needs to be harmonized, including general food distribution, water, hygiene and sanitation and shelter/NFI services, which are not consistently available in most of the targeted IDP locations.
- To increase coverage and supplement the static health facilities, the cluster supports NGO scale up of Mobile Health and Nutrition Teams (MHNT) to ensure nutrition response reaches the most remote and scattered conflict IDPs and host communities in vast lowlands of Oromia region, and in remote communities of Somali region. These MHNT report to the Health Cluster for quality assurance and to receive the EDK. It is imperative that WFP supports the provision of MAM treatment commodities to ensure each MHNT can deliver both SAM and MAM treatment in response to the screening information at each IDP site. In Oromia Region, in non-Priority one woredas and where NGOs do not manage a full CMAM response, WFP needs to establish a special arrangement to manage this, and project a contingency package to accommodate this additional need in 2018. The decision to include hosting communities aimed to reduce the erosion of local agreements for support systems, to improve stock management and avoid gaps in SAM supplies to address primary health care service.

### Response to date:

- In early November, in response to screening results from targeted conflict IDPs in Oromia and Somali in October, WFP boosted Targeted Supplementary Feeding (TSFP) support for 73,634 displaced children under-5 and 36,817 pregnant and lactating women (110,451 in total). WFP dispatched 774.16MT of specialized nutritious products in IDP communities in Oromia Region. Additional beneficiaries have been identified since then and as of December 2017, WFP increased its nutritional support to around 148,000 conflict-displaced children and pregnant and lactating mothers with around 1,000.39MT of super cereal plus in the targeted locations. However, as beneficiaries are often scattered over vast areas and there are no strong registration systems in place, distribution is frequently delayed.
- UNICEF dispatched 13,550 cartons of BP5 (high energy biscuits) to Oromia (12,550 cartons) and Somali (1,000 cartons) regions to support the nutrition needs of 96,161 IDP children under-5 and 27,427 pregnant and lactating mothers. The ten-day ration is intended as a breakthrough ration to mitigate rapid deterioration of the nutritional status and as a bridge until the next round of general food distribution, blanket and targeted supplementary feeding supplies reach these woredas, especially in Dawee Zone where road inaccessibility compromised the food and TSFP response and no food allocations reached 3 woredas between late September and January. UNICEF requested SCI to support the targeting and distribution of BP5 in Dawee zone. UNICEF is also providing training to affected zonal authorities to better manage multisectoral coordination of the IDP response (new initiative starting only in Oromia. In Somali, the response in 2017 engaged 9 zones primarily for drought but will now be used to manage the IDP response as well).
- UNICEF has allocated \$92,000 to Oromia Regional Health Bureau and \$24,000 to Somali Regional Health Bureau to support additional screening in communities hosting high number of IDPs.

### Constraints:

- Except for WFP's support to IDPs in Priority 2 woredas of Oromia region, there are few nutrition partners present and no TSF program in Priority 2 and 3 woredas hosting IDPs in Oromia, which presents an operational challenge to deliver TSF support (except in few second generation TSFP). MHNT managed by NGOs target IDPs, yet we have little confirmation that all MHNT deliver MAM treatment along with SAM treatment in all sites. Nutrition interventions should also target IDP-hosting communities. Where CMAM services have been disrupted temporarily, host communities and IDPs will also lose access to essential SAM treatment. Timely reporting of services available/functionality remains a challenge in the response.
- Additional districts to be supported by WFP will have significant cost and commodity implications. A strategy will be dis-



cussed between the Government Emergency Nutrition Coordination Unit (ENCU), WFP, WHO.

- WFP pipeline for 2018 has yet to be secured and rapid burn rate on the TSFP pipeline from IDP response will reduce any buffer for the first quarter of 2018 until additional funds are secured.
- NGOs' 2017 emergency nutrition response interventions will largely phase out due to funding from the end of December. By the end of February, emergency CMAM response in 118 woredas – mostly drought and IDP-affected Priority 1 woredas – will have phased out unless funding to extend in critical areas is sourced. There is an expansive overlap between the drought affected-lowlands of Oromia and Somali, and the critical districts now hosting conflict IDPs. Thus footprint of the 2017 response will continue to reflect the high needs in 2018.
- Efforts are ongoing across key donors and with partners to a) support no-cost extension requests and b) plan for fund extensions in critical districts. If project extensions in critical districts cannot be mobilized, staff contracts will be terminated, services will be seriously compromised and incur further set up costs to restart.
- Access constraints by both government and humanitarian partners are the most significant bottleneck to the IDP response. Dawa zone, Somali region was the most impacted, although insecurity has also limited access to areas on Oromia region.
- Recurrent debates on an appropriate split between food and cash in the Somali Region have also led to significant delays in response, including to conflict IDPs. This is having a negative impact on the already fragile malnutrition situation.



### Target

600,000 conflict IDPs

### Response approach

- In coordination with the relevant regional governments, the Protection Cluster has prioritized response to the increasing needs of conflict-affected IDPs in specific areas of Oromia and Somali through the expansion of the Mobile Protection Teams (MPTs). In Oromia region, there are three mobile teams expected to be operational soon covering conflict induced IDPs in Doba zone (Doba town and Biyyo woreda) and Meisso zone (Bunno and Waltane districts).
- Furthermore, social, child protection and GBV personnel will be trained and deployed to establish community-based protection mechanisms and community-based protection structures, including women centres and child friendly spaces. These structures will facilitate identification and service provision for persons with specific needs, including women and older persons at risk, persons with disabilities, persons with elevated medical conditions, and children without appropriate care givers.
- The cluster response will focus on three target IDP populations: IDPs within host communities, IDPs in sites and in collective centers. The Cluster developed different response approaches tailored for each IDP population.
- IDPs mixed with host communities: The cluster will use a community based approach to reinforce the work of community-based structures (community protection mechanism). Activities will supplement the MPT awareness raising, facilitate community management of child or women-friendly spaces, protection case identification and referral to existing entities, as well as mitigation of protection risks through community engagement. IDPs hosted with sedentary communities will be reached through existing government/other structures (that are already providing service to the host community). The cluster aims to strengthen these service outlets to prevent or respond to protection risks faced by the conflict-IDPs. Initially, IDPs hosted by pastoralist communities will be reached through the MPTs, however should there be limited availability of protection services for both groups, there will be a cost implication for MPT, as they will be essentially providing service for both groups.
- IDPs in IDP sites: Similar to community protection structures for IDPs found in mixed settings, these community structures are also to be established in IDP sites along with the work of MPTs e.g in Liban Zone (Filtu woreda), IDPs targeted by the MPTs are not close to existing communities and therefore response is limited within the IDP sites. Establishing community managed protection monitoring team composed of youth, adult men and women from the IDP site with a responsibility to identify and report protection risks and linking these monitoring teams with existing government structures (Woreda level BoWCA or DPPB) and other implementing organizations would increase the efficiency of the response. In addition, this will contribute to efforts to ensure sustainability of protection monitoring activities while capacitating and empowering the community.
- IDPs within collective centers: The collective centers are in close proximity to large host community settlements. The cluster will first explore using existing structures like BoWCA/WoWCA, health centers, Child/Women Friendly Spaces and DPPC to respond to protection concerns. Focus therefore should be made on protection service provision through fixed service outlets, while the MPT can be used for organizing information sessions on GBV risk reduction, child protection issues and

other protection concerns, the collection of data on protection and GBV risks, and distribution of dignity kits in the collective centers.

#### Response to date:

- Currently there are only three mobile teams that are fully operating focusing on conflict induced IDPs. These are covering Fafan zone (Babile, Gursum and Tuliguled districts), Liben zone (Filtu districts) and Dawa zone (Hudet district). Community structure strengthening activities are ongoing by the mobile teams in Somali region. Due to access constraints in Dawa zone, consultation has begun with government authorities to operate in Dekasuftu instead.
- Unaccompanied and separated children registration is ongoing in East and West Hararge zones of Oromia and in Fafan zone of Somali region.
- Dignity kits were distributed in West and East Hararge of Oromia region and Qoloji while post rape treatment kits were distributed in West Hararge, Oromia region and Sitti zone of the Somali region.
- In Oromia region, engagement with the community to facilitate establishing women/child friendly spaces co-located with existing community structures to allow ownership and sustainability.
- Service mapping is being conducted to understand the current operational capacity and to plan maximum response.

#### Constraints:

- Ensuring sustainability of the work of MPTs given the limited resources.
- insufficient capacity of government bureaus to respond to protection concerns.
- Very limited operational presence for protection response.



## Water, Sanitation and Hygiene

#### Target

1 million people: hygiene and sanitation promotion, water treatment chemicals and WASH NFIs;

740,000 people: water trucking (including within host communities and areas at risk of AWD outbreak)

250,000 people: Sanitation

1,000,000 people: Hygiene and Sanitation promotion and WASH NFIs and water treatment chemicals

350,000 people: Expansion of water schemes

40 large IDP sites for expansion of water systems from nearby water schemes

#### Response approach and target:

- WASH Cluster will target the affected population of 1,000,000 people in total. Out of which, 740,000 people will be targeted with water trucking while 350,000 people will be supported by extending water pipe network in the meantime as a semi-permanent solution to reduce water trucking needs. 250,000 people will be reached through latrine construction, 1,000,000 people with hygiene promotion and WASH NFIs as well as water treatment chemicals where people are reliant on unprotected water sources. Furthermore, rehabilitation of water supply schemes will target 200,000 people to minimize non-functionality of boreholes providing water for water trucking and IDPs.
- The key strategy is that there will be parallel interventions of immediate life-saving activities such as water trucking and latrine construction, and semi-permanent infrastructure of WASH such as expansion and rehabilitation of water schemes. For the first 6 months, expansion of water pipe network will target 40 large IDP sites as per DTM7

#### Response to date:

Somali region: 6 water trucks deployed by the Regional Water Bureau in 5 woredas hosting conflict IDPs. Conflict affected IDPs in 7 woredas have been reached through provision of water treatment chemicals, hygiene kit distribution, sanitation and hygiene promotion, sanitation and hygiene facilities, construction/rehabilitation of water schemes, installation of water storage, water trucking and expansion of water schemes.

Oromia region: 51 water trucks were deployed by the Regional Water Bureau and partners in 22 woredas hosting conflict IDPs. Conflict affected IDPs in 12 woredas have been reached through provision of water treatment chemicals and WASH NFIs, hygiene kit distribution, sanitation and hygiene promotion, rehabilitation of water schemes and water trucking.

### Constraints:

- There is a huge gap in hygiene and sanitation coverage in IDP settings in Oromia and Somali regions, increasing the high risk for the spread of AWD and other water borne diseases. According to DTM 7, 56 per cent of IDP sites in Oromia region and 91 per cent of IDP sites in Somali region do not have functioning latrines.
- The demand for water trucking has increased in Oromia region, specifically due to the recent influx of conflict-induced IDPs. As of January 2018, at least 64 additional trucks were requested for IDPs in Oromia region and 20 trucks for IDPs in Somali region.
- There is a shortage of water in IDP settings which requires a strategic action with expanding water pipelines from nearby water supply schemes before the situation of water becomes critical towards the dry season.

## V. Guidance to donors

Whilst multi-sectoral planning will be updated in line with the emerging plans from Government on the future of those displaced by the conflict - as well as the results of the exercise being coordinated through the Inter-Cluster Plus group / Disaster Risk Management Technical Working Group – the following points are offered as immediate guidance for possible new funding decisions:

The biggest individual sectoral requirements are for shelter and non-food items and WaSH (water trucking and sanitation in camps) in both of the affected regions. To address the priority 'gap' of 76,000 households in the existing lifesaving shelter-NFI response (for a mix of in-kind and cash-based assistance) some \$14m is urgently required. To provide water trucking to some 700,000 people (IDPs and others in hosting areas experiencing water shortages) for the next four months some \$15m is urgently required.

Donors that are ready and able to make major contributions in these two sectors are invited to contact the Cluster Leads concerned directly – IOM and UNICEF. UNICEF has already established a contract with a commercial company to ensure water trucking to IDP sites across Oromia and can provide guidance on which partners are operating and can expand in Somali sites. IOM and cluster partners are undertaking international and local procurement of shelter and non-food relief items, and determining (together with government) locations where cash or vouchers might be a more appropriate relief modality. Donors potentially able to make contributions of in-kind assistance should also be in touch with IOM.

The Inter-Cluster Plus exercise (to be completed in the next week) will give greater clarity on the multi-sector requirements of partners to deliver an expanded response to the IDP sites in their areas of existing operations. These requirements are expected to be in the tens of millions of US dollars. The quickest way for such funding to be provided is through the Ethiopia Humanitarian Fund (EHF), the OCHA-managed pooled fund, that will ensure rapid disbursements to partners able to deliver multi-sectoral response in prioritized areas, in line with national plans. Since the increases in conflict-related displacement in September 2017 the EHF has allocated \$10.6m to this response. At present, the Fund has limited residual resources.

An update on plans and requirements for the IDP response will also be included in the appeal for 2018, expected to be finalized in early February. An update on pipelines for relief food and nutritional supplies (for both drought and conflict affected groups) is also under preparation.